The Academy of Medical Sciences

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Mr Michael Wright
Consultation on Responsible Officer regulations
Department of Health
Room 432 Wellington House
133-155 Waterloo Road
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From the Chairman of the Clinical Academic Careers Committee
Professor Patrick Sissons FMedSci

Ref: PS/SC/25.9.09

25 October 2009

Dear Mr Wright,

Re: Department of Health consultation on Responsible Officer Regulations and Guidance

Thank you for inviting the Academy of Medical Sciences to respond to your consultation on specialist standard frameworks for revalidation. The Academy has been giving serious consideration to the proposed revalidation reforms and I hope you found our recent position paper helpful. I enclose a copy of the paper for your information.

The development and delivery of mainstream clinical medical services depend on a wide range of professional expertise, including discovery and innovation by academic clinicians working within the NHS, Higher Education Institutions, research institutes, primary care and the pharmaceutical industry. In order to take account of the full range of settings in which clinicians work, the Academy strongly advocates that the simplest effective approach, compatible with the aims, be taken to revalidation; local ownership and governance through robust appraisal processes coupled with streamlined administration are essential if the system is to operate effectively.

The role of the Responsible Officer is key to the revalidation process, and it is therefore imperative that clinicians, irrespective of sector, should have access to an appraiser and 'Responsible Officer' who have the appropriate skills and expertise to understand the precise nature of the individual clinician's role and assess their case for revalidation. Having considered the proposed regulations and guidance for Responsible Officers we would like to highlight some issues, particularly as they relate to clinical academic staff.

Identification and appointment of appropriate Responsible Officers
The proposals suggest that the local NHS Medical Director will become the Responsible Officer, overseeing the annual appraisals and providing institutional sign-off of the revalidation process. This is an understandable approach if the various components of revalidation are focussed entirely on the clinical service delivery of an individual doctor. However, if any aspect of a clinician's role outwith direct service delivery is to form any part of revalidation, then to ensure equitability, a designated Responsible Officer must be capable of properly assessing an individual's portfolio of work.

In devising a model for revalidation suitable for doctors working in a wide range of roles and environments, we support the creation of a system that is robust and effective whilst being as financially efficient as possible. In order for revalidation to meet its aims of identifying the very small number of doctors who are not performing to the defined standards, it is essential that unnecessary bureaucracy and paperwork do not create an opportunity cost that impairs a local institution's ability to properly identify and duly consider,those individuals whose performance needs redressing.

We propose that the most effective approach would be to draw on the wealth of existing local expertise. Medical Directors perform a core role across a wide remit within the NHS. However, we question the merit of allocating sole responsibility for institutional sign-off for revalidation to one, often over-committed, individual. Under existing practice, clinical academic staff are assessed by the principles established by the 'Follett' Report, whereby Medical Directors and Heads of Medical Schools liaise closely on appraisal and job planning. If revalidation were to encompass aspects of an individual's academic work, then it is imperative that academic representation is appropriately included at all levels of the process. Any loss of the duality of the 'Follett' approach to appraisal would significantly disadvantage clinical academic staff and could potentially lead to a loss of confidence in the reforms.

The Academy would like to propose the following models for Responsible Officers:

- In many University Hospital Trusts, it is customary for a senior clinical academic staff member, typically the Head (Dean) of the Medical School, to sit on the Trust Board. The role of the Responsible Officer could therefore be as appropriately delegated by the Board to the Dean (assuming they were clinically qualified) as to the NHS Medical Director. The Academy strongly supports the idea that medically-qualified Deans should in principle, and where locally agreed, be able to act as Responsible Officers for clinical academic staff.
- Alternatively, in Trusts affiliated to a Medical School, there could be an expectation that the Medical Director would normally delegate the Responsible Officer role for clinical academic staff to the Dean. At the very least, Responsible Officers should have a group of associates advising them who cover a range of expertise, including an academic representative, who could deputise for the Responsible Officer and provide the necessary input to assess the range of roles undertaken by clinicians.

Given the evolving spectrum of NHS and University/Medical School partnerships (including current interest in the 'Academic Health Science Centre' model), it would thus be appropriate to build in mechanisms for local agreements to determine the appointment of the Responsible Officer for groups such as clinical academic staff. Flexibility will be important: for example, in some settings it might be appropriate for the Director of an NIHR Biomedical Research Centre to be involved in advising the Responsible Officer.

In terms of ensuring confidence in the governance processes, it should be highlighted that contracts for clinical academic staff are mutually interdependent between the NHS and University. This duality provides appropriate checks and balances – a problem in one area of work will impact on the entirety of the contract (substantive and honorary) with both the University and NHS.

Clinicians working outside the NHS

The great majority of clinical academic staff will hold an honorary NHS contract with a local NHS Trust. However, for clinical academic staff who work outside the NHS, developing appropriate mechanisms for revalidation is clearly more complex. Royal Colleges and Faculties may be able to assist in this process. It appears from Figure 1: 'Linking doctors to a responsible officer' (presented on page 15 of the consultation document) that there will be a small number of academic clinicians who fall into the bottom box, where arrangements have yet to be defined. It will be important to identify all those groups who might find themselves in this position, and further consideration must be given to Responsible Officers for such discrete cohorts of clinicians across varying settings. One exemplar group are clinicians who opt to work overseas for a period of time. Our position paper outlines an example of senior UK clinicians leading significant programmes overseas, whose position is dependent on holding UK medical registration and therefore a licence. For the UK to maintain and enhance its status as a global leader in healthcare and innovation, it is vital that such individuals are supported, allocated an appropriate Responsible Officer, and revalidated through appropriate mechanisms.

Appropriate alignment and communication across the devolved administrations
Given that the role and regulations for Responsible Officers do not cover all UK countries, there must be appropriate alignment of processes and robust communication mechanisms to ensure equitability and, crucially, to facilitate mobility of staff.

The Academy understands that the mechanisms for revalidation are still being developed by various organisations. As we have stressed, it is imperative that all elements of revalidation, i.e. relicensing and recertification are equitable for all doctors, irrespective of their work setting. In order to promote flexibility in career trajectories and encourage movement between sectors, careful consideration must be given to how the revalidation process is implemented across the NHS and other healthcare sectors.

If you would like to discuss our comments further, please do get in touch with myself or Dr Suzanne Candy, Director of Biomedical Grants and Policy,
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With kind regards,

Yours sincerely,