



**The Regulation and  
Quality Improvement  
Authority**

## **Announced Inspection**

<b>Name of Establishment:</b>	<b>Northern MRI Ltd, Malone Private Clinic</b>
<b>Establishment ID No:</b>	<b>11169</b>
<b>Date of Inspection:</b>	<b>11 February 2015</b>
<b>Inspector's Name:</b>	<b>Winnie Maguire</b>
<b>Inspection No:</b>	<b>17400</b>

**The Regulation and Quality Improvement Authority  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501**

**1.0 General Information**

<b>Name of establishment:</b>	Northern MRI Ltd Malone Private Clinic
<b>Address:</b>	93 Malone Road Belfast BT9 6SP
<b>Telephone number:</b>	028 90660050
<b>Registered organisation/ registered provider:</b>	Northern MRI Ltd Dr Mark Hampton
<b>Registered manager:</b>	Mrs Angela Garland
<b>Person in charge of the establishment at the time of inspection:</b>	Dr Mark Hampton
<b>Registration category:</b>	PD (Private Doctor)
<b>Date and time of inspection:</b>	11 February 2015 10:00-12:00
<b>Date and type of previous inspection:</b>	Announced 4 March 2014
<b>Name of inspector:</b>	Winnie Maguire

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the regulations and DHSPPS Minimum Care Standards for Independent Healthcare Establishments, July 2014, measured during the inspection were met.

## **2.1 Purpose of the inspection**

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, the minimum standards and to consider whether the service provided to patients was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of private doctor services, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Independent Health Care Regulations (Northern Ireland) 2005
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011
- The Department of Health, Social Services and Public Safety's (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments

Other published standards which guide best practice may also be referenced during the inspection process.

## **2.2 Methods/Process**

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning. The self-assessment was forwarded to the provider prior to the inspection and was reviewed by the inspector prior to the inspection. The inspection process has three key parts;

self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information and self-assessment
- Discussion with Dr Mark Hampton ,the registered provider/manager
- Examination of records
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

The completed self- assessment is appended to this report.

### 2.3 Consultation Process

During the course of the inspection, the inspector:

Reviewed patient feedback questionnaires, issued by the clinic	30
Spoke with staff	2

### 2.4 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Minimum Care Standards for Independent Healthcare Establishments and to assess progress with the issues raised during and since the previous inspection.

- Standard 1 – Informed Decision Making
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 8 – Records
- Standard 9 – Clinical Governance
- Standard 10 – Qualifications Practitioners, Staff and Indemnity
- Standard 11 – Practising Privileges
- Standard 16 – Management and Control of Operations
- Standard 18 – Dealing with Medical Emergencies

### **3.0 Profile of Service**

Northern MRI Centre – Malone Clinic is located on the Malone Road, South Belfast and is close to local amenities and public transport routes.

Private car parking is available for patients.

The establishment is accessible for patients with a disability.

Dr Mark Hampton operates as a private doctor from the clinic. His work involves medical consultation specialising in orthopaedic and sports medicine to patients over the age of 18. He also provides, on occasions, medical cover to the MRI service when IV contrast is required for patients, this includes in exceptional circumstances undertaking IV cannulation and administering contrast. This is the only involvement he has with the MRI service, which does not require to be registered in its own right with the RQIA.

The establishment's statement of purpose outlines the range of services provided.

Northern MRI Centre – Malone Clinic is registered as an independent clinic with a private doctor category of registration. Dr Hampton is currently the only private doctor who provides medical services at the clinic. This report refers to the private doctor service only.

Dr Hampton has been the registered person and Ms Garland has been the registered manager since November 2011.

### **4.0 Summary of Inspection**

An announced inspection was undertaken by Winnie Maguire on 11 February 2015 from 10:00 to 12:00. The inspection sought to establish the compliance being achieved with respect to The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011, and the DHSSPS Minimum Care Standards for Independent Healthcare Establishments. There were no requirements or recommendations made as a result of the previous annual announced inspection on 4 March 2014.

