

Professional Standards Programme newsletter

Issue Eight

March 2010

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Introduction

This newsletter and annexe provide a regular update on the work of the Professional Standards Programme of the Department of Health. We would particularly like to welcome new readers who have signed up in the last two months.

As ever, we welcome your feedback about this newsletter. Please do let us know about any improvements you would like to see. Also, please continue to let us know about anyone you would like to be added to the circulation list. Comments and requests to be added to the circulation list should be sent to the email address at the end of page two.

Progress with legislation

Hearing Aid Council

The Section 60 Order, taking forward work to abolish the Hearing Aid Council and transfer its register of Hearing Aid Dispensers to the Health Professions Council, was approved by the Privy Council at its meeting 10 February. Transfer of the Hearing Aid Council's functions to the HPC will take place on 1 April 2010.



Office of the Health Professions Adjudicator (OHPA)

The Commencement Order to establish OHPA in law was made on 4 January 2010. It came into force on 25 January 2010.

Regulations on Duty of Co-operation

Regulations have been drafted, which will impose duties on designated bodies, including employers and contractors of health care workers, in all sectors, and regulatory bodies, relating to sharing information about the conduct or performance of health care workers to protect patient safety. This follows recommendations and conclusions of the Tackling Concerns Locally Information Management Subgroup. We have launched a consultation on the regulations, which runs until 4 June 2010. More information, including access to the questionnaire is available from:

[Duty of Co-operation Regulations Consultation](#)

Other news

Advisory Group on Assuring the Quality of Senior NHS Managers

Following publication of the Next Stage Review report, the Department of Health asked Ian Dalton, Chief Executive of North East Strategic Health Authority, to chair

an Advisory Group on Assuring the Quality of Senior NHS Managers. The Group's recommendations aim to improve the quality in senior managers at board level, whilst at the same time developing a framework to address poorly performing managers and to deliver the Next Stage Review commitment to '*consider fair and effective arrangements to prevent poorly performing leaders from moving on to other NHS organisations inappropriately*'. The final report of the Advisory Group and the supporting research report are available from:

[Report of the Advisory Group on assuring the quality of senior NHS managers](#)

GMC Revalidation Consultation

On 1 March, the General Medical Council (GMC) launched a consultation about revalidation. The proposals are for a new process of medical regulation to assure patients, employers and other healthcare practitioners that licensed doctors are up to date and fit to practise. More information, including access to the consultation is available from:

[GMC Revalidation Consultation](#)

Invisible Patients - report of the Health of Health Professionals Working Group

The report from the Health of Health Professionals Working Group, 'Invisible Patients' was published on the DH website on Friday 5th March 2010. The report focuses specifically on the health issues facing regulated health professionals and identifies some priorities for addressing them. It looks at how ill health in health professionals may affect their professional practice, the difficulties they face in seeking help and the role of the health profession regulatory bodies. The report is available from:

[Invisible Patients](#)

First Chief Executive of Office of the Health Professions Adjudicator (OHPA) appointed

Following the appointments of the chair and non-executive directors to OHPA, the first chief executive Stephen Shaw CBE, was appointed on 18 February 2010. He will take up the post in early May 2010.

[OHPA chief executive announcement](#)

Please email any comments on this newsletter and requests for further information to: professionalstandardsprogramme@dh.gsi.gov.uk

PROGRESS WITH PROFESSIONAL STANDARDS PROGRAMME

Health and Social Care Act 2008

Objective:

The Act includes provisions in respect of:

- Independent adjudication of fitness to practise cases
- Extension of section 60 powers
- Establishment of General Pharmaceutical Council
- Removal of restriction on lay majorities of regulatory body councils
- Changes to the standard of proof used in fitness to practice
- Changes to the Council for Healthcare Regulatory Excellence
- Responsible Officers / Duty of Cooperation

Progress to date:

- The Act received Royal Assent on 21 July 2008;
- the civil standard of proof has been implemented;
- provisions relating to CHRE commenced on 1 January 2009;
- Privy Council regulations for appointments to OHPA made on 1st November 2009.
- Provisions relating to establishment of OHPA made on 4th January 2009.

