Effective clinical governance for the medical profession:

A handbook for organisations employing, contracting or overseeing the practice of doctors

Contents

Who is the handbook for?

This handbook is aimed at organisations which employ, contract or oversee the practice of doctors in the UK. In the majority of cases these organisations will also be designated bodies (DBs). It is also relevant for healthcare providers in the crown dependencies and suitable persons.*
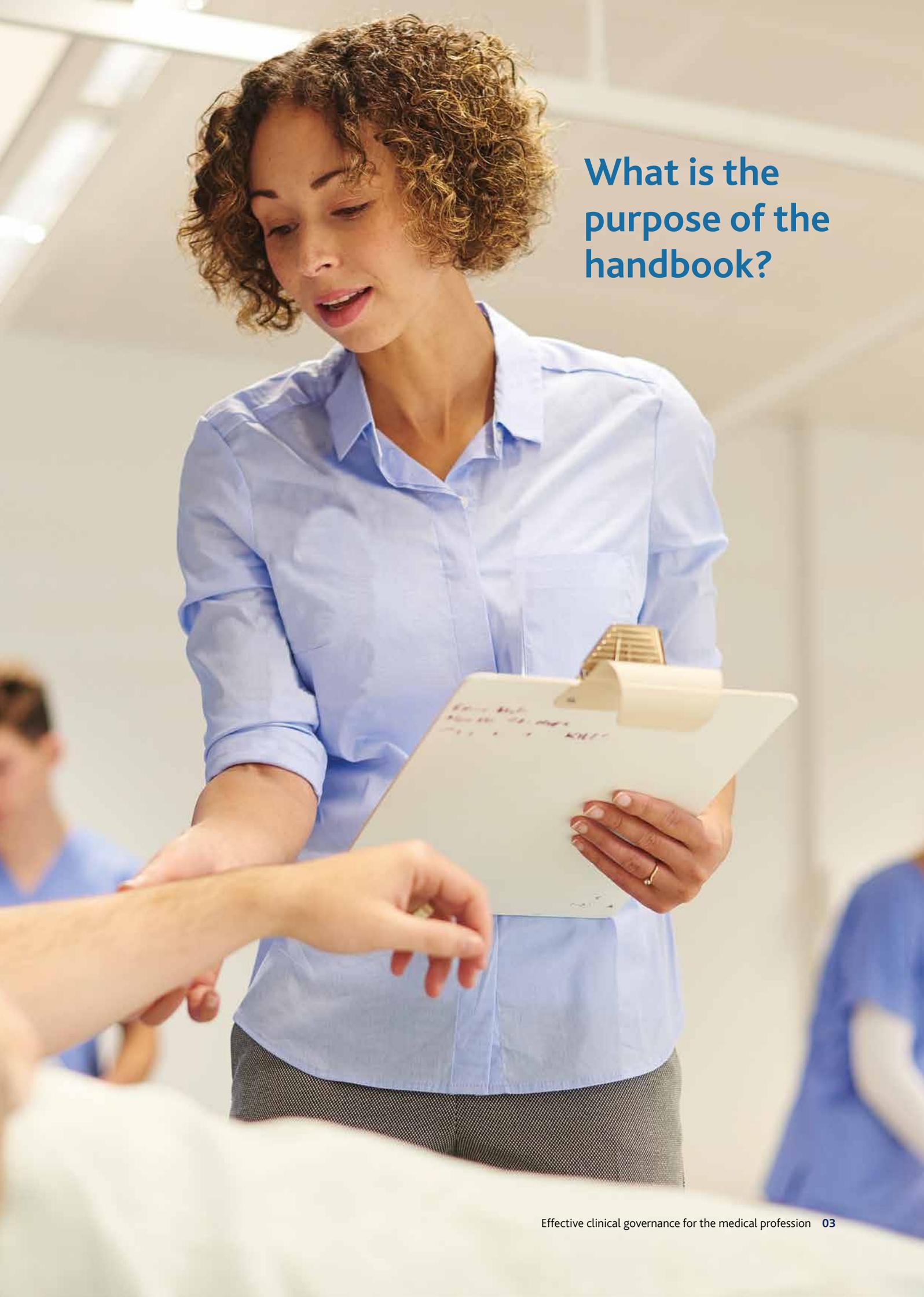
In particular, the handbook is designed for those individuals or groups of individuals who play an important leadership role in delivering and assuring the quality of clinical governance processes for doctors. In most cases this will be the board or governing body of an organisation but it may also include owners of private organisations and, in some circumstances, individual doctors. Those involved in managing and delivery clinical governance will also find the handbook a useful resource.

