The British Back on Track (BoT) Programme

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Overview

- Origins of the BoT programme (AR)
- The NCAS action planning service (CM)
- Monitoring tools (AR & CM)
  - Rationale and philosophy
  - Practical application
- Interactive session (All)
  - Case study
    - Chatham House Rules
  - Group work
  - Feedback

Origins of the BoT programme

- Multi-agency initiative coordinated by NCAS
- Involved amongst others
  - Postgraduate Education Organisations (Medical and Dental Deaneries)
  - Royal Colleges
  - Regulators GMC/GDC
- Consensus document developed
- Help for practitioners get back to work (or speciality) after a prolonged period of absence from work

Why do practitioners get into difficulty?

- Rising patient expectations
- Ill health, mental/physical
- Bereavement/divorce stress
- Working in ‘toxic’ environments
- Not keeping up-to-date with developments
- Difficult and challenging behaviours
- Working in isolation
- Resource limitations
- Working beyond competence

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Why should we bother?

- Expensive to train clinicians (£250k)
- Difficulties in recruiting to unpopular specialities/areas
- Not always the practitioners fault
- Losing experienced practitioners (competence vs. practitioner)
- Cheaper to remediate than lose to service (retention)
- Avoidance of litigation
- Need to know what happens to NCAS assessment cases short and long term

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BoT – The principles

- Clinical governance and patient safety
- A single national framework
- A comprehensive approach
- Fairness, transparency, confidentiality and patient consent
- Ongoing and consistent support
- Possibility of success or failure
- Local resolution supported by national expertise

BoT – Making it happen

- Closer working with postgraduate education (Deaneries and Royal Colleges)
- Regularly updated directory resources
- Networks of expertise
- Monitoring progress during remediation and rehabilitation (monitoring tools)
- Looking to funding solutions
- Identifying centres of expertise for remediation
- Educating ‘advanced’ trainers

The NCAS
Action Planning Service

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The action planning service

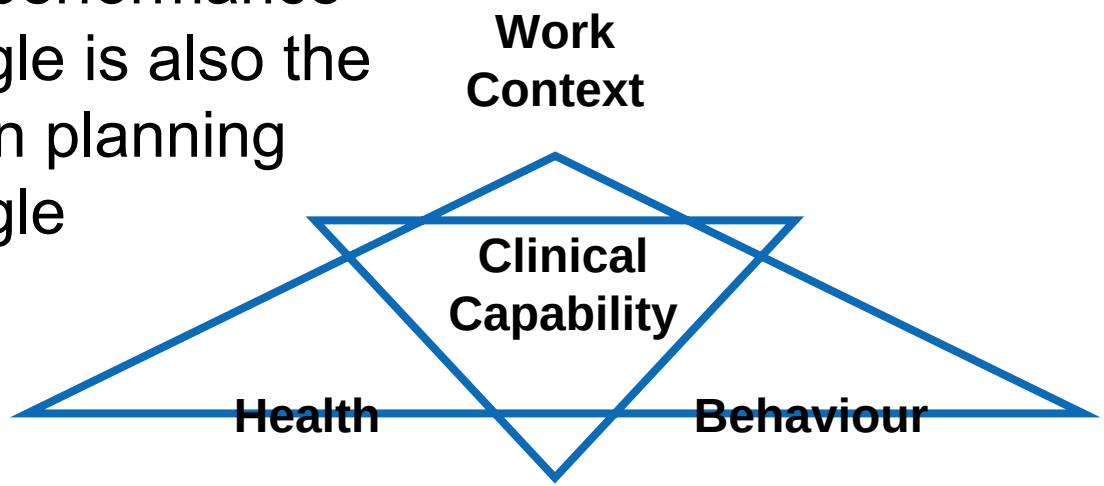
- Team approach

- Holistic approach

The action planning service

- Team approach
- Holistic approach

  The performance triangle is also the action planning triangle



The action planning service

- Team approach
- Holistic approach
- More formal structure
- Consistent terminology and methodology
- Measurement and recording of practitioner and referring body outcomes

Action planning

Action planning is the process of:

- Setting personal and organisational objectives, milestones and timelines;
- Identifying and allocating resources; and
- Identifying data collection methodology and evaluation criteria.

