

**REMEDICATION, RE-SKILLING AND REHABILITATION
 POLICY FOR MEDICAL STAFF**

Version:	2
Ratified by:	Senior Managers Operational Group
Date ratified:	May 2015
Title of originator/author:	Head of Medical Services
Title of responsible committee/group:	Executive Management Group
Date issued:	May 2015
Review date:	April 2018
Relevant Staff Group:	All medical staff

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DOCUMENT CONTROL

Reference JS/May15/RPMS	Version 2	Status Final	Author Head of Medical Services
Amendments	This updates the policy issued in 2012 and reflects developments in remediation, re-skilling and rehabilitation of medical staff since revalidation was introduced in 2012.		
Document objectives: This policy is intended to describe principles and procedures involved in the remediation, reskilling and rehabilitation of medical staff within the Trust. The policy is part of the arrangements required to support revalidation.			
Intended recipients: All consultant and SAS grade medical staff.			
Committee/Group Consulted: Local Negotiating Committee of the BMA			
Monitoring arrangements and indicators: <ul style="list-style-type: none"> The application of the remediation, re-skilling and rehabilitation policy will be monitored through the Medical Director's Office. The Medical Director will produce an annual report for the Trust Board. This will be part of a wider report on appraisal and revalidation. 			
Training/resource implications: <ul style="list-style-type: none"> Doctors may require protected time to undertake roles defined by the policy. Sufficient administrative support to monitor and support individual retraining programmes is required. Additional costs may be associated with individual retraining programmes that result from the application of this policy. 			
Approving body and date	Executive Management Group		Date: May 2015
Formal Impact Assessment	Impact Part 1		Date: January 2015
Ratification Body and date	Senior Managers Operational Group		Date: May 2015
Date of issue	May 2015		
Review date	April 2018		
Contact for review	Head of Medical Services		
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CONTENTS

Section	Summary of Section	Page
Doc	Document Control	2
Cont	Contents	3
1	Introduction	4
2	Purpose & Scope	5
3	Duties and Responsibilities	6
4	Explanations of Terms used	7
5	Policy Statement	9
5.1	Identifying the need for remediation	9
5.2	The remediation process	9
5.3	Completing the programme and following up	11
5.4	Organisational responses	11
5.5	Resource requirements	11
6	Training Requirements	12
7	Equality Impact Assessment	12
8	Monitoring Compliance and Effectiveness	12
9	Counter Fraud	13
10	Relevant Care Quality Commission (CQC) Registration Standards	13
11	References, Acknowledgements and Associated documents	13
12	Appendices	14
Appendix 1	The twelve principles of remediation	15

1. INTRODUCTION

- 1.1 Revalidation for medical staff was introduced in 2012, to ensure that doctors remain up to date and continue to be fit to practise. Revalidation aims to support doctors in their professional development, to contribute to quality improvement and patient safety and to sustain and improve public confidence in the profession. It also aims to identify the small proportion of professionals who are unable to remedy significant shortfalls in their standards of practice and remove them from the register of doctors.
- 1.2 Concerns about a doctor's conduct or capability can come to light in a wide variety of ways, for example:
- Concerns expressed by other NHS professionals, health care managers, students and non-clinical staff;
 - Review of performance against job plans, annual appraisal, revalidation;
 - Monitoring of data on performance and quality of care;
 - Clinical governance, clinical audit and other quality improvement activities;
 - Complaints about care by patients or relatives of patients;
 - Serious Incident Requiring Investigation (SIRI) reports
 - Information from the regulatory bodies;
 - Litigation following allegations of negligence;
 - Information from the police or coroner;
 - Court judgements.
- 1.3 The Remediation, Re-skilling & Rehabilitation Policy does not cover how shortfalls in competence or capability are identified and / or investigated - The Disciplinary Policy for Medical Staff (2015) sets out that process. The remediation policy is concerned with the actions necessary to return doctors to safe and effective practice through a programme of training.
- 1.4 For a small number of doctors the strengthened appraisal processes, introduced to support revalidation - Appraisal Policy for Medical Staff (2015), may raise questions or concerns about their practice. This may, lead to a need for additional support, without necessarily requiring the application of the disciplinary policy.
- 1.5 Doctors may also need to refresh or gain additional skills following an extended period of leave (typically 6 months or more). The absence from practice may be planned or unplanned and could be as a result of maternity leave, a career break, ill health or exclusion during disciplinary proceedings. A re-skilling programme may be a requirement before the doctor can recommence practice, or it may be elective, for example, if the doctor considers re-skilling would be beneficial and the extent of the development needed would exceed that which could be provided through CPD, perhaps as part of preparations ahead of starting a new job.
- 1.6 If any health problems are enduring, following a return to work, then a rehabilitation programme may be needed to overcome or accommodate the

