

Responsible Officer and Appraisal Networks Information Sheet CV2

Coronavirus crisis: Governance arrangements for returning doctors (1.0, 23 April 2020)

GMC and DHSC have confirmed the following approach to governance arrangements for doctors returning to help with the coronavirus crisis:

- The GMC has decided that doctors with temporary emergency registration do not need to participate in revalidation. The GMC made that decision for pragmatic reasons rather than because there is anything in legislation that necessarily exempts them. The GMC took the decision on the following basis:
 - Most of these doctors will hold temporary emergency registration for less than 1 year and certainly less than 5 years so are unlikely to ever require a revalidation recommendation.
 - The GMC do not want to add burden on to the health services to identify and process prescribed connections for up to 30 000 new doctors.
 - The GMC also do not want to add burden on to the health services to establish appraisal for these doctors.
- Ultimately, appraisal is a matter for individual organisations but it's unlikely that appraisals for this group of doctors will be a priority - particularly since they will not be required to revalidate.
- The responsible officer regulations are DHSC regulations so are not owned by the GMC. The DHSC support the GMC's view that there are no legislative requirements (under the temporary emergency registration) for appraisal and a relationship to a responsible officer and designated body. Therefore, the oversight becomes a matter for local decision making.
- The underlying principle is not to burden the system by insisting that designated body connections are established for each of these individual doctors. It would not necessarily bring any added benefit given that:
 - Designated bodies and responsible officers remain in place and their responsibilities for establishing and maintaining clinical governance systems under the regulations continue;
 - These clinical governance systems cover pre-employment, responding to concerns, performance management and a range of other oversight and monitoring activities in addition to appraisal;
 - Doctors are expected to engage with clinical governance systems in all organisations where they work whether or not they have a prescribed connection;
 - It is good and usual practice (although not currently legislated) that clinical governance systems (with the exception of appraisal) are available and applied to all doctors working in a healthcare organisation. These systems

These information sheets are written on an ad hoc basis, on issues of relevance to responsible officers and their teams, medical appraisers and doctors.

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are designed to support the effective working of the organisation and not for the purposes of revalidation.

- Specifically considering performance management and responding to concerns - systems for this do fall within the responsibilities of the responsible officer. However, existing frameworks for managing performance including the Performers Lists regulations and MHPS still refer to the medical director (with no reference to the responsible officer role) so if concerns emerge in relation to a doctor with temporary registration (or any other doctor who does not have a prescribed connection to that organisation) the medical director is still able to initiate an investigation or take any other action under MHPS or the Performers Lists regulations.
- The GMC has established a process for reviewing any concerns that arise about a doctor with temporary emergency registration. A responsible officer can continue to refer concerns to the GMC. The GMC can take steps to swiftly remove temporary registration from the doctor without going through the standard Fitness to Practise processes.
- A responsible officer with a query about this communication should contact their Employer Liaison Advisor.

This information sheet is relevant to all designated bodies in England

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