RESPONSIBLE OFFICER ADVISORY GROUP (ROAG)
TERMS OF REFERENCE

1. Constitution

1.1 The Responsible Officer Advisory Group was established to support the role of the Responsible Officer. It is made up of a group of members who have the appropriate intelligence to help inform revalidation decisions, whilst also ensuring that performance issues identified across secondary and primary care are monitored and managed effectively by representatives from both sectors.

2. Membership

2.1 The membership of the group shall comprise:

Title
Responsible Officer (Chair)
Associate Medical Director for Professional Standards & Deputy RO (Vice-Chair)
Deputy Medical Director
Deputy Medical Director for Primary Care and Community
Assistant Director for the Medical Directorate
Assistant Director of Workforce & OD
Head of Medical Education & Professional Standards
Medical Directorate Support & Revalidation Manager
Medical Workforce Representative
Primary Care Governance Manager x2
Assurance, Safety and Improvement Representative
National Clinical Assessment Service Representative
Assistant Director of Primary Care
Head of GMS and Community Pharmacy contracts and compliance
Head of Dental Services
Head of Optometry
Associate Medical Director for Dental
Head of Medicines Management
Optometric Adviser

3. Quorum and Attendance

3.1 A quorum shall consist of no less than 2 members and must include as a minimum the Chair or Vice Chair of the Group and the Directorate Support & Revalidation Manager.

3.2 The following will be asked to attend the first part of the Responsible Officer Advisory Group Meetings, which deals specifically with Medical Appraisal and

Revalidation, but do not form part of the membership and therefore have no decision-making responsibilities:-

– Non-officer member of the health board.

- The role of the non-officer of the health board is to provide lay voice and opinion on process and issues and provide challenge to revalidation recommendations

3.3 The membership of the Group must take account the balance of skills and expertise necessary to deliver the Group's remit and subject to any specific requirements or directions made by the University Health Board or Welsh Government.

3.4 The Group may also co-opt additional independent 'external' experts from inside or outside the organisation to provide specialist skills.

3.5 The Chair of the Responsible Officer Advisory Group shall have reasonable access to Executive Directors and other relevant senior staff.

4. Principal Duties

4.1 The purpose of the Responsible Officer Advisory Group is to provide assurance to the Board around Medical Appraisal, Revalidation, GMC, GPHC, GDC and GOC fitness to practise issues, including safeguarding concerns. It is also responsible for ensuring that decisions on Performers' Lists applications and removals are handled through a fair, consistent and robust process.

4.2 The Group will:

4.2.1 Provide a support network for the Responsible Officer.
4.2.2 Discuss cases that require review under the National Health Service (Performers Lists) (Wales) Regulations 2004
4.2.3 Discuss issues arising from appraisals undertaken that are due for revalidation.
4.2.4 Discuss GMC , GPhC, GDC and GOC fitness to practice issues, including safeguarding concerns.
4.2.5 Make revalidation proposals, prior to the RO making a recommendation to the GMC for revalidation, following appropriate quality assurance of the appraisal process.
4.2.6 Disseminate information and delegate actions required to the Group members and also other relevant groups and individuals.
4.2.7 The RO is accountable to the GMC; however, the RO will provide updates to the UHB. Updates/topics for discussion will be reported to relevant groups and individuals when appropriate.
4.2.8 Discuss performance lists applications and removals.

5. Operational Responsibilities

5.1 The Group will ensure that:

5.1.1 Support is provided to the RO to make one of three recommendations to the GMC, namely,

- Make a positive recommendation that the doctor is up to date, fit to practise and should be revalidated
- Request a deferral as more information is required to make a recommendation. This may occur if the doctor has taken a break from practise (for example, maternity or sick leave) or if there is insufficient evidence in the appraisal summary to make an informed judgement.
- Notify the GMC that the doctor has failed to engage with any of the local systems or processes that support revalidation.

5.1.2 A uniform approach is undertaken in all processes related to revalidation (quality control, training etc are standardised and reported).

5.1.3 A quality assurance process is undertaken for all medical colleagues recommended for revalidation.

5.1.4 The strategy for the provision of revalidation within the UHB is monitored.

5.1.5 New developments in revalidation and appraisal are discussed.

5.1.6 National/regional and local reports affecting revalidation are received for interpretation and local implementation, as appropriate.

5.1.7 Routes of communication with appraisers and appraisees are established and maintained in order to foster greater sharing of expertise and information.

5.1.8 Risks (clinical, managerial and/or financial) relating to the UHB's ability to support appraisal and revalidation are escalated.

5.1.9 There is effective communication with external and neighbouring organisations in relation to revalidation.

5.1.10 The provision of an organisational environment and culture actively promotes appraisals and supports revalidation.

5.1.11

5.1.12 A uniform approach is undertaken in all processes related to the Performance Lists (applications and removals etc).

6. Standing items

6.1 Standing Items:

6.1.1 Monitor the Group's Table of Actions
6.1.2 Medical Appraisal and Revalidation Risk Register
6.1.3 Medical Appraisal and Revalidation Issues/Developments
6.1.4 GMC, GPhC, GDC and GOC fitness to practise issues, including safeguarding concerns
6.1.5 Performance Lists applications and removals

7. Agenda and Papers

7.1 The agenda will be based around the Group work plan, identified risks matters arising, table of actions and requests from Group Members. Following approval, the agenda and timetable for papers will be circulated to all Group Members.

7.2 All papers should have relevant sign off before being submitted to the Group Secretary.

7.3 The agenda and papers for meetings will be distributed seven calendar days in advance of the meeting.

7.4 The minutes and action log will be circulated to Members within seven calendar days to check the accuracy. The minutes must be an accurate record of the meeting which capture the discussions that take place.

7.5 Members must forward amendments to the Group Secretary within the next seven calendar days. The Group Secretary will then forward the final version to the Group Chair for approval.

8. Frequency of Meetings

8.1 The Group will meet on a monthly basis and shall agree a schedule of meetings at least 12 months in advance. Additional meetings will be arranged as determined by the Chair of the Group.

8.2 The Chair of the Group, in discussion with the Group Secretary shall determine the time and the place of meetings of the Group and procedures of such meetings.

9. Accountability, Responsibility and Authority

9.1 The Group is authorised to consider or have investigated any activity within its terms of reference. In doing so, the Group shall have the right to inspect any documentation of the University Health Board relevant to the Group's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:

9.1.1 Employee (and all employees are directed to co-operate with any reasonable request made by the Group);
9.1.2 Other Committee, Sub-Committee or group established by the Board to assist in the delivery of its functions.

9.2 The Group shall embed the University Health Board's vision, standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

9.3 The requirements for the conduct of business as set out in the University Health Board's Standing Orders are equally applicable to the operation of the Group

10. Reporting

10.1 The Group, through its Chair and Members, shall work closely with the Workforce and OD Sub-Committee's other Groups.

10.2 The Group, may, establish groups or task and finish groups to carry out on its behalf specific aspects of Group business. The Group will receive written update reports following each meeting which details the business undertaken on its behalf.

10.3 The Group Chair shall:

10.3.1 Provide an annual report to the Board on Medical Appraisal and Revalidation

10.3.2 Ensure appropriate escalation arrangements are in place to alert the University Health Board Chair, Chief Executive or Chairs of other relevant Committees/Sub Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the University Health Board.

11. Secretarial Support

11.1 Secretarial Support will be provided by the Medical Directorate Support & Revalidation Manager

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Group.