



# **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 2018

The executive management team – **Sherwood Forest Hospitals NHS FT** 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. An accurate record of all licensed practitioners is maintained by the Medical Director's Office. Notifications in relation to new starters and leavers to the Trust is monitored along with GMC Connect notifications alerting us to when doctors have added or made changes to their designated body.

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

Comments: Sherwood Forest Hospitals has 20 appraisers to carry out medical appraisals at the Trust.

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);

Comments: All appraisers are required to attend Appraiser Forum which takes place on a quarterly basis. Refresher training also takes place once every three years. This ensures that the knowledge and skills of our appraisers is kept up to date.

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;

Comments: Appraisals for all medical staff are undertaken on the MYL2P (My License to Practice) software. Where an appraisal does not occur on time there is a reason attributed to this.

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

<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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that information about these matters is provided for doctors to include at their appraisal;

Comments: There is a well-established Medical Workforce Performance Meeting which meets on a monthly basis to discuss any concerns relating to the conduct of medical practitioners. Relevant notes for any appraisee are entered onto the system for their reflection in the next appraisal cycle.

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

Comments: There is an organisation wide policy for responding to concerns about medical practitioners and the process is adhered to.

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>

Comments: Medical Practice Information Transfer forms are completed for all incoming and outgoing medical employees.

9. 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;

Comments: Yes, all pre-employment background checks are completed by HR recruitment team.

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

Comments: We will continue to sustain and improve our appraisal rates. The team will also attend RO Network Meetings and associated events to ensure that we keep abreast of national requirements and learn from good practice elsewhere.

Signed on behalf of the designated body

Official name of designated body:

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST

Name: \_\_ Richard Mitchell \_\_

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

Role: \_ Chief Executive \_\_\_\_\_

Date: \_ \_\_\_\_\_

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