Issued 4 April 2017

MINUTES OF THE MEETING
RESPONSIBLE OFFICER FORUM
22 MARCH 2017, 10.00-12.00
D2 LECTURE THEATRE, CASTLE BUILDINGS

Present

Mr Charlie Martyn	**Department**
Dr Dermot Hughes	Dr Paddy Woods, Chair
Dr Seamus O'Reilly	Dr Michael McBride, CMO
Dr Margaret O'Brien	Irene Wilkinson, Secretariat
Joanne Donnelly	
Helen Arrowsmith	**Apologies**
Dr Abraham Varghese	Dr Ricky Bhabutta
Dr Lourda Geoghegan	Dr Carolyn Harper
Dr Paul Miller	Professor Keith Gardiner
Dr Jacques Saayman	Dr Cathy Jack
Denise Hughes	Dr David McManus
Cathy McCook	Catherine McKeown

1 Welcome and Apologies

Dr Woods welcomed all to the meeting, in particular Helen Arrowsmith, GMC Project Manager for Taking Revalidation Forward, and Joanne Donnelly, GMC Employer Liaison Advisor N.I.

He also welcomed Dr Jacques Saayman, RO Atos Healthcare, attending the meeting for the first time.

Apologies were noted.

2 Minutes of the meeting held 27 October 2016 – Paper 1/17

The minutes were agreed.

3 Taking Revalidation Forward (presentation attached)

Dr Woods advised that Sir Keith Pearson's report had been brought to the Revalidation Delivery Board and the Medical Leaders Forum following its publication at the end of January 2017. He said that the key focus of consideration for this meeting would be from the perspective of the RO as ROs were the lynchpin to the process.

Helen Arrowsmith, GMC, gave a presentation on the key messages from the review, the GMC's response, stakeholder views and next steps.

Helen outlined Sir Keith's conclusions on revalidation to date as follows:

- Medical revalidation has settled well and is progressing without major problems. There has been strong ownership from health departments and medical leaders/ROs;

- The main impact has been to embed whole practice appraisal and broaden doctor's reflective practice. There was clear evidence of stronger clinical governance arrangements and some evidence that revalidation was helping to identify and tackle poor doctor performance;

- Major overhaul was not required and would not be welcome. The focus was on increasing the impact of revalidation on patient care/safety and reducing the administrative burden.

The key recommendations affecting ROs were summarised as follows:

- Improving support for doctors;
- Continuing to improve appraisal quality and consistency;
- Distinguishing between GMC revalidation criteria and local employment requirements;
- Better sharing of information in respect of doctors who move between Designated Bodies;
- Increasing Board-level engagement with revalidation; and
- Working with others to explore more effective mechanisms for patient and colleague feedback.

Helen said that recommendations to stakeholders in the report would have a wide impact. They included the following:

The GMC should:

- Rename revalidation;
- Clarify its revalidation guidance;
- Identify impact measures for revalidation;
- Explore new approaches to patient feedback;
- Encourage better information sharing.

Government Departments should:

- Review the Responsible Officer Regulations with a focus on locums and doctors without a Responsible Officer.

Healthcare organisations should:

- Publicise the benefits of revalidation;
- Continue to improve appraisal;
- Improve support systems and data to doctors;
- Increase Board-level engagement and challenge.

Six work streams had been identified as follows:

- Making revalidation more accessible to patients and the public;
- Reducing burdens and improving the appraisal experience for doctors;
- Increasing oversight of, and support for, short-term locum doctors;
- Reducing the number of doctors without a connection;
- Measuring and evaluating the impact of revalidation;
- Supporting improved local governance.

Helen advised that the GMC had prioritised engagement with stakeholders and had developed a plan of action to take the work forward as follows:

- February to May 2017:
  - Engagement with stakeholders to understand existing good practice and to develop ideas.

- June 2017:
  - New Revalidation Oversight Group (formerly Revalidation Advisory Board) meets to agree 'output plan';
  - Plan will be published on GMC website.

She advised that the Group would be chaired by Charlie Massey, Chief Executive, and Sir Keith Pearson would remain as chief advisor.

- Mid 2017 to early 2018:
  - Delivery of agreed changes by GMC and other stakeholders;
  - Regular progress reporting throughout.

