

Responsible Officers Forum
Wednesday 12th February 2014
2:00pm, Room C3.18, Castle Buildings

Present:

Jane Lindsay (Deputy Chair)
Dr Carolyn Harper
Dr John Simpson
Dr Tony Stevens (first half of meeting)
Dr Charlie Martyn
Dr Helen Harbinson
Dr Margaret O'Brien
Dr Ricky Bhabutta
Dr Joan McGuinness
Eddie Dillon

Apologies:

Dr Paddy Woods
Dr Michael McBride
Mr Alan McKinney
Prof Keith Gardiner
Dr David Stewart
Prof Jack Crane

1. Welcome and apologies

In the absence of Dr Woods, Jane Lindsay chaired the meeting and welcomed those present and apologies were noted.

2. Notes of previous meeting held on 18th December 2013

These were agreed.

3. Matters Arising

Nominations for GMC's Advisory Forum: Submitted

It was noted that the two nominees agreed to attend the GMC's Advisory Forum are Dr Margaret O'Brien from the HSCB representing the primary care sector and Dr Charlie Martyn from SEHSCT representing the secondary care sector.

Proposed GMC policy changes

Jane informed that the purpose of the event being held with the GMC at the Stormont Hotel on 12th February 2014 following this meeting is to provide opportunity for further discussion on the proposed policy changes.

Jane said that timescales are critical as the proposed date of implementation of these changes is currently the beginning of April. Jane advised that the Patient Client Council (PCC) will also attend this event.

Jane informed those present that DHSSPS had a small meeting with a number of RO's in late December 2013 following the previous RO Forum meeting of 18th December. A number of concerns were raised which would be discussed with the GMC at the event held on 12th February 2014.

It was noted that Dr Woods and Jane Lindsay had met with Joanne Donnelly, the ELA in late December 2013 to raise concerns on behalf of DHSSPS and ROs in relation to Revalidation and effective working with the GMC.

On reflection following these meetings and following consideration and discussion between Dr Woods and Dr McBride there was agreement that GMC representation at the RO Forum was not working as well as had been expected. A decision was made to not have further GMC representation at the RO Forum but that the GMC will continue to be represented at Revalidation Delivery Board meetings.

Jane Lindsay informed members that initial concerns have been raised with the GMC in relation to the role of the ELA and that the GMC have agreed to consider. Jane added that the GMC have reiterated that the role of the ELA is to act in an advisory capacity. The GMC will consider how the ELA role is working throughout the UK and how this impacts ROs in carrying out their role.

There was agreement among those present that further guidance and clarification is required on the role of the ELA.

There was agreement among those present that it would be more effective for ROs to have a collective role in influencing the various thresholds and feed back to the Revalidation Delivery Board. It was agreed that case studies may be useful in this regard. Dr Simpson said that he would like to suggest this to the GMC.

Dr Harper suggested that anonymised case studies be provided for discussion at future meetings of the RO Forum.

ACTION: RO's to provide anonymised case studies to DHSSPS for discussion.

Prescribed connections for secondary care locum doctors

There was some discussion on the above and there was agreement that there are issues around the potential risks of retaining locum doctors without an RO.

Jane Lindsay advised that there is nothing to preclude ROs acting as a 'suitable person' for locum doctors but that at present there is no basis for a prescribed connection.

Jane added that there is a section on the GMC's website which highlights the criteria and application process for the role of 'suitable person'.

There was agreement that the 'suitable person' role is only applicable when the person carrying out the role has an adequate knowledge of the work being carried out by the individual.

Jane advised that the GMC have a protocol in place on how to find a 'suitable person' when a prescribed connection is not available. Jane added that DHSSPS will be adding this into guidance on revalidation for locum doctors.

It was noted that the current regulations do not allow locum agencies to act as designated bodies and therefore cannot provide a prescribed connection.

4. Revised TOR for RO Forum

Jane Lindsay provided an update on the above advising that it has been decided that the RO Forum and Revalidation Delivery Board meetings will continue to be held as at present.

It was agreed that three to four times a year would be a suitable time frame for meetings of the RO Forum.

ACTION: Jane to reflect this when arranging dates for future meetings.

5. Organisational Implementation Updates/Issues

Jane welcomed updates from those present as we approach year 2 of implementation.

