

# Professional Support and Remediation (PSR) service

Information for practitioners and healthcare organisations about action plans

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## 1. Introduction

- 1.1 This document provides an overview of the PSR action planning process. It sets out the different types of action plan we offer, along with guidance on how to request a plan and the process we follow when preparing the plan.
- 1.2 Patient safety and public protection must be of paramount concern for all those involved in the preparation, implementation, oversight and completion of action plans.

## 2. Purpose and scope of action plans

- 2.1 The PSR service develops action plans for doctors, dentists and pharmacists who have been identified by their employing/contracting organisation (referred to as healthcare organisations hereafter) as needing support to deliver sustained safe and effective practice in their clinical role.
- 2.2 The reasons for healthcare organisations needing assurance about safe practice, or for practitioners needing support, are wide ranging, for example:
  - A practitioner might require remediation after deficiencies in their clinical practice have been identified.
  - A practitioner simply needs a period of reskilling, reintegration and/or support after returning to work following a period of absence from clinical practice, usually longer than three months.<sup>1</sup>
  - A practitioner needs to develop one particular area of their practice, such as record keeping or communication, or to learn a new procedure or skill.
  - A healthcare organisation has concerns about the professional behaviour of a practitioner which need to be addressed.
  - A practitioner may need reskilling, remediation or support to return to safe and effective clinical practice due to a combination of the circumstances bulleted above.
- 2.3 Action plans provide a programme of support, learning opportunities, experience and feedback based on the individual needs of the practitioner and wider service requirements. Each action plan is based on information provided by the practitioner and healthcare organisation, and the required outcome(s). When preparing an action plan for a healthcare organisation, we take into account the specific development needs of the practitioner, as well as their working environment and the clinical role in which they are practising or to which they are returning. We seek

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<sup>1</sup> Academy of Medical Royal Colleges Return to Practice Guidance (2017)

contributions from both the practitioner and their healthcare organisation.

- 2.4** Whatever the case background, our experience is that a structured and supportive action plan provides the practitioner with the opportunity to address gaps in their knowledge, skills, behaviours and/or other concerns affecting their practice. The aim is that, through the successful completion of the action plan, the practitioner is able to demonstrate that they are consistently practising at the professional level reasonably expected for their role.
- 2.5** While we prepare an action plan for the healthcare organisation to consider, it is for them to engage directly with the practitioner to discuss it and to satisfy themselves that the action plan meets their service needs and the needs of the practitioner. The action plan is an agreement between the healthcare organisation and the practitioner, not with Practitioner Performance Advice.
- 2.6** Any decisions about the management of the case, both during the course of the action plan and on its completion, rest with the healthcare organisation, although Practitioner Performance Advice is available to provide ongoing impartial advice if helpful.

### **3. Types of action plan**

- 3.1** We offer two types of action plan, depending on the circumstances of the case – a remediation plan and a return to work/reskilling plan. We describe below the types of circumstances in which these plans may be suitable.

#### **3.2 Remediation**

- 3.2.1** A remediation plan is normally requested when a healthcare organisation has concerns relating to gaps in a practitioner's knowledge and skills, or their behaviours. In such cases, we require evidence to support these performance or behavioural concerns, such as a Royal College Review, local investigation or other governance activity.
- 3.2.2** In other cases, a healthcare organisation may ask us to prepare an action plan after we have undertaken a clinical performance assessment or a behavioural assessment of a practitioner which has identified areas for development or improvement. (In those cases where a practitioner's performance has been assessed by us, the healthcare organisation should discuss the request for an action plan with their Case Adviser in the first instance.)
- 3.2.3** It is important that we are provided with details of any regulatory, performers list or other conditions placed on a practitioner's

registration or other limitations on their practice so that we can reference that in the action plan. The request form includes space for recording these details.

- 3.2.4 The focus of a remediation plan may be on knowledge, skills or behaviours, or a combination of these.

### **3.3 Return to work/reskilling plan**

- 3.3.1 Practitioners are sometimes absent from practice for a number of reasons, including suspension, exclusion, maternity leave, a career break or through ill health. In these cases, practitioners may need a period of support or reskilling in a return to work plan, depending on the reasons for the absence and how long since they were last in practice. For example, on their return to work, a practitioner may be required to perform a new type of procedure of which they have no experience or there may have been a change in their scope of practice. These plans may include aspects of remediation if development needs have been identified by the healthcare organisation.
- 3.3.2 On completion, the plan should provide assurance that there is sustained clinical practice at the appropriate level.