Dr Woods thanked Helen for her comprehensive presentation and said that the timetable was helpful in phasing in the recommendations over the next few years. He asked members for their views. The discussion that followed included the following points:

- Issues / suggestions associated with locum doctors:
  - should an alternative body be created for locum appraisal;
  - quality of care must be assured;
  - could the Regulator provide locum revalidation;
  - an office for each Region.

Helen advised that the issues regarding locum doctors would be addressed when the Action Plan was published in June 2017.

- Revalidation should focus on whole of practice;
- CPD and how this relates to your job

Helen advised that feedback to date indicated there was little support for setting an earlier revalidation date for newly licensed doctors.

In closing, Helen asked the forum to consider the following points:

- How best can we engage with ROs across the four countries in the development of solutions and sharing of good practice?
- How to measure and track the impact of revalidation within organisations? Some comments from members included the following, resilience of staff, work completed, external stressors e.g. family life. The work in NHS Scotland regarding this was highlighted;
- What are the best ways to raise public awareness of revalidation? It was noted that this was an important point and how doctors interact / attend to patients was a key factor. Members commented that it was difficult to receive information back from the Private Sector for appraisal.
- Who should take the lead? Members agreed that the Regulator should take the lead.

Dr Woods noted that appraisal was a local process but was the key building block for revalidation.

4 RQIA Review of Governance Arrangements in HSC Organisations that Support Professional Regulation

Dr Woods invited Dr Geoghegan to summarise the findings of the report published January 2017.

Dr Geoghegan said that the report had concluded that all eight HSC organisations involved in the review had robust governance arrangements in place to ensure essential requirements for professional registration and regulation were adhered to.

The report put forward a single recommendation that HSC Trusts publish appraisal rates for individual professional groups in their Annual Report. This was welcomed.

Dr Dermot Hughes advised that the Western HSC Trust electronic system to support appraisal, would be made available to organisations via the Internet. The system had originally been designed in the WHSCT but through work with the BSO could now be made available to any doctor employed in the HSC. In response to a query he felt there shouldn't be any difficulty in principle extending access to GPs.

Dr Woods thanked Dr Geoghegan for her input.

5 Key fitness to practice issues arising from data presented in the GMC's *State of Medical Education and Practice Report (SoMEP) 2016 – Report tabled* (updated presentation attached)

Dr Woods invited Joanne Donnelly to give a presentation on some key fitness to practice figures arising from the recent SoMEP Report.

Joanne had included data for doctors with a registered address in NI, for comparison with the data contained in the slide to indicate to what extent the local position aligned with the wider picture.

The following points were highlighted:

- From 2014 / 2015 there was a 7% reduction in complaints/ referrals (2014 = 8,847; 2015 = 8,269);
- *N.I. complaints / referrals were up by 1.3% (2014 =78; 2015 = 79).*

- RO referrals were 6% of all complaints received, but 80% of these were investigated (of the 90% non-RO complaints only, 15.5 % were investigated)
- *N.I. RO referrals were 10% of all complaints received and 87.5% of those referrals were investigated (of the 90% non-RO complaints only 15.5% were investigated)*

- In 2015, 2,808 investigation concluded / in N.I. 14 investigations concluded:

    - 5% led to warnings / N.I. – 0%;
    - 6% led to conditions/undertakings / N.I.– 7.1%;
    - 7% led to suspension or erasure / N.I. – 21.4%;
    - 14% were closed with advice / N.I. – 28.6%;
    - 69% were closed with no action / N.I. – 42.9%.

In discussion the following points arose:

- GMC cover serious clinical complaints and not local issues;
- Need to have an alternative approach to intervention;
- Feedback from patients found that when a complaint is investigated by the GMC and no fitness to practise is reported, the patient is usually satisfied.

Dealing with Behavioural Concerns – Paper 3/17

The meeting concluded with a small table exercise on addressing behavioural concerns. Members discussed the action they would take as an RO in response to the information.

Joanne tabled the report - *Medical Professionalism matters – Report and Recommendations* for information.

Dr Woods thanked Joanne for her presentation.

6 Any Other Business

There being no other business Dr Woods thanked members for their participation and closed the meeting.