



NHS England Medical Appraisal Policy
Annex C: Data for the responsible officer

OFFICIAL

NHS England INFORMATION READER BOX		
Directorate		
Medical	Commissioning Operations	Patients and Information
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		
Publications Gateway Reference:		03360
Document Purpose	Guidance	
Document Name	Medical Appraisal Policy (v2)	
Author	NHS England, Medical Directorate (Revalidation)	
Publication Date	May 2015	
Target Audience	Responsible Officers, Medical Appraisal Leads, Medical Appraisers	
Additional Circulation List	Medical Directors, Doctors with a prescribed connection to NHS England, DH, BMA, GMC, Royal College of GPs, NHS Employers, Academy of Medical Royal Colleges, Regional HR and Finance Leads, NHS England Regional Directors	
Description	Policy for appraisal of licensed medical practitioners who have a prescribed connection to NHS England (circa 42,000 doctors from circa 700 designated bodies). It describes the framework for appraisal, with tools to support implementation contained within the annexes.	
Cross Reference	The Medical Profession (Responsible Officers) Regulations, 2010/2013 and the GMC (Licence to Practice and Revalidation) Regulations 2012	
Superseded Docs (if applicable)	Medical Appraisal Policy (v1) published October 2013	
Action Required	Responsible officers to ensure that Doctors with a connection to NHS England are appraised in accordance with this policy	
Timing / Deadlines (if applicable)	To be implemented as soon as reasonably practicable	
Contact Details for further information	Dr Maurice Conlon england.revalidation-pmo@nhs.net http://www.england.nhs.uk/revalidation/appraisers/app-pol/	
Document Status		
This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.		

The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

Annex C: Data for the responsible officer

1.1 Background

NHS England responsible officers will require certain items of information to enable them to make a recommendation about a doctor's fitness to practice. A significant proportion of this information will be generated via the appraisal process.

Until technical solutions resolve the challenge of transferring the relevant information, responsible officers will be reliant on appraisers to record this information and to assist with its transfer into the responsible officer's information system. The specific information required may vary according to the doctor's scope of work, as well as local requirements.

This annex contains the current set of information that NHS England responsible officers will need, for doctors whose scope of work includes general practice, and for doctors whose scope of work includes being a responsible officer.

It is envisaged that, through a process of experience and dialogue both locally, across NHS England and with relevant partners and stakeholders, the content of this data set will be developed further, and will include greater detail relating to these and other roles.

1.2 Core information

- Doctor's name.
- Doctor's GMC number.
- Appraiser's name.
- Appraiser's GMC number.
- Date of appraisal.
- Doctor's responsible officer.
- Revalidation due date.

Section 1

1.2.1 Generic items

This section contains items which apply to all doctors with a prescribed connection to NHS England. They must be completed over a revalidation cycle to fulfil the requirements of revalidation.

1.2.2 General

Appraiser statement on conflict of interest or appearance of bias between the doctor and the appraiser.

At each appraisal. Record "none" if none to declare.

Performance concern events.

All events since last appraisal and any previously declared, if still relevant to scope of work. Includes, but not limited to: local processes, NCAS and GMC processes.

Record "none" if none to declare.

Breaks from work.

Any significant breaks from work since last appraisal, including maternity leave, sickness absence, sabbatical leave. Record "none" if none to declare.

GMC status events.

Any GMC assessments and undertakings since last appraisal, and any not previously declared. Record "none" if none to declare.

Practice status events.

Any restrictions on practice in any aspect of scope of work applied since last appraisal, and any not previously declared. Record "none" if none to declare.

Satisfactory statement of scope of work in appraisal documentation.

Confirmation by appraiser that the doctor has confirmed that their written scope of work is complete.

Roles listed in scope of work.

A simple list of the roles the doctor has described in their appraisal form. The appraiser should identify any of these which have not been reviewed in the course of the appraisal.

1.2.3 Appraiser statements

Confirmation at each appraisal by the appraiser whether they have indicated "Agree" or "Disagree" to each of the RST Medical Appraisal Guide (MAG) appraiser statements, with explanatory comment and a description of agreed corrective action.

