

# Responsible Officer Revalidation

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# Why Revalidation?

**OUR PILOTS  
WERE ALL  
TRAINED  
(years ago)**



# Why Revalidation?



**OUR PILOTS ALL  
UNDERTAKE REGULAR  
TRAINING AND  
ASSESSMENT**

# Why Revalidation?

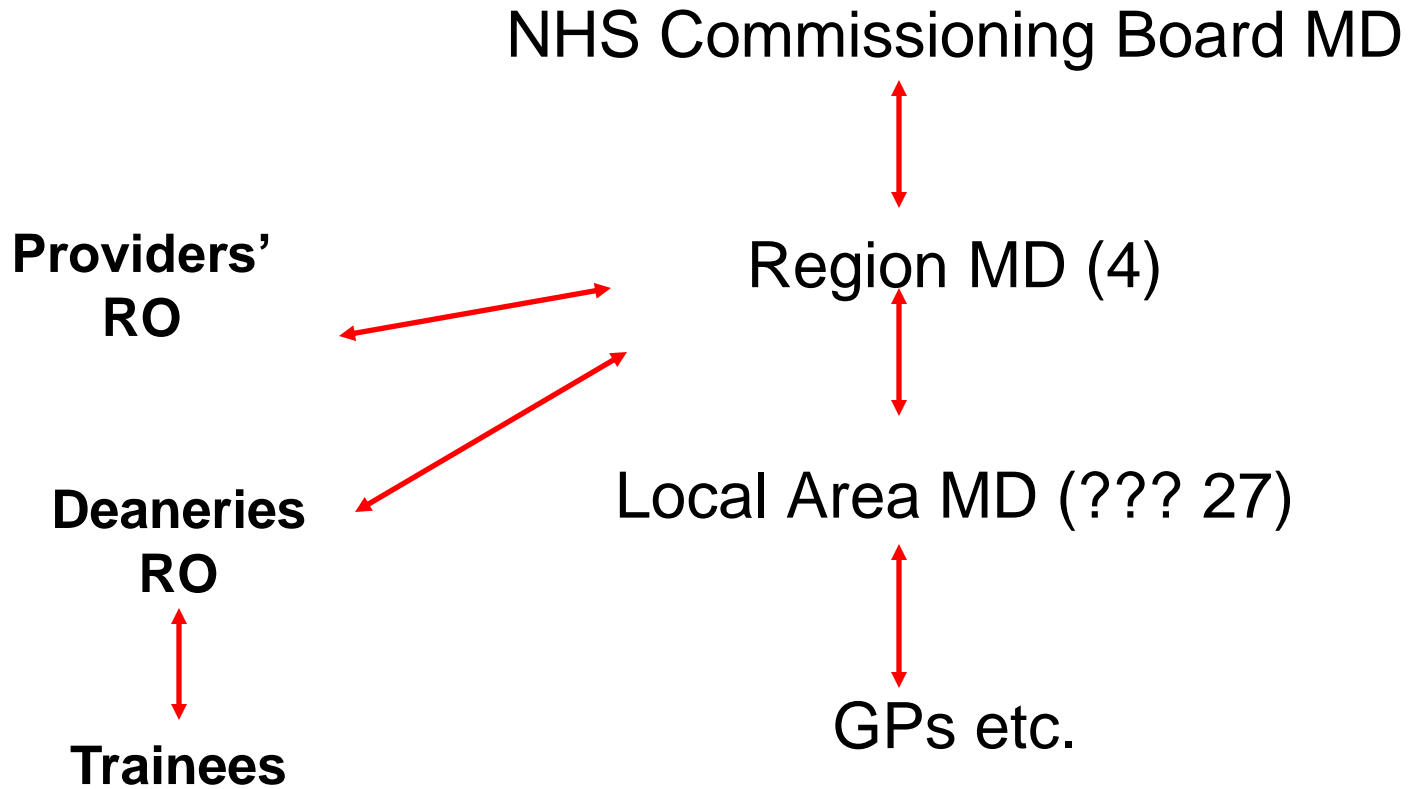


**WE DON'T KNOW IF  
THE LOCUM  
SURGEON OPERATING  
ON YOU UNDERTAKES  
REGULAR TRAINING  
AND ASSESSMENT**

# Revalidation as a Component of Clinical Quality and Safety

- Enhanced Recruitment Checks
- Better Appraisal
- Information Sharing across Sectors
- Guidance and Support for RO's
- Earlier Remediation
- Legal Duty to Provide Resources to RO