The purpose of action planning, as part of a remediation and rehabilitation stage, is to guide the practitioner and the referring body through the necessary steps required to address the assessment report recommendations and to provide robust evidence to support any further action required.

The action planning service

Whilst recognising the distinct roles and responsibilities of the referring body, the practitioner and NCAS action planning is a proactive service which can help with:

- Writing the recommendations
- Developing action plans
- Monitoring progress
- Collation of information
- Writing interim and final report

Early considerations

- Patient safety and public protection
- What areas need to be covered and how?
- What are the timescales and milestones?
- Consideration of patient safety and confidentiality
- What might success or failure look like?
- What are the implications of either outcome?
- Engaging with the referring body and practitioner

Clinical placements and supervision

- Is an external clinical placement needed?
- Where should the placement be?
- What resources are required?
- Who should be involved in support and supervision?
- Importance of contracts

Action planning for the referring body?

- Returning practitioner to unsuitable environment
- Involvement of the SHA and/or Healthcare Commission

Ongoing work in the action planning service

- Development and evaluation of the processes and outcomes
- Improving links with Deaneries and Royal Colleges
- Developing the resource directory
- Developing centres of expertise
- Identifying and addressing skill deficits
- Identifying the point at which a case could/should be closed

Case closure by NCAS

- Has NCAS been assured by the referring body that appropriate steps are being taken to protect the public and ensure patient safety?
- Is NCAS involvement adding value to the process?
- Is NCAS involvement necessary to maintain progress on the action plans?
- Is there any further action that NCAS needs to take?
- Is the referring body (and practitioner) clear about the next steps and the regulations that need to be followed?
- Does NCAS need to know the outcome of the case or is NCAS content to leave the role as simply advising what processes should be followed?

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Ongoing work in the action planning service

- Development and piloting of monitoring tools

Rationale and Practical Application of Monitoring Tools

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Monitoring tools – rationale and philosophy

- Monitoring of progress during remediation and rehabilitation is essential
- Good evidence can be gathered to enable sound judgments to be made and decisions taken by referring body
- Peer referenced
- Focusing on specific deficits identified during assessment in greater detail and depth
- Mirror assessment tools
- Recording positive and negative evidence of progress and achievement

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Monitoring tools – principles (‘Back on Track’ 2006)

- Clinical governance and patient safety
- A single framework guiding individual programmes
- A comprehensive approach
- Fairness, transparency, confidentiality and patient consent
- Ongoing and consistent support
- Success and failure
- Local resolution drawing on local and national expertise

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Range of monitoring tools

- Clinical (prescribing, referral letters, investigations etc.)
- Contextual (working environment, 360° feedback)
- Primary care and secondary care
- Medical and dental
- Importance of piloting (time consuming, user friendly, effective, robust etc)

Cross-referencing recommendations to monitoring tools

POST ASSESSMENT MAPPING TO IDENTIFY TOOLS REQUIRED DURING "BACK ON TRACK"															
PRACTITIONER'S CONTEXT: *a brief description of the practitioner's situation to provide context to the remediation and rehabilitation process*															
RECOMMENDATIONS	**TOOLS**														
Good Clinical Care															
Maintaining Good Medical Practice															
Relationships with Patients															
Working with Colleagues & Dealing with Problems in Professional Practice															
Appraising and Assessing, Teaching and Training															

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The mapping tool

POST ASSESSMENT MAPPING TO IDENTIFY TOOLS REQUIRED DURING "BACK ON TRACK"

PRACTITIONER'S CONTEXT: *A brief description of the practitioner's situation to provide context to the remediation and rehabilitation process.*

RECOMMENDATIONS	TOOLS														
	Consultation Skills	Records	Prescribing	Referral Letters	Clinical examination	Clinical Investigation	Case Based Review	Maintaining Good Practice	Appraisal & PDP	Clinical Attachments	Interaction with individuals	Leadership and management	Structured behavioural report	Multisource feedback
Good Clinical Care														
Record Keeping - Records MDT decisions		■			■	■	■			■				
- Records pre-operative discussions (including consent)	■	■										■		
- Ensures intra-operative records are accurate		■								■				
History taking - structure of questioning and gathering sufficient information to come to a diagnosis	■	■			■	■				■		■		
Examination -structured & complete examination, relevant to problem	■	■			■					■		■		
Investigation - Appropriate, relevant and evidence based	■	■		■		■	■			■		■		
- Management of abnormal results		■		■		■	■			■		■		
Case Management - Management of abnormal results		■		■						■				
- Approach to operational procedures		■		■						■				■
- in emergency setting develops appropriate care plans		■								■				
- Intra-operative clinical reasoning		■					■			■				
Operative and technical skills - Intra-operative clinical reasoning		■								■				
Infection control - Washes hands after bodily contact					■					■				
Maintaining Good Medical Practice														
Ensure education is based on identified needs								■	■					
Relationships with Patients														
Communication Skills – Displays active listening	■				■						■	■	■	
Working with Colleagues														
Relationships with colleagues – in particular theatre staff and nursing colleagues										■	■		■	■

