GOVERNANCE OF SPECIALTY TRAINING
IN
GENERAL PRACTICE

October 2013
Governance of Specialty Training in General Practice

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1. Introduction

1.1 In August 2011 NHS Education for Scotland took on employment responsibilities for General Practice Specialty Trainees (GPSTr) during their time in primary care placements, and by doing so assumed clinical and staff governance responsibilities. The Medical Director is the responsible Executive Director, with the Chief Executive acquiring final accountability for any negligence in the quality of the delivery of patient care or conduct on the part of the doctor in training. The governance arrangement for management of this risk is considered in the context of the practice environment and the systems of educational supervision that are already in place. This document sets out the Governance arrangements that are in place for General Practice Specialty Training (GPST).

2. General Practice Environment

2.1 There is a Scottish General Practice (GP) Training Agreement between NHS Education for Scotland and each training practice. This covers the requirements for training including the clinical governance arrangements. This is attached as Annex 1.

2.2 There is a General Medical Services contract between the majority of GP practices and the local Health Board which deals with the delivery of the day to day care of patients as well as standards for premises and members of staff.

2.3 As part of the General Medical Services contract practices volunteer to participate in the Quality and Outcomes Framework and Health Boards monitor against this standard. It is observed that Training practices normally achieve high QOF outcomes and this is recorded as part of the accreditation process. If there is a change from previous QOF achievements this is discussed with the practice and a plan to improve the outcome is put in place.

2.4 Health Boards have a responsibility for governance of all practices. This is delivered and managed by the local Community Health Partnership (CHP) and includes all training practices.

2.5 NES quality management of GP training practices requires that they reach the GMC standards for training in order to be approved and subsequently reapproved. Not all GP practices are training practices.

2.6 GP practices have a formal complaints procedure, the details of which are set out in Annex 2. All complaints which involve a GPSTr are notified to NES and those that are not resolved to the patient’s satisfaction by the local practice procedure must be investigated by NES.

2.7 NES’ Patient Complaints Procedure (Annex 3) follows the principles and requirements laid down in the legislation. (Patient Rights (Scotland ) Act 2011) This provides detailed guidance on how patient complaints arising in general practice, and involving a GPSTr who is employed by NES, must be dealt with. In line with legislative requirements, NES must review quarterly any complaints data held (Annex 3) and report on this internally and annually to Information Services Division as required. In addition, the Board of NES receives an annual report of complaints.
3. Educational Supervisors and Supervision

The Medical Directorate and its Postgraduate Deaneries within NES have in place quality management measures which include:

3.1 Training Environment

3.1.1 Practices are formally assessed on a three year cycle. (Annex 4) This involves a review of reports from the Training Programme Directors (TPDs), current and previous GPSTr and a self-submission by the training practice. The range of meetings within the practice, communication, office systems, and complaints are all reviewed, in addition to the level of team working in the practice. Examples of meetings include clinical, educational, child protection, business and visits from prescribing advisors. IT and health and safety are reviewed under the Health Board’s policies.

3.1.2 Feedback to the Deanery for all GP placements is provided annually by GPSTr using a standard Practice Post Assessment Questionnaire. Returns are reviewed within the Deanery and the information is used as part of the practice accreditation process.

3.1.3 External QA is the responsibility of the GMC. GMC trainee and trainer feedback on GP placements is provided annually to the Deanery through the Deanery Quality Managers and GP leads responsible for Quality Management. Data is collected centrally in the form of a Red / Amber / Green (RAG) report and circulated to Deanery and GP leads to action.

3.2 Educational Supervisors

3.2.1 All trained GPs including Educational Supervisors (ES) undertake an NHS annual appraisal covering all roles including their educational role. As part of the annual appraisal, prescribing, referrals and audits are considered over a five year cycle. At the appraisal a personal development plan is agreed and peer review of audits and reflection on complaints are encouraged and discussed. Multi-source feedback is part of appraisal and revalidation.

3.2.2 All trainees in General Practice have a GMC approved trainer as their ES throughout their programme.

3.2.3 To be approved initially as an ES, all prospective GP ES’s must undergo a formal training programme which is six days in duration and covers all aspects of GP training including development of skills in assessment and feedback. This results in an end point assessment. Eligibility for acceptance on to the training modules requires submission of a video of consulting which is peer reviewed and must reach an agreed standard. This course maps to current GMC standards for trainers. All ES’s subsequently have regular review and approval as outlined in Annex 5,6.

3.2.4 Ongoing data on a GPSTr’s progress, including workplace based assessments, is collected in the Royal College of General Practitioners (RCGP) e-portfolio. This is reviewed and managed by the Deanery and is the evidence that is considered at the Annual Review of Competency Progression (ARCP). This process is laid out in the Gold Guide for Postgraduate Specialty Training in the UK.

3.2.5 There is external QA of the ARCP process within each Deanery by the RCGP and an RCGP external advisor visits at least one ARCP panel per year to ensure compliance with the process.
A report on this visit and the external QA process is sent by the RCGP to the Deanery twice per year.

3.2.6 The RCGP also review the quality of the Educational Supervisor Reports (ESRs) and provide feedback to the Deanery who in turn inform the ES’s about the quality of their individual ESRs.

4. General Practice Specialty Trainees (GPSTs)

4.1 From April 2013 all GPSTs who have completed 5 years of training following full GMC registration (normally at the end of year 1 of foundation training) and those who are being awarded their CCT must participate in revalidation through the established ARCP process. This must include a self declaration on probity (convictions and disciplinary actions), health (regulatory and voluntary proceedings) and Patient Safety Incidents (PSIs) to enable the responsible officer (the NES Medical Director) to make a recommendation for revalidation to the GMC.

4.2 GP training teams within each of the Postgraduate Deaneries have established a reporting mechanism using the Training Programme Director (TPD) network for PSIs occurring in practice and involving GPSTs (Annex 7). Documentation of such events, the reporting system, and ensuring appropriate action has taken place, will be the responsibility of the relevant GP Director and reported to the Medical Director.

4.3 The Medical Director is responsible for ensuring that appropriate arrangements are in place to handle any clinical governance matters arising from issues related to GPSTs. While this responsibility remains with the Medical Director, day to day responsibility is delegated to the relevant Director of Postgraduate General Practice education.

5. Claims for Clinical Negligence

5.1 Clinical negligence claims in the context of GP Training have been observed to be very infrequent. This has been evidenced by a recent Scottish survey of practices which identified eight complaints involving GPSTs over the last 5 years of which only three involved a clinical issue.

5.2 As GPSTs are employed by the NHS they have Crown Indemnity and any claims against them for clinical negligence would be covered, as part of their work as a GPST, by the NES Clinical Negligence and Other Risk Indemnity (CNORIS) cover. All GPSTs must have additional Medical Defence cover as stipulated in their contract with NES and should seek appropriate support from their Defence Union in the event of a complaint.

5.3 The Scottish GP Training Agreement with NES enables GPSTs to provide clinical care to patients in GP practices, allows access to their records and also stipulates that patient confidentiality is respected and maintained. This includes the avoidance of any patient identifiable information in the e-portfolio. Responsibility for compliance with respect to the above will reside with the Medical Director as Caldicott Guardian.

5.4 There is a reporting mechanism for Patient Safety Incidents (PSIs) as outlined in Annex 5.

5.5 The RCGP curriculum includes clinical governance under statement 3.1 and all components are covered by NES.
6. **Reporting Mechanisms**

6.1 The reporting mechanisms for the governance of specialty training in general practice is embedded in each of the sections within this document.

6.2 General practice training has in place clearly documented relationships between NES and GP ES’s in their practices; and between GPSTr and NES as their employer when in the primary care element of training.

6.3 A summary of the different reporting mechanisms is laid out in this section.

6.4 The monitoring of the Scottish GP Training Agreement is carried out by NES Human Resources (NES HR) in conjunction with the GP Units within Deaneries. This close liaison allows any identified problems with the Training Agreement (e.g. failure to meet specified conditions) to be acted on. Any action taken must always be in collaboration with the relevant GP Director.

6.5 It is a NES responsibility, delivered through the Deanery structure, to ensure that GP Specialty Training is being delivered to GMC standards. For the purposes of this paper GP Specialty Training has been broken down into its component parts – General Practice Environment; Educational Supervisors; and Supervision, both clinical and educational.

6.6 The Deanery, through its accreditation process, quality manages all three areas. The GP unit Quality Management Group reports to the General Practice Specialty Training Committee. Reports subsequently go to the Deanery Quality Management Group and to the NES Medical Quality Management Group.

6.7 An external quality review of the ARCP process is undertaken annually by the RCGP. A full report is sent to the Deanery for any relevant action and is shared with the General Practice Specialty Training Committee.

6.8 Complaints involving GPSTr are reported by the ES to the Deanery and NES HR then to the GP Director and Medical Director as described in Annexe 3.

6.9 Patient Safety Incidents (PSIs) involving GPSTr are self reported annually as part of the ARCP process. Through the ARCP, issues must be flagged to the GP Director and reported to the NES Medical Director as described in Annex 5.

6.10 The Deanery records PSIs on a spreadsheet and these are considered quarterly by the GP unit Quality Management Group which reports to the General Practice Specialty Training Committee. Reports subsequently go to the Deanery Quality Management Group and to the NES Medical Quality Management Group.

6.11 The GP Directors report to and are members of Medical Directorate Executive Team (MDET).

6.12 The GP Directors are members of the GP, Occupational Medicine and Public Health Specialty Board which reports directly to MDET.

NES GP Directors group

October 2013
Annex 1

SCOTTISH GP TRAINING AGREEMENT


Full document as separate attachment as Annex 1
Annex 2

PRACTICE BASED COMPLAINTS PROCEDURES


Full document as separate attachment as Annex 1
Annex 3

NES PATIENT COMPLAINT PROCEDURE FOR GPST EMPLOYEES

1. Introduction

1.1 The Patient Rights (Scotland) Act 2011 received Royal Assent in March 2011. The Secondary legislation (Regulations and Directions) in relation to the handling of feedback, comments, concerns and complaints has been drafted and these came into effect from 1 April 2012. The Act seeks to improve patients’ experiences of using health services and to support people to become more involved in their health and healthcare. A key objective is for a culture to be developed which values all forms of feedback in order to learn from service users’ experiences.

1.2 The legislation requires NHS bodies and health service providers to handle and respond to feedback, comments and concerns and complaints within clear timescales and to record data received in this regard, reporting this annually and demonstrating resultant learning and improvement.