# Likely Hierarchy



# OUTCOMES

- **PATIENTS & PUBLIC:**
  - HIGH QUALITY EXPERIENCE AND OUTCOMES
  - REASSURED AND CONFIDENT
- **DOCTORS:**
  - BETTER TEAM WORKING
  - CONFIDENCE THAT ISSUES ARE ADDRESSED
  - INDIVIDUAL SUPPORT AND WELL-BEING
- **MEDICAL DIRECTORS SUPPORTED**
- **ADVICE AND CONSISTENCY**



# The Medical Director's Prescription



Insight  
2 spoons  
daily

Team  
Working  
1 Spoon  
Hourly



# Scheduling doctors for revalidation



# Readiness for revalidation: timescales

- Dec 2012 – revalidation starts subject to Secretary of State decision
- ORSA: April 2012 – full ORSA  
October 2012 – interim ORSA  
January 2013 – interim ORSA
- Red & amber designated bodies should have action plans to be green by December 2012
- Level 1 ROs in first Q 2013

# General RO Responsibilities (Regulations)

(2) The responsibilities referred to in paragraph (1) are—

(a) to ensure that the designated body carries out regular appraisals on medical practitioners in accordance with paragraph (3);

(b) to establish and implement procedures to investigate concerns about a medical practitioner's fitness to practise raised by patients or staff of the designated body or arising from any other source;

(c) where appropriate, to refer concerns about the medical practitioner to the General Council;

# General RO Responsibilities (Regulations)

(d) where a medical practitioner is subject to conditions imposed by, or undertakings agreed with, the General Council, to monitor compliance with those conditions or undertakings;

(e) to make recommendations to the General Council about the medical practitioner's fitness to practise;

(f) to maintain records of the medical practitioner's fitness to practise evaluations, including appraisals and any other investigations or assessments.

# General RO Responsibilities (Regulations)

(3) The responsible officer must take reasonably practicable steps to ensure that appraisals under paragraph (2)(a)—

(a) are carried out by the body for whom the medical practitioner is the responsible officer; and

(b) involve obtaining and taking account of all available information relating to the medical practitioner's fitness to practise in the work carried out by the practitioner during the appraisal period.



# Level 2 RO Responsibilities

## **Additional responsibilities of responsible officers: prescribed connection under regulation 12**

**17.—**(1) Where a responsible officer has responsibilities under regulation 13 in respect of a medical practitioner who has a prescribed connection with a designated body in accordance with regulation 12, the responsible officer has the following additional responsibilities to the extent that the medical practitioner concerned is practising in England.

(2) The responsible officer must ensure that the medical practitioner has established systems and procedures which will enable them to carry out their responsibilities under regulation 16(2) effectively.

# Level 2 RO Responsibilities

## **Additional responsibilities of responsible officers: prescribed connection under regulation 12**

(3) In relation to monitoring medical practitioners' conduct and performance, the responsible officer must—

(a) review regularly the general performance information held by the designated body, including clinical indicators relating to outcomes for patients;

(b) identify any issues arising from that information relating to medical practitioners, such as variations in individual performance; and

(c) take all reasonably practicable steps to ensure that the designated body addresses any such issues.

(4) In relation to ensuring that appropriate action is taken in response to concerns about medical practitioners

# RST Guidance on RO Revalidation

- performance of the role of responsible officer:
- evidence of formal appointment as responsible officer for the designated body
- dates of attendance at responsible officer training and network events
- key performance indicators for the role of responsible officer: such as, ORSA reports, action plans and progress reports
- relevant performance reviews: for example, in the role of medical director

# RST Guidance on RO Revalidation

- reports of relevant internal audit or quality assurance activities: e.g. structured review or audit of the designated body's appraisal system against the standards with associated actions and demonstrating improvement
- peer review activity: for example, reports of peer review or external validation of the ORSA submission
- information about the governance systems of the designated body and whether these effectively support the responsible officer in discharging their duties under the regulations
- external reviews: relevant Care Quality Commission/Monitor reports and improvement notices, reports of external governance reviews.

# Source of Tensions

- Level 2 RO is “NHS / SHA”
- Level 2 RO is outwith normal employer/employee relationship
- Sharing of monitoring by employer with professional regulatory mechanism
- Change from facilitation mode to regulation mode
- Multiple sources of advice



# Aims

- **Emphasis on Quality and Safety**
- Identify any impediments to revalidation **NOW**
- Support ROs in resolution of any issues
- Ensure at least one revalidation-ready appraisal
- Address any concerns/complaints
- Revalidate all Level 1 ROs in early 2013