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Purpose and instructions for monitoring tools

REFERRAL LETTER MONITORING TOOL (RL1)

PURPOSE

This tool allows the supervisor to monitor the practitioner's referral documentation for the purposes of continuing care and to gain additional (together with other tools) insight into the management of his or her patients. It is designed to be used to consider the practitioner's level of written communication with colleagues and external agencies.

The document has been divided into five sections to help the monitor to identify the areas in which there is good or poor practice as judged by peer review. Each section has a series of prompts to help the supervisor focus on relevant areas. Sufficient detail should be documented to allow discussion at a later date and to inform the educational process. Phrases will therefore provide more robust evidence than single words (e.g. *mentions that a diagnosis needs to be confirmed by the specialist* or *does not include a list of current medications*). Both positive and negative findings should be recorded. It is expected that the supervisor will make a judgement for each record as follows: - Summary Score: 0 = no progress, 1 = partial progress, 2 = objective fully achieved.

Each time the tool is used details of the relevant letter e.g. summary statement, date and reference number should be included along with a very brief summary of the case to provide context and assist with feedback. A minimum of 10 referral letters should be examined as part of a monitoring episode in this area

All patient information should be anonymised (no patient names or dates of birth), but identifiable though a patient number to which only the trust should hold the 'key'. Release of the 'key' requires patient consent. This approach would enable tracing should this be necessary for reasons of patient safety or legal challenge.

If any comments are made on rough notes these should be attached to the Monitoring Tool and will form a part of the evidence to be processed in the Interim Report.

References

General Medical Council. Good Medical Practice. www.gmc-uk.org
National Patient Safety Agency (2006) 'Back on track. Restoring doctors and dentists to safe professional practice.' National Clinical Assessment Service, London
National Clinical Assessment Service. National Clinical Assessment Service Instruments Workbook. National Patient Safety Agency, 2006.
National Clinical Assessment Service. NCAS Resource Pack (Improvement plan guidance and template) www.ncas.npsa.nhs.uk/backontrack
National Patient Safety Agency, 2006.

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Example of monitoring tool – looking at referral letters

CASE No:	Date:	Patient number:	Presenting condition:	Overall score: 0= no progress, 1= partial progress 2= objective being achieved	Assessor:

REFERRAL LETTER MONITORING TOOL
LIST OF PATIENT PROBLEMS
Good clinical care, working with colleagues: *Details relevant to the patient's presenting problem; active problems list and current medication included.*
PATIENT HISTORY
Good clinical care, working with colleagues: *Relevant details of the patient's past medical history; family history; current concerns; referral to appropriate clinician/department.*
CLINICAL EXAMINATION
Good clinical care, working with colleagues: *Relevant examination findings.*
OVERALL ASSESSMENT & MANAGEMENT OF PATIENT
Good clinical care, working with colleagues: *Current health status; psychosocial context considered; details of investigations; details of treatment; current management and problems identified; diagnosis d; clear expectation of GP/agency input; information given to patient; patient expectations stated.*
CLARITY OF REFERRAL LETTER
Good clinical care, working with colleagues: *Logical sequence; relevant content; concise; structured.*

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Purpose and instructions for completing a summary tool for referral letters

Record of Continuous Monitoring Using Referral Letter Monitoring Tool RLA1

Instructions:

The supervisor for the above *aspect of the remediation and/or rehabilitation programme* should summarise the findings from the **Referral Letter Monitoring Tool** at agreed intervals – this may be weekly, monthly six weekly etc. This form may be photocopied as many times as necessary for this purpose.

