

NHS England Ahead of the Curve Responsible Officers Conference, 4 June 2014, Brighton

Niall Dickson speech

I hope I do not look at this gathering through rose tinted spectacles, but I do regard Responsible Officers as a key lever in driving quality and safety into our healthcare system.

I believe the regulations creating designated bodies, and through them ROs, represent one of the most important patient safety initiatives in a generation. These are potentially much more significant than any of the 16 or so recent and usually futile attempts at structural reorganisation of the health service in England.

Twenty years ago medical directors were often there because no-one else would do it – some were very able, however more were:

- shop stewards for consultants,
- the equivalent of the laundry nurse who could not treat patients so was given something harmless to do,
- they were the reluctant conscript.

Today by contrast I think we have a cohort of senior doctors who, with the right support, have the ability and the powers:

- to tackle poor performance in medicine,
- encourage self- reflective practice,

- shape the next iteration of the profession as it abandons notions of individual autonomy and mastery of knowledge and embraces teamwork and modern leadership.

The greatest disservice we can do is to see all this just as 'revalidation' and to see Revalidation as a matter for the medical profession.

It is not.

This is about those who employ and those who contract with doctors taking responsibility for the ensuring the quality of care their doctors provide. And I believe we all need to get that message across, whatever structural manoeuvres may be in play.

At this early point in our journey together we are delighted with the support we have received from Responsible Officers and encouraged by what is possible.

The process of approving revalidation recommendations is up and running and working well:

- we have a minute number of doctors who have not engaged and we are dealing with them
- we have a sizeable number who have struggled to find a connection and we are working through that
- we have had some issues with doctors in training and their revalidation date but we are working to resolve that.
- we have dealt with more than 50 000 doctors and we are confident we can cope over the next few years with the rest.

Of course, we are relying on ROs to make sure that those recommendations are sound; and we will want assurance that that is the case. But we see early signs that effective clinical governance – so long an ambition in the healthcare system – is

becoming a reality. Not everywhere, and not uniformly effective throughout each institution, but improving.

Specialist doctors who were not engaged are becoming engaged, and appraisal rates are rising.

Those responsible for these institutions are just beginning to realise that one of their greatest responsibilities is to make sure they have robust arrangements for monitoring and supporting their medical workforce.

And alongside this we have developed good and much closer relationships with you and I hope a greater understanding of our respective roles.

We need to keep in touch; we need to understand your concerns, your triumphs and your challenges. The GMC is committed to a major evaluation the structure of which has now been agreed and we will seek an academic partner later this year.

I hope that together with NHS England we can provide you with the right and the right level of support – the GMC has come out of its ivory tower and this partnership is absolutely fundamental to us in our single mission to help protect patients and improve medical practice.

Niall Dickson

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