

CONSENT FORM

Dear Doctor

This is a consent form containing important information. Concerns have been raised regarding your professional performance that needs to be assessed. You can choose to engage the services of the Clinician Performance Support Service (CliPSS), which will involve using the processes outlined inside this booklet.

If you do not engage CliPSS, your employing district may manage the cases the caused concern by commencing a formal investigation or through the use of Queensland Health's Human Resource performance management policies. You may discuss these options further with your employing district's Chief Executive Officer (CEO) or Executive Director of Medical Services (EDMS).

Important Note:

Should you consent to the CliPSS process, the CliPSS Committee must approve commencement of your performance assessment.

A CliPSS Assessment:

- **is not** focussed on the original concerns
- **is not** an investigation into what has happened
- **does not** result in a "guilty" or "innocent" finding
- **cannot** be "partially" undertaken – that is, you cannot choose to have only some of the assessments performed – it is a complete process.

A CliPSS Assessment:

- **is** voluntary
- **is** a global assessment of performance
- **includes** a diverse range of information sources, including the Medical Board of Queensland (MBQ)
- **is** focussed on determining whether the initial concerns have an underlying cause that could result in repeat occurrences
- **is** about managing future risk
- **seeks** to identify existing strengths as well as areas for improvement.

If any underlying issues are identified, CliPSS will work with you on developing and implementing a supportive plan to address those issues. The CliPSS approach of assessment and support is voluntary – you can withdraw at any time.

To facilitate a comprehensive assessment and swift resolution, you are consenting to the disclosure to CliPSS of all information and findings held by the Medical Board of Queensland. This information will not be passed onto the District but may be used to inform your return to work Support Plan.

ALTERNATIVES TO CliPSS

If you withdraw from the CliPSS assessment process, your district may make use of the **investigation pathway** or use other **HR processes** for managing the performance concerns.

An Investigation:

- **is** focussed on the original concerns, as set out in the specific terms of reference for the investigation
- **is** commissioned under the *Health Services Act 1991* and the *Public Service Act 1996*
- **is** focussed on determining whether the initial concerns are substantiated
- **is** about establishing accountability for past actions
- **does** result in a finding that can result in disciplinary action, which can ultimately lead to dismissal

An Investigation:

- **is not** voluntary
- **is not** a global assessment of performance
- **includes** a limited range of information sources, consistent with the terms of reference
- **can** have outcomes ranging from: financial penalty, demotion, dismissal and referral to the Crime and Misconduct Commission

Please read through this document, and bring it with you to the planned meeting with your CEO or EDMS and a senior member of the CliPSS team. You may also bring a support person to this meeting.

You will have a period of 14 days to consider engaging CliPSS.

CONSIDER CONFIDING IN A COLLEAGUE OR FRIEND

YOU ARE WELCOME TO BRING A SUPPORT PERSON TO MEETINGS (excludes clinical interviews).

You may be feeling profoundly embarrassed, angry or confused by what is happening. Having someone who knows about it, and with whom you can talk, will help a lot. We also encourage you to have someone attend to support you during this process where it is clinically appropriate.

Any person can be your support person, and you may choose to have a personal friend, a colleague, or a representative of a medical organisation such as the AMA. The support person cannot represent you, speak on your behalf or present legal argument.

If there is no one available, CliPSS may be able to assist you in finding a support person whose only interest or involvement will be in assisting you.

A brief outline of the key steps in the pathway is provided here.

- **Appointment of Case Manager**

- A CLiPSS Case Manager will be appointed to work with you from beginning to end of your relationship with CLiPSS.

- **Initial Questionnaires**

- You will be asked to complete and submit two standard questionnaires which assist CLiPSS to gather initial information about health risks, and better understand your practice, so that we can design appropriate assessment processes. Your responses on the questionnaires will only be provided to CLiPSS assessors.