The inspection focused on the DHSSPS Minimum Care Standards for Independent Healthcare Establishments outlined in section 2.4 of this report.

Dr Hampton was available during the inspection and for verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

A Statement of Purpose and Patient Guide were in place which reflected legislative and best practice guidance.

The clinic provides comprehensive information to their patients on the types of services provided via patient information leaflets.

The establishment has robust systems in place to obtain the views of patients on a formal and informal basis. The inspector reviewed the summary report of the most recent patient satisfaction survey and found that patients were highly satisfied with the care and treatment provided. Some of the comments received can be viewed in the main body of the report.

Northern MRI Clinic has a complaints policy and procedure in place which was found to be in line with the DHSSPS guidance and legislation. No complaints have been received by the establishment, however systems are in place to effectively document, manage and audit complaints. The registered person displayed a good understanding of complaints management.

There is a defined management structure within the establishment and clear lines of accountability. The registered person and manager are responsible for the day to day running of the establishment and ensuring compliance with the legislation and standards.

The inspector reviewed the policy and procedures in relation to the absence of the registered manager and whistleblowing. They were found to be in line with legislation and best practice.

The registered person undertakes ongoing training to ensure that they are up to date in all areas relating to the provision of services.

The inspector also reviewed incident management and found this to be in line with legislation and best practice. No incidents have been recorded by the establishment however systems are in place to document and manage and report incidents in line with the legislation.

Systems are in place for dealing with alert letters.

The inspector reviewed the insurance arrangements for the establishment and found that current insurance policies were in place.

The establishment has a policy and procedure on the completion of clinical records.

The inspector reviewed six patient records relating to the private doctor service and found them to be completed in line with best practice and contained a contemporaneous record of all care and treatment provided to the patient.

The establishment has a policy and procedure on resuscitation in place. The inspector reviewed the arrangements for dealing with a medical emergency and found that they complied with best practice.

The inspector reviewed the personnel file of the private medical practitioner and found it to contain all of the information required by legislation. The medical practitioner was appropriately qualified to provide the private doctor services within the clinic.

There are formal systems in place for granting, maintaining, suspending and withdrawing practising privileges. The inspector reviewed a completed practising privileges agreement as part of the inspection process.

The certificate of registration was clearly displayed in the reception area of the establishment.

No requirements or recommendations were made as result of this inspection.

Overall, the establishment was found to be providing a safe and effective private doctor service to patients.

The inspector would like to extend her gratitude to Dr Hampton and the staff of Northern MRI Clinic for their hospitality and contribution to the inspection process.

## **5.0 Follow Up on Previous Issues**

No requirements or recommendations were made as a result of the previous inspection.

## 6.0 Inspection Findings

<b>STANDARD 1</b>	
<b>Informed Decision Making:</b>	<b>Patients and clients and prospective patients and clients have access to clear, accurate and accessible information about the establishment and the services it offers.</b>
<p>The clinic provides an information leaflet to all patients which outlines the services and treatments provided.</p> <p>The clinic has a website which contains comprehensive information regarding the types of treatment provided by the private doctor.</p> <p>Dr Hampton confirmed he provides individual written instructions if necessary.</p> <p>Information is written in plain English and when required is available in an alternative language or format.</p> <p>Information about services provided by the clinic was reviewed by the inspector and found to accurately reflect the types of private doctor service provided and were in line with General Medical Council (GMC) Good Medical Practice.</p> <p>The Statement of Purpose and Patient Guide were reviewed by the inspector and found to contain all of the information required by legislation. The Patient Guide will be made available in the waiting room.</p>	

### **Evidenced by:**

**Review of information provided to patients and other interested parties**  
**Information available in different language and formats**  
**Discussion with staff**



