

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Systemic review of clinical practice or lookback process for clinicians of concern
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<b>FUNCTIONAL GROUP(S)</b>	Clinical Governance
<b>KEY TERMS</b>	Lookback, review of clinical practice, management of complaint or concern about a clinician
<b>SUMMARY</b>	Reviews of clinical practice and lookback processes are an important tool in the assessment of a clinician's practice. Standardisation of procedure and governance processes are important to ensure that such reviews are sufficiently robust, respect clinician confidentiality and are procedurally fair. The procedure will ensure a consistent, coordinated and timely approach for the management of lookbacks and systemic clinical reviews of clinicians of concerns.

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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## 1. POLICY STATEMENT

This procedure should be read in conjunction with [SESLHDPR/640 - Managing Complaints and Concerns about Clinicians \(MCCC\)](#), and the [NSW Health Policy Directive PD2023\\_003 - Lookback](#) (as amended from time to time). While the principles of the procedure may be utilised to inform the process for review of a single case, the intent of this procedure is to provide guidance to professional leads and clinical governance practitioners to set up and conduct systematic clinical reviews and lookbacks when concerns are raised about the practice of a clinician, in particular where multiple cases need to be considered.

## 2. BACKGROUND

Concerns about clinicians may be identified via a number of mechanisms, including reporting of clinical incidents, by patient complaints or concerns raised by the other clinicians. One methodology for understanding the clinical risk associated with a clinician's practice is to undertake a clinical lookback process or a series of clinical file reviews.

### Definitions:

**Clinician:** A health care professional providing clinical services to patients/ clients. The definition will usually, but not always, refer to a person registered under the Australian Health Practitioner Regulation Agency (AHPRA).

**Lookback:** The lookback process may be triggered by a single incident where that incident identifies significant patient safety concerns; or when a group of patients are affected by a common type of clinical incident; or there is a pattern of near miss incidents, complaints or concerns raised about the practice of an individual clinician...

**Near Miss:** Any event that could have had adverse consequences but did not and is indistinguishable from an actual incident in all but outcome. A near miss is further categorised as:

- Actual harm with no adverse outcome: an incident occurred and ran to completion but resulted in no harm.
- Arrested or interrupted sequence: the incident was intercepted prior to causing harm.

**Open Disclosure:** The process of providing an open, consistent approach to communicating with the patient and/or their support person following a patient related incident. This includes expressing regret for what has happened, keeping the patient informed, and providing feedback on investigations, including the steps taken to prevent a similar incident occurring in the future. It is also about providing any information arising from the incident or its investigation relevant to changing systems of care in order to improve patient safety.

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- Notify managers where concerns are identified regarding clinical practice.
- Make reports in IMS+ regarding unexpected patient outcomes, or clinical incidents.
- Participate in look back processes as requested.

**3.2 Line Managers will:**

- Notify senior managers and/or professional leads of concerns in accordance with the policy.
- Participate in look back processes as requested.
- Maintain confidentiality.

**3.3 District Managers/ Service Managers will:**

- Manage and participate in look back processes as required in accordance with this policy.
- Ensure that the MCCC process is followed and recommend notification to AHPRA as appropriate.

**4. PROCEDURE****4.1 Immediate action****Decision to undertake a systemic clinical review or lookback process**

The decision as to whether or not to undertake a clinical review should be made by the clinician's line manager, in association with the relevant site/service professional lead. The Clinical Governance Unit can provide guidance as to whether a clinical review is an appropriate assessment process.

The decision to undertake a clinical review should be guided by a comprehensive assessment of the concerns and the completion of a risks assessment. The scope and extent of the clinical review should be informed by the assessment of the specific concerns and the risk assessment. Noting that the risks and concerns may increase or decrease as additional information comes to hand.

A clinical review will usually be undertaken as part of the initial assessment of a concern. In some cases the initial clinical review will be sufficient to establish the facts and determine that the next steps should focus on skill development & education<sup>1</sup>. In other cases this may be the starting point of a wider investigation of the concerns. The assessment and the outcome of the assessment will vary according to the individual

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<sup>1</sup> The relevant professional group may have a discipline specific framework for dealing with performance concerns that might be considered the most appropriate response.

