

Responsible Officers Forum
Wednesday 25th September 2013
2:00pm, Room C3.18, Castle Buildings

Present:

Dr Paddy Woods (Chair)
Dr Tony Stevens
Prof Keith Gardner
Dr David Stewart
Dr John Simpson
Dr Margaret O'Brien
Dr Ricky Bhabutta
Jane Lindsay
Eddie Dillon

Apologies:

Dr Michael McBride
Dr Helen Harbinson
Dr Calum McLeod
Dr Suresh Tharma
Dr Charlie Martyn
Dr Alan McKinney
Catherine McKeown
Mr. Peter Ramsey-Baggs
Dr Carolyn Harper

1. Welcome and apologies

Dr Woods welcomed everyone to the meeting and apologies were noted.

2. Notes of previous meeting held on 3rd July 2013

These were agreed.

3. Matters Arising

Responsible Officer Guidance: Paper Final Revised RO Guidance

There being no further comments it was agreed that this guidance will now be considered final.

Revalidation benefits realisation: Papers RST Draft Feedback on surveys & RST priorities for future research

Jane Lindsay provided background on the above advising that there had been 1100 responses to the survey from NHS doctors in England.

A discussion followed where the following key points were made:

There was agreement among those present that it is still very early in the revalidation process for it to be fully effective at this stage.

Dr Simpson said that it would be beneficial if doctors were more mindful of responsibilities in relation to clinical governance and that there should be evidence of this in their revalidation folder in order for them to be revalidated. Dr Simpson added that he feels in general doctors see revalidation as a positive thing and take it seriously.

Dr Stevens stated that given the size of NI there is good opportunity for analysis and added that he feels the current methods for capturing patient feedback are of limited value but that colleague feedback has often proven useful.

Dr Woods said that the current framing of questions for patient feedback questionnaires may limit their value and that there is undoubted scope for further development. Dr Simpson added that doctors may be able to put forward better ideas on how to capture useful patient feedback.

Dr Bhabutta added that patient feedback can often be confusing in that patients will rate the care highly in respect of the effort put in by doctors and nurses but that often there are still examples of poor care pointed out within. Dr Gardiner stated that behaviours during the course of a survey may not be representative of everyday practice.

Dr Stewart asked if the revalidation process in general will be evaluated and also what the wider impact of the process will be on the whole of medical practice. Dr Woods advised that he anticipated that all elements of the process will be evaluated. He added that patient feedback is only one element and, like all other elements, will be evolutionary as knowledge grows on its value or otherwise.

Non Engagement: Rev 6 Form

Dr Woods welcomed views from those present on the form tabled by Joanne Donnelly from the GMC at the meeting of the forum on 3rd July 2013.

There was agreement among those present that the form is a useful tool and that if required may be most beneficial at the year 3 stage.

A discussion followed on the role of the GMC's Employer Liaison Service (ELS). Members felt that it would be of value to include this service in the evaluation of revalidation. Issues for consideration included:

- consistency in how the role is being fulfilled in practice across the UK;
- clarity and consistency on organisations fulfilling their role in regulation of their employees and when to involve or refer to The GMC; and
- the potential and actual increased demands on ROs time in responding to the needs of the ELS.

Dr Woods welcomed the views of colleagues and agreed to seek clarification from the GMC on their Employer Liaison Service policy and the above queries. He added that all organisations need to be clear on lines of accountability leading ultimately to DHSSPS at government level.

GMC Advisory Forum

Dr Woods provided an update on the meeting of the GMC Advisory Forum on 24th September 2013 and asked for nominations from the primary and secondary care sectors to attend future meetings.

Action: ROs to submit nominations to Jane Lindsay

4. Implementation Issues

Dr Woods provided an overview of the RST Secondary Care Locum Project Update paper and welcomed views from members.

There was agreement among those present that there are significant risks around locums who do not have a good appraisal process in which they receive the appropriate feedback.

Dr Woods said that there is a need for greater awareness in relation to checks and balances on feedback provided through locum agencies. Dr Woods added that this remains a work in progress and is a challenging part of the process which the current revalidation model may not be fully equipped to deal with.

5. Maintaining High Professional Standards

Dr Woods advised that a lengthy response to the current draft revision of the above had been received by the Labour Relations Agency (LRA) and that full consideration will be given to this and fed back to the forum at a future meeting.

Jane Lindsay added that in general the LRA views are positive but also provide challenges.

ACTION DHSSPS to consider LRA response and update members at future meeting

6. AOB

There being no further business Dr Woods thanked those present for their attendance and closed the meeting.

7. Date of next meeting

The next meeting is to be held on Thursday 7th November 2013 at 3pm.