

# DR 01 Practising Privileges Policy

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## Reader Box:

<b>Business Areas:</b>	Hospitals
<b>Reference number:</b>	DR 01
<b>Document Sponsor:</b>	Caroline Smith, Chief Quality and Assurance Officer
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<b>Summary and Instructions to Recipients</b>	<p>Registered Managers to distribute to all GMC Registered Medical Practitioners with existing Practising Privileges, with acknowledgment form.</p> <p>Form to be signed by each Medical Practitioner and returned to Registered Manager to acknowledge acceptance of new policy. Acknowledgment form to be kept on Medical Practitioner's PP file within Hospital.</p> <p>Policy and application form to be used for all new GMC Registered Medical Practitioners applying for Practising Privileges.</p>
<b>Date for implementation</b>	With immediate effect

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## 1. Executive Summary /Purpose

- 1.1. This document provides details of the criteria and conditions under which licensed registered medical practitioners (referred to below as Medical Practitioner(s)) may be granted authorisation by the Hospital Director to undertake the care and treatment of patients in a Nuffield Health Hospital (each referred to below as a/the Hospital).
- 1.2. These criteria and conditions are referred to as Practising Privileges or PPs. PPs are a discretionary personal licence to undertake consultations, diagnosis, treatment and surgery in accordance with relevant legislation, regulation, General Medical Council's (GMC's) Good Medical Practice (GMP) and Nuffield Health's policies and procedures and any terms laid down from time to time by the Hospital or Nuffield Health.
- 1.3. At each Hospital, the Hospital Director is the Registered Manager and bears operational and regulatory responsibility for all activities within the Hospital. They are registered for this purpose with the Care Quality Commission, and/or (as applicable) Health Inspectorate Wales or Healthcare Improvement Scotland.
- 1.4. The Registered Manager role thus applies to all Hospital facilities across Nuffield Health. In carrying out this role, the Hospital Director is supported by a local Senior Management Team (SMT).
- 1.5. Save where an express written contract of direct employment is entered into with Nuffield Health, all Medical Practitioners granted PPs with respect to a Hospital are independent self-employed contractors.
- 1.6. Whilst Medical Practitioners with PPs are independent self-employed contractors, the Hospital Director is required, as Registered Manager, to demonstrate that all those engaged (employed or otherwise) for the purposes of carrying out a regulated activity (e.g. surgery, treatment or diagnosis) at the relevant Hospital are 'fit and proper persons' (as defined in Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulations), and similar for Wales and Scotland). "Fundamental Standards" (previously "Essential Standards") are now in place and must be adhered to.
- 1.7. The granting of PPs automatically enrolls the Medical Practitioner into the Hospital's Medical Society.

## 2. Scope/Roles & Responsibilities

### Medical Practitioner

- 2.1. The Medical Practitioner must:
  - Be of good character, including not being convicted in the UK of any offence or convicted elsewhere of any offence which, if committed in the UK, would constitute an offence, if the

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offence relates to the conduct required in carrying on a regulated activity. This requirement includes not having been erased, removed or struck-off a register of professionals maintained by a regulator of health care in the UK or elsewhere;

- Have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and be capable by reason of their health, after reasonable adjustments are made, of properly performing the professional duties for which they are engaged through the grant of PPs; and
- Act in accordance with the terms and conditions contained within Nuffield Health's Practising Privileges Policy and the Appendices to it (noting that those terms and conditions may be amended from time to time at Nuffield Health's discretion) and with the GMC's "Good Medical Practice".

## 2.2. Hospital Director

As described above, the Hospital Director is the Registered Manager and bears operational and regulatory responsibility for all activities within the Hospital and is registered for this purpose with the Care Quality Commission, and/or (as applicable) Health Inspectorate Wales or Healthcare Improvement Scotland.

## 2.3. Matron

As a key member of each Hospital's Senior Management Team, the Matron oversees quality governance to support the provision of the highest quality clinical services at the Hospital.

## 2.4. Medical Society

The Hospital's Medical Society is a forum of and for Medical Practitioners who hold PPs at the Hospital, convened by the Hospital with the ultimate aim of supporting the highest levels of patient care and clinical safety at the Hospital. It is intended that the Medical Society will support the achievement of this aim by, inter alia, delivering improved communication between the Medical Practitioners and the Hospital and promoting clinical excellence both through professional education and expert clinical guidance to the Hospital and Nuffield Health as a whole.

Every Medical Practitioner with active Practising Privileges will have automatic membership of the Medical Society.

## 2.5. Medical Advisory Committee (MAC)

Each Hospital's MAC is constituted by the Hospital with members representing the main specialties in the Hospital and elected by the Hospital's Medical Society. The MAC represents the Medical Practitioners who practise at the Hospital. It is a key forum for constructive, two-way communication between the Medical Practitioners and the Hospital. It is intended to support and maintain quality, safety and measurable health improvement in the patient services provided at the Hospital.

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## 2.6. MAC Chair and Deputy Chair

The Chair and Deputy Chair provide leadership to the MAC and represent the members of the Medical Society. They will undertake their duties in a flexible manner depending on local needs in order to promote care quality, safety and measurable health improvement. The Chair or Deputy Chair will chair the Local Governance Committee (or such equivalent committee as may be constituted by the Hospital with responsibility for reviewing local quality, clinical and safety issues). The Chair will act as a non-executive member of the SMT as required.

## 2.7. Medical Director

The Medical Director is the Medical Representative within Nuffield Health's management structure. His/her responsibilities include:

- Providing clinical advice to the management
- Providing professional leadership and representing the consultant body to Nuffield Health and vice versa
- Creating alignment between Nuffield Health and the consultant body
- Leading the formation and implementation of clinical strategy
- with the Clinical Director/Chief Nurse, overseeing clinical governance,
- Quality and safety with the RO, resolving disciplinary issues concerning consultants

## 2.8. Responsible Officer (RO)

The responsible officer has a statutory responsibility to ensure that there are robust systems and processes within the organisation for:

- Undertaking appropriate employment checks for medical appointments (this includes the granting of PPs);
- Obtaining appropriate references and resolving any issues that may arise;
- Recording the results of the checking process; and
- Evidencing that all doctors working within the organisation are fit to practise.

The RO is also responsible for:

- Ensuring that effective systems to support revalidation are in place;
- Evaluating the fitness to practise of all doctors with whom Nuffield Health as the Designated Body has a prescribed connection and making a recommendation to the GMC regarding revalidation;
- Identifying and investigating concerns about doctors' conduct or performance
- Ensuring that support and remediation is provided where a doctor's practice falls below the required standard;
- Overseeing doctors whose practice is supervised or limited under conditions imposed by the GMC; and
- Communicating evidenced concerns to the regulatory bodies to protect the safety of service users.

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For full overview of the RO role please visit the GMC website –

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216128/dh\\_119418.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216128/dh_119418.pdf)

## 2.9. Designated Body

GMC-licensed doctors should have a connection with one organisation which supports them with annual appraisal and revalidation. This organisation is referred to as their 'designated body'. For the purpose of revalidation, Nuffield Health is a designated body.

Most doctors' designated body is the organisation where the majority of their clinical work takes place.

More information about Designated Bodies can be found on the GMC website: <http://www.gmc-uk.org/doctors/revalidation/12387.asp>

## 2.10 Interpretation

A reference in this Practising Privileges Policy (including its Appendices) to a statutory provision or official guidance includes a reference to such statutory provision or guidance as amended, modified, re-enacted or replaced from time to time before or after the date on which this Practising Privileges Policy is published (the "Publication Date") and any subordinate legislation made or other things done under the statutory provision or guidance before or after the Publication Date, and to any successor statutory provisions or guidance after the Publication Date.