Secondary legislation including section 60 timetable

Objective:

The Nursing and Midwifery (Amendment) Order, the Health Care and Associated Professions (Miscellaneous Amendments) Order 2008 and the Health Care and Associated Professions (Miscellaneous Amendments and Practitioner Psychologists) Order 2009 include a range of measures:

- Revised constitutional arrangements
- Other measures including duty to consider stakeholder interests, changes to annual reports and requirement for strategic plan, introduction of barred lists
- statutory regulation of pharmacy technicians
- statutory regulation of Practitioner Psychologists.

Progress to date:

- Nursing and Midwifery (Amendment) Order approved by Privy Council on 11 June 2008.

Reforms now complete

- Health Care and Associated Professions (Miscellaneous Amendments) Order 2008 laid before Parliament on 4 June 2008. Approved by Privy Council on 11 July 2008.

Reforms now complete

- Health Care and Associated Professions (Miscellaneous Amendments and Practitioner Psychologists) Order approved by the Privy Council on 13 May 2009

Reforms now complete

- New GDC constitution in effect from 1 October 2009. All existing healthcare regulatory body councils have been reformed.

Key issues:

- Policy officials currently considering the necessity for legislative change regarding Pandemic Flu issues
- Policy officials currently preparing a scoping document (developed from information provided by Regulatory Bodies to CHRE) in order to prepare for a new section 60 Order

European issues

Objective:

- Support UK Regulators in implementing Directive 2005/36 on recognition of professional qualifications in a way which complies with the Directive whilst maintaining high patient safety standards

Progress to date:

- Directive transposed into UK law (the European Qualifications (Health and Social Care Professions) Regulations 2007) December 2007 – primary legislation amended taking into account, wherever possible, preferences of regulators (eg on CPD)
- DH attend regular meetings with Commission, BIS and others to communicate our views
- Ongoing liaison with European leads in regulatory bodies on matters of joint concern
- Constructive meetings have been held with both the GMC and NMC concerning the Code of Conduct and their registration procedures. GMC has decided to change its procedures while NMC is considering the issue. Bilaterals between the NMC, the GMC and the European Commission have been held for the Commission to gain a further insight into the UK processes.
- A further meeting was held between the Commission and UK regulators on 13 October 2009 in London.
- UK review completed and sent to European Commission and the regulators.

Key issues:

- Negotiations with European Commission and liaison with regulatory bodies about the Commission's draft Code of Conduct on implementation of 2005/36 – some aspects of which are at variance with regulators' current practices
- Compensation measures: work with regulators (specifically NMC) and others to tackle problem of lack of access to top-up training for incoming European practitioners
- Liaise with regulators and collect information to feed into BIS's 2009 review of implementation.
- DH considering implications of Lisbon Treaty in relation to new quicker infraction procedures following the receipt of complaints from migrants.
- DH preparing an EU Strategy document which should be available in early 2010.

Hearing Aid Council

Objective:

- The abolition of the Hearing Aid Council and the transfer of its register of Hearing Aid Dispensers to the Health Professions Council.
- The transfer of the dispensers to be obtained by an Order in Council under Section 60 of the Health Act 1999 by 31st March 2010

Progress to date:

- Amendment to Section 60 of the Health Act 1999 and the repeal of the Hearing Aid Council Act 1968, and the Extension Act 1975 achieved by an amendment in the Health and Social Care Act 2008
- First commencement order concerning the Hearing Aid Council in the Health and Social Care Act completed.
- Project Board consisting of membership from the HAC, HPC, BERR and DH set up to oversee the project.
- Formal consultation closed on 7th July 2009.
- The Joint Committee on Statutory Instruments has cleared the Section 60 Order
- Draft Order laid in Parliament and currently approved by both houses of parliament before Christmas.
- Order approved at 10th February Privy Council meeting.
- Transfer of HAC functions to HPC will take place on 1st April 2010.

