Independent Healthcare Providers Network

Provision of Resident Doctors Report

Working with Resident Doctors to Ensure High Quality Care

Principles for independent care providers

January 2024

Introduction

Independent providers have a responsibility to put in place clinical governance structures and well-resourced systems which promote and protect the interests of patients and families, to train and support staff and to prioritise patient safety by creating an environment which supports medical practitioners working in the independent sector to meet their professional obligations.

The Medical Practitioners Assurance Framework (MPAF) published by IHPN provides a framework to help independent providers define what good assurance looks like for all doctors working in their organisations[1]. The MPAF is widely used across the independent sector and is now embedded in the patient safety and regulatory landscape. CQC uses the MPAF's principles in assessing how well led an independent service is, and it is also part of the NHS' Standard Contract – requiring all independent sector providers that deliver NHS-funded care to adhere to it.

Patient care in independent hospitals is consultant led so, whilst the MPAF is relevant to all doctors working in the independent sector, it has an inevitable focus on the governance of the large consultant workforce with accountability for patient care. Independent hospitals do, however, have smaller numbers of Resident Doctors[2]. Resident Doctors provide a continuous medical presence in independent hospitals as part of the patient's multidisciplinary team when consultants are not on site. As part of the independent sector's commitment to improve the safety and quality of care it delivers, IHPN, using the MPAF as a framework, have developed these principles to provide a focus for the assurance of Resident Doctors. The principles can be used to help foster a more standardised approach to Resident Doctor assurance in the independent sector and ultimately drive up the quality and safety of care for patients.

[1] Independent Healthcare Providers Network (2022). *Medical Practitioners Assurance Framework Refresh*, [online pdf] accessed October 2023.

[2] This document uses the term Resident Doctor, however in the independent sector different providers may use different names for the role, most commonly Resident Medical Officer.

Resident doctor provision

For the purpose of this document, a Resident Doctor is an on-site doctor who ensures continual medical presence (where required) within independent healthcare facilities. They must be fully registered and licenced with the General Medical Council. When consultants are not on-site, Resident Doctors provide day and overnight cover as a key member of the team.

Models of Resident Doctor provision vary across the independent sector and continue to evolve. They often vary even within the same independent provider chain. Resident Doctors may be employed by independent providers, in some cases as clinical fellows or as doctors undertaking research or be employed by commercial organisations providing resident doctor services to the independent sector.

Resident Doctors themselves are not a homogenous group. They have a wide range of skills and expertise and range from doctors in their first roles looking to gain experience before moving on to work in the NHS or undertake GP Training, through to career Resident Doctors and everything in between. In addition, many Resident Doctors are international graduates and bring with them different skill sets and different cultural frameworks that need to be tailored to the UK social, cultural and organisational context. For the most part, Resident Doctors are not training roles. If, however, the Resident Doctor is considered to be in a training situation they will need appropriate educational supervision. Guidance for training in the independent sector can be found here, as is an approach to educational governance[3].

At the same time, the needs of independent providers and their patients are also widely variable with different providers requiring Resident Doctors with different skill sets. At one end, large hospitals with intensive care units treating high acuity patients, at the other end, small hospitals with day case and limited overnight beds. Within this range are hospitals requiring surgical skills or proficiency with medical patients, including some that need specialist oncology experience. Resident Doctors also work in psychiatric hospitals and rehabilitation centres.

[3] Guidance for Placement of Doctors in Training in the Independent Sector | Health Education England (hee.nhs.uk)

Purpose of this document

This document builds on the MPAF by providing more detail around the expectations that the independent sector has of itself (including commercial organisations supplying it with Resident Doctor services) in the governance of Resident Doctors working in their facilities. It aims to support the sector by providing principles for independent providers that will help Resident Doctors to provide safe and effective care in an environment that supports them and their wellbeing.

As with the MPAF, the principles-based approach will describe independent provider responsibilities regardless of the model of Resident Doctor provision or the size and scope of the hospitals where they work. Providers should be able to demonstrate how their systems and processes meet these expectations which are described, as with the MPAF, in the following four areas:

1. Creating an effective clinical governance structure for medical practitioners
2. Monitoring patient safety, clinical quality and encouraging continuous improvement
3. Supporting Resident Doctors and whole practice appraisal
4. Raising and responding to concerns

Resident Doctors working in independent providers also have responsibilities in each of the four areas in this document along with working in partnership with the patients they look after. Resident Doctors' responsibilities are described at the end of each section.

Appendix 1 describes how these principles were developed.

Section 1

Creating an effective clinical governance structure

1. The independent provider's 'ward to board' clinical governance structure should consider Resident Doctors throughout, for example, the provider's quality framework should include Resident Doctors, and processes and systems should be in place that support them to deliver care as a part of a clinical team.