<b>STANDARD 5</b>	
<b>Patient and Client Partnerships:</b>	<b>The views of patients and clients, carers and family members are obtained and acted on in the evaluation of treatment, information and care</b>
<p>Dr Hampton obtains the views of patients on a formal and informal basis as an integral part of the service he delivers.</p> <p>As part of his revalidation Dr Hampton arranged for CFep organisation (approved by GMC) to conduct patient satisfaction survey of thirty patients in February 2014. A comprehensive report was provided outlining the results of the survey. The findings were very positive and patient comments included:</p> <p>“Dr Hampton’s attention to detail was excellent and the follow through care also.”  “Excellence is hard to improve on.”  “Very professional doctor”.  “I was very happy with my consultation and feel all my needs were met.”  “Dr Hampton is an excellent physician.”  “Very good, felt reassured.”  “Very professional service and treatment.”</p> <p>The survey report is made available to patients on request as outlined in the patient guide.</p>	

**Evidenced by:****Review of patient satisfaction surveys****Review of summary report of patient satisfaction surveys****Summary report made available to patients and other interested parties****Discussion with staff**

**STANDARD 7****Complaints:**

**All complaints are taken seriously and dealt with appropriately and promptly.**

The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation. The registered provider demonstrated a good understanding of complaints management.

All patients are provided with a copy of the complaints procedure, which is contained within the Patient Guide.

The inspector reviewed the complaints register and found that no complaints had been received by the establishment; however systems are in place to effectively document and manage complaints.

**Evidenced by:**

**Review of complaints procedure**

**Complaint procedure made available to patients and other interested parties**

**Discussion with staff**

**Review of complaints records**

**STANDARD 8****Records:**

**Records are maintained for every patient and client in accordance with legislative requirements and best practice guidelines.**

The establishment has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.

The establishment also has a policy and procedure in place for clinical record keeping in relation to patient treatment and care which complies with General Medical Council (GMC) guidance and Good Medical Practice.

The inspector reviewed six patient care records relating to the private doctor services and found that all entries were dated and signed by the medical practitioner and outlined a contemporaneous record of the treatment provided.

Any alterations or additions were dated, signed and made in such a way that the original entry could still be read.

The inspector discussed care records with the medical practitioner who displayed a good knowledge of effective records management. Patient care records are held in secure locked filing cabinets.

Information was available for patients on how to access their health records, under the Data Protection Act 1998. The establishment is registered with the Information Commissioner's Office (ICO).

The management of records within the establishment was found to be in line with legislation and best practice.

**Evidenced by:**

**Review of management of records policy**

**Review of management of records**

**Review of clinical record keeping policy and procedure**

**Review of patient care records**

**Review of storage arrangements for clinical records**

**Review of ICO registration**

**STANDARD 9****Clinical Governance:**

**Patients and clients are provided with safe and effective treatment and care based on best practice guidance, demonstrated by procedures for recording and audit.**

The registered provider and manager ensure the establishment delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards.

The registered person confirmed he recently attended a three day course in Dublin held in relation to sport and exercise medicine.

The establishment has systems in place to audit the quality of service provided. The inspector reviewed the following audits as part of the inspection process:

- Clinical audit
- Patient survey

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA. No incidents have occurred within the establishment since registration; however systems are in place to document and manage incidents appropriately.

The registered person confirmed that Northern MRI Clinic is indirectly involved in a regional dementia study by undertaking MRI scans. Dr Hampton is not currently involved in any research.

**Evidenced by:**

**Review of policies and procedures**

**Discussion with the registered provider.**

**Review of audits**

**Review of incident management**

**Review of research arrangements**

<b>STANDARD 10</b>	
<b>Qualified Practitioners, Staff and Indemnity</b>	<b>Staff are educated, trained and qualified for their role and responsibilities and maintain their training and qualifications.</b>
<p>The inspector reviewed the details of the medical practitioner and confirmed that:</p> <ul style="list-style-type: none"> <li>• There was evidence of confirmation of identity</li> <li>• There was evidence of current registration with the General Medical Council (GMC)</li> <li>• The medical practitioner is covered by the appropriate professional indemnity insurance</li> <li>• Evidence of enhanced Access NI disclosure check</li> <li>• There was evidence of ongoing professional development and continuing medical education that meet the requirements of the Royal Colleges and GMC</li> <li>• There was evidence of ongoing annual appraisal by a trained medical appraiser</li> </ul> <p>The inspector confirmed that medical practitioner has an appointed responsible officer.</p> <p>Arrangements are in place for dealing with professional alert letters,</p> <p>Discussion with Dr Hampton confirmed as a medical practitioner he is aware of his responsibilities under GMC Good Medical Practice.</p>	

