

Effective clinical governance to support revalidation: A self-assessment tool

This self-assessment tool can be used to help your organisation evaluate where you are meeting the outcomes listed under each principle below, and identify ways you can improve.

There is no specific requirement to report against the handbook. However, you may find it useful to record how it has been used in practice, when preparing for future inspection and internal audit work.

The four principles of effective clinical governance for revalidation are listed below:

- Principle 1 – Your organisation creates an environment which delivers effective clinical governance for doctors, AAs and PAs*
- Principle 2 – Clinical governance processes for doctors, AAs and PAs are managed and monitored with a view to continuous improvement and quality assurance
- Principle 3 – Safeguards are in place which provide confidence that clinical governance processes for doctors, AAs and PAs are fair and free from discrimination and bias
- Principle 4 – Organisations deliver the processes required to support revalidation for doctors, AAs and PAs, and to identify and respond to concerns as these emerge

*We expect to become the statutory regulator for PAs and AAs at the end of 2024.

Principle 1 – Your organisation creates an environment which delivers effective clinical governance for doctors, AAs and PAs

Outcome 1a. Boards have appropriate knowledge, skills, competences and access to the right information

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Your board:</p> <ul style="list-style-type: none"> understands its accountability for the quality of care provided by all doctors, AAs and PAs ensures consistent standards of governance are maintained for all doctors, AAs and PAs 	<p>How does your board ensure consistent standards of governance are maintained for all doctors, AAs and PAs?</p>		
<ul style="list-style-type: none"> receives the training and development necessary to enable it to effectively fulfil its responsibilities around clinical governance for doctors, AAs and PAs 	<p>How does your organisation ensure the board (including non-executive directors) has the right training and development opportunities to support the effective oversight of clinical governance arrangements?</p>		

Outcome 1a. Boards have appropriate knowledge, skills, competences and access to the right information

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<ul style="list-style-type: none"> accesses, interprets, and scrutinises the clinical governance data and information it requires for doctors, AAs and PAs, to effectively undertake its role. This might include data on: complaints, incident reporting, appraisals, management of concerns and clinical indicators. is updated on changes to clinical governance processes for doctors, AAs and PAs, and the impact of those changes. 	<p>How does your board identify the clinical governance information about doctors, AAs and PAs it needs to undertake its role effectively?</p>		
	<p>How does your organisation ensure the board is kept updated on changes to clinical governance processes for doctors, AAs and PAs and the impact of those changes?</p>		
<p>Clinical/medical leaders including responsible officers have access to your board and provide input on matters relating to clinical governance for doctors, AAs and PAs.</p>	<p>What mechanisms are in place to allow clinical/medical leaders, including responsible officers, to provide this input to the Board?</p>		

Outcome 1a. Boards have appropriate knowledge, skills, competences and access to the right information

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
A suitably qualified and trained non-executive director has a specific role in providing support and challenge to your board on clinical governance arrangements for doctors, AAs and PAs.	What examples can you give of this?		

Outcome 1b. The benefits of effective clinical governance processes are promoted and widely understood

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Your organisation promotes the benefits of effective clinical governance processes to doctors, AAs and PAs, as well as to patients and the public. This includes explaining how:</p> <ul style="list-style-type: none"> • revalidation provides assurance that doctors, AAs and PAs are up to date and fit to practise • you manage concerns about doctors, AAs and PAs • processes contribute to individual's professional development, and to safe and effective patient care. 	<p>How does your organisation demonstrate its commitment to the delivery of effective clinical governance processes for doctors, AAs and PAs?</p>		
	<p>How does your organisation promote the benefits of revalidation and clinical governance processes to patients and the public?</p>		

Outcome 1b. The benefits of effective clinical governance processes are promoted and widely understood

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Your organisation provides adequate feedback to all of these doctors, AAs and PAs when concerns arise.</p>	<p>Who delivers this feedback and by what means? Do you have consistent means of feedback across all professions or does it vary?</p> <p>How do you ensure that the feedback you provide to doctors, AAs and PAs when concerns arise is adequate?</p> <p>If you use locums, how do you ensure they receive feedback?</p>		
<p>Your organisation ensures all doctors, AAs and PAs working within the organisation, including those on a short-term or temporary contract, have access to clinical governance information about their practice, and are encouraged to use it as part of their professional development.</p>	<p>How does your organisation do this for doctors?</p> <p>How does your organisation do this for AAs and PAs?</p>		

