



Review of Governance Arrangements in HSC Organisations that Support Professional Regulation

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Assurance, Challenge and Improvement in Health and Social Care



The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating and inspecting the quality and availability of health and social care (HSC) services in Northern Ireland. RQIA's reviews aim to identify best practice, to highlight gaps or shortfalls in services requiring improvement and to protect the public interest. The majority of our reviews are carried out by teams of independent assessors, who are either experienced practitioners or experts by experience. Our reports are submitted to the Minister for Health, Social Services and Public Safety, and are available on our website at www.rqia.org.uk.

RQIA is committed to conducting inspections and reviews and reporting on four key stakeholder outcomes:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Are services well-led?

These stakeholder outcomes are aligned with Quality 2020¹, and define how RQIA intends to demonstrate its effectiveness and impact as a regulator.

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RQIA thanks all those people who facilitated this review through participating in discussions, interviews, attending focus groups or providing relevant information. We would particularly like to thank the following HSC organisations and Professional Regulatory Bodies for providing information to underpin the review process:

- Health and Social Care Trusts (HSC Trusts)
- Health and Social Care Board (HSC Board)
- Public Health Agency (PHA)
- Northern Ireland Blood Transfusion Service (NIBTS)
- General Medical Council (GMC)
- Northern Ireland Social Care Council (NISCC)
- Northern Ireland Medical and Dental Training Agency (NIMDTA)
- Nursing and Midwifery Council (NMC)
- General Dental Council (GDC)
- Pharmaceutical Society Northern Ireland (The Society)

¹ Quality 2020 - A 10-Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland - <http://www.dhsspsni.gov.uk/quality2020.pdf>

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Executive Summary

As part of its 2015-18 review programme, RQIA conducted a review of Governance Arrangements in HSC Organisations that Support Professional Regulation. The review examined the clinical and social care governance arrangements to consider if they were in keeping with the standards and guidelines set by HSC Organisations and Professional Regulatory Bodies, in order to provide assurances to the Northern Ireland public that all health professionals are registered and fit to practise.

Individual professionals are personally accountable for their professional practice and must participate in the activities required to maintain their registration with their professional regulator. HSC Organisations need to ensure that the professionals they employ are supported, monitored and facilitated to meet the requirements of their professional regulators.

RQIA found that all eight HSC organisations involved in this review had robust governance arrangements in place, to ensure essential requirements for professional registration and regulation are adhered to.

Each organisation had effective generic processes in place in relation to:

- Annual checks to ensure that professionals adhere to their registration requirements
- Handling concerns and complaints about individual performance
- Annual appraisal processes and supervision

For individual professions RQIA found that:

- Arrangements for the revalidation of medical staff were now embedded
- Systems were in place to take forward nursing revalidation
- There were arrangements and systems to support the registration of the social care workforce, to include social care workers
- Pharmacists, dentists and bio-medical scientists function in well-regulated environments

RQIA was also provided with examples which demonstrated that HSC organisations understand the importance of professional registration and regulation of their workforce. Registration and regulation is now regarded as a core component of provision across all services, and is recognised to be valuable in the context of service change, increasing demands and expectations, and growing complexity of service users.

Chapter 1: Introduction

1.1 Introduction

The Department of Health in England white paper: *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*, which was published in February 2007², sets out a programme of reform for the United Kingdom's system for regulation of health professionals.

In Northern Ireland, health and social care (HSC) organisations are responsible and accountable for assuring the safety, quality and availability of the services they commission and provide. Integral to this is effective leadership and clear lines of professional and organisational accountability, achieved through a robust governance framework.

Professional regulation systems, such as registration and revalidation, are a vital component of effective governance and management arrangements. Although these systems are the responsibility of the professional regulatory body, they should be complemented and mutually supported by the employing HSC organisation to assure the Northern Ireland public that all health professionals are registered and fit to practise.

To underpin these systems of professional regulation and to ensure the provision of high quality services, each HSC organisation needs robust systems of clinical governance and appraisal.

Enhancing and strengthening the process of appraisal requires clinical governance and quality improvement systems to function effectively in support. It is important for HSC organisations that appraisal operates effectively as an intrinsic part of their clinical governance and quality improvement systems.

Information requirements and arrangements for information sharing between these systems should be clear. Integration of these systems should help staff produce supporting information for their portfolio, where appropriate, but also enable performance concerns to be dealt with effectively, in a timely manner and not delayed until the appraisal discussion.

²https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228847/7013.pdf

1.2 Context of the Review

During the RQIA consultation to develop a prioritised programme of thematic reviews for the period 2015-18, RQIA was requested to review the governance arrangements in HSC organisations that support professional regulation.

There are increasing demands placed on health and social care services in Northern Ireland due to an ageing population, high patient expectations, increasing prevalence of chronic conditions, advances in technology and therapeutics, and changes in the way services are delivered.

It is clear that professional staff in Northern Ireland have many challenges ahead. It is important that the people of Northern Ireland are assured that staff are fit to practise and HSC organisations have robust governance processes in place to continue to be safe and effective.

In November 2009, the General Medical Council (GMC) commenced the work on arrangements through which every doctor wishing to remain in active practice in the United Kingdom is required to hold a licence to practise, by undergoing a process of revalidation.

Revalidation largely draws on existing clinical governance systems and relies on each doctor collecting a portfolio of evidence over a five year cycle to comply with standards set out by the GMC. In June 2010, legislation enacted by the Northern Ireland Assembly required each body designated by the legislation to appoint a Responsible Officer (RO). The RO is responsible for ensuring that effective clinical governance arrangements are in place and for making a revalidation recommendation to the GMC, concerning doctors linked to their organisation.

Between 2008 and 2011, RQIA carried out the following reviews that concluded that these processes were well established with effective leadership.

- Review of Appraisal Arrangements Provided by NIMDTA for Primary Care
- Review of Readiness for Medical Revalidation in the HSC Trusts
- Review of Readiness for Revalidation in Primary Care in Northern Ireland

Clinical governance and quality improvement systems should be reviewed regularly to ensure they are fit for the purpose of supporting professional regulation.

