Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

REMEDIATION POLICY

POLICY

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Date Approved	17/03/2023		
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	X		
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Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
1. *The Back on Track Framework for further Training – Restoring Practitioners to Safe and Valued Practice.*	

https://resolution.nhs.uk/resources/back-on-track-a-good-practice-guide/ 2. *Academy of Royal colleges – Remediation Working Group http://www.aomrc.org.uk/* 3. *Supporting Doctors to Provide safer healthcare – Responding to Concerns about a doctor's practice – Revalidation Support Team, version 2 2013* https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/rst_supporting_doctors_providing_safer_healthcare_2013.pdf	
Template control	June 2020

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APPENDICIES

1.0 INTRODUCTION

All doctors have a responsibility to keep their knowledge, skills and competencies up to date. Continuing Professional Development (CPD), which feeds into annual appraisals and personal development planning, are now mandatory for all doctors and a key part of keeping up-to-date and fit-for-practice. However, a doctors performance is subject to a range of influences including their health, the systems they are working in, support available and the expectations placed upon them. All these factors need to be considered as situations where remediation and rehabilitation may be required.

Revalidation, designed to ensure that licensed doctors remain up to date and fit to practice, demands consistent processes for appraisal, including feedback from patients and colleagues and a review of clinical outcome data. This process may identify some doctors whose competence gives cause for concern and for whom, if they are to revalidate, some form of remediation will be needed.

This policy provides guidance about how the Sherwood Forest Hospital NHS Foundation Trust (SFHFT) responds when concerns are raised about a doctors performance or specific aspects of their performance including:

a) Doctors for whom the need for remediation has been identified through formal processes as given in the Trust's Handling Concerns Procedures for Medical Staff section D - procedure for dealing with issues of capabilities and section E handling concerns about practitioner's health

b) Doctors who have been absent from their work for more than six months for whatever reason (N.B: those who have had shorter absences may also have specific needs as part of their re-introduction to work)

c) Doctors for whom a specific deficiency in performance has been identified through patient or colleague feedback or risk management systems

d) Doctors for whom such a need has been identified at appraisal

e) Self-declaration of a remedial need. Clarity is needed on the boundary between a CPD need and a remedial need. Needs which highlight risks to patient and colleague safety should be prioritised over other CPD needs and the Trust should work with the doctors concerned to ensure their needs are met in a timely manner.

Wherever possible, concerns should be managed locally at Trust level. However, where concerns relate to performance and / or behaviour that fall outside of the standards set out in Good Medical Practice, the regulator should be involved. The GMC Employer Liaison Adviser Service can assist in this area and provide advice on whether the regulator needs to be involved in any individual case.

This policy is in line with the capability and remediation procedures for practitioners covered in DH documents maintaining high professional standards in the modern NHS and Tackling concerns locally.

2.0 POLICY STATEMENT

This policy relates to all doctors whose designated body is Sherwood Forest Hospitals NHS Foundation Trust. The purpose of this policy is to provide a framework:

- To support the Human Resource Director and Responsible Officer (RO) in their provision of remediation, reskilling / retraining and rehabilitation programme
- To guide doctors' approaches and responsibilities in relation to remediation
- To confirm end points to such programmes such that performance can be signed off as satisfactory or improved
- Reassure the profession and public that the organisation has fair and consistent processes for addressing performance concerns in doctors in their employ

The key principles underpinning this policy are:

- Patient safety
- Provision to support clinicians in remaining up-to-date and fit-to-practise
- Enabling individual doctors to address any areas of deficiency in their professional performance early, systematically and proactively

Remediation should be structured, consistent and fair. Wherever possible the doctor's perceived needs, priorities and learning preferences should be factored into negotiations and planning. However, refusal to engage in the process or failure to accept the opportunities offered for further development or training may result in the Handling Concerns Procedure for Medical Staff being employed.