Outcome 1c. There is a culture of honesty, openness, learning and improvement

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Clinical excellence and the well-being of doctors, AAs and PAs are at the centre of your organisation's approach to delivering quality patient care.</p>	<p>What steps are in place to support the well-being of doctors, AAs and PAs?</p>		
<p>Your organisation has arrangements in place to monitor, review, and improve patient care by:</p> <ul style="list-style-type: none"> • collecting and sharing information on patient experience and outcomes • ensuring arrangements identify good practice and give early warning of any failure, or potential failure, in the clinical performance of individuals or teams. 	<p>How does your organisation make sure it responds promptly and effectively when things go wrong?</p>		
	<p>How do you make sure that your arrangements for collecting and sharing information on patient experience and outcomes identify good practice?</p>		

Outcome 1c. There is a culture of honesty, openness, learning and improvement

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<ul style="list-style-type: none"> ensuring any concerns about an individual or team are investigated and, addressed promptly and effectively (see our ‘Principles of a good investigation’). 	<p>How do you make sure that your arrangements for collecting and sharing information on patient experience and outcomes give early warning of any failure, or potential failure, in the clinical performance of individuals or teams?</p>		
<p>Your organisation takes active steps to create an environment in which doctors, AAs and PAs are encouraged to talk about errors and concerns safely.</p>	<p>What steps has your organisation taken?</p>		
<p>Your policies and processes ensure all doctors, AAs and PAs know that there are a variety of routes to speaking up and that when they do speak up that they will feel safe and encouraged to do so.</p>	<p>What routes are in place to facilitate speaking up?</p> <p>How does your organisation evaluate whether doctors, AAs and PAs know about the variety of routes to speaking up, and that when they speak up they feel safe and encouraged to do so?</p>		

Outcome 1c. There is a culture of honesty, openness, learning and improvement

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Your policies and processes are communicated effectively, and as a result of doing so demonstrate a zero-tolerance approach to victimisation of any staff who speak up.</p>	<p>How do you feedback to those that raise concerns so they can understand what action was taken?</p> <p>How do your policies and processes for speaking up demonstrate a zero tolerance approach to victimisation and/or detriment to staff who speak up?</p>		
<p>You have clear processes in place that demonstrate a zero tolerance approach to detriment of any staff member who speaks up.</p>	<p>What mechanisms does your organisation have in place to support those who have spoken up?</p>		
<p>You support doctors, AAs and PAs' duty of candour by encouraging them to: report adverse incidents, and near misses, give honest and open</p>	<p>How widely understood is the duty of candour amongst your doctors, AAs and PAS?</p>		

Outcome 1c. There is a culture of honesty, openness, learning and improvement

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>feedback on their colleagues, and be open and honest with patients if something goes wrong with their care.</p>	<p>How does your organisation support and encourage staff in being open and honest with patients when things go wrong?</p> <p>How does your organisation support and empower doctors to provide honest and open feedback about their colleagues?</p>		
<p>You check that procedures and policies for the managing, categorising and escalating of concerns are applied correctly.</p>	<p>How do you do this?</p>		
<p>Your organisation demonstrates openness and a desire to learn, by sharing outcomes and learning arising from individuals speaking-up, adverse incidents and near misses widely, including with healthcare professionals and patients.</p>	<p>How does your organisation share outcomes and lessons learned from individuals speaking-up, adverse incidents and near misses with doctors, AAs, PAs, other healthcare professionals and patients?</p>		

Outcome 1c. There is a culture of honesty, openness, learning and improvement

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Your Board considers and discusses discrepancies between local and other independent investigations.</p>	<p>How often does your Board reflect on learning derived from speaking up?</p> <p>What action and/or learning has arisen from your Board's consideration of discrepancies between local and other independent investigations?</p>		
<p>Your organisation ensures challenges made about clinical governance processes are recorded, acted on, and the outcomes fed back to those who raised concerns.</p>	<p>How do you do this?</p>		

Principle 2 – Clinical governance processes for doctors, AAs and PAs are managed and monitored with a view to continuous improvement and quality assurance

Outcome 2a. Internal and external quality assurance is undertaken which ensures the robustness of clinical governance processes for doctors, AAs and PAs.

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Your organisation periodically seeks internal and external assurance that clinical governance arrangements for doctors, AAs and PAs are operating effectively, and generating accurate, timely and reliable data to support continuous monitoring.</p>	<p>What quality assurance activity does your organisation undertake to assess the robustness of its clinical governance processes for doctors, AAs and PAs?</p>		
	<p>How does your organisation assure that its clinical governance processes generate accurate, timely and reliable data to support continuous monitoring?</p>		

Outcome 2a. Internal and external quality assurance is undertaken which ensures the robustness of clinical governance processes for doctors, AAs and PAs.