As part of its 2015-18 review programme, RQIA has carried out this review, to gain assurance as to the effectiveness of the existing governance arrangements in HSC Organisations that Support Professional Regulation.

The RQIA review focused on the following professions employed by commissioners (HSC Board & PHA) and providers (HSC Trusts):

- Doctors
- Nurses & Midwives
- Social Workers & Social Care Workers
- Pharmacists & Pharmacy Technicians
- Community Dentists & Dental Care Professionals

The review also focused on the Northern Ireland Blood Transfusion Service (NIBTS). The NIBTS is an independent, Special Agency of the Department of Health (DoH). It is responsible for the collection, testing and distribution of over 64,000 blood donations each year. The Service operates three mobile units at around 250 locations throughout the province. The NIBTS employs a number of medical and nursing professionals, as well as a large cohort of biomedical scientists and laboratory assistants. Biomedical scientists are required to be registered and regulated to ensure they are fit to practise. The review team acknowledged that the NIBTS operates within a highly regulated environment; however, the review team felt it was important to include biomedical scientists and laboratory assistants employed by NIBTS in this review.

The review did not focus on the following health professionals as these professions have been reviewed by RQIA throughout 2015:

- Allied Health Professions (AHPs)
- Northern Ireland Ambulance Service (NIAS)
- General Practitioners (GPs)

1.3 Terms of Reference

The Terms of Reference of the Review:

1. Review the effectiveness of the governance arrangements in place within HSC organisations which underpin systems of professional regulation for the following professions:
 - Medicine
 - Nursing and Midwifery
 - Social Work (to include Social Care Workers)
 - Pharmacy (to include Pharmacy Technicians)
 - Community Dentistry (to include Dental Care Professionals)
 - Biomedical Science (NIBTS Only)
2. To report on the findings, identify areas of good practice and, where appropriate, make recommendations for improvements if required.

1.4 Methodology

The review methodology was designed to gather information about current governance arrangements in HSC organisations (including those that Support Professional Regulation).

The methodology was as follows:

- Literature search/review to determine relevant areas in relation to clinical governance and professional regulation.
- Discussions with Professional Regulatory Bodies (GMC, NISCC, NMC, GDC, and the Pharmaceutical Society of Northern Ireland).
- Self-assessment questionnaire completed and returned by HSC Trusts, HSC Board, PHA, & the Northern Ireland Blood Transfusion Service.
- Formal Meetings with senior representatives from each HSC organisation's professional group.
- Focus groups with frontline staff.
- Regional Summit Event involving all relevant stakeholders, to present findings and draft recommendations.
- Publication of an overview report of the findings of the review.

Chapter 2: Findings

Findings from the review are presented in two sections:

1. Generic Governance Arrangements that Support Professional Regulation
2. Profession Specific Governance Arrangements that Support Professional Regulation

2.1 Generic Governance Arrangements that Support Professional Regulation

2.1.1 Registration

The review found that all HSC organisations have robust systems and processes in place, to ensure that employed professional staff adhere to their registration requirements on an annual basis. HSC organisations follow a Registration and Verification Policy which assures registration is addressed. The review also found that HSC organisations have policies for the employment of Locum and Agency Staff. For example, recruitment teams within each organisation carry out checks of professional registration and qualifications that are listed as essential criteria in job specifications. A copy of the applicant's qualification certificates and a print out from the professional body's website is also required and will be retained on their personnel file.

All HSC organisations maintain an alert letter database. This contains names of individuals who are under investigation, or who have been suspended or dismissed by an HSC employer, or who are considered by an employer to be a potential danger to the safety of patients, other staff or themselves. Recruitment teams check the alert letter database prior to forwarding a final offer to ensure that the applicant is not the subject of an alert.

All successful applicants are required to provide evidence of valid registration as part of normal pre-employment checks. Professional registration expiry dates are also recorded on the new HRPTS portal within HSC organisations, which are checked on a regular basis to ensure a registration has not lapsed.

HSC organisations are assisted by staff in the BSO Recruitment Shared Service Centre to subsequently check registration via the regulatory body's website checker, in order to confirm the applicant's registration remains valid on the date of the check.

Prior to any interview, the interview panel will review the application form to confirm live registration is in place and to discover whether the applicant has or has had any referrals to/investigations by the regulatory body. If it is noted that the applicant has declared any such issues, then the interview panel will explore this further with the applicant, at the end of the interview, having completed the normal assessment process. The panel will then decide if the

applicant is suitable for the post or not and will discuss how any issues relating to their practice can be accommodated in their role.

Following recruitment, staff will have their registration checked internally on a regular basis and reviewed at annual appraisal or supervision.

HSC organisations have mechanisms in place to check the status of staff by visiting online registers. For example, HSC Trusts are able to retrieve details for a number of staff at any one time, and be able to identify those medical staff who are:

1. registered with a licence to practise
2. registered without a licence to practise

In addition, HSC organisations have developed mechanisms to check staff registrations on a regular basis. Individual email reminders are also sent out to staff whose registration is due for renewal.

2.1.2 Handling Concerns and Complaints about an Individual's Performance

The review found that HSC organisations have effective internal and external processes and arrangements in place for handling concerns and complaints about individual performance. Where concerns are identified by a patient, service user or carer about the performance, conduct or competence of an individual staff member, the HSC Complaints Procedure³ is used. Where concerns are identified regarding underperforming staff by other staff members, the organisation seeks to engage with the individual staff member to explore their presenting and underlying difficulties.

The review found that organisations follow the guidance of Maintaining High Professional Standards in the Modern NHS (MHPS)⁴ framework in relation to specific concerns which are subsequently investigated following a defined procedure. Depending on the nature of the concern and the findings the organisation may then follow either disciplinary or capability procedures.

The capability procedure is used where there is evidence of a genuine lack of ability rather than a deliberate failure on the part of the employee to perform to standards of which he/she is capable. The aim of this procedure is to improve their performance through on-going monitoring and support.

The disciplinary procedure is designed to help and encourage all employees to achieve and maintain appropriate standards of conduct, performance and behaviour.

