

A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex E - Statement of Compliance

Version 4, April 2014



NHS England INFORMATION READER BOX

Directorate

Medical	Operations	Patients and Information
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Document Purpose	Guidance
Document Name	A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex E - Statement of Compliance
Author	NHS England, Medical Revalidation Programme
Publication Date	4 April 2014
Target Audience	All Responsible Officers in England
Additional Circulation List	Foundation Trust CEs , NHS England Regional Directors, Medical Appraisal Leads, CEs of Designated Bodies in England, NHS England Area Directors, NHS Trust Board Chairs, Directors of HR, NHS Trust CEs, All NHS England Employees
Description	The Framework of Quality Assurance (FQA) provides an overview of the elements defined in the Responsible Officer Regulations, along with a series of processes to support Responsible Officers and their Designated Bodies in providing the required assurance that they are discharging their respective statutory responsibilities.
Cross Reference	The Medical Profession (Responsible Officers) Regulations, 2010 (as amended 2013) and the GMC (Licence to Practise and Revalidation) Regulations 2012
Superseded Docs (if applicable)	Replaces the Revalidation Support Team (RST) Organisational Readiness Self-Assessment (ORSA) process
Action Required	Designated Bodies to receive annual board reports on the implementation of revalidation and submit an annual statement of compliance to their higher level responsible officers (ROCR approval applied for).
Timings / Deadline	From April 2014
Contact Details for further information	england.revalidation-pmo@nhs.net http:// www.england.nhs.net/revalidation/
Document Status	
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Annex E – Statement of Compliance

Designated Body Statement of Compliance

The board of Avon & Wiltshire Partnership NHS Mental Health Trust (AWP) has carried out and submitted an annual organisational audit (AOA) of its compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

Comments: Dr Hayley Richards, Medical Director is AWP's Responsible Officer. The RO is supported by a Decision Making Group (DMG) which includes the deputy and associate Medical Director, the Director of Medical Education, and Human Resources representative.

2. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained;

Comments: Yes

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

Comments: We have sufficient numbers of appraisers and are engaged in further developing our appraisal Quality Assurance systems

4. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent);

Comments: Peer support and training groups in place for appraisers. A system of Quality Assurance is in place, using an the PROGRESS QA appraisal QA tool

5. All licensed medical practitioners¹ either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;

Comments: We have attained medical appraisal rates > 90% in 2013-2014 !

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners¹, which includes [but is not limited to] monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues, ensuring that information about these is provided for doctors to include at their appraisal;

¹ Doctors with a prescribed connection to the designated body on the date of reporting.

Comments: The DMG system is supported by appraisal outcomes, complaints and incidents data, 360 surveys (patient + colleague feedback) and “soft intelligence”

7. There is a process established for responding to concerns about any licensed medical practitioners¹ fitness to practise;

Comments: The DMG has developed a system for responding to concerns, we are in the process of improving this system currently.

8. There is a process for obtaining and sharing information of note about any licensed medical practitioners’ fitness to practise between this organisation’s responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work;

Comments: exit report system for substantive and locum doctors is in operation. When no RO is identified on exit, and significant concerns outstanding, we hand the information to our GMC liaison.

9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners² have qualifications and experience appropriate to the work performed; and

Comments: Human Resources system in place

10. A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

Comments: On-going development plan in respect of improving appraisal QA and responding to concerns policy

Signed on behalf of the designated body

Name: _____ Signed: _____

[chief executive or chairman a board member (or executive if no board exists)]

Date: _____

² Doctors with a prescribed connection to the designated body on the date of reporting.