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
Your organisation ensures recommendations from quality assurance exercises are taken forward and reviewed on a regular basis, and measures the impact of quality improvement activity on improved patient care.	How does your organisation measure whether quality improvement activities undertaken have improved patient care?		
Your organisation encourages lay involvement in their quality assurance processes, to provide independent scrutiny and challenge, and to increase public confidence that local governance is robust.	In what ways does your organisation use lay representation to support and improve clinical governance for doctors, AAs and PAs?		
Local medical education providers meet the requirements within our Promoting Excellence guidance .	For local medical education providers: how do you make sure that education and training for doctors, AAs and PAs is a valued part of the organisational culture? How do you make sure that doctors, AAs and PAs are actively supported to participate in education and training?		

Outcome 2b. Learning is used to continually improve clinical governance processes for doctors, AAs and PAs

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Your organisation demonstrates a commitment to making clinical governance processes for doctors, AAs and PAs streamlined and robust, by planning, delivering and reviewing their continuous improvement.</p>	<p>How is the continuous improvement of clinical governance for doctors, AAs and PAs planned, delivered and reviewed within your organisation?</p>		
<p>Your organisation makes sure arrangements or processes are in place so that:</p> <ul style="list-style-type: none"> • lessons are learnt from analysing clinical governance processes including: adverse incidents and near misses, matters raised by staff speaking up, and revalidation decisions around deferral and non-engagement • lessons are shared with the healthcare team 	<p>How does your organisation identify opportunities for learning and improvement from analysing your clinical governance processes?</p>		
	<p>How are lessons learnt shared with the healthcare team?</p>		

Outcome 2b. Learning is used to continually improve clinical governance processes for doctors, AAs and PAs

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<ul style="list-style-type: none"> concrete action follows on from learning practice is changed where needed. 	<p>Can you provide examples of actions taken as a result of learning from clinical governance processes which have delivered effective improvements to those processes, and/or where practice has been changed where needed?</p>		
<p>Your organisation incorporates learning drawn from your own organisation's arrangements and experience of clinical governance, as well as from good practice in other organisations and feedback from patients and patient groups.</p>	<p>What examples can you provide of this?</p>		
<p>The triangulation of outputs from different clinical governance processes is used to identify areas for learning and improvement.</p>	<p>What areas for learning and improvement has your organisation identified through triangulating outputs from different clinical governance processes?</p>		

Outcome 2c. Risks associated with clinical governance are monitored by your Board and managed appropriately.

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Your board is proactive in identifying, monitoring and managing risks to clinical governance arrangements as they apply to doctors, AAs and PAs – acknowledging through your response that the risks may be different for each group.</p>	<p>How does your organisation make sure it has a clear view of risks associated with clinical governance arrangements for doctors, AAs and PAs?</p>		
	<p>How does your organisation assure itself that the risks are being reviewed and managed appropriately?</p>		
	<p>How could your organisation’s board improve its reporting systems on risks associated with clinical governance arrangements for doctors, AAs and PAs?</p>		

Outcome 2c. Risks associated with clinical governance are monitored by your Board and managed appropriately.

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Your organisation uses available information to inform their clinical governance arrangements for doctors, AAs and PAs, such as the GMC's organisational dashboard for revalidation and fitness to practise.</p>	<p>How do you do this?</p> <p>What sources of information do you use?</p>		

Principle 3 – Safeguards are in place which provide confidence that clinical governance processes are fair and free from discrimination and bias

Outcome 3a. Your board oversees and scrutinises the development and implementation of equality, diversity and inclusivity strategies in support of clinical governance processes.

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
Your board members act as role models and ambassadors for improving equality, diversity and inclusivity (EDI).	How does your organisation’s board engage with equality and diversity issues and what benefit does this bring?		
	How does your organisation approach training in EDI matters?		
Your organisation ensures clinical governance policies are fair and free from bias and discrimination by ensuring they:	How does your organisation make sure its clinical governance policies and practices for doctors, AAs and PAs are fair, non-discriminatory, and comply with legal requirements?		

Outcome 3a. Your board oversees and scrutinises the development and implementation of equality, diversity and inclusivity strategies in support of clinical governance processes.