3.0 DEFINITIONS/ ABBREVIATIONS

Remediation is the process of addressing performance concerns (knowledge, skills, and behaviours) that have been recognised, through assessment, investigation, review or appraisal, so that the practitioner has the opportunity to practice safely. It is an umbrella term for all activities, which provide help, from the simplest advice, through formal mentoring, further training, reskilling and rehabilitation:

Re-skilling is the process of addressing gaps in knowledge, skills and/or behaviours where a practitioner is performing below the required standard or because of an extended period of absence (usually over 6 months) so that the practitioner has the opportunity to return to safe practice. This may be, for example, following exclusion, maternity leave, career break or ill health (see below).

Rehabilitation is the process of supporting the practitioner, who is disadvantaged by chronic ill health or disability, and enabling them to access, maintain or return to practice safely.

4.0 ROLES AND RESPONSIBILITIES

Once performance concerns are identified and it is agreed that remediation is appropriate, support from a range of individuals or external agencies will be necessary. The roles and responsibilities of a range of stakeholders in relation to remediation and revalidation are set out below:

4.1 Doctor's Responsibility

It is the doctor's responsibility to actively engage with the processes of design and delivery of any further rehabilitation or remediation programme.

The practitioner should make their defence organisation and any other employer aware of the rehabilitation or remediation programme.

The doctor should clearly understand the remediation/rehabilitation process that they are engaging with, including who they are accountable to and who they should report to if they become aware that they are not making progress according to their agreed action/rehabilitation programme.

Progress in this programme should be explicitly discussed in annual appraisal, as well as at intervals during the programme. The programme should be referenced in their Personal Development Plan.

4.2 Responsible Officer Role

The duties of the RO include:

- Ensuring that their designated body's medical appraisal systems meet revalidation requirements
- There are systems in place to enable communication flows between ROs in other designated bodies where their clinicians may also be providing a service
- Communication with the local RO for doctors in postgraduate training
- To investigate any fitness to practise concern raised about a doctor for whom they are the RO
- To ensure that appropriate measures are taken to address and remediate any concerns raised
- Communication with the GMC where considered appropriate

The RO can delegate function but not responsibility. The RO must ensure that there is sufficient appropriately trained staff able to support them which will include setting up and supervising remediation/rehabilitation programmes.

Arrangement of sufficient workforce to ensure patient safety and that service delivery is maintained alongside the provision of remediation and rehabilitation support.

Where a concern has been raised about a doctor's performance, the RO will use the Handling Concerns Procedure for Medical and Dental Staff.

The RO should lead a decision making group (DMG) that should include the Director of People or Deputy Director of People, Head of Appraisal & Revalidation and in case of a trainee, the Director of Postgraduate Medical Education which helps the RO with decision making around the concern management.

The RO with advice from DMG should categorise the concern and determine the action that could involve no further action, remediation or disciplinary. The PPA (Practioner Performance Advisory Service formerly NCAS) could be contacted for advice if required.

If the concern is **low-level** and does not affect patient safety, the RO may decide to handle it informally by discussions with the doctor, followed by written confirmation to the doctor of what they have agreed. Doctors are expected to reflect on such agreements in their annual appraisal.

If the concern is **high-level**, if it potentially involves patient safety, or if there have been repeated low-level concerns, the RO will need to appoint a Case Investigator to take this forward in accordance with the Handling Concerns Procedure for Medical and Dental Staff.

The RO should also review information available related to quality and performance, audits, adverse incidents and Serious Incidents (SI), patient feedback, complaints and litigation data.

This breadth of information will help to inform the decision on further action.

Options include:

- Informal handling with reference in annual appraisal (as above)
- Formal handling with remediation action plan
- Restriction of practice pending completion of action plan
- Temporary exclusion from work (with PPA advice)
- Local disciplinary action
- Referral to the GMC

The RO or their nominated deputy should inform the doctor in writing of this decision. If the RO has decided it can be handled in annual appraisal, they are responsible for sharing information about the area of concern with the doctor's appraiser. This should be handled in confidence and with sensitivity.

