**Clinical Support Group - Secondary Care**

**Introduction**

The agreed NHSGGC remediation policy and associated flow chart, indicates that one potential mechanism of support for medical staff requiring it, would be a clinical support group (CSG), which mirrors the same type of support for GPs in primary care. This paper describes what a secondary care group might look like and how it might operate.

These arrangements also apply to Dentists employed under the relevant Terms and Conditions of service.

 **Membership**

* Senior Doctor (Possibly CoM).
* Academic Representative
* Senior OD for accessing soft skill courses.
* Senior L&E with experience in dealing with group dynamics/conflicts and mediation.
* Psychiatry or Psychology input (with possible OH experience).
* OH practitioner.
* Deputy DME. (and Chair of Group)
* Medical Staffing Officer
* LNC Rep.

**Referrals**

In most cases referrals will come from the relevant CoM, who will have assessed the individual’s suitability to be sent to the CSG and discussed this with the individual concerned. This may be based on the outcome from a PE, instructed under the extant policies, the result of a return to work interview following absence from work or recommended from appraisal processes. Individuals may, on occasion self-refer or be referred directly from Occupational Health

On occasion a CoM may decide to refer to the CSG, without any formal process having already been started, if it is felt it would benefit the individual practitioner and the practitioner agrees to such a referral. Typically, cases such as these, would involve low level concerns about conduct/competence, not enough to trigger formal action, but having continued for a period of time, where other intervention had gained no improvement.

Rarely a referral could come direct from an OH practitioner, but in most cases it would be hoped the OH practitioner would seek the advice of the relevant CoM (whilst maintaining confidentiality) before proceeding or have sought expert medical staffing advice.

**Process**

1. CoM would advise practitioner that it was felt a referral to the CSG was appropriate.
2. CoM would meet with practitioner (and representative if wished) to discuss.
3. No referral to the CSG can take place without the Doctor/Dentist being in agreement.
4. Expected outcomes from a CSG referral would normally be agreed by both CoM and Practitioner or by the referring OH Physician and the Practitioner.
5. Those outcomes and the agreement to be referred to the CSG will be recorded in a signed document, signed by both parties and held in the personal file.
6. The Doctor/Dentist needs to be aware, particularly where referral to the CSG is in place of formal action, that a failure to cooperate with anything the CSG decides on or to fully participate in the process will result in the individual being subjected to the NHS GGC disciplinary process.
7. It is expected the individual will appear in person at the CSG if required and the attendance of his representative will be facilitated if the practitioner requires it.
8. No formal timescale will be imposed on the CSG in terms of how long a practitioner will be kept under review. This will be decided by mutual agreement between the CSG and the practitioner.
9. Any dispute about the above will be decided by the Chair of CSG, whose decision in the matter is final.
10. Practitioners will be expected to mention as part of their appraisal process that they are involved in a CSG referral.
11. The Chair will be responsible for providing written feedback to the referring CoM or OH practitioner, which will be held in the personal file.