**Evidenced by:**

**Review of details for verification of registration status with professional bodies**  
**Review of professional indemnity insurance**  
**Review of arrangements for dealing with alert letter**  
**Review of training records**

<b>STANDARD 11</b>	
<b>Practising Privileges:</b>	<b>Medical practitioners may only use facilities in the establishment for consultation with and treatment of patients if they have been granted practising privileges.</b>
<p>Northern MRI Clinic has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.</p> <p>The inspector reviewed the medical practitioner's details and confirmed that there was a written agreement between the medical practitioner and the establishment setting out the terms and conditions of practising privileges which has been signed by both parties.</p> <p>There are systems in place to review practising privileges agreements every two years.</p>	

**Evidenced by:**

**Review of practising privileges policy and procedures**  
**Review of practising privileges agreements**  
**Review of medical practitioner's personnel files**  
**Discussion with staff**

<b>STANDARD 16</b>	
<b>Management and Control of Operations:</b>	<b>Management systems and arrangements are in place that ensure the delivery of quality treatment and care.</b>
<p>There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.</p> <p>Following inspection the establishment furnished the inspector with an absence of registered manager policy and procedure which includes ensuring that RQIA is notified if the registered manager is absence for more than 28 days and the interim management arrangements for the establishment.</p> <p>Review of the training records and discussion with the registered person confirmed that they undertake training relevant to their role and responsibilities within the organisation.</p> <p>The inspector reviewed the establishment's Patient Guide and Statement of Purpose and found them to be in line with the legislation.</p> <p>There is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice and the support mechanisms available to those staff.</p> <p>The inspector discussed the insurance arrangements within the establishment and confirmed current insurance policies were in place. The certificates of registration and insurance were clearly displayed in the reception area of the premises.</p>	

**Evidenced by:**

**Review of policies and procedures**  
**Review of training records**  
**Review of Patient Guide**  
**Review of Statement of Purpose**  
**Review of insurance arrangements**

<b>STANDARD 18</b>	
<b>Dealing with Medical Emergencies:</b>	<b>There are arrangements in place in case of medical emergencies.</b>
<p>The establishment has a policy and procedure on resuscitation in place which is in line with the Resuscitation Council (UK) guidelines. (Provided following inspection)</p> <p>The inspector reviewed the arrangements for dealing with a medical emergency.</p> <p>The medical practitioner has undertaken basic life support training within the past year.</p> <p>There was equipment and medication available for the management of a medical emergency. Systems are in place to check the equipment and medication on weekly basis.</p>	

**Evidenced by:**

**Review of resuscitation policy and procedure**  
**Review of equipment and checks**  
**Review of emergency medication and checks**  
**Review of training records**  
**Discussion with staff**



## **7.0 Quality Improvement Plan**

The details of the inspection were discussed with Dr Mark Hampton as part of the inspection process.

This inspection resulted in no recommendations or requirements being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Winnie Maguire  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**

(R)

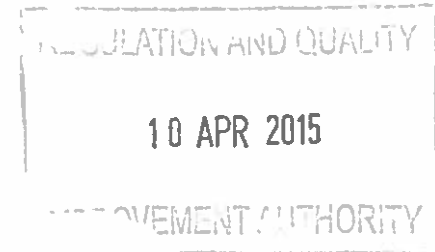
Inspection ID: 17400



**Report Approval**  
**Announced Inspection**


**Northern MRI Ltd – Malone Private Clinic**


**11 February 2015**



No requirements or recommendations resulted from the announced inspection of Northern MRI Ltd, Malone Private Clinic which was undertaken on 11 February 2015 and I agree with the content of the report. Return this QIP to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk).

