

POLICY DOCUMENT

Policy Title:	Engagement of Medical Staff
Policy Group:	Human Resources
Policy Owner:	Human Resources Manager
Issue Date:	December 2021
Review Period:	24 months
Next Review Due	December 2023
Author:	C Hinton
	Updated by Ross White
Cross References:	Service level agreement for Consultant in Rehabilitation Medicine, Equality and Diversity Policy
Evidence:	CQC Fundamental Standards of Quality and Safety, DH Model Contract for Consultants,
How implementation will be monitored:	CEO
Action to be considered in event of a breach:	Not applicable
Computer File Ref.	O:Risk Management:Policies:HR
Policy Accepted by MT	8 December 2021

Sign-off by CEO



Policy Statement:

This policy sets out the arrangements under which the Hospital engages the services of medical staff, including a consultant not working under practising privileges.

Purpose of Policy:

Holy Cross Hospital recognises its obligation to ensure that the quality of care given to patients is of a high standard and compliant with regulation; it also recognises its duty to ensure that the medical practitioners who are engaged to practise in the hospital are of an appropriate and satisfactory standard. The purpose of this policy is to describe arrangements to meet those duties and obligations while protecting the interests of all parties.

The policy recognises that the arrangements to provide medical services to Holy Cross Hospital differ from those made through "Practising Privileges" in many independent Hospitals. The reasons for making this distinction include:

1. Patients admitted to Holy Cross Hospital are not referred by a Consultant as private patients;
2. Holy Cross Hospital engages the services of a Consultant and Hospital Doctors through service level agreements;

3. There is only one such consultant and therefore the scope for dealing with medical matters through a Medical Advisory Committee is limited.

The substitution of the Engagement of Medical Staff Policy for a Practising Privileges Policy does not lessen the requirement for medical staff so engaged to demonstrate fitness to practice. The service level agreement confirms the Registered Manager's permission for the medical staff to practice in the same way as would a grant of Practising Privileges.

Policy Statement:

1. In order to qualify for, and continue to provide medical services, a Medical Practitioner must satisfy (a), (b), (c) and (d) below:-
 - (a) Medical Practitioners who hold, or have held within the previous five years prior to their initial engagement, a substantive appointment of consultant status in a National Health Service Hospital, General Practice or Ministry of Defence Hospital within the UK or, in the case of Hospital Doctors, are partners or salaried doctors in General Practice.
 - (b) Medical Practitioners who are fully registered with the General Medical Council (GMC).
 - (c) Medical Practitioners who are members of a professional medical indemnity body and who hold a valid policy which covers their whole practice.
 - (d) Medical Practitioners who hold a current licence to practice and undergo annual appraisal and revalidation as required.
2. These requirements apply to all medical practitioners whether they are admitting consultants or Hospital Doctors. Written evidence of the required and current status of all the above must be maintained at all times and supplied to the Hospital.
3. All Medical Practitioners will be required to observe the hospital's policy on Health Records. The Hospital's patient records must remain on site.
4. All Medical Practitioners will be required to co-operate and support the Hospital on clinical governance matters including clinical audit, clinical effectiveness, patient feedback and complaints.
5. In consultation with the Registered Manager, Consultants will be required to hand over the care of their patients to another Consultant, when the Consultant is unavailable on holiday, or is unable for any other reason to care for patients unless alternative arrangements have been agreed with the Registered Manager. Not only must the Consultant obtain the consent of the covering Consultant, but the Consultant should also give the name of the covering Consultant to the Director of Clinical Services or the Nurse in Charge and to Reception.
6. Consultants will ensure that the Hospital Doctor has full information about the on-going care of patients and that the Hospital Doctor is able to contact the Consultant should a patient's condition give rise to concern.
7. All Medical Practitioners who are engaged to provide medical services will be required to submit evidence of their immunity against Hepatitis B. Medical Practitioners are required to notify the Registered Manager of any health matters which may affect the health and safety of patients or staff. In particular the Registered Manager must be informed immediately it is known that a Medical Practitioner becomes HIV Positive or contracts Hepatitis B or C.
8. If a Medical Practitioner is not able to work at his or her NHS Trust or other place of employment or practice, having self-certified or been certified by another Medical Practitioner as sick, that Medical Practitioner will not normally be permitted to work at Holy Cross Hospital.
9. Medical Practitioners are required to work within their recognised area of expertise, with sufficient frequency to maintain their competence. Medical Practitioners will not be permitted to perform at Holy Cross Hospital procedures which they are not permitted to undertake without supervision in their NHS Hospital or General Practice. Nor may they normally give treatment that they do not give in their NHS Hospital or General Practice. Medical Practitioners who wish to give treatment at Holy Cross Hospital that they do not give in their NHS Hospital or General Practice should contact the Chairman of the Medical Advisory Committee (MAC) or the Registered Manager before starting such treatment. Approval will not be given for Medical

Practitioners to perform a procedure which is new to the hospital, without discussion by, and approval from, the Medical Advisory Committee.