For ease of reference the handbook will use the terms 'organisation' and 'board' when referring to individuals or groups of individuals responsible for leading in the delivery and assurance of clinical governance processes in an organisation. In addition when we refer to patients we do so in the broadest sense. This includes, for example, service users, customers and clients.

*   https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/becoming-and-acting-as-a-suitable-person

What is the purpose of the handbook?

It aims to provide boards with a description of the core principles underpinning effective clinical governance for doctors focussing particularly on responsibilities outlined in the Responsible Officer (RO) regulations.[*] In doing so it acts as a resource to support organisations in evaluating the effectiveness of their local arrangements including:

- Leadership, delivery and quality of clinical governance for doctors
- Medical revalidation
- Identifying and responding to concerns about doctors
- Pre-employment checks for doctors[†]

Responsibilities for and delivery of various aspects of clinical governance for doctors are different across the UK, sectors and type of organisation. They are also dependent on whether an organisation acts at a national or local level. For this reason the handbook may require a certain level of interpretation by organisations to ensure they maximise its benefits. It should also be used in conjunction with other relevant clinical governance guidance.

There is no specific requirement to report against the Handbook but organisations may find it useful to record, alongside other relevant standards and guidance, how it has been used in practice, when preparing for future inspection and internal audit work. It may also be used as an aid to annual board reporting.

More information about the signatories can be found on their websites:

Care Quality Commission
Crown Commercial Service
General Medical Council
Healthcare Improvement Scotland
Healthcare Inspectorate Wales

National Guardian
NHS England
NHS Improvement
Regulation Quality Improvement Authority

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[*] https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/making-a-recommendation-about-a-doctors-revalidation

[†] The RO Regulations only impose obligations in respect of pre-employment checks on responsible officers in England; Reg. 16(2) Medical Profession (Responsible Officers) Regulations 2010.

Effective clinical governance for the medical profession

> 66 **Clinical governance is the system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence can flourish.**
>
> **Effective clinical governance contributes to the safety and quality of patient care. Good clinical governance must support the early identification of risks and concerns that lead to individual, team and wider organisational learning.** 99

Roles and responsibilities in clinical governance

Responsibility for ensuring the quality and safety of healthcare services sits first and foremost with organisations and the individual professionals working within them. Regulatory and quality improvement bodies also play an important role in promoting this.
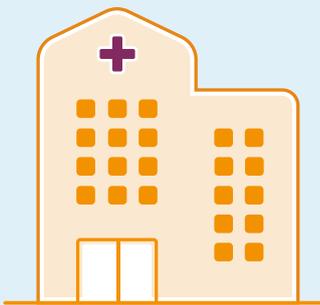
Organisations

- Put in place clinical governance systems which promote and protect the interests of patients.
- Create an environment which supports doctors in meeting their professional obligations.

Doctors

- Practise in accordance with the principles and values set out in Good Medical Practice and participate in revalidation.
- Participate in the systems and processes put in place by organisations to protect and improve patient care.

Regulators and quality improvement agencies

Improve the quality of care by:
- Monitoring, and where relevant, enforcing compliance with standards and regulations.
- Sharing information and intelligence in relation to patient-safety.
- Promoting a culture of continuous improvement and learning
- Acting decisively to protect the public when risks to patient-care or well-being emerge.