The summary statement should be used to justify the overall score given (relating to progress and reflecting the progress map) and indicate development that needs to take place during the next reporting period. By signing the sheet the practitioner is stating that he/she understands the basis of developmental needs.

The final scoring should be an overall judgement of the scores achieved.

Once completed the scoring sheet (and the relevant tools) should be photocopied and attached to the Interim/Final report which collates the various components of the development programme for the agreed time frame.

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Example of summary tool for monitoring quality of referral letters

Record of continuous monitoring using Referral Letter Monitoring Tool for ……

Summary statement by supervisor	Date	Score	
.			Signature of Supervisor Signature of Practitioner

Summary statement by supervisor	Date	Score	
			Signature of Supervisor Signature of Practitioner

Summary statement by supervisor	Date	Score	
			Signature of Supervisor Signature of Practitioner

Summary statement by supervisor	Date	Score	
			Signature of Supervisor Signature of Practitioner

Overall score

Please complete this on the last sheet relating to this summary monitoring tool.
(0= no progress
1= partial progress
2= objective being met)

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Completed referral letter summary tool

Record of continuous monitoring using Referral Letter Monitoring Tool for ……

Summary statement by supervisor	Date	Score	
10 letters reviewed. Does not include active problem list and sometimes misses list of current medication. Examination finding sometime absent from records. Letters lack clarity and logical sequencing. Investigations only occasionally mentioned.	January	**0**	Signature of Supervisor Signature of Practitioner

Summary statement by supervisor	Date	Score	
8 letters reviewed. Has started to include problem lists and prescribing information. Still 50% of records fail to mention examination findings and investigations. Some improvement in sequencing of letters.	February	**1**	Signature of Supervisor Signature of Practitioner

Summary statement by supervisor	Date	Score	
10 letters reviewed. Good problem lists and relevant prescribing and investigation information. Details of examination findings given on all occasions. Logical sequencing and structure	March	**2**	Signature of Supervisor Signature of Practitioner

Summary statement by supervisor	Date	Score	
10 letters reviewed. Clear, concise, relevant clinical letters. Logical sequencing. Patient reviews included. Expectations of recipient actions clearly explained	April	**2**	Signature of Supervisor Signature of Practitioner

Overall score

2

Please complete this on the last sheet relating to this summary monitoring tool.
(0= no progress
1= partial progress
2= objective being met)

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Completed referral letter summary tool magnified

Summary statement by supervisor	Date	Score	Signature of Supervisor
10 letters reviewed. Does not include active problem list and sometimes misses list of current medication. Examination findings sometimes absent from records. Letters lack clarity and logical sequencing. Investigations only occasionally mentioned. **Areas for action** Sequence letters in a logical format Include clear history, examination and investigation findings	January	0	Signature of Practitioner

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Keys for progress maps; monitor, key for prescribed clinical/educational placement and key for evidence of progress

Monitor	Key
Responsible Director A	A
Programme Supervisor B	B
Psychologist C	C
Deanery/Royal College Advisor D	D
Educational supervisor E	E
Clinical supervisor F	F
Clinical supervisor G	G
Clinical supervisor H	H
Clinical supervisor I	I
Clinical supervisor J	J

Clinical placement	Key
Placement i	i
Placement ii	ii
Placement iii	iii

No progress	0
Partial progress	1
Objective being met	2

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Roles, responsibilities and contracts

- Named supervisors
- Named responsible director
- Named placements
- Clear contracts for achievement and behaviour
- Implications for objectives not being met
- Define success and failure
- No surprises!

Progress mapping

This progress map indicates when and which monitoring tools will be applied (shaded areas), who will apply them and whether progress is being made against recommendations.

GMP area	Monitoring tool	Programme outcome																									
		Week1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week10	Week11	Week12	Week13	Week14	Week15	Week16	Week17	Week18	Week19	Week20	Week21	Week22	Week23	Week24	F/U
Good clinical care	Consultation monitoring tool		Di 0				Eii 1				Fiii 1				Eii 0											
	Records monitoring tool			Dii 0				Eii 0				Fiii 0				Eii 1										
	Prescribing monitoring tool			Dii 0				Eii 0				Fiii 1				Eii 1										
	Referral monitoring tool			Dii 0					Eii 1							Eii 0										
	Clinical attachment summary															Eii 2										
Maintaining good practice	Maintaining good practice monitoring tool							B 2							B 1											
Relationships with patients	Behavioural structured report								C 1								C 1									
Working with colleagues	Multisource (360) feedback				MF 0												MF 0									
Overall	Progress summary at key checkpoints (Programme Supervisor)					B 0						B 1						B 1								
	Deanery/Royal College Advisor					D 0							D 1						D 0							
	Progress review and sign off (Responsible Director)						A 0						A 1						A 0							