³ <https://www.health-ni.gov.uk/sites/default/files/publications/health/HSC-complaints-standard-and-guidelines-for-resolution-and-learning-updated-february-2015.pdf>

⁴ <http://www.ajustnhs.com/wp-content/uploads/2012/05/Dept-of-Health-Discipl-Appeal-2005.pdf>

Organisations may also seek to engage external organisations such as the National Clinical Assessment Service (NCAS)⁵ which contributes to patient safety by helping to resolve concerns about the professional practice of doctors, dentists and pharmacists.

The review found that HSC organisations have various other policies and procedures in place that complement their procedures for managing concerns/complaints such as:

- Policy & Procedure for reporting & management of incidents
- Policy for completing IR1 incident form (near miss & incident record form)
- Whistleblowing Policy
- Working Well Together Policy
- Management and Handling of Complaints
- Disciplinary and Competence policies and procedures
- Procedures for Initiating and responding to referrals to Professional Regulatory Bodies and Independent Safeguarding Authority
- Requesting DoH to issue an ALERT

Senior staff within trusts, in conjunction with their HR Employee and Engagement team will investigate concerns about an individual's conduct and the potential impact on their fitness to practise. If this is found to be impaired and the individual is dismissed from employment, the case is forwarded to senior management to consider referral to the appropriate regulatory body.

The review found that many concerns or complaints are dealt with effectively at the time they are discovered and not delayed until an appraisal discussion. A collaborative decision is taken whether to refer individual workers to their regulatory body, following disciplinary or capability procedures. Regulatory bodies are automatically informed when a worker is suspended from work pending disciplinary/investigation action.

There are a variety of potential outcomes depending on the severity of the level of under-performance; for example, retraining, supervision, disciplinary action, change of duties, referral to occupational health, or referral to the relevant regulatory body.

The Whistleblowing Policy also provides guidance for staff on how to report concerns of wrongdoing, malpractice or inadequacies in the provision of services, and should provide protection for those staff that raise concerns.

⁵ <http://www.ncas.nhs.uk/>

2.1.3 Sharing Internal and External Complaints and Incidents

The review found that HSC organisations have systems and processes for the collation, investigation and management of comments, complaints, incidents, serious adverse incidents (SAIs) and litigation.

Any internal or external complaints or incidents will be reported and managed initially via the organisation's incident reporting and investigation process and the DATIX system records and supports the management of these processes. Learning reports and outputs of DATIX are used to support a variety of governance structures and learning activities. Clinical Leads and senior staff investigate incidents and identify actions and learning.

The review found that HSC Trusts have a Safer Recruitment and Employment Alert Notice System Procedure that sets out the arrangements within their trust for the processing and issuing of Alert Notices.

Where a registrant receives sanctions, or is suspended or erased from the professional register by a regulatory body following a complaint or incident, senior management contact the DoH requesting the issuing of an Alert Letter to external bodies. Where circumstances dictate, a referral may also be made to the Independent Safeguarding Authority.

External complaints from service users/carers regarding staff are dealt with under the Regional Complaints in Health and Social Care: Standards & Guidelines for Resolution & Learning (DHSSPS 2009)⁶. Learning and/or concerns from complaints can be escalated to Assistant Directors and Executive Directors if required. Senior management teams work in collaboration with other multidisciplinary teams to monitor complaints/incidents regarding trends, risks and potential escalation.

Learning is also shared through appropriate governance arrangements such as, Lessons Learnt Committees, Newsletters and Lessons of the Month initiatives. Serious Adverse Incidents are also reported to external organisations; for example, HSC Trusts report to the HSC Board/PHA in line with an agreed SAI process.

⁶ <https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/HSC%20Complaints%20Standard%20and%20Guidelines%20for%20Resolution%20and%20Learning%20-%20Updated%20February%202015.pdf>

2.2 Profession Specific Governance Arrangements that Support Professional Regulation

2.2.1 Medical Profession

Generic Governance Arrangements

In the organisations that were the focus of this review, the review team acknowledged that medical professionals work in well-established regulated environments. However, it can be a challenge for these organisations to ensure all medical professionals have a full understanding of the governance arrangements, systems and processes within the organisation in which they work. The review also found concerns in relation to the transfer of timely and accurate information when medical staff move between HSC organisations, especially in relation to an individual's professional performance, complaints, and incidents.

Appraisal, CPD and Revalidation

The review found that all HSC organisations have appraisal systems and processes in place to annually appraise their doctors, and check they are up to date and fit to practise. Annual appraisal is a contractual requirement, and is seen by an increasing majority of medical staff as an essential part of their profession, and an opportunity to “showcase” their work. Evidence from the review highlighted a shift away from viewing appraisal and revalidation as a “tick-box” exercise, towards a process in which a quality portfolio was used to provide evidence of good clinical work and professional development.

HSC organisations have developed a range of policies covering appraisal and revalidation, for example, ‘Medical Appraisal & Revalidation Policy’ which is designed to strengthen the link between appraisal and revalidation. Some HSC organisations also maintain a webpage dedicated to Medical Appraisal and Revalidation which is the primary source of all relevant publications (trust and regional) and includes a range of supporting documentation and templates.

Registered doctors are required to follow CPD recommendations of the various Royal Colleges, for example, completion of 50 hours CPD per year, 25 hours of which must be externally accredited.

RQIA is aware that doctors typically have time set aside for non-clinical activity, however, during focus groups, some doctors highlighted difficulties with meeting their CPD requirements, within their allocated Supporting Professional Activity allowance and would welcome more protected CPD time within work.

Appraisal rates for 2013-14 and 2014-15 in HSC organisations ranged from 71% to 100% for all eligible medical staff.

Recommendation 1	Priority 2
RQIA recommends that HSC Trusts report profession-specific appraisal rates for all eligible professional staff in their Annual Quality Report.	

Revalidation was introduced in December 2012 and required all licensed doctors to demonstrate on a regular basis that they are up to date, fit to practise in their chosen field, and able to provide a good level of care. Licensed doctors have to revalidate every five years and this is supported by having annual appraisals based on the core guidance for doctors, *Good medical practice*⁷. Annual appraisal, in addition to being a contractual requirement, is a pre-requisite to securing a positive recommendation for revalidation. The review found that some HSC organisations have established dedicated revalidation support teams or departments to assure that doctors continue to meet the professional standards set by the GMC and the relevant Royal Colleges. Senior administrative/managerial support was felt by some HSC organisations to be essential in supporting delivery of medical revalidation locally.