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<ul style="list-style-type: none"> remove or minimise disadvantages experienced by individuals who share protected characteristics identify barriers different groups may face in engaging with the processes supporting clinical governance, and put steps in place to remove these barriers 	<p>What processes do you have to proactively identify any barriers or disadvantage individuals or groups might face when engaging with clinical governance processes or reporting concerns?</p>		
<ul style="list-style-type: none"> proactively look for barriers that may prevent individuals in speaking up, and address any potential barriers think broadly about groups who might face barriers, by considering factors such as protected characteristics, and different types and patterns of work. 	<p>How has your organisation addressed any barriers that you've identified to accessing clinical governance systems for doctors, AAs and PAs?</p>		

Outcome 3a. Your board oversees and scrutinises the development and implementation of equality, diversity and inclusivity strategies in support of clinical governance processes.

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>When developing clinical governance processes, your organisation involves groups who may face barriers based on a protected characteristic, whenever it is appropriate and relevant to do so.</p>	<p>What mechanism(s) do you use to gather input from groups who may face barriers?</p>		
<p>Your organisation ensures emerging EDI challenges and risks associated with the policies and practices of clinical governance for doctors, AAs and PAs are actively monitored and regularly reviewed.</p>	<p>How does your organisation stay updated on EDI issues and policies?</p> <p>What metrics do you track to monitor and review progress?</p> <p>How do you benchmark your performance against other similar organisations?</p>		

Outcome 3b. Decision-making processes in support of clinical governance processes are fair and free from bias and discrimination.

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Your organisation has in place and consistently applies principles and criteria to ensure decisions made in support of clinical governance are fair, impartial and evidenced based.</p>	<p>What are your organisation's principles of fair decision making, and how do these ensure your decisions are free from bias and discrimination?</p> <p>How do your policies reflect these principles of fair decision making?</p>		
<p>Training and guidance is provided to decision makers involved in the design or operation of clinical governance processes, to ensure decisions are fair, free from bias and meet the requirements of equality legislation.</p>	<p>What training and guidance does your organisation provide to decision makers?</p>		
<p>Your organisation actively considers conflicts of interest in relation to decision making.</p>	<p>How do you do this?</p>		

Outcome 3b. Decision-making processes in support of clinical governance processes are fair and free from bias and discrimination.

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Decisions are internally monitored and audited to ensure quality, fairness and consistency. Procedures put in place to support decision making are reviewed and amended to reflect learning.</p>	<p>How does your organisation make sure that decisions made about doctors, AAs and PAs that speak up are fair and transparent? How can you demonstrate this?</p> <p>What changes has your organisation made to its procedures which support fair decision making based on learnings from monitoring and auditing decisions?</p>		
<p>Mechanisms exist for doctors, AAs and PAs to appeal, or request a review of, decisions made in relation to them.</p>	<p>How does your organisation make sure that doctors, AAs and PAs are aware of processes to appeal or review a decision?</p> <p>What safeguards are put in place to ensure appeals and reviews are handled consistently and fairly?</p>		

Principle 4 – Organisations deliver the processes required to support revalidation for doctors, AAs and PAs, and to identify and respond to concerns as they emerge

Outcome 4a. Your board has appointed the required individual(s) to make revalidation recommendations

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Your organisation:</p> <ul style="list-style-type: none"> • appoints or nominates a responsible officer (RO) for doctors, and an individual to make revalidation recommendations for AA/PAs (these may be the same person)* • appoints a replacement RO or AA/PA recommender as soon as possible, when necessary. For example where your RO or AA/PA recommender leaves, or is absent from work due to ill-health. 	<p>How does your organisation make sure that individuals appointed to make revalidation recommendations are able to deliver all aspects of their role? For responsible officers this includes statutory functions as defined in the RO Regulations.</p>		
	<p>How do you make sure these appointed individuals have sufficient resources to undertake their revalidation role effectively?</p>		

* The legislation underpinning revalidation for AAs and PAs had not been finalised at the time of writing.

Outcome 4a. Your board has appointed the required individual(s) to make revalidation recommendations

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<ul style="list-style-type: none"> provides its RO, and/or AA/PA revalidation recommender, with sufficient funding and resources, to enable them to effectively carry out their responsibilities. ensures its RO, and/or AA/PA revalidation recommender, are appropriately trained to undertake their responsibilities, and supports them to regularly participate in available peer networking opportunities for these roles. 	<p>How has learning from participating in peer networking opportunities improved local processes for those making revalidation recommendations and provided assurance on the consistency of their approach?</p>		
<ul style="list-style-type: none"> ensures its RO/revalidation recommender(s) have access to the range and quality of information they need to carry out their role 	<p>How do you ensure that those appointed to make revalidation recommendations have the quality of information they need to carry out their duties?</p>		

