

# Board of Directors Meeting

Report

**Subject:** Medical Appraisal and Revalidation  
**Date:** April/May 2014  
**Author:** Nicola Boulding/Nabeel Ali  
**Lead Director:** Andy Haynes, Interim Executive Medical Director

**Executive Summary**  
 This Report updates the Board on recent developments in revalidation both locally and nationally. It also details the current position of our appraisal uptake. The report highlights areas where progress has been made, and further work that will be required.

**Recommendation**  
 The Board are asked to **note** the contents of the report.

Relevant Strategic Objectives (please mark in bold)	
<b>Achieve the best patient experience</b>	Achieve financial sustainability
<b>Improve patient safety and provide high quality care</b>	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

<b>Links to the BAF and Corporate Risk Register</b>	NA
<b>Details of additional risks associated with this paper</b> (may include CQC Essential Standards, NHSLA, NHS Constitution)	None compliance would result in a break of our GMC requirements
<b>Links to NHS Constitution</b>	4b – Staff – your responsibilities
<b>Financial Implications/Impact</b>	None
<b>Legal Implications/Impact</b>	None
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	None
<b>Committees/groups where this item has been presented before</b>	None
<b>Monitoring and Review</b>	Quarterly reporting to Board. Regular monitoring and reporting to Medical Director. Implementation of actions by Medical Director's Office Manager and Responsible Officer.
<b>Is a QIA required/been completed? If yes provide brief details</b>	No

A concern that has been highlighted in this appraisal cycle is the lack of quality into Personal Development Plans (PDPs). Where doctors have identified mandatory training as part of their PDP, these have been returned to the doctor and their appraiser as inadequate. These doctors have been asked to resubmit their PDPs.

Due to the quality of the PDPs in this cycle all appraisers have been issued with a letter from Dr Zahid Noor which highlighted the issues and for clarity we enclosed some 'good' examples that were recently provided at the RO Network. We have also put this on the agenda for the appraiser training on the 3<sup>rd</sup> July 2014.

## **5. Appraisers**

It is necessary to recruit additional appraisers to be able to evenly spread the numbers of appraisals that an appraiser undertakes. The number of appraisals undertaken by each appraiser is disproportionate. 2 of our appraisers have retired and another 2 of our appraisers are Divisional Clinical Directors.

There is an appraiser forum taking place on the 18<sup>th</sup> June 2014. This will be an ideal opportunity for appraisers to highlight any concerns that they have had within the appraisal cycle. For example, are doctors submitting their paperwork on time, does the appraiser have everything they need in order to complete their appraisal. This meeting will also be an opportunity for us to provide each appraiser with their individual anonymised feedback on how they have been rated at conducting the appraisal.

Each appraiser will be expected to do approximately ten appraisals each year. It is suggested that the PA time to conduct an appraisal is increased from 0.25 to 0.5 for 10 appraisals. As part of this, appraisers are expected to attend appraiser updates and forums to maintain their skills and knowledge as an appraiser. Depending upon the number of appraisals undertaken the allocated time will be adjusted in the job plan.

At the Appraiser Forum on the 18<sup>th</sup> June each appraiser will be taken through the relevant sections of the new quality assurance standards.

## **6. Framework of Quality Assurance for Responsible Officers and Revalidation (FQA)**

In previous years every designated body has completed Organisational Readiness Self-Assessment (ORSA) exercises, to demonstrate its level of preparedness for delivering revalidation. Now that revalidation is well underway, there is a similar need to provide assurance to patients, the public, the service and the profession that the systems and processes underpinning revalidation are in place, and are working effectively, to ensure that every licensed doctor's fitness to practise is monitored and assessed on a regular basis.