2 Independent providers have a range of people, roles, committees and structures with clinical governance responsibilities with regard to Resident Doctors. However they are structured, the responsibilities of key roles in relation to the clinical governance of Resident Doctors should be defined, for example, Registered Manager, Medical Directors, Clinical Director, Medical Advisory Committee Chair, Medical Appraisal Leads and Matron/Head of Clinical Services. See also MPAF 1.4.

3 Independent providers should have induction in place for their Resident Doctors that is location specific, meets the needs of the individual doctor and supports the independent provider to deliver safe, high-quality care. Where the resident doctor is an international medical graduate the specific needs of this group of doctors should form part of the induction[4]. Attendance at the General Medical Council's Welcome to UK Practice course should be encouraged.

4 Resident Doctors may or may not be employed by the independent provider. Regardless of how a Resident Doctor is engaged, the principles of good clinical governance apply equally, and the ultimate responsibility of independent providers for care provided in their facilities, and managing concerns arising from this, remains. See also MPAF 1.5.

5. Where commercial organisations are contracted to supply independent providers with Resident Doctor services, independent providers need to be assured that the doctors providing care to their patients have the skills and competencies needed, and that their wellbeing is respected (see example of practice 1). They also need to be assured that appropriate recruitment checks have been undertaken. Where suppliers of Resident Doctor services employ the doctors and take responsibility for aspects of clinical governance, independent providers should have clarity about; what responsibility the supplier has around clinical governance processes, how this interfaces with the independent providers systems and, that there is assurance around delivery.

[4] The NHS in England has produced guidance for the induction of international medical graduates which may be of use to the independent sector. *Welcoming and Valuing International Medical Graduates. A guide to induction for IMGs recruited to the NHS*, [online pdf], accessed October 2023.

This might include clarity and assurance around:

- How suppliers of Resident Doctor services recruit and treat their Resident Doctors. Ethical procurement should ensure that Resident Doctors are recruited and treated in a way that that fits with the values of the independent provider.
- The aspects of induction and/or training that are provided to Resident Doctors by the supplier of their services (both content and quality).
- Responsibility for the resident doctor's performance appraisal and feedback, and if with the supplier of Resident Doctor services, how the independent provider will input.
- How concerns about a Resident Doctor's performance or behaviours are shared between the employer of the Resident Doctor and the independent provider, and how concerns are managed with the doctor.
- The routes that Resident Doctors can use to raise concerns about patient safety.
- Assurance that Resident Doctors are well rested and not working hours that might compromise patient safety[5].
- Where Resident Doctors are international medical graduates how and who supports these doctors with induction to the UK culture, with language skills and with the isolation associated with a move to a new country. See also point 3 Induction.
- The Resident Doctor's Designated Body and Responsible Officer and where responsibility for whole practice appraisal lies; and if with the supplier of resident Doctor services, how the independent provider will input.

EXAMPLE OF PRACTICE 1. Resident doctors – working with commercial providers of resident doctor services

The majority of Resident Doctors working at both Circle Health Group and Spire Healthcare are provided as part of a service contract by a commercial organisation. The Resident Doctors seconded to Circle Health Group and Spire sites are employed by the commercial organisation supplying the contract services to the hospitals. The supplier also trains and manages the Resident Doctors as well as acting as the doctor's Responsible Officer.

The Resident Doctors at Circle Health Group and Spire all have an initial induction which is specific to their role and hospital. This induction takes into account either Circle Health Group or Spire Healthcare's policies and procedures where relevant. The supplier of Resident Doctor services aims to schedule on a regular basis the same doctors to provide their services at either Circle Health Group or Spire hospitals to ensure consistency and continuity of care.

The commercial organisation providing Resident Doctor services and their Responsible Officer are ultimately responsible for the Resident Doctor's training, pastoral care and the day to day responsibilities in providing the services. While the Resident Doctor is accountable to their employer for the service they are supplying, Circle Health Group and Spire regularly feedback any issues or concerns to the commercial organisation providing

[5] Health Services Safety Investigations Body (2023). *Starting the conversation around NHS staff fatigue and patient safety,* [online], accessed October 2023.

Example of practice 1 (continued)

the service to ensure the continued quality of the service. The Executive Director of the hospital and their team are responsible for contacting the service supplier (who have an assigned individual contact) if they wish to raise any concerns. Operationally, at site level, both the clinical chair and the director of clinical services are responsible for providing the Resident Doctor with site logistical information and clinical governance support.

At a corporate level, the Medical Directors of Circle Health Group and Spire have quarterly meetings with the service supplier to discuss any issues which may have arisen either from the independent provider side or that have been raised by the Resident Doctors.

