

Responsible Officer and Appraisal Networks Information Sheet 21

Reviewing all roles in a doctor's scope of work

(v1.0, Oct 2018)

Doctors commonly work in several different roles and for a number of different organisations. This information sheet aims to guide the doctor and their appraiser in judging the portfolio of information needed to confirm whether the doctor is up to date and fit to practise in each of their roles, proportionate to the role in question.

The appraiser is well-placed to support both the doctor and the responsible officer in demonstrating the necessary assurance by reviewing the doctor's submission and offering suggestions, advice and challenge/reassurance as appropriate.

The following principles apply:

- In every role both the doctor and the engaging organisation share responsibility for the support and supervision of the doctor to ensure patient safety and the doctor's professional development.
- Some roles need more careful monitoring than others – a doctor should not be burdened by a standard disproportionate to the associated risk. Many skills are generic and read-across between roles is often appropriate.
- Where standards exist for a particular role the doctor should adhere to these.

For each role a doctor should describe in their appraisal documentation how they qualified for it, keep up to date and know they are doing a good job. They should also provide supporting information consistent with GMC requirements, proportionate to the nature of the role and the organisational governance supporting them.

Best practice is a comprehensive in-post review that is an output of an effective governance process in the organisation. Where there is limited governance support for the doctor, a self-review or self-organised peer review based on the GMC supporting information principles may be helpful. There are a variety of ways to structure this, such as Appendix B of the link below. A letter from the organisation (sometimes called a 'scope of work letter') can help but only if supported by facts.

Where a doctor does not provide suitable information about a role, this may be highlighted before the appraisal and should be discussed at the appraisal with a view to defining a PDP goal to address the gap. It should not be common practice to insist on additional information at short notice between submission and the appraisal meeting, unless the overall submission is insufficient or a patient safety issue applies.

It may occasionally be helpful to bring the responsible officer into the conversation. They can raise the matter of support and governance directly with the organisation, to benefit the doctor, the organisation and patient care.

Link: <https://www.england.nhs.uk/revalidation/appraisers/improving-the-inputs-to-medical-appraisal/>.

This information sheet is relevant to all designated bodies in England.

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

The latest version of all ROAN Information Sheets is available online via our SharePoint site. Contact england.revalidation-pmo@nhs.net for access.