To strengthen the appraisal process, HSC organisations have identified a number of Medical Appraisers who are required to undergo specific training. In addition, some HSC organisations have produced the following in an effort to deliver consistency:

- Appraiser and appraisee handbooks
- Good Practice Guidance for Completion of Clinical Appraisal Form 3 and PDP's
- A standardised 'Template for Assessing the Quality of Evidence for Appraisal and Revalidation'

These arrangements provide assurance for the public and patients that medical staff are supported in maintaining high professional standards in the workplace.

The review did find variances across HSC organisations in relation to electronic and paper based appraisal and revalidation portfolios. The majority of organisations would welcome a centralised electronic version, however, there does need to be a balance with face-to-face contact and the option of using paper and pen for some appraisers.

The review found that appraisal is an individual organisational activity, however, systems and processes are not standardised across organisations.

The review found that the Western HSC Trust has been working on developing revalidation systems, the utility of which could be explored by other HSC trusts/relevant HSC bodies.

⁷http://www.gmc.uk.org/The_Good_medical_practice_framework_for_appraisal_and_revalidation___DC5707.pdf_56235089.pdf

Support, Education & Learning

The review found that HSC organisations have varied systems and processes in place for educational governance and leadership to manage and deliver education, training, and CPD opportunities for their medical staff. Some have developed a number of initiatives and good practice which include:

- A Learning and Development Agreement for the provision of postgraduate medical training and education with NIMDTA. This agreement sets out the systems of education governance and leadership to manage and deliver education training and CPD opportunities for medical staff.
- Dedicated websites for doctors for all information pertaining to appraisal and revalidation, medical training and medical induction.
- Specific departmental induction programmes for each division, with a number of core mandatory training modules that doctors must complete as a condition of commencing employment.
- Induction meetings with the Medical Director for each new permanent medical member of staff. At this meeting initiatives such as Medical Leadership and Development programmes and Mentoring Schemes are highlighted.
- HSC Trusts operate an Appraisal Induction Scheme for all new starts, which encourages early development of a Personal Development Plan (PDP).
- Morbidity and Mortality (M&M) review meetings are also a core educational component for doctors. Work is ongoing in some trusts to support a regular M&M meeting for all doctors.
- Review of Complaints/Incidents/ SAIs. SAIs are screened by Associate Medical Directors and regional learning is shared in the form of 'learning letters' that are circulated by the HSC Board and PHA to all medical staff.
- Regular lunchtime Staff Grade and Associate Specialist (SAS) doctors' Link-Up sessions which are held across the trusts.
- In-house Medical Leadership and Development events.
- A standard process for applying for study leave and funding for doctors in training.
- Planned audit and review of all doctors' PDPs as part of an appraisal round.
- Departmental learning events for doctor's e.g. weekly journal clubs etc.

HSC organisations welcome the presence of a local GMC office in Northern Ireland and they have also developed close links with the GMC Employment Liaison Adviser. Organisations regularly engage with the GMC for guidance, support and to discuss cases of concern, fitness to practise thresholds, registration queries and to seek advice in individual circumstances.

The role of the GMC Liaison Adviser in Northern Ireland is to engage with medical staff in trusts, doctors in training and those who are new to United Kingdom practice. They provide practical support and targeted discussion around GMC standards, guidance and reviews.

The review team heard the experience of one doctor who was returning to work after raising a family. They faced a potentially complex journey to becoming reinstated on the medical register, being employed by a trust, and having to provide supporting documentation for a first appraisal. This doctor described a very positive experience from the initial support provided, through to an identity check with the GMC in Manchester and providing evidence of her CPD via a GMC smartphone application. The review team was impressed with the smoothness of the transitions between professional and regulatory governance arrangements and structures. The doctor was assured by these processes that she was both fit to practise and had clear evidence to support this.

2.2.2 Nursing and Midwifery Profession

Readiness for Revalidation

Revalidation for all nurses and midwives in the United Kingdom began to be compulsory from April 2016. In addition to demonstrating nurses' and midwives' ability to practise safely and effectively it is designed to encourage reflection upon, and living out the standards contained within the NMC Code⁸.

This new process replaces the old post-registration education and practice (Prep) requirements. Nurses and midwives will have to revalidate every three years to renew their registration.

The review team was provided with evidence that relevant HSC organisations have put significant arrangements in place to become ready for NMC revalidation. These included:

- Base line assessments to identify current registrants e.g. Midwives, Nurses, Bank Only Nurses, and Bank Only Midwives
- Supporting and engaging nurses and midwives to assist understanding and application of the NMC's revised Code
- Scoping individual and managerial readiness to ensure timely revalidation
- Information and Awareness sessions delivered by NIPEC and NMC
- Development and implementation of guidance on collating feedback from patients and colleagues
- Supporting confirmers and third-party appraisers in their roles and ensuring they understand their responsibilities
- Supporting managers to put in place systems to facilitate discussions and confirmer meetings ensuring they understand their responsibilities
- Developing methods of assurance on consistency in confirmers'/ third-party appraisers' judgements
- Engaging with training providers, e.g. the Clinical Education Centre (CEC), to support revalidation learning and compliance activities
- Revalidation Implementation Groups will support implementation of the new arrangements across the directorates
- Ongoing development of a bespoke database to monitor revalidation status across the organisation (HRPTS functionality to capture high level nursing revalidation information was under development at the time of fieldwork)
- Monthly reporting to identify those whose annual fee and revalidation is due
- Communication strategies to alert registrants to the additional requirements and timescale for revalidation
- A Regional Revalidation Programme Board, Co-Chaired by the CNO and Director of Human Resources (DoH)

⁸ <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

The review found that nursing and midwifery teams are becoming increasingly multidisciplinary, with collaborative working across specialities. For example, nurses working in multidisciplinary teams where the management is not nursing or midwifery led. The NMC revalidation process is registrant led and individual registrants are responsible for their own revalidation. However, significant work has been undertaken by HSC Trusts in order to support registrants to meet revalidation requirements. With regard to nurses working in primary care, the review team would also like to acknowledge the work of NIPEC and the PHA who undertook a programme of intensive work to communicate with and support practice nurses attached to GP practices with revalidation requirements.