# 3. Policy Statements Eligibility

## 3.1. For Practising Privileges

3.1.1. All Medical Practitioners must hold a GMC licence to practise to be eligible to apply for PPs at a Nuffield Health Hospital, pursuant to the Regulations. The title Practising Privileges denotes that Medical Practitioners are "practising" and therefore require a licence as defined by GMC.

3.1.2. Medical Practitioners will usually hold a substantive post in the NHS, however this is not always required and applications may also be accepted from doctors who have a Designated Body other than the NHS.

### 3.1.3. The following may usually be eligible for PPs:

3.1.3.1. A Medical Practitioner whose name appears on the GMC specialist register and who currently holds, or has held within the past five years, a substantive consultant or senior lecturer post in an NHS or a Defence Medical Services hospital.

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- 3.1.3.2. A Medical Practitioner whose name appears on the GMC specialist register and who does not hold a substantive NHS consultant post but can provide evidence of having done so in the past or equivalent status and clinical experience.
- 3.1.3.3. A Medical Practitioner whose name appears on the GMC specialist register and who holds a locum consultant post. PPs may be awarded for the duration of the locum contract and will be subject to annual review.
- 3.1.3.4. A Medical Practitioner whose name appears on the GMC specialist register, but who has never been appointed to a consultant post (either substantive or locum). If granted in these circumstances PPs will be subject to annual review.
- 3.1.3.5. A Medical Practitioner whose name appears on the General Practice register.
- 3.1.3.6. A Medical Practitioner whose name appears on the GMC register, but not on the specialist or GP registers, and who holds a recognised training post or non-consultant career grade post in an NHS hospital. This is subject to the relevant individual being accountable to and supervised by a named consultant who has existing PPs at that Hospital, and the scope of his or her practice being defined and agreed by the MAC and the Hospital Director. This includes Medical Practitioners undertaking post-graduate training and pre- CCT Research Fellows. The practice of non-consultant grade Medical Practitioners will be regularly reviewed at least annually by the MAC.

- 3.2. Medical Practitioners will need to reside/work a distance from the Hospital or satellite sites appropriate to the level of cover they are expected to provide. Where this journey time would normally exceed 30 minutes, the Hospital Director and MAC will make a formal risk assessment, including a documented assessment of the journey time from the Medical Practitioner's usual place of work/home, appropriate to the level of cover the Medical Practitioner is expected to provide. The outcome of this assessment will inform the Hospital Director's determination as to whether or not this eligibility criterion is met.

## 4. Applications for Practising Privileges

- 4.1. A Medical Practitioner meeting the criteria may apply via the online enquiry form on the Nuffield Health website or by contacting the Hospital, requesting access to the online PP application form. If granted, the subsequent authorisation is on the basis of a licence to practise in the relevant Hospital.
- 4.2. Those granted PPs are independent self-employed contractors and are not employees, agents or sub-contractors of the Hospital. As such, they are responsible for their own tax, national insurance, pension and indemnity arrangements. Nuffield Health will accept no vicarious

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liability for the acts, omissions or defaults of Medical Practitioners granted PPs, or for those whose actions they have formally accepted accountability for. It is unlawful for a Medical Practitioner to criminally evade tax or facilitate tax evasion and Medical Practitioners shall not use any part of Nuffield Health's business, or assist another organisation or individual, to evade tax in the UK or in a foreign country. Medical Practitioners are required to confirm that they are paying the appropriate tax and national insurance contributions to HM Revenue & Customs for the amounts that are charged to Nuffield Health. If asked to assist in evading tax, Medical Practitioners must report this offence in accordance with Nuffield Health's Business Ethics Policy or any policy that replaces it.

- 4.3. Medical Practitioners must fully complete the online application form, providing all the relevant supporting information.
- 4.4. Medical Practitioners will need to provide evidence of infectious disease immunisation status, details of hepatitis B vaccination and evidence of hepatitis B status. Hepatitis B surface antibody levels above 100 miu/ml is considered a satisfactory response to vaccination. Evidence of hepatitis C and HIV status is required, in line with current Department of Health guidance, if the Medical Practitioner wishes to carry out exposure prone procedures<sup>1</sup> at a Hospital for the first time.
- 4.5. Medical Practitioners will need to provide evidence of adequate insurance or indemnity cover for the provision of services with any details of restriction of cover. They must also provide information on previous/pending claims. It is the Medical Practitioner's responsibility to ensure that they have adequate medical malpractice indemnity or insurance arrangements in place for the provision of services (including without limitation for their role as data controller and/or processor). In accepting a Medical Practitioner's indemnity arrangements Nuffield Health gives no representation or warranty that the levels of cover are adequate for the Medical Practitioner's own circumstances. Nuffield Health's minimum indemnity requirement for private patients is £10m.
- 4.6. Clinical Negligence Scheme for Trusts (CNST): Standard Contract patient activity is managed by Nuffield Health. CNST provision is confirmed for all Consultants undertaking English funded NHS work in Nuffield Health facilities, as long as there is compliance with CNST requirements. This does not, therefore, have to be declared to your MDO. The full terms and conditions relating to CNST cover can be obtained from the NHSLA website: <http://www.nhs.uk/Claims/Pages/Clinical.aspx>
- 4.7. Applicants will need to provide evidence of appropriate GMC registration and licence to practise.
- 4.8. Applicants will need to provide evidence of appraisal and revalidation, which will include the most recent appraisal summary and PDP. This will be reviewed by the Hospital Director, having recourse to the MAC Chair where appropriate.

<sup>1</sup> Exposure prone procedures (EPP) are those where there is a risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's gloved hands may be in contact with sharp instruments, needle tips and sharp tissues (spicules of bone or teeth) inside a client's open body cavity, wound, or confined anatomical space where the hands or fingertips may not be completely visible at all times.

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- 4.9. Applicants will need to provide evidence of compliance with applicable Data Protection Legislation.
- 4.10. Applicants will need to disclose as part of their application for, and maintenance of, PPs:
- any investigations, suspension, dismissal or informal but enforced leave of absence in the NHS
  - any investigation, restriction, suspension or withdrawal of practising privileges granted by another private hospital
  - any investigation, restrictions or suspensions undertaken or endorsed by a regulatory authority either in the UK or abroad
- 4.11. Medical Practitioners will need to apply for a Disclosure and Barring Service (DBS) or Protection of Vulnerable Groups (PVG) check at enhanced level, countersigned by a representative of Nuffield Health DBS/PVG checks are required to be updated according to risk / change of circumstances, and in line with DBS, Disclosure Scotland and CQC guidance and Nuffield Health's own requirements. All Medical Practitioners will have to apply to the DBS/PVG for a new disclosure certificate at enhanced level every three years and as a pre-condition for retaining PPs.
- 4.12. If individuals move from site to site within Nuffield Health and transfer to another part of the business then transferability of the disclosure may be deemed acceptable if the disclosure is within the timescale for periodic checks of every three years and is appropriate for the new role with provision of identification required in its original form (not photocopies).
- 4.13. A DBS/PVG disclosure certificate obtained by a Medical Practitioner in connection with work or duties for an employer or any other organisation cannot be transferred for the purposes of Nuffield Health requirements. However, if the Medical Practitioner has already joined or joins the DBS Update Service this will give portability to the check as Nuffield Health, with the Medical Practitioner's permission, will be able to carry out a Status Check. The Update Service is not available for PVG checks. For further information on the Update Service:  
<https://www.gov.uk/dbs-update-service>
- 4.14. Any Medical Practitioner whose practice involves children and young people must comply with Appendix 8 and must complete the checklist annexed to that Appendix as part of their application for Practising Privileges and any subsequent renewal.
- 4.15. Nuffield Health may at its absolute discretion also require additional checking procedures to be put in place with the Medical Practitioner in order to ensure full compliance with the Safeguarding Vulnerable Groups Act 2006 and any related regulation or guidance.
- 4.16. Medical Practitioners who are invited to attend for interview are required to provide one reference from their current Responsible Officer (or previous RO if they are new in post) and a second reference from either their Medical Director (if not their RO), Head of Department

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or a Senior Consultant with whom they have worked, to support their application.

