

## Ahead of the Curve

4<sup>th</sup> June 2014

### Outputs of Seminar Session 4: Networking and Calibrating - Achieving consistency of decision making and recommendation

Led by Dr David Levy, Dr James Quinn and Dr Colin Pollock

#### Introduction

RO networks have now had the RO Network Blueprint available to them for a year so it is timely to seek the views of participants across all 4 regions as to their value and improvement potential. This seminar was attended by 40 delegates and gathered views on the usefulness of RO networks across the 4 regions and suggestions to improve the quality of case discussions within them. The leaders briefly referenced the RO network blueprint and then facilitated table and plenary discussions.

#### RO networks: what works well?

Many people value the opportunity to keep up to date and discuss common issues with peers facing similar challenges. The frequency was felt to be about right - approx. quarterly with the national event forming one of the 4 each year. Case discussions are a useful part of the format especially being able to discuss informally and in a confidential manner. Some networks offer in depth tutoring on specific aspects relevant to appraisal or revalidation and these too were appreciated. GMC ELA input is essential. 20 to 50 is the right size range. Helpful to hold RO Network on same day as MD Forum

#### What could work better?

- GMC and regional updates are better given in other ways – by email etc.
- Less repetition of guidance/ didactic teaching
- More consistent content across networks
- Fewer meetings – especially for small designated bodies with limited resources
- Whilst people air opinions consistency is not always sought or reached
- Sector specific meetings or parts of meetings would be good
- The needs of ROs for the many differ from the needs of ROs for the few
- Some resentment of the compulsory attendance requirement
- Try deputy RO gatherings
- Greater application to deriving consistent standards

#### Case Discussions

- Whilst GMC cases are helpful, real cases brought by ROs are preferred, and some networks seem to have more readily presented than others
- Perhaps having sector specific case sessions would help ROs more, and encourage willingness to share in smaller groups
- Many would welcome stronger facilitation to set usable precedents - almost like a body of case law either by consensus OR by direction – though it was recognised that no two situations are identical
- The Regional ROs can be more authoritative; their lead is welcomed

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- It has been observed that once revalidated, the quantity of information brought to the next appraisal can be much smaller – some discussion to set standards for what is enough would be helpful.
- Some concern that a group of ROs together might develop more hawkish tendencies which might not feel defensible when back in the workplace
- Suggestion that bringing and comparing numbers and types of recommendations by sector then across sector would support greater consistency of decision making
- Further suggestion to correlate the numbers of cases and complaint rates etc., again, to achieve greater consistency

### **Proposal**

To review the Network Blueprint against the feedback received and make specific adjustments in the following areas:

- Include opportunities for types of organisations to consider cases and other issues in sub groups - such as hospices, acute trusts, independent sector, mental health trusts etc.
- Identify and incorporate means of encouraging ROs to bring cases to networks where this has not readily happened
- Build into case discussion a clearer method to achieve consensus and document it, forming an anonymous case resource for all to access
- Develop shared ways of running networks across all 4 regions – regional teams attend other networks.
- Regional ROs reflect together on enhancing their leadership contribution in a consistent manner
- Include comparison sessions on areas such as making recommendations

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