Where an action plan for rehabilitation or remediation has been agreed, there should be clear systems in place to monitor progress with regular reporting to the RO on progress.

At Sherwood Forest Hospitals NHS Foundation Trust, the Responsible Officer role is an extension of the current role and responsibilities of the Executive Medical Director.

The RO is responsible for ensuring that any proposed rehabilitation or remediation action plan maintains patient safety as its first objective, and is appropriate to the needs of the doctor. The RO should seek advice from the relevant specialty tutor to confirm this.

The action plan must have a named supervisor of appropriate grade and specialty and include regular monitoring in terms of both impact on patient experience and care, and progress against the objectives for the doctor.

There should be a system of anonymised reporting of the number of doctors taking part in a rehabilitation or remediation action plan, and information to provide assurance regarding patient safety, in their regular reports to the Trust Board/EMC.

The RO should monitor the progress of rehabilitation or remediation action plans.

The RO will ensure that the funding arrangements to support the programme are clarified, and the responsibility of Sherwood Forest Hospitals NHS Foundation Trust and the practitioner are agreed. No programme can proceed without a clear view of the costs and how they will be met.

4.3 Employer's Responsibilities

To provide a supportive environment which allows remediation to take place without putting patients the public or the doctor at risk.

To actively engage and support the Responsible Officer in all aspects of medical revalidation including with the processes of design and delivery of a rehabilitation or remediation programme that is intended to improve or confirm an employee's performance.

The employer must ensure that at all times the patient's safety comes first. The employer must ensure appropriate supervision and checking of progress against the plan by an appropriate manager.

Where the practitioner fails to achieve satisfactory progress, the employer should deal with this under the Handling Concerns Procedure for Medical and Dental Staff about Doctors' Performance, and should readily seek external expert advice from their GMC Employer Liaison Adviser and / or the PPA. Contact with external organisations for help should normally be made via the Executive Medical Director or the Director of People.

The employer should ensure that other organisations that employ the practitioner are kept informed of progress against the rehabilitation or remediation programme action plan. Doctors undertaking a programme of rehabilitation or remediation should be offered a mentor from outside their specialty to provide an alternative source of support during the programme.

5.0 APPROVAL

The Remediation Policy was approved by the Local Negotiating Committee on 18th April 2013.

The Policy has been revised and was most recently approved by the Local Negotiating Committee on 16th March 2023

6.0 DOCUMENT REQUIREMENTS

6.1 Responding to Remediation / Rehabilitation Needs

Once a concern is raised, the Trust would:

a) Deal with the concern promptly, ensuring patient safety is maintained.
b) Fully assess the concern so that appropriate action is taken, following the relevant organisational processes as given in the Handling Concerns Procedure for Medical and Dental Staff.
c) Ensure that the RO of the clinicians involved is made aware of the concern. For doctors in postgraduate training the Health Education East Midlands (HEEM) is the designated body and therefore their Dean should be informed.
d) Fully involve both the Director of People and the RO who should lead the process
e) Follow an appropriate investigation process, including an investigation into whether there are organisational issues that need to be addressed
f) Maintain good documentation and record keeping throughout the process
g) In cases where concerns are raised by patients, the Trust should provide as much information as possible to the patients about the processes that are undertaken to resolve concerns, whilst respecting the confidentiality of the employee.
h) Make it clear to a doctor who requires remediation what they must achieve before they commit to a programme. This should include clear boundaries; the method to be used for remediation;, how they will be able to demonstrate that they have been remediated; how and who will assess whether they have successfully completed the programme, and the proposed timescale
i) Ensure that where the concern relates to a doctor who has recently been appointed and/ or promoted, the RO liaises with their previous RO to establish whether the concern is a new manifestation or part of an ongoing pattern of behaviour/performance
j) For doctors recently in postgraduate training programmes their RO should liaise with their RO responsible for them as a Trainee to seek any relevant information from the doctor's postgraduate training
k) Ensure there is a clear exit strategy for any remediation case. There should be agreement between the doctor and their RO about the goals set. Consideration should be given to what success looks like from both the perspective of the employer and the doctor
l) Ensure the remediation process remains as confidential as possible and practicable