- 4.17. For Medical Practitioners with an NHS Consultant post, the Hospital Director as Registered Manager will conduct the interview. At the Hospital Director's discretion the MAC Chair or representative of the MAC may be invited to the interview.
- 4.18. Medical Practitioners who wish to be afforded PPs whose names appear on the GMC specialist register and who do not hold a substantive NHS consultant post but can provide evidence of having done so in the past or equivalent status and clinical experience or those who have never held an NHS consultant post, will require more formal interview with:
- Hospital Director (who may also invite the Matron to the interview if he/she so chooses)
  - MAC specialty representative and/or MAC Chair
- 4.19. The Medical Practitioner will be notified in writing by the Hospital Director of the decision to grant or decline PPs. Where PPs have been declined, the Hospital Director is under no obligation to provide a reason for doing so. The Hospital Director may grant interim PPs until ratification by the local MAC at its next quarterly meeting.
- 4.20. A Medical Practitioner may be granted PPs at more than one Nuffield Health Hospital. The Nuffield Health Hospital which first grants PPs will supply relevant application documentation to facilitate this when requested to do so. The application will then be considered by the additional Hospital Director/s.
- 4.21. Those granted PPs accept and agree that Nuffield Health may, without limiting its other rights or remedies, set off any undisputed amount owing to it for more than 60 (sixty) days by a Medical Practitioner in connection with his or her practice at the Hospital against any amount payable by Nuffield Health to the Medical Practitioner.

## 5. Scope of Practice

- 5.1. If granted, PPs will be defined by the Hospital Director according to one (or if applicable more than one) of the following categories:
- a) Consultation in the outpatients department (including medico-legal work)
  - b) Consultation and minor procedures in the outpatients department
  - c) Consultation and minor procedures in the outpatients department plus admission of in/day- patients
  - d) Consultation and minor procedures in the outpatients department plus admission, and operative procedures on in/day patients
  - e) Admission and care of in/day patients only
  - f) Provision of anaesthetic services
  - g) Diagnostic and therapeutic imaging procedures, reporting of results and provision of advice to colleagues, including interventional procedures and admission of patients
  - h) Pathology procedures and reporting and provision of advice to colleagues
  - i) Administration of sedation by Medical Practitioners other than anaesthetists

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j) Children's Services

- 5.2. Medical Practitioners wishing to include children and young people in their whole scope will need to indicate the age bands they wish to treat on the application form. This will be reviewed as part of renewal of Practising Privileges every two years, taking into account the Medical Practitioner's whole scope of practice.
- 5.3. PPs will only apply to those procedures or techniques that are part of the Medical Practitioner's normal NHS practice or where the Medical Practitioner can provide evidence of adequate training, competency, experience and credentialing (defined by the GMC as "a process which provides formal accreditation of competences which include knowledge, skills and performance) in a defined area of practice, at a level that provides confidence that the individual is fit to practise in that area"), as appropriate. Scope of practice and the procedures the Medical Practitioner will undertake will be defined at application for PPs. Any change will need to be supported by evidence of training, competency, experience and credentialing and to be agreed with the Hospital Director on the advice of the MAC. Practice scope will be revisited as part of regular reviews of PPs.
- 5.4. No Medical Practitioner may admit patients to, or treat patients in, a Nuffield Health Hospital or any satellite site(s) other than in accordance with their specified PPs, nor may they practise outside the scope of agreed procedures or clinical activities without the explicit consent of the Hospital Director.

## 6. Maintenance of Practising Privileges

- 6.1. In addition to the requirements described in section 6.2 below, PPs will be formally reviewed **every two years**. This will take the form of a meeting with the Hospital Director and at their discretion if appropriate the MAC Chair or Deputy Chair. This review will consider compliance with the Medical Practitioner's agreed scope of practice, satisfactory participation in annual appraisal and processes required for revalidation, and compliance with the PPs policy. The information for some Medical Practitioners will be reviewed in conjunction with the relevant MAC specialty representative prior to sign-off by the Hospital Director and subsequent ratification by the MAC. The review will be supported by a Reference from the Medical Practitioner's Responsible Officer, which will be requested via Nuffield Health's central Revalidation Team.
- 6.2. **Every year** Medical Practitioners must provide the Hospital Director with:
- Satisfactory evidence of adequate insurance or indemnity cover for the provision of services in accordance with Good Medical Practice (GMC 2013)
  - Evidence of GMC registration and current licence to practise
  - Evidence of participation in annual whole scope of practice appraisal which will include their appraisal summary and PDP, within 9-15 months of the previous appraisal quarter, or in the event that they have an exemption due to personal circumstances, evidence of this to their Hospital Director

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- When reasonably required, evidence of hepatitis B and C immune status and HIV status, in those undertaking exposure prone procedures
- Evidence of compliance with applicable Data Protection Legislation
- Confirmation of participation in relevant mandatory training:
  - Basic Life Support (including Paediatric BLS where appropriate)
  - Fire Safety
  - Health & Safety
  - Infection Prevention
  - Information Governance
  - Manual Handling
  - Safeguarding Vulnerable Adults
  - Safeguarding Children

6.2.1. For Medical Practitioners with a GMC prescribed connection elsewhere, evidence of a completed appraisal may be sufficient. All Medical Practitioners with a Prescribed Connection to Nuffield Health, together with all those providing services involving children and young persons, must provide actual evidence of completed training (including, in the case of those providing services involving children and young people, evidence of Paediatric BLS).

- 6.3. Medical Practitioners must maintain full registration with the GMC and must inform the Hospital Director immediately of any change in their registration or notification of any complaint to the GMC. This includes (but is not limited to) conditional registration, suspension at any time or investigation pending or in process, even if in a foreign country.
- 6.4. Medical Practitioners must immediately inform the Hospital Director of any suspension, dismissal or informal but enforced leave of absence in the NHS, or any restriction, suspension or withdrawal of practising privileges granted by another private provider or organisation.
- 6.5. Medical Practitioners must at all times act in accordance with the Professional Duty of Candour (as articulated by the GMC, and as updated or amended from time to time) and must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress. This means that Medical Practitioners must tell the patient when something goes wrong, apologise to the patient, offer (in conjunction with Hospital Director) an appropriate remedy or support to put matters right and explain fully to the patient the short and long term effects of what has happened. All communications in relation to Nuffield Health patients must be agreed in advance with the Hospital Director—and accord fully both with Nuffield Health's Duty of Candour Policy and GMC best practice.
- 6.6. Medical Practitioners must also be open and honest with their colleagues, regulators and Nuffield Health, raising concerns where appropriate and supporting colleagues to be open and honest and not stopping (or attempting to stop) someone from raising concerns.
- 6.7. Medical Practitioners must inform the Hospital Director as soon as they are aware of any on-

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going legal action for alleged medical negligence, any previous litigation or threatened litigation in connection with their professional performance (whether at Nuffield Health or elsewhere), or any criminal convictions.