Clinical governance for doctors

Developing, operating and quality assuring clinical governance for doctors is a key responsibility for organisations and boards. It includes making sure there are clear lines of accountability throughout organisations and visible leadership from boards. Encouraging and actively supporting the professional development of doctors is also an important feature.

There are a number of processes and activities which can support clinical governance for doctors. This Handbook focuses particularly on those outlined in the RO regulations:
• Medical revalidation
• Identifying and responding to concerns
• Pre-employment checks.*

Medical revalidation is a fundamental part of clinical governance for doctors. It provides patients and the public with assurance that doctors in the UK are part of a governed system which checks their fitness to practise on a regular basis and supports their continuous improvement and development. It also supports the identification and management of concerns at an early stage.

Specific roles and responsibilities for those involved in the management and delivery of medical revalidation, including responsible officers, can be found on the GMC's website.

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*   The RO Regulations only impose obligations in respect of pre-employment checks on responsible officers in England; Reg. 16(2) Medical Profession (Responsible Officers) Regulations 2010.

Principles

The following four principles underpin effective clinical governance for the medical profession. Embedding them will help organisations develop systems and processes in a way which supports the delivery of high quality patient care.

1 **Organisations create an environment which delivers effective clinical governance for doctors.**

Clinical excellence and the well-being of doctors are at the centre of the organisation's approach to deliver high-quality patient care.

2 **Clinical governance processes for doctors are managed and monitored with a view to continuous improvement.**

Well-structured and governed systems with learning and continuous improvement at their heart promote confidence in patients and doctors.

3 **Safeguards are in place to ensure clinical governance arrangements for doctors are fair and free from bias and discrimination.**

It is important patients, doctors, and other healthcare professionals have confidence that clinical governance arrangements for doctors are fair. Transparency of processes, including sharing of information and how decisions are made, play a key role in this.

4 **Organisations deliver clinical governance processes required to support medical revalidation and the evaluation of doctors' fitness to practise.**

Organisations have a responsibility to ensure their clinical governance arrangements support the medical workforce to practise safely and meet their professional obligations. But also to identify and respond to concerns about doctors as they emerge.

Effective clinical governance for the medical profession checklist

The checklist below provides further detail on the principles and how to apply them in practice (outcomes and associated descriptions). It also contains a series of questions (prompts) which organisations and boards can use to help them evaluate whether their clinical governance arrangements for doctors are effective. The checklist should be considered as a tool to support the development of good practice rather than defining a set of additional requirements for organisations to meet.

A checklist self-assessment template along with other supporting materials can be found on the GMC's website.

Effective clinical governance for medical profession checklist

Effective clinical governance for medical profession checklist

1 **Principle 1 – Organisations create an environment which delivers effective clinical governance for doctors**

Outcome	Description	Prompts
1a **Your organisation's board has the knowledge, skills, competences and access to relevant information to enable it to exercise its responsibilities effectively with respect to clinical governance for doctors.**	Your organisation's board receives training and development opportunities necessary to effectively discharge their responsibilities around clinical governance for doctors, and to understand their accountability for the quality of care provided by doctors. Your organisation's board has access to summary information and data from clinical governance processes for doctors (including complaints, incident reporting, medical appraisal, management of concerns about doctors and clinical indicators) and the ability to interpret and scrutinise the information appropriately. Clinical/medical leaders including responsible officers are given access to your organisation's board and provide input on matters relating to clinical governance for doctors. A suitably qualified and trained non-executive director has a specific role in providing support and challenge to the board on clinical governance systems for doctors including revalidation and management of concerns.	How does your organisation ensure the board (including non-executive directors) has the right training and development opportunities to support the effective oversight of clinical governance arrangements for doctors? How does your organisation identify the clinical governance information about doctors it needs to undertake its role effectively? How does your organisation ensure the board is kept up dated on changes to clinical governance processes for doctors and the impact of those changes? How does your organisation's board engage with clinical/medical leaders?