6.2 Principles of Remediation / Rehabilitation

The aim of remediation / rehabilitation is to restore a doctor to their full range of practice, where appropriate. The doctor and employer may agree a specific restriction on the range of practice.

a) Rehabilitation or remediation action plans should be agreed in writing between the Trust and the practitioner and, for trainee doctors, the Postgraduate Dean. They should include specific goals, objectives and time scales, and be subjected to confirmation at the start and periodic review by the RO or their nominated deputy.
b) All aspects of performance including clinical knowledge, skills, health, behaviour and practice context should be addressed within a single action plan. Where applicable this in turn should relate back to the doctors Personal Development Plan as agreed at their last medical appraisal.
c) Occupational Health services should be involved in any situation where the doctor's health is or has contributed to the need for a remediation/rehabilitation programme.
d) HR advice and input should be sought for any concerns relating to the conduct or behaviour of the doctor.
e) Available supporting resources should be publicised and doctors should be able to self-refer.
f) Processes should be fair and open to scrutiny, taking into account all relevant evidence and information.
g) It should be recognised that rehabilitation or remediation is potentially stressful for a doctor; doctors in this situation should be offered appropriate support. When a doctor returns to work in these circumstances, the needs of the wider team will also need to be handled with sensitivity.
h) For any doctor who works in more than one organisation, information about rehabilitation or remediation needs should be shared between organisations, including those in the private sector.

Where remediation or rehabilitation happens outside of the doctor's designated body e.g. for doctors in postgraduate training, their RO must be kept fully informed of progress and any issues arising. There should be clear transparent lines of communication and reporting supported by detailed documentation.

Once performance concerns are identified and it is agreed that remediation is appropriate, support from a range of individuals or external agencies will be necessary. The roles and responsibilities of a range of stakeholders in relation to remediation and revalidation are set out in section 4.

6.3 Action Planning

The RO or their representative may nominate a Clinical/Educational Supervisor where necessary.

A Clinical Supervisor's role is to ensure safe practice, to monitor progress against milestones and report this to the programme coordinator (RO or their representative). Regular contact with the practitioner ensures timely, robust and reliable feedback can be reported throughout the programme. This will allow early intervention if problems arise. The Clinical Supervisor must be a consultant nominated in agreement with the practitioner.

In some cases an Educational Supervisor from HEEM/a college or equivalent body may advise on goals, standards, competencies, methods for reviewing progress and the programme outcome, depending on the post to which the practitioner is expected to return.

6.3.1 Rehabilitation after a prolonged absence from work

Before returning to work, the doctor should meet with their employer and as appropriate their RO / nominated deputy to agree the range of practice to which they will return and an action plan to support their reintegration into the workplace.

Where return follows a period of ill health or injury, consideration should be given to a phased return to work and any necessary reasonable adjustments. Occupational Health advice should be sought.

It may be advisable to do an early appraisal to review progress and development planning.

6.3.2 Remediation Action Planning

In many cases, remediation will only apply to part of a doctor's practice.

The RO/their representative and the doctor should agree whether it is appropriate for the doctor to continue their whole range of practice during the period of remediation or whether it would be more appropriate to focus on the area of remediation. This will differ on a case-by-case basis. For example, if it is agreed that the doctor will visit another site for a period of time to develop a specific skill, it may be impractical for them to perform their normal duties at their usual place of work at the same time.

