

# The role of the responsible officer

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# Introduction

- Statutory roles of the GMC and the Responsible Officer Regulations 2010
- What is and who can be a Responsible Officer
- What are designated bodies and prescribed connections
- Role of the Responsible Officer in appraisal and revalidation
- Training and support available for Responsible Officers
- Relationship between the Responsible Officer and the GMC
- Links to managing fitness to practice concerns locally
- What does the role really entail on a day-to-day basis

# Statutory role of the GMC

- Medicines Act 1983
  - Primary UK legislation that provides the legal basis of the GMC
- Role of the General Medical Council
  - Manages the UK Medical Register
  - Sets the professional standards for doctors
  - Oversees education and training
  - Acts on concerns about a doctor's practice
  - Helps raise professional standards through revalidation

# History behind revalidation

- Historically the GMC was seen as reactive rather than proactive
- High profile cases that reduced public confidence in the profession
- Consultation led to process of regular appraisal and periodic revalidation
- The Medical Professions (Responsible Officer) Regulations 2010
  - Created a statutory role in UK healthcare
  - Described the duties of the RO
  - Clarified who is eligible to be an RO
  - Requirements of ROs to make fitness to practice recommendations

# Role of the responsible officer

- Registered practitioner with license to practice more than 5 years
- Completed national training programme
- Often the Medical Director or Chief Medical Officer
- Usually appointed by the CEO of the designated body
- Roles slightly different between England and the rest of the UK
- Statutory duties in terms of
  - Evaluating fitness to practice (Regulatory function)
  - Monitoring conduct and performance (Clinical governance function)

# Designated bodies and prescribed connections

- Designated bodies
  - Provider of healthcare
  - Set standards and policy for the delivery of health care
  - Specialist organisations who employ or contract with doctors
- All designated bodies must appoint a Responsible Officer
- Each doctor can only have one prescribed connection to a designated body
- Not essential that doctors are linked to designated body
- Doctors cannot choose which Responsible Officer to connect to
- Responsible Officers cannot choose whether to connect to a doctor

# Role of the responsible officer

- Responsible officers need to ensure
  - List of doctors connected to the designated body
  - Effective, quality assured systems and processes for appraisal
  - Make timely revalidation recommendations for doctors who have prescribed connection
  - Triangulate information against data from other sources
  - Systems are aligned with GMC guidance for making recommendations and referrals
  - Appropriate internal and external quality assurance processes
  - Oversight of recruitment processes
  - Systems for timely and effective management of concerns
  - Processes to make referrals to the GMC as and when required
  - Timely transfer of information between organisations

