**NHS Greater Glasgow & Clyde**

**Guidance on conducting a Preliminary Enquiry**

**What is a Preliminary Enquiry (PE)**

A PE is a meeting between the Chief of Medicine (or delegated authority) and the practitioner. It provides an opportunity for the Chief of Medicine to detail the concerns/allegations that have arisen, and provides the practitioner with the opportunity to respond to those concerns/allegations.

The purpose of the meeting is a two-way open and honest discussion. Details of the concern/allegation should be shared with the practitioner in advance of the meeting, including any copies of witness statements and/or written documentation e.g. Significant Clinical Incident report, case notes.

The aim of the PE is to provide sufficient preliminary information to the Chief of Medicine (COM), to enable them to decide which of a range of options for dealing with a potential issue is the most appropriate. A PE is not a full investigation.

**Preliminary Enquiry Meeting**

When information is received or an allegation made of sufficient concern to require potential action and which cannot be resolved informally by the Clinical Director, the matter should be referred to the COM to instigate a PE.

A PE should commence as soon as possible after the incident/concern is raised. There is no requirement to await the outcome of other processes e.g. conclusion of SAER investigation before commencement of the PE.

On receipt of the concern/allegation the COM should discuss with the Head of HR and decide whether a PE is appropriate. The COM should then inform the Deputy Medical Director that this course of action has been initiated.

The COM may choose to conduct the PE or delegate to the Clinical Director (CD) responsible for the doctor/dentist in question. The CD must not have had any previous involvement in the case and be available to take forward the PE without delay.

The PE should always include discussion with the practitioner in question, who has the right to be represented by the relevant organisation i.e. BMA or relevant Defence Body. The practitioner should be given the opportunity to provide a statement if they so choose.

The COM/CD should consider the allegations in detail and review all information that has been made available. This may include witness statements and/or written documentation e.g. SAER report, case notes. It is imperative that the witness is aware that their statement will be shared with the practitioner and may form part of any future investigation. As a PE is not a formal investigation is it not necessary to interview witnesses as part of this process.

In carrying out the PE the COM/CD supported by a HR representative will take the following course of action:-

* Discuss the allegation/concern with the practitioner
* Give cognisance to any witness statements and/or written documentation e.g. SAER report, case notes
* Establish the relevant facts from the information available i.e. is there substance to the allegation/concern, any mitigating circumstances, health issues

Should a related/similar concern arise during the course of the PE, this must revert to the COM who shall determine whether or not the scope of the PE be widened to consider the additional concern. The practitioner should be notified if the scope is to be widened.

**Timescale**

It is important that a PE is convened as soon as practicable and be completed as quickly as possible further to the allegation/concern being raised**.** This is to ensure that any action(s) required is implemented promptly and without delay.

**Outcomes of a Preliminary Enquiry**

Following the PE meeting, the COM should discuss with the Head of HR and decide which of the following options is the most appropriate:-

1. there is no need for further action;
2. the case is a minor one which can be dealt with on an informal basis;
3. the procedures for sick doctors set out in NHS Circular 1982 (PCS)8 might be appropriate;
4. the allegation relates to personal misconduct, in which case the disciplinary provisions set out in the [**NHS Scotland’s Workforce Conduct Policy**](https://workforce.nhs.scot/policies/conduct-policy-overview/) will apply
5. the case is appropriate to be dealt with under the Professional Review Machinery [**Annex A of NHS Circular 1990 (PCS) 8**](https://www.nhsggc.scot/downloads/nhs-circular-no-1990-8-disciplinary-procedures/)
6. the case involves less serious allegations concerning *professional conduct or professional competence* which warrants disciplinary action short of dismissal the matter will be dealt with under [**Annex B of NHS Circular 1990 (PCS) 8**.](https://www.nhsggc.scot/downloads/nhs-circular-no-1990-8-disciplinary-procedures/)
7. The case involves serious allegations concerning professional conduct or professional competence which would warrant dismissal, the matter will be dealt with under [**Annex C of NHS Circular 1990 (PCS) 8**.](https://www.nhsggc.scot/downloads/nhs-circular-no-1990-8-disciplinary-procedures/)

The COM in considering whether the case relates to personal conduct, professional conduct and/or professional competence should refer to Appendix 1. If in any doubt the COM should discuss this with the Deputy Medical Director.

The COM should inform the Director and the Deputy Medical Director which course of action has been decided upon before writing out to the practitioner to notify them of the outcome.

The COM should write out to the practitioner advising of the outcome of the PE, enclosing a copy of the PE Report and copies of any written documentation which has been considered as part of the PE. The classification of the case should be explained in the PE outcome letter and include details of any further action.

Where appropriate the COM should meet with the practitioner to explain their decision and the course of action to be taken.

**Classification Appeal**

In accordance with [**NHS Circular PCS(DD)2001/9**](https://www.nhsggc.scot/downloads/discipline-procedures-classification-of-conduct/), a practitioner has the right to appeal the classification of *personal conduct*. If the practitioner is dissatisfied with the decision to classify the case as *personal conduct,* they may appeal within seven days of receipt of the formal notification, to the Board Medical Director. The Medical Staffing team will be responsible for convening a Classification Appeal Committee as specified in aforementioned circular

**Appendix 1**

**Definitions**

[**NHS Circular 1990(PCS) 8**](https://www.nhsggc.scot/downloads/nhs-circular-no-1990-8-disciplinary-procedures/) contains the definitions, which were agreed to assist the service to classify conduct in particular cases. The definitions are as follows:-

**Personal Conduct** – Performance or behaviour of practitioners not associated with the exercise of medical or dental skills. This would include failure to fulfil the contractual requirements of the post.

**Professional Conduct** - Performance or behaviour of practitioners arising from the exercise of medical or dental skills.

**Professional Competence** - Adequacy of performance of practitioners related to the exercise of their medical or dental skills and professional judgement

**Appendix 2**

**Preliminary Enquiry (PE) – Record**

The aim of the PE is to provide sufficient preliminary information to the Chief of Medicine, to enable them to decide which of a range of options for dealing with a potential issue is the most appropriate. A PE is not a full investigation.

**To be completed by the Clinical Director/equivalent medical manager conducting the PE.**

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| --- |
| **Personal Details** |
| **Practitioner’s Name** |  |
| **Grade** |  |
| **Department** |  |
| **Sector/Directorate** |  |
| **Brief Description of Incident/Allegation** e.g. date & nature of incident, parties involved, names of witnesses etc. |
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| **Evidence Gathered** e.g. brief summary of meeting with doctor including their response to allegation, assessment of any witness statements, reports.  |
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| **P.E Record completed by:**  |
| **Name:** | **Clinical Director** | **Date:** |
| **Name:** | **Human Resources Representative** | **Date:** |

**To be forwarded to the Chief of Medicine along with copies of any written information which have been gathered e.g. reports, witness statements. The COM will decide next step(s) following review of the information gathered above.**