The Resident Doctor's workload is monitored as regards working hours, rest periods taken and continuous time spent providing patient care. If a Resident Doctor has not had sufficient rest and or sleep over a 24 hour period a replacement doctor is provided. This is discussed formally on a daily basis at the site operational meeting which involves the Director of Clinical Services, Resident Doctor and other relevant staff. The Resident Doctor is also able to speak directly to a 24hr helpline provided by the organisation supplying their services if they feel that their workload is excessive. All Resident Doctors are also regularly asked to complete satisfaction surveys. Common themes are discussed at the corporate meeting between the independent provider and the supplier of resident doctor services, and relevant issues addressed.

Resident Doctors' Responsibilities

- To practice in accordance with the requirements of the General Medical Council in line with *Good medical practice*[6] and to understand and comply with the legal framework for the practice of medicine within the UK. Including to be aware of the effect of fatigue and overload on the safety of clinical practice.
- To have adequate and appropriate insurance or indemnity arrangements in place covering the full scope of their medical practice in the UK[7].
- To be personally accountable for their professional and ethical practice, to work within their competence and to be prepared to justify their clinical decisions and actions to the independent provider, their employer (if not the independent provider) and their peers.
- To work in line with the requirements of the provider's Resident Doctors policy, the policies and systems for clinical governance, audit, consent and decision making, declaration of conflicts of interest, complaints handling, records management and all other relevant provider policies.

[6] General Medical Council. *Good Medical Practice 2024*, [online], accessed October 2023.

[7] General Medical Council. *Insurance, indemnity and medico-legal support*, [online], accessed October 2023.

Section 2

Monitoring patient safety, clinical quality and encouraging continuous improvement

6. The independent provider should ensure that all Resident Doctors working in the organisation read and understand their clinical governance framework, and the organisation's policies and standard operating procedures that support safe clinical practice.

7. As well as understanding clinical governance frameworks Resident Doctors should have the opportunity, and be encouraged to actively participate in routine governance activities such as attending the clinical governance committee, safety huddles etc.

8. Information on Resident Doctors' performance should be collected and reviewed including, but not limited to, the defined domains of quality; effectiveness, safety and patient experience. Linked to MPAF 2.2. This should include analysis and lessons learnt from adverse incidents, prescribing incidents, near misses, complaints[8] etc. Data on Resident Doctors should form part of trends and quarterly reports reported in the organisation in a way that maintains an individual doctor's confidentiality.

9. As well as collecting information on performance, the independent provider should collect information on the wellbeing, including sleep and undisturbed rest and the experience of Resident Doctors working in their organisations. This might be through surveys or scheduled meetings with mentors.

10. Resident Doctors should be encouraged and supported to participate in quality improvement, and research and audit activities, for example, case review processes (see example of practice 2).

[8] Any complaints about the performance of an individual medical practitioner must be investigated and, if appropriate, addressed quickly and effectively (see also Section 4. Raising and responding to concerns).

EXAMPLE OF PRACTICE 2. Resident doctors – leading quality improvement projects

As part of their annual performance plan, Resident Doctors at HCA Healthcare UK are encouraged to produce at least one formal quality improvement project per annum, this is usually assigned from reviewing themes in governance reports or areas identified by the Resident Doctor in their day-to-day work.

A recent example is a pilot project rolled out at one hospital by a resident doctor addressing undiagnosed bleeding disorders. Major haemorrhage is a challenge in obstetric practice. As part of a case review, a Resident Doctor recognised that there was no national or international screening network for diagnosing inherited bleeding disorders prior to haemorrhagic challenge, and locally the hospital was not using a bleeding assessment tool. As a result the Resident Doctor implemented this in all HCA ante-natal clinics and included it as part of admission clerking. The pick-up of undiagnosed bleeding disorders has increased due to the improved pathway. The Resident Doctor is currently doing an AI course through Oxford University and producing an APP to automate the risk score assessment process.

Resident Doctors' Responsibilities

- To understand and work within the provider's clinical governance framework for medical practitioners and actively participate in medical and clinical governance activities in independent providers.
- To participate in the systems and processes put in place by independent providers to assure patient safety and to improve patient care.
- To be familiar with the independent provider's relevant policies and to remain familiar with the provider's team structure, policies, procedures, equipment and processes.
- Where possible, to make use of mentoring arrangements to support their professional development.

Section 3

Supporting Resident Doctors and whole practice appraisal

11. Resident Doctors are key members of the independent providers multidisciplinary clinical team and need to be supported in this role (whether employed by the independent provider or not). All team members, including Consultants, should be aware of Resident Doctors skill sets, their roles and how they interface with other members of the team.

12. The independent provider should ensure that there is clarity about the responsibilities of the Resident Doctor, including where there is overlap with other healthcare professionals, for example, non-medical prescribers, advanced clinical practitioners, physician and anaesthesia associates.

