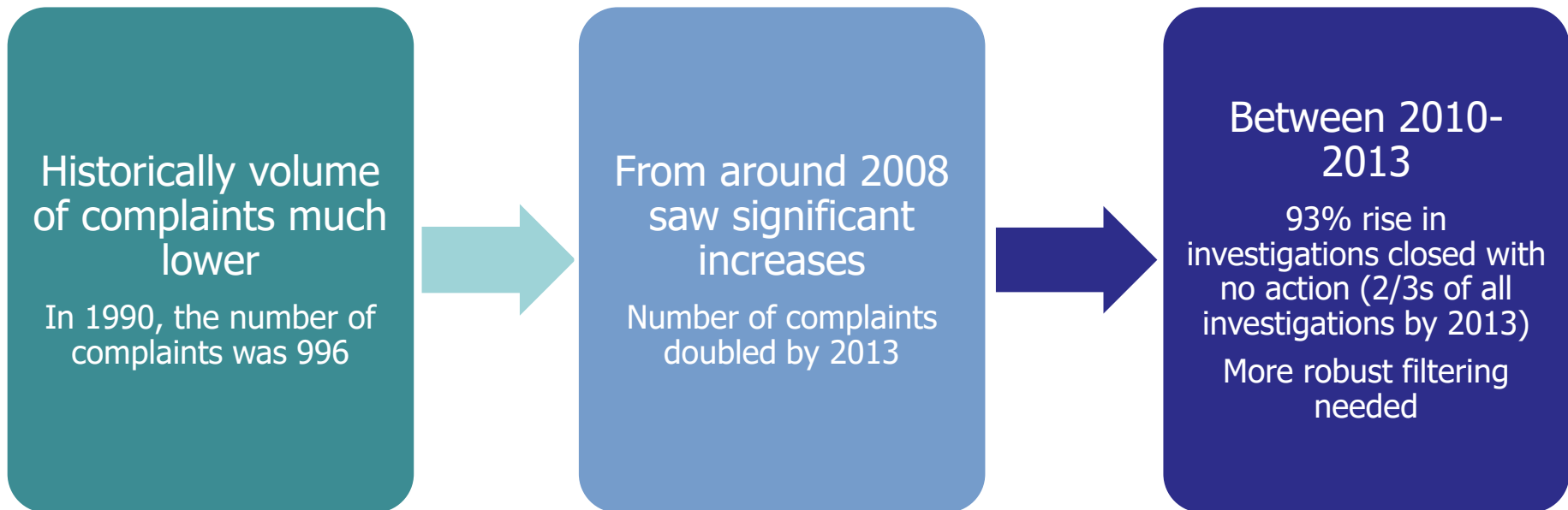


Targeted early enquiries- Provisional Enquiries

Anna Rowland