The Framework of Quality Assurance for Responsible Officers and Revalidation (FQA) has been designed to assist responsible officers in providing assurance to their organisation's board that the doctors working in their organisations remain up to date and fit to practise (Appendix 1). The process, and collection of information it requires, supports responsible officers in the preparation of their own appraisal portfolios, giving an overview of their performance as responsible officers, whilst also providing a formal record of compliance, which will be helpful in the event of a designated body's systems and processes becoming subject to challenge at any stage

## Appendix 1

### FQA Statement of compliance

The board [executive management team - delete as applicable] of [Insert official name of designated body] has carried out an annual organisational audit of its compliance 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;
2. A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations;
3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained;
4. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;
5. 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 or equivalent);
6. All licensed medical practitioners<sup>1</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;
7. 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, ensuring that information about these is provided for doctors to include at their appraisal;
8. There is a process established for responding to concerns about any licensed medical practitioners's<sup>1</sup> fitness to practise;
9. There is a process for obtaining and sharing information of note about any licensed medical practitioners' fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work; and
10. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners have qualifications and experience appropriate to the work performed.

Signed on behalf of the designated body

(Director)

Annex C



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# Annual Organisational Audit (AOA)

End of year questionnaire 2013-14

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This questionnaire has been approved by the Return of Central Returns  
Steering Committee (ROCR) Licence number ROCR-OR-2127-005 MAND

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March 2014  
[www.england.nhs.uk/revalidation](http://www.england.nhs.uk/revalidation)

This AOA exercise is divided into four sections:

Section 1: The Designated Body and the Responsible Officer

Section 2: Appraisal

Section 3: Monitoring Performance and Responding to Concerns

Section 4: Recruitment and Engagement

The questionnaire should be completed by the responsible officer on behalf of the designated body, though this duty may be appropriately delegated. The questionnaire should be completed **during April and May 2014** for the year ending 31 March 2014. The deadline for submission is detailed in the accompanying email.

Whilst NHS England is a single designated body, for the purposes of this audit, the national and regional offices and each area team of NHS England should answer as a 'designated body' in their own right.

Following completion of this AOA exercise, designated bodies should produce an action plan to address the identified development needs. Board-level accountability for the quality and effectiveness of these systems is important and this report, along with the resulting action plan, should be presented to the board, or an equivalent governance or executive group, and should be included in an NHS organisation's quality account.

The audit process will also enable designated bodies to provide assurance that they are fulfilling their statutory obligations and their systems are sufficiently effective to support the responsible officer's recommendations.

For further information, references and resources see pages 4 and 5 below and [www.england.nhs.uk/revalidation](http://www.england.nhs.uk/revalidation).

24. *Responsible Officer Conflict of Interest or Appearance of Bias: Request to Appoint and Alternative Responsible Officer* (NHS Revalidation Support Team, 2014).
25. *Guide to Independent Sector Appraisal for Doctors Employed by the NHS and Who Have Practising Privileges at Independent Hospitals: Whole Practice Appraisal* (British Medical Association and Independent Healthcare Forum, 2004)
26. *Joint University and NHS Appraisal Scheme for Clinical Academic Staff* (Universities and Colleges Employers Association, 2002)
27. *Preparing for the Introduction of Medical Revalidation: a Guide for Independent Sector Leaders in England* (GMC and Independent Healthcare Advisory Services, 2011)
28. *How to Conduct a Local Performance Investigation* (National Clinical Assessment Service, 2010)
29. *Use of NHS Exclusion and Suspension from Work amongst Doctors and Dentists 2011/12* (National Clinical Assessment Service, 2011)
30. *Return to Practice Guidance* (Academy of Medical Royal Colleges, 2012)

1.2	Type/sector of designated body: (tick one)	NHS England (national office)	
		NHS England (regional office)	
		NHS England (area team)	
		Acute hospital/secondary care foundation trust	✓
		Acute hospital/secondary care non-foundation trust	
		Mental health foundation trust	
		Mental health non-foundation trust	
		Other NHS foundation trust (care trust, ambulance trust, etc)	
		Other NHS non-foundation trust (care trust, ambulance trust, etc)	
		Special health authorities (Health Education England, NHS Litigation Authority, NHS Trust Development Authority, NHS Blood and Transplant, etc)	
		Local education and training board/deanery	
	Independent/non-NHS sector (tick one)	Independent healthcare provider	
		Locum agency	
		Faculty/professional body (FPH, FOM, FPM, IDF, etc)	
		Academic or research organisation	
		Government department, non-departmental public body or executive agency	
		Armed forces	
Hospice, charity/voluntary sector organisation			
Other non-NHS (please enter type)			