Outcome	Description	Prompts
1b **Your organisation's board provides leadership on promoting the importance of clinical governance for doctors.**	Your organisation actively promotes the benefits of effective clinical governance processes for doctors (including those that support access to supporting information for appraisal and medical revalidation). This includes the positive contribution those processes make to the professional development of individuals and ultimately safe and effective patient care. Your organisation works with local patient groups to publicise and promote awareness of the revalidation processes it has in place to make sure doctors are up to date and fit to practise, including an understanding of how concerns about doctors are dealt with. Your organisation ensures all doctors working within the organisation including locum doctors, doctors in training and clinical academics, for example, have access to clinical governance information about their practice.	How does your organisation demonstrate its commitment to the delivery of effective governance processes for doctors? How does your organisation ensure doctors (including locum doctors, doctors in training and clinical academics, for example) have access to information about their practice and are encouraged to use it as part of their professional development? How does your organisation work with local patient groups to promote awareness of revalidation processes and how they are applied locally?

Outcome	Description	Prompts
1c **Your organisation's board actively encourages a culture of honesty, learning and improvement.**	Your organisation makes sure systems are in place to give early warning of any failure, or potential failure, in the clinical performance of individuals or teams. These may include systems for conducting audits and considering patient feedback and making sure any concerns about the performance of an individual or team are investigated and, if appropriate, addressed quickly and effectively. Your organisation ensures there are readily available and accessible policies and processes in place which encourage doctors to speak up and which ensure doctors are not at risk of detrimental treatment as a result of doing so. This includes ensuring your organisation can demonstrate how decisions made about the issues raised by doctors speaking up are fair. Doctors have a professional duty of candour. Your organisation puts in place processes to support them in reporting adverse incidents, and near misses, and in being open and honest with patients if something goes wrong with their care. Your organisation puts systems in place to monitor, review, and improve patient care by: • Collecting and sharing information on patient experience and outcome • Training staff in patient safety and supporting them to report adverse incidents And makes sure systems or processes are in place so that: • lessons are learnt from analysing adverse incidents and near misses • lessons are shared with the healthcare team • concrete action follows on from learning • practice is changed where needed.	How does your organisation make sure it responds quickly when things go wrong? How does your organisation evaluate whether its policies for speaking up are effective? For example, do they result in creating unintended barriers to those who wish to speak up? Does your organisation offer sufficient assurance to those raising concerns that they will not suffer as a result of speaking up and that there is a zero tolerance approach to victimising staff who speak up? What steps does your organisation have in place to support doctors who have spoken up? How does your organisation make sure that decisions made about doctors who speak up are fair and transparent, and this can be demonstrated if necessary? How does your organisation make sure challenges made about clinical governance processes are recorded, acted on, and the outcomes fed back to those who raised concerns? How does your organisation identify opportunities for learning and improvement from matters raised by workers speaking up? How does your organisation support and encourage staff in being open and honest with patients when things go wrong?

Outcome	Description	Prompts
	Doctors are supported in giving honest and open feedback on their colleagues, and there are systems and processes in place to make sure that any workplace issues raised are addressed fairly.	How does your organisation support doctors to provide honest and open feedback about their colleagues?
1d **Your organisation's board monitors risks associated with clinical governance systems for doctors.**	Your organisation's board plays a proactive role in identifying, monitoring and manging risks to clinical governance systems for doctors. Your organisation makes use of available information to inform their clinical governance arrangements for doctors, such as the GMC's organisational dashboard for revalidation and fitness to practise.	How does your organisation ensure it has a clear view of risks associated with clinical governance systems for doctors? How does your organisation assure itself that the risks are being reviewed and managed appropriately? How could the reporting systems for your organisation's board on risks associated with clinical governance systems for doctors be improved?