1.3 NHS Education for Scotland (NES) has a Complaints Procedure (http://www.nes.scot.nhs.uk/contact-us/make-a-complaint.aspx) which follows the principles and requirements laid down in the legislation. The purpose of this guidance note is to clarify how patient complaints arising in General Practice and involving a General Practice Specialty registrar (GPSR), who is employed by NES, must be dealt with.

1.4 The Guidance documentation produced to accompany the legislation “Can I help you? Guidance for handling and learning from feedback, comments, concerns or complaints about NHS health care services”, the Scottish Government, Edinburgh 2012, sets out at section 3.5 complaints that span more than one service or sector.

3.5.1.1 Where a complaint relates to the actions of two or more NHSScotland bodies (eg two relevant NHS bodies, or a Primary care Service Provider and a relevant NHS body) best practice is that there should be agreement about who will take the lead in co-ordinating the complaint. The organisations are expected to co-operate fully throughout the investigation and share learning from the investigation and outcome.

3.5/1/2 The person making the complaint must be informed who will take the lead in dealing with the complaint and be advised that where possible a joint response will be provided in cases where a joint response is not possible the two organisations should work together to ensure that there is consistency in the responses provided.

2. Process

2.1 The attached flowchart details how NES works with training practices to ensure that complaints are dealt with appropriately by both service providers and seeks to provide clarity to the complainant as to the processes in place for progressing a complaint against a GPSTR. There is an emphasis on quick and local resolution where possible, and for improvements to be implemented as soon as possible following the complaint. This process is not applicable to informal complaints which may not require investigation nor are appropriate to the NHS Complaints Procedure.
2.2 In line with the legislative requirements, NES must review quarterly any complaints data held and report on the internally and annually to Information Services Division as required. In addition, the Board of NES receives an annual report of complaints.

3. **Reporting Mechanisms**

3.1 NES HR collect and record all complaints involving GPSTs.

3.2 The NE HR report to the GP contracts group on a quarterly basis. This group contains representation from each Deanery. The report include new complaints and an update of concluded complaints.

3.3 An aggregated report of complaints data and any GMC investigation is sent quarterly to the GP Directors group and then to MDET.

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2 Can I help you? Guidance for handling and learning from feedback, comments, concerns or complaints about NHS health care services, the Scottish Government, Edinburgh 2012.

3 To ISD
THE PROCEDURE

The practice complaints process is described below. The ‘Can I Help You Guidance’ provides information and support for Practice staff on NHS Complaints Procedure.

### Patient Complaint to Practice

The practice establishes that the complainant wishes the matter to be dealt with under the NHS Complaints Procedure (ie formal v informal)

(in the guidelines a complaint is defined as “an expression of dissatisfaction about an action or lack of action or standard of care provider”)

### GP Trainee involved

### Practice Notifies NES HR

NES HR informs Head of Planning and Performance
NES HR reports complaints to NES GP Contracts Group quarterly
Practice will normally take lead except in exceptional circumstances
Practice/GP Trainee may contact medical defence organisation(s) for support/advice

### Practice Acknowledges Complaint Using standard Complaints Procedure

The practice may offer the complainant the opportunity to meet and discuss with the doctor and others from the practice. The practice establishes the preferred means of communication with the complainant and what outcome they hope to achieve. The Educational Supervisor reviews the complaint and if judged to be straightforward then this will be managed within the practice

### Straightforward

There is no additional requirement to send further written confirmation or carry out an investigation

Practice informs NES HR that investigation is completed
NES HR updates Head of Planning and Performance and reports outcome to Deanery via GP Contracts Group

### Complex and / or Serious

The practice must use the complainant’s preferred method of communication

cc NES HR who must report to Deanery via GP Contracts Group

X

(Process concluded)

Preliminary investigation
Investigation Team Formed; category of complaint defined – Practice issue V Employment
Practice issues normally led by practice staff; employment issues normally led by NES staff
Investigation planned. An appropriate level of involvement for NES is agreed with NES HR and this
may include joint approach with the Educational Supervisor and practice in conjunction with NES HR,
Educational Supervisor and Training Programme Director as appropriate

Investigation

Practice leads on investigation of the complaint. Practice informs the patient of their findings. Practice offers to meet with patient to explain outcome of investigation

Practice and NES agree that NES will lead investigation of the complaint

Complainant accepts outcome

Complainant rejects outcome

Practice informs NES HR of outcome. NES HR reports to Deanery via GP Contracts Group

Complainant contacts ombudsman

X
(Process concluded)

Practice informs NES of outcome if known. NES HR inform Deanery via GP Contracts Group

X
(Process concluded)

NES Writes to Complainant
Complainant advised of the process to be followed, with expected timescales
cc practice

NES Conducts Investigation
Investigation principles as detailed in the NES Disciplinary Policy followed. If appropriate the GP Trainees may be suspended pending outcome of the investigation. This decision lies with HR and the GP Director who is acting on behalf of the Postgraduate Dean.
Outcome of investigation is **no case to answer**

- **Outcome of investigation is case to answer**
  - Options:
    1. Disciplinary Hearing (conduct related)
    2. Capability Policy issue (capability related)
    3. Doctors in Difficulty Policy and consider Remedial training (education related)
  - CNORIS may be contacted at this point if appropriate

NES writes to complainant confirming outcome and offers to meet with patient to explain outcome of investigation:
cc Practice
Director of Medicine, Postgraduate Dean, GP Director and Head of Planning and Performance notified. HR also reports to GP Contract Group.

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<tr>
<th>Complainant rejects outcome</th>
<th>Complainant accepts outcome</th>
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Complainant contacts **ombudsman**

**Internal NES Reporting**

- CNORIS contacted via Finance (if appropriate)
- HR Report complaint to Staff Governance Committee
- Medical Directorate report complaint to Educational Governance Committee on Clinical and Educational issues
- Annual Complaints Report to NES Board
Annex 4

EDUCATIONAL SUPERVISOR AND TRAINING PRACTICE APPROVAL PROCESS

Educational Supervisors and training practices undergo review and approval on a three yearly cycle. There is a common process across Scottish Deaneries. A detailed account of this is in Annex 5.

The process for approval and reapproval is shown in the attached flowchart. All new applications for training receive a formal visit as do practices where concerns have been raised or where significant changes in the practice have taken place. Practices are otherwise visited at the discretion of the Deanery General Practice Quality Management Group (GPQM) who review information submitted from a variety of sources as indicated on the flowchart.

The visit is led by an experienced member of the Deaneries GP team supported either by another member of the Deanery team or a trainer and where possible a lay member. Trained practice managers can also be used on the visiting team.

The focus of the visit is threefold:

1. To look at the training practice as a suitable environment for training.
2. To ensure that the GP trainer has the necessary knowledge skills and attitudes to be an educational supervisor.
3. To look at the practice team as a whole and to assess the ethos and learning culture in the practice.

Educational Supervisor

All GP trainers who wish to become educational supervisors must undergo the Scottish Prospective Educational Supervisors Course. This is a six day course that has end-point assessment. Once the trainer has reached the required standard at the end of this course they are eligible to apply to become a trainer. Educational supervisors are expected to maintain educational skills, participate in the trainers’ meetings, the trainee day release and include a component related to training in their personal plan as part of their NHS annual appraisal. This is reviewed as part of the practice approval process.

Approval Process

Once the visit has taken place the resulting report and recommendation is considered by the Deanery Specialty Training Committees. Reapproval of trainers is for a maximum of three years but may be shorter depending on the recommendations that are made. Approval of a new trainer in a new training practice is for a maximum of two years and must involve a visit before further approval is given.

Approval of a new trainer in an existing training practice may not necessarily involve a visit and will be for a maximum of three years and the process for subsequent reapprovals will be described as above.

For all new trainers (in new or pre-existing training practices) there must be interim support mechanisms which may include a visit, or allocation of a mentor or TPD formative interview which must feed into reapproval process.
General Practice Specialty Training Approval Process

Submit Self-Assessment Paperwork

TPD Report

‘Soft’ Information

Known Concerns

General Practice Quality Management Group (GPQMG)

Visit

‘Virtual Visit’ with recommendation

Recommendation from visit team accepted by GPQMG

GPSTC

Decision communicated to ES by letter from GP Director or Deputy

Deanery QM Group

NES Medical QM Group

GMC connect
Annex 5

Quality Management of GP Specialty Training in Scotland
Educational Supervisor and Training Practice Approval Process
December 2012

Background: A single policy for Quality Management (QM) of GP Specialty Training (GPST) in Scotland was agreed in 2008. The work that has been undertaken in supporting the implementation of the ‘MDET Vision’ in the latter part of 2012 has highlighted the need to refine and refresh the policy.

Principles:

1. QM of GPST in Scotland is delivered by deanery GP teams and forms a part of the QM activity of the Medical Directorate, which is overseen by the Medical QM Group (MQMG). Deanery GP QM activity is a regular agenda item for the MQMG.
2. GPST programmes include attachments not only to clinical units that host other trainees (foundation, other specialties) where QM activities must be coordinated through the Deanery QM teams, but also GP training practices. Practices are in effect ‘mini-LEPs’ with individual Training Practice Agreements covering training arrangements and the nature of these arrangements require a bespoke QM approach, including the requirement for approval by the regulator of both the training environment (the training practice) and the educational supervisor (ES).
3. QM of training practices and ESs in General Practice is ‘visit-light’ and informed by triangulated data from a variety of sources rather than an over-reliance on the historical routine ‘practice visit’.
4. An important element of this data is the GP-specific Post Assessment Questionnaire (GP PAQ), hosted by e-forms and specifically designed to collate data relevant to GP Specialty Training. The GP PAQ is distributed to GPSTs in General Practice at the end of each attachment.
5. The QM process and all decisions taken as part of it are guided by:
   a. The Trainee Doctor www.gmc-uk.org/Trainee_Doctor.pdf
   b. The evolving GMC policy relating to the recognition and approval of trainers www.gmc-uk.org/education/10264.asp
   e. COGPED guidance on GP Trainer status where the GMC is taking action through fitness to practice procedures www.cogped.org.uk/document_store/1342087721Arrf_cogped_guidance:_gp_trainer_status_of_practitioners_where_gmc_is_taking_action.pdf
   f. NES guidance on GP ESs being members in good standing of the RCGP (http://www.nes.scot.nhs.uk/media/14856/RCGP%20Membership.doc%20final%20version.doc)
   g. Any other relevant guidance that may arise from the GMC, COGPED/ COPMED or the RCGP
Policy:

The process for approval of GP ESs and Training Practices is described in the flow chart in Appendix 4. The following notes give further detail of the various steps in the process.