- 6.8. Medical Practitioners must immediately inform the Hospital Director in the event of any complaint(s), claim(s), GMC referral(s) or inquiry/ies involving or against them of a clinical or professional nature (whether they occurred at a Nuffield Health Hospital or elsewhere) and provide any documentation or information as may be requested by the Hospital Director in relation to such complaint, claim, referral or inquiry in a timely manner. Medical Practitioners are also required to discuss any personal or health issues which may affect their performance or patient safety with the Hospital Director or MAC Chair as soon as they arise.
- 6.9. Medical Practitioners are expected to meet the Continuing Medical Education requirements of their relevant Royal College and participate with any requirements relating to annual whole practice appraisal and five-yearly revalidation by the GMC.
- 6.10. Medical Practitioners must immediately notify the Hospital Director of any change in their circumstances which may have a bearing on the quality of their patient care or the safety of their patients. In particular (but without limitation), in the event of infection with hepatitis B or C or HIV, this must be notified as soon as practicable and the Medical Practitioner must not undertake exposure prone procedures until advised otherwise by an occupational health physician and agreed by the Hospital Director.
- 6.11. All Medical Practitioners must fully participate in the Hospital's clinical risk management, audit and benchmarking programmes. These include (but are not limited to) Patient Reported Outcomes Measurement, relevant National Confidential Enquiries, NHS contractual and regulatory data reporting requirements and relevant professional registries. Medical Practitioners should also participate in root cause analysis of serious adverse events relating to patients under their care.
- 6.12. All Medical Practitioners must fully comply with CMA requirements and the Hospital's policies in relation to them. Relevant information will also need to be made available to comply with CMA requirements, including via the Private Hospitals Information Network (PHIN).
- 6.13. Medical Practitioners must inform the Hospital Director of any occurrence or outcome relating to their practice which might reasonably be expected to have the potential of bringing into disrepute their professional standing or the professional or commercial standing of the Hospital or Nuffield Health. Furthermore, Medical Practitioners must immediately inform the Hospital Director if they have been responsible for, been privy to, contributed to or facilitated any misconduct or mismanagement (whether unlawful or not) in the course of their engagement in healthcare service delivery which may bring the reputation of Nuffield Health into disrepute.
- 6.14. Medical Practitioners are required to participate fully in Nuffield Health's complaints procedure, and, specifically, respond in a timely manner to requests for statements and responses to complaints from patients to enable resolution within published timescales.
- 6.15. Medical Practitioners must keep confidential and not disclose to any third parties any commercial information relating to the business or financial affairs of the Hospital, or matters and information in relation to clinical governance data, unless required to do so by regulatory

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or statutory authorities or by prevailing medical ethics.

- 6.16. Medical Practitioners must inform the Hospital Director immediately in the event that they have a conflict of interest between the holding of PPs at any Nuffield Health Hospital and a financial or managerial interest in a competing private healthcare provider (excluding normal practising privileges at the facilities of such a provider).
- 6.17. Medical Practitioners must inform the Hospital Director immediately in the event of a change in residence or usual place of work resulting in their no longer satisfying the PPs eligibility criterion which requires a Medical Practitioner to reside or work no more than a 30-minute journey from the Hospital.
- 6.18. Medical Practitioners must: (i) support programmes run by Nuffield Health in order to comply with all applicable European and UK legislation and regulation (as amended or updated from time to time), including (but not limited to) Data Protection Legislation, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Care Quality Commission (Registration) Regulations 2009 and the CMA Private Healthcare Market Investigation Order 2014; and (ii) at all times comply with all of Nuffield Health's policies and procedures as made available and amended at any time by Nuffield Health.
- 6.19. To support Nuffield Health's wider quality assurance objectives, Medical Practitioners should use the services of radiologists and pathologists and on-site pathology and imaging facilities nominated by the Hospital unless they consider alternative arrangements to be in the patient's best interests, in which case such arrangements should be specifically agreed with the Hospital Director.
- 6.20. Medical Practitioners must comply with GMC guidance on medicines management and prescribing. In accordance with Nuffield Health policies, Medical Practitioners must use the Hospital's pharmacy service to procure any pharmaceuticals intended to be used on any patient treated at that Hospital, and are not permitted to use their own supplies. Failure to comply with this requirement will place the Hospital's registration at risk and may (without limitation) lead to the suspension or withdrawal of PPs.
- 6.21. Medical Practitioners must use the Hospital's purchasing and supply services to procure any implantable devices or equipment intended to be used on any patient treated at that Hospital, and are not permitted to source and supply their own devices, equipment or products, unless specifically agreed in advance with the Hospital Director. Failure to comply with this requirement will place the Hospital's registration at risk and may (without limitation) lead to the suspension or withdrawal of PPs.
- 6.22. Medical Practitioners must avoid the unnecessary cancellation of clinics, procedures or theatre lists.
- 6.23. It is each Medical Practitioner's responsibility to confirm completion and supply evidence, as requested, of all mandatory training requirements (including information governance training) set by their Designated Body for revalidation purposes. Confirmation of completed training will be required annually as part of maintenance of PPs.
- 6.24. Where a Medical Practitioner does not use the Hospital in a 6-month period or uses the

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Hospital infrequently, their PPs may be withdrawn at the discretion of the Hospital Director/RO with no right of appeal. To use the Hospital again, they will need to make a supplementary application and provide all documentation necessary for maintaining PPs, in advance.

- 6.25. If a Medical Practitioner reduces their clinical activity following resignation or retirement from a substantive NHS consultant post, they must notify the Hospital Director in writing. The Hospital Director will consult with the MAC with regard to the scope of continuing PPs, and this will depend on the range and extent of the Medical Practitioner's continuing clinical practice and educational and professional development.
- 6.26. In treating self-funding patients, Medical Practitioners must comply with the principles of the Nuffield Promise (see Appendix 2).
- 6.27. Medical Practitioners are requested to provide the Hospital with as much advance notice as possible prior to taking annual leave, and in any event a minimum of 3 weeks' notice or such longer period as may be reasonable in the circumstances, in order to avoid any unnecessary cancellation of clinics, procedures or theatre lists.

## 7. Appraisal and GMC Revalidation

- 7.1. Revalidation is the process by which GMC-licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise.
- 7.2. Appraisal is part of the revalidation process by which Medical Practitioners will confirm that they are up-to-date and fit to practise. The GMC has set out its requirements for appraisal and revalidation within the Good Medical Practice Framework for Appraisal and Revalidation. Nuffield Health's requirements regarding appraisal and revalidation for the purposes of granting and maintaining Practising Privileges are laid out in sections 4 and 6.
- 7.3. In compliance with revalidation requirements all Medical Practitioners who hold PPs with Nuffield Health must participate in annual whole scope of practice appraisals which take into account work undertaken in **all organisations** where they practise.
- 7.4. All Medical Practitioners who hold PPs with Nuffield Health will, on request, provide:
  - details of Designated Body;
  - details of Responsible Officer (RO) revalidation date;
  - reference from RO; and
  - evidence of participation in annual whole scope of practice appraisal which will include their appraisal summary and PDP within 9-15 months of the previous appraisal quarter or in the event that they have an exemption due to personal circumstances evidence of this to their Hospital Director.
- 7.5. On request Nuffield Health will provide Medical Practitioners with information to support their annual appraisal and revalidation portfolios.