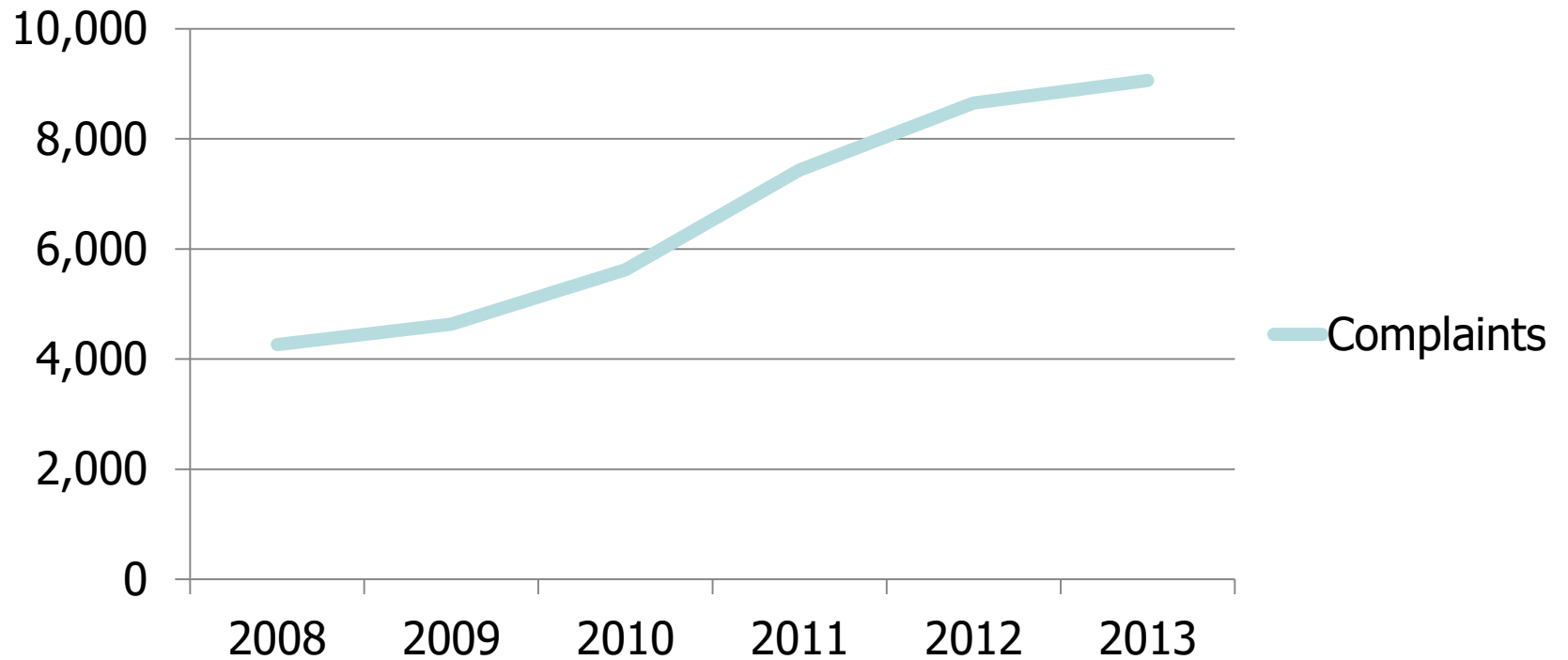
Assistant Director, Policy, Business Transformation and
Safeguarding
Fitness to Practise

