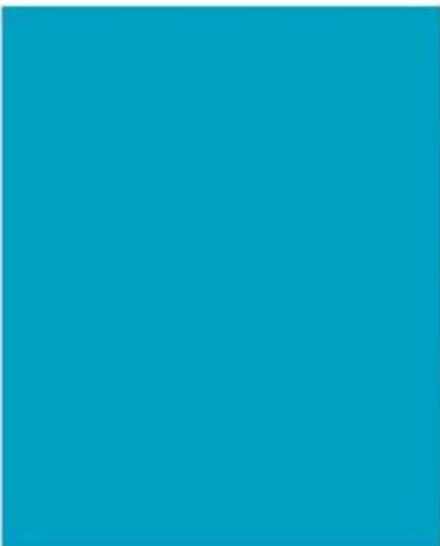


A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex E - Statement of Compliance

Version 4, April 2014



NHS England INFORMATION READER BOX

Directorate

Medical	Operations	Patients and Information
Nursing	Policy	Commissioning Development
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Publications Gateway Reference: 01142

Document Purpose	Guidance
Document Name	A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex E - Statement of Compliance
Author	NHS England, Medical Revalidation Programme
Publication Date	4 April 2014
Target Audience	All Responsible Officers in England
Additional Circulation List	Foundation Trust CEs , NHS England Regional Directors, Medical Appraisal Leads, CEs of Designated Bodies in England, NHS England Area Directors, NHS Trust Board Chairs, Directors of HR, NHS Trust CEs, All NHS England Employees
Description	The Framework of Quality Assurance (FQA) provides an overview of the elements defined in the Responsible Officer Regulations, along with a series of processes to support Responsible Officers and their Designated Bodies in providing the required assurance that they are discharging their respective statutory responsibilities.
Cross Reference	The Medical Profession (Responsible Officers) Regulations, 2010 (as amended 2013) and the GMC (Licence to Practise and Revalidation) Regulations 2012
Superseded Docs (if applicable)	Replaces the Revalidation Support Team (RST) Organisational Readiness Self-Assessment (ORSA) process
Action Required	Designated Bodies to receive annual board reports on the implementation of revalidation and submit an annual statement of compliance to their higher level responsible officers (ROCR approval applied for).
Timings / Deadline	From April 2014
Contact Details for further information	england.revalidation-pmo@nhs.net http:// www.england.nhs.net/revalidation/
Document Status	
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Annex E – Statement of Compliance

Designated Body Statement of Compliance

The board/executive management team – South Tees Hospitals NHS Foundation Trust has carried out and submitted an annual organisational audit (AOA) of its compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

Comments: Professor Rob Wilson, Medical Director was officially appointed as the organisation's RO in November 2010 to undertake his role from 1 January 2011. He has undertaken appropriate RO training.

2. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained;

Comments: A database of doctors with a prescribed connection to South Tees is continually maintained and cross-checked with doctors on GMC Connect.

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

Comments: There are currently 120 fully revalidation trained appraisers in the trust to undertake appraisal for over 500 doctors.

4. Medical appraisers participate in on-going performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent);

Comments: There is on-going training and support from the RO, deputy RO and the Appraisal Support Team. A recent workshop for appraisers to share their experiences was facilitated by an external doctor who was fully trained by the now disbanded NHS Revalidation Team.

5. All licensed medical practitioners¹ either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;

Comments: The trust ensures its doctors undertake annual appraisal in accordance with local policies and GMC requirements. A record of missed or incomplete appraisals is kept.

¹ Doctors with a prescribed connection to the designated body on the date of reporting.

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners¹, which includes [but is not limited to] monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues, ensuring that information about these is provided for doctors to include at their appraisal;

Comments: Processes are in place to provide doctors with appropriate supporting information in readiness for their appraisal.

7. There is a process established for responding to concerns about any licensed medical practitioners¹ fitness to practise;

Comments: The trust follows appropriate processes, policies and national guidance regarding medical practitioner's fitness to practise.

8. There is a process for obtaining and sharing information of note about any licensed medical practitioners' fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work;

Comments: The trust has a process in place for receiving and providing information to and from other organisations in respect of medical practitioner's fitness to practise.

9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners² have qualifications and experience appropriate to the work performed; and

Comments: Appropriate pre-employment background checks are made. Healthcare Locums (HCL) has been approved as the master vendor for providing medical locums across all specialties and roles to facilitate this process.

- 10.A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

Comments: The Trust policies are treated as live documents and monthly updates are produced in response to any audit findings, NHS England policy changes or GMC guidance changes.

Signed on behalf of the designated body

Name: _____

Signed: _____

[chief executive or chairman a board member (or executive if no board exists)]

² Doctors with a prescribed connection to the designated body on the date of reporting.

Date: _____