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## 8. Revalidation within Nuffield Health

- 8.1. Any Medical Practitioner with PPs at a Nuffield Health Hospital, who is no longer employed by the NHS and undertakes the majority of their private practice within Nuffield Health should have a “Prescribed Connection” to Nuffield Health for the purpose of GMC Revalidation.
- 8.2. All Medical Practitioners with a Prescribed Connection to Nuffield Health will be required to manage their revalidation portfolio via Equiniti (or such other system provider as Nuffield Health may nominate from time to time). Access to the Equiniti Revalidation Management System will be provided as part of the Prescribed Connection. Medical Practitioners have complimentary access to the Equiniti 360 Feedback service, which they should access once within every revalidation cycle for the purpose of multi-source feedback. Use of this system is mandatory for all Medical Practitioners with a Prescribed Connection to Nuffield Health.
- 8.3. Medical Practitioners with a Prescribed Connection to Nuffield Health are required to engage with TLE Miad (or such other system provider as Nuffield Health may nominate from time to time) for the purpose of annual appraisal. Clinical appraisals arranged via a separate method will not be accepted.
- 8.4. More information about revalidation and appraisals in Nuffield Health is contained within the Revalidation and Appraisal Policy and on the Nuffield Health website.

## 9. Management of Performance and Concerns

- 9.1. The primary responsibility of Nuffield Health is to promote the highest quality of patient care and safety. Nuffield Health also understands that the welfare and wellbeing of staff and Medical Practitioners is extremely important. Nuffield Health has an open and transparent “fair blame” culture and believes the early identification of performance concerns can allow supportive action to be taken before problems become serious or patients are harmed. For those Medical Practitioners who have PPs, but for whom Nuffield Health is not their Designated Body, their RO has responsibility for the management of performance and concerns and any subsequent remediation which may be required. Nuffield Health is committed to supporting Medical Practitioners when concerns are raised or adverse events occur and appropriate support may be provided through the Medical Society and the MAC.
- 9.2. When concerns regarding a consultant arise, for example due to issues of patient welfare, unsatisfactory clinical practice, professional or personal misconduct, or failure to adhere to Good Medical Practice, arise, the matter will be considered by the Hospital Director or MAC Chair or an appropriate member of the senior management team of the MAC. The Hospital Director will take such steps as they deem appropriate, and may initiate an investigation. They may also consult with the MAC, Medical Director, Nuffield Health’s Responsible Officer, the consultant’s RO and/or other relevant experts, as appropriate.
- 9.3. In the event of a Medical Practitioner being involved in a never event, a serious adverse event or a preventable death the process will be monitored through the MAC. Feedback will

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be provided by the MAC Chair or Deputy.

- 9.4. Nuffield Health recognises the seriousness and implications of suspension or withdrawal of PPs. If the decision is to restrict, suspend or withdraw PPs, the Hospital Director will take advice from the Central Review Committee (CRC) comprising the Medical Director, the Nuffield Health RO and the Chief Nurse, before the final decision is made.
- 9.5. Under certain circumstances a warning may be issued, which will be recorded and may be taken into account in the event of further issues arising.

## 10. Restriction, Suspension or Withdrawal of PPs

- 10.1. PPs may be restricted, suspended or withdrawn by the Hospital Director at any time (including prior to commencing an investigation when concerns have been raised about a Medical Practitioner's conduct or performance). The Hospital Director will normally (but is not obliged to) consult with the MAC Chair, the PRC and/or the CRC for guidance, as s/he considers appropriate. In circumstances which the Hospital Director considers warrant it, the Hospital Director may restrict or suspend PPs immediately. Where immediate restriction or suspension has occurred, the Hospital Director may seek guidance from the CRC subsequently.
- 10.2. As described above where there are concerns about patient welfare, unsatisfactory clinical practice, professional or personal misconduct, or failure to adhere to GMP, and the Hospital Director has referred the matter to the PRC, the PRC will make a recommendation to the Hospital Director to continue, restrict, suspend or withdraw PPs. If the decision is to restrict, suspend or withdraw PPs, the Hospital Director will take advice from the CRC before the final decision is made.
- 10.3. The CRC will also advise on referral to the GMC. Such referral will be made by the Nuffield Health RO.
- 10.4. Suspension of PPs may be temporary or culminate in permanent withdrawal, depending on the outcome of any investigation.
- 10.5. In the event of restriction, suspension or withdrawal of PPs, the Medical Practitioner will be required to report this at their next appraisal, and include it in their revalidation folder.
- 10.6. In certain circumstances the Hospital Director may issue a warning which will be recorded and may be taken into account in the event of further issues arising. Such circumstances may include (without limitation) valid complaints from Nuffield Health Hospital staff regarding failure to adhere to best practice. Depending upon the seriousness or persistence of such failure, the Hospital Director retains discretion to take such steps (including restriction, suspension or withdrawal) as he or she determines are appropriate.
- 10.7. In the case of suspension or withdrawal of PPs where there are concerns about patient welfare, unsatisfactory clinical practice, professional or personal misconduct, or failure to

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adhere to GMP, Nuffield Health reserves the right to notify other independent sector providers, NHS Trusts or Foundation Trusts, the CQC, and/or registration bodies in other known countries of practice as appropriate. This will be done by the Nuffield RO or Medical Director.

- 10.8. In the case of suspension or withdrawal of PPs for clinical reasons Nuffield Health, in accordance with our contractual agreements and in support of Medical Practitioner's contractual agreements with insurers, will inform insurers as appropriate.
- 10.9. Nuffield Health cannot guarantee to provide the level of facilities at all times to meet the individual requirements of every Medical Practitioner. The Hospital Director therefore reserves the right to refuse to grant or withdraw PPs or to withdraw permission to use facilities on commercial grounds, which may affect an individual's ability to practise. If this should occur, wherever possible reasonable notice would be given to the Medical Practitioner(s) concerned.
- 10.10. If PPs are suspended or withdrawn, membership of the Hospital's Medical Society will automatically cease (and recommence again upon full restoration of PPs).
- 10.11. Examples of situations that might give rise to the restriction, suspension or withdrawal of PPs include, but are not limited to:
  - **Failure to comply with Nuffield Health policies** (including the terms of this Practising Privileges Policy). Nuffield Health policies are developed at both local and national level in order to minimise risk, primarily to patients, but also to Nuffield Health as a whole. They are developed in both contexts after consultation and careful consideration of statutory and regulatory issues, together with good practice guidance issued by various sources. Any Medical Practitioner in breach of any such policy is therefore presenting unacceptable risk to patients and the Hospital's business and such activity will comprise grounds for withdrawal of PPs. It is the Medical Practitioner's responsibility to familiarise themselves with all relevant policies and maintain their level of knowledge;
  - **Health issues**, including where a Medical Practitioner contracts a disease or infection which renders them a danger to the safety of patients, colleagues or Hospital staff because of the risk of transmission or where a Medical Practitioner contracts a disease or infection, the effects of which reduce or impair their ability to carry out their clinical duties safely and effectively or otherwise reduce their clinical effectiveness;
  - **Fitness to practise issues** where professional misconduct on the part of the Medical Practitioner has occurred, not necessarily within a Nuffield Health Hospital, or where an allegation of such conduct has been made and is being actively investigated;
  - **Where misconduct of either a clinical or non-clinical nature has occurred** which, in the judgement of the Hospital, or Nuffield Health itself, might bring the Hospital or Nuffield Health into disrepute or cause commercial harm, or where harm to patients

