
EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations establish arrangements for the introduction of “responsible officers” (“ROs”) under the Medical Act 1983 (“the Act”). ROs will be appointed by health care organisations and will have responsibilities relating to the evaluation of the fitness to practice of doctors who work in the organisation. The regulations come into operation on [] 2010.

Part 1 of the Regulations contains general provisions: regulation 1 contains citation, commencement date and interpretation provisions.

Part 2 of the Regulations deals with the appointment of ROs and their responsibilities under the Act.

Regulation 2 and the Schedule specify the bodies which are “designated bodies” under the Act. These are the bodies that will be required to nominate or appoint ROs. Regulation 2(2) and Part 1 of the Schedule list bodies that are always required to have ROs, for example Health and Social Care Trusts; regulation 2(3) and Part 2 of the Schedule list bodies that will be required to have ROs only while they employ or contract with doctors, for example a Northern Ireland department.

Regulation 3 sets out the duty on designated bodies to nominate or appoint ROs. A body is not required to have an RO if all the doctors who work for that body already have a connection under the Regulations with another designated body (see regulation 8).

Regulation 4 requires designated bodies to nominate or appoint an additional RO in cases where there is a conflict of interest or appearance of bias between a doctor and the original RO.

Regulation 5 sets out the conditions that must be met for a person to be nominated or appointed as an RO: the person must be a registered medical practitioner, which under current legislation means a licensed doctor; they must also have been a registered doctor for the preceding 5 years. A responsible officer must continue to be a registered medical practitioner.

Regulation 6 sets out the conditions that must be satisfied for a person to be nominated or appointed as an RO for more than one designated body: the person must be capable of carrying out the ROs’ responsibilities for each body concerned, and there must be no conflict of interest.

Regulation 7 provides that the Department may nominate an RO for a designated body when the body has failed to do so, or has appointed someone unsuitable.

Regulation 8 sets out the “prescribed connection” between designated bodies and doctors. When a doctor is linked to a designated body under this regulation, the RO for that body has responsibilities in respect of the doctor under regulation 9. Doctors in training are linked to the Northern Ireland Medical and Dental Training Agency which is responsible for their training. Where a doctor is on the performers’ list held by the Regional Health and Social Care Board, that organisation will be the designated body for the doctor. Where the doctor is an employee of a designated body (and is not on the performers’ list), the employing organisation will be the designated body for that doctor. Where a doctor is providing services to patients in an independent hospital, the body managing that hospital will be the designated body for that doctor. Where none of the other provisions applies, the doctor will be linked to the professional body of which they are a member. The regulation also sets out an order of priority in the event that the doctor could be connected to more than one body.

Regulation 9 sets out the responsibilities of ROs in relation to doctors who are connected with the designated body under regulation 8. ROs are required to evaluate doctors’ fitness to practise. This includes ensuring that regular appraisals are carried out, developing procedures to address any

concerns about doctors' fitness to practise, and reporting concerns to the General Council where appropriate.

Regulation 10 sets out the prescribed connection between designated bodies and doctors who are themselves ROs. It is necessary to have special provisions in these cases because ROs cannot be responsible for evaluating themselves.

Regulation 11 makes provision similar to regulation 9 in respect of ROs' responsibilities in relation to doctors who are connected with the designated body under regulation 10.

Regulation 12 contains a requirement for designated bodies and medical practitioners to provide resources to ROs, and regulation 13 contains a duty for ROs to have regard to guidance.

Part 3 contains additional responsibilities for ROs under section 120 of the Health and Social Care Act 2008.

Regulation 14 sets out the additional responsibilities for ROs in respect of the doctors for whom they are responsible under regulation 8; these include monitoring doctors' conduct and performance and investigating and taking appropriate action to deal with concerns about doctors.

Regulation 15 makes similar provision for ROs' responsibilities in relation to doctors for whom they are responsible under regulation 10.

Regulation 16 contains a duty for ROs to have regard to guidance, and regulation 17 concerns the requirement for designated bodies and medical practitioners to provide resources to ROs.

An impact assessment has been prepared in relation to these Regulations and is available from the Department of Health, Social Services and Public Safety, Castle Buildings, Stormont, Belfast, BT4 3SQ.