1. Notwithstanding the ‘visit-light’ policy, visits are undertaken for new training practices and when triggered by concerns, significant changes in the practice or at the discretion of the GPQM Group.
2. The deanery GPQM Group normally meets at least twice per year.
3. The GPQM Group comes to a decision on whether the practice requires a visit and, if no visit is required, makes recommendations in relation to length and conditions of approval for scrutiny and ratification by the GP Specialty Training Committee (STC).
4. The GPQM Group in coming to these decisions and recommendations takes into account the Educational Supervisor’s self-assessment documentation triangulated with trainee performance data, trainee feedback, ES performance (e.g. quality of Educational Supervisor Reports, engagement with faculty development activities), TPD input and any other available intelligence.
5. If a visit is required, a visiting team with a minimum of two people visit the practice. The team is led by an experienced member of the deanery’s GP team supported by another member of the team or an ES from the deanery. Where possible a lay member will be included. The West of Scotland has modelled good practice of including a trained Practice Manager in addition to this described core visiting team.
6. The resulting visit report then becomes part of the data considered by the GPQM Group and overseeing groups/committees.
7. Re-approval of ESs is for a maximum of three years but may be for a shorter duration dependent on the recommendations that are made.
8. Approval of a new ES in a new training practice involves a visit and is for a maximum of two years.
9. A re-approval visit is the norm for a new ES in a new training practice within two years of first approval. Assuming that there are no conditions arising from this first re-approval, the period of re-approval is for three years and the process for subsequent re-approval is as described in paragraphs 1-6 above.
10. Approval of a new ES in an existing training practice does not necessarily involve a visit and is for a maximum of three years and the process for subsequent re-approval is as described in paragraphs 1-6 above.
11. For all new ESs (in new or pre-existing training practices) the deanery provides interim support mechanisms that include revisit, allocation of a mentor or a TPD interview, which feed into the re-approval process.
12. The process for an ES to appeal against a decision made with respect to approval/re-approval is described in Appendix 6.

Conclusion:

This paper describes a single national process for GP ES and Training Practice approval, although it is accepted that local factors, including geography, may influence how this policy is implemented.
Quality Management of GPST

GP Educational Supervisor & Training Practice Approval
Appeals Procedure

If there should be dispute regarding the outcome of an Educational Supervisor approval or re-approval decision, or the approval of a practice as a training environment, the Educational Supervisor or prospective Educational Supervisor retains the right of appeal to the Deanery if he or she wishes. The procedure for appeal is set out below:

Criteria for an Appeal

1. An appeal can be made when the Educational Supervisor or prospective Educational Supervisor is dissatisfied with a decision that results in a recommendation for less than the maximum period of approval as described in the Scottish policy for approval and re-approval of GP Educational Supervisors and Training Practices, or where a practice has not been approved or re-approved as a training environment.

2. An appeal cannot be made where an approval for the maximum period has been made but with recommendations.

3. Notification of appeal using the appeals pro-forma must be submitted within 21 days of receipt of the approval or re-approval decision.

4. An appeal must be considered if the appellant can provide a case that the process did not follow the Scottish policy for approval and re-approval of GP Educational Supervisors and Training Practices or that the decision made was not consistent with the evidence that was available.

5. The appellant should set out the reasons why they believe the way their application was processed may have disadvantaged them or their practice. Reasons should also be given to justify any allegation of unfairness or mal-administration which has negatively affected the appellant’s application.

Procedure

1. The appellant should notify the Director of Postgraduate General Practice Education in writing of his or her intention to invoke the appeal procedure using the appeal form.

2. The Director of Postgraduate General Practice Education must determine whether there are grounds for an appeal in relation to the criteria for appeal (above). In doing so the Director may wish to discuss the appeal on a less formal basis with the appellant.

3. If the appeal has merit the Director of Postgraduate General Practice Education must inform the appellant that the request will be considered by a Deanery Appeal Panel.
4. The Director of Postgraduate General Practice Education must convene an appeal panel which must include a Director of Postgraduate General Practice Education from another Scottish deanery, who will chair the panel; a training programme director who is ideally also an experienced Educational Supervisor; and a trainee representative (both from other areas of the Deanery); a lay representative; and the Director of Postgraduate General Practice Education.

5. The Director of Postgraduate General Practice Education must arrange for the appeal to be heard by the panel as soon as practical after receipt of the appeal proforma.

6. The Deanery panel must be supplied with a copy of all documentation two weeks prior to the hearing.

7. The panel may wish to call the parties to verify and clarify the evidence that they have considered. The Director of Postgraduate General Practice Education must request attendance of the relevant parties at the hearing.

8. If the appellant so desires, a personal representation may be made to the Deanery Appeal Panel. In doing so the appellant may be accompanied by but not represented by a friend or adviser.

9. After consideration of the written and heard evidence the panel must deliberate and the chair will decide on the outcome of the appeal hearing.

10. The possible outcomes are that:

   (a) the appeal fails and the original decision not to approve/ re-approve is upheld.
   (b) the appeal is successful and the panel recommends approval/ re-approval of the applicant under such conditions as it decides.
   (c) the panel adjourns the appeal for further evidence to be brought. Depending on its previous decision the panel may /may not reconvene when the evidence is heard and dealt with by the Deanery Appeal Panel.

11. If the appeal succeeds the panel must recommend that the Deanery should make a recommendation to the GMC for recognition of the appellant as an Educational Supervisor, or the practice as a training environment for a length of time determined by the panel.

12. If the appeal fails in respect of re-approval of an existing Educational Supervisor the panel must recommend that no further recommendation will be made to the GMC by the Deanery and the original duration of approval must remain. This may result in the Educational Supervisor’s recognition lapsing without renewal if it has not already expired.

13. If the appeal fails in respect of approval of a new Educational Supervisor or new training practice the panel must recommend that no further recommended action is taken.

14. The Chair must have the discretion to tell the appellant the decision of the panel on the day of the hearing or at a later date. In any event the Chair must provide the appellant with the outcome of the appeal, including any recommendation to the regulator.

15. It should be noted that the panel’s decision is final. An applicant who is not an existing GMC recognised Educational Supervisor who disagrees with the panel’s decision cannot appeal to the regulator and would need to pursue other legal routes to appeal the panel’s decision.
16. Appellants who fail in their appeal and are not approved or reapproved as Educational Supervisors, or whose practices are not approved or re-approved as learning environments may not re-apply for a period of at least twelve months of the final decision of the appeal unless otherwise advised by the Chair of the Panel.

The above appeals procedure does not cover the situation where serious concerns about an Educational Supervisor arise in the course of a training attachment. In these circumstances the Deanery should reserve the right to arrange transfer of any attached trainee and not to allocate any further trainees to the Educational Supervisor until any concerns have been investigated and resolved.

In the extreme situation where, for whatever reason, this procedure is not possible, the Deanery can recommend removal of training recognition to the GMC. The GMC can then consider invoking their own ‘withdrawals’ process.
**APPEALS PRO-FORMA**

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<th>Name and address of appellant</th>
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<tbody>
<tr>
<td>Date of Deanery approval/ re-approval decision (and visit if a visit took place)</td>
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<tr>
<td>Date of notification of appeal against Educational Supervisor or Training Practice approval/ re-approval decision</td>
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<tr>
<td>Reasons for appeal cross referenced against the Scottish policy for approval and re-approval of GP Educational Supervisors and Training Practices</td>
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<td>Other reasons for appeal with supporting evidence</td>
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<td>Available dates for possible hearing</td>
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December 2012
Annex 7

TRAINEE INVOLVED IN A PATIENT SAFETY INCIDENT

1. Introduction

1.1 The General Medical Council (GMC) in “Supporting Information for Appraisal and Revalidation” states that “a significant event (also known as an untoward critical incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented”.

1.2 They also state:

“These events should be collected routinely by your employer, where you are directly employed by an organisation, and hospitals should have formal processes in place for logging and responding to all events. If you are self-employed, you should make note of any such events and incidents and undertake a review”.

1.3 NHS Education for Scotland (NES), as the employer of doctors in the general practice component of training is required to collect data on Untoward Clinical Incidents for the GMC.

1.4 Difficulties arise collecting the data required due to the different definitions and interpretations of Significant Event Analyses (SEAs), Significant Untoward Incidents (SUIs) and Patient Safety Incidents (PSIs) as well as interchangeable use of safety related terminology such as critical incident, error, near miss, adverse event etc. All of these are significant events and as such are important learning opportunities and require appropriate management. It is important that incidents reported to NES and the GMC reflect incidents that could have impacted on patient safety. To this end the following definition based on guidance from the GMC and National Patient Safety Association has been used.

2 Definition

2.1 Patient Safety Incident (PSI) is defined as any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care and which resulted in a practice based Significant Event Analysis (SEA) and has been recorded in the GP Trainee e-portfolio as a Patient Safety Incident (PSI).

3 Process

3.1 Every GPSTr must undergo revalidation. The mechanism for this must be the Annual Review of Competency Progression (ARCP). This must include a self declaration on probity (convictions and disciplinary actions), health (regulatory and voluntary proceedings) and Patient Safety Incidents (PSIs)

3.2 The GPSTr must discuss any PSIs with their Educational Supervisor (ES). The PSI must be investigated as appropriate within the practice. The GPSTr must then upload the PSI on to their e-portfolio and use this as a Significant Event to demonstrate reflective learning. The GPSTr will be required, as part of the self-assessment for the ESR, to complete a self-declaration concerning PSIs. This must occur on an annual basis to link in with the GPSTr’s ARCP.
3.3 When the GPSTr is involved in a clinical incident not thought to be a Patient Safety Incident, they should discuss it with their ES and enter it on to their e-portfolio, demonstrating reflective learning from it. This would not need to be included in the PSI self-declaration.

3.4 The Training Programme Directors (TPDs) review the GPSTr e-portfolios as part of the ARCP process and, along with the ESs, and must flag any PSIs that have been highlighted to the Deanery as part of the self-declaration.

3.5 The Deanery must capture and record all PSIs on a spreadsheet. These must be considered quarterly by the GP unit Quality Management Group which reports to the General Practice Specialty Training Committee. Reports subsequently go to the Deanery Quality Management Group and to the NES Medical Quality Management Group. Action must be taken where appropriate.
GPST involved in Clinical Incident

- Considered to be PSI¹
  - Discussion with ES and investigation. GPST uploads onto e-portfolio and demonstrates reflective learning
  - GPST completes self-declaration of PSI as part of the ESR self-assessment
  - Deanery record and review quarterly and take action if required.

- Clinical Incidence not considered to be PSI
  - GPST enters onto e-portfolio and demonstrates reflective learning
  - GPST completes self-declaration of PSI as part of the ESR self-assessment
  - Deanery Quality Management Committee
  - GP Specialty Training Committee
  - GP unit Quality Management Group
  - NES Medical Quality Management Group

ARCP process must be carried out annually. Deanery emails all Educational supervisors as reminder before ESR.