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circumstances of the matter and the nature of the concerns. At all times, reference should be made to the actions required under [SESLHDPR/640 - Managing Complaints and Concerns about Clinicians \(MCCC\)](#).

A fundamental aspect of the initial assessment should include whether or not the threshold for making a mandatory notification to AHPRA has been triggered. If the threshold has been met, there should be no delay in making a notification. The employer is required to make a notification, so a brief and letter should be prepared for the Chief Executive to make the mandatory notification.

If a matter proceeds to a wider systemic clinical review or lookback, but mandatory reporting obligations were not initially triggered, this obligation should be considered in the course of the investigation as additional information comes to hand.

In some circumstances the concerns may be better assessed via an alternate mechanism, such as clinical practice assessment at a simulation centre or a period of enhanced supervision.

**Notification of systemic clinical reviews or lookback processes**

The decision to undertake a systemic clinical review or lookback should be advised to the clinician in accordance with [SESLHDPR/640 - Managing Complaints and Concerns about Clinicians \(MCCC\)](#).

All decisions to undertake a systemic clinical review should be notified to the Director Clinical Governance & Medical Services and the relevant District professional lead.

All clinicians undergoing systemic clinical review, lookback process (including Allied Health and Nursing Staff being managed on a professional framework, or Medical Practitioners referred for practice assessment) will be monitored by the SESLHD Management of Complaint or Concern About a Clinician Panel for oversight.

**4.2 Expert Advisory Panel**

Where it is determined that a systemic clinical review process should be undertaken an Expert Advisory Panel Coordination Group should be convened. The function of the Panel is to provide governance of the systemic clinical review process and the panel should be led by the site/service professional lead.

Where the clinician of concern practices across more than one site or service the clinical governance unit will coordinate the Expert Advisory Panel Coordination Group. All relevant sites/services should be represented.

The Expert Advisory Panel Coordination Group should determine the scope of the review and monitor its progress. The scope of the review should be informed by the initial assessment of the complaint or concern and the risk assessment and this should be

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documented as the terms of reference for the review/ lookback. This should also set out the nature of the concerns the review is designed to consider, the number of files to be reviewed and consider the need for input from any external clinical experts.

When large numbers of files require review a discipline specific working party should be convened to oversee the review process and report to the Expert Advisory Panel Coordination Group.

A log of decisions taken by the Expert Advisory Panel Coordination Group or discipline specific working party should be maintained by each group.

Detailed minutes are to be maintained about the progress of the matter and any decisions taken.

### **4.3 Action plan and Implementation**

#### **Conduct of the systemic clinical review process**

The Expert Advisory Panel Coordination Group needs to determine the number of files to be reviewed and the time frame for that work to be completed. A decision on the number of cases to be reviewed is based on:

- The nature of the concerns;
- When the concern is thought to have arisen;
- The availability of clinical records;
- The available workforce (internal or external) to ensure the reviews are undertaken in a timely manner.

The Expert Advisory Panel Coordination Group may choose to review all cases in the identified timeframe relevant to the concerns identified or to choose a random sample of cases to determine the extent of the concern. Depending on the nature of the concern, this group may also choose to identify a cohort of patients for review by searching for keywords or specific diagnoses in clinical databases and electronic medical records.

The methodology and number of cases to be reviewed should be sufficiently large in number to ensure that a fair and accurate assessment of the clinician's practice can be made.

In some cases it may be reasonable to undertake a limited number of reviews to identify whether there is prima facie evidence of a systemic problem with the clinical practice, before proceeding to a more comprehensive review of more cases.

The Expert Advisory Panel Coordination Group should determine whether the clinical review should be conducted by the site/service, internal to SESLHD, or external to SESLHD.

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All reviews that are to be referred outside SESLHD must be discussed with the Director Clinical Governance & Medical Services prior to referral.