6.3.3 Formulating the Action Plan

The RO or their representative (with specialist clinical/educational input where necessary) should identify in writing the areas of remedial need, and the doctor should confirm that they recognise these and agree to work with the employer to address these. The learning needs highlighted in the action plan should be integrated into the doctor's Personal Development Plan as agreed through annual appraisal and prioritised against other needs. (Appendix 1 –action plan)

The RO or their representative should appoint a Clinical Supervisor for the doctor and share the remedial needs with them. In some cases an educational supervisor may also be required.

The Clinical / Educational Supervisor should support the doctor in developing an action plan to meet the identified needs that includes specific objectives that are measurable with timelines for achievement. The action plan should be discussed with the RO or their representative and the relevant Head of Service/Service Director to ensure its practicality, and then agreed in writing with the doctor.

The RO or their representative should meet the Clinical/Educational Supervisor and the doctor at the start of implementation of the action plan, and then at regular intervals to ensure satisfactory progress is being made.

If it is not possible to agree an action plan, the RO will consider seeking advice from the GMC ELA/PPA . Ultimately, the Trust reserves the right to insist on a doctor undertaking remedial education or training which is considered essential as part of the conditions for continued employment.

Once the action plan has been agreed and signed, failure to evidence sufficient progress as agreed and/or lack of compliance will be handled through the Trust Disciplinary Procedure.

6.3.4 Progress and Completion

The RO or their nominated deputy should receive written evidence of progress against the action plan from the Clinical Supervisor on a regular basis. The doctors should be encouraged to keep a reflective log of their progress with the action plan and to submit this as part of the evidence.

It may be necessary and advisable to defer annual medical appraisal until measurable progress is being made. However the value of annual appraisal and the opportunity it creates for a reflective conversation with a colleague should be valued by all parties in any rehabilitation and remediation process.

At the end of the action plan, the doctor and the Clinical Supervisor should sign a report confirming that the objectives have been met. This report should be sent to the RO or their nominated deputy to confirm that this is satisfactory.

The RO with the DMG will review the outcome report to determine the success of remediation, and where satisfactory progress is not made, will decide whether to extend the remediation or decide formal disciplinary action is required as per Trust policy.

6.3.5 After Rehabilitation/Remediation

On satisfactory completion of the action plan, the doctor will revert to their normal work plan. Completion of the action plan should be referenced in the appraisal. A copy of the action plan and written evidence of its completion will be kept in the doctors personal file.

6.3.6 Confidentiality

All action plan documentation and activity will be dealt with in confidence and evidence of progress or otherwise will be shared on a strictly need-to-know basis.

6.3.7 Personal support

Support may be provided to the practitioner through confidential mentoring. The Trust will ensure the practitioner has access to adequate support to manage any health concerns, through Occupational Health, their GP or specialist services

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Annual monitoring to be carried out of the application of and compliance with the policy.	The application of and compliance with the policy would be monitored by the Responsible Officer who is the Executive Medical Director with support from the Appraisal and Revalidation Lead who is the Deputy Medical Director	This would be monitored using the Medical Workforce dashboard and discussed on a at the Medical Workforce meeting with the Medical Director, Deputy Medical Director, Deputy Director of People and Head of Medical Workforce. The dashboard would include PPA and GMC referrals.	This meeting takes place on a monthly basis.	The Executive Medical Director would be responsible and depending on the severity of the concern and the monitoring in place, this may also be monitored by the Trust Board in the form of an anonymised report.