The Deanery must capture and record all PSIs on a spreadsheet that must be considered quarterly by the GP unit Quality Management Group which reports to the General Practice Specialty Training Committee.
Reports subsequently go to the Deanery Quality Management Group and to the NES Medical Quality Management Group. Action must be taken where appropriate.

\(^1\) PSI defined as any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care and which has resulted in a practice based Significant Event Analysis and has been recorded in the GP Trainee e-portfolio as a PSI.
PATIENT SAFETY INCIDENT (PSI)
Serious Complaint/Referral to GMC

(Please complete and upload to your e-Portfolio as a ‘courses/Certificates’ log entry.)

Have you been involved in a patient safety incident (PSI) or had a serious complaint or been referred to the GMC in the last year or since your last ARCP review?

Yes ☐  No ☐

If ‘yes’ please provide full details below:
(See below for definition of PSI)

Patient Safety Incident (PSI) is defined as any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care and which has resulted in a practice based SEA and has been recorded in the GP Trainee e-portfolio as a PSI.
Annex 8

REFERENCES

SCOTTISH GP TRAINING AGREEMENT
BETWEEN

NHS EDUCATION FOR SCOTLAND

and

XXXXXXXX(Training Practice)XXXXXXXX
1. **GP TRAINING AGREEMENT**

1.1 NHS Education for Scotland (hereafter ‘NES’) was established as a Special Health Board on 1 April 2002 by the NHS Education for Scotland Order 2002, Scottish Statutory Instrument 2002, No.103, and has a place of business at Thistle House, 91 Haymarket Terrace, Edinburgh EH12 5HD. It has a responsibility to act as a focus for education and professional development for all NHS Scotland staff.

1.2 The GP Training Agreement is made between NES and the GP Practice (hereafter the ‘Training Practice’) hosting the GP Specialty Training Registrar (hereafter the ‘GP Registrar’).

1.3 The aim of this GP Training Agreement (hereafter ‘the Agreement’), between NES and the Training Practice hosting the GP Specialty Training Registrar (hereafter the ‘GP Registrar’) is to provide a framework that supports supervised training to allow the GP Registrar to develop and reach the standard required for independent general practice.

2. **COMMENCEMENT AND DURATION**

The Agreement shall endure between NES and the Training Practice as long as the practice maintains its training status by meeting the required conditions.

The terms of this Agreement will apply to the provision of GP training within the Training Practice provided as a service to NES.

3. **ACCOUNTABILITY ARRANGEMENTS**

Accountability for meeting those responsibilities set out in this Agreement lies with the Training Practice and NES. SGPC and NES will biennially review and jointly agree any changes to this Agreement to ensure that it meets the requirements of both parties. Training practices will receive and sign an updated version of the Agreement each time it is reviewed and updated.

4. **GOVERNANCE INCLUDING CLINICAL GOVERNANCE ARRANGEMENTS**

4.1 Governance & Quality Assurance

Under the terms of this Agreement, Training Practices will meet the requirements of the following governance and quality assurance frameworks as amended from time to time:

- The NEW GMS contract, as monitored by their NHS Scotland Board

The General Medical Council (GMC) is the independent regulator for doctors in the UK. The GMC is responsible for the standards of postgraduate medical education and training.

The Royal College of General Practitioners has developed the GPST curriculum in accordance with the principles of training and curriculum development established by the PMETB and carried forward by the GMC. GPST takes place in approved programmes, quality managed by the Postgraduate Deaneries. The Training Practice is a Local Education Provider, and undertakes to teach and advise on all aspects of the RCGP curriculum.

Clinical Governance

4.2 The NES Director of Medicine has responsibility for and has put in place the arrangements to manage any clinical governance issues arising in the course of the GP Registrar’s employment with NES.

The NES Director of Medicine is the Responsible Officer for the GP Registrars for the purposes of the Medical Profession (Responsible Officers) Regulations 2010 (S.I.2010/2841).

Under the terms of this Agreement, the GP Registrar can provide clinical care, under appropriate supervision, to the patients within the Training Practice and when appropriate, access their records. These clinical responsibilities may be suspended if the Training Practice has concerns about the GP Registrar’s fitness to practice. In such a case, the Training Practice will inform the NES HR Directorate and the NES Training Programme Director as soon as is practically possible.

If the Training Practice has concerns about the GP Registrar’s fitness to practice, the Training Practice will comply with the NES policy on Management of Doctors in Difficulty and such concerns will be managed using the NES Operational Framework – Postgraduate Medical Education in Scotland: Management of Trainee Doctors in Difficulty.
GP Registrars are required to comply with patient confidentiality requirements as stated in Good Medical Practice and in the training practice policy on patient confidentiality.

Responsibility for compliance with these issues rests with the NES Director of Medicine as the Caldicott Guardian.

5. PROFESSIONAL REGISTRATION & INDEMNITY

As employees of NES and therefore the National Health Services Scotland, the GP Registrars are subject to NHS/Crown Indemnity. NES is part of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS), a risk transfer and financing scheme for NHS Scotland. Its primary objective is to provide cost effective risk pooling and claims management arrangements for Scotland’s NHS Boards and Special Health Boards.

GP Registrars will be advised by NES that they must maintain membership of a recognised medical defence organisation or insurer.

6. CONFIDENTIALITY AND DATA SECURITY

6.1 Data Protection

Data held and processed by either party for the purposes of this Agreement shall be registered under the relevant provisions of the Data Protection Act 1998.

6.2 Confidentiality

Both parties will endeavour to maintain appropriate confidentiality regarding information that is proprietary to each within the context of shared working. Both parties acknowledge their obligations under the Freedom of Information (Scotland) Act 2002 (“the 2002 Act”) and shall, where it is reasonably practical to do so, consult with the other party before providing any information in response to a request received by them under the 2002 Act regarding information which has been passed to them under this Agreement.

7. EQUALITY AND DIVERSITY

The Training Practice and NES have a statutory duty to eliminate discrimination and promote Equality and Diversity in carrying out its various functions.
7.1 Both parties hereby confirm that to the best of their knowledge and belief they have complied with the requirements of The Equality Act 2010 and hereby agree to continue to comply with it in a manner which is proportionate and relevant to the nature of the contract.

7.2 The Training Practice shall not discriminate directly or indirectly, or by way of victimisation or harassment, against any person on grounds of any of the nine protected characteristics under the Equality Act 2010.

7.3 The Training Practice shall notify NES HR Directorate forthwith in writing as soon as it becomes aware of any investigation of or proceedings brought against the Training Practice by the GP Registrar under the legislation outlined in The Equality Act 2010. Where any investigation is undertaken by a person or body empowered to conduct such an investigation, and/or proceedings are instituted in connection with any matter relating to the Training Practice’s discharge of their responsibilities under this Agreement being in contravention of the Act, the Training Practice shall, free of charge:

(i) provide any information requested in the timescale allotted;
(ii) attend any meetings as required and permit the Training Practice’s staff to attend;
(iii) promptly allow access to and investigation of any relevant document or data .
(iv) allow itself and any staff of the Training Practice to appear as a witness in any ensuing proceedings; and
(v) co-operate fully and promptly in every way required by the person or body conducting such investigation during the course of that investigation.

7.4 The Educational Supervisor is required to complete NES approved training or equivalent in Equality and Diversity in accordance with the agreed 3-yearly cycle. The NES approved training must be agreed with SGPC prior to being implemented.

8. DISCIPLINE & GRIEVANCE
NES makes GP Registrars aware of all relevant policies including disciplinary and grievance policies applicable to their employment with NES.

For clarity, the Training Practice has the authority to suspend a GP Registrar under the relevant disciplinary policy for the purposes of facilitating an investigation or for the protection of the GP Registrar, the patient, the Training Practice and NES.

Wherever practically possible, the Training Practice should contact NES HR Directorate for advice. However if this is not practicable and immediate action is required, there should be immediate reference to the relevant NES HR contact as soon as is practically possible.
The relevant NES Director of Postgraduate GP Education will be advised by the NES HR Directorate of the suspension of the GP Registrar.

9. HEALTH & SAFETY AT WORK

NES and the Training Practice have mutual responsibilities and obligations for Health & Safety under this Agreement. The employer’s duty of care will be the responsibility of NES.

GP Registrars are required to undertake NES’ online H&S modules where appropriate and to familiarise themselves with the Training Practice’s Health & Safety procedures.

GP Registrars have a personal duty of care in relation to all Health & Safety matters.

10. DISPUTE RESOLUTION

In the event of a dispute over the interpretation or application of the terms of this agreement, the process of resolution is as follows:

- The Educational Supervisor will consult with the NES Training Programme Director to consider the issue;

- If it is not possible to resolve the issue at that level the NES Training Programme Director will consult with the NES Director of Postgraduate GP Education who will liaise with the Training Practice’s senior partner to reach a resolution, as appropriate

- If agreement cannot be reached in the event of a dispute between NES and the Training Practice – the dispute should be taken to NES and SGPC to reach a resolution.

- If NES and SGPC fail to reach an amicable resolution, the parties shall refer any dispute arising out of or in connection with this agreement to arbitration. A single arbitrator shall be appointed by the parties, failing which an arbitrator shall be appointed by the Scottish Branch of The Chartered Institute of Arbitrators. The seat of the arbitration shall be in Scotland. The arbitration shall be governed by the Arbitration Scotland Act 2010. Training practices should be aware that arbitration would incur an expense in terms of arbitrators fees and expenses, either by one or both of the parties to the dispute, and that arbitration decisions are binding on the parties and may only be appealed to the court on a point of law or perversity.

11. STATUTORY REQUIREMENTS

The Training Practice and NES shall ensure that they comply with all current legislation and other statutory requirements relevant to the compliance by the
12. **VARIATION**
This Agreement shall not be varied or amended unless such variation or amendment is agreed in writing by both parties.

13. **SUSPENSION OF AGREEMENT**
This Agreement may be suspended under the following circumstances:

- Where the NES Director of Postgraduate GP Education, acting as an agent of the GMC, has evidence to support substantial concerns about the quality of training environment provided by the Training Practice under the Educational Agreement. (Where concerns with training quality are identified, these should be raised with the Training Practice at the earliest possible opportunity to provide the Training Practice with an opportunity to address the concerns.)

14. **TERMINATION OF AGREEMENT**
This Agreement may be terminated under the following circumstances:

- Where the partners/staff of the practice no longer includes a registered GP Trainer.

- Where the GMC has determined that the GP Trainer should have their training status withdrawn

- At the request of the Practice.