## **4. How to request an action plan**

- 4.1 If a healthcare organisation wishes to request an action plan, they should discuss this with their assigned Case Adviser who will arrange for a request form to be sent. If a healthcare organisation does not already have a case with us, they may call our Advice line on **0207 811 2600** to open a case and speak to a Case Adviser.
- 4.2 The request form asks for details about the case, such as the concerns to be addressed, areas for development/reskilling or the reason for the practitioner's absence. The healthcare organisation is asked to set out its expectations regarding outcomes and to provide any relevant supporting information to assist in the preparation of the plan. It is important for the healthcare organisation to state clearly exactly what is expected of the practitioner in their role once the action plan has been successfully completed, particularly if the role is changing or has changed.
- 4.3 If the healthcare organisation has concerns about the performance of the practitioner that they do not wish to be included in the action plan, we ask that information is included in the request form to confirm how these concerns are being managed locally.
- 4.4 Once the healthcare organisation has completed the request form, the form and supporting documents should be shared and discussed with the

practitioner. The practitioner should be informed of our involvement in preparing the action plan. The healthcare organisation should then submit the form to us. If the healthcare organisation considers that it is not appropriate to discuss or share the request form and other documents with the practitioner before submission, their reasons should be recorded on the request form. We will take into account the information supplied when we consider the request.

**4.5** The completed request form is considered and a decision made about whether the request can be supported or not. In some cases, further information may be needed or we will advise the healthcare organisation to consider the potential use of one of our other services which may be more appropriate. If we are not able to support the request for an action plan for any reason, we will explain why and will seek to offer alternative ways in which we can help the case towards a resolution.

#### **4.6 Contributions from the practitioner and healthcare organisation**

**4.6.1** Once a request is accepted, we will contact the practitioner and healthcare organisation to discuss the case. It is helpful if the relevant person at the healthcare organisation and the practitioner are both informed that we will be in touch to arrange a call with them. Some practitioners may wish to be accompanied by a representative and early notification will enable them to notify the representative in advance.

**4.6.2** The discussions enable us to clarify any issues arising from the written material provided and to be clear about the perspectives of both parties. They also provide the practitioner and healthcare organisation with the opportunity to ask questions about the action planning process. The purpose of our contact with each party is set out below.

- **Discussion with the practitioner:** the purpose of this discussion is to understand the practitioner's viewpoint and to seek their thoughts on any activities to help achieve the objectives set out in the request form, as well as any potential barriers to the successful completion of the action plan. This telephone discussion usually takes around 45-60 minutes, although the duration will vary depending on individual circumstances. The information provided by the practitioner during the discussion is not shared directly with the healthcare organisation but, where relevant, helps inform the types of activities suggested in the action plan.
- **Discussion with the healthcare organisation:** this discussion is to clarify the healthcare organisation's expectations and the practitioner's job plan, and to ask about

support available within the workplace environment and any potential barriers to the success of the action plan. The telephone discussion usually takes around 30 minutes.

- 4.6.3 We aim to complete these calls as soon as possible after receiving the request for an action plan. We aim to issue the first draft of the action plan within 20 working days of receiving a request (where the request is accepted), wherever possible.

**Note:** Where a request for an action plan is made by the healthcare organisation and the practitioner does not engage with our request(s) to take part in the telephone discussion or is not available to participate, we may be able to prepare an action plan based on the information we have available. We will always consult with the healthcare organisation before doing this.

## 5. Factors we consider when preparing an action plan

- 5.1 To enable us to identify the most useful, relevant and effective activities, a wide range of information is considered when preparing the plan, including the following:

### 5.2 Supporting information

- For action plans supporting a programme of **remediation**, information is required from the healthcare organisation which clearly sets out and substantiates the nature of the performance concerns about the practitioner. Where possible, the information should include multiple examples of the concerns, such as a Royal College review or local investigation, and should extend beyond the subjective opinion(s) of individual colleagues or isolated patient complaints. It is also important for us to know the role to which the practitioner will be returning and whether this has changed since the concerns were identified. All this information is essential to enable us to identify appropriate activities and support strategies for the practitioner.
- For **return to work/reskilling** action plans, where no previous concerns about performance have been identified, we will identify the practitioner's needs by considering the scope of practice of the role to which they are returning and their length of absence from work (if relevant), as well as through our discussions of requirements with the practitioner and the healthcare organisation. If there have been previous concerns about the practitioner's performance that the healthcare organisation wishes us to address in the action plan, we require the same level of information as set out in the above paragraph about remediation plans to enable us to address the concerns effectively in the plan.

### 5.3 Health of the practitioner

- Where a practitioner has been away from clinical practice for health reasons, or where a practitioner's health status has had an impact on performance, we seek assurance from the healthcare provider that the practitioner has occupational health support and is considered well enough to participate in the programme of activities. If the practitioner requires reasonable adjustments and these are known at the time of preparing the plan, we will reflect these in the action plan. However, it is for the healthcare organisation to monitor the need for adjustments and to update the plan if the practitioner's requirements change prior to agreeing the plan or during the course of the plan.