impact these are having on the doctor's ability to practice. The management of any long-term absence from practice is covered by the Managing Absence Policy.

1.7 The Somerset Partnership Remediation, Re-skilling and Rehabilitation Policy sets out the arrangements for providing formal and informal, targeted support for doctors who need to address significant clinical competency or capability shortfalls, or who need to refresh or gain additional skills. The objective of the policy is to get doctors back to full and unsupported medical practice. However, whilst the ambition will be to get the doctor back to their previous role, it must be recognised that this will not always be possible and that patient safety will always be paramount.

1.8 Remediation is a collective term that covers a number of elements, which have been defined as:

- **Remediation** is the process of addressing performance concerns (knowledge, skills and behaviours) that have been recognised through assessment, investigation, review or appraisal, so that the practitioner has the opportunity to practice safely. It is an umbrella for all activities, which provide help; from the simplest advice through mentoring, supervision, further training, re-skilling and rehabilitation.
- **Re-skilling:** provision of training and education to address identified lack of knowledge, skills and application so that the practitioner can demonstrate their competence in those specific areas.
- **Supervised remediation programme:** a formal programme of remediation activities, usually including both re-skilling and supervised clinical placement, with specific learning objectives and outcomes agreed with the practitioner and monitored by an identified individual on behalf of the responsible healthcare organisation.
- **Rehabilitation:** the supervised period and activities for restoring a practitioner to independent practice – by overcoming or accommodating physical or mental health problems.

1.9 This policy has been informed by and is consistent with a number of documents relating to remediation: *The Back on Track Framework for Further Training – restoring practitioners to safe and valued practice* (NCAS, 2010); *Report of the Steering Group on Remediation* (DoH, 2011); *Remediation and Revalidation: report and recommendations from the Remediation Work Group of the Academy of Medical Royal Colleges* (Academy of Medical Royal Colleges, 2009). This policy has also taken into account the 12 principles that should underpin remediation that were established in *Tackling Concerns Locally – report of the working group* (DoH 2009) (see appendix 1).

2. PURPOSE & SCOPE

2.1 This policy sets out the procedures for formal and informal remediation, re-skilling and rehabilitation. It applies to all doctors who are not in training, are employed by the Trust and for whom Somerset Partnership is their

designated organisation for the purposes of revalidation. Doctors in training will follow the Deanery's procedures for remediation.

- 2.2 Remediation can take many forms ranging from the simplest advice from colleagues, through to formal, supervised remediation programmes that must be completed before a doctor is permitted to return to practice. This policy does not attempt to define every form that remediation can take, much of which is simply part of the day-to-day work of doctors.
- 2.3 The Remediation, Re-skilling and Rehabilitation Policy for Medical Staff is intended primarily for situations where formal, supervised interventions are required to enable a doctor to practice safely and effectively and which could lead to the Responsible Officer being unable to recommend revalidation if not addressed. In some situations the principles and tools included in this policy may also be useful in an informal setting and doctors are encouraged to make use of these where appropriate. However, in most informal situations it is anticipated that existing arrangements for supervision, appraisal and continuing professional development will adequately address the developmental and informal remediation needs of practitioners.

