Title: The Role of Responsible Officer and Regulation of Doctors – Proposal for PHFT

Purpose: To nominate or appoint a Responsible Officer for Revalidation

Summary:
The Trust has a legal obligation to nominate or appoint a Responsible Officer.

The Responsible Officer (RO) will be responsible for revalidation of all consultant, specialty grade, associate specialist and staff grade doctors and accountable to the GMC.

It is likely that the RO will also be responsible for some doctors who work outside the Trust and some locum doctors, although will not be responsible for the revalidation of trainee doctors.

Recommendation: To nominate the Medical Director as PHFT Responsible Officer from January 2011.

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Presented by: ROBERT TALBOT Medical Director

Assurance Framework

Healthcare Standards: Please specify which standard

Monitor compliance

Internal monitoring

Risk Register I/D No.

Financial implications

Human Resources implications

Legal implications

YES / NO

YES / NO

YES / NO
1. BACKGROUND

1.1 The General Medical Council (GMC) has replaced lifelong registration, with a Licence to Practise, which must be renewed every 5 years. No doctor can practice medicine in the UK without a Licence to Practise and the process of licence renewal is called Revalidation. The purpose of revalidation is to assure patients and the public, employers and other health care professionals that licensed doctors are up-to-date and are practising to appropriate professional standards.

1.2 All Doctors who are registered with the GMC, and who wish to continue a medical career in the UK were issued with a Licence to Practise in November 2009. The first cycle of revalidation is likely to undergo a phased introduction from 2014.

1.3 The key components for Revalidation are:

- Annual Strengthened Medical Appraisal (SMA) conducted by trained medical appraisers and informed by supporting information in a number of domains including significant clinical events, audit, complaints and multi-source feedback.

- Fully integrated individual activity, outcome and performance data (Clinical Governance) supporting the appraisal process.

- Oversight by a Responsible Officer (RO) who will be held to account by the GMC and his or her organisation for making recommendations regarding revalidation and for assuring a rigorous and fair appraisal system is in place with effective support from associated governance systems.

1.4 The processes underpinning revalidation are still being developed and are being tested now in 10 UK pilot sites.

1.5 In July 2010 there were two developments:

i. Legislation relating to the responsible officer role was laid before Parliament in July 2010.

ii. Department of Health Responsible Officer Best Practice Guidance was published on 26 July 2010.

1.6 Parliament approved the proposals on the 8th November and the Lords approved the proposals on 23rd November. The proposals will become law immediately and all designated organisations (which include all NHS Trust & Foundation Trusts) will be required to nominate or appoint Responsible
Officers in January 2010. This paper lays out proposals for PHFT which meet this requirement and which are consistent with the published guidance.

i. The Medical Profession (responsible officers) Regulations 2010; TSO.

ii. The Role of the Responsible Officer-Closing the Gap in Medical Regulation-Responsible Officer Guidance. (Gateway ref 14375).

2. PHFT RESPONSIBILITY AS A DESIGNATED BODY

2.1 PHFT will be a designated body and have a legal obligation to nominate or appoint a Responsible Officer. It is anticipated that 'organisations will want to nominate an existing senior doctor such as the Medical Director who has been appointed to a senior leadership role through an open competitive process'.

3. SUMMARY OF THE ROLE OF RESPONSIBLE OFFICER

5.1 Revalidation
The RO at PHFT will be responsible for revalidation of all consultant, specialty grade, associate specialist and staff grade doctors and accountable to the GMC. It is likely that the RO will also be responsible for some doctors who work outside PHFT and some locum doctors. The RO will not be responsible for the revalidation of trainee doctors.

3.2 Evaluation of Fitness to Practise
The RO will be answerable to the GMC and PHFT Board for ensuring that there are appropriate systems and processes in place for collecting and holding information that informs the evaluation of Fitness to Practise. The RO will need to ensure:

- they maintain a list of doctors they are responsible for;
- there is an integrated system of monitoring performance;
- an effective appraisal process is in place;
- appropriate action is taken to remedy weaknesses in these systems.

4. REVALIDATION PATHFINDER PILOT

4.1 Funded pilot sites in the UK have been in place since April 2010 and are testing all of the elements of revalidation, appraisal, the role of the RO and the integration of consultant level performance data into a strengthened appraisal process. The Department of Health Revalidation Support Team is co-ordinating the pilots and managing the funding (£500,000 for Cornwall). The Cornwall Pilot covers the whole health community’s three Trusts (approx 900 doctors). The Pilot has a management team which reports to a Project Board Chaired by the SHA Director of Policy. Accountability of this Board is to the Revalidation Support Team.

4.2 Each of the Three Trusts has a Pilot Responsible Officer, funded by the Pilot. The Role of the Pilot RO is to develop and test relevant systems in their organisations.

4.3 All trainee doctors will hold a licence to practise and will connect to a Responsible Officer in their post graduate deanery. Locum doctors employed
via NHS professionals or via an agreed OGC buying solutions framework agreed locum agency, will link with their designated Locum Agency RO. The RO at PHFT will be responsible for all other locum staff.

4.4 All doctors on a performance list will link to their PCT RO. From the current legislation, it is not clear what will happen following the abolition of PCTs. Military Staff with link to their service RO and doctors with practice privileges in non NHS organisations will link to the RO of that provider organisation. Where doctors work with links across organisations the general principle is that the organisation where the doctor carries out the majority of their clinical work will provide the RO.

5. PROPOSALS FOR PHFT

- To nominate the Medical Director as PHFT Responsible Officer from January 2011.

Robert Talbot
Medical Director
12.01.11