



# **A Framework of Quality Assurance for Responsible Officers and Revalidation**

## **Annex E - Statement of Compliance**

## Statement of Compliance

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**NB:** The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

## 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. All appraisals are centralised and held by the RO and Human Resources. Other data is held by HR and available on demand to RO. A full list is submitted to GMC connect and updated regularly. The RO reviews GMC connect weekly. From September 2017 all appraisal will be done using Allocate online appraisal.

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

Yes. Ratio appraiser/appraisee 1:7

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 Appraisers<sup>1</sup> or equivalent);

Yes. Appraisal feedback requested and forwarded to appraiser for reflection.

5. All licensed medical practitioners<sup>2</sup> 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. MAG form used. Allocate online from September 2017.

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners<sup>1</sup> (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;

Yes. Includes local and national performance data, complaints, 360 and patient feedback, attendance at audit days, teaching feedback and educational appraisal. Full scope of practice appraised.

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

<sup>2</sup> Doctors with a prescribed connection to the designated body on the date of reporting.

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7. There is a process established for responding to concerns about any licensed medical practitioners<sup>1</sup> 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;<sup>3</sup>

9. Yes. Information shared routinely when doctor ends employment. Significant information shared as and when occurs.

10. The appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that all licenced medical practitioners<sup>4</sup> have qualifications and experience appropriate to the work performed;

Yes. Full HR process of background checks performed in timely manner

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

No gaps identified.

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists))]

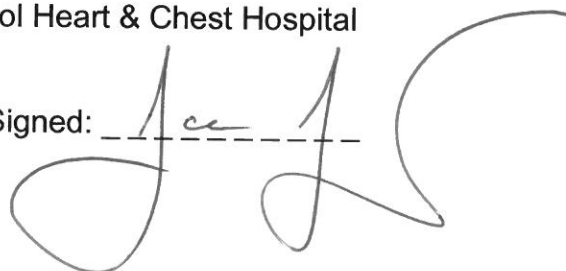
Official name of designated body: Liverpool Heart & Chest Hospital

Name: Ms Jane Tomkinson

Role: CEO

Date: 15<sup>th</sup> August 2017

Signed: \_\_\_\_\_



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