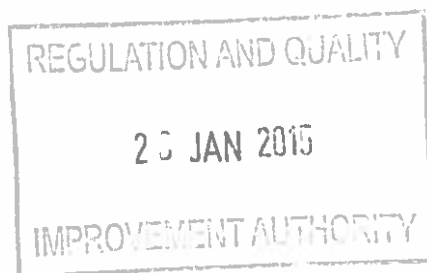
Please provide any additional comments or observations you may wish to make below:

<b>Name of registered manager completing</b>	Angela Garland
<b>Name of responsible person/identified responsible person approving</b>	Mark Hampton 

<b>Approved by: (Inspector to complete)</b>	<b>Date</b>
	13/4/15



**The Regulation and  
Quality Improvement  
Authority**



**Pre-Inspection Self-Assessment  
Private Doctor**

**Name of Establishment:** Northern MRI Ltd, Malone Private Clinic

**Establishment ID No:** 11169

**Date of Inspection:** ~~13 January 2015~~ 11 February 2015

**Inspector's Name:** Winnie Maguire

**Inspection No:** 17400

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## **1.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

The aim of inspection is to examine the policies, procedures, practices and monitoring arrangements for the provision of a private doctor service, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Independent Health Care Regulations (Northern Ireland) 2005
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011
- The Department of Health, Social Services and Public Safety's (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments July 2014

Other published standards which guide best practice may also be referenced during the inspection process.

## **2.0 Self-Assessment**

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment.

Where asked in the self-assessment you are required to indicate a yes or no response. You are also asked to provide a brief narrative in the "text box" where applicable.

Following completion of the self-assessment, please return to RQIA by the date specified.

The self-assessment will be appended to the report and made available to the public. No amendments will be made by RQIA to your self-assessment response.

### 3.0 Self-Assessment Tool

#### Management of Operations

	YES	NO
Has any structural change been made to the premises since the previous inspection?		✓
Have any changes been made to the management structure of the clinic since the previous inspection?		✓
Yes, please comment		

#### Policies and Procedures

	YES	NO
Does the clinic have a policy and procedure manual in place which is reviewed at least every 3 years or as changes occur?	✓	
Are the policies and procedures for all operational areas in line with legislation and best practice guidelines?	✓	
Do all policies and procedures contain the date of issue, date of review and version control?	✓	
Are all policies and procedures ratified by the registered person?	✓	
No, please comment		

#### Records Management

	YES	NO
Does the clinic have a policy and procedure in place for the creation, storage, transfer, retention and disposal of and access to records in line with the legislation?	✓	
Are care records maintained for each individual patient?	✓	
Do the care records reflect the patient pathway from referral to discharge?	✓	
Are arrangements in place to securely store patient care records?	✓	
No, please comment		

### **Patient Partnerships**

	YES	NO
Does the clinic have systems in place to obtain the views of patients regarding the quality of treatment, care and information provided?	✓	
Does the clinic make available a summary report of patient feedback to patients and other interested parties?	✓	
<b>No, please comment</b>		

### **Resuscitation**

	YES	NO
Does the clinic have a resuscitation policy and procedure in place which is in line with the Resuscitation Council (UK) guidance?	✓	
Is resuscitation equipment readily accessible in all clinical areas?	✓	
Are arrangements in place to ensure resuscitation equipment is checked regularly and restocked to ensure all equipment remains in working order and suitable for use at all times?	✓	
<b>No, please comment</b>		

### **Safeguarding**

	YES	NO
Does the clinic have a protection of vulnerable adults policy and procedure in place which is in line with the legislation and regional guidance?	✓	
Does the clinic have a safeguarding children policy and procedure in place which is in line with the legislation and regional guidance? (where applicable)	✓	
Does the clinic have a whistle-blowing policy and procedure in place?	✓	
<b>No, please comment</b>		