2 Principle 2 – Clinical governance processes for doctors are managed and monitored with a view to continuous improvement

Outcome	Description	Prompts
2a **Your organisation's board ensures internal and external quality assurance is undertaken to ensure the robustness of clinical governance processes for doctors.**	Your organisation seeks internal and external assurance that clinical governance systems for doctors are operating effectively. Your organisation ensures recommendations from quality assurance exercises are taken forward and reviewed on a regular basis. Your organisation encourages lay involvement in their quality assurance processes, to provide independent scrutiny and challenge, and to increase public confidence that local governance is robust. Local medical education providers meet the requirements within the GMC's Promoting Excellence guidance. This includes making sure: • That education and training for doctors is a valued part of the organisational culture • Doctors are actively supported to participate in education and training. • That the environment and culture with your organisation meets learners' and educators' needs, is safe, open, and provides a good standard of care and experience for patients.	What quality assurance activity does your organisation undertake to assess the robustness of its clinical governance processes for doctors? How does your organisation assure itself clinical governance processes generate accurate, timely and reliable data to support continuous monitoring? In what ways does your organisation use lay representation to support and improve clinical governance for doctors? How does your organisation measure whether quality improvement activities undertaken have improved patient care?

Outcome	Description	Prompts
2b **Your organisation's board ensures learning is used to continually improve clinical governance processes for doctors.**	Your organisation demonstrates a commitment to making clinical governance processes for doctors more robust, by overseeing their continuous improvement. Your organisation encourages learning drawn from your own organisation's systems and experience, as well as from good practice in other organisations and feedback from patients and patient groups.	How is the continuous improvement of clinical governance for doctors planned, delivered and reviewed within your organisation? What examples can you provide of incorporating learning from good practice in other organisations and patients and patient groups into your organisation's clinical governance systems for doctors?

3 Principle 3 – Safeguards are in place to make sure clinical governance processes for doctors are fair and free from discrimination and bias

Outcome	Description	Prompts
3a **Your organisation's board provides leadership on equality, diversity and inclusivity (EDI) by overseeing and scrutinising development and implementation of EDI strategies.**	Your organisation's board members act as role models and ambassadors for EDI issues. Your organisation ensures clinical governance policies for doctors are fair and free from bias and discrimination by ensuring they: • Remove or minimise disadvantages experienced by doctors who share protected characteristics. For example by making reasonable adjustments to processes underpinning clinical governance for disabled doctors. • Identify barriers different groups of doctors and patients may face in engaging with the systems supporting clinical governance, and put steps in place to remove these barriers. Your organisation encourages consultation with and involves people who share personal characteristics in developing clinical governance processes for doctors whenever it is appropriate and relevant to do so. Your organisation ensures emerging EDI challenges and risks associated with clinical governance for doctors' policies and practices are actively monitored and regularly reviewed.	How does your organisation make sure its policies and practices which support clinical governance for doctors are fair, non-discriminatory, and comply with legal requirements? How does your organisation ensure barriers to accessing the systems supporting clinical governance for doctors are identified and addressed? How does your organisation engage with EDI issues, and what benefits does this bring?

Outcome	Description	Prompts
3b **Your organisation's board ensures decision-making processes are fair and free from bias and discrimination.**	Your organisation puts in place principles and criteria to ensure decisions made in support of clinical governance for doctors are fair, impartial and evidenced based, and these principles and criteria are applied consistently. Decisions are internally monitored and audited to ensure the quality, fairness and consistency of decisions, and to review the procedures put in place to support decision making. Mechanisms exist for doctors to appeal, or request a review of, decisions made in relation to them.	What are your organisation's principles of fair decision making, and how do these ensure your decisions are free from bias and discrimination? What changes has your organisation made to its procedures in relation to supporting fair decision making based on learning from the monitoring and audit of decisions? What training does your organisation provide to its staff to ensure decisions are fair, free from bias, and meet the requirements of equality legislation? How does your organisation make sure that doctors are aware of processes to appeal or review a decision? And what safeguards are put in place to ensure these appeals and reviews are handled consistently and fairly?