**General Practice Specialty Registrar Scheme**
**Description of Services to be provided under the GP Training Agreement**

15. **DESCRIPTION OF SERVICES**
This Agreement is designed to provide a standard approach to the placement in training practices of GP Registrars who, during their time in practice, are employees of NES.

This document sets out the roles and responsibilities of NES as the employer, and of the Training Practice.

The Terms and Conditions relating to the employment of the GP Registrar are outlined in the GPC ‘Framework for a written contract of employment’, the
handbook of Terms and Conditions of Service for GP Specialty Registrars in general practice and in the terms of service for general practitioners as set out from time to time in the NHS (General Medical Services Contracts) (Scotland) Regulations 2004, or equivalent.

This Agreement sets out the following elements:

- Responsibilities of NES
- Responsibilities of the ‘Training Practice’

### 15.1 Responsibilities of NES

NES will:

- Employ GP Registrars during their placements in general practice, recognising the legal obligations relating to their employment and specifically those relating to Equality and Diversity and Health and Safety

- Ensure that the GP Registrar is aware that they must be a member of a recognised medical defence organisation or insurer (for aspects of work which are not covered by the CNORIS scheme) prior to commencing work at the training practice

- Issue contracts of employment to GP Registrars during their placements in general practice and ensure that they are provided with Terms and Conditions which allow them to undertake their training activities

- Provide a copy of the GP Registrar’s contract of employment to the Training Practice for information

- Observe its statutory duty to eliminate discrimination and to promote equality and diversity in carrying out its functions

- Provide the GP Registrar with access to a wide range of NES HR Policies and Procedures during their period(s) of employment with NES, by means of access to a NES Extranet site

- Have in place written procedures to deal with grievances and disciplinary matters arising from doctors in training and doctors in difficulty

- Ensure that the GP Registrar has access to appropriate Health & Safety training and Risk Assessments as required

- Undertake to reimburse the Training Practice, in accordance with current NES guidelines, for the purchase of equipment considered necessary by the senior managing partner, in order to make ‘reasonable adjustments’ for the GP Registrar under the terms of The Equality Act 2010

- Ensure that the GP Registrar has access to Equality & Diversity training
• Provide the GP Registrar with the means to report absence, including periods of illness, annual leave and all other forms of leave.

• Notify the Training Practice of the annual leave entitlement of the GP Registrar.

• Notify the Training Practice of any issues arising from the Protecting Vulnerable Groups check or the NES health questionnaire which may impact on the GP Registrar's ability to perform.

• Ensure that payments in respect of the Training Grant, including employer's superannuation contributions, are paid through NHS National Services Scotland, Practitioner Services Division.

• NES will support the Trainer within the practice who undertakes the role of Educational Supervisor.

• Ensure that payments relating to the Educational Supervisor role are paid according to Annex 1 to this agreement (or any annex subsequently agreed with SPGC and NES).

• Ensure that new mandatory workload demands made on GP Trainers within the Training Practice, which are not set by the GMC or the RCGP, are considered in the context of other GP Trainer workload to ensure there is no overall increase to existing workload. The arrangements and funding (fees and expenses) for new mandatory workload will be negotiated and agreed with SGPC. Participation in new non-mandatory work associated with GP training is voluntary for GP Trainers.

• Ensure, in accordance with the terms of the GP Registrar Framework Contract, that GP Registrars adhere to the policies of NES and those of their assigned practice. Where conflict arises between NES and practice policies, NES policy will prevail.

• Ensure that GP Trainers within the Training Practice are appropriately supported by NES when problems arise between them and their assigned GP Registrar. This may take the form of additional funding or regular involvement of NES staff in meeting the needs of the GP Registrar. Once a GP Registrar’s additional training needs are identified, NES should agree a package of support to meet those additional needs.

• Fully and fairly consider any request from a Training Practice regarding the potential transfer of a GP Registrar.

• Ensure that the GP Registrar is informed that, as part of his/her training, they will be expected to contribute to the running of the practice and maintenance of its service.
• Ensure that the Training Practice is treated fairly in the allocation of GP Registrars and where no GP Registrar has been allocated to the Training Practice, be prepared to justify that decision.

• Provide funding, within available resources, to support participation in training opportunities for GP Trainers and GP Registrars within the Training Practice.

• Ensure, to meet compliance with European Working Time Regulations that the GP Registrar does not book OOH sessions which impact on daytime responsibility in the practice.

15.2 Responsibilities of the Training Practice

• Teach and advise the GP Registrar on all matters pertaining to the RCGP curriculum

• To have a trainer who will undertake the role of Educational Supervisor while the trainee is working within the practice. (i.e. during the practice based attachment).

• Provide a learning environment that facilitates the GP Registrar in addressing the RCGP curriculum and acquiring the competencies required for independent practice

• Respect the terms of the educational agreement between the GP Registrar and the Training Practice as a statement of educational aims and objectives

• Meet all the requirements of the contract with their local NHSS Board for the delivery of the day to day care of patients including standards of premises

• Provide the GP Registrar with a safe environment, rest facilities, office equipment (including, for example, a desk, chair, computer, telephone), access to colleagues with clinical experience, professional time and access to other equipment necessary for their day-to-day work. The GP Registrar must return all equipment to the Training Practice at the termination of their practice placement

• Purchase equipment considered necessary by the senior partner in order to make ‘reasonable adjustments’ for the GP Registrar under the terms of The Equality Act 2010. Purchases must be subject to NES’ current purchasing guidelines and the Training Practice will reclaim the costs of such equipment from NES

• Provide a thorough induction for the GP Registrar. This should, for example, include introduction to key team members and their roles, a working understanding of equipment which might be required (including in emergency situations), access to and requirements for the use of protocols and guidance documents, supervision arrangements, out-of-hours arrangements
• Agree with the GP Registrar their hours of work in practice, their programme and regular periods of tuition and assessment that will take place

• Agree with the GP Registrar their normal working week in the practice, which will comprise 10 sessions, broken down as follows: 7 clinical, 2 structured educational (including day release) and 1 independent study. The length of a session is 4 hours

• The practice shall support attendance by the GP Registrar at 'Out of Hours' placements, defined as work undertaken between 1830 and 0800, all day at weekends and on Public Holidays.

• The practice should be aware that the number of hours worked by the GP Registrar should comply with the Working Time Regulation, which states that (within a maximum of 48 hours worked per week) the maximum length of work is 13 hours and the minimum period of rest is 11 hours. The practice should be aware that the GP Registrar must be properly rested before and after an 'Out of Hours' session."

• Ensure that the effective running of the practice is not dependent on the attendance of the GP Registrar, who should be treated as a supernumerary member of the practice workforce.

• Ensure that GP Registrars are not discriminated against, either directly or indirectly, or by way of victimisation or harassment, on the grounds of any of the nine protected characteristics under The Equality Act 2010.

• Make time for approved study leave available for doctors in training in accordance with UK national guidelines and agreements and NES policy. The GP Registrar can appeal if their request for Study Leave has not been approved. The appeals process is outlined in the NES Study Leave Operational Guide:
http://www.nes.scot.nhs.uk/media/4894/operationalguidetosupportstudyleavepolicyversion3dated7may2009.pdf

• Ensure that there are clear supervisory arrangements, including appropriate clinical supervision for each GP Registrar in practice, ensuring that he or she is not put at risk by undertaking clinical work beyond his/her capability

• Support the NES policy, ‘Management of Trainee Doctors in Difficulty’ and, where necessary, support the delivery of defined and agreed additional remedial training

• Ensure that the educational supervisor attends at least one training meeting per year.

• Ensure that the GP Registrar has completed the necessary out of hours experience (in line with Chapter 7 of the RCGP Curriculum ‘Care of Acutely Ill People’) and recorded this in their e-portfolio.
• Provide NES with monitoring data and reports as agreed between the Training Practice and NES

• Confirm that the partners and all other GPs working in the Training Practice hold full registration with the General Medical Council and that their membership of a recognised medical defence organisation is commensurate with their professional responsibilities. The partners must undertake to ensure that they maintain such registration and membership from year to year.

• Hold an NHS Primary Medical Services Practice contract.

• Give consent where appropriate to allow the GP Registrar to publish any documents, articles or letters except where they purport to represent the practice or the views of any of the partners. Such consent will not be withheld without good reason.

• Ensure that time is set aside to allow the GP Registrar and the Educational Supervisor on at least a quarterly basis to discuss/review the GP Registrar’s progress. Ensure that adequate notice is given prior to this review, which is an opportunity to discuss training progress, the job and any matters of concern.

• To participate in the annual GMC Trainer survey

16 SIGNATURES TO THE GP TRAINING AGREEMENT

The signatories agree to enter into this Agreement and to its arrangements, undertakings and responsibilities as detailed in the service specifications listed in this Agreement.

For and on behalf of (name of ‘Training’ Practice):

(Educational Supervisor and Senior Partner (on behalf of the practice))

Signed by .................................................. .....  Signed by .............................................................. ...

Designation ..................................................... .. Designation .................................................... ...

Date ................................................................. .. Date ................................................................. ...
For and on behalf of NHS Education for Scotland:

(Director of Postgraduate GP Education and Director of HR & OD)

Signed by ........................................................ . Signed by ....................................................... ..

Designation ..................................................... . Designation .................................................... ..

Date .............................................................. . Date .............................................................. ..
Educational Supervisor Role

1] GP trainers have to also take on the role of Educational Supervisor for the times when the Trainee is training within the practice i.e. during the attachment working in the practice. However, the trainer can choose whether or not to undertake this role when the trainee is not actually working within the practice.

2] If the Trainer opts to undertake the Educational Supervisor role when the Trainee is not working within the practice then the following applies

**GP Educational Supervisor Payments during Hospital Component**

- Assessment every six months £150.00
- Initial meeting if first post in programme is in hospital £150.00
- Educational Attachments while in hospital posts (can occur even if the trainer is not the educational supervisor at this point) for a six month period £150.00

Trainee time in the practice will either be an educational appraisal (once in 6 months) or be normal practice activity with appropriate feedback.

3] GP trainers will be supported in the role of Educational Supervisor. Any additional training required for this role will be discussed with SGPC to assess the resources required.
Practice-based Complaints Procedures

Guidance for General Practices
NHS
Executive
Forword

Dear Colleague

As you know, a new NHS complaints procedure is to be introduced from 1 April 1996. This booklet explains how the new procedure will work and outlines those arrangements which will need to be put in place in your practice.

All patients must have access to a practice-based complaints procedure and it is important to ensure that their complaints are dealt with effectively and speedily.