3. DUTIES AND RESPONSIBILITIES

3.1 Duties in respect of the requirements of this document are as follows

- The **Trust Board** has overall responsibility for procedural documents and delegates responsibility as appropriate.
- The **Chief Executive** is accountable to the Trust Board for the remediation, reskilling and rehabilitation process, including ensuring adequate resources are available to support the process and providing an annual report on remediation to the Trust Board. Responsibility for this role is delegated to the **Medical Director** who is also the Responsible Officer.
- The **Responsible Officer** has a statutory responsibility for evaluating the fitness to practice of doctors with a prescribed connection to the Trust. The Responsible Officer will ensure that appraisal is carried out to a good standard, work with doctors in addressing any shortfalls, ensure any concerns or complaints have been addressed, oversee formal investigations and collate this information to support a recommendation on the revalidation of individual doctors to the GMC.
- The **Identified Lead (Author)** is the Head of Medical Services and he will be responsible for producing written drafts of the document and for consulting with others and amending the draft as appropriate. The Head of Medical Services is responsible for the development of remediation, reskilling and rehabilitation processes.
- Responsibility for implementing the policy is devolved to **Associate Medical Directors**.
- **All Medical staff** within the scope of this policy are individually responsible for their actions including adhering to this policy.

- The **Programme Director** leads the training programme defined by this policy and is accountable to the organisation for its development, progress and outcome. The role will be taken by an Associate Medical Director. The Programme Director will be appointed by the Responsible Officer.
- The **Programme Coordinator** should be an appropriate practising clinician, overseeing the clinical parts of the programme and reporting to the Programme Director on the practitioner's progress against milestones and objectives.
- An **Educational Supervisor** from a deanery/college or equivalent body may advise on goals, standards, competencies, methods for reviewing progress and the programme outcome, depending on the post to which the practitioner is expected to return.
- A **Clinical Supervisor's** role is to ensure safe practice, to monitor progress against milestones and report this to the programme coordinator. The monitoring role cannot be over-emphasised. Regular contact with the practitioner ensures timely, robust and reliable feedback can be reported throughout the programme. This will allow early intervention if problems arise.

3.2 **Consultation and Communication with Stakeholders.** Medical staff are the principal stakeholder group and are represented by the Local Negotiating Committee of the BMA (LNC). The draft policy has been subject to consultation with the LNC.

3.3 **Approval of the Guidelines.** This document is approved by the Regulation Governance Group with the Trust Integrated Governance Framework.

4. **EXPLANATIONS OF TERMS USED**

- **Appraisal** A process that aims to improve individual performance through personal development. It is a two way, positive, forward looking, developmental procedure in which the appraisee is given feedback on their performance, their continuing progress is charted and training needs are identified.
- **Appraiser** A doctor who possesses the skills and has undergone appropriate training to carry out appraisal.
- **Appraisee** The doctor undergoing appraisal.
- **Clinical Governance** A system through which Health Care Organisations are responsible for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish.
- **Clinical Supervision** A role that ensures safe practice and that progress against milestones within a formal remediation programme is monitored and reported to the programme coordinator.
- **CPD** Continuing professional development is a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to

practice safely, effectively and legally within their evolving scope of practice. Put simply, CPD is the way professionals continue to learn and develop throughout their careers so they keep their skills and knowledge up to date and are able to work safely, legally and effectively.