1.2.4 Supporting information

The appraiser should confirm the presence of the following "in the round", across the whole of the doctor's scope of work, drawing the attention of the responsible officer to any particular area within the scope of work from which items of information are absent. Absence of specific items of supporting information relating to a particular role should be noted in section 2.

- Continuing professional development (CPD).
- Quality improvement (QI).
- Significant events.
- Patient feedback.
- Colleague feedback.
- Complaints.
- Probity statement.
- Health statement.

Section 2

1.2.5 Specific items expected in relation to a specific role declared in a doctor's scope of work

This section should be developed where national agreement determines items of information for doctors undertaking specific roles in their scope of work throughout NHS England to present at their appraisal.

Absence of such nationally agreed information at the doctor's appraisal should then be flagged for the attention of the responsible officer. Such items of information are not necessarily directly relevant to the doctor's revalidation recommendation.

Items included in the table below should be viewed as examples, as the processes by which these items are to be agreed have yet to be established.

Scope of work: responsible officer	Scope of work: general practitioner
General	General
Confirmation of appointment as RO by the organisation (for all organisations where they are the RO). <i>Required once, at commencement of appointment to role of RO.</i>	Works a minimum of one clinical session per week. <i>Annually. Appraiser should make comment if a doctor declaring general practice as a component of their scope of work is undertaking less than this.</i>
Supporting information	Supporting information
CPD: RO training undertaken. <i>The doctor has confirmed to the appraiser that they have attended suitable responsible officer training.</i>	CPD: Basic Life Support training. <i>Annually. Certification of CPR training. Comment if not present.</i>
CPD: evidence of compliance with designated body mandatory training. <i>The doctor has confirmed to the appraiser that they have complied with their organisations requirements for mandatory training.</i>	
CPD: Evidence of attendance at RO network events annually (expectation to attend all; minimum three annually). <i>The doctor has confirmed to the appraiser within their CPD log the RO Network activities that they have participated in since their last appraisal.</i>	CPD: Log or diary of CPD activity in keeping with RCGP definition and recommendation of 50 CPD credits per year. Comment if not presented or if not sufficient. <i>Annually. Comment if level of CPD activity deviates significantly below that recommended by the RCGP.</i>

OFFICIAL

<p>QI: Revalidation quality management report(s) and action plan presented and discussed.</p> <p><i>The doctor has presented the revalidation quality management report(s) relating to their designated body (including ORSA or its superceding equivalent), the resulting action plan(s), and these have been discussed in the appraisal. Record "none" when no such reports are presented.</i></p>	
<p>QI: External reviews and reports (including. CQC), and resulting action plans presented and discussed.</p> <p><i>The doctor has presented any other relevant quality management report(s) (including but not limited to CQC reports), the resulting action plan(s), and these have been discussed in the appraisal. Record "none" when no such reports are presented.</i></p>	

Further columns to be added to the above table as agreement on the information associated with other specific roles develops. Rows to be amended or added as items of information within a specific role are agreed or discarded.

Section 3

1.2.6 Locally agreed aspects

This section should be developed where local agreement determines items of information for doctors in geographical areas of NHS England to present at their appraisal.

Absence of such locally agreed information should then be flagged for the attention of the responsible officer.

Such an approach might be helpful if a particular area has a local driving need. One example of this is where a regional responsible officer might be asked to provide information about national locum agencies, which are concentrated in one region. Another might be where one local area team is piloting the inclusion of a new item of supporting information which might go on to become standardised across NHS England, such as a requirement for general practitioners to present evidence of CPD in relation to children's safeguarding. As in Section 2, such items of information are not necessarily directly relevant to the doctor's revalidation recommendation.

Again as in Section 2, items included in this section of the table below should be viewed as examples, as the processes by which these items are to be agreed have yet to be established.

Scope of work: regional responsible officer	Scope of work: general practitioner
Review of compliance of locum agency responsible officers with revalidation processes.	CPD: Children's safeguarding training.

Further columns to be added to the above table as agreement on the information associated with other specific roles develops. Rows to be amended or added as items of information within a specific role are agreed or discarded.