We feel sure that the new procedure – which replaces the statutory service committee procedures – will be less stressful and less threatening than the service committee system, for both patients and doctors alike. It has been designed to ensure that complaints are dealt with fairly openly and speedily. It also brings about a clear separation between the investigation of patients’ complaints and any subsequent disciplinary action which may be initiated by a health authority.

Please read this booklet carefully, retain it for future reference and ensure that all members of your practice staff are familiar with the new arrangements.

Dr IAN BOGLE
Chairman
General Medical Services Committee
British Medical Association

Dr GRAHAM WINYARD
Deputy Chief Medical Officer
NHS Executive
Department of Health

JANUARY 1996
The NHS Executive would like to thank Liz Hedge, Patient Services Manager, Doncaster Health, for her invaluable help in writing this booklet, and also all those who contributed to its preparation.
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Appendices A-K are specimen documents which practices may find helpful; they are referred to in the text by their initial letter.
1. Introduction

1.1 This booklet contains information about the new NHS complaints procedure which begins on 1 April 1996. All practices will need to set up their own practice-based procedures for dealing with patients’ complaints by that date. This booklet also contains a guide setting out one model for a practice-based complaints procedure, and resource leaflets and suggested forms which may be photocopied.

1.2 You may have your own complaints system already in place. If you haven’t, or you would like to revise your existing procedure, we hope this guide will help. The procedure you devise will need to take account of the national criteria for practice-based procedures set out in Section 3.1 (the illustrative model in this booklet conforms to these criteria). Apart from that, the advice and the model set out in this guide are not intended to be prescriptive. You will of course want to devise a procedure which works for your practice.

1.3 Much material has been produced about practice-based procedures, most of it very good but some now a little out of date. If you are using, or are planning to use, some of this older material, you should ensure that it fits the new procedure.
2. The New Complaints Procedure

Comments and complaints

2.1 One useful definition of a complaint is ‘an expression of dissatisfaction that required response’. Patients may not always use the word ‘complaint’. They may offer a comment or suggestion which can be extremely helpful but it is important to recognise those ‘comments’ which are really complaints and need to be handled as such.

It may also be helpful to be alert to situations that might develop into a complaint and to take steps to clear up problems or misunderstandings as soon as possible after they occur. Appendix (D) provides a model form for reporting situations where as member of staff may sense a feeling of patient dissatisfaction, although a complaint is not actually made. Dealing with these problems as they arise, before they result in a complaint, may avoid the need for embarking on a full complaint investigation.

Why introduce new complaints systems?

2.2 There has been widespread dissatisfaction – among practitioners and patients alike – with the current system for handling complaints. The Government therefore asked a committee chaired by Professor Alan Wilson of Leeds University to look at all NHS complaints systems. The goal was to make the systems more accessible, speedier and, above all, fairer to everyone. The Government’s acceptance of the recommendations made in the Wilson Committee report will result in the same systems for dealing with complaints being in place across the whole of the NHS. For family health service practitioners, the new procedures will, from 1 April 1996 replace the formal handling of complaints using the statutory (service committee) system. From that date, complaints handling will be separated from disciplinary procedures.

The new complaints procedures – what they mean for practices

2.2 The aim of the new system is to try to resolve most complaints at practice level. This will also provide opportunities for improving services. Practice-based complaints systems should consider complaints about any aspect of the service provided by anyone working in the practice (and not be restricted to matters relating to the terms of the service). Practice-based procedures will be part of the ‘Local Resolution’ mechanisms for settling complaints in the NHS. Health authorities may contribute to the Local Resolution process, too, through, for example, the provision of conciliation services.

Health authority action

2.3 If a complaint cannot be resolved using the practice-based procedure, the person complaining should be told that he or she may ask the health authority to look into the matter further. Health authority procedures are described in Sections 6.3 and 7.

Changes to the Terms of Service

2.4 The terms of service of all family health service practitioners will be amended to reflect the new procedures. All practitioners will be required to:
1. have in place practice-based systems for handling complaints. These systems must comply with national criteria (see 3.1);

2. co-operate with health authority complaints procedures, including Independent Review (see paragraphs 7.1 to 7.4), if a complaint proceeds beyond the practice-based system.

Transitional arrangements

2.6 Please remember that complaints made on or before 31 March 1996 will be dealt with under the service committee system. This means that the service committee procedures (including appeal procedures) will run alongside the new procedures for as long as it takes complaints made on or before 31 March 1996 to complete these processes.

2.7 There will be transitional arrangements for handling complaints made on or after 1 April 1996 about events which took place before that date. They will operate as follows:

- complaints relating to events which occurred on or after 1 January 1996 will be investigated using the new procedure;
- complaints relating to events which occurred before 1 January 1996 will be investigated only where the complainant can show that he or she had good cause for not making the complaint within the appropriate period under the service committee procedures.

Where a practice decides not to investigate a complaint in these circumstances, the person complaining will be able to ask the health authority to investigate. Health authorities will have discretion to refuse an investigation where they believe there were no exceptional circumstances which prevented the complaint from being made earlier.
3. National Criteria for Practice-based Procedures

3.1 Your practice-based complaints procedure will need to comply with nationally-agreed criteria. These criteria include:

- practice-based procedures should be practice owned. The procedure will be managed entirely by the practice – the health authority would become involved only if your procedure did not seem to meet the agreed criteria or if the practice or the person complaining asked them to assist in handling a complaint. Everyone working in the practice should understand how the system works and have a sense of ownership of the procedure;

- one person should be nominated to administer the procedure, though how this is done will be for the practice to decide;

- practices must give the procedure publicity and make written information available to anyone who asks for it. This should set out how and to whom a complaint should be lodged and include information about gaining access to health authority complaints procedures;

- complaints should normally be acknowledged within 2 working days;

- an explanation should normally be provided within 10 working days.

3.2 The detailed procedure you devise should fit your practice. It should be workable in terms of the resources you have and be user-friendly for both patients and practice alike. Flexibility is the keynote here – we hope you will build the basic criteria into a system that really suits your practice.

The Criteria in Detail

3.3 Administration of a practice-based complaints procedure should be practice-owned.

Everyone in the practice needs to sign up to the spirit of your practice-based system – all doctors working in the practice and all staff employed by the practice. The right approach is crucial and the system will only work if the whole practice co-operates. No-one can be ‘above’ the complaints system. The practice team must all understand how the procedure works and that the resolution of a complaint at practice level is in everybody’s best interests. New members of the team should be told about the complaints procedure.
3.4 At the same time, the practice-based complaints procedure is essentially one run by the practice for practice patients. The health authority will provide support to practices on request but will otherwise only become involved if your procedure does not meet the agreed criteria or if you or the person complaining ask for help to reach a satisfactory outcome of a complaint. The records kept of complaints handling are confidential to the practice and health authorities will ask for information about numbers of complaints only in order that the progress of the new system can be monitored. If, however, a complainant remains dissatisfied and asks the health authority to investigate a complaint, the health authority will need to seek information from the practice about action taken during the practice investigation.

3.5 **One person should be nominated to administer the procedure**

This might be one of the partners, the practice manager or someone else given specific responsibility for handling complaints. There should also be an alternative or deputy nominated.

3.6 **Practices must give the procedure publicity and must give written information about the procedure to any enquirer**

It is vital that patients are aware of the existence of your practice procedure for dealing with their comments, complaints and suggestions. You should provide the following:

- waiting room poster – an example is at (C);
- written information about how to deal with complaints – an example of a leaflet is at (B).

The Department of Health will provide a waiting room poster and a leaflet about NHS complaints procedures in general, but you will need to prepare the written information for patients about your practice procedure.

3.7 **Practices should ensure it is clear how to lodge a complaint and to whom**

The information you give to patients must make it clear how your system works:

- To whom patients should speak;
- what will happen after they have made their initial contact;
- who will contact them, either with an explanation or to set up a meeting;
- how long it will take;
- possible outcomes of the procedure.

The information made available to patients should also include details of how to access health authority complaints procedures.
4. Setting Up the Procedure

This section provides a model for setting up the practice based procedure. It is intended to be a good practice guide, and the only parts of this section which are mandatory are those which relate directly to the criteria set out in 3.1. If you need help at any stage in setting up or running your procedure, you may like to approach your health authority complaints manager.

The practice procedure and your team

4.1 Involve the whole practice team in developing a procedure to suit the circumstances of your practice. You may find it helpful to set aside some time for the whole practice to meet to discuss the proposed procedure. Ensure that everyone is familiar with the procedure and is aware that patients may raise any complaint relating to the practice. Ensure, too, that everyone (including attached staff) is able to give information about your complaints procedure to any patient who enquires. All complaints should be taken seriously. Emphasise that it is in everyone’s interest that the practice works to try to resolve the complaint promptly.

4.2 Once the practice has developed a procedure, you may like to prepare a written guide for staff. This will set out clearly how the procedure operates, and should be made available to all team members (for example, as in the model guidance for staff at (A)). The practice should also have a system to ensure that complaints which should be dealt with outside he practice (for example, complaints about the Health Visitor or District Nurse) are re-directed, and an appropriate explanation provided to the person complaining.

Who will administer the procedure?

4.3 One person, for example, a doctor, the practice manager or a senior member of staff, should be given responsibility for receiving complaints, taking all necessary action to investigate and then putting together a response. That person must have the time to do the job. A deputy should be chosen to cover periods of holidays/sickness or in case a complaint is made against the appointed person. In addition, if the administrator is not a doctor, a nominated GP from within the practice should take a special interest in the operation of the procedure and take ultimate responsibility for it.

Preparation of standard documents

4.4 You will probably like to prepare standard letters, record sheets, and so on, in advance – you may wish to use or adapt those provided at Appendices (D-K) to this booklet.
Records

4.4 It is important for the practice that records are kept of complaints, investigations and outcomes. This will enable you to review your system and consider whether you are using complaints to improve quality of services, and you may need to refer to them if a complaint is not resolved at practice level. Unlike medical records, records of complaints handling are for practice use only. Although health authorities will need to ask for information about action taken by the practice if they are asked to investigate a complaint, they will not call in the practice’s own records of complaints handling.

4.5 Copies should be kept of all correspondence and notes relating to the complaint made at the time of telephone conversations and meetings, together with any relevant complaint, action summary and interview forms (E, H and J) and should be provided for the person complaining, where this is requested. The records should be kept in a separate complaints file – not the patient’s medical records.
5. The Procedure in Detail

This section contains further information about a model procedure. Again, the intent is to set out helpful suggestions for your practice to consider. The only parts of this Section which are mandatory are those relating directly to the criteria set out in 3.1.