## 6. Contents of an action plan

- 6.1** A range of activities is contained within action plans to support development and to achieve the required outcomes upon completion of the programme. When developing action plans, we suggest what we consider to be the minimum number of activities needed to support individual requirements and to provide sufficient information to demonstrate progress against review points.
- 6.2** Action plans include the following:
- Clear, measurable and time specific **objectives**.
  - Clearly identified **roles** to support the process and the practitioner throughout the duration of the plan, and their responsibilities at each stage.
  - **Activities** appropriate to support the development of the practitioner or reintegration following absence, to provide structured feedback on progress and an evidence base to inform decisions regarding achievement at review points. Activities may include supervision, workplace based assessments, personal development and self-directed learning/reflection, coaching and mentoring.
  - Regular **review points** that will allow the plan and progress to be considered to see if it remains relevant or the plan's contents or timescales need to be amended.
  - A standard **agreement** for the healthcare organisation and practitioner to edit, agree and sign, confirming that the parties agree to the objectives set out in the plan and will take forward the agreed programme.
- 6.3** Practitioners participating in a remediation or return to work/reskilling plan require different levels of supervision based on their individual circumstances. The programmes in our action plans generally operate on

the principle that the level of supervision can be reduced as the practitioner demonstrates progress, with due regard to patient safety and public protection and any regulatory requirements imposed on their practice.

- 6.4 The length of the plan depends on the circumstances of the case and the needs of the practitioner. We consider the appropriate duration of each plan on a case by case basis, while acknowledging that this may change over the course of the programme depending on progress made.

## 7. What happens next?

- 7.1 Once we have all the information we need and we have completed the discussions with the healthcare organisation and practitioner respectively, we aim to complete and send the action plan to the healthcare organisation and the practitioner within ten working days.

**Note:** It is our usual process to issue action plans to the requesting healthcare organisation and practitioner at the same time. In some cases there may be exceptional reasons why the healthcare organisation does not wish us to share the action plan with the practitioner at the same time, such as practitioner ill-health or to ensure that adequate support is in place. We will consider such requests on a case by case basis. In responding to such a request we will write to the healthcare organisation and practitioner with our decision and the reasons for that decision, unless the practitioner is not to be immediately contacted due to their ill-health or other valid reason.

- 7.2 On receipt of the action plan, the healthcare organisation is expected to review the plan to make sure that it is appropriate to the circumstances of the case, and to ensure that patient and public safety are adequately protected. Following this review, the healthcare organisation should consider any amendments/adjustments they consider is required, and then share those with the practitioner for further consideration and eventual agreement.
- 7.3 The practitioner is encouraged to share the draft action plan with their defence organisation and/or other representatives and raise any questions/suggestions for amendments/adjustments they may have with the healthcare organisation.
- 7.4 The healthcare organisation should engage fully with the practitioner to consider, and when ready, agree the action plan, and the final version of the plan should be signed by both parties. At this point all references to 'draft' should be removed from the document.

## 8. Reviewing progress

- 8.1 Action plans include regular review points throughout the programme. These are essential to ensure that expected progress is being made at each stage and that the practitioner is receiving the level of support required.
- 8.2 In some circumstances, amendments to the programme's duration or content may be appropriate, e.g. if the support for the practitioner originally agreed by the healthcare organisation cannot not be provided for any reason.
- 8.3 As the action plan represents an agreement between the practitioner and the healthcare organisation, any amendments to the duration of the programme need to be agreed by both parties, either to extend it where progress is insufficient or to shorten it where progress is better than expected. The potential consequences for insufficient progress through the action plan should be clearly explained to the practitioner prior to commencement of the action plan. This ensures that there is a clear understanding of the actions to be considered if the practitioner does not make the progress expected.
- 8.4 Patient and staff safety and public protection must be carefully considered when reviewing progress and deciding whether the practitioner can move to the next stage of the plan. This may mean enhancing supervision levels, slowing progress through the plan or taking other actions to protect safety. **It is for the healthcare organisation to assure itself that the practitioner has demonstrated satisfactory progress and that patient safety is suitably protected before moving to the next stage.**
- 8.5 On successful completion of the programme, there should be sufficient clear and credible information to show that the practitioner is practising consistently at the level reasonably expected for their role. **It is for the healthcare organisation to assure itself that the practitioner has demonstrated satisfactory completion of all aspects of the action plan and that patient safety and public protection are safeguarded before concluding the action plan.**
- 8.6 Any further decisions about the management of the case rest with the healthcare organisation, although Practitioner Performance Advice is available to provide impartial advice if this is required.

## 9. Additional information

- 9.1 More detailed guidance about using our action plans and a description of the terms we use is available via the link below:

<https://resolution.nhs.uk/services/practitioner-performance-advice/>

**9.2** If you require additional information, please contact us on:

- Advice Line: **020 7811 2600**
- Email: [nhsr.psr@nhs.net](mailto:nhsr.psr@nhs.net)

There is other useful information on our website:

<https://resolution.nhs.uk/>

## Appendix:

### Overview of PSR action planning process