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The interim and final report

- Review at agreed times (as per action plan)
- Summary of information gathered
  - Inform decision making process for referring body
  - Objective support for eventual decision
  - NCAS involvement
    - Facilitates monitoring of cases
    - Aids ongoing support
    - Outcomes can be measured
    - Easier case closure

Interim and final reports

- Interim reports – still formative?
- Final report and decision making (robust evidence – decision by Trust **not** NCAS)
- Long term follow up – How successful is remediation?

A Typical NCAS Scenario

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Ms T

- This case study is an amalgamation of a number of NCAS cases. They have been combined to anonymise individuals and institutions and to demonstrate that while, in the greater scheme of things, such case are unusual they are not unique.

- Please remember the Chatham House Rules

- Please do not remove any of the case study papers from the conference

- A ‘table top’ walk through the case…….

Background

- Full-time consultant general surgeon
- Established in post over 10 years

Summary of Concerns

Concerns were raised by the referring body with regard to the Ms T's performance in the following areas:

- Clinical judgment
- Surgical technique
- Peri-operative complication, mortality & morbidity rates

Signature events

- Case 1
- Case 2
- Audit of case notes

NCAS assessment findings

- **Occupational health conclusions**
  - No health concerns identified

- **Behavioural assessment conclusions**
  - Committed, caring motivated clinician
  - Unclear if there was understanding of predicament

NCAS assessment findings

Summary of clinical assessment conclusions

- Widespread poor clinical performance
- Lacked acceptance of the breadth of poor performance
- Felt poorly treated and misunderstood by employer
- Deficit estimated to require intensive supervised training for 12 months

Conclusions and recommendations - satisfactory aspects

- Respecting patient confidentiality
- Maintaining patient trust
- Sharing information with colleagues
- Prescribing

Conclusions and recommendations – areas for improvement

Inconsistent performance:

- Team working and communications with colleagues
- Operative and technical skills
- Infection control
- Clinical record keeping
- Communication with patients
- Maintaining good medical practice

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Conclusions and recommendations – areas for improvement

Unsatisfactory performance:

- History taking
- Examination
- Investigation
- Diagnosis and clinical management

Conclusions and recommendations – areas for improvement for the referring body

- Review administrative, managerial and clinical support
- Review communications and audit systems
- Review level of interactions between surgical teams

Proposals for implementation - practitioner

- Educational plan
- Educational supervisor
- External placement
- Clinical supervision
- Behavioural coaching
- Personal support

Proposals for implementation – referring body

- Patient safety during remediation
- Assistance with educational programme
- Personal support for the practitioner
- Plan for return to work if remediation successful

Challenges to remediation and rehabilitation

- **Practitioner:**
  - Some lack of insight
  - Over conviction in own judgment
  - Feels victimised and reacts badly to challenge and criticism
- **Referring Body:**
  - Reluctant to accept NCAS conclusions
  - Reluctant to accept NCAS recommendations

The action planning process

- Difficult to get the process moving
- Pro-active intervention required
- Facilitative approach taken
  - Meeting with the practitioner
  - Meeting with the referring body
  - Joint meeting

The action planning process

- External placement secured
- Progress monitored
- Time for referring body to write the interim report……..

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The challenge of writing the interim report

- You (as a table) are the ‘Responsible Director’ for Ms T’s remediation and rehabilitation programme in her external clinical placement in Host Hospital.

- Ms T has been with you for four months and her interim report is due. The supervisors facilitating her action plan have provided you with the summary feedback from the monitoring tools they have been using to monitor her progress.

- You have the completed summary tools for 11 areas of the action plan.

The challenge of writing the interim report

- What will the interim report say?
  - Findings and progress
  - Recommendations

- Should the remediation be allowed to continue?

Feedback

What will the interim report say?

Findings and progress

Recommendations

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Feedback

Should the remediation be allowed to continue?

Thank you for listening and participating

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