Complementary and alternative medicine – Acupuncture, Herbal Medicine and Traditional Chinese Medicine (AHMTTCM)

Objective:

To launch the consultation on how to regulate, whether statutory or otherwise, acupuncture, herbal medicine and traditional Chinese medicine practitioners.

Progress to date:

- Steering Group commissioned by DH finished their work and produced a report to Ministers in May 2008, recommending statutory regulation of AHMTTCM practitioners.
- Because of difficult and controversial issues in regulating AHMTTCM practitioners, a decision was made to consult publicly on the recommendations in the report.
- UK health ministers met on 12 January 2009 and agreed to consultation.
- Consultation document and IA revised in line with recommendations in Extending Professional Regulation (EPR) report.
- Consultation closed 16 November 2009. 6474 responses were received and DH have procured temporary support to help process the responses. A summary of responses is hoped to be submitted to ministers in March 2010.

Complementary and alternative medicine – Complementary and Natural Healthcare Council

Objective:

To open a voluntary register for complementary therapies who wish to sign up to a recognised registration body.

Progress to date:

- Register opened on 19 January 2009.
- register is open to practitioners of the following therapies – massage therapy, nutritional therapy, aromatherapy, reflexology, shiatsu, alexander technique, yoga therapy, bower therapy and sports & remedial therapy.
- Department is meeting regularly with the CNHC to check on progress.

Pharmacy

Objective:

- To oversee the creation of a new regulator for the pharmacy professions and pharmacy premises, the General Pharmaceutical Council (GPhC)
- To ensure smooth transition of the existing regulatory functions from the RPSGB to the new Council by 2010
- To put in place the legal framework for the new organisation including a Section 60 Order, Constitution Order, rules and standards
- To appoint a Chair, Council members and CEO

Progress to date:

- Pharmacy Order 2010 made by Privy Council on 10 February 2010.
- Constitution Order and appointments directions laid on 11 February and come into force on 12 March 2010.
- The formal consultation on the General Pharmaceutical Council standards closed on 12 January 2010. 200 responses received. GPhC will publish a response in March 2010.
- Rules are currently the subject of a public consultation exercise closing 4 May 2010.
- Duncan Rudkin formally appointed chief executive and registrar designate for shadow GPhC on 4 January 2010.

Key issues:

- Northern Ireland has chosen not to join the new regulator at this stage, thus the jurisdiction will be GB not UK
- the GPhC differs from other regulators in that it also registers premises – this requirement stems from the Medicines Act 1968
- Operational transfer of the regulatory functions from the RPSGB to the GPhC will take place after the 2010 General Election

Enhancing confidence in healthcare professional regulators

Objective:

To consider the recommendations in *Trust, Assurance and Safety* that will enhance public confidence in the healthcare professional regulators. In particular, to consider and make recommendations on:

- the strategic role of councils
- measures to demonstrate to the public, patients and Parliament the councils' commitment to conducting their responsibilities in a manner that commands public confidence
- how to ensure that the interests of all stakeholders are considered in council deliberations
- the size and composition of the councils
- the role of the council committees
- Job and person specifications for council members
- ensuring equity and diversity issues are fully considered in all workstreams.

Progress to date:

- Final report published on 2 June 2008: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085162
- programme of legislation to revise structure and appointment procedures of councils of regulatory bodies has gone forward in 2009
- to address the one outstanding recommendation from the report, on 5 January 2009 MS(H) agreed to put the suggestion to both Houses "*that Parliament should consider establishing a joint committee of both Houses to oversee professional regulators*". Letters were issued by MS(H) to both houses on 27 January but to date there has been no response
- Further notes were sent from Ann Keen to the leaders of each house requesting updates on the action on 2 July 2009
- Response not now expected until after general election

Key issues:

- The need for clarity over job description and person specification – what is core (applicable to all regulators) and what profession specific?
- ensuring effective patient/public involvement
- ensuring effective involvement of devolved administrations
- independence and accountability to Parliament
- what is expected of more "board-like" councils
- understanding governance issues
- importance of training for council members in their new role.