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has resulted;

- **Abusive behaviour** towards staff or colleagues;
- **Practice issues** where, by a process of clinical outcome analysis, incident root cause analysis or clinical audit, the Medical Practitioner is shown to perform materially below the standard achieved by other Medical Practitioners in similar circumstances. Where such data is available local or national comparisons may be made, or an assessment may be sought from the relevant Royal College, the National Clinical Assessment Service or a Nuffield Health Clinical Adviser;
- **The outcome of the regular review** of the Medical Practitioner's PPs may lead to the conclusion by the Hospital Director that PPs should not be renewed;
- **Failure to provide evidence** of appraisal or revalidation or failure to engage in revalidation;
- Where in the judgment of the Hospital Director a Medical Practitioner is undertaking, or considering, the **pursuit of a clinical or business practice that has a direct adverse effect** upon, or has the potential to have a direct adverse effect upon, the Hospital's performance and business;
- **Where PPs at another Nuffield Health Hospital are restricted**, suspended or withdrawn. If a Medical Practitioner has his/her PPs restricted, suspended or withdrawn at one Hospital, that information will be passed immediately to other Hospitals where the Medical Practitioner holds PPs, and a decision made whether the same measures will be applied. In all aspects involving patient safety the same measures will automatically apply; and
- **Where a loss of trust or breakdown of relationship** has arisen between a Medical Practitioner and the Hospital.

10.12. For the avoidance of doubt the above is not an exhaustive list of the situations which might give rise to the restriction, suspension or withdrawal of PPs, in relation to which Nuffield Health retains full discretion.

## 11. Right to appeal

11.1. A Medical Practitioner who has their PPs restricted, suspended or withdrawn has the right to appeal. Notice of intention to appeal should be made to the Chief Quality and Assurance Officer (or equivalent) of Nuffield Health (CQAO) (or such other person as the CQAO may designate from time to time) within 14 days of written notice of restriction, suspension or withdrawal. The CQAO (or such other person as the CQAO may designate from time to time) will be at liberty to delegate handling of the appeal to the appropriate Regional Operations Director.

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- 11.2. In the case of suspension or full withdrawal of PPs, pending determination of the appeal, the Medical Practitioner will not be permitted to practise at any Nuffield Health Hospital. The Medical Practitioner will not enter the premises of any Nuffield Health Hospitals, save for the purposes of attending any hearing in connection with his or her appeal. In the case of restriction of PPs the Medical Practitioner, pending the appeal, will comply with the terms of any written notice of restriction issued by the Hospital Director.
- 11.3. In considering the appeal the CQAO (or his/her delegate or such other person as the CQAO may designate from time to time) may seek further advice or information from any or all of the following:
- the Medical Director, Nuffield Health
  - the Responsible Officer for Nuffield Health
  - the Medical Practitioner's Responsible Officer or NHS Medical Director
  - Medical Directors and Responsible Officers from other providers
  - MAC Chairs or Expert Advisers
- 11.4. The CQAO (or such other person as the CQAO may designate from time to time) may also refer the case to an advisory panel of Medical Practitioners drawn from current MAC Chairs, or expert advisers within or outside Nuffield Health.
- 11.5. The CQAO (or such other person as the CQAO may designate from time to time) will convene a meeting which will normally be held within 21 days of receipt of the notice of intention to appeal. At this meeting the Medical Practitioner will be given the opportunity to state their case. They may be accompanied by a friend, colleague or member of their professional organisation or a legal or indemnity organisation representative, but may not be represented by them. The companion has the right to address the hearing but no right to answer questions on the Medical Practitioner's behalf.
- 11.6. The CQAO (or such other person as the CQAO may designate from time to time) will normally confirm their decision in writing within 7 days of the meeting. The CQAO's (or such other person as the CQAO may designate from time to time) decision will be final.

## 12. Professional Review Committee

- 12.1. In certain circumstances the matter may be referred for consideration by a Professional Review Committee (PRC) convened at the request of the Hospital Director or MAC Chair. Such a referral will be at the discretion of the Hospital Director, who will be free not to so refer the matter as he or she sees fit. If such a referral is made, the PRC will meet with the Medical Practitioner to review the concerns.
- 12.2. The PRC will be chaired by the MAC Chair or their deputy, or the Hospital Director. The two

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further members of the PRC shall be a member of the MAC, another Medical Practitioner practising in the same or similar specialty to the Medical Practitioner under review, or a specialist adviser chosen by the Hospital Director. In certain circumstances where input of a more specialist nature is required the advisers may be drawn from the expert advisory groups in the relevant specialty.

- 12.3. Minutes will be taken of the meeting which may be shared as necessary via the Nuffield Health RO with appropriate regulatory bodies.
- 12.4. In advance of the meeting the Hospital Director may provide the Medical Practitioner with such information as the Hospital Director deems appropriate to enable the Medical Practitioner to understand the allegations made against them.
- 12.5. The Medical Practitioner may attend the PRC with a friend or colleague or member of their professional association or a legal or indemnity organisation representative but may not be represented by them. The companion has the right to address the hearing but no right to answer questions on the Medical Practitioner's behalf.
- 12.6. The PRC may recommend that the Medical Practitioner's PPs be continued, restricted, suspended or withdrawn. The Hospital Director will communicate their decision to the Medical Practitioner in writing within 14 days of the PRC making a recommendation.

## 13. Referrals to the GMC

- 13.1. Referrals to the GMC may be made in accordance with GMC guidance: Raising and acting on concerns about patient safety (2012).
- 13.2. Where it considers that patient safety is at risk Nuffield Health reserves the right to refer the Medical Practitioner to the Nuffield Health RO for referral to the GMC. Nuffield Health also reserves the right to notify other independent sector providers, NHS Trusts or Foundation Trusts, the CQC, insurers and/or registration bodies in other known countries of practice as appropriate.
- 13.3. It is a requirement from the GMC that Never Events are communicated to and discussed with them. This is not a formal referral process but allows for triangulation of clinically significant information.

## 14. Role of MAC in Granting and Maintaining Practising Privileges

- 14.1. The MAC considers applications and advises the Hospital Director regarding eligibility for PPs and for their continuation following bi-ennial review. Where concerns have been raised about a Medical Practitioner's conduct or performance, they may also advise on the issue of a

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warning, continuation, restriction, suspension and withdrawal of PPs, with the final decision resting with the Hospital Director. All such advice shall be provided impartially, having regard solely to the best interests of the Hospital and not the practice(s) of any individual MAC member(s) and/or their consultant colleagues.

- 14.2. The MAC will advise on a Medical Practitioners' practice to ensure consistency with their stated specialty or sub-specialty, and compliance with Nuffield Health policies. This will include assessment of reports relating to clinical performance of individual Medical Practitioners at the request of the Local Quality and Safety Committee and/or the Hospital Director.
- 14.3. The MAC will be informed of satisfactory appraisal and revalidation for Medical Practitioners. If any concerns are raised the MAC may review the relevant documentation.

## 15. Quality & Safety

- 15.1. Nuffield Health has a robust quality and safety governance structure and policies in place.