During preparations for the introduction of NMC revalidation, significant steps were taken to ensure organisations representing all groups were informed and reminded of their responsibilities regarding the cascade of information.

Appraisal, Knowledge and Skills Framework (KSF) and Supervision

The review found that all HSC organisations have processes and systems in place for annual appraisal of all nursing and midwifery staff. Arrangements under Agenda for Change and the HSC KSF/Appraisal Policy require that all NMC registrants have a yearly appraisal meeting with their line manager. The standardised documentation which supports this process has been adapted to incorporate the NMC Code.

In 2007, the Chief Nursing Officer (CNO) for Northern Ireland published 'Standards for Supervision in Nursing' which requires nurse registrants to undertake a clinical supervision meeting with their line manager twice per year⁹. At the time of this review midwives were subject to the separate process of Statutory Supervision of Midwives through the Local Supervising Authority (LSA) in Northern Ireland (the Public Health Agency). The standards for supervision of midwives are set and monitored through the 'Midwives rules and standards' (NMC 2012). The LSA reports annually on supervision, and is audited by the NMC. Statutory supervision of midwives by the NMC is currently under review by government and will soon be subject to legislative change'.

Every three years, nurses and midwives need to revalidate in order to renew their registration. From April 2016, revalidation includes requirements in the previous three years for at least 450 practice hours and 35 hours of CPD, at least 20 of which must include participatory learning.

Feedback from frontline staff highlighted that supervision and annual appraisal are seen as a core component of their work, and contribute to high quality, effective and efficient revalidation every three years. Annual appraisal is a contractual requirement, while supervision is a standard set by the profession.

⁹ <http://www.nipec.hscni.net/work-and-projects/previousworkandprojects/supervision-standards-for-nursing-project/supervisionstandardsnursing-docs/>

Support, Education & Learning

HSC organisations provide Nursing and Midwifery induction programmes three times per year for all new nursing and midwifery staff. As part of pre and post registration, all new nursing and midwifery staff undertake induction education programmes in medication management to meet NMC requirements.

During and following completion of their preceptorship period, nursing staff must complete an Intravenous Drug Administration course which is supported by a competency framework tool. All registered nursing staff update their training on administration of medicines on a three-yearly basis, as a mandatory requirement set by HSC Trusts.

The review also found that all HSC organisations have systems of educational governance and leadership to manage and deliver education, training, and KSF/CPD opportunities for registered nursing and midwifery staff. Education, training and CPD opportunities are managed in a variety of ways:

1. CPD opportunities are identified through the process of annual appraisal.
2. In house mandatory training is managed and delivered by the organisation using face to face and e-Learning methodologies.
3. Dedicated training teams manage targeted training e.g. Mentorship, Infection Control.
4. A Service Level agreement with the Clinical Education Centre (CEC) permits access to a variety of training courses; HSC organisations also engage with the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC).

The review highlighted that efforts are made to commission training for individual staff members, when requirements within their scope of practice have been identified at annual appraisal.

All registered nurses and midwives are assigned to a senior member of the nursing/midwifery teams for induction, supervision, facilitation and critical companionship. On commencement of employment, each nurse/midwife is issued with an induction folder which contains a comprehensive training matrix.

2.2.3 Social Work Profession

Registration of the Social Care Workforce

The review found that HSC organisations welcomed the DoH decision to introduce compulsory registration of the whole social care workforce on a phased basis. Social workers have been required to register with the NISCC since 2005 and there has been a programme of roll out to 30,000 social care workers since 2009. It is anticipated the final groups of social care workers will be registered with the NISCC by March 2017. RQIA was informed that there is a differentiated approach to the registration and regulation of social workers and social care workers reflecting the differences in qualifications, training, levels of autonomy, responsibility, employment patterns and salary level with domiciliary care workers among the lowest paid within the social care family.

Whilst the review examined governance arrangements solely within HSC, the review team acknowledged that approximately two thirds of the social care workforce is employed in the independent sector (i.e. the voluntary and private sectors). The review team was provided with evidence that the roll out of compulsory registration has been to all social workers and social care workers irrespective of sector. Roll out of compulsory registration to social care workers has been on the basis of 'employed within prescribed settings', all of which are services regulated by RQIA.

Appraisal, Knowledge and Skills Framework (KSF) and Supervision

Annual appraisal for social care staff is undertaken through the Knowledge and Skills Framework (KSF), and a Personal Development Plan (PDP) is developed which addresses the particular needs of employees. All social work staff are expected to adhere to the DoH policy and standards for professional supervision of social workers. HSC organisations also have their own policies/procedures for supervision of social care workers in line with Minimum Care Standards for regulated settings¹⁰.

Social workers and managers of social care settings are required to re-register every three years. All other social care workers are required to re-register every five years. All registrants are required to complete 90 hours of post registration training and learning within each registration period.

HSC Trusts are required to report to the HSC Board on the provision of professional supervision for social workers as part of Delegated Statutory Functions reporting and accountability arrangements. HSC Trusts also have arrangements in place for the completion of the Person-Centred Planning (PCP) and PDP processes. For example, individual Directorate Performance Scorecards incorporate data on PCP/PDP performance.

¹⁰ <https://www.health-ni.gov.uk/articles/care-standards>

Directorate Accountability Reviews address Directorate scorecard returns including PCP/PDP completion.

HSC Organisations operate an appraisal and supervision policy for social workers in line with the DoH policy and standards for professional supervision of social workers. HSC organisations also have their own internal policy/procedures on supervision for social care workers in line with Minimum Care standards of regulated social care settings and what is required.

RQIA found a strong culture of supervision within social work. For all professionally qualified social workers this takes place on a monthly basis in a one to one session; however, for social care workers a mixed approach to supervision exists.