Extending Professional Regulation

Objective:

- Government White Paper 'Trust, assurance and safety – the regulation of health professionals in the 21st century', set out proposals for improving public safety by strengthening the system of professional regulation for healthcare professionals.
- The White Paper also considered plans for extending statutory regulation to more healthcare professionals / occupational groups.
- Working group of UK representatives (the Extending Professional Regulation Working Group), including from health and social care sectors, academia, regulatory bodies and government has been tasked with taking forward this complex area of policy.
- Purpose of working group is to make proposals for assessment of need to regulate aspirant groups and, if so, type of regulatory model to be pursued.
- Covers **all** roles in health care which may have an impact on public safety Including, amongst many others "Behind the scenes" roles and supportive/assistant roles.

Progress to date:

- Interim report published 6 June 2008
- final Stakeholder event held on 18 November 2008 in Newcastle to further tease out key issues to be covered in the report
- lessons to be learnt from Scottish pilot into employer-led regulation of healthcare support workers now and report issued
- final EPR report was planned for December 2008. The complexity and wide ranging implications of the subject matter have meant there has been some delay in drafting
- final report agreed by Working Group and has been provided to Ministers in all 4 countries for comment.
- report published with Government response on 16 July 2009, available from:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_102824

Key issues:

- Phase 1 of this work is now complete (eg recommendations from Working Group now delivered)
- Next phase involves assessing feasibility of recommendations and developing firm policy proposals for Ministerial review (including review by Ministers in the Devolved Administrations)
- Policy officials currently scoping the next phase with a view to reviewing scope with stakeholders

Advisory Group on Assuring the Quality of Senior NHS Managers

Objective:

- The work of the Advisory Group on Assuring the Quality of Senior NHS Managers aims to raise further the standards of senior NHS managers.
- The group's recommendations will aim to improve the quality in senior managers at Board level, whilst at the same time developing a framework to address poorly performing managers and to deliver the Next Stage Review commitment to '*consider fair and effective arrangements to prevent poorly performing leaders from moving on to other NHS organisations inappropriately*'.

Progress to date:

- Advisory Group report published 24 February 2010: [link to report](#).
- Recommendations fall into four broad proposals that provide a roadmap to support assuring the quality of senior NHS managers. These are:

Clarifying standards to ensure senior leaders themselves, staff, patients and the public understand what is expected of those who lead NHS organisations;

Strengthening recruitment, vetting and employment processes to ensure those employed to undertake these demanding roles have the skills, experience and track record needed to provide confidence they will carry them out to the highest professional standards in the interests of their patients;

Enhancing corporate governance, to ensure that, once recruited, senior NHS managers have the support, appraisal, performance management and development needed to perform well; and

Considering options for the more formal and independent system of assurance of board level NHS Managers including accreditation.

Key issues:

Ensuring the approach is practicable, proportionate and affordable and that the implications are properly owned and understood by those most directly affected.

Medical Revalidation

Objective:

- to develop the proposals in *Trust, Assurance and Safety* on revalidation and to make recommendations on the timely, effective and affordable introduction of a revalidation system.
- in particular, to support the development of enhanced appraisal and a new relicensure system for doctors, taking into account the recommendations of the Shipman and other inquiries.
- The regulatory system needs to sustain the confidence of both the public and professionals to be effective
- patient safety is the paramount consideration
- there will be a focus on improving quality and raising the standards of all health professionals, not just those who performance falls short
- it will contribute to delivery of high quality workforce needed to ensure safe, respectful and effective care patients expect
- the programme should not create unnecessary burdens, but should be proportionate to the risks and benefits

Progress to date:

Key elements required for implementation are:

- a strengthened system of appraisal
- Responsible Officers in organisations employing doctors and regulations to put them on a statutory footing
- Development of standards for specialist recertification by the Academy of Medical Royal Colleges.
- standards expected of them.
- We will work with key stakeholders to take forward the piloting and implementation of medical revalidation. Ten Pathfinder Pilots are underway to test the concept of revalidation in primary and secondary care settings and in the private sector:
- The remediation steering group set up to take forward recommendations of TCL Clinical Governance working group and help ensure that access to remediation is equitable and there are systems in place to support doctors ins remaining up to date and fit to practise.