Background

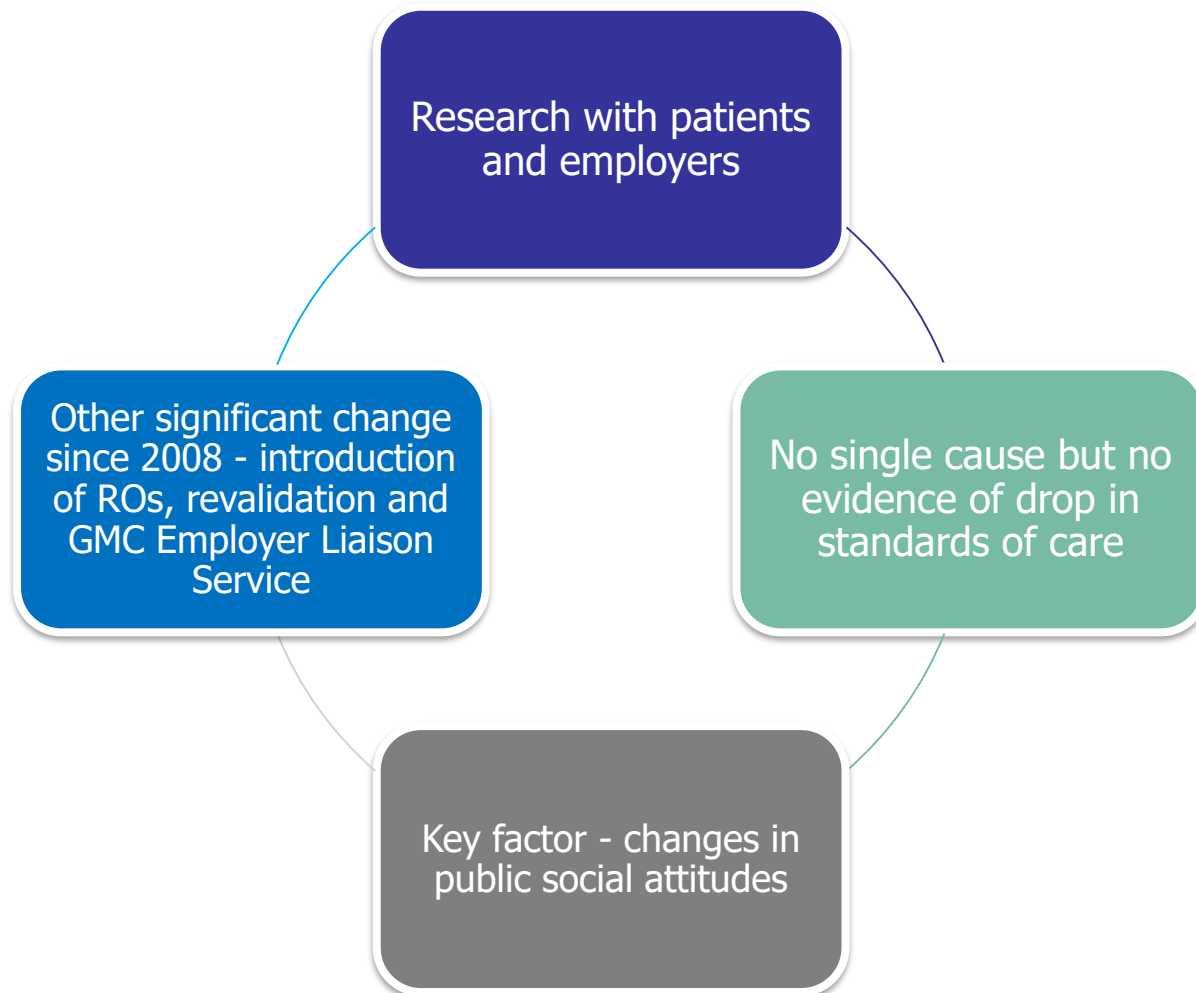


Background

Complaints




2008 onwards




The case for change

2004 reforms – of the time – weak local systems/fewer complaints – low tholds, prescriptive process

