



National Health Service in Scotland
Management Executive

St. Andrew's House
Edinburgh EH1 3DG

Dear Colleague

DISCIPLINARY PROCEDURES FOR HOSPITAL
MEDICAL AND DENTAL AND COMMUNITY MEDICAL
STAFF

Summary

1. This circular contains guidance on the suspension of hospital medical and dental and community medical staff.

Action

2. Health Boards and NHS Trusts should ensure that the guidance is taken into account in drawing up local procedures for handling the suspension of staff in these groups.

3. Details of what is required are set out in the attached Annex.

Yours sincerely

M R Sibbald

M R SIBBALD
Director of Human Resources

16 December 1994

Addressees:

For Action:

General Managers,
Health Boards

General Manager,
Common Services Agency

General Manager, State
Hospital

Chief Executives, NHS
Trusts

For information:

General Manager,
Health Education Board
for Scotland

Executive Director,
Scottish Council for
Postgraduate Medical
and Dental Education

Enquiries to:

Mr R J M Pugh
Directorate of Human
Resources
NHS Management
Executive
Room 61A
St Andrew's House
EDINBURGH EH1 3DG

Tel: 031-244 2239
Fax: 031-244 2683

Ref: PIE/9/4

APPENDIX

SUSPENSION OF HOSPITAL AND COMMUNITY MEDICAL AND HOSPITAL DENTAL STAFF

1. Occasionally, it is necessary to suspend a medical or dental practitioner from duty. The misuse of this power can, however, result in individual injustice, a waste of public money and an erosion of public confidence in the NHS.

2. The following guidance on the suspension of hospital medical and dental and community medical staff has been agreed by a Joint Working Party with representatives from the profession, NHS management and the Health Departments which has been reviewing the existing guidance on disciplinary procedures set out in NHS Circular No 1990 (PCS)8. The guidance and the indicative timetable are strongly commended to NHS employers for incorporation into any local procedures they may draw up in consultation with their staff.

3. The aim of the guidance is to ensure that:

- a. avoidable suspensions do not happen; and
- b. if practitioners are suspended, it should be for the minimum necessary period of time.

4. 2. Suspension should be seen as a neutral act, rather than a disciplinary sanction. It is intended to protect the interests of patients, other staff, or the practitioner and/or to assist the investigative process. It is a measure which has potentially serious consequences in both human and financial terms, especially where the suspension proves to be a lengthy one. It is therefore in the interests of all concerned to ensure that alternatives to suspension, for example the practitioner continuing to work on limited or alternative duties where practicable, are carefully considered. When suspension is appropriate, it is essential that adequate resources are committed to ensure the speedy resolution of the case.

5. All those concerned with such cases will benefit from clear procedures setting out the principles to be applied in the consideration and handling of suspensions. The following approach is commended to employing bodies in handling individual cases or in formulating local procedures.

- a. Suspension may be considered when a member of staff needs to be immediately removed from the employing body's premises to protect the interests of patients, other staff, or the practitioner, and/or to assist in the investigative process.
- b. The authority to suspend, or extend a suspension period, should be invested in a nominated officer of the employing body, normally the Medical Director or equivalent. The practitioner should be advised of his or her rights by the suspending officer. The oral suspension order should be served in private, with a witness present, stating the content of the allegations. The Chairman of the employing body or a nominated non-executive Director should be informed at the earliest opportunity.

- c. The suspension order should be immediately confirmed in writing, clearly stating the effective date and time, the content of the allegations and that a full investigation will follow.
- d. The suspension should be on full pay.
- e. The particulars of the allegations should be substantiated within 10 days. Where this is not possible, the practitioner should be told why and informed when the particulars will be provided.
- f. There should be provision in all cases for review of the suspension as the enquiries continue. At each review, careful consideration should be given as to whether the interests of patients, other staff, or the practitioner, and/or the needs of the investigative process continues to necessitate suspension. This process should also take into account the option of the practitioner returning to limited or alternative duties where practicable.
- g. A review of the position should normally be undertaken at least every 2 weeks and the outcome reported to the Chairman or Non-Executive Director.
- h. The practitioner concerned should be informed of the outcome of each review.
- i. If the investigation has not been completed **within 3 months** of the date of suspension, a report should be made to the Trust Board or Health Board outlining the reason for the delay and indicating how long the suspension is expected to continue, together with a plan for completion of the investigation.
- j. If the suspension continues, reports should be made to the Trust Board or Health Board at each Board meeting thereafter.
- k. If at any time after the practitioner has been suspended, investigation shows that either the allegations are without foundation or that further investigation can continue with the practitioner working normally, the suspension should be lifted and the practitioner allowed to return to work as soon as practicable.
- l. Whilst it is impractical to lay down strict time limits for the overall length of suspension because of, for example, legal factors or police investigations, this should be kept to an absolute minimum in all cases.

Indicative Timetable

- 6. Employing bodies are urged to adopt the indicative timetable below.

Decision taken to suspend practitioner

Every 2 weeks - Review by a designated person

Practitioner to be informed of state of investigation after each review

3 months - Report to Trust Board or Health Board

Each Trust Board
or Health Board
meeting there-
after -

Further report to Trust Board or Health Board

Report to the NHS Executive

7. If the investigation has not been completed **within 6 months** of the date of suspension, a position report should be made to the Directorate of Human Resources, NHS Management Executive indicating the actual and anticipated costs, the reason for the delay and the anticipated timescale for completing the process.

8. Every attempt should be made to conclude the investigation and where appropriate, the subsequent disciplinary process, as speedily as possible.