Further information available from:

[DH Medical Revalidation](#)

Key issues:

Revalidation should ensure licensed doctors are up to date and fit to practise and has three elements:

- to confirm licensed doctors practise in accordance with the GMC's generic standards (relicensing);
- for doctors on the specialist register and GP register to confirm they meet the standards appropriate for their specialty (recertification); and
- to identify for further investigation, and remediation where appropriate, doctors whose practice is impaired, or may be impaired – where local systems are not robust enough to do this or do not exist.

Annual appraisal will be a key vehicle to confirm doctors progress satisfactorily, and that any performance issues are resolved quickly so that the doctor is returned to safe and effective practice.

In future doctors will be required to demonstrate to the General Medical Council (GMC) that they are up-to-date, and fit to practise medicine.

Responsible officers will be in post from 1 October 2010.

Non-Medical Revalidation

Objective:

- Development of proposals for the timely, effective and affordable introduction of a revalidation system
- a process for establishing common standards across the regulators
- the use of information systems to collect data, and
- models for piloting recommendations made by the group.

Progress to date:

- Key principles document published 27 November 2008. The key principles are: consistency with Better Regulation Executive's five principles of good regulation; regulatory body to set out contemporary standard registrants should meet; remediation processes; PPI; CPD; quality assurance mechanisms; equality; integration with clinical governance systems; UK wide approach; demonstration of benefits in confirming fitness to practise; information systems; and processes and incremental introduction with piloting.
- Regulatory bodies presented early proposals to the working group in March 2009.
- Feasibility study around the role of the KSF completed March 2009.
- Regulators have started work on gathering information that will lead to developing their models for revalidation prior to any piloting that takes place. We will start to see the evidence base in early 2010.
- Initial discussions have been held with some of the regulators regarding their legislative requirements and we will continue to hold these meetings as these requirements become more developed.

Key issues:

- Any changes to the KSF will need negotiation with staff side. They have been fully involved in the study commissioned and help write the specification no assumptions are being made at this stage
- Key challenges around registrants who work in the independent sector particularly as sole traders.

Health for Health Professionals

Objective:

- Development of an integrated national strategy for the health of all health professionals
- piloting and evaluation of referral services for doctors and dentists (now called the Practitioners Health Programme Prototype) - this will be a two year pilot

Progress to date:

- Practitioners Health Programme Prototype is now operational. The Hurley Group is the successful provider. The service has been taking patients since the beginning of October. A website and referral contacts are now in place - www.php.nhs.uk, email php.help@nhs.net or phone 0203 049 4505 is now complete.
- A report analysing the first year of operation was launched by CMO on Friday 29th January 2010
- the approach to the strategy will be a framework built on the evidence base and current best practice but applied locally. The key principles underpinning the strategy are currently being agreed
- The report from the Health of Health Professionals Working Group, 'Invisible Patients' was published on the DH website on Friday 5th March 2010: [Invisible Patients](#)

Key issues:

- This workstream is a devolved matter and whilst represented on the reference group the Devolved Administrations will consider whether they wish to participate in a UK-wide strategy or whether to develop approaches tailored to the circumstances of Scotland, Wales and Northern Ireland. The service specification for the Practitioners Health Programme has already been shared with the Devolved Administrations where requested.
- Links to the tackling concerns locally group – poor health may affect a health professionals performance and may show up in clinical governance processes, be identified by the responsible officer or medical director. Links to information sharing group as well.
- Alignment of this work and the independent review being done by Dr Steve Boorman on the health and wellbeing of the NHS population has been flagged. Several meetings have already occurred with the review team to ensure we address any issues proactively.
- The Boorman report was published on the 23rd November 2009. The Secretary of State for Health also published a response on the same day.