8.0 TRAINING AND IMPLEMENTATION

The amendments made to this policy are minor, Medical Managers will be briefed about the changes at the Medical Managers meeting.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 2
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- The Back on Track Framework for further Training – Restoring Practitioners to Safe and Valued Practice. *https://resolution.nhs.uk/resources/back-on-track-a-good-practice-guide/*
- Academy of Royal colleges – Remediation Working Group http://www.aomrc.org.uk/
- GMC Employer Liaison Adviser email: gmc@gmc-uk.org telephone: 01619236602
- PPA: advice line 020 7972 2999; general switchboard 020 7972 2988

11.0 KEYWORDS

- Remediation

12.0 APPENDICES

- refer to list in contents table

Appendix 1

Practitioner action plan

PART 1 – AGREEMENT

Name of practitioner Dr/Mr/Mrs/Ms/Miss (delete as necessary)	
Profession and specialty	
Registration number	
Employing/contracting body	
Address	

1. Purpose

The purpose of this plan is for the practitioner named above to address the performance concerns identified by [PPA/local procedures/college or other educational body/health regulator – a*dd or delete as necessary*]

2. Roles and responsibilities for management of this plan

The Clinical Chair identified overseeing the action plan is:

Name	
Job title	

The Head of Service/Service Director is:

Name	
Job title	

The Educational Adviser is:

Name	
Job title	
Organisation	

Note – use where there is a college or other educational adviser in addition to the programme supervisor

The Clinical Supervisor is:

Name	
Job title	
Organisation	

3. Progress review

The plan is expected to last [a*dd duration*] months. Progress will be formally reviewed by the Clinical Chair and by the Programme Supervisor every [a*dd interval*] months and at the end of the plan.

The named practitioner should be able to demonstrate satisfactory and incremental progress throughout the programme and continuing ability to reflect and learn from their own and their colleagues' practice.

4. Post to which the practitioner is likely to return

On successful completion of the plan it is proposed that named practitioner will continue in practice or return to practice in the clinical post/area described below.

Name of post	
Broad description of post/clinical area	
Employer/Contracting body	

Note that post, responsibilities and seniority may not be those applying at the time of the concerns resulting in assessment or other governance process

The Clinical Chair will consider taking management action in the following circumstances, if the expected progress towards objectives is not demonstrated:

1. Where failure to progress occurs at the first or second milestone, continuing with the action plan but re-assessing objectives can be considered. A change of objective will only be agreed to where there is clear evidence of progress even though falling short of the performance standard defined in the plan. The overall time allotted to the action plan will not be extended.

2. A failure to progress in achieving the agreed objectives may result in [*sanctions – add relevant possibilities such as Performers List action, use of disciplinary action, use of disciplinary/capability procedures, referral to regulatory body*] and/or a new final employment goal such as redeployment. These possibilities will be considered if, in the opinion of the Clinical Supervisor and Programme Supervisor, the objectives are not likely to be met in the remaining time allocated to the action plan despite the practitioner having ample opportunity to demonstrate progress.

3. If a failure to progress raises concerns in relation to patient safety or professional probity, the Clinical Supervisor may make a referral to [*Add relevant regulator*].

4. If a failure to progress is related to sickness absence, it may be appropriate to defer the plan's completion date. The normal quota of annual leave may be taken during the period of the action plan, but this must be pro-rata. Any period of sickness absence greater than that covered by self-certification must be supported by a doctor's certificate. A cumulative absence due to illness of more than [*Add – for example, two weeks in six months*] will trigger a referral to the Occupational Health Service unless seen as unnecessary in the opinion of the clinical Supervisor and Programme Supervisor. Reasons for not making an OH referral will be given.

   Where an organisational action plan has been agreed (in addition to this plan for the individual practitioner) progress will be reported to the practitioner at review points. [*Delete as necessary*]

5. Agreement

This plan has been developed with the cooperation of all parties who are satisfied that the identified objectives reflect the issues identified in:

- the decision of the regulator when this body is involved and/or
- the assessment report and recommendations for PPA cases and/or
- the review report and recommendations from the Royal College and/or
- local investigation
- [Add or delete as necessary]

All parties agree to the objectives set out in the plan and will take forward the programme as set out in the plan, adhering to the accompanying notes. If further objectives need to be added to the plan during the course of the programme, these may be added following agreement of all parties.