BHSCT

Dr Stevens provided an update and supporting paper, the main points were:

- 843 doctors currently given revalidation date
- 159 positive recommendations
- 14 deferrals
- 0 non engagements

Operational issues included:

- Impact of patient feedback within clinical areas
- Scale of doctors to be revalidated in years 2 and 3
- Impact on Associate Medical Director roles in supporting recommendation process
- Cost of Appraiser roles

? Military Organisation?

Dr Bhabutta provided an update stating that across the military the burden is significant on staff to provide support for colleague and patient feedback. Dr Bhabutta added that 1 doctor has currently been revalidated.

PHA

Dr Harper provided an update, stating that 9 doctors are currently revalidated and that the PHA are attempting to increase the standard of appraisal.

HSCB

Dr O'Brien provided an update, the main points were:

- 237 positive recommendations
- 15 deferrals
- Numbers for year 2 expected to be around 600

Dr O'Brien advised those present to write to individuals who have not engaged in the process to inform them of the next steps if failure to engage continues. Dr O'Brien advised that there are GMC templates available on the website for this purpose. Dr O'Brien added that around 10 doctors have currently been written to.

Dr O'Brien informed those present of a CP2A form which can be filled out for doctors who carry out work in other organisations. It was agreed that it would be useful to circulate this form to members.

ACTION: Dr O'Brien to send CP2A form to Jane Lindsay for circulation to members.

There was some discussion about doctors who carry out work abroad and issues with PMPL list. It was noted that in respect of doctors who practice abroad, that only work carried out in NI can be appraised.

ACTION: Jane Lindsay asked Dr O'Brien if issues with PMPL could be escalated again with the GMC.

It was noted that GMC advice states that doctors who practice abroad long term should remove themselves from local lists.

ACTION: Dr O'Brien to provide electronic copy of HSCB update.

SHSCT

Dr McGuinness provided an update and supporting paper, the main points were:

- 54 positive recommendations made
- 6 more positive recommendations due by the end of year 1
- 3 deferrals, 2 of these due to NCAS processes

Individual feedback system in place for all doctors who have been through the revalidation process – feedback received has been extremely positive.

Preparations are all in hand for year 2 with approx 115 doctors to revalidate.

Dr Simpson added that the positive feedback received from doctors has been extremely pleasing and that this is very useful for encouraging doctors to engage in the process. Dr Simpson added that while all preparations are in place the trust recognises the challenges with the increase in numbers for year 2.

Jane Lindsay said that DHSSPS would welcome an opportunity to see the outcomes of the feedback and that quality of appraisal would be useful to look at for the next meeting.

ACTION: Jane to arrange discussion with Dr McGuinness regarding the opportunity to view feedback outcomes.

?Organisation?

Dr Helen Harbinson provided an update stating that numbers are very low in comparison to larger organisations and that there are no doctors to revalidate in year 1.

SEHSCT

Dr Charlie Martyn provided an update, the main points were:

- 82 doctors revalidated
- 3 deferrals
- 0 non engagements
- 17 under revalidation notice

Dr Martyn highlighted a case where he received a letter from the GMC in relation to a doctor whose name he did not recognise. On further investigation Dr Martyn discovered that this doctor was carrying out work in England but had worked in the SEHSCT for eight weeks approx one year ago but was listing Dr Martyn as his RO.

There was agreement that this type of occurrence was a major concern which would have to be addressed.

ACTION: Dr Martyn to provide supporting paper to verbal update

NIMDTA

In the absence of Prof Gardiner, Jane provided a verbal update on supporting paper. The main points were:

- 198 approved
- 1 rejected
- 43 deferred
- 0 non engagements

ACTION: Jane to request update from Prof Gardiner at next meeting of the forum.

NHSCT

It was noted that Dr Gregory Furness would replace Dr Calum MacLeod who has had to step down from the role of Medical Director due to medical reasons.

In the absence of NHSCT representation, Jane provided a verbal update on supporting paper. The main points were:

- 48 positive recommendations
- 6 deferrals
- 0 non engagements

ACTION: Dr Woods and Jane Lindsay to compile all of the information provided into a high level document for presentation to the Revalidation Delivery Board.

ACTION: Jane Lindsay to circulate individual papers for information.

6. AOB

There being no further business Jane Lindsay closed the meeting.

7. Date of next meeting

The next meeting is to be held on **Friday 4th April 2014 at 10am.**