	<p><b>IMPORTANT: ONLY DOCTORS WITH WHOM THE DESIGNATED BODY HAS A PRESCRIBED CONNECTION AS AT 31 MARCH 2014 SHOULD BE INCLUDED IN THIS SECTION.</b></p> <p>Please note that fields 1.4.1 – 1.4.7 are mandatory. <b>Where the answer is nil, please enter “0”.</b></p>	
1.4.1	<b>Consultants</b> (permanent employed consultant medical staff including honorary contract holders, NHS, hospices, and government /other public body staff. Academics with honorary clinical contracts will usually have their responsible officer in the NHS trust where they perform their clinical work)	151
1.4.2	<b>Staff grade, associate specialist, specialty doctor</b> (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS, hospices, and government/other public body staff)	52
1.4.3	<b>Doctors on Performers Lists</b> (for NHS England area teams and the Armed Forces only; doctors on a medical or ophthalmic performers list. This includes all general practitioners (GPs) including principals, salaried and locum GPs)	0
1.4.4	<b>Doctors in training</b> (for local education and training boards/deaneries only; this includes doctors on national postgraduate training schemes. Doctors on independent schemes will usually have a prescribed connection to the employing trust and should not be counted under this heading)	
1.4.5	<b>Doctors with practising privileges</b> (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)	0
1.4.6	<b>Temporary or short-term contract holders</b> (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc)	29
1.4.7	<b>Other doctors with a prescribed connection to this designated body</b> (depending on the type of designated body, this category may include responsible officers, locum doctors, and members of faculties/professional bodies. It may also include some non-clinical management/leadership roles, research, civil service, doctors in wholly independent practice, other employed or contracted doctors not falling into the above categories, etc)	0
1.4.8	<b>TOTAL</b> (this cell will sum automatically 1.4.1 - 1.4.7)	232



	<p>has not been nominated/appointed</p> <p>To answer 'N/A':</p> <ul style="list-style-type: none"> <li>No cases of conflict of interest or appearance of bias have been identified</li> </ul>	
1.7	<p><b>The designated body provides the responsible officer with sufficient funds, capacity and other resources to enable the responsible officer to carry out the responsibilities of the role.</b></p> <p>Each designated body must provide the responsible officer with sufficient funding and other resources necessary to fulfil their statutory responsibilities. This may include sufficient time to perform the role, administrative and management support, information management and training. The responsible officer may wish to delegate some of the duties of the role to an associate or deputy responsible officer. It is important that those people acting on behalf of the responsible officer only act within the scope of their authority. Where some or all of the functions are commissioned externally, the designated body must be satisfied that all statutory responsibilities are fulfilled.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> <li>In the opinion of the responsible officer, sufficient funds, capacity and other resources have been provided to enable them to carry out the responsibilities of the role</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>1.11</b></p>	<p><b>The responsible officer makes timely recommendations to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and the GMC Responsible Officer Protocol</b></p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> <li>The designated body's annual report contains explanations for all missed and late recommendations, and reasons for deferral submissions</li> </ul>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>1.12</b></p>	<p><b>The governance systems (including clinical governance where appropriate) are subject to external or independent review.</b></p> <p>Most designated bodies will be subject to external or independent review by a regulator. Designated bodies which are healthcare providers are subject to review by the national healthcare regulators (the Care Quality Commission or Monitor). Local education and training boards/deaneries are externally approved for training by the GMC. Where designated bodies will not be regulated or overseen by an external regulator (for example locum agencies and organisations which are not healthcare providers), an alternative external or independent review process should be agreed with the higher level responsible officer.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