Outcome 4b. Appraisal for doctors, AAs and PAs is delivered in line with GMC requirements for revalidation, and other national and local requirements

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
Your organisation ensures appraisers are appropriately appointed and trained.	How does your organisation recruit appraisers, and manage and monitor their performance and the resources needed to support them?		
Your organisation ensures all doctors, AAs and PAs: <ul style="list-style-type: none"> receive an annual appraisal which covers their whole scope of practice, including any work undertaken outside of your organisation during the appraisal period. are clear which appraisal requirements are set by the GMC for revalidation, and those which are a local requirement. 	How does your organisation monitor whether all doctors, AAs and PAs requiring annual appraisal have been appraised?		
	How does your organisation identify and address barriers to participation in appraisals?		
	How do you assess whether doctors, AAs and PAs have adequate resources to support their appraisal including educational and development activities?		

Outcome 4b. Appraisal for doctors, AAs and PAs is delivered in line with GMC requirements for revalidation, and other national and local requirements

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<ul style="list-style-type: none"> are supported to collect the required supporting information by being given access to relevant data and systems, educational and development activities, and sufficient time to participate in annual appraisal effectively. 	<p>What support does your organisation provide to doctors, AAs and PAs to enable them to bring relevant data to their annual appraisal?</p> <p>How does your organisation ensure there are no unintended barriers for doctors, AAs or PAs participating in learning and education activities?</p> <p>How does your organisation minimise burden on doctors, AAs and PAs when preparing for the appraisal?</p>		
<p>Your organisation takes account of the potential impact of breaks in practice (for example due to parental or sick leave), on a doctor's, AA's or PA's ability to meet the revalidation requirements in supporting them through appraisal.</p>	<p>What impacts of breaks in practice have you identified, and what have you done to mitigate this and support doctors, AAs and PAs impacted?</p>		

Outcome 4b. Appraisal for doctors, AAs and PAs is delivered in line with GMC requirements for revalidation, and other national and local requirements

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Your organisation ensures that information from a doctor, AA or PA's whole scope of practice* feeds into their appraisal discussion.</p>	<p>How does your organisation support doctors, AAs and PAs, to ensure that information about their practice from other organisations informs their whole practice appraisal?</p>		
<p>Your organisation's appraisal system is subject to quality assurance including gathering feedback from appraisees, monitoring appraisers' performance and resources to support appraisers.</p>	<p>How does your organisation's quality assurance process identify opportunities to reduce the burden on doctors, AAs and PAs when preparing for appraisal and collecting supporting information?</p>		

* Whole scope of practice includes all work the individual undertakes which requires registration (and for doctors a licence to practise), and may include information from medical practice undertaken outside of your organisation, such as in the independent or voluntary sector.

Outcome 4b. Appraisal for doctors, AAs and PAs is delivered in line with GMC requirements for revalidation, and other national and local requirements

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Your organisation ensures any relevant outputs from the appraisal system are integrated into wider clinical governance arrangements.</p>	<p>What guidance and/or mechanisms are available to support appraisers in integrating outputs into wider clinical governance arrangements?</p>		
<p>Your organisation has policies and processes in place to manage doctors, AAs and PAs who are not engaging in appraisal and other clinical governance processes.</p>	<p>What policies and processes does your organisation have in place?</p>		

Outcome 4c. Revalidation recommendations are made in line with GMC requirements.

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Your organisation monitors revalidation recommendations for doctors, AAs and PAs to ensure they are made in accordance with the GMC's protocol for making recommendations.</p>	<p>How does your organisation do this?</p>		
	<p>How has your organisation improved the revalidation recommendation process?</p> <p>For example, how does it review and learn from the data generated from your revalidation decisions, including those to defer and for non-engagement'?</p>		
<p>You tell doctors, AAs and PAs promptly about the revalidation recommendation made about them. You discuss the reasons for recommendations before they are submitted, particularly where the recommendation is to defer or for non-engagement.</p>	<p>What steps does your organisation take to make sure revalidation recommendations are fair, transparent, based on all the relevant evidence, and have been discussed with the doctor, AA or PA concerned before the recommendation is submitted?</p>		

Outcome 4d. Processes support the early identification of concerns, and their effective management