# Appraisal and revalidation

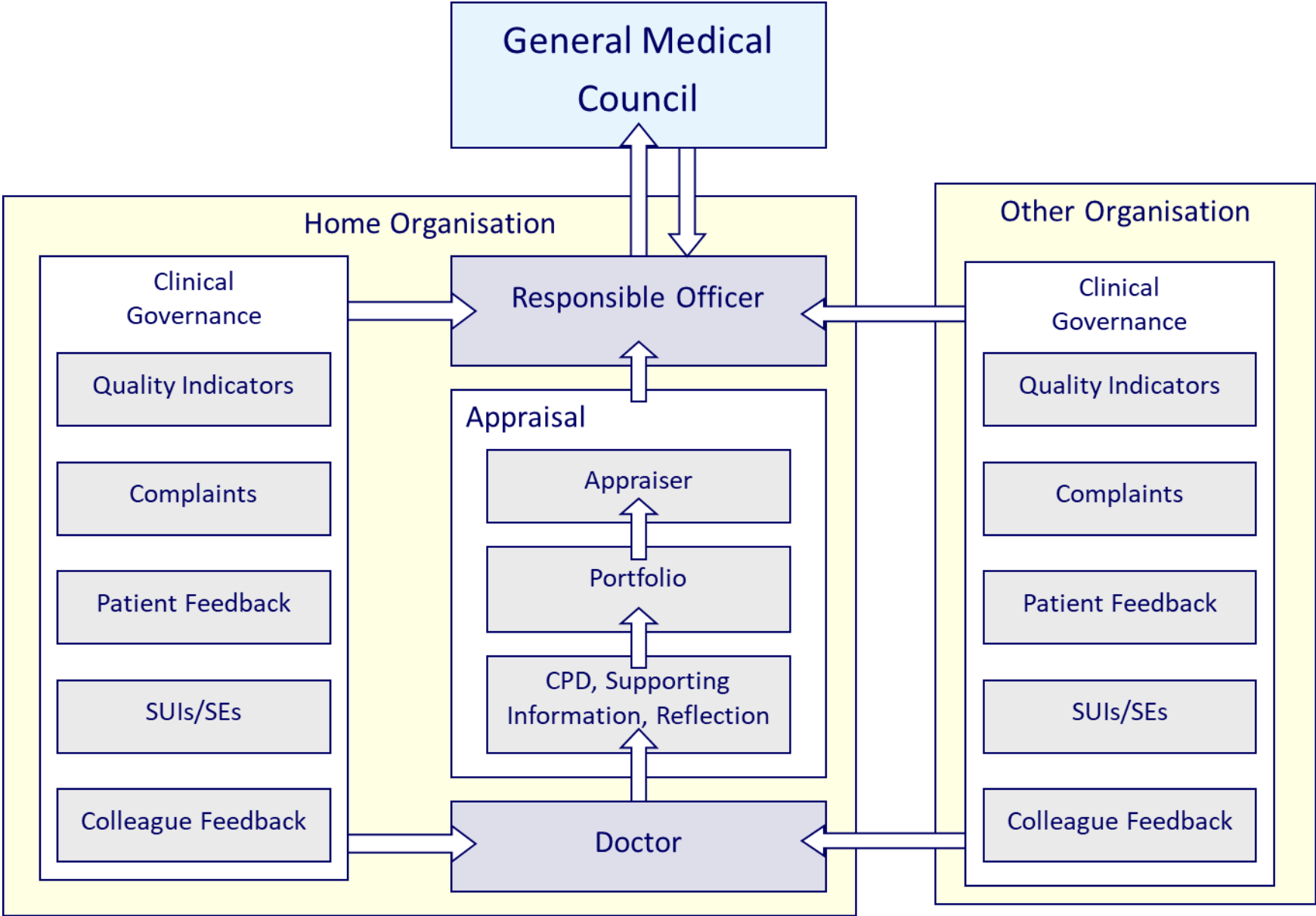
- Medical revalidation was introduced in December 2012
- Revalidation is the process that demonstrates currency and fitness to practice
- Annual appraisal and revalidation every 5 years
- Revalidation based on evidence in appraisal portfolio
  - Consider appraisal history and outputs
  - Supporting information from whole practice
  - Output from clinical and corporate governance systems
- RO make recommendations – notice period is now one year
  - Positive recommendation
  - Deferral up to 12 months
  - Non-engagement
- RO recommendation should not be used to raise fitness to practice concerns



# Supporting information

- Continuing professional development
- Quality improvement activity
- Significant events
- Colleague feedback
- Patient feedback
- Complaints and compliments





# Training and Support

- National training programme prior to appointment
- Need local support
  - Appraisal lead
  - Revalidation support officer
  - Appropriate electronic system
- Responsible Officer Advisory Group
  - Senior clinical, HR and medical education representation
  - Ensure that decisions are fair, consistent and reliable
- Responsible Officer Networks
  - Online or face to face

# Relationship with the GMC

- GMC Connect
  - Maintain your doctor connections
  - Submit revalidation recommendations to the GMC
  - Online portal for GMC referrals
- Employer Liaison Advisor
  - Regionally based and support Responsible Officers
  - Advice and guidance regarding revalidation decisions and fitness to practice
  - Calibration of decisions
- Make referrals to the GMC
- Correspondence with investigation officer
- Monitor compliance with conditions and undertakings

# Fitness to practice

- The Responsible Officer will have oversight
  - ‘Doctors is difficulty’
  - Local conduct and capability process
  - Concerns from outside agencies
  - Direct contact from the GMC
- Need adequate resources to allow investigation of concerns
- Local conduct and capability policy based on MHPS
- Other trust policies – grievance, whistleblowing, etc
- Keep good records
- Understand GMC thresholds

# Other issues and challenges

- Need to be aware of conflict of interests and appearance of bias
- Annual report to board and NHSE
- RO still need appraisal and revalidation overseen by HLRO
- For trainees, the RO is usually the postgraduate dean
- For locums, the RO is often but not always the agency
- Sharing of information between designated bodies – MPIT forms

# Day to day issues and advice

- You need a good team
  - Appraisal lead and revalidation support
  - Medical workforce officers
  - ER officers
  - ELA, PPA
- You need a good electronic system
- Be proactive and get ahead of the game
- Horizon scan and pre-empt problems and issues
- You need to be honest, open and be prepared to have courageous conversations

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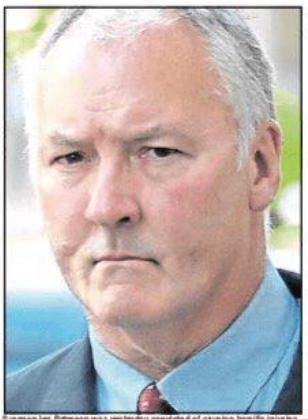
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Surgeon Ian Paterson was yesterday convicted of causing horrific injuries

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