Office of the Healthcare Professions Adjudicator (OHPA) Implementation

Objective:

This project implements the recommendations of the 'Tackling Concerns Nationally' working group. It will also determine the necessary resources in terms of accommodation, people, finance, IT, processes and procedures to set up OHPA and will be delivered in 2 phases. The first phase of the project, now complete:

- Scoped the tasks and resources required to set up OHPA
- Created the project board
- Appointed the OHPA Chair
- Developed Job and Person specifications
- Began to scope out possibilities for relocation of GMC adjudication staff

The second phase will:

- Establish the first OHPA board
- Establish OHPA in law
- Implement an appropriate Governance structure
- Create a transition team to develop the key deliverables including:
 - OHPA's own policies and procedures; and
 - develop OHPA's FtP Rules & establish adequate transitional arrangements

Progress to date:

- Phase 1 complete.
- Regulations S12722 (OHPA Board) came into force 1st November 2009.
- Commencement Order (14) S123 (establishes OHPA in law) made 4th January 2010. Came into force 25 January 2010
- Transition team leads in place for Comms/ HR/ It/ Finance/ Acc
- Development of OHPA's internal policies commenced.
- Interim accommodation for Chair and transition team in New Kings Beam House from July
- Legislation timetable confirmed
- Chair & 3x NEDs
- CE appointed – Stephen Shaw – takes up post early May 2010.
- New governance structure and ToRs agreed
- The new website is now live at <http://ohpa.org.uk/>
- Request made to ONS for formal classification
- Funding arrangement agreed for period in which DH will fund OHPA (25 Jan 10 to 31 March 11)
- OHPA bank account opened
- OHPA board remuneration and expenses determination given
- OHPA accounts and reports determination and directions being consulted on with NAO and Privy council

Key issues:

- Geographical location of new body
- Independence of new body from government (ie NDPB?) – awaiting formal ONS classification – early indications show likelihood of Central Government Public Body
- IT systems to support processes
- Rules making
- TUPE and pensions

Tackling Concerns Locally

Objective:

- To “consider, pilot and put into place proposals for improving local systems for dealing with concerns about professional performance and behaviour”

Progress to date:

Six subgroups formed, reporting to an overarching steering group:

- GMC Affiliate
- Responsible Officers
- Performers List
- Information Management
- Clinical Governance
- Death Certification

The overarching working group report was published on 20th March 2009, alongside reports for three of the subgroups (performers list, information management and clinical governance). The responsible officers subgroup published its recommendations in the form of a consultation document in July 2008. The other two subgroups are not planning formal reports at this stage but are working to pilot their proposals.

TCL reports available from: [TCL Reports](#)

Key issues:

Issues arising from each subgroup are outlined in the sections below.

GMC Affiliates sub-group

Progress to date:

- Pilots in two sites London (1 September 2008) and Yorkshire (1 October 2008) full term evaluation report published on 27 November 2009.
- Concept of agreed statement of concern for doctors tested in pilots and to be further considered within Information management group.
- Next phase of piloting agreed February 2010 to support two pathfinder pilots in West Midlands and Yorkshire and Humber for six month period April – September 2010.

Key issues:

- Role of GMC affiliates in promoting/monitoring the consistency of standards across local healthcare organisations and their ROs
- Role of GMC affiliates in relation to decisions on individual doctors, in particular revalidation and agreed statement of concern
- Extent of relationship with responsible officers
- The applicability and scalability of the pilots throughout the UK
- Role and status of Regional Medical Regulatory Support Teams
- Consideration of lay/patient role in regulatory process

Performers List sub-group

Progress to date:

The review group published its report on 20 March 2009. The main recommendations were:

- The Performers List system should be retained, but improvements made to improve its effectiveness
- More work (guidance/training) is needed to improve the consistency of PCT decisions
- PCTs should have a wider range of options including immediate suspension, formal warnings and conditions in suitability cases (but not financial penalties)
- PCTs should consider reaching agreement with locums to provide access to CPD, appraisal and remediation in exchange for a minimum number of days worked in the PCT area
- All PCT decisions should be reported to the national regulator and recorded on the register
- A consultant has been appointed to update the Performers List guidance and to draft instructions to solicitors for the implementation of the regulatory changes.