The Improving and Safeguarding Social Wellbeing: A Strategy for Social Work¹¹ sets out an agenda to strengthen the effectiveness of social work in improving outcomes for service users. One of the priorities of the Strategy is to ensure that professional governance arrangements, including professional supervision, support social workers to work to consistently high standards and manage risks effectively

Support, Education & Learning

The review found that HSC organisations have systems of governance and leadership to manage and deliver education, training, and CPD opportunities for Social Workers and Social Care Workers. For example, HSC trusts have dedicated Social Services Workforce Development and Training Teams which deliver the Personal Social Services Education and Training Strategy¹², which provides a framework for education, training and continuous professional development opportunities.

Under the Scheme of Delegation for Statutory Functions, HSC trusts are required to maintain the training standards of their social care workforce, and to continue to address and meet strategic objectives and targets for training as set out by the DoH in Circular HSS (OSS) 1/2010 & 3/2012, and in the NISCC: “General Guidance Document for social work registrants and PRTL Requirements”¹³.

The Post Qualifying framework, now renamed Professional in Practice (PiP)¹⁴ Framework for Social Work Professional Development, supports social workers to comply with post-registration requirements and to gain recognition of their learning throughout their careers against a set of professional standards. For the vocational workforce, some HSC trusts have developed a Qualification and Credit Framework (QCF) Strategy 2015.

¹¹ http://www.niscc.info/storage/resources/2012april_dhssps_socialworkstrategy2012-2022_afmck1.pdf

¹² http://www.niscc.info/files/Workforce%20Development/2006_PSS_TrainingStrategy.pdf

¹³ http://www.niscc.info/files/2012Jun_PRTLGuidanceforSocialWorkers.pdf

¹⁴ http://www.niscc.info/files/PiP/Stepped_Booklet_web.pdf

The review found that there has been significant progress in areas such as the Domiciliary Care workforce with significant numbers of staff achieving the Level 2 award in End of Life Care. These frameworks ensure that staff are developed and practising in line with national occupational standards (NOS)¹⁵.

The review also found that HSC Trusts target training towards particular groups, based on monitoring of adherence to strategic targets, which are reported on an annual basis to the HSC Board. HSC Trusts use this information to target training at particular groups to ensure that resources are being used effectively. The HSC Trusts have also developed a Post Qualifying Policy for social workers only, which specifies the roles and responsibilities of staff, line managers and training teams.

The review team was informed that the Circular HSS (OSS) AYE 2/2015¹⁶ (Assessed Year of Employment of Newly Qualified Social Workers) states 'All newly qualified social workers should be clearly identified as such in the Human Resources information system in order that individuals can be tracked through to successful completion (of their AYE)'. There are also references to supervision, induction, professional development and performance appraisal of newly qualified social workers in this Circular.

¹⁵ <http://nos.ukces.org.uk/Pages/results.aspx?u=http%3A%2F%2Fnos%2Eukces%2Eorg%2Euk&k=Social%20Work>

¹⁶ http://www.niscc.info/storage/resources/2015_dhssps_aye_circular.pdf

2.2.4 Pharmacy Profession

Generic Governance Arrangements

In the organisations that were the focus of this review, the review team acknowledged that pharmacy professionals work in well-established regulated environments. Governance arrangements, systems and process are embedded within the pharmacy culture, and are seen as a core part of their functions.

Future Registration and Regulation of Pharmacy Technicians

Within Northern Ireland, pharmacy technicians are not required to register with the Pharmaceutical Society Northern Ireland (the Society) which is the regulatory body for pharmacists in Northern Ireland. In the rest of the United Kingdom technicians are required to register with the General Pharmaceutical Council (GPhC). The review found that both pharmacists and pharmacy technicians would welcome registration and regulation as it would recognise technicians as professional members of the pharmacy team. It would also provide a number of benefits for the technician, pharmacist and most importantly, service users.

Registration of technicians will contribute to improved patient safety by ensuring only those qualified, competent and under a duty to maintain high standards can work as pharmacy technicians. For example, it will allow technicians to up-skill in order to take on greater responsibilities and work within a structured career pathway. It will also allow pharmacists to delegate roles without fear of legal sanction and release time for pharmacists to deal with more patient facing activities. This may have an additional impact in reducing pressures on other parts of the health service. The review team was informed that a public consultation closed on 14 June 2016 in relation to the future functions of the Society. This included consideration of the registration and regulation of pharmacy technicians.

The DoH continues to take a considered approach to the issue of regulating pharmacy technicians in Northern Ireland. RQIA was informed that there will be a process of consultation and legislative change before any decisions to statutory regulate technicians is progressed.

Appraisal, KSF and Continuing Fitness to Practise

The review found that HSC organisations have systems and clinical governance processes in place to support their pharmacy staff with their KSF/appraisal and continuing fitness to practise requirements.

Registered pharmacists are required to complete 30 hours of CPD annually to maintain their registration with the Society. Pharmacists in the hospital service would welcome protected CPD time within work, rather than having to complete 30 hours in their own time.

For pharmacists, confirmation that CPD has been completed, submitted and passed is obtained during an annual appraisal to ensure continuing fitness to practise, as stipulated in the Society requirements. The Society publishes a list of pharmacists removed from its register and this list is checked against pharmacy staff employed by the organisation by pharmacy administration staff. Administration staff also check the register on a regular basis to ensure that all pharmacists are registered. Pharmacists are encouraged to avail of learning and development opportunities offered by both their organisation and the Northern Ireland Centre for Pharmacy Postgraduate Learning and Development (NICPLD).

The review team was provided with instances where pharmacists present a subject from their area of expertise at monthly clinical pharmacy meetings, which provides a CPD opportunity for colleagues. Occasionally a member of the trust consultant staff may also present at such a meeting, on a topic of interest to those attending.

As pharmacy technicians are not registrants, they are not required to complete a specific amount of annual CPD; however, within trusts, technicians are encouraged to avail of learning and development opportunities offered by the trust or by NICPLD. Whilst NICPLD workshops are no longer available for technicians they are encouraged to complete distance learning packages available to them.

Rebalancing Legislation & Consultation on the Future Functions of the Pharmaceutical Society Northern Ireland

A possible outcome of existing legislation is that a pharmacist may face criminal prosecution for a single dispensing error. This has long been a concern for pharmacists within Northern Ireland, and could also impact on future registered pharmacy technicians. Removing this barrier will help encourage a more open approach to error and near miss reporting, improve learning and promote a more transparent culture with ultimate benefits for patient safety.