2	<b>Appraisal</b>	
	For doctors in training it has been agreed that revalidation recommendations will be based on the process of annual review of competence progression (ARCP). Therefore local education and training boards/deaneries should only complete section 2 for those doctors with whom they have a prescribed connection who are NOT doctors in training.	
<b>Policy, Leadership and Governance</b>		
2.1	<p><b>There is a medical appraisal policy, with core content which is compliant with national guidance, that has been ratified by the designated body's board (or an equivalent governance or executive group)</b></p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> <li>• The policy is compliant with national guidance, such as <i>Good Medical Practice Framework for Appraisal and Revalidation</i> (GMC, 2013), <i>Supporting Information for Appraisal and Revalidation</i> (GMC, 2013), <i>Medical Appraisal Guide</i> (NHS Revalidation Support Team, 2013), <i>The Role of the Responsible Officer: Closing the Gap in Medical Regulation, Responsible Officer Guidance</i> (Department of Health, 2010), <i>Quality Assurance of Medical Appraisers</i> (NHS Revalidation Support Team, 2013).</li> <li>• The policy has been ratified by the designated body's board or an equivalent governance or executive group</li> <li>• The responsible officer ensures that: <ul style="list-style-type: none"> <li>○ There is a written protocol for the handling of information for appraisal and revalidation which complies with information governance, confidentiality and data protection requirements</li> <li>○ There is a process for the allocation of appraisers and the scheduling of appraisals</li> <li>○ No appraisals are carried out by an appraiser who is not trained to undertake the role</li> <li>○ Steps are taken to ensure the objectivity of the appraisal</li> <li>○ The appraiser submits the completed appraisal outputs within 28 days of the appraisal meeting</li> <li>○ There is a process for quality assuring the inputs and outputs of appraisal to ensure that they comply with GMC requirements and other national guidance</li> <li>○ Feedback is received from doctors on the appraisal process</li> <li>○ Appraisals will be undertaken according to professional standards as laid out in <i>Providing a Professional Appraisal</i> (NHS Revalidation Support Team, 2012)</li> </ul> </li> </ul>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2.2.4	Doctors in training (not applicable)	N/A	N/A
2.2.5	<b>Doctors with practising privileges</b> (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)	0	0
2.2.6	<b>Temporary or short-term contract holders</b> (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc)	29	27
2.2.7	<b>Other doctors with a prescribed connection to this designated body</b> (depending on the type of designated body, this category may include responsible officers, locum doctors, and members of faculties/professional bodies. It may also include some non-clinical management/leadership roles, research, civil service, doctors in wholly independent practice, other employed or contracted doctors not falling into the above categories, etc)	0	0
2.2.8	<b>TOTAL</b> (this cell will sum automatically 2.2.1 – 2.2.7) The difference between the number of doctors and the number of completed appraisals is the number of missed or incomplete appraisals	232	223