### 15.1.1. Local Governance Committee (LGC)

- Medical Practitioners should participate in clinical quality assurance programmes conducted as part of a quality and safety framework approved by the Hospital in conjunction with the MAC and LGC. These may include clinical outcome and adverse occurrence reviews, accreditation programmes and clinical audit programmes which include the collation of key performance indicators. It will also include formalised risk management and the adoption of Outcome Scores/Measures as required.
- Consultant Pathologists must participate in EQA schemes where applicable to their specialism and submit evidence of that participation to the Hospital and their local laboratory manager on request in order for this information to be considered during review of PPs
- Medical Practitioners agree to participate in these programmes and to provide relevant clinical outcome and audit data to the Hospital (including but not limited to information to enable compliance with the requirements of the Competition and Markets Authority – please see further below) and further agree to the processing of such data, including personal data, by the Hospital or its agent for the purposes of these programmes.

## 16. Data Protection

- 16.1. Information Governance within Nuffield Health incorporates the requirements to be compliant with:

- Legislation and regulations relating to Information Governance, including data protection

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and privacy

- Internal Information Governance Policies and training
- Caldicott Guardian Principles
- ISO27001 (Information Security Management Systems Certification)

It is the responsibility of all Medical Practitioners who are granted PPs to manage data within the Nuffield Health Information Risk Framework (see Appendix 6) and in accordance with applicable Data Protection Legislation and regulations and Nuffield Health policies and procedures as published and amended from time to time. This includes, without limitation, satisfactory and proper arrangements with any third party engaged to provide services or process data on their behalf, for example, medical secretarial services. Further information in relation to Nuffield Health's Information Governance requirements is set out in Appendix 6.

## 16.2. Confidentiality & Other Policies

- 16.2.1. As described above, all Medical Practitioners with PPs must comply with all of Nuffield Health's policies and procedures as published and amended at any time by Nuffield Health. In respect of confidentiality, this will include keeping confidential and not disclosing to any third parties any information relating to the business or financial affairs of the Hospital, or matters and information in relation to clinical governance data, unless required to do so by law, regulation or by prevailing medical ethics.

## 17. Record Keeping

- 17.1. Clear contemporaneous medical records are critical to effective communication and to enable safe patient care. The Medical Practitioner is responsible for providing relevant medical information for the completion of the patient record. This must be updated at least daily during the patient's stay and dated, timed and signed. Records should be made in accordance with "Good Medical Practice", which states:

- Keep clear, accurate and legible records, reporting the relevant clinical findings, the decisions made, the information given to patients, and any drugs prescribed or other investigation or treatment; and
- Make records at the same time as the events you are recording or as soon as possible afterwards.

- 17.2. The Hospital's patient record should provide comprehensive documentation of the patient's care plan and progress, and must contain sufficient information to explain the medical diagnosis and the rationale for treatment.

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- 17.3. The medical record must include documents such as the operation note, consent form, out-patient notes and correspondence.
- 17.4. Medical Practitioners may retain a copy of their own notes on patients under their care, but are required also to ensure that Hospital in-patient and out-patient records represent a complete account of the patient's care.
- 17.5. The Care Quality Commission, Health Inspectorate Wales and Healthcare Improvement Scotland require that copies of consultant records are held by the Hospital. Medical Practitioners must provide to the hospital, in a timely manner, copies of any records they make. A Medical Practitioner must make their out-patient records readily available in the Hospital for use by other healthcare professionals when requested. Medical Practitioners holding electronic patient records are advised that they are required to register and maintain registration with the Information Commissioner's Office.
- 17.6. The patient record should also contain details of any Advance Statement or Lasting Power of Attorney if known.
- 17.7. It is the responsibility of the Hospital and the Medical Practitioner to safeguard the information in the patient record against loss, damage or use by unauthorised persons. Hospital records must not be removed from Hospital premises without the explicit consent of the Hospital Director.
- 17.8. The patient record is a confidential document. The Matron will act in the capacity of the Caldicott Guardian and ensure records are kept securely and treated with due regard to confidentiality at all times. In compliance with relevant legislation, Nuffield Health has in place clear guidelines governing access to the patient's record.
- 17.9. The Hospital shall use reasonable endeavours to inform the Medical Practitioner of a patient's request for access to their medical record (unless the patient has requested that the Medical Practitioner is not informed of his/her request).
- 17.10. All entries in the patient record must be dated, timed and signed, be legible and avoid abbreviations. Notes should be comprehensive so as to avoid confusion in cases of emergency. They should also avoid language or terminology which patients or their representatives, who have a legal right of access to their records, may find offensive. Records should not be amended at a later stage other than by a separate note recording the correct information and explaining the previous entry.
- 17.11. Records of the operative procedure and anaesthetic must be completed by the Surgeon and Anaesthetist who carried out the procedure before the patient leaves theatre. These records must state clearly the procedure undertaken, include all relevant details of the operation and anaesthetic and must remain in the patient's Hospital notes at all times.
- 17.12. Medical Practitioners are required to participate with the Hospital's Surgical Checklist for

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every relevant patient.

- 17.13. Nuffield Health has standards and policies in place regarding the length and method of storage of all records and pertinent information relating to patient activity at the Hospital, including imaging and pathology reports, and operates a confidential destruction programme after recommended retention periods have elapsed.

## 18. Incident Reporting/Datix and Complaints

- 18.1. Medical Practitioners are expected to notify an appropriate member of staff immediately (normally the Head of Department, Matron or HD) regarding any unintended or unexpected adverse event which could lead to, or did lead to, harm for one or more individuals, or an adverse event on/relating to Nuffield Health property. The event will be recorded on the Nuffield Health Datix form.
- 18.2. Information can be provided back to Medical Practitioners at a later date for inclusion in their whole scope of practice appraisals.
- 18.3. Complaints about Medical Practitioners will be processed through the Nuffield Health complaints procedure. Medical Practitioners are required to participate fully in the procedure, and, specifically, respond in a timely manner to requests for statements and responses to complaints from patients to enable resolution within published timescales. Complaints against Medical Practitioners will be monitored through the MAC.
- 18.4. In the event of a Medical Practitioner being involved in a never event, a serious adverse event or a preventable death the process will be monitored through the MAC and feedback and mentoring will be provided by the MAC Chair or Deputy.

## 19. Patient Referral

- 19.1. Patients will normally be seen by Medical Practitioners following referral by their GP. Some patients may be referred by other medical practitioners or primary care practitioners (e.g. Optometrists, Audiologists or Podiatrists). GPs also have direct access to ancillary hospital departments such as physiotherapy, radiology and pathology.
- 19.2. Consultants may accept patients without a GP referral, but the GP should normally be kept informed with the express consent of the patient.

## 20. Admissions Policy

- 20.1. Each Hospital has a locally determined admissions policy specifying categories of patients, both elective and acutely unwell, who can be appropriately cared for within the Hospital. This policy is available from the Hospital Director. Certain Nuffield Health Hospitals also treat

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children, Nuffield Health Policy CL20 “*Children and Young People in Hospital Policy*” sets out the requirements for the care of children of different ages.

- 20.2. Medical Practitioners must ensure that the patient’s diagnosis and treatment plan is considered at an appropriate Multi-Disciplinary Team (MDT) meeting, with the subsequent recommendations incorporated into the Hospital patient record, in line with Nuffield Health’s cancer guidelines in relation to:
- Treatment of patients with cancer (either as newly diagnosed or upon recurrence); and
  - any complex cases or procedures where, in accordance with any applicable guidance, it is considered good practice to do so.