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Your organisation has processes in place to monitor the conduct and performance of all doctors, AAs and PAs that work in your organisation.</p>	<p>What processes does your organisation have in place to address issues related to the conduct and performance of doctors, AAs and PAs working within your organisation (including locums, doctors in training and clinical academics)?</p>		
<p>Your organisation provides guidance for appraisers on appropriately escalating concerns that may arise from the appraisal discussion.</p>	<p>How do you assess whether appraisers are appropriately escalating concerns?</p>		

Outcome 4d. Processes support the early identification of concerns, and their effective management

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Performance information about doctors, AAs and PAs, such as clinical indicators relating to patient outcomes and information from complaints and significant events, is regularly reviewed. You address any issues identified, such as variations in individual performance or between clinical teams.</p>	<p>What mechanisms do you use to review performance information about doctors, AAs and PAs?</p> <p>How does it feed into the monitoring of their conduct and performance?</p>		
<p>Your organisation proactively responds to concerns locally, with referrals to the GMC made where and when appropriate. Specialty or other central or local advice is taken where appropriate from, for example:</p> <ul style="list-style-type: none"> • Medical Royal Colleges and Faculties • GMC's Outreach team • NHS Resolution 	<p>How does your organisation make sure advice from external sources is considered early when responding to emerging concerns?</p>		

Outcome 4d. Processes support the early identification of concerns, and their effective management

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Your organisation’s investigations into concerns about doctors, AAs and PAs take into account the GMC’s principles of a good investigation. These principles help ensure impartial and effective investigations, and complement national level requirements and guidance.</p>	<p>How do you ensure you have sufficient numbers of trained skilled investigators?</p> <p>How does your organisation make sure that local investigations into concerns take account of the GMC’s principles of a good investigation?</p>		
<p>Your organisation ensures doctors, AAs and PAs’ compliance with any GMC or local conditions imposed on them or undertakings agreed with GMC is monitored.</p>	<p>How do you do this?</p>		

Outcome 4e. Processes are in place to appropriately handle and share information relating to clinical governance arrangements for doctors, AAs and PAs.

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Records relating to all clinical governance processes are accurately and securely maintained, in line with all relevant data protection legislation and the Caldicott principles*</p>	<p>How do you do this?</p>		
<p>Information about any concerns involving a doctor, AA or PA that could impact on patient safety or public confidence are shared with the relevant RO, SP, or AA/PA revalidation recommender as soon as they arise. This should be done in line with the GMC's information sharing principles, and includes where the doctor, AA or PA concerned is on a short-term or temporary contract.</p>	<p>How does your organisation make sure it is complying with the GMC information sharing principles for doctors?</p> <p>How does your organisation monitor the effectiveness of its information sharing processes? For example, sharing information with other organisations in which your doctors, AAs or PAs currently, or subsequently, work.</p>		

* Although not a statutory requirement in all four countries of the UK, all four countries have chosen to have Caldicott/Personal Data Guardians.

Outcome 4f. Necessary pre-employment checks are undertaken for doctors, AAs and PAs before they start work.

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<p>Your organisation undertakes the following checks for all doctors, AAs and PAs working in your organisation (whether they are employed, contracted, in training, working with practising privileges, hired or volunteering), and ensures that these checks are comprehensive, accurate, and in keeping with statutory and other requirements:</p> <ul style="list-style-type: none"> The individual holds the appropriate registration, and for doctors a licence to practise, for their post or practice. You should not rely on checks from previous employment, because a professional's registration and licence status can change. Verifying identity and language checks have taken place, and undertaking these checks if it can't be verified. 	<p>How do you make sure that these checks for doctors, AAs and PAs (including locums) are comprehensive, accurate, and compliant with statutory and other requirements?</p>		
	<p>How do you make sure that arrangements to grant and monitor practising privileges are robust?</p>		
	<p>How do you know doctors, AAs and PAs working in your organisation have the appropriate insurance or indemnity?</p>		

Outcome 4f. Necessary pre-employment checks are undertaken for doctors, AAs and PAs before they start work.

Descriptors	Prompts	How are we meeting this outcome?	How can we improve what we do?
<ul style="list-style-type: none"> • Ensuring appropriate references are obtained and checked. • Granting and monitoring of practising privileges is undertaken where necessary, to ensure that doctors, AAs and PAs are working within their competency area. • The individual has appropriate insurance or indemnity arrangements in place. • Collecting and publishing doctors, AAs and PAs' declarations of conflicts of interest. These declarations should be updated on an ongoing basis. 			
<p>Your organisation ensures induction arrangements are in place for all doctors, AAs and PAs.</p>	<p>What induction arrangements does your organisation have in place and how does it monitor their effectiveness?</p>		