****

**GUIDANCE FOR RESPONSIBLE OFFICERS COMMISSIONING AN EXTERNAL QUALITY ASSURANCE REVIEW OF THE IMPLEMENTATION OF THE RESPONSIBLE OFFICER REGULATIONS**

**1.0 Introduction**

This guidance is for Responsible Officers (ROs) who wish to commission an external quality assurance review of the systems and processes within their designated body regarding the implementation of the Responsible Officer Regulations. The aim is to assist ROs in ensuring a robust review that is aligned to the Framework of Quality Assurance (FQA), provides assurance of compliance with the RO Regulations, identifies where further action is required and provides valid information that can be used to inform the independent verification process undertaken by the higher level Responsible Officer.

**2.0 Background**

NHS England has produced the Framework of Quality Assurance (FQA) (<http://www.england.nhs.uk/revalidation/qa/>) in order to assist Responsible Officers in providing confidence to their Board (or equivalent governance or executive group) that the necessary functioning systems are in place and appropriate action is being taken on the basis of information they generate.

The Framework of Quality Assurance includes independent verification which all designated bodies will undergo to validate the status of their revalidation systems at least once in every 5-year revalidation cycle.

However, where an organisation has commissioned a quality assurance review, the subsequent report may be used as evidence in lieu of any additional independent verification processes. The designated body’s higher-level responsible officer reserves the right to carry out additional independent verification processes where the quality assurance has not been carried out or fails to meet the standard required by the higher level responsible officer, for example

1. where the quality assurance review team cannot demonstrate independence i.e. the presence of potential conflict of interest or appearance of bias;
2. where the level of due diligence is not proportionate to the size of the designated body and the number of doctors connected to it; and
3. where the subsequent report lacks sufficient detail to give confidence of the designated body’s compliance with the FQA core standards[[1]](#footnote-1) and any urgent remedial action required.

**3.0 Process**

The example specification provided in Appendix 1 can be used by a designated body to confirm the arrangements for an external quality assurance review. This can be tailored to suit the needs of the designated body but suggested items for inclusion are listed below.

A designated body may submit the report of the external quality assurance review to the higher level responsible officer’s team to provide evidence of externally verified compliance with the RO Regulations.

****

**Appendix 1**

**EXAMPLE SERVICE SPECIFICIATION: EXTERNAL QUALITY ASSURANCE REVIEW OF THE IMPLEMENTATION OF THE RESPONSIBLE OFFICER REGULATIONS**

# STATUS AND PURPOSE OF THIS SERVICE SPECIFICATION

* 1. This service specification can be used by a designated body to agree the provision of a quality assurance review regarding the implementation of the Responsible Officer Regulations by an external body (‘the service provider’).

# THE REQUIREMENTS OF THE DESIGNATED BODY

* 1. The designated body requires a review of the systems and processes required under the Responsible Officer Regulations in accordance with the Framework of Quality Assurance (FQA). This will include, but is not limited to:
* Compliance with the FQA core standards;
* Compliance with reporting requirements i.e. Annual Organisational Audit, quarterly appraisal rate reports, statement of compliance;
* Responsible Officer’s system of monitoring doctors with prescribed connections;
* Board (or equivalent governance or executive group) involvement / understanding;
* Patient and public involvement; and
* Impact of the implementation of the Responsible Officer Regulations on the designated body.
  1. The outcome of the quality assurance review is to be summarised in a report detailing compliance with the FQA core standards, any urgent action required to enable compliance, areas for further development and examples of best practice.

# THE REQUIREMENTS OF THE SERVICE PROVIDER

* 1. The service provider will require access to all relevant records and personnel in order to assess compliance with the Responsible Officer Regulations. This may include, but is not limited to:
* Responsible officer dashboard / revalidation management system
* Details of resources available to support the responsible officer e.g. organisational structure, funds
* Training & CPD records; responsible officer, appraisal lead, appraisers, case managers, case investigators
* Policies, procedures and guidance
* Minutes of meetings
* Job descriptions
* Outcomes data for individual doctors / teams, benchmarking data, quality improvement data, complaints and compliments data
* Information sharing agreements with other designated bodies
* Appraisal management system
* A selection of appraisal portfolios; number to be agreed between the designated body and service provider
* Evaluations of appraisals
* A range of appraisers
* CPD records
* Performance management system
* Case managers / case investigators
* Recruitment processes & records
* A range of doctors with prescribed connections including various grades, specialties etc.
* Board (or equivalent governance or executive group) member
* Medical Directorate Business Manager or equivalent
* Human Resources / medical staffing team
* Lay representatives

Other data available publicly may also be used to inform the quality assurance review, including;

* CQC reports
* GMC data on late & missed recommendations
* Published reports relevant to the medical staff of the designated body or a specific department / team

# PROCESSES AND RESPONSIBILITIES

* 1. The designated body will support the Service Provider to deliver the Service Specification. This will include:

1. Appointing a representative and to liaise with / report to the Service Provider’s representative;
2. Providing the agreed financial resources;
3. Organising and participating in a preparatory meeting to agree the scope of the quality assurance review, review meetings as/when required to plan, co-ordinate, and assure delivery of the respective requirements;
4. Provide the service provider with premises and facilities required to deliver the service specification; and
5. Ensuring that such support services e.g. secretarial/administrative as are reasonably required to enable the Service Provider to deliver the requirements are available.
   1. Key performance indicators: the key performance indicators for this Agreement shall include:
6. The summary report of the quality assurance review includes details of compliance with the FQA core standards;
7. Any areas of non-compliance are clearly identified for action;
8. Any concerns regarding fitness to practise of a doctor identified through the quality assurance process are reported to the designated body / GMC as necessary; and
9. Examples of good practice are identified for sharing with other designated bodies through the higher level Responsible Officer’s team and the RO networks.
10. Consideration of the effectiveness and benefits of lay involvement in revalidation processes

1. <http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/04/fqa-launch-lett.pdf> [↑](#footnote-ref-1)