④ Principle 4 – Organisations deliver processes required to support medical revalidation and the evaluation of doctors' fitness to practise

Outcome	Description	Prompts
4a **Your organisation's board appoints a responsible officer (RO).**	If your organisation is a designated body it must: • Appoint or nominate a responsible officer and appoint a replacement as soon as manageable when necessary (for example where your RO leaves, is under investigation, or absent from work due to ill-health) • provide its RO with sufficient funding and resources, to enable them to effectively carry out their statutory responsibilities. Your organisation ensures its RO is appropriately trained to undertake their responsibilities, and is given support to regularly participate in local RO network activities that provide shared learning opportunities and support consistency of approach.	How does your organisation ensure its RO is able to deliver all aspects of their statutory functions as defined in the RO regulations? How do you make sure your organisation's RO has sufficient resources to undertake their statutory role? How does your organisation ensure its RO has the quality of information they need to carry out their statutory duties (including to inform revalidation recommendations to the GMC)? How has learning from your RO's participation in local RO network activities improved local processes and provided assurance on the consistency of their approach?

Outcome	Description	Prompts
4b **Your organisation's board ensures medical appraisal is delivered in line with GMC and other national and local requirements.**	Your organisation ensures all doctors requiring an annual appraisal receive one and it covers the whole of a doctor's practice including any work undertaken outside of your organisation during the appraisal period. Your organisation ensures doctors are clear which appraisal requirements are prescribed by the GMC for the purpose of revalidation: • Guidance on supporting information for appraisal and revalidation • GMP framework for appraisal and revalidation Your organisation ensures doctors are supported to collect the required supporting information by being given access to relevant data and systems* and sufficient time to participate in annual appraisal effectively. This includes locum doctors, doctors in training and clinical academics, for example. Your organisation ensures doctors taking breaks in practice due to maternity/paternity or sick leave, for example, are supported through appraisal and revalidation. Your organisation's appraisal system is subject to quality assurance, including monitoring of appraiser's performance.	How does your organisation monitor whether all doctors requiring annual appraisal have been appraised? How does your organisation identify barriers to participation in appraisals and the steps taken to remove those barriers? What policies and processes does your organisation have in place to manage doctors who are not engaging in appraisal and other clinical governance processes? How does your organisation make sure information relating to a doctor's practice from other organisations informs their whole practice appraisal? How do you assess whether doctors have adequate resources to support their appraisal (such as sufficient time and access to the information needed) including educational and development activities? How does your organisation quality assure its appraisal process to identify opportunities for reducing the burden on doctors in terms of preparing for appraisal and collecting supporting information? How does your organisation manage and monitor the performance of appraisers and the resources needed to support them?

* For example, quality data, performance data, audits, compliments, complaints and significant events.

† ARCP in the case of doctors in training.

	Your organisation ensures doctors have the opportunity to feedback on the quality of the appraisal process and discussion. Your organisation ensures outputs from the appraisal system are integrated into wider clinical governance systems.	Does your organisation's guidance for appraisers include how to appropriately escalate patient safety concerns (including concerns about colleagues) that may form part of the appraisal discussion? How does your organisation ensure there are no unintended barriers for doctors participating in learning and education activities?
4c **Your organisation's board ensures revalidation recommendations are made in line with GMC requirements.**	Your organisation ensures revalidation recommendations for doctors are made in accordance with the GMC's protocol for making recommendations. Doctors are told promptly about the revalidation recommendation made to the GMC about them. The reasons for recommendations are discussed before they are submitted, particularly where the recommendation is to defer or for non-engagement'. Your organisation ensures revalidation continues to deliver benefits by considering how best to track its impact over time.	How does your organisation monitor revalidation recommendations to ensure they are made in accordance with the appropriate guidance? Does your organisation compare recommendation rates, for example, deferral rates with similar organisations to identify whether there are any differences and if there are differences explore why? Does your organisation monitor the number of late recommendations? How has your organisation improved the revalidation recommendation process? For example, how does it learn from revalidation decisions to defer and for non-engagement'? What steps does your organisation take to make sure revalidation recommendations are fair, transparent, based on all the relevant evidence, and have been discussed with the doctors concerned in a timely manner?

