

## **RtC seminar – “Responding to Concerns, Fair, Consistent and Effective?”**

### **Lucy Warner, Stephanie Bown & Deji Okubadejo**

The objective of the session was to highlight work undertaken so far to drive up consistency and fairness and to identify where further work at a national level may be helpful.

Stephanie provided an update on NCAS’s offering and business position (slides available) and highlighted themes in referrals across gender, speciality and country of qualification. Lucy provided an overview of NHS England’s work to date around consistency and imminent future plans (slides available).

Deji hosted a Q&A/comments session, the highlights of which included:

From primary care:

- Lack of access to good HR support within NHS England
- Concern about current inconsistency in application of the performers list regulations between area teams
- Differing legal advice given to area teams by different legal firms
- Practicalities mean that a GP in a large practice would be dealt with differently to a single-handed GP in a rural area, even if the same issue arose with both of them

From secondary care/independent sector:

- Lack of or variable access to professional support and ongoing training for doctors
- Within trusts, a feeling that HR treat doctors differently than a ‘normal’ employee would be treated in another industry sector
- MHPS no longer fit for purpose and a need to remove legal input from the early stages and focus on local resolution

Generally:

- Concern about the amount of effort/resources invested in the ‘insight-less doctor’
- Suggestion that a doctor perceived as without insight often has it, and knows where to hide i.e frequent movers, single-handed practices etc
- How disruptive challenging behaviours are to day-to-day operations
- The need to acknowledge the organisation’s part in an issue – is the organisation the cause? If the doctor is removed, remediated and returned, will the issue re-present? Most likely. Alongside remediation there needs to be a method of dealing with the organisation’s problem.
- Following often excellent assessments, NCAS’ recommendations are difficult to implement. The introduction of regional links is good, they have been very helpful, and the hope is that recommendations can now become more practical to implement.

- Concern that the GMC dictating that only one revalidation ready appraisal is required in this cycle is demeaning the RO's discretion to defer new recruits or 'slow connectors'
- A need to inform trainees of 'grown up revalidation'. Many are graduating without knowing who their new RO is and are not engaging quickly enough into the post CCT process.
- With the abolishment of a retirement age, how does one deal with the very gradually declining doctor – we are poor at planning retirement and leaving the workplace. This will become an increasing issue.