10. Medical Practitioners are expected to fulfil the appropriate Continuous Professional Development requirements and to undertake sufficient training relevant to their Practice and to the safety and welfare of their patients.
11. Medical Practitioners are required to inform the Registered Manager of Holy Cross Hospital if they have been prevented from performing any procedures or if they have been suspended from working in a Hospital or General Practice or had conditions or restrictions placed on them or if their actions could in any way negatively affect the Hospital's professional or commercial standing. Where appropriate, the Registered Manager will discuss with the Chairman of the Medical Advisory Committee or, in the case of the Chairman, the Medical Adviser to the Advisory Committee, whether the circumstances of any Medical Practitioner's suspension, or restriction of practice, warrant further consideration from the GMC. In so doing, and in accordance with good governance practices, the Hospital will make any relevant information available upon request from another Hospital, the GMC or other regulatory body.
12. In accordance with GMC requirements, all Medical Practitioners are required to inform the Registered Manager if they have any concerns about the clinical practice, performance or conduct of one of their colleagues. Where there is a breach of a code of professional practice, such a breach will be discussed between the Registered Manager and the Chairman of the Medical Advisory Committee or, in the case of the Chairman, the Medical Adviser to the Advisory Committee, in order to decide whether the GMC, and/or the Care Quality Commission, should be notified.
13. There may be occasions when there is concern about the ability of a Medical Practitioner to care for his patient adequately even though he may have been engaged to provide medical services. In such cases the Registered Manager will seek the advice and assistance of the Chairman of the Medical Advisory Committee or, in the case of the Chairman, the Medical Adviser to the Advisory Committee, who in clinical matters will instigate such action as he considers appropriate.
14. The engagement to provide services may be reviewed by the Registered Manager at any time. As a minimum, engagement will be reviewed every two years for those Practitioners who currently hold a substantive NHS Consultant post. Those Practitioners who do not currently hold a substantive NHS Consultant post will have their engagement reviewed on an annual basis. All consultants engaged to provide services must notify the Registered Manager should they intend to continue practising at Holy Cross Hospital when their NHS practice terminates.
15. All medical practitioners are expected to abide by the requirements of revalidation and the Hospital will provide information to support this upon individual request.
16. The decision to renew the engagement to provide services should be taken on behalf of the Hospital by the Registered Manager who may take the advice of the Chairman of the Medical Advisory Committee or, in the case of the Chairman, the Medical Adviser to the Advisory Committee, in making the decision.
17. Any decision to withdraw, restrict or suspend an engagement to provide services will be taken only after the Practitioner has been given the opportunity to state his/her case. Where any such action is taken with regard to clinical considerations then the advice of the Chairman of the Medical Advisory Committee will be taken or, in the case of the Chairman, the Medical Adviser to the Advisory Committee, except in cases of urgent necessity where restriction or suspension may be applied.
18. The types of situation that might give rise to the withdrawal, suspension or restriction of an engagement include but are not limited to:-
 - (a) Practitioner health issues that create a danger to the safety of patients, colleagues or hospital/clinic staff either through risk of infection or through impaired ability.

- (b) Practitioner misconduct has either occurred or an allegation has been made and is being investigated; that may have resulted in either harm to patients or staff or could lead to commercial damage to the Hospital's reputation.
 - (c) Practitioner has voluntarily suspended working in the NHS or has taken a period of voluntary sick leave.
 - (d) Practitioner performance below expected standards.
 - (e) Practitioner failure to comply with the Hospital policies including any breach of the terms of engagement or this policy. It is the practitioners' responsibility to ensure familiarity with all relevant policies and maintain such familiarity.
 - (f) Commercial reasons that may impact on the level of facilities the Hospital can provide to meet individual requirements or may directly affect the Hospital's performance and business..
19. All Medical Practitioners will be required to observe the Code of Ethics of a Catholic hospital, (Appendix 1), and to demonstrate respect, politeness and openness in their relationships with staff.
 20. In both clinical and non-clinical matters, the ultimate responsibility for deciding whether the medical practitioner should continue to be engaged rests with the Registered Manager of Holy Cross Hospital. Where the Hospital is concerned about any clinical issue, discussion will take place with the Chairman of the Medical Advisory Committee or with the Medical Adviser to the Advisory Committee. Where the issue of concern to the Hospital is not clinical in nature, the Medical Advisory Committee will not be consulted.
 21. Where the Hospital withdraws or suspends the engagement of a Consultant, the Consultant has a right of appeal which should be made in writing to the Registered Manager. The Registered Manager will arrange an appeal hearing within 21 days, unless this is not practicable, in which case it should be heard as soon as is reasonably possible. The Appeal will be chaired by a member of the Hospital's Advisory Committee.
 22. Holy Cross Hospital does not employ Medical Practitioners who are engaged to provide services. The Hospital will, therefore, not be liable for any payments of income tax, national insurance contributions, statutory sick pay or holiday pay. No employment protection is afforded by the Hospital to the Medical Practitioner and no cover will be afforded the Practitioner by the Hospital's Liability Insurance.

Equality and Diversity

This policy has been checked for overt or implied discrimination within the scope of the Hospital's policies on equality and diversity and none was found.

Policy review

The policy will be reviewed bi-annually to ensure that the system described continues to provide an effective framework for measuring quality and making changes to ensure proper customer care standards continue to be achieved.

Appendix 1

**THE FOLLOWING PROCEDURES MAY NOT BE CARRIED
OUT IN A CATHOLIC HOSPITAL:**

1. Euthanasia - i.e. directly intended termination of patient's life by action or omission.
2. Direct abortion.
3. Artificial insemination either by husband or donor.
4. In vitro fertilisation and embryo transfer.
5. Procedures the direct purpose of which is contraceptive sterilisation, whether male or female. (This would include vasectomy and tubal ligation)
6. The insertion of IUCDs, for any purpose, including the replacement of one which has been removed.
7. Female circumcision.
8. Major procedures aimed at gender re-assignment.
9. Organ donation from minors.

Last reviewed: 1/2017