- **Existing Information**

- Information which led to the concerns about your performance will be considered by CLiPSS, but only for the purpose of designing the assessment (for example, if there were complications of a particular procedure, then the CLiPSS will want to have an opportunity to observe you perform that procedure). You will not need to respond to the particulars of those original concerns, as the CLiPSS focus is on moving towards a mutually satisfactory outcome, not examining the past.

- **Health Assessments**

- This assessment will be undertaken by appropriately qualified medical and psychology professionals to identify any underlying medical conditions which may be impacting upon your performance. They comprise screening examinations of physical and mental health, and of cognitive functioning. If any concerns are identified on the screening examinations, full assessments in the relevant areas will be undertaken.
- Assessment of your professional performance will not proceed if it becomes clear that a medical condition is impacting on your ability to perform well.
- You will have an opportunity to take sick leave while you seek treatment, and when you wish to return to work, we will consider if the performance assessment should proceed.

- **Performance Assessment**

- A Performance Assessment Panel (the Panel) will be established comprising a Chair/Procedural Expert (may be your Case Manager), and 2 clinicians from relevant college(s). The Panel will:
 - visit your workplace to meet with you
 - observe you at work conducting normal consultations, ward rounds and procedures
 - review a random selection of clinical records
 - interview a selection of people from your workplace – you can nominate some of the people that they interview

- have a discussion with you about clinical management of cases, based on both the observed work, and the clinical record review. This discussion aims to help the assessors understand your thought processes and clinical decision-making.
- The Panel might ask you to participate in simulation assessments – for example, if you practise in a field where management of acute, life threatening situations is an expected part of your role, you might be asked to undertake some observed patient emergency simulations.
- Panel members will be introduced in your workplace as colleagues who are visiting for a quality assurance activity (or another introduction that is acceptable to you).

• Reporting Back

- The Assessors will draft a detailed report called and **Onsite Assessment Report** regarding your performance. You will initially be briefed about the report's contents in a meeting with your case manager, and be provided with written copies of all reports. You will have an opportunity to respond to the Onsite Assessment Report and all other reports.
- CliPSS will then prepare the **Final Performance Assessment Report**, taking into consideration all of the assessment information obtained during the process, and your comments.
- CliPSS will also prepare a **Summary Report** which will provide the following information:
 - Identified strengths
 - Identified areas where support is needed
 - Whether you have agreed to participate in a performance support plan, if recommended
 - CliPSS recommendations regarding changes to your scope of practice
- You will be provided with a copy of both reports and your case manager will meet with you to answer any questions you may have.
- Your case manager will then meet with your workplace supervisor, CEO or EDMS to discuss the outcomes of the performance assessment and if required, commence discussions about performance support.

• District Reporting

For the purposes of maintaining the confidentiality of information gathered in the performance assessment process, the CliPSS committee may appoint 'relevant persons' which allows him/her to receive all information that CliPSS has, but places very strict confidentiality obligations upon him/her. Only 'relevant persons' can receive a copy of the Final Performance Assessment Report.

- Your district CEO or EDMS will always receive a copy of the Summary Report, which is appropriate to be used in managing safe delivery of healthcare services. If they are appointed a 'relevant person', they will also receive a copy of the Final Performance Assessment Report.
- Another person in your district, such as your workplace supervisor, may be appointed a 'relevant person' to support you during the professional development plan. This person will receive a copy of the Final Performance Assessment Report but cannot share this information with anyone.

- The district will be notified:
 - of the outcome of an incomplete CliPSS assessment by provision of the Summary Report completed to the extent possible on the basis of what was completed.
 - if a support plan is ceased (either at your request, or because CliPSS decided it should cease), and the reason that it was ceased.
 - of any matter which is *prima facie* **blameworthy** that becomes known to the Committee, Assessors or CliPSS staff during the course of the assessment, (The district will then determine if the matter requires referral to the Ethical Standards Unit or the Police).
 - if the blameworthy matter relates to your professional role, CliPSS will cease its assessment.
 - of any reportable death that is noted during the course of the assessment, and is believed to have not been reported previously. CliPSS will continue its assessment, unless a blameworthy matter is found.
 - of any significant adverse event (**SAC1**) identified during the course of assessment (e.g. during the chart review), that has not been previously reported in accordance with the Queensland Health Clinical Incident Management Implementation Standard. CliPSS will continue its assessment, unless a blameworthy matter is found.