The government is proposing a new defence against criminal prosecution for pharmacy professionals if they make an inadvertent dispensing error, subject to certain conditions. As a result, in February 2015, the Government launched a Consultation regarding the Rebalancing Medicines Legislation & Pharmacy Regulation¹⁷, and sees the proposals set out in the consultation as a positive step towards a modern approach to healthcare regulation. The review team was informed that the DoH is already prioritising and progressing this work with regard to Northern Ireland.

During the review concerns were raised that having both the GPhC and the Society as regulators of a single professional body results in inconsistencies in approach. It also means that a pharmacist moving between jurisdictions

¹⁷https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/403387/consultation_doc.pdf

has to register with another entity and that any pharmacist working in both jurisdictions requires dual registration. The possibility of having a single pharmaceutical regulator for the whole of United Kingdom was welcomed.

2.2.5 Dental Profession

The review team acknowledged that the dental profession works in well-established regulated environments. Governance arrangements, systems and processes are embedded within the dental culture, and are seen as a core part of their functions. Both dentists and dental care professionals are required to register with the GDC. RQIA was advised that the registration of dental care professionals was viewed very positively by the profession.

Governance Arrangements and Structure of Community Dental Services

Within Northern Ireland there are two major branches of the dental profession (general dental practitioners sit outside the trust structures as independent practitioners):

1. Hospital Consultant Dental Service – based at the School of Dentistry (Royal Victoria Hospital, Belfast), Ulster Hospital (Dundonald), and Altnagelvin Hospital.
2. Community Dental Service – based at Health Centres and Health and Well-being centres across Northern Ireland.

In December 2014, RQIA published a report of a review of the Implementation of the Dental Hospital Inquiry Action Plan. That review assessed progress against the 45 recommendations contained in a report of an inquiry chaired by Mr Brian Fee QC. The action plan included many aspects that were to be assessed by this review of governance arrangements to support professional regulation and the review team considered that in light of this, it would not be necessary to include the School of Dentistry in this review.

The majority of Oral and Maxillofacial services in the Ulster and Altnagelvin Hospitals are provided by consultant staff who are both dentally and medically qualified. Although there are a number of singly qualified practitioners, the review team considered that the main issues for these services would be covered by the medical section of the report. This section of the review therefore concentrates on the community dental service provided by HSC Trusts.

Appraisal and Continued Professional Development (CPD)

The review found that all HSC organisations have systems of appraisal and clinical governance within their organisation. CDS Dentists undergo annual appraisal using a Regional Community Dental Service Appraisal Document in Northern Ireland. HSC organisations also ensure mandatory training is completed in line with organisational requirements.

Registered dentists are required to complete 250 hours of CPD every five years. At least 75 of these hours need to be 'verifiable' CPD. Dental Care Professionals must carry out at least 150 hours of CPD every five years. At least 50 of these hours need to be 'verifiable' CPD. CPD hours may be completed within working hours in HSC Trusts, especially for DCPs. Much of dentists' CPD is carried out in their own time. Dentists and DCPs would welcome protected CPD time within work, rather than having to complete these hours in their own time.

In addition, dentists in the CDS are funded to attend 21 study days over three years; however, as there is no funding for backfill, dentists find it difficult to attend. Study leave is granted to attend CPD appropriate to their job role. CPD attainment is checked during the appraisal process. Dental Care Professionals also undergo annual appraisal through the KSF framework.

Registered dentists and dental care professionals have a responsibility as individuals to maintain their own CPD. Dentists and DCPs make an annual self-declaration that they comply with CPD requirements as part of registration with the GDC.

2.2.6 Biomedical Science Profession

Governance Arrangements and Structure of Biomedical Medical Science

During this review, RQIA visited the Northern Ireland Blood Transfusion Service (NIBTS). The NIBTS is an independent agency which employs a number of biomedical scientists, Medical Laboratory Assistants and Laboratory Assistants.

The review team acknowledged that biomedical scientists and laboratory assistants within Northern Ireland work in well-established regulated environments, and are registered, regulated and inspected by a number of organisations such as, the Health and Care Professions Council (HCPC), The Medicines and Healthcare products Regulatory Agency (MHRA), and The Institute of Biomedical Science (IBMS).

Appraisal and Continued Professional Development (CPD)

The review found that the appraisal process within the NIBTS for biomedical scientists is organised and guided by their HR department, in line with the KSF framework.

Biomedical scientists are required to renew their registration every two years; in order to do this they must prove they have fulfilled the HCPC CPD requirements. These requirements are set out in a series of guidelines to improve professional development and patient care; however, no specific number of hours or course requirements are stipulated. Registrants are expected to keep a record of their own CPD and this is monitored through an HCPC audit of a random selection.

The review team was informed that the IBMS runs a similar system to the CPD scheme for biomedical scientists. They must achieve 250 CPD credits within five years. These credits are not based on hours; they are achieved by completing a variety of activities, each worth a certain number of credits, such as, attending a lunchtime seminar, giving a lecture/presentation to students or attending a conference. Once 250 credits have been achieved, the biomedical scientists will then submit an application for CPD validation to the IBMS, and achieve a diploma. The review team was informed that this is how the current scheme operates; however, the IBMS is moving to a new CPD scheme in summer 2016¹⁸. The IBMS CPD scheme encourages members to maintain, improve and extend their knowledge, skills and practice for the purpose of maintaining CPD.

Each biomedical scientist within the NIBTS undergoes an annual appraisal in the form of a 'Staff Development Review' (SDR) with their line manager. During this review, staff discuss training and/or CPD requirements they may have. Following this, a Personal Development Plan (PDP) is developed for each individual. On completion of departmental SDRs a Team Development Plan is then formulated, and these are used to complete a Corporate Training Needs Analysis.

During the SDR, staff may also add further personal objectives, for example, post entry qualifications, attendance at specific courses and conferences or participation in user groups, all of which will contribute to their CPD activities. Bi-monthly departmental meetings are held which also provide staff with a forum to discuss and share any CPD activities, concerns or suggestions.

