

Strengthened Medical Appraisal - Appraisee Clinical Governance Questions - Guide

These questions are asked on behalf of the Responsible Officer to ensure that effective clinical governance is in place for the purposes of revalidation.

1	<u>Indemnity</u>
1 a	The GMC require a doctor to have insurance or indemnity in place when they start to practise in the UK. The type and level of insurance or indemnity required depends on where a doctor works, whether they are employed or self-employed and the type of work they do.
2	<u>Clinical Governance</u>
2 a	You should satisfy yourself that adequate clinical governance systems are in place for all non-SEQOHS organisations or service providers with which you work. As a minimum you have a duty to raise your concern with these organisations in relation to any gaps you discover in their governance. As good practice you may wish to seek assurance of compliance with minimum clinical governance aspects by the non-SEQOHS accredited organisations you work with.
2 b	<i>Business probity</i> - an occupational health service must only publish information about services which is factual and verifiable.
2 c	<i>Information governance</i> - an occupational health service must maintain adequate occupational health clinical records.
2 d	<i>Information governance</i> - an occupational health service must ensure there is an effective policy to control access to computerised data and to prevent unauthorised access at all times.
2 e	<i>Information governance</i> - an occupational health service must ensure that paper occupational health clinical records, whenever held or transported, are accessed, stored, and disposed of safely and securely and in compliance with all relevant legislation. ICO registration must be in place if handling sensitive personal data.
2 f	<i>People</i> - an occupational health service must demonstrate clinical governance and maintain documented protocols that ensure the delivery of services reflects current evidence based guidelines, national guidelines and Approved Codes of Practice, e.g., policies/documents outlining the process for handling complaints; data handling – to cover confidentiality, security of data and retention periods; informed consent; health surveillance activities; fitness for safety critical work – when medical standards are used; medicine handling; written instructions (formerly patient group directions) for nurses; storage of medicines vaccinations, etc.

2 g	<i>Facilities and equipment</i> - an occupational health service must conduct its business in facilities that are safe, accessible and appropriate for the services provided.
2 h	<i>Business probity</i> - an occupational health service must maintain systems to check the qualifications of and monitor the standard of work that is outsourced to third party providers.
2 i	<i>Facilities and equipment</i> - an occupational health service must ensure that medical equipment is safe and appropriate for the services provided.
2 j	<i>Facilities and equipment</i> - an occupational health service must ensure any medicines are handled appropriately.
3	<u>Governance of staff</u> <i>This section should only be completed if you employ administrative or clinical staff</i>
3 a	<i>People</i> - an occupational health service must familiarise new staff with any policies and procedures, duty of confidentiality, health and safety and their roles and the roles of others and accountability for service quality and delivery.
3 b	<i>People</i> - an occupational health service must ensure that its staff have the knowledge, skills, qualifications, experience and training for the tasks they perform.
3 c	<i>Information governance</i> - an occupational health service must ensure that staff understand their responsibility to treat information about patients as confidential and to protect confidentiality.
3 d	<i>People</i> - an occupational health service must have systems in place to detect and address, as early as possible, concerns regarding a member of staff's conduct, performance or health.
3 e	<i>People</i> - an occupational health service must have systems in place to detect and address, as early as possible, unacceptable clinical practice.
3 f	<i>People</i> - an occupational health service must ensure that its clinical staff are registered with the relevant regulatory body on the appropriate part(s) of its register(s).
3 g	<i>People</i> - an occupational health service must ensure that its clinical staff are supported in maintaining continuing professional development and, where necessary, revalidation.
3h	<i>People</i> - an occupational health service must ensure that its clinical staff have suitable liability insurance or indemnity cover.
3i	<i>People</i> - an occupational health service must ensure that systems are in place through which staff members can raise concerns about risks to patients.