### **Complaints**

	YES	NO
Does the clinic have a complaints policy and procedure in place which is in line with the legislation and the DHSSPS guidance on complaints handling in regulated establishments and agencies April 2009?	✓	
Are all complaints documented, fully investigated and have outcomes recorded in line with the legislation and the clinic's complaints policy and procedure?	✓	
No, please comment		

### **Incidents**

	YES	NO
Does the clinic have an incident policy and procedure in place which complies with the legislation and RQIA guidance?	✓	
Are all incidents reported, documented, fully investigated and have outcomes recorded in line the legislation, RQIA guidance and the clinic's policy and procedure?	✓	
No, please comment		

### **Infection Prevention and Control**

	YES	NO
Does the clinic have an infection prevention and control policy and procedure in place?	✓	
Are appropriate arrangements in place to decontaminate equipment between patients (where appropriate)?	✓	
No, please comment		



### Recruitment of staff

	YES	NO
Does the clinic have a recruitment and selection policy and procedure in place?	✓	
Is all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 retained and available for inspection?	✓	
Have all staff had an enhanced AccessNI disclosure undertaken, prior to commencing employment?		✓
<b>No, please comment</b> Enhanced Access NI disclosure undertaken for all key members of staff.		

### Staffing

	YES	NO
Is there appropriate numbers of suitably qualified, skilled and experienced staff on duty to meet the assessed needs of the patients and the operational requirements of the clinic?	✓	
<b>No, please comment</b>		

### Mandatory Training

	YES	NO
Are arrangements in place for all new staff to participate in an induction programme relevant to their roles and responsibilities?	✓	
Are arrangements in place for staff to access continuing professional development opportunities in line with the requirements of their professional bodies?	✓	
Are training records available which confirm that the following mandatory training has been undertaken:		
	YES	NO
Moving and Handling (where applicable) – annually	✓	
Protection of vulnerable adults (where services are provided to vulnerable adults)– every 3 years		✓
Safeguarding children ( where services are provided to children) – every 3 years		✓
Infection prevention and control training – annually	✓	
Fire safety – annually	✓	

Basic adult life support - annually	<input checked="" type="checkbox"/>	
Basic paediatric life support (where services are provided to children) - annually		<input checked="" type="checkbox"/>
<b>If No, please comment</b> Under 16s not treated by registered provider.		

### Appraisal

	YES	NO
Does the clinic have an appraisal policy and procedure in place?	<input checked="" type="checkbox"/>	
Are systems in place to provide recorded annual appraisals for staff?	<input checked="" type="checkbox"/>	
<b>No, please comment</b>		

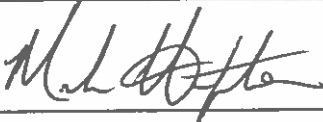
### Medical Practitioners

	YES	NO
Are systems in place to ensure medical practitioners have a current registration with the General Medical Council (GMC)?	<input checked="" type="checkbox"/>	
Are policies and procedures in place to grant, review and withdraw practising privilege agreements for medical practitioners?	<input checked="" type="checkbox"/>	
Are practising privileges agreements in place for all medical practitioners? (where applicable)	<input checked="" type="checkbox"/>	
Are systems in place to ensure that medical practitioners have up to date professional indemnity insurance?	<input checked="" type="checkbox"/>	
Are systems in place to ensure that medical practitioners have an annual appraisal undertaken with a trained medical appraiser?	<input checked="" type="checkbox"/>	
Are arrangements in place to ensure medical practitioners have a responsible officer?	<input checked="" type="checkbox"/>	
<b>No, please comment</b>		

#### 4.0 Declaration

To be signed by the registered provider or registered manager for the establishment.

I hereby confirm that the information provided above is, to the best of my knowledge, accurately completed.

Name	Signature	Designation	Date
MARK HAMPTON		Registered Provider	26/1/15