

**Ahead of the Curve – National Responsible Officer Conference
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Getting to Grips with Complexity and Large Numbers

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Key Messages:

- Large and complex organisations collectively defined as having a high number of prescribed connections (often greater than several hundred) and often with a diverse range of specialties, wide scopes of practice including academic work and private practice, and with a good number of doctors with complex or tenuous relationships with the organisation, impacting on their prescribed connections.
- Complexity in the system can be managed through standardisation at local, regional and national levels
- Standardisation can be achieved through policy, process, support and sharing of best practice.
 - o Policy and process modelled on RST and NHS England documents, tailored to suit local needs
 - o FQA core standards adequately addressed in local process
 - o Support includes dedicated medical leadership and a strong management and administrative team
 - o High quality IT system tailored to local requirements is essential for large and complex Trusts
 - o Local and national networking and benchmarking will be crucial to achieve standardisation across Trusts

Case Studies:

Case studies were discussed with the groups in both sessions and similar examples were offered by many delegates, with a pattern of challenges emerging around tenuous prescribed connections to ROs and those with a wide range of practice in multiple settings.

- Tenuous connections to ROs where very little of the doctor's practice occurs within the RO's organisation or where a longstanding relationship exists but not one that necessarily fits the prescribed connection regulations
 - o Concerns raised about how the RO can seek assurances about the doctor's whole scope of practice
 - o Do performers list regulations need to change in this respect?
 - o Workload and relationship management issues – a high level of requests for connections coming in and needing to be assessed on an individual basis while maintaining consistency in granting a prescribed connection.

- Particular challenge for academic colleagues and those retiring but intending to continue academic or sporadic practice
- Wide scope of practice amongst doctors in complex organisations
 - Challenges around timely sharing of information from other organisations where the doctor works
 - Where concerns arise in practice settings outside the RO's organisation, what assurances can the RO seek around the robustness of the investigations and its outcome
 - Where several small concerns arise across different practice settings, the RO is faced with the challenge of addressing those concerns in aggregate and without particular authority within the practice settings themselves. Questions then arise about the application of employment related policies and processes.

Discussion:

a) Other common challenges amongst large organisations

- Differential support and expertise for ROs of large organisations – mostly lack of funding for IT systems or support teams
- Managing an aligned appraisal process for dentists and managing the revalidation process for dually qualified dentists
- Quality assurance of appraisers in large and diverse organisations can be a challenge, with many in acute Trust settings citing a lack of resources to calibrate or performance manage across such a large group.
- Private sector concerns – with both the private providers and the NHS providers seeking improved information sharing and reassurance that they are being informed of concerns

b) Other wider concerns shared across the two sessions

- Work needed to develop standardised approaches to key issues and FQA core standards across organisational peer groups
- NHS England proposal to change linear governance arrangements for ROs
 - A more fragmented and divergent reporting structure proposed where Foundation Trusts report to Monitor and non-Foundation Trusts report to the TDA
 - A differential processes at this early stage is disruptive and opens up risk for legal challenge
- Concerns raised over ROs taking responsibility for GMC Stream 2 investigations
 - Trusts do not currently have resources to cope (financial or manpower)

- Particular challenge where the RO's doctors have a wide scope of practice across many providers in the NHS and the independent sector where the RO does not have any authority or assurances of the robustness or timeliness of local processes
- Further concerns around differential processes emerging and the RO's exposure to risk