The review also found that the NIBTS has the following recognised supervisors/trainers who deliver education, training and complete annual appraisal reports for individual biomedical scientists:

- A dedicated Laboratory Training Officer
- Two qualified IBMS Registration Portfolio verifiers
- Four University of Ulster trained mentors for placement students
- All HCPC registered staff will supervise training of trainee biomedical scientists and placement students to varying degrees depending on their job role.
- Annual appraisals for biomedical scientists and medical laboratory assistants are carried out by their line-manager, Deputy Head, or Head of Department depending on grade of staff.

¹⁸ <https://www.ibms.org/go/practice-development/cpd>

Education and Learning

The review found that the NIBTS has systems and processes in place to manage and deliver education, training and learning opportunities for biomedical scientists.

The educational processes for laboratory staff take the form of on-going continuous improvement. This is led by the laboratory training officer and includes a programme of lunchtime seminars, mentoring for university placement students and a three yearly Quality Systems training programme, overseen by the Regulatory Affairs & Compliance department. In addition to this, all staff participate in their own individual CPD activities.

The Laboratory Manager is responsible for the management and professional development of all departmental staff. The Laboratory Manager delegates this role to the laboratory training officer and in cooperation with the laboratory training officer, will develop effective programmes of training for all laboratory staff and placement students.

The laboratory training officer develops induction programmes for all new members of staff and placement students and prepares a training plan for each member of staff/placement student. Each Department Head is responsible for delivery of training within his/her department and must ensure that training of biomedical scientists is delivered by HCPC registered staff.

NIBTS has been approved by IBMS as a training laboratory for pre & post registration Biomedical Scientists, and has the following systems and processes in place:

- Laboratory Training and Competency Policy
- Laboratory Training and Competency Procedure
- Corporate Induction Manual
- Laboratory Training Programme

Biomedical scientists have a responsibility to maintain a portfolio of Continuous Professional Development (CPD) in line with the requirements of the HCPC. This is subject to periodic review by the HCPC. In line with the 'Policy and Procedure for the Maintenance of Professional Registration', each biomedical scientist has a responsibility to ensure that HCPC registration is maintained.

Chapter 3: Conclusions

During this review, RQIA found robust clinical and social care governance arrangements within HSC organisations that support professional regulation. Organisations adhere to the requirements, standards and guidelines set internally and by Professional Regulatory Bodies to assure services users, carers and families that professional staff employed are fully fit to practise.

The review found that all eight HSC organisations involved in this review function in well-established regulated environments, with robust governance arrangements in place to assure essential requirements for registration and regulation are adhered to.

RQIA found that HSC organisations have engaged effectively with professional regulatory bodies such as the GMC, NISCC, NMC, GDC, The Society, and HCPC. Good links have been established to ensure continued registration of staff and HSC organisations are now informed in a timely manner of changes in guidelines. There is now effective joint working when dealing with concerns regarding underperforming staff and effective support is provided by regulatory bodies where appropriate. Some regulatory bodies however are perceived by staff to be more successful than others by virtue of local presence, provision of local engagement opportunities and provision of readily available professional guidance support and are perceived to provide better value for the annual retention fee paid.

RQIA was advised that a number of national and local initiatives are currently underway, for example, the intended UK-wide government consultation to explore reform of healthcare professional regulation. This will consider development of a national framework to assess which professional groups should be regulated and how. It is anticipated that the future direction of professions subject to professional regulation will be impacted by these initiatives. The review team considers that this needs to be accounted for during any review that takes place.

RQIA found strong commitment among HSC organisations to take forward professional registration and regulation of their workforce in Northern Ireland. This is an important element in providing assurance to the general public that the HSC workforce is fit for purpose and will continue to provide a high standard of care.

Appendix 1: Abbreviations Used

AHP	Allied Health Profession
AYE	Assessed Year in Employment
Belfast Trust	Belfast Health and Social Care Trust
BSO	Business Service Organisation
CDS	Community Dental Service
CEC	Clinical Education Centre
CNO	Chief Nursing Officer
CoDEG	Competency Development and Evaluation Group
CPD	Continuing professional development
DATIX	Healthcare Incidents, Patient Safety & Risk Management Software
DCP	Dental Care Professional
DoH	Department of Health, Northern Ireland
GDC	General Dental Council
GMC	General Medical Council
GP	General Practitioner
GPhC	General Pharmaceutical Council
HCPC	Health and Care Professions Council
HR	Human Resource
HRPTS	Human Resources, Payroll, Travel and Subsistence System
HSC	Health and Social Care
HSC Board	Health and Social Care Board
HSC Trusts	Health and Social Care Trusts
IELTS	International English Language Testing System
LD	Learning Disability
LTO	Laboratory Training Officer
MH	Mental Health
MHRA	Medicines and Healthcare Products Regulatory Agency
MLA	Medical Laboratory Assistant
M&M	Morbidity and Mortality
NCAS	National Clinical Assessment Service
NIAO	Northern Ireland Audit Office
NIAS	Northern Ireland Ambulance Service
NIBTS	Northern Ireland Blood Transfusion Service
NIMDTA	Northern Ireland Medical and Dental Training Agency
NIPEC	Northern Ireland Practice and Education Council
NISCC	Northern Ireland Social Care Council
NMC	Nursing and Midwifery council
NOS	National Occupational Standards
Northern Trust	Northern Health and Social Care Trust
NVQ	National Vocational Qualification
OCN	Open College Network
PALs	Procurement and Logistics Service
PDP	Personal Development Plan
PHA	Public Health Agency
PIP	Professional in Practice

Prep	Post-registration education and practice
PRTL	Post registration training and learning
The Society	Pharmaceutical Society Northern Ireland
QCF	Qualification and Credit Framework
QUB	Queens University
RO	Responsible Officer
RPS	Royal Pharmaceutical Society
RSSRS	Regional Shared Services Recruitment
SAI	Serious Adverse Incident
SBAR	Situation, Background, Assessment and Recommendation
SDR	Staff Development Review
SLA	Service Level Agreement
South Eastern Trust	South Eastern Health and Social Care Trust
Southern Trust	Southern Health and Social Care Trust
SCD	Special Care Dentistry
TOR	Terms of Reference
UUJ	University of Ulster
Western Trust	Western Health and Social Care Trust



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