Outcome	Description	Prompts
4d **Your organisation's board ensures processes for responding to and managing concerns including monitoring the on-going fitness to practise of doctors are in place.**	Your organisation has systems in place to monitor the conduct and performance of doctors including locum doctors, doctors in training and clinical academics, for example. Your organisation ensures performance information about doctors (including clinical indicators relating to outcomes for patients) is regularly reviewed and issues identified (such as variations in individual performance, and between clinical teams). It also ensures steps are taken to address any issues identified. Your organisation proactively responds to concerns locally, with referrals to the GMC made by the RO where and when appropriate. Speciality or other central or local advice is taken where appropriate from, for example: • Medical Royal Colleges and Faculties • GMC's Employer Liaison Service (ELS) • NHS Resolution. Your organisation's investigations into concerns about doctors take into account, where appropriate, the GMC's principles of a good investigation. These key principles help to ensure investigations into concerns about doctors are objective and effective. They are intended to supplement and complement existing requirements and guidance in place at a national level. Your organisation ensures doctors' compliance with any GMC or local conditions imposed on them or undertakings agreed with GMC is monitored.	What processes does your organisation have in place to address issues identified relating to the conduct and performance of doctors, including, locums, doctors in training and clinical academics for example? How does your organisation make sure information derived from complaints, significant events and performance data held by the organisation, is regularly reviewed and feeds into the monitoring of the conduct and performance of doctors? How does your organisation ensure advice from external sources is considered early when responding to emerging concerns? What areas for learning and improvement has your organisation identified from the triangulation of outputs from different clinical governance processes? Questions relating to the GMC's principles of a good investigation.

Outcome	Description	Prompts
4e **Your organisation's board ensures there are processes in place to handle and share information relating to clinical governance systems for doctors appropriately.**	Your organisation makes sure records are accurately and securely maintained in line with all relevant data protection legislation and the Caldicott principles. This includes: • records relating to pre-employment checks, medical revalidation, and appraisal, and systems supporting these processes. • local investigations and management of concerns. Timely sharing of information is an essential component of robust clinical governance. Any organisation using the services of a doctor must inform that doctor's responsible officer of any concerns that could impact on patient safety or public confidence as soon as they arise. This should be done in line with the GMC's information sharing principles.	How do you make sure that records are accurately and securely maintained in line with relevant data protection legislation and guidance? How does your organisation make sure it is complying with information sharing principles? How does your organisation monitor the effectiveness of its information sharing processes (for example, sharing information with other organisations in which your doctors work)?

Outcome	Description	Prompts
4f **Your organisation's board ensures the necessary checks are in place for doctors before they start work.**	Your organisation ensures the following arrangements are in place across the medical workforce (whether they are employed, contracted, in training, working with practising privileges, hired or volunteering): • Making sure doctors working in your organisation have the appropriate registration, and a licence to practise, for their type of post or practice. • Verifying identity and language checks have taken place, and undertaking these checks if it can't be verified. • Ensure appropriate references are obtained and checked • Granting and monitoring of practising privileges is undertaken where necessary. Your organisation should not rely on registration and licence checks undertaken for previous employment or by another organisation, as a doctor's registration and licence status can change. It's important doctors working in your organisation have appropriate insurance or indemnity. Your organisation ensures there are induction arrangements (particularly those to support doctors new to the UK - the GMC holds regular Welcome to UK Practice events, for example) in place for all doctors including locum doctors and doctors in training.	How do you make sure that pre-employment, and other pre-contract checks undertaken for your medical workforce (including locums) are comprehensive, accurate, and in keeping with statutory and other requirements? How do you make sure that arrangements to grant and monitor practising privileges where relevant are robust? What induction arrangements does your organisation have in place and how does it monitor their effectiveness? How do you know doctors working in your organisation have the appropriate insurance or indemnity?

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org/about_us/contact_healthcare_
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