2.4	<p><b>There is a mechanism for quality assuring an appropriate sample of the inputs and outputs of the medical appraisal process to ensure that they comply with GMC requirements and other national guidance, and the outcomes are recorded in the annual report template.</b></p> <p>Quality assurance is an integral part of the role of the responsible officer. The standards for the inputs and outputs of appraisal are detailed in <i>Supporting Information for Appraisal and Revalidation</i> (GMC, 2012), <i>Good Medical Practice Framework for Appraisal and Revalidation</i> (GMC, 2012) and the <i>Medical Appraisal Guide</i> (NHS Revalidation Support Team, 2013) and the responsible officer must be assured that these standards are being met consistently. The methodology for quality assurance should be outlined in the designated body's appraisal policy and include a sampling process. Quality assurance activities can be undertaken by those acting on behalf of the responsible officer with appropriate delegated authority.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> <li>• The appraisal inputs comply with the requirements in <i>Supporting Information for Appraisal and Revalidation</i> (GMC, 2012) and <i>Good Medical Practice Framework for Appraisal and Revalidation</i> (GMC, 2012), which are: <ul style="list-style-type: none"> <li>○ Personal information</li> <li>○ Scope and nature of work</li> <li>○ Supporting information: <ol style="list-style-type: none"> <li>1. Continuing professional development</li> <li>2. Quality improvement activity</li> <li>3. Significant events</li> <li>4. Feedback from colleagues</li> <li>5. Feedback from patients</li> <li>6. Review of complaints and compliments.</li> </ol> </li> <li>○ Review of last year's PDP;</li> <li>○ Achievements, challenges and aspirations</li> </ul> </li> <li>• The appraisal outputs comply with the requirements in the <i>Medical Appraisal Guide</i> (NHS Revalidation Support Team, 2013) which are: <ul style="list-style-type: none"> <li>○ Summary of appraisal</li> <li>○ Appraiser's statement</li> <li>○ Post-appraisal sign-off by doctor and appraiser</li> </ul> </li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Capacity and Capability		
<b>2.6</b>	<p><b>The number of trained medical appraisers is sufficient for the needs of the designated body</b></p> <p>It is important that the designated body's appraiser workforce is sufficient to provide the number of appraisals needed each year. This assessment may depend on total number of doctors who have a prescribed connection, geographical spread, speciality spread, conflicts of interest and other factors. Depending on the needs of the designated body, doctors from a variety of backgrounds should be considered for the role of appraiser. This includes locums and salaried general practitioners in primary care settings and staff and associate specialist doctors in secondary care settings. An appropriate specialty mix is important though it is not possible for every doctor to have an appraiser from the same specialty.</p> <p>Appraisers should participate in an initial training programme before starting to perform appraisals. The training for medical appraisers should include:</p> <ul style="list-style-type: none"> <li>• Core appraisal skills and skills required to promote quality improvement and the professional development of the doctor</li> <li>• Skills relating to medical appraisal for revalidation and a clear understanding of how to apply professional judgement in appraisal</li> <li>• Skills that enable the doctor to be an effective appraiser in the setting within which they work, including both local context and any specialty specific elements.</li> </ul> <p>Further guidance on the recruitment and training of medical appraisers is available; see <i>Quality Assurance of Medical Appraisers</i> (NHS Revalidation Support Team, 2013).</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> <li>• Appraisers are recruited and selected in accordance with national guidance</li> <li>• In the opinion of the responsible officer, the number of appropriately trained medical appraisers to doctors being appraised is between 1:5 and 1:20.<sup>2</sup></li> <li>• In the opinion of the responsible officer, the number of trained appraisers is sufficient for the needs of the designated body</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<sup>2</sup> This point may be disregarded for doctors in training.

3	<b>Monitoring Performance and Responding to Concerns</b>	
<b>Policy, Leadership and Governance</b>		
3.1	<p><b>There is a system for monitoring the fitness to practise of doctors with whom the designated body has a prescribed connection</b></p> <p>Where detailed information can be collected which relates to the practice of an individual doctor, it is important to include it in the annual appraisal process. In many situations, due to the nature of the doctor's work, the collection of detailed information which relates directly to the practice of an individual doctor may not be possible. In these situations, team-based or service-level information should be monitored. The types of information available will be dependent on the setting and the role of the doctor and will include clinical outcome data, audit, complaints, significant events and patient safety issues. An explanation should be sought where an indication of outlying quality or practice is discovered. The information/data used for this purpose should be kept under review so that the most appropriate information is collected and the quality of the data (for example, coding accuracy) is improved.</p> <p>In primary care settings this type of information is not always routinely collected from general practitioners or practices and new arrangements may need to be put in place to ensure the responsible officer receives relevant fitness to practise information. In order to monitor the conduct and fitness to practise of trainees, arrangements will need to be agreed between the local education and training board/deanery and the trainee's clinical attachments to ensure relevant information is available in both settings.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> <li>• Relevant information (including clinical outcomes, reports of external reviews of service for example Royal College reviews, governance reviews, Care Quality Commission reports, etc) is collected to monitor the doctor's fitness to practise and is shared with the doctor for their portfolio</li> <li>• Relevant information is shared with other organisations in which a doctor works where necessary</li> <li>• There is a system for linking complaints, significant events/clinical incidents/SUIs to individual doctors</li> <li>• Where a doctor is subject to conditions imposed by, or undertakings agreed with the GMC, the responsible officer monitors compliance with those conditions or undertakings</li> </ul>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

