

Designated Body Statement of Compliance

The board / executive management team – *[delete as applicable]* of *[insert official name of DB]* can confirm that

- an AOA has been submitted,
- the organisation is compliant 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;

Yes

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

Yes. The RO reviews GMC Connect weekly. The lists are submitted to GMC Connect and updated regularly. All appraisal data is online with the Allocate system and is visible to the RO and relevant HR staff. Other data (including previous MAG forms) is held by HR and available on demand to the RO.

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

Yes. 35 trained appraisers for 117 doctors on list.

4. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers¹ or equivalent);

Yes. Refresher courses recommended every 3-5 years. Appraisal feedback requested and forwarded to appraisers for reflection.

5. All licensed medical practitioners² 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;

Yes. Allocate system in use. Full discussion when appraisal not carried out and reasons understood.

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) and ensuring that information about these matters is provided for doctors to include at their appraisal;

¹ <http://www.england.nhs.uk/revalidation/ro/app-syst/>

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

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Yes. Local and national performance data – monitoring of outcomes/performance. Peer and patient 360 feedback. Teaching feedback, educational appraisal, CPD monitoring. Full scope of practice appraised.

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

Yes. Local policies and MHPS.

8. There is a process for obtaining and sharing information of note about any licensed medical practitioner's fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where the licensed medical practitioner works;³

Yes. MPIT forms completed. Information of significance shared when relevant.

9. The appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that all licenced medical practitioners⁴ have qualifications and experience appropriate to the work performed;

Yes. Comprehensive HR process of background checks.

10. A development plan is in place that ensures continual improvement and addresses any identified weaknesses or gaps in compliance.

QA assurance of appraisal being undertaken by MIAA at present. Any gaps or weaknesses will be addressed. No gaps in compliance.

Signed on behalf of the designated body

Official name of designated body: Liverpool Heart & Chest Hospital NHSFT

Name: Ms Jane Tomkinson

Role: CEO

Date: 9th August 2018

Signed:



³ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>