- **Development of a Performance Support Plan**
 - The primary role of CliPSS is to support professional development based upon the findings of personalised assessment.
 - If there are areas of your practice where support is required, CliPSS will work with you to develop and implement a personalised performance support plan, which can include clinical training, communication skills, technical knowledge or even workplace conflict resolution. CliPSS will have a dual role of ensuring that your workplace provides you the support that they promise, and that you undertake the activities that you have agreed to do.

- **Implementation of the Performance Support Plan**
 - CliPSS will support you by liaising with appropriate resources or institutions to facilitate your support plan.

- **Periodic Re-assessment by Performance Assessment Panel**
 - Reviews will be undertaken at intervals that are reasonable with reference to the Performance Support Plan. We aim to have these done by the same team who formed the performance support panel until completion, but this may not always be possible.

- **Completion**
 - When the agreed goals have been achieved as evidenced at re-assessment, the CliPSS process will be completed and you will be formally notified of this completion.
 - Merely completing tasks will not be sufficient – there must be a demonstrable change in the performance issues that were identified at the first performance assessment.

HAVING REALISTIC EXPECTATIONS

- CliPSS cannot offer you a 100% guarantee of a complete “clearance” even after support and retraining.
- Outcomes will depend, in part, on the nature of the issues (if any) identified, as well as on your preparedness to participate in any recommended support program.
- Where the process is not successful, or if you do not make substantial progress at a re-assessment, your employing district may make use of alternative processes, such as investigation or HR management processes.

OTHER NOTIFICATION AND FEEDBACK

- CliPSS is a confidential service, which attracts privilege under the provisions of s31 of the *Health Services Act 1991*. Some external notifications are in the public interest, and we therefore request your consent to these.
- To ensure clarity regarding the information which must be kept strictly confidential and information which may be shared more broadly, CliPSS will prepare two reports: **Final Performance Assessment Report** and **Summary Report**. The **Final Performance Assessment Report** is confidential and the Summary Report will provide outcomes that may be shared and will assist with your support program.
- The Summary Report will include the following information:
 - Identified strengths
 - Identified areas where support is needed
 - Whether you have agreed to participate in a support plan, if recommended
 - CliPSS recommendations regarding changes to your scope of practice
- **The Medical Board** will be notified:
 - that you have agreed to participate in the CliPSS program.
 - that you have consented to the release of information held by the Medical Board.
 - of the outcome of the CliPSS assessment, this will be by provision of the Summary Report.
 - of the outcome of an incomplete CliPSS assessment, this will be by provision of Summary Report completed to the extent possible on the basis of what was completed.
 - if a support plan is ceased (either at your request, or because CliPSS decided it should cease), and the reason that it was ceased.
 - if CliPSS finds that a matter is likely to be **Unsatisfactory Professional Conduct**, or if there is a risk to the public. If the Medical Board agrees, the CliPSS process will continue.
 - if CliPSS finds that you suffer from impairment (that is, a medical condition that affects, or is likely to affect, your capacity to practice medicine safely). Examples of impairment include alcohol or other drug dependence, cognitive impairment, or significant motor impairment in proceduralists.
- Other agencies, for example, the **Health Quality and Complaints Commission** may refer matters to CliPSS with your consent. If this was how you came to CliPSS, the external agency will be notified:

- of the outcome of the CliPSS assessment, this will be by provision of the Summary Report.
 - of the outcome of an incomplete CliPSS assessment, this will be by provision of the Summary Report completed to the extent possible on the basis of what was completed.
 - if a performance support plan is ceased (either at your request, or because CliPSS decided it should cease), and the reason that it was ceased.
- Your **treating doctor** will be notified:
 - If CliPSS becomes aware that you are unwell to the extent that you present a risk to yourself or others – for example severe depression with suicidal ideation. If you have no designated treating doctor, CliPSS will ensure that medical arrangements are put in place to keep you safe.