Responsible Officers sub-group

Progress to date:

- Agreement in subgroup on roles and competences
- Identified key principles as:
 - one doctor, one RO (relating to principal clinical occupation)
 - Healthcare organisations employing doctors as doctors should have own RO (and appropriate clinical governance)
 - other organisations eg locum agencies may have to have RO if able to demonstrate that they have adequate clinical governance systems
 - ultimately the individual doctor is responsible for ensuring they have a RO and providing evidence needed to support revalidation
- Policy consulted on and a response to the consultation was published on 5 May 2009

http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_098851

- Consultation on the draft regulations and guidance was published 25 August 2009 and closed 25 October 2009.

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_104587

- Following public consultation and stakeholder engagement to resolve outstanding issues, the draft regulations were sent to the JCSI for informal clearance. The regulations have now been considered by the JCSI and their informal response is with the policy team and solicitors.

Key issues:

- Designation of pharmaceutical and research companies
- Guidance and capacity building including training

Information Management sub-group

Progress to date:

- Agreement on the sort of information about the conduct and performance of health professionals which should be available locally
- Outline agreement on the recording and sharing of “soft” information, subject to safeguards.
- Outline agreement on the circumstances in which an appropriate subset of information could be shared with other healthcare organisations, either concurrently or sequentially, or made more widely available.
- The Concept of an ‘agreed statement of concern’ for doctors been modelled by GMC Affiliate pilots.
- Tackling Concerns Locally Subgroup on Information Management published its conclusions and recommendations on 20th March 2009, available from: [TCL Reports](#).
- Subgroup’s recommendations informed the development of draft regulations on duty of co-operation.
- Formal consultation on the draft regulations published on 5 March. The deadline for responses is 4 June 2010:

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_113563

- Initial discussions taken place with NHS Employers, Independent Health Advisory Service and NHS Partners’ representative, about developing an MoU/protocols for better sharing of information about health care workers between sectors.

Key issues:

- What is the best medium for sharing such information – national register? Electronic Staff record? Smart card? A combination?
- Detailed criteria for recording and/or sharing “soft” information
- Safeguards should be in place when sharing relevant information
- Better handling and sharing of information between sectors

Death Certification sub-group

Progress to date:

- Stakeholder Subgroup working very well – excellent engagement/progress
- Responses to consultation very favourable – published 21 May 2008
- The Coroners and Justice Act received Royal Assent on 12 November.
- “Pathfinder” pilot in Sheffield since March 2008, additional pilots established in Gloucestershire and Powys. Further pilots being developed in Essex and a national pilot with faith communities.
- Joint DH/MoJ press release issued welcoming the Coroners and Justice Act and publishing the high-level timetable for implementing the reforms.

Key issues:

- Preventing delays to funerals
- Arrangements for appointing and employing Medical Examiners, including their relationships to PCTs and to coroners
- Coordination of death certification/coroner reforms

Clinical Governance sub-group

Progress to date:

- Report published on 20 March 2009. Sets out principles of best practice covering
 - Managing poor performance as an integral part of the wider clinical governance agenda
 - Supporting patients and professionals to raise concerns
 - Investigations and decision-making
 - Remediationand the application of these principles in specific sectors
- Have carried out two “readiness reviews” of
 - Processes for handling complaints and concerns
 - Remediation
 - Planning for implementation of recommendations now underway
- NCAS are presenting regional workshops on best practice in local investigations (January – March 2010)
- DH & NPSA considering how patients can be better supported when raising concerns, including use of single portal for these concerns to go through.

Key issues:

- Support for professionals and members of the public in raising concerns
- Systems for information analysis
- Best routes for disseminating best practice