- **CME** Continuing Medical Education. A process by which medical professionals maintain competence and learn about new and developing areas of their field.
- **GMC General Medical Council.** An independent organisation that helps to protect patients and improve medical education and practice across the UK.
- **Line Manager** This refers to the person who has medical line management responsibility for the work of the doctor. This is the medical practitioner who is immediately responsible for the doctor's clinical and professional performance.
- **LNC** Local Negotiating Committee (British Medical Association)
- **Mentor** A role providing personal support, challenge and help developing reflective skills. The mentoring relationship is not intended as a line management role. Mentoring is a developmental process where a more experienced individual ('mentor') helps a less experienced individual ('mentee') in his/her personal and professional development. It does not include formal supervision; it is outside the direct reporting line and has no formal input to the appraisal or revalidation process.
- **NCAS** National Clinical Assessment Service - NCAS works to resolve concerns about the practice of doctors, dentists and pharmacists by providing case management services to health care organisations and to individual practitioners.
- **Professional Supervision** involves regular and supported time out to reflect on the delivery of professional care to identify areas for further development and to sustain improved practice. It is unlikely to involve continual, direct clinical supervision.
- **Rehabilitation:** the supervised period and activities for restoring a practitioner to independent practice – by overcoming or accommodating physical or mental health problems.
- **Remediation** is the process of addressing performance concerns (knowledge, skills and behaviours) that have been recognised through assessment, investigation, review or appraisal, so that the practitioner has the opportunity to practice safely. It is an umbrella for all activities, which provide help; from the simplest advice through mentoring, supervision, further training, re-skilling and rehabilitation.
- **Re-skilling:** provision of training and education to address identified lack of knowledge, skills and application so that the practitioner can demonstrate their competence in those specific areas.
- **Revalidation** A formal affirmation that a licensed doctor remains up to date and continues to be fit to practice.

- **Responsible Officer** A licensed medical practitioner with appropriate seniority (either a Board member or reporting directly to a Board member), usually a Medical Director. Responsible Officers will lead on local systems relating to fitness to practice. They will ensure that appraisal is carried out to a good standard, work with doctors in addressing any shortfalls, ensure any concerns or complaints have been addressed, oversee formal investigations and collate this information to support a recommendation on the revalidation of individual doctors to the GMC.
- **SAS doctors** Staff, Associate Specialist and Specialty grade doctors.
- **Supervised remediation programme:** a formal programme of remediation activities, usually including both re-skilling and supervised clinical placement, with specific learning objectives and outcomes agreed with the practitioner and monitored by an identified individual on behalf of the responsible healthcare organisation.

5. POLICY STATEMENT

5.1 Identifying the need for remediation

- 5.1.1 In most situations a formal need for remediation, re-skilling, or rehabilitation will be identified through the application of the Disciplinary Policy for Medical Staff, the Appraisal Policy for Medical Staff, or the Managing Absence Policy. The management of performance is a continuous process, which is intended to identify any capability issues as they arise. Effective supervision and CPD should mean that situations requiring the formal application of this policy will be rare. In situations where elective re-skilling is being considered, initial discussions should take place between the doctor and her/his line manager, who should consider whether CPD could address the needs of the doctor.
- 5.1.2 Once a potential need for remediation has been identified the Responsible Officer must be notified. The RO will then decide whether this policy will be applied formally and ensure that any of the other related policies have been applied appropriately. Notification of a potential need for remediation should take place at the earliest opportunity, for example well before a return to work following a period of absence. This will allow more time for the potentially complex and extensive arrangements needed to support a formal remediation programme to be put in place.

5.2 The remediation process

- 5.2.1 Supervised remediation, re-skilling or rehabilitation in Somerset Partnership is based up the NCAS Back on Track remediation framework - *The Back on Track Framework for Further Training – restoring practitioners to safe and valued practice* (NCAS, 2010). The full framework is available from the NCAS website www.ncas.nhs.uk
- 5.2.2 The Responsible Officer will appoint the key roles within the remediation process:
- Programme Director
 - Programme Coordinator

- Educational Supervisor
- Clinical Supervisor

More detail on these roles can be found in section 3. The Trust will indemnify employees in relation to their roles within the remediation, reskilling and rehabilitation policy.