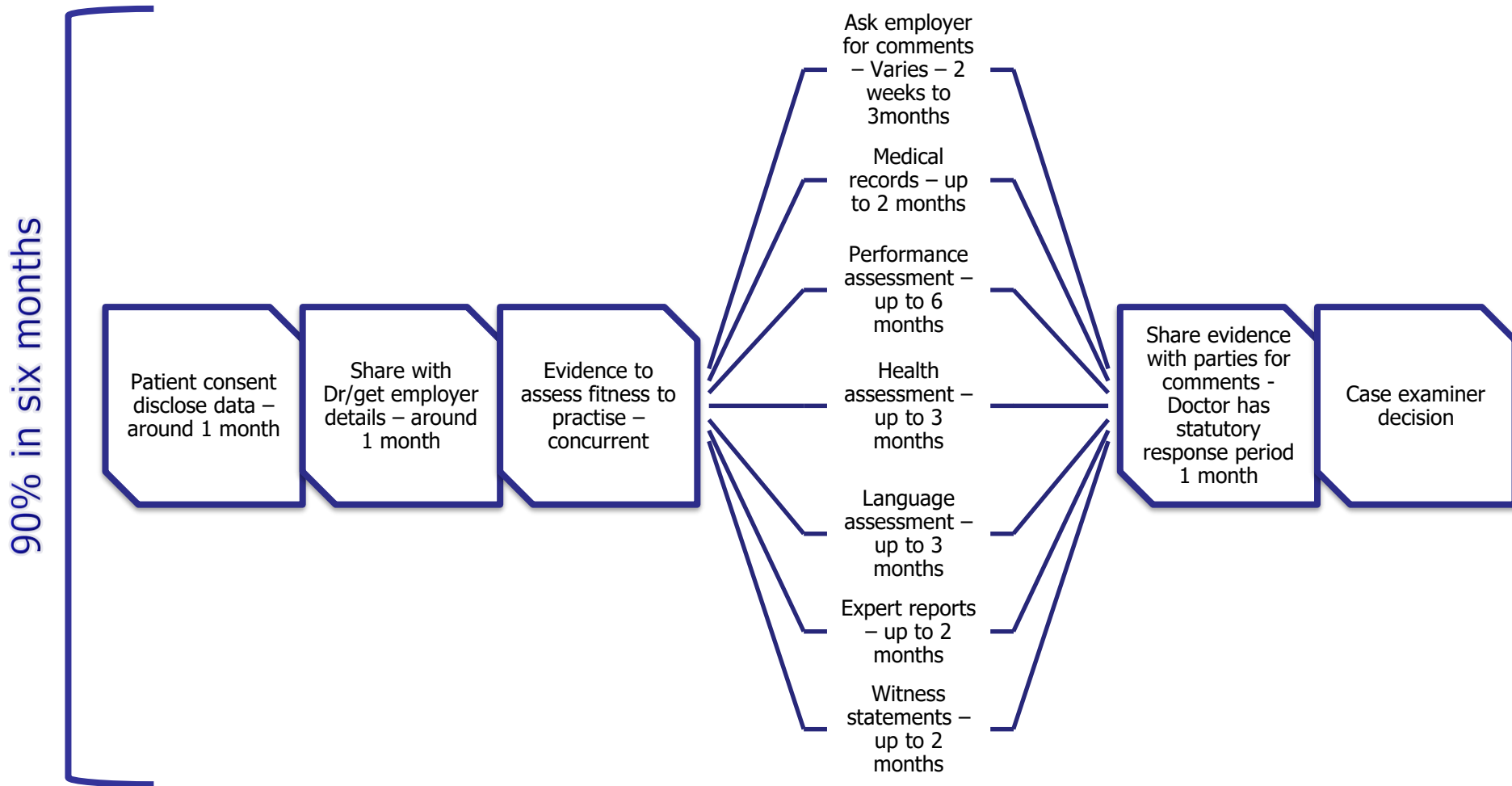


Today's landscape - challenges of volumes – and local enhanced local governance ROs/Reval/ELAs