YOUR RIGHT TO PRIVACY

- The privilege of s31 of the *Health Services Act 1991* means that no other authority can compel CliPSS (including staff, Committee members, assessors or your workplace supervisor) to provide documents or evidence about you.
- If you become unwell during the Assessment process, or Assessment identifies a previously undiagnosed medical condition, you will be able to seek treatment from a practitioner of your choice, and this will be completely private from any inquiries by CliPSS, except with your express consent. In the event that you are treated in a Queensland Health facility, CliPSS will not access your personal health records, without your express consent.

BENEFITS

- This is a clinician driven process with a focus on remediation and support for safe practice.
- Participation in CliPSS is voluntary.
- CliPSS can assist you in ensuring that your support needs are met.
- At any time, you can cease the CliPSS process, and elect to the issues managed by the district using local processes. If you do this, CliPSS will provide a report to the referring district, which will include a summary of information gathered in the process up to that point, but the district will not be able to access original CliPSS documents held about you without your express consent.

OBLIGATIONS

- IF you agree to participate in CliPSS, we expect you to
 - Act in good faith.
 - To fully co-operate in allowing all assessments to proceed.
 - To fully co-operate in participating in the support processes.
 - To communicate honestly with your case manager if something is worrying you, or not working for you.
- IF you agree to participate in CliPSS, the CliPSS team will:
 - Act in good faith

- Endeavour to arrange assessments at times and places that are convenient for you
- Listen to your views
- Communicate honestly with you if there is a problem or we are concerned about how things are going.
- Conduct our work in a manner that is transparent and fair.

FURTHER INVESTIGATIONS

- Participation in CliPSS does not preclude investigation by the Medical Board of Queensland or the HQCC, or subsequent investigation by Queensland Health.
- The Assessment process may identify a potentially blameworthy act in which case the Assessment/Remediation path will cease and the appropriate authorities will be notified.

CONFLICTS OF INTEREST

If you feel that any person involved in the CliPSS process has a conflict of interest, you should raise this **objection** with your Case Manager or with the Medical Director of CliPSS, as soon as you become aware of it.

FUNDING

Depending on findings and recommendations:

- In addition, assistance for funding remediation activities may be able to be provided by your health service district.
- Details should be discussed with your Case Manager.

DOCUMENTS

The following documents should be provided. If any of these are missing, please contact your CEO or EDMS.

- Formal summary of concerns.
- Proposed scope of assessment.
- Informed Consent (this document).

QUESTIONS TO ASK CEO/EDMS OR CLIIPSS REPRESENTATIVE

PRACTITIONER CONSENT

I acknowledge that:

- The CEO or EDMS has explained the concerns about my performance
- A CliPSS representative has explained the CliPSS process to me
- I was able to ask questions and raise concerns with the CEO or EDMS and the CliPSS representative.

I agree to commit to working with CliPSS and I elect to have this matter managed via that process including the disclosure of information before the Medical Board of Queensland.

Clinician's Name: _____

Signature: _____

Date: _____

Deadline for acceptance: _____

CEO/EDMS & CliPSS REPRESENTATIVE STATEMENT

We have:

- Explained the concerns about _____ performance to him/her
- Explained the CliPSS process to him/her
- Provided _____ an opportunity to ask questions and raise concerns with us.

CEO/EDMS Name: _____

Position: _____

Signature: _____

Date: _____

CliPSS Representative: _____

Position: _____

Signature: _____

Date: _____

Blameworthy act: A "Blameworthy Act" is defined the *Health Services Act (1991)* (S38l) as:

- An intentionally unsafe act;
- Deliberate patient abuse; or
- Conduct that constitutes a criminal offence.

In addition, S38N also includes situations where capacity was impaired by alcohol or drug consumption.