

Establishing the level of concern

This paper provides a generic framework which designated bodies can use to establish the level of a concern. Use of a framework, such as this, can improve consistency in response and management of concerns.

Definitions of level of concern:

- Low level (Green) concern** = Concerns where there has been no harm to patients or staff and the doctor is not vulnerable or at any personal risk. Organisational or professional reputation is also not at stake but the concern needs to be addressed by discussion with the practitioner. This may include one of following; clinical incidents, complaints, poor outcome data which usually requires discussion and perhaps action.
- Medium level (Amber) concern** = Concerns where there is a potential for serious harm to patients, staff or the doctor is at personal risk. Organisational or professional reputation may also be at stake. This may be a low level situation plus whistle blowing and requires definite discussion and an action plan.
- High level (Red) concern** = Patients, staff or the doctor have been harmed. This will be a medium level situation plus a serious untoward incident or complaint requiring a formal investigation. This includes criminal acts and referrals to the GMC.

An example of a categorisation framework is given below to illustrate the potential merit of such an approach:

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?		
Incident may have interrupted the routine delivery of accepted practice (as defined by GMP) to one or more		Significant incident which interrupts the routine delivery of accepted practice (as defined by Good Medical Practice) to one or more persons working in or

persons working in or receiving care		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?		
	<p>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)</p> <p>Certain level likelihood of recurrence will have a minimal or low impact</p>	<p>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)</p>

How much harm occurred?		
<p>No harm to patients or staff and the doctor is not vulnerable or at any personal risk</p> <p>No requirement for treatment beyond that already planned</p>	<p>Potential for harm to staff or the doctor is at personal risk</p> <p>A member of staff has raised concerns about an individual which requires discussion and an action plan</p>	<p>Patients, staff or the doctor have been harmed</p>
What reputational risks exist?		
<p>Organisational or professional reputation is not at stake but the concern needs to be addressed by discussion with the practitioner.</p>	<p>Organisational or professional reputation may also be at stake</p>	<p>Organisational or professional reputation is at stake</p>
Does the concern impact on more than one area of practice?		
<p>Concern will be confined to a single domain of Good Medical Practice</p> <p>May include one of following: clinical incidents, complaints, poor outcome data which requires discussion and perhaps action</p>	<p>Concern affects more than one domain of Good Medical Practice</p> <p>May include one or more of following: clinical incidents, complaints, poor outcome data which requires discussion and perhaps action</p>	<p>May include a serious untoward incident or complaint requiring a formal investigation</p> <p>This includes criminal acts and referrals to the GMC</p>
Which factors reduce levels of concern?		
<p>De-escalation from moderate to low:</p> <p>Reduction to low or minimal impact</p> <p>Reduction in the likelihood of recurrence</p> <p>Evidence of completion of effective remediation</p>	<p>De-escalation from high to moderate:</p> <p>Reduction in impact to moderate</p> <p>Reduction in the likelihood of recurrence</p> <p>Evidence of insight and change in practice</p>	

Which 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

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