## 21. Standards of Practice

- 21.1. All Medical Practitioners must meet all of the standards in ‘Good Medical Practice’.
- 21.2. Patients are admitted under the care of a named Medical Practitioner who bears full clinical responsibility for the patient at all times during the entire clinical pathway.
- 21.3. Anaesthetists retain responsibility for the anaesthetic requirements at all times during the patient’s entire clinical pathway.
- 21.4. Medical Practitioners are required to provide contact telephone numbers and addresses to Hospital staff.
- 21.5. In circumstances where the admitting Medical Practitioner or Anaesthetist is not available, suitable cover arrangements must be made with another Medical Practitioner who has existing PPs in the same specialty. The cover arrangements must be acceptable to the Hospital Director, hospital staff must be informed and the arrangements should be documented in the patient record.
- 21.6. Every patient must be visited at least once daily (and in all cases where patients transfer to a higher level of care) by the admitting Medical Practitioner or their nominated deputy with documented care instructions. The only exception to this will be if the patient has achieved discharge criteria agreed with the Medical Practitioner and reflected in the appropriate care pathway.
- 21.7. Where there is a transfer of clinical responsibility, the admitting Medical Practitioner must inform the Hospital staff and formally record this in the patient’s record in every case.
- 21.8. The admitting Medical Practitioner, Anaesthetist or their duly nominated colleague, must be available at all times in case of emergency for all patients for whom they are responsible and be available to attend the patient within an agreed time period – usually not more than 30 minutes. This will be dependent on the speciality and/or the timing in relation to specific

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procedures being performed in relation to inpatient and outpatient care. Associate Specialists (or equivalent grade doctors) may act as a nominated deputy if this has been agreed within their scope of practice at the time of granting PPs.

- 21.9. In the event of a patient death, the Medical Practitioner must complete the death certificate and notify the coroner if appropriate.

## 22. Consent

### 22.1. Consent to investigation and treatment

Confirmation of consent should normally be undertaken by the admitting Medical Practitioner using the appropriate Nuffield Health consent form. All patients are to be fully consented prior to the procedure, including discussion of the expected outcomes and/or limitations of the procedure. Management of the patient's expectations for the outcome of the procedure is an important part of the consent process. In certain circumstances where the outcome may be subjective it may be appropriate for psychological assessment to be undertaken prior to consent e.g. cosmetic surgery, bariatric surgery and spinal surgery.

- 22.2. In 2015 the UK Supreme Court clarified the practice of consent. Medical Practitioners should not be the sole arbiter of determining what risks are material to their patients. Medical Practitioners should not make assumptions about the information a patient might want or need but they must take reasonable steps to ensure that patients are aware of all risks that are material to them. For further information, please refer to the Good Surgical Practice guidance relating to consent published by the Royal College of Surgeons: <https://www.rcseng.ac.uk/standards-and-research/gsp/domain-3/3-5-1-consent/>.

- 22.3. In certain circumstances and with the agreement of the Hospital Director and MAC procedure specific consent forms may be used. These must be endorsed by the appropriate specialist society. For more information please ask your Hospital Director for a copy of the "Nuffield Health Group Clinical Policy on Consent to Examination or Treatment and Provision of Clinical Information".

## 23. Informed Financial Consent and CMA Requirements

- 23.1. It is very important for all private patients to be made properly aware of the potential cost of treatment and (for those patients with private medical insurance) to be fully aware of the potential for a personal "shortfall" (i.e. the difference between a Consultant's fee and the level of reimbursement by their insurer).
- 23.2. In addition to the GMC requirements referred to above, the Competition and Markets Authority's (CMA) Private Healthcare Market Investigation Order 2014 (the Order) places obligations on both private hospital operators and Medical Practitioners to work together to deliver transparency for private patients (both insured and self-funding). The Order requires

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the grant by Nuffield Health of PPs to be made conditional on the provision to private patients of specified information: (i) prior to outpatient appointments; and (ii) prior to further tests or treatment. Medical Practitioners will write to patients using prescribed form correspondence provided by the Hospital and provide confirmations that they have done so to the Hospital as required.

- 23.3. Medical Practitioners are required to use Nuffield Health's CMA-approved template documentation to satisfy these patient information requirements.
- 23.4. The Order also contains specific requirements relating to the provision of performance data to ensure that private patients are able to make well-informed decisions in relation to their treatment. Medical Practitioners are required to comply with these requirements as well. The Hospital will provide further information in this regard.

## 24. Medical Practitioner Education and Continuing Professional Development (CPD)

- 24.1. Medical Practitioners are expected to maintain and improve their knowledge in order to keep themselves current and competent in their specialties. This should be in line with Good Medical Practice and is assessed through appraisal and re-validation. Nuffield Health supports Medical Practitioner education and CPD.
- 24.2. Medical Practitioners are encouraged to contribute to training and development programmes for Nuffield Health staff and RMO's. Opportunities for learning for the RMO's are greatly appreciated, including occasional observation or assisting in theatre and outpatients.
- 24.3. Medical Practitioners are also encouraged to contribute to an on-going programme of post-graduate education for GPs and other Health Care Professionals undertaken at all Nuffield Health Hospitals. These events may take the form of lectures, seminars and practical demonstrations.

## 25. References

### **Legislation & Regulation**

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - <http://www.legislation.gov.uk/ukdsi/2014/978011117613/contents>

Safeguarding Vulnerable Groups Act 2006 - <http://www.legislation.gov.uk/ukpga/2006/47/contents>

All applicable data protection and privacy laws and regulations applicable to Personal Data processed under and in relation to the PPs, including (without limitation) the Data Protection Act 1998, the Data Protection Directive (95/46/EC), the Privacy and Electronic Communications

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(EC Directive) Regulations 2003 (SI 2426/2003), the Privacy and Electronic Communications (EC Directive) (Amendment) Regulations 2011 together with all applicable laws, statutes, directives, regulations, directives and orders relating to the processing of personal data and privacy, including where applicable the guidance and codes of practice issued by the Information Commissioner from time to time and in each case any amending, superseding or replacement applicable laws including (from and including 25th May 2018 where applicable) the the General Data Protection Regulation (Regulation (EU) 2016/679) (the “**Data Protection Legislation**”)

Care Quality Commission (Registration) Regulations 2009 - [http://www.cqc.org.uk/sites/default/files/documents/care\\_quality\\_commission\\_registration.pdf](http://www.cqc.org.uk/sites/default/files/documents/care_quality_commission_registration.pdf)

Competition and Markets Authority Private Healthcare Market Investigation Order 2014 - <https://www.gov.uk/government/publications/private-healthcare-market-investigation-order-2014>

## **General Medical Council**

Good Medical Practice - [http://www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp)

The Role of Responsible Officer Closing the gap in Medical Regulation - Responsible Officer Guidance - [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216128/dh\\_11941\\_8.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216128/dh_11941_8.pdf)

Good Medical Practice Framework for Appraisal and Revalidation - [http://www.gmc-uk.org/doctors/revalidation/revalidation\\_gmp\\_framework.asp](http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp)

Raising and acting on concerns about patient safety (2012) - [www.gmc-uk.org/guidance/ethical\\_guidance/raising\\_concerns.asp](http://www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp)

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## Author Declaration

The document style and format are consistent with policy (including footer and explanation of terms used) and are relevant to the document type e.g. policy, SOP, protocol.

The title/outcome/objective/target audience and monitoring arrangements are clear and unambiguous

The relevant expertise has been used and the evidence base is relevant, up to date. There are supporting references and a cross reference to associated documents e.g. other policies.

Stakeholder, user and ratification forum consultation confirms accuracy and clarity of document/statements

Superseded documents have been referenced in the reader box, and master location for this document has been documented

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