

Appendix 2: Process Flowchart summary CONDUCT CONCERN IS IDENTIFIED

Concern raised and notified to the line manager, Chief Medical Officer and the Responsible Officer. Managed within the local managerial structure

Chief Medical Officer identifies nature of problem/concern and assesses its seriousness on the information available. Appoints case manager (*may be* Chief Medical Officer) and responsible for appointing case investigator if required.

Serious concern – formal approach

Consider whether exclusion is justified Refer to *Maintaining High Professional Standards in the NHS* and *NHS Resolution guidance*

Case manager:

Outlines scope of investigation on information available.
Ensures timescales are met and Doctors kept informed.
Writes to Doctors to be investigated, including the concerns or allegations, that a formal investigation will be undertaken, and of their right to representation.
Provides regular report on exclusion to Chief Executive Officer, Chief Medical Officer and Responsible Officer.
Informs the Doctors in writing of the outcome of the investigation and what the next steps will be.
Writes the final report

Case investigator:

Undertakes and fulfils scope of investigation in a timely manner, acknowledging organisational constraints.

Reports to case manager. Submits a report to the case manager normally within 5 Working days of the conclusion of the investigation

If it appears the case involves more complex clinical issues than first anticipated, raises this with the case manager who should decide if an independent doctor from an appropriate specialty should be invited to assist

Investigation completed. Case manager decides whether:

- Case of misconduct – disciplinary hearing needed.
- Referral to Occupational Health before decision made.
- Intractable problems to be put before a capability panel.
- Serious concerns to be considered by the Practitioner Performance Advice Service and/or the GMC;
- Restrictions on practice or exclusion from work are necessary.
- Matter can be dealt with through informal action.

Minor concern – informal approach

usually dealt with through supportive action or remedial training

Arrange for informal discussion with doctors concerned

Decide on appropriate action

Keep written record of discussion, copy to doctors, and give them opportunity to comment on the record.

Inform Doctor that failure to make necessary improvements may result in formal disciplinary action being taken.

Inform Health Education England or its representatives if concerns about a doctor in training

Keep under review

Implement agreed remedial action/ training

**FLOW CHART MUST BE READ WITH
POLICY**