Gauging the level of concern

Revalidation Support Team

An example of a categorisation framework is given below to illustrate the potential merit of such an approach. The RST is grateful to national stakeholders and in particular NHS Leicester City for their assistance further defining these categories. This should be read in conjunction with *Supporting Doctors to Provide Safer Healthcare* (RST, 2013)

Key:	Low-level indicators	Moderate-level indicators	High-level indicators
Could the problem have been predicted?	Unintended or unexpected incident		
What degree of interruption to service occurred?	No interruption to service		Significant incident which interrupts the routine delivery of accepted practice (as defined by *Good Medical Practice*) to one or more persons working in or receiving care
How likely is the problem to recur?	Possibility of recurrence but any impact will remain minimal or low Recurrence is not likely or certain	Likelihood of recurrence may range from low to certain:	Likelihood of recurrence may range from low to certain:
How significant would a recurrence be?		Low-level likelihood of recurrence will have a moderate impact (where harm has resulted as a direct consequence and will have affected the natural course of planned treatment or natural course of illness and is likely or certain to have resulted in moderate but not permanent harm) Certain level likelihood of recurrence will have a minimal or low impact	Low-level likelihood of recurrence will have a high impact (where severe/permanent harm may result as a direct consequence and will affect the natural course of planned treatment or natural course of illness such a permanent lessening of function, including non-repairable surgery or brain damage)
How much harm occurred?	No harm to patients or staff and the doctor is not vulnerable or at any personal risk No requirement for treatment beyond that already planned	Potential for harm to staff or the doctor is at personal risk A member of staff has raised concerns about an individual which requires discussion and an action plan	Patients, staff or the doctor have been harmed

Key:	Low-level indicators	Moderate-level indicators	High-level indicators
What reputational risks exist?	Organisational or professional reputation is not at stake but the concern needs to be addressed by discussion with the practitioner	Organisational or professional reputation may be at stake	Organisational or professional reputation is at stake
Does the concern impact on more than one area of *Good Medical Practice (GMP)*?	Concern will be confined to a single domain of GMP May include one of following: clinical incidents, complaints, poor outcome data which requires discussion and perhaps action	Concern affects more than one domain of GMP May include one of following: clinical incidents, complaints, poor outcome data which requires discussion and perhaps action	May include a serious untoward incident or complaint requiring a formal investigation. This includes criminal acts and referrals to the GMC
What factors reduce levels of concern?	De-escalation from moderate to low: Reduction to low or minimal impact Reduction in the likelihood of recurrence Evidence of completion of effective remediation	De-escalation from high to moderate: Reduction in impact to moderate Reduction in the likelihood of recurrence Evidence of insight and change in practice	
What factors increase levels of concern?		Escalation from low to moderate: Increase in impact to moderate Likelihood of recurrence is certain No evidence of insight or change in practice	Escalation from moderate to high: Increase in impact to severe Increase in likelihood of recurrence No evidence of remorse, insight or change in practice
How much intervention is likely to be required?	Insight, remorse and change in practice will be evident Remediation is likely to be achieved with peer support The individual doctor has no other involvement in incidents or has outstanding or unaddressed complaints/concerns The remediation plan should take no longer than four weeks to address	Insight, remorse and change in practice may be evident Remediation is likely only to be achieved through specialist support The remediation plan should take no longer than three months to address	Remediation will only to be achieved through specialist support The remediation plan will take upwards of three months to address and may include a planned period of supervised practice