Dealing with a complaint

Initial contact

5.1 A person may approach any member of the practice team with a comment or complaint. Even if the first contact is only a brief one, it may be difficult to handle. The following checklist may seem self-evident since you would naturally approach all patient contacts sensitively. It is worth remembering, though, the need to:

- help the person feel relaxed – smile, introduce yourself and use his/her name;
- keep calm yourself;
- offer a calm, private environment in which to discuss the problem;
- listen carefully and understand the person’s perspective – empathise;
- establish the facts and ensure that you really understand what is being complained about;
- take time to consider responses – do not offer any explanation until the problem has been looked into but at the same time make sure action is prompt. Do not reply to a letter or make a telephone call in an angry frame of mind.

5.2 The team member who handles the initial contact (if not the practice complaints administrator) should give a copy of the practice complaints leaflet to the person complaining and refer him or her to the practice complaints administrator immediately, not attempting to investigate the complaint further unless it is a simple matter that can be resolved straight away. A suitable time and place should be arranged with the person complaining for a meeting with the practice complaints administrator.

5.3 You may wish to make a detailed note of what the person complaining has to say and your response, preferably at the time or very soon afterwards – this could be done on a standard interview form (like the one set out at (J)).

The interview

5.4 The designated administrator of the practice complaints system should see or telephone the person complaining immediately if possible, or by appointment, and always in private. Occasionally an offer of a visit to the person’s home to discuss the problem may be very helpful. Sufficient time should be set aside to hear the person’s concerns fully. If it is appropriate, do not be afraid to express regret for the circumstances which prompted the complaint and for the distress caused. This is not the same as agreeing the patient’s perception of the events that led to the complaint, or admitting liability for what has happened, but it may be all that is necessary to resolve the problem.
You will want to keep detailed notes of this interview and may wish to use a standard interview form (J). You may like to complete a practice complaint form where appropriate, in the presence of, and signed by, the person complaining (E). It would be helpful to provide a copy of this for the person complaining. Alternatively, the person may prefer to submit a written complaint.

5.5 The practice complaints administrator should give information about the practice complaints procedure to the person complaining. This will include, where appropriate:

- how the complaint will be dealt with;
- the purpose of the procedure;
- the anticipated timetable;
- the rules of confidentiality
  - making sure, where the person complaining is not the patient, that he/she has obtained written consent from the patient for the complaint to be dealt with on his or her behalf (E, second side), unless (because of the patient’s incapacity) it is not possible to obtain consent;
  - reassuring the patient that, even within the practice, only those who need to know will be told about the complaint;
- the availability of help from the local community health council;
- possible outcomes of the procedure so that the person complaining may have realistic expectations;
- the availability of conciliation services through the health authority;
- how to pursue a complaint with the health authority if the person complaining is not satisfied with the practice-based investigation;
- the time limits for making complaints.

Leaflet

5.6 These details should also be covered in a complaints information leaflet (B). This should be given to the person complaining at the first opportunity.

Acknowledgement

5.7 Everyone who makes a complaint should be sent a note of acknowledgement within two working days (model letters are contained at (F) and (G)).

Investigation

5.8 Investigation of the complaint may include establishing the facts by talking to practitioners or staff involved and, if you wish, completing action/summary (H) and interview (J) sheets.

Seeking further advice

5.9 If appropriate, you may wish to seek advice from the practitioner’s defence organisation, the secretary of the Local Medical Committee or the health authority’s complaints manager.

Communications/Response

5.10 The complaints administrator should discuss his or her ‘findings’ with the overseeing partner in order to decide upon the response – for example, a written explanation or the offer of a meeting.
5.11 If the matter has been a straightforward one, the person complaining should be sent a written response within 10 working days of his or her original contact with the practice. If it would be more appropriate, you may wish to invite the person complaining to meet the complaints administrator and the team member involved in order to try to resolve the situation. If you or the person complaining consider that independent conciliation or help from the health authority may be useful, you should approach the health authority complaints manager.

5.12 The written response will normally include:

- a summary of the complaint;
- an explanation of the practice’s view of the events;
- an apology, where appropriate;
- the outcome of any meeting;
- details of what has been done to prevent a recurrence of the incident, where appropriate;
- information about health authority procedures and details of what can happen next, including an offer of further consideration/action by the practice where this is appropriate and the person complaining would find it helpful.

You may wish to consider who in the practice should sign the letter – it may be appropriate for this to be the senior partner or, if he or she is not available, the patient’s own GP. It would be helpful to adopt as conciliatory and sympathetic a tone as possible. If delays occur, all parties involved should be informed of progress.

5.13 After investigation, you may find that the practice member or members acted reasonably in the circumstances, the practice procedures were adequate and there appears to have been no breakdown of those procedures. If so, it is important to make this clear to the person complaining while at the same time acknowledging the person’s feeling and giving as much explanation as possible. In any event, the person who has complained should be given information about health authority procedures and details of what can happen next.

Further action – using complaints to improve services

5.14 You may wish to consider how the practice can make the most positive use of complaints. Regular review meetings would provide opportunities to discuss complaints received, consider identified training needs and check that practice processes had been improved where necessary.

Audit

5.15 The complaints procedure itself should be audited and reviewed periodically. You may like to use some complaints as the basis for ‘Significant Event’ auditing – looking at things which went wrong, and considering how this may be prevented in future.

5.16 Should you wish to follow up patients who have complained after the practice procedure has been completed, a suggested questionnaire is included at (K).
6. Helpful Hints

Time limits for making complaints

6.1 Your practice complaints information leaflet should make clear to those who wish to complain that it is in their own interest to do so as soon as possible. It would be most helpful for the practice if this were within a matter of days, or at most weeks, after the event they wish to complain about. It will of course be for practices to decide whether they are able to investigate a complaint when it is made a long time after the event but practices are asked to be flexible with regard to late complaints. Remember that a patient who is refused a practice complaints investigation may simply ask the health authority to investigate. Health authorities will also encourage anyone complaining to them to do so as soon as possible after an event and they will normally expect complaints to be made:

- within 6 months of the date of the incident that caused the problem
- within 6 months of the date of discovering the problem, provided that is within 12 months of the incident.

Health authorities will also be asked to be flexible when considering complaints made outside the time limits.

What about those who need help in making a complaint?

6.2 For those whose first language is not English, a list of interpreters should be available from your health authority if you need one. If you require leaflets or notices to be translated into a different language, the health authority may also be able to help with this.

Your practice team will be aware of other patients with special needs who may need help, should they wish to make a complaint. You may wish to make special arrangements for these groups.

The community health council may also be able to help with either of the above.

What if someone does not wish to complain directly to the practice?

6.3 There will inevitably be people who do not feel able to complain directly to the practice. They should be given the name and telephone number of the appropriate contact at the health authority and a contact at the community health council, together with details of the time limits for making complaints (set out in Section 6.1). The practice complaints information leaflet should also include this information (see B). You may then be contacted by the health authority officer responsible for dealing with complaints who may act as intermediary between your practice and the person complaining, and may offer conciliation services where they are appropriate.
Small and single-handed practices

6.4 The operation of a practice complaints procedure may not be as easy in a small practice – patients may be reluctant to complain to those directly involved in their care and practice resources may be stretched in handling complaints. If you belong to this category, you may like to consider making available to your patients one of the following options for handling complaints:

- grouping together with a neighbouring practice or group of practices;
- offering the services of the health authority’s lay conciliator;
- asking the LMC for a member who might help;
- establishing a group of patients of the practice who might be able to operate the complaints system (for example, members of a patient participation group).

The complaints manager at your health authority will also be able to help and advise you.

Confidentiality issues will need to be considered especially carefully and appropriate assurances given to patients if people outside your practice, or a practice patient group, assist with handling complaints. In particular, patients’ express consent will need to be obtained before confidential information is given to third parties other than the HA.

Complaints about purchasing decisions by GP Fundholders

6.5 These complaints will be dealt with by the practice-based procedure, in the same way as any other complaint. The procedure is not intended to deal with complaints about the merits of a decision taken by the GP fundholder where the fundholder has acted properly and within his or her legal responsibilities. If required, the patient should receive an explanation of the GP’s purchasing policy.

Complaints about GPs working in community hospitals or providing services not included in General Medical Services

6.6 These complaints should not be dealt with by means of the practice-based procedure but, rather, through the procedure of the trust or authority with whom the GP has a contract for the service provided. GPs working in community hospitals are advised to ensure that they have a contract with the hospital and that the establishment has a complaints procedure.

Team Support

6.7 It is most important that any member of the team who is complained about receives support from the person nominated to administer the practice procedure. Ensure that person is made aware of the complaint at as early a stage as possible but think carefully about timing – it would not be helpful to be told of a complaint immediately before a stressful surgery session. Make sure that support continues to be available. Above all, keep the person concerned in touch with what is happening at all stages.
Confidentiality

6.8 Both the person who complains and the team member who is complained about should receive assurance that, even within the practice, only those who need to know will learn of the complaint. Equally, patients should be assured that personal information about them will not be shared with anyone outside the practice unless they have given express permission for this to happen.

Resourcing the new procedures

6.9 Running a complaints procedure properly will require practice staff time. Health Authorities will be asked to consider favourably reasonable bids for funding for extra staff time for complaints procedures. You may like to keep a note of the time your practice spends in order to be able to make a bid.

Principles of a practice-based procedure

6.10 When you have devised your procedure, you may wish to test it against the following principles. An in-house complaints procedure should be:

- simple and responsive;
- accessible and well publicised;
- confidential;
- understood by all practice staff so that they can advise patients on how to use it;
- speedy yet thorough.

HELP

6.11 Further advice is available locally from your health authority and your LMC. Advice about auditing the complaints received may be available from the Medical Audit Advisory Group (or its successor). If your practice needs further help, you could contact one of the professional organisations or your medical defence society. Help for patients is available from the local community health council.
7. **Health Authority Procedures … And Beyond**

**Health Authority Procedures**

7.1 Health authority procedures will be known as ‘Independent Review’. In all health authorities there will be a senior member of staff responsible for managing complaints. He or she will work closely with a **Convenor**, a non-executive director of the health authority who will have responsibility for looking at complaints and deciding whether to agree to a request for an Independent Review of the complaint. Health authority action will be flexible and will not, as with the service committee procedures, need to follow strict procedures. The Convenor will have several options in deciding what to do and may:

- refer the complaint back to the practice for further action under Local Resolution if it appears that the practice-based procedure has not been exhausted, or
- arrange conciliation where it appears this might be helpful. All health authorities have been asked to ensure that conciliation services are available to both parties to a complaint, on much the same basis as the current informal complaints procedure;
- set up an Independent Review panel to investigate the complaint;
- take no further action where it is clear that everything that could be done has been done;
- advise the person complaining of his or her right to approach the Ombudsman.

