ACHIEVING EXCELLENCE IN MEDICAL GOVERNANCE + PRACTITIONER SUPPORT

Administration  Training  Technology  Support  Expertise
ABOUT US

We are an independent, global Medical Governance organisation, facilitating programs of Medical Governance, Revalidation and Relicensing since 2012.

**A complete provider of governance infrastructure**

We provide administration, training, technology, support and expertise to empower doctors and healthcare organisations to meet regulatory requirements.

**Committed to patient safety and quality improvement**
3 Diagram of information flows

The information flows described in this guidance are shown schematically below in Figure 1. Each flow label links through to a more detailed tabular explanation of the flow in Section 4. High-level summary tables, broken down by key role responsibility, are also available in Appendix B.

Figure 1: Information flows to support medical governance and responsible officer function

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Flow E3
From: New clinical governance lead of the doctor’s new employing organisation with responsibility for the doctor
To: Responsible officer of the doctor, when the new employing organisation will not be the doctor’s designated body

**Push or pull?** Push: the person of the doctor’s new employing organisation with clinical governance responsibility for the doctor should provide this information without prompting.

**Information** Confirmation that the doctor has taken up this new role

**Timing** No later than 12 weeks after commencement of the doctor’s new employment

**Mechanism** Electronically, preferably using a standard and secure template

**Status** Proposed

**Notes** The responsible officer needs to be aware of all the places where a doctor is working, to allow the necessary channels of information to be established. The established mechanism for this information is via the doctor’s scope of work declaration at their annual medical appraisal. This mechanism means that there is potentially a lapse of several months before a responsible officer becomes aware that a doctor has taken up new employment, should they do so shortly after completing an appraisal. It is therefore good practice for the person with clinical governance responsibility for the doctor in their new employing organisation to inform the doctor’s responsible officer that they have engaged the doctor. The template letter in Toolkit 3 provides a suitable format for such a communication.

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Flow E4
From: New responsible officer, when the doctor’s prescribed connection changes
To: Doctor

**Push or pull?** Pull: the new responsible officer should request this information.

**Information**
- Name of previous responsible officer and designated body
- Dates of last and next revalidation
- Previous appraisal records (or Annual Review of Competence Progression (ARCP) supporting documentation if the doctor is exiting a training programme)
- Any existing/relevant information of note about the doctor’s practice

**Timing** When the doctor establishes a prescribed connection to the new responsible officer – on date of commencement at new organisation.

**Mechanism** Electronically, on receipt of request, by secure email or other suitable mechanism, approved by the new responsible officer.

**Status** Existing - potential for increased consistency.

**Notes** See General notes below.

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1 In most situations this will be the organisation’s responsible officer (although in this circumstance they are not the responsible officer of the doctor in question). In a small number of situations a doctor may provide medical services in an organisation which does not have a responsible officer. In this circumstance the new responsible officer must be informed.

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Diagrams of information flows: [Diagram of flows Table – All flows Table – From the clinical governance lead]

Diagrams of information flows: [Diagram of flows Table – All flows Table – From the doctor]
“We cannot fight new wars with old weapons”

Vinoba Bhave
<table>
<thead>
<tr>
<th>Year</th>
<th>Appraisal Meeting Date</th>
<th>Appraiser</th>
<th>MAP Status</th>
<th>Meeting Date</th>
<th>Lock Date</th>
<th>Certification</th>
</tr>
</thead>
</table>
2. Current PDP

DEVELOPMENT GOAL

Begin working on the submission of an application for specialist registration in Ireland. I intend to continue working in Ireland and I would like to achieve recognition based on the Irish Medical Council’s route for doctors who have a combination of qualification and experience.

ACTION PLAN

Realistically, I need a work environment that will support this objective, and I have already have in mind a move to a job where I have been given assurances of support for this goal.

OUTCOME MEASURE

The overall outcome measure will be the achievement or not of specialist registration. However, I think I just need to focus on building a portfolio and break the challenge down into smaller tasks.

Dr. Landon Edwards

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