5.2.3 The NCAS framework is based on six key stages, which are supported by a series of templates. The latest templates are available from NCAS.

- I. Identify the full range of concerns - Ensure that there is a clear understanding of the nature and range of concerns. If there is not already a clear understanding, further investigation or assessment may be necessary.
- II. Draft an action plan framework - Use the NCAS action plan framework template (available from NCAS) to outline the plan to address identified training needs. This provides an overview of the proposed plan for 'in principle' discussions.
- III. Agree to proceed (or not) - Identify next steps for agreeing the plan, or to examine alternative actions if it is not possible to reach agreement on the outline framework.
- IV. Plan the detail - Once there is agreement on the framework, use the NCAS practitioner action plan template (available from NCAS) to construct a detailed plan. This should include programme objectives, interventions, use of placements, milestones, supporting information/evidence, funding estimates, cost-sharing arrangements and actions to be taken if progress exceeds or falls short of expectations at specified review points.
- V. Implement and monitor - Through close monitoring and collection of pre-specified information, decisions can be made at planned review points about whether objectives have been met and whether the programme should continue. A reporting structure should be defined for collecting comments from clinical supervisors, specialist trainers and educationalists as well as from the practitioner.
- VI. Complete the programme and follow up - Management actions will depend on whether concerns about the practitioner's performance have been resolved or only partially resolved. Follow up actions should normally be linked firmly with the appraisal process.

5.2.4 It is essential that the practitioner who is the subject of remediation is able to engage with the remediation process. Engagement might involve the practitioner developing their own action plan, participating in agreed interventions and supplying information and evidence such as audits and reflective learning logs. It is likely that the practitioner will need support in order to be able to engage in these ways, which the Trust will provide.

5.2.5 More information on the application of this process and the use of the templates can be found in the NCAS framework - *The Back on Track Framework for Further Training – restoring practitioners to safe and valued practice* (NCAS, 2010).

5.3 Completing the programme and following up

- 5.3.1 As the programme moves towards completion the action plan template builds into a report with supporting comments and evidence. If the concerns about the practitioner's performance have been resolved, the programme director should agree arrangements for the practitioner to return to practice under the terms agreed. If the progress intended has not been made, alternative management actions will have to be considered following local capability or disciplinary policies and procedures. Early termination of the programme is an option at any stage if there is sufficient evidence to support the position that intended progress is not being made or that the programme objectives have been achieved earlier than expected.
- 5.3.2 The decision should be confirmed in writing to all parties including the practitioner and any external stakeholders such as regulators or NCAS. It may be helpful to structure the sign-off in a way that is similar to the Record of In-Training Assessment or Annual Review of Competence Progression process for doctors in training.

5.4 Organisational responses

- 5.4.1 Alongside a practitioner's efforts to improve performance through further training, the organisation may itself need an action plan. The assessment, review or investigation giving rise to the practitioner's further training programme may have specified some organisational development needs as well. These should be addressed in parallel with the practitioner's programme. The organisation may also need to make adjustments to support re-entry to work if the practitioner has been out of the clinical environment for some time or on an external placement.

5.5 Resource requirements

- 5.5.1 There may be significant resource implications for the Trust when applying the remediation policy. Doctors undertaking the key roles in the process (see 5.2.2) may require release from their usual duties to prepare for and to undertake their roles. There may also be a financial cost associated with some of the activities identified within a retraining programme. Commitments may also be required from other agencies such as NCAS, the Deanery or another Trust, which could require funding.
- 5.5.2 A programme should not proceed until there is a clear view of its costs and how they will be met. Once all the programme elements are identified, funding estimates can be made and funding arrangements worked out. The main cost areas for consideration are:
- Reasonable adjustments to accommodate the practitioner's health needs;
 - Salary costs/remuneration for the practitioner undergoing further training, unless the programme is being undertaken during unpaid leave;
 - Locum cover costs so that normal patient services are maintained if the practitioner is away from work;

- External placement costs (if necessary). If another organisation is hosting a clinical placement a fee may be charged by the host to maintain patient services;
- Travel and subsistence costs during courses or placements;
- Other educational costs - behavioural coaching, communication skills etc;
- Infrastructure costs for a deanery, college or other external body as well as for the organisation;
- Fees from external bodies who may be needed to support a further training programme.