7.2 In deciding whether to set up an Independent Review panel, the Convenor will be assisted by an **independent lay Chairperson** nominated by the Secretary of State for Health from a list held by the Regional Office of the NHS Executive. Clinical advice will be available to Convenors from **general medical practitioners nominated by LCMs** and based outside the health authority’s area.

7.3 If it is decided to establish one, the Independent Review panel will be composed of three members, as follows:

- an **independent lay Chairperson**, taken from the Regional Office list. (This will not necessarily be the same Chairperson who assisted the convenor in deciding whether to set up the panel);
- the **Convenor**; and
- another **independent lay member**, again nominated by the Secretary of State for Health from the Regional Office list.

Where the complaint is a clinical complaint, **two independent clinical assessors** (nominated by LLCMs) will be appointed to advise and make a report to the panel. Regional Offices will hold lists of clinical assessors.
7.4 Independent Review panels will not be anything like the old service committees. They will have no disciplinary function. They will not be obliged to engage in lengthy evidence-gathering, nor will they be obliged to conduct formal hearings. The panel will have flexibility to look at each complaint in the way which best suits the individual circumstances, the aim being to resolve the complaint as constructively as possible. The panel will report to the person complaining and the practice and may make comments about service improvements. It will send a copy of its report to the health authority but will not make recommendations about disciplinary action. It will be for the health authority to decide if any further action is appropriate.

7.5 Most importantly, under the new system complaints and disciplinary procedures will be separate (there is more about disciplinary procedures in paragraph 7.9). As a result of the separation of disciplinary action from complaints as an opportunity for identifying areas for service improvement. Greater freedom for practices in resolving complaints also should result in greater satisfaction for patients and the practice team.

The Ombudsman

7.6 Most complaints should be resolved either through the practice-based procedure or Independent Review. However, if a complainant remains unsatisfied after the Independent Review, or had been denied an Independent Review, he or she will be able to go to the Health Service Commissioner (Ombudsman). In relation to family health services, the Ombudsman has until now only been able to consider complaints about the way in which a complaint has been handled. From 1 April 1996, subject to approval by Parliament, he or she will have new powers and access to professional advice that will enable him/her to consider clinical matters as well.

7.7 However, the Ombudsman will not automatically investigate all complaints received. As at present, the Ombudsman will consider complaints before deciding which need to be investigated further.

More detailed guidance about NHS complaints procedures

7.8 Detailed guidance about the operation of the new complaints procedures has been sent to health authorities. If you wish to see a copy, your health authority should be able to supply one.
What about disciplinary matters?

7.9 As noted above, a major feature of the new procedures is the separation of complaints and disciplinary procedures – there will be no direct connection between complaints procedures and disciplinary action. But it is possible that some complaints will reveal information about serious matters which indicate a possible need for disciplinary investigation. Where it proves necessary, disciplinary action will continue to be linked to the terms of service and will therefore apply only to medical practitioners who are included in a health authority list. If there appears to be a need for a disciplinary investigation, your health authority will consider whether informal action might be helpful before invoking disciplinary procedures. For example, the health authority might suggest to the doctor that he or she undergoes training in a specific area or finds help to improve practice procedures.

7.10 If your health authority decides there is no alternative to a formal disciplinary investigation, members of a disciplinary panel appointed by another health authority will be asked to investigate. The investigating panel will hold a hearing, decide whether there has been a breach of the terms of service and report back to the original health authority who will then fix a penalty, if appropriate.

7.11 After the disciplinary panel has considered a case the health authority may decide that, rather than imposing a financial penalty, they would prefer to work with the practitioner to help him or her overcome any problems. Such help may include, for example, suggestions for further training or support for improving premises, where this was the problem. But if the health authority feels a penalty is needed, they will only be able to impose those which are currently available – a withholding from remuneration with, where appropriate, a warning to comply more closely in future with the terms of service.

Appeals

7.12 Because it is the health authority with which a GP has a contract which brings the action in a disciplinary case, that health authority has no right of appeal against the decision of a disciplinary panel. The practitioner, however, will be able to appeal against a disciplinary panel’s decision and against any penalty imposed by his or her own health authority, to the Family Health Services Appeal Special Health Authority.
Practice complaints procedure

If you have a complaint or concern about the service you have received from the doctors or any of the staff working in this practice, please let us know. We operate a practice complaints procedure as part of a NHS system for dealing with complaints. Our complaints system meets national criteria.

How to complain

We hope that most problems can be sorted out easily and quickly, often at the time they arise and with the person concerned. If your problem cannot be sorted out in this way and you wish to make a complaint, we would like you to let us know as soon as possible - ideally, within a matter of days or at most a few weeks – because this will enable us to establish what happened more easily. If it is not possible to do that, please let us have details of your complaint:

- within 6 months of the incident that caused the problem; or
- within 6 months of discovering that you have a problem, provided this is within 12 months of the incident.

Complaints should be addressed to [NAME] or any of the doctors. Alternatively, you may ask for an appointment with [NAME] in order to discuss your concerns. He/she will explain the complaints procedure to you and will make sure that your concerns are dealt with promptly. It will be a great help if you are as specific as possible about your complaint.

What we shall do

We shall acknowledge your complaint within two working days and aim to have looked into your complaint within ten working days of the date when you raised it with us. We shall then be in a position to offer you an explanation, or a meeting with the people involved. When we look into your complaint, we shall aim to:

- find out what happened and what went wrong
- make it possible for you to discuss the problem with those concerned, if you would like this;
- make sure you receive an apology, where this is appropriate;
- identify what we can do to make sure the problem doesn’t happen again.

Complaining on behalf of someone else

Please note that we keep strictly to the rules of medical confidentiality. If you are complaining on behalf of someone else, we have to know that you have their permission to do so. A note signed by the person concerned will be needed, unless they are incapable (because of illness) of providing this.

Complaining to the health authority

We hope that, if you have a problem, you will use our practice complaints procedure. We believe this will give us the best chance of putting right whatever has gone wrong and an opportunity to improve our practice. But this does not affect your right to approach the local health authority, if you feel you cannot raise your complaint with us or you are dissatisfied with the result of our investigation. You should contact the health authority complaints manager [NAME, ADDRESS, TELEPHONE NO.] for further advice.

You may also like to contact the community health council for help – their ADDRESS and TELEPHONE NO. are as follows.

Specimen Advert for Noticeboard

[Name of Practice]
WE OPERATE A PRACTICE COMPLAINTS PROCEDURE AS PART OF THE NHS SYSTEM FOR DEALING WITH COMPLAINTS, OUR SYSTEM MEETS NATIONAL CRITERIA.

OUR PRACTICE MANAGER/SENIOR RECEPTIONIST [NAME] WILL GIVE YOU FURTHER INFORMATION. OUR PRACTICE COMPLAINTS LEAFLET GIVES DETAILS OF THE PROCEDURE AND IS AVAILABLE FROM RECEPTION.

OUR AIM IS TO GIVE YOU THE HIGHEST POSSIBLE STANDARD OF SERVICE AND WE TRY TO DEAL SWIFTLY WITH ANY PROBLEMS THAT MAY OCCUR.

HELP US TO HELP YOU.

Problem Report  APPENDIX D

Please send report marked PERSONAL IN CONFIDENCE
TO:
Practice Complaints Administrator

or

Overseeing Partner

FROM:
Signed_______________________________ Date________________

Name of person experiencing problem: __________________________

Address:_____________________________________________________

_______________________________Tel________________

Name of person reporting problem:_____________________________
(if different from above)

Address: ______________________________________________

_____________________Tel :______________________

PROBLEM REPORTED:

(continue overleaf if required)

Date problem arose:______________ Date reported to practice:____________

How was the situation left:_______________________________________

Action:_______________________________________________________

Outcome:_____________________________________________________

APPENDIX D  Problem Report (continued)
Complaint Form

Complainant’s details

Name: ____________________________________________________
Address: ____________________________________________________

_____________________________________________________

Patient's details (where different from above)

Name: _____________________________________________________

Address: ______________________________________________________

______________________________________________________

Date of Birth:__________________ Usual Practitioner:__________________

Details of complaint (including date(s) of events and persons involved)

Complainant’s signature:_________________________Date:____________
Where the complainant is not the patient:

I authorise the complainant set out overleaf to be on my behalf by [NAME] and I agree that the practice may disclose to (name) only in so far as it is necessary to answer the complaint) confidential information about me which I provided to them.

Patient’s signature: __________________________________ Date: _______________________

Name and address: ___________________________________________________________
Dear (complainant’s name)

Thank you for (bringing to our attention the problem you have experienced/your letter of [date]).

I am sorry that you are not happy with the service provided by the practice. I am looking into the points you have made as a matter of urgency and shall be in touch with you with a full response as soon as I am able. Please do contact me again in the meantime if I can help you.

Yours sincerely,

Complaints Administrator
Dear (complainant’s name)

Thank you for (bringing to our attention the problem you have experienced/you letter of [date]).

I am sorry to learn that you have encountered some difficulty when you saw [name] on [date] and I am looking into the points you have made. Unfortunately, [the person concerned] is away from the practice at the moment but once he/she returns, I shall follow up your complaint as a matter of urgency and come back to you with a full response as soon as I am able. Please do contact me again in the meantime if I can help you.

Yours sincerely,

Complaints Administrator
### Action/Summary Sheet

<table>
<thead>
<tr>
<th>Complainant:</th>
<th>Patient’s GP:</th>
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<tbody>
<tr>
<td>___________________________</td>
<td>___________________________</td>
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<tr>
<td><strong>Patient</strong> (if different):</td>
<td><strong>GP(s)/staff member(s) involved:</strong></td>
</tr>
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<td>___________________________</td>
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<td><strong>Address:</strong></td>
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</tbody>
</table>

Date complaint received: ______________________ telephone/in person/letter

Date acknowledge: ________________________

Brief details of complaint:

Meeting held [date]: ______________________

Letter of explanation sent [date]: ____________

Brief details of response:

Investigation completed within 10 working days?: Yes/No

Reason why, if not:
Date:

Name of person interviewed:

Address:

Name of interviewer:

Comments:

Content agreed with person interviewed.

Signed ____________________________ (Interviewee)
Dear

It is now a month since we had our last contact with you about the complaint you made on [date]. We are keen to monitor the complaints procedure and should be grateful if you would complete and return the questionnaire on the reverse of this letter.

Yours sincerely

(Reverse of letter)

Practice Complaints Procedure

1. Once you had decided to make a complaint, how easy was it to find out how to go about it?  
   very easy  easy  not very easy  difficult
   ______  ______  _______  ______

2. How did we handle your complaint in terms of:
   - listening to you
   - dealing with it promptly
   - the final response

Do you have any other comments?

Thank you.