	<p>advisers, the National Clinical Assessment Service, specialty and royal college advisers, regional networks, legal advisers, human resources staff and occupational health</p> <ul style="list-style-type: none"> <li>• Taking any steps necessary to protect patients</li> <li>• Where appropriate, referring a doctor to the GMC</li> <li>• Where necessary, making a recommendation to the designated body that the doctor should be suspended or have conditions or restrictions placed on their practice</li> <li>• Sharing relevant information relating to a doctor's fitness to practise with other parties, in particular the new responsible officer should the doctor change their prescribed connection</li> <li>• Ensuring that a doctor who is subject to these procedures is kept informed about progress and that the doctor's comments are taken into account where appropriate</li> <li>• Appropriate records are maintained by the responsible officer of all fitness to practise information</li> <li>• Ensuring that appropriate measures are taken to address concerns, including but not limited to: <ul style="list-style-type: none"> <li>○ Requiring the doctor to undergo training or retraining</li> <li>○ Offering rehabilitation services</li> <li>○ Providing opportunities to increase the doctor's work experience</li> <li>○ Addressing any systemic issues within the designated body which may contribute to the concerns identified</li> </ul> </li> <li>• Ensuring that any necessary further monitoring of the doctor's conduct, performance or fitness to practise is carried out.</li> </ul> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> <li>• A policy for responding to concerns, which complies with the responsible officer regulations, has been ratified by the designated body's board (or an equivalent governance or executive group)</li> </ul>	
3.3	<p><b>The board (or an equivalent governance or executive group) receives an annual report detailing the number and type of concerns and their outcome.</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



4	<b>Recruitment and Engagement</b>	
4.1	<p><b>There is a process in place for obtaining relevant information when the designated body enters into a contract of employment or for the provision of services with doctors</b></p> <p>The regulations give explicit responsibilities to the responsible officer when a designated body enters into a contract of employment or for the provision of services with a doctor. These responsibilities are to ensure the doctor is sufficiently qualified and experienced to carry out the role. All new doctors are covered under this duty even if the doctor's prescribed connection remains with another designated body. This applies to locum agency contracts and also to the granting of practising privileges by independent health providers.</p> <p>The prospective responsible officer must:</p> <ul style="list-style-type: none"> <li>• Ensure doctors have qualifications and experience appropriate to the work to be performed</li> <li>• Ensure that appropriate references are obtained and checked</li> <li>• Take any steps necessary to verify the identity of doctors</li> <li>• Ensure that doctors have sufficient knowledge of the English language for the work to be performed</li> <li>• For NHS England area teams, manage admission to the medical performers list in accordance with the regulations.</li> </ul> <p>It is also important that the following information is available:</p> <ul style="list-style-type: none"> <li>• GMC information: fitness to practise investigations, conditions or restrictions, revalidation due date;</li> <li>• Disclosure and Barring Service check (although delays may prevent these being available to the responsible officer before the starting date in every case), and</li> <li>• Gender and ethnicity data (to monitor fairness and equality; providing this information is not mandatory).</li> </ul> <p>It may be helpful to obtain a structured reference from the current responsible officer which complies with GMC guidance on writing references and includes relevant factual information relating to:</p> <ul style="list-style-type: none"> <li>• The doctor's competence, performance or conduct</li> <li>• Appraisal dates in the current revalidation cycle, and</li> <li>• Local fitness to practise investigations, local conditions or restrictions on the doctor's practice, unresolved</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No