5.5.3 The Trust and practitioner should discuss and understand the scale of spending and agree how each element will be covered. The general principle will be that the Trust will cover the cost of remediation that relates to work that is done as part of the doctor's contract with Somerset Partnership. If some or all of the remediation relates to work carried out as part of private practice or for another organisation, then some or all of the cost of the programme will need to be covered by the practitioner (it will be for the practitioner to recover any costs from another organisation if that is appropriate). The Responsible Officer will make the final decision on whether a programme should proceed or not and the proportion of the costs that the Trust will cover. The Trust reserves the right to decide not to proceed with a remediation programme on the grounds of cost. Practitioners should be strongly advised to talk the options through with an experienced and independent adviser.

6. TRAINING REQUIREMENTS

6.1 Individuals appointed to the roles defined within this policy will be appropriately experienced and trained. Other training requirements will be defined within the individual retraining programmes that are developed as part of the remediation, reskilling and rehabilitation policy.

7. EQUALITY IMPACT ASSESSMENT

7.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

8. MONITORING COMPLIANCE AND EFFECTIVENESS

8.1 The guidelines will be regularly reviewed and maintained by the Local Negotiating Committee.

8.2 The application of the remediation policy will be monitored through the Medical Director's office. Adherence to the policy and the quality of retraining programmes will be monitored through audit and also through feedback from all those involved in the process.

- 8.3 The Medical Director will produce an annual report for the Trust Board as stated in Section 2.

9. COUNTER FRAUD

- 9.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

10. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

- 10.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour

- 10.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18:	Notification of other incidents
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- 10.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

11. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

11.1 References

NCAS (2010) The Back on Track Framework for Further Training – restoring practitioners to safe and valued practice. Available at www.ncas.npsa.nhs.uk

Department of Health (2011) Report of the Steering Group on Remediation. Available at www.dh.gov.uk

Department of Health (2011) Tackling Concerns Locally – report of the working group. Available at www.dh.gov.uk

Academy of Medical Royal Colleges, (2009) Remediation and Revalidation: report and recommendations from the Remediation Work Group of the Academy of Medical Royal Colleges.

11.2 **Cross reference to other procedural documents**

Appraisal Policy for Medical Staff

Disciplinary Policy for Medical Staff

Disciplinary Policy

Managing Absence Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

12. **APPENDICES**

12.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix 1 – The twelve principles of remediation.

The twelve principles of remediation (from Tackling Concerns Locally)

1. Remediation must ensure the safety of patients and the public while aiming to secure:
 - the well-being of the healthcare professional and the wider team;
 - the robust delivery of services based on agreed patient care pathways; and
 - consistent competence of the healthcare professional across scope of practice.
2. There should be lay and patient input into the quality assurance and delivery of remediation.
3. Primary Care Trusts (PCTs) and healthcare providers should maintain an available and accessible, quality assured process of remediation for all professional groups.
4. Decisions on remediation should be based on evidence using validated tools for assessment of performance, conduct and health.
5. Remediation should be personalised to the individual healthcare professionals and their learning style.
6. Remediation should be of high quality.
7. The performance of the professional during and following remediation should be monitored by quality assured methods.
8. The work environment for remedial placement should include adequate, quality assured supervision by a named individual.
9. There should be training and support for the whole clinical team working with the professional undergoing a remedial placement.
10. All those involved in the remediation process should uphold the NHS commitment to equality and recognition of diversity.
11. Remedial training and re-skilling must be adequately resourced.
12. Healthcare organisations to define success criteria & learn from experience.