To date progressed range of reforms to modernise

FTP process timelines



Provisional enquiries

Medical Act

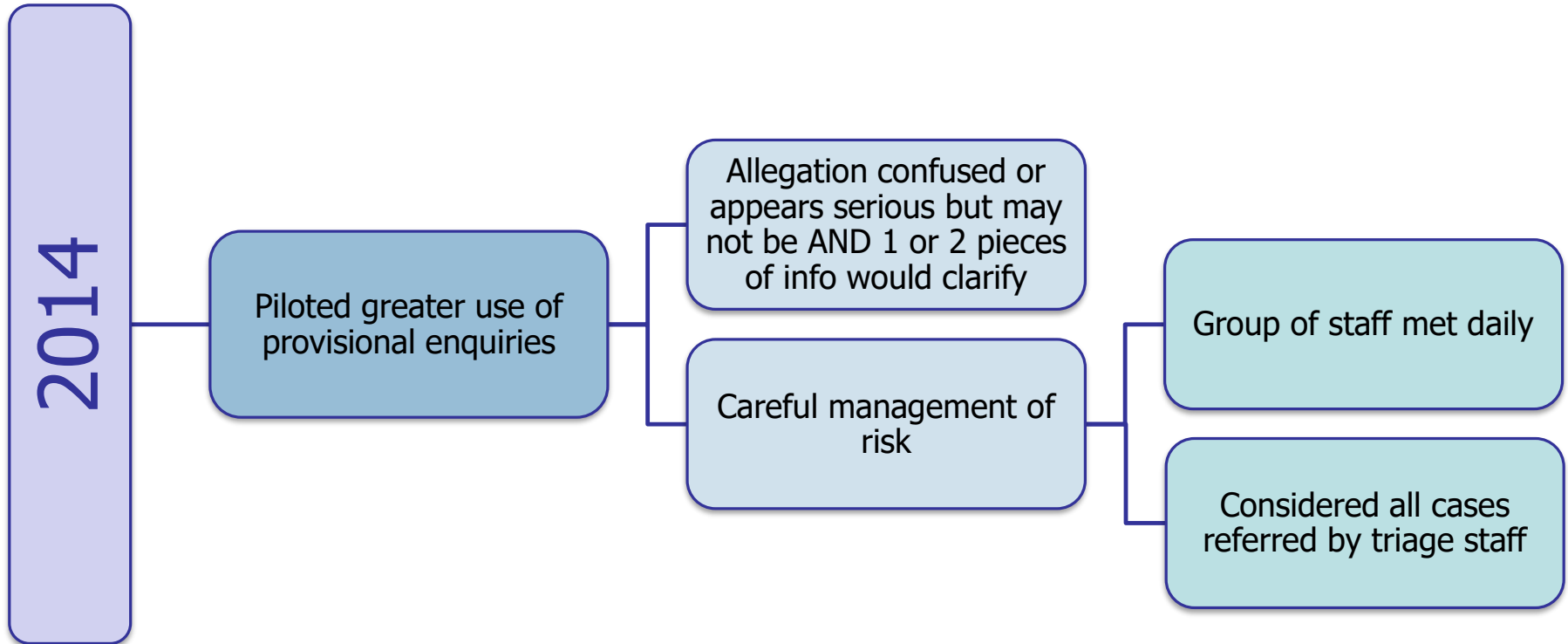
Required to investigate
allegation of impaired fitness
to practise

