



Medical Schools Council response to the  
DH Consultation on Responsible officers in the new architecture  
July 2012

Full consultation document available from: [http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_133601](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_133601)

**Q2.1 Do you agree that the NHS Commissioning Board (NHS CB) should be designated in the Regulations and required to nominate or appoint responsible officers for primary medical care doctors?**

YES

~~NO (if No please explain)~~

**Q2.2 Do you agree that the NHS CB should be given the flexibility to appoint the number of responsible officers it considers appropriate? If not, please explain your alternative.**

YES

~~NO (if No please explain)~~

**Q2.3 Do you agree that the NHS CB should be designated in the Regulations and required to nominate or appoint responsible officers for this very small group of secondary care locum doctors?**

YES

~~NO (if No please explain)~~

**Q2.4 Do you agree that the NHS CB should be the designated body for the responsible officer's responsible officer in the new architecture?**

YES

~~NO (if No please explain)~~

**Q2.5 Do you agree that the national mandate is the most appropriate method of addressing potential conflicts of interest between responsible officers in the NHS CB?**

**YES**

~~**NO (if No please explain)**~~

**Q2.6 Do you agree that Local Education and Training Boards (LETBs) be designated in the Regulations and required to nominate or appoint a responsible officer for postgraduate trainees? If not, please explain your alternative.**

~~**YES**~~

**NO (if No please explain)**

As LETBs are not yet fully established, it is difficult to say with certainty that LETBs should be designated in the Regulations. We would recommend that this responsibility lies with the Postgraduate Deanery, or its successor.

## **Responsible officers and language checking**

**Q3.1 Do you agree that a requirement to check the language competence of doctors working in England should be set out in the Responsible Officers Regulations?**

**YES**

~~**NO (if No please explain)**~~

Where language issues affect patient care and patient safety, it is entirely appropriate that the Responsible Officer should be required to check language competency – and, as in Q3.4, there should be a duty to report concerns in clinical communication and language competency.

We would recommend that the consideration of *language* is not limited to the choice of words – but also to the ability to *communicate* in the clinical context, as set out in para 3.4 - 3.6 of Chapter 3.

**Q3.2 Do you agree that the Regulations should not expressly provide how language competence should be ascertained, but that guidance should be jointly produced by the General Medical Council (GMC) and NHS CB?**

**YES**

~~**NO (if No please explain)**~~

We would recommend that the consideration of *language* is not limited to the choice of words – but also to the ability to *communicate* in the clinical context, as set out in para 3.4 - 3.6 of Chapter 3.

**Q3.3 a) Do you view it helpful for the GMC to annotate their register to confirm suitability for the Doctor's first post in England and language competence for that post: and would this approach have sufficient merit to outweigh any practical difficulties if its application were in England only, but not in Northern Ireland, Scotland or Wales?**

**YES**

**NO (if No please explain)**

**b) Do you view that this may impact on different groups in different ways, for example groups not already on the register?**

**YES**

**NO (if No please explain)**

**Q3.4 Do you agree that responsible officers in the UK should be required to notify the GMC where they have significant concerns on the language competence of an individual?**

**YES**

~~**NO (if No please explain)**~~

Yes, where there could be an impact on patient care.

Again, we would recommend that the consideration of *language* is not limited to the choice of words – but also to the ability to *communicate* in the clinical context, as set out in para 3.4 - 3.6 of Chapter 3.

**Q3.5 In terms of costs: What is the current approach to the payment for language tests in your organisation; and do you agree that for the majority of organisations there will be little increased cost relating to the strengthened responsible officer's role?**

**YES**

**NO (if No please explain)**

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**Q3.6 a) Do you have evidence which you can share to help inform work on the potential benefits of a strengthened language system or any suggestions for data sources?**

**YES**

**NO (if No please explain)**

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**b) Do you have any evidence or data sources on the impact on equality through the use of language controls?**

**YES**

**NO (if No please explain)**

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## Designating further bodies in the Responsible Officers Regulations

**Q4.1** Should the the responsible officer for public health doctors employed by local authorities be:

- a) local authority; or
- b) Public Health England; or
- c) acute Trust (please explain)?

**Q4.2** If the connection in Q4.1 is to the employing local authority do you think the responsible officer for those responsible officers should be to:

- a) Public Health England; ~~or~~
- ~~b) other (please specify)?~~

**Q4.3** Do you think the connection for Public Health England's responsible officer should be to:

- a) the Department of Health;
- ~~b) the NHS CB; or~~
- ~~c) other (please specify)?~~

**Please let us know if you have any additional comments**

Figure 1, on p13 of the consultation document, is unclear with regards to clinical academic doctors whose substantive contract of employment is with the university and who hold an honorary NHS contract. We suggest that in box 4 on the main flow, the following text is inserted:

'Am I employed by, **or do I have an honorary contract with**, a designated body?'