

National Conference for Responsible Officers – Issues facing the Independent Sector - One Size Fits All - or does it?

The Conference attracted 400 Responsible Officers, including the majority of those from the larger designated bodies in the independent sector. The plenary session included addresses from Professor Sir Bruce Keogh, National Medical Director NHS England; and Professor David Haslam, chair of NICE. Among the panel members were Niall Dickson, GMC; Dr Nigel Sparrow, CQC; Dr Mike Bewick, NHS England, and Sally Taber, AIHO.

Sally delivered a plenary message about Whole Practice Appraisal, namely that the Independent Sector must see NHS undertakings to compare with a consultants private undertakings, i.e., to confirm that they are practising within an appropriate scope of practice.

"An excellent Workshop". Readers will want to know about the session concerning the independent sector, small designated bodies, and those working with an external responsible officer, titled "One Size Fits All", which Sally chaired.

First, Professor Duncan Empey, RO for BMI Healthcare, described how a larger IS Hospital Group manages revalidation. His company has 66 hospitals across the UK, approximately 6000 with Practising Privileges, and 280 related doctors.

- Consultants have *Practising Privileges* they are not employees
- Not a conventional medical management model local Medical Advisory Committees guide Hospital Executive Directors
- Group Medical Director and the Responsible Officer based in HQ
- Clinical Governance Board (chaired by RO) meets monthly as do the four Regional Quality Assurance Committees
- Regular meetings with GMC Employer Liaison Adviser
- IT system adopted for new task of arranging appraisals and making RO Recommendations – an issue for some!
- Mainly older consultants, recently retired from the NHS
- Some have not had appraisals just before leaving
- Many have not understood the <u>Annual GMC</u> Requirements for Appraisal "I have had a successful career for 40 years what could possibly go wrong now?"
- Some think deferral is possible to avoid engaging with the process "I am thinking of retiring one day, so it does not matter"

"Flipping" *Designated Bodies* when taking on *NHS* locums after retiring adds confusion – *BMI* had 30% "churn" over one 3 month period this obviously causes a significant workloadNext, in contrast to the larger providers, Dr Stuart Sanders, now RO of DRC Locum Group and lately RO of the Independent Doctors Federation (IDF) compared and contrasted the more diffuse world of doctors practising outside large employers. DRC Group has 1000 doctors on assignment and 349 relating doctors; IDF has 1200 Members and 440 relating doctors. The common feature is wide geographical spread, and many small specialisations.

Progress to date

AppraisalIndependent Doctors Federation
 100% compliance using modified MAG Medical Appraisal Form

DRC Locums
30% compliance using MAG MAF

Revalidation

Independent Doctors Federation Submissions
01 April 2013 – 31 March 2014
49 Revalidation / 10 Deferred (17%) / 1Non-engagement

DRC Locums
01 October 2013 – 31 March 2014
31 Revalidation / 22 Deferred (42%) / 1Non-engagement

Conditions

Independent Doctors Federation 6 doctors with sanctions 16 doctors under investigation

DRC Locums
12 doctors with conditions
7 doctors under investigation

The audience was particularly impressed by the transparency of the process.

Dr Stephen Drotske, Medical Director and RO NES Healthcare explained the regulations for and the use of the language testing process IELTS.

He highlighted that The Medical Profession (Responsible Officers) (Amendment) Regulations 2013

PART 3 states:

"Additional Responsibilities of Responsible Officers: England

(aa) ensure that medical practitioners have sufficient knowledge of English language necessary for the work to be performed in a safe and competent manner; "

Responsible Officers were given powers to test all foreign doctors from 18 April 2012

But - problems - how is the RO to establish what is the standard for "reasonable English"?

Perhaps IELTS. The IELTS is run in over 100 countries. You can find more information at the IELTS website at http://www.ielts.org

The requirement is a score of at least **7.0** in each of the four areas tested (speaking, listening, reading and writing)

And an overall score of at least 7.5

Of 850 candidates in the NES Healthcare Training Centre that undertook this test in the last two years, only 150 achieved the pass mark and with evaluating skills approximately 110 were employed by NES.

He concluded

- The evidence seems to strongly suggest that although the IELTS could be used as a measure to test a doctor's ability to provide safe patient care in the UK it is not perfectly "Fit for Purpose."
- IELTS should not be relied on as the only way of assessing a healthcare provider's Medical English ability to gain a GMC's Licence to Practice

NES therefore uses an in-house test which is closer to the needs in England, comprising.

- 45 minute test at the NES Training Centre
- Two listening exams
- One 200 word 10 minute <u>writing</u> exercise
- Two **reading** tests over 20 minutes, including answering 16 questions
- (<u>Speaking</u> is evaluated during RMO skills testing)

Dr Stephen Agoston, RO of Cape Medical Services, who provide RMOs to hospitals across UK, spoke of the transformation necessary to comply with revalidation requirements, and its considerable benefits within his organisation. It has resulted in

- Overwhelming positive response from RMOs
- Substantial positive impact on clinical governance
- RMO protection and motivation
- Reduction in Clinical Risk at Client Hospitals

Professor David Walker, Deputy CMO, in his summary, pronounced "One Size Fits All?", to have been a particularly excellent workshop, covering as it did a slice of the medical profession barely known to many practising in the NHS and, by its nature, a difficult to supervise source of clinical risk. The work done by the independent sector, largely masterminded by Sally Taber, was highly commendable.

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