Improve information available
at triage

Power in Rules to investigate

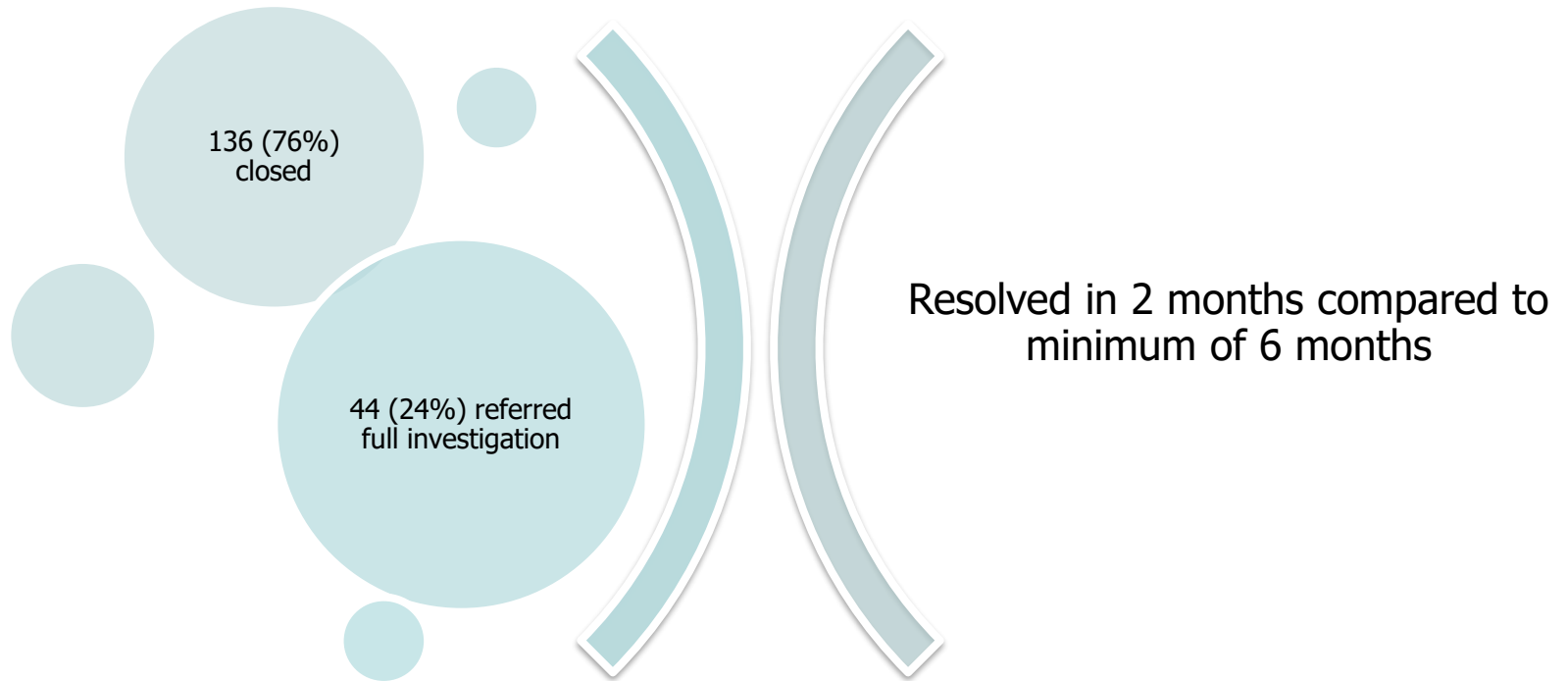
- If threshold met
- Or practitioner's fitness to
practise

Provisional enquiries – 2014 pilot



PEs - 2014 Pilot

10 month pilot - 252 cases



PEs – current pilot – single incidents

- 2016-2017

- Pilot of PEs in single clinical incident cases
- Most close with no action following full formal investigation
- Successful pilot approved for roll out
- 86 enquiries
 - 67% closed following enquiries (58% primary/72% secondary)
 - 23% referred full investigation - serious concerns - remediation assurance available at triage not sufficient
 - Subsequently majority closed on later receipt of assurance

2016-
2017

Single incidents

Single incident, single doctor, single patient

PEs – current pilot – single incidents

Last
Year

Single incidents
Single incident, single doctor, single patient

This
Year

Further pilot - single concerns
More than one incident but single doctor, single patient and
single course of treatment

Role of Responsible Officers

Letter to RO - series of questions



other concerns, seriousness, doctor's response/remediation, likelihood of repetition

Where insufficient information from RO



key reports, medical records, expert opinion

Risk management

Daily meeting model

Successful in first pilot

Management of risks

Robust evidence of remediation and identify serious cases requiring full investigation

Impact for patients and doctors



Patients

- Swifter decision, reducing stress
- Offer patients a meeting
 - Decisions explained



Doctors

- Swifter decision, reducing stress
 - Not a full investigation
- Disclosure more proportionate



Provisional enquiries in action

Dr undertakes an inadequate examination of a patient. The next day the patient collapses and is admitted to intensive care. The cause should have been identified by an adequate examination.

Pre 2016 - meets legal threshold for investigation - formal investigation – steps prescribed in legal rules – minimum of 6 months - medical records and expert report. Single mistake - if insight and remediation, and no public confidence issues, action unlikely.

Since 2016 – single incidents - provisional enquiries - contact Responsible Officer for evidence of what happened - view on seriousness – if not sufficient obtain medical records and expert opinion - evidence of remediation. If received and no public confidence issues, closed without formal investigation.