

Date: 24 January 2001

Venue: Committee Room 2, National Assembly for Wales

Title: MAXIMISING CLINICAL PERFORMANCE

1. This paper responds to the Committee's request for details of the proposed framework for managing the performance of doctors working in the NHS in Wales and its relationship to the new National Clinical Assessment Authority (NCAA) (HSS-22-00)

Summary

2. A number of options have been considered and I am currently exploring the possibility of entering into an agreement with the NCAA to enable its functions to be carried out in Wales and the best means of achieving this.

Background

3. Following the decision last year not to issue the English consultation document 'Supporting Doctors, Protecting Patients' but to produce our own document reflecting Welsh views and experience, a Steering Committee was established to support the Chief Medical Officer and Director of Human Resources in the development of a framework for the management of professional performance amongst medical staff practising in NHS Wales.

4. A draft consultation document 'Maximising Clinical Performance' was subsequently circulated in October to the service in Wales which coincided with the announcement in the English NHS Plan of the establishment of the NCAA.

5. The NCAA was established as a Special Health Authority in England under Section 11 of the NHS Act 1977 to promote clinical excellence through providing "early diagnosis" of poor clinical performance and to support NHS personnel dealing with under-performing doctors.

6. The Authority will create, develop and oversee a framework through which NHS employers and individual doctors can obtain rapid, objective and expert assessments of performance, recommending educational or other approaches as appropriate.

7. It will be responsible for developing and publishing good practice guidance for the handling of cases of poor performance by trusts, health authorities and primary care groups. The guidance will be developed in collaboration with professional bodies, NHS doctors and HR managers. Changes being made to the disciplinary procedures will take account of the new support and assessment service provided by the NCAA thus avoiding the inappropriate use of disciplinary procedures in the majority of performance cases.

Consideration

8. It makes sense for Wales to have a similar performance framework which will support doctors through fair and objective assessment and skilled retraining processes whilst giving the general public reassurance about identifying poorly performing doctors and responding to their needs effectively. It is also important that the profession is comfortable with the concept of a development and retraining support system for doctors in Wales.

9. Our consultation document described a systematic and practical framework that demonstrated a robust commitment to identify and improve poor performance whenever and wherever it occurred. It envisaged a support and retraining centre focused on the Postgraduate Deanery which would deal with

- those doctors who had been out of the service for some time and who wished to take up clinical practice again
- doctors referred by the GMC under the fitness to practice procedures
- doctors for whom a need for further training had been established under the annual assessment and appraisal system to be introduced from 1 April 2001 and
- others who may either self refer or are referred by employers or professional bodies.

10. When it became evident that there were concerns about clinical performance which could not be resolved locally, the doctor could be referred to this Welsh centre (the separate Wales office or branch of the NCAA), which would be accountable to the Assembly and would be represented on the main NCAA Board, for a thorough, objective and authoritative report on the problem with advice on any action which ought to be taken. Such a system would gain credibility and effectiveness by the sharing of expertise with the English NCAA.

11. The centre would allow the facilities and contacts of the postgraduate network to be called upon to help the individual doctor and would enable the training needs of doctors to be assessed by appropriate colleagues and the educational prescription for their retraining to be negotiated.

12. Members of the current Steering Committee who produced the Welsh consultation document will take this forward and consider the links between the NCAA and the Postgraduate Deanery and the financial implications for administration by the Deanery and for retraining costs. These changes will then be incorporated in the definitive document for Wales which could be issued in the Spring.

Compliance

13. The Assembly can use its power under Section 41 of the Government of Wales Act to enter into an agreement with the NCAA. There is nothing novel or contentious in this proposal and there are no issues of regularity or propriety. The Assembly compliance office has seen this submission and is content with the compliance aspects.

Financial Implications

14. The budget provision for this initiative is £1.1m for 2001/02. This is contained within the PHLS/ NBSB and Central Initiatives budget expenditure line in the Health Improvement SEG. There are no additional financial implications for the Assembly and both NHSF (DT0103) and Financial Planning Divisions are content with the financial aspects of this paper.

Action for Subject Committees

15. The Committee is invited to note the paper. Further progress reports will be made later.

JANE HUTT

Minister for Health and Social Services

Contact Point: Stephen Redmond, Human Resources Division, Ext: 3293