All clinical reviews should take into account:

- The significance of the concerns;
- The size of the service and available workforce;
- The ability to maintain normal clinical services;
- Management of any actual or perceived conflicts of interest;
- Management of any patient safety risks;
- Maintaining appropriate confidentiality;
- Where relevant, availability of specific subspecialty expertise.
- Procedural fairness.

A terms of reference and/or clinical review audit tool should be developed and signed off by the Expert Advisory Panel Coordination Group prior to the commissioning of the review.

Where a formal audit tool is developed it should be based on relevant, published professional practice standards and guidelines. These should be referenced on the tool.

### Documentation of the systemic clinical review or lookback

Where a small number of cases is referred to a single reviewer, their report is often sufficient to document the review and its findings.

Where cases are referred to a number of clinicians a single consolidated report must be collated. It is the responsibility of the Expert Advisory Panel Coordination Group to ensure this occurs, although the task of collation may be delegated.

### Conclusion of the systemic clinical review or lookback process

Once the systemic clinical review or lookback process is completed the clinician whose practice is under review should be provided with a copy of the report and its findings in draft form to allow them to make any submission in response before the report is finalised.

The clinician must be given sufficient time and opportunity to respond to any adverse findings in the report before it finalised. Depending on the number of cases reviewed, it may be appropriate to consider allowing more than usual two week timeframe for a response. The clinician's submission in response to the draft findings must be taken into account and the consideration given to should be clearly documented in the final report.

Once the report is finalised, the clinician should be advised of the next steps in the process which will include the report being used to inform any further investigation or decision making as part of [SESLHDPR/640 - Managing Complaints and Concerns about Clinicians \(MCCC\)](#).

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**SESLHDPR/746****Communication and confidentiality**

Appropriate confidentiality must be maintained at all times.

The clinician should be advised of the need to undertake the clinical review or lookback in a timely manner, and certainly prior to its commencement. This will usually occur as part of management of the concern in accordance with [SESLHDPR/640 - Managing Complaints and Concerns about Clinicians \(MCCC\)](#). The advice should be provided in writing and should set out the process of the review and its anticipated timeframe.

Where another clinician has raised the concern or where it is recognised that other clinicians in the specialty or broader multidisciplinary team are aware of the concern consideration should be given as to what information is appropriate to be provided. The site professional lead is responsible communicating with the relevant team, having regard to any confidentiality requirements. Where a clinician raises a concern they should be advised of the outcome in accordance with the [NSW Health Policy Directive PD2018\\_031 - Managing Misconduct](#).

Media interest may occur in high profile concerns regarding a clinician. Where a case attracts media interest or is of high risk of doing so, consideration should be given to including a member of the Media & Communications team as part of the Expert Advisory Panel Coordination Group to assist and guide the process (in so far as it relates to the media interest).

**4.4 Evaluation**

At the conclusion of the systemic clinical review or lookback, an evaluation should be conducted by the Clinical Governance Unit. The purpose of the evaluation is to reflect on the conduct of the review process and to assess its efficiency and effectiveness and provide feedback to the Expert Group in relation to compliance with this procedure and the MCCC and Managing Misconduct policies.

Consideration should be given to the following:

- implement strategies to prevent this or similar events from recurring
- communicate lessons learned from the lookback review process to relevant stakeholders

Key measures should be assessed and strategies for further improvement should be implemented and reported to the Chief Executive as required.

**5. DOCUMENTATION**

Not required

**6. AUDIT**

Not required

# SESLHD PROCEDURE

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### 7. REFERENCES

- [SESLHDPR/640 - Managing Complaints and Concerns about Clinicians \(MCCC\)](#)
- [NSW Ministry of Health Policy Directive PD2023 003 - Lookback](#)
- [NSW Ministry of Health Policy Directive PD2018 031 - Managing Misconduct.](#)

### 8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
December 2022	DRAFT	Draft for comment period
February 2023	DRAFT	Final version approved by Executive Sponsor. Tabled at SESLHD Clinical and Quality Council for approval.
March 2023	1	Approved at SESLHD Clinical and Quality Council.