

Exclusions process to ensure compliance with good practice



Consider restriction or exclusion (refer to MHPS part II para 1-4)

- Does the practitioner present a risk to patients or staff?
- Is there a risk that the practitioner's presence would impede the gathering of evidence?

If the answer to both the above is "no" you should not be considering exclusion

- Can the risk be mitigated by restrictions or supervision (see box below)?
- Is the practitioner unwell (refer to MHPS para II para 7)

Practitioner Performance Advice is there to help you make the right decision for patients, the practitioner and the organisation. Contact us on 020 7811 2600

Restriction or Supervision

Exclusion

Consider which options, if any, are necessary

Options to restrict/not to restrict from:

- All patient contact
- Clinical administration work
- Specified site(s)
- Specified staff contact
- Information technology:
 - Email access
 - Intranet
 - Patient records
- Training
- Peer groups

Supervision

Proceed to Immediate Exclusion

Meet with practitioner to explain and agree restrictions (refer to MHPS part II para 19-20)

- Provide practitioner with opportunity to identify alternatives to restrictions
- Confirm details of restrictions
- Establish support for practitioner

Keep under active and regular review:

- Specify a date of review within a maximum of 28 days
- Review if situation changes



Immediate exclusion

Immediate exclusion (maximum 2 weeks) (refer to MHPS part II para 14)

- Consider alternatives such as supervision/restrictions (see previous box)
- Inform other organisations where practitioner works
- [Recording template for formal exclusion of a practitioner](#)
- Prepare for meeting with practitioner

Meet with practitioner

- Share with practitioner details of the concern and explain reasons for exclusion
- Provide practitioner with opportunity to identify alternatives
- Confirm details of exclusion using the [template letter for exclusions](#)
- Establish support for practitioner



2 week review

An immediate exclusion is limited to 2 weeks
Review all information available to you to consider whether exclusion is still appropriate. If it is you will need to move to formal exclusion
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Contact us on 020 7811 2600

Formal exclusion

Formal exclusion (maximum 4 weeks without review)

- Consider alternatives (such as supervision/restrictions)
- Exclusion should be treated as a last resort; to protect patients or staff or if there is a clear risk to investigation
- Practitioner Performance Advice must be consulted. Contact us on 020 7811 2600
- Consult with the Chief Executive and Director of Workforce
- [Recording template for formal exclusion of a practitioner](#)
- Appoint designated Board member to monitor and review exclusion
- Prepare for meeting with practitioner

Meet with practitioner

- Explain reasons for exclusion
- Provide practitioner with opportunity to identify alternatives
- Confirm details of exclusion using the [template letter for exclusions](#)
- Establish support for practitioner

After 3 periods of exclusion

- Consider alternatives (such as supervision/restrictions)
- Practitioner Performance Advice must be consulted
- Report to NHSEI and the Designated Board Member and Board
- Share report with practitioner
- Share a written extension to the practitioner or lift exclusion

Every 4 weeks

- Consider alternatives (such as supervision/restrictions)
- Consider contacting Practitioner Performance Advice. Contact us on 020 7811 2600
- Undertake a review and report to the Chief Executive and Board
- Send a written extension to the practitioner or lift exclusion

6 months of review (normal maximum limit, except for those cases involving criminal investigations) (refer to MHPS part II para 34-35)

- Consider alternatives (such as supervision/restrictions)
- Practitioner Performance Advice must be consulted. Contact us on 020 7811 1600
- Report to NHSEI and the Designated Board Member and Board
- Share report with the practitioner
- Send a written extension to the practitioner or lift exclusion