	Name and organisation	*Signature*	*Date*
Practitioner			
Responsible Officer			
Clinical Chair			
Head of Service/Service Director			
Clinical Supervisor			
Additional participants as necessary			

PART 2 – OBJECTIVES
Objective 1

Area to be addressed:	
Specific objective(s)	
How	
Where	
Supervisor(s)	
Resources required [Including funding and provider of funding]	
Timescale	
Milestones	
Supportive evidence	
Individual responsible for monitoring/sign off	

Copy this block for each area of concern and related objective(s) and set out how the objectives will be met. Then make a summary in Annex 1, and a composite timetable in Annex 2.

Objective 2 etc

Area to be addressed:	
Specific objective(s)	
How	
Where	
Supervisor(s)	
Resources required [Including funding and provider of funding]	
Timescale	
Milestones	
Supportive evidence	
Individual responsible for monitoring/sign off	

PART 3 - REVIEW

Objective 1		
Review date		
Clinical Supervisor comments		
	Signed:	*Date:*
	Proposed Summary Score:	
Practitioner comments		
	Signed:	*Date:*
Head of Service/Service Director Comments		
	Signed:	*Date:*
	Agreed Summary Score:	
Clinical Chair comments		
	Signed:	*Date:*
	Agreed Summary Score:	

Objective 2 etc		
Review date		
Clinical Supervisor comments		
	Signed:	*Date:*
	Proposed Summary Score:	
Practitioner comments		
	Signed:	*Date:*
Head of Service/Service Director Comments		
	Signed:	*Date:*
	Agreed Summary Score:	

Clinical Chair Comments		
	Signed:	*Date:*
	Agreed Summary Score:	

Note – as in part 2, copy this block for each area of the plan. PPA suggests use of summary scores to record progress -0 = no progress, 1 = partial progress, 2 = objective fully achieved.

PART 4 – SIGN OFF

The signatures below **confirm** the completion of the plan by the practitioner, who agrees to make this document available to the future appraiser/appraising body. In this way, progress can be maintained and the appraisal process is informed by the plan.

	Name	*Signature*	*Date*
Clinical Supervisor			
	Final comments		
Practitioner			
	Final comments		
Clinical Chair			
	Final comments		

Other parties should sign here, as necessary:

	Signature	*Date*
Name		
Organisation		
Name		
Organisation		

ANNEXES

1. SUMMARY OF OBJECTIVES

Objective 1	
Mechanism to achieve objective	
Where the education/training will take place	
Resource requirement	
Named person/organisation to help achieve the objective	
Evidence demonstrating that the objective has been met	
Timescale to achieve objective	

Objective 2 etc	
Mechanism to achieve objective	
Where the education/training will take place	
Resource requirement	
Named person/organisation to help achieve the objective	
Evidence demonstrating that the objective has been met	
Timescale to achieve objective	

2. TIMETABLE SUMMARY

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Objective 1						
Objective 2						
Objective 3						
Objective 4						
Objective 5						
Objective 6						

For each objective identify start month, review month(s) and planned completion month. Add more months if needed.

APPENDIX 2 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Remediation Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 16.1.23			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	N/A	N/A
Gender	None	N/A	N/A
Age	None	N/A	N/A
Religion	None	N/A	N/A
Disability	None	N/A	N/A
Sexuality	None	N/A	N/A
Pregnancy and Maternity	None	N/A	N/A
Gender Reassignment	None	N/A	N/A
Marriage and Civil Partnership	None	N/A	N/A
Socio-Economic Factors	None	N/A	N/A

(i.e. living in a poorer neighbourhood / social deprivation)			

What consultation with protected characteristic groups including patient groups have you carried out?

- Consultation has taken place with the LNC.

What data or information did you use in support of this EqIA?

- N/A

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

- No

Level of impact

Low Level of Impact

Name of Responsible Person undertaking this assessment: Rebecca Freeman

Signature:

Date:16.1.23