13. Whilst resident Doctors are members of the clinical team, this role can often be isolated from peer group support and senior clinical mentoring opportunities, and the training and iterative skill development associated with career aspirations and progression. Independent providers should consider how Resident Doctors can be mentored and supported to maintain and develop skills whilst working in their organisations. For example, assigning and supporting a medical advisory committee member or another senior doctor to provide professional, educational and pastoral support or, where appropriate, a Consultant to act as a mentor[9,10,11] or identifying and connecting Resident Doctors with potential training opportunities (see example of practice 3).

14. If not the Designated Body, the independent provider's governance lead for the Resident Doctor's practice should give feedback to the Responsible Officer in the Resident Doctor's designated body in order to support whole practice appraisal and revalidation[12,13]. Independent providers can also support Resident Doctors by providing governance information about their practice that can be used as part of their annual whole practice appraisal.

EXAMPLE OF PRACTICE 3. Resident doctors – diverse development opportunities for a diverse group

HCA Healthcare has a Resident Doctor strategy board with senior clinician membership that meets bi-monthly. The strategy board recognises that because the Resident Doctor role attracts a highly variable group of doctors, offering career progression opportunities within such diversity is challenging. The organisation has therefore created a range of different opportunities for their Resident Doctors:

- HCA partners with doctors, universities, and mentors to support fully funded PHD's alongside part-time employment as a Resident Doctor. More than 100 fellows have been supported to date.

[9] The General Medical Council, in *Good Medical Practice*, encourages doctors to "be willing to take on a mentoring role for more junior doctors".
[10] Academy of Medical Royal Colleges (2017). *Framework of principles for mentoring*, [online pdf], accessed October 2023.
[11] Royal College of Surgeons of England (2022), *Mentoring. A guide to Good Practice Quality Improvement*, [online pdf], accessed October 2023.
[12] NHS England, Designated Bodies (DBs), *Executive Boards, their revalidation and medical staffing communities*, [online] accessed October 2023.
[13] General Medical Council, *Information sharing principles*, [online], accessed October 2023.

Example of practice 3 (continued)

- Sponsorship of Resident Doctors to complete an Executive Masters in Medical Leadership. HCA provides expert mentorship throughout the course and assigns dedicated senior management to each candidate. 56 Resident Doctors have completed the programme to date.
- Since 2022, Resident Doctors have been sponsored to complete the Global Health MBA through University College London. Candidates are embedded in operational and quality improvement projects within HCA hospitals. These candidates are also mentored and supported by senior managers.
- In the field of surgery, HCA have partnered with Intuitive. Resident Doctors train in the principles of robotic surgery, complete wet labs, and other training at the Intuitive facilities in Oxford and are then further supported through to assistant sign-off in NCA theatres.
- For resident doctors who have not aligned with Certificate of Completion of Training processes in the NHS, HCA supports doctors in their journey to Certificate of Eligibility for Specialist Registration certification. This consists of evaluating their training portfolio and with the input of consultants who work with them, training gaps are identified and the doctors supported to close the gaps.

Resident Doctor's Responsibilities

- To notify independent providers and their Responsible Officers of all the organisations or settings where they practice and provide medical services, and keep that information up to date.
- To participate in the professional standards activities underpinning annual appraisal and revalidation and to share relevant information from these, including declaring any professional performance matters, complaints or incidents relevant to the work they will be undertaking with all providers where they practice.

Section 4

Raising and responding to concerns

Providers must have systems in place to give early warning of any failure, or potential failure, in clinical performance and outcomes, behaviour, conduct and health of doctors working in their organisations, including Resident Doctors however they are provided.

15. Independent providers should have effective speaking up/whistleblowing systems that ensure there are no barriers to Resident Doctors raising concerns about patient safety whether because of clinical or behavioural concerns. [See also MPAF 4.4]

16. When problems or concerns about a Resident Doctors performance have been investigated, learning should be shared with the Resident Doctor. If practice is restored/ restrictions lifted following an investigation, the provision of an appropriate support package for the medical practitioner should be facilitated. [See also MPAF 4.6]

17. Where a Responsible Officer, or another accountable person, becomes aware of information about a Resident Doctor that could affect the safety or confidence of patients, they should take appropriate action to safeguard the doctor and patients. This includes information received from outside the organisation. They should share that information in an effective and timely manner, with the Resident Doctor's Responsible Officer and the relevant Responsible Officer in all the places where the Resident Doctor works.

Resident Doctor's Responsibilities

- To seek appropriate help if experiencing pressures that may lead to an impairment of their practice.
- To speak up if they have any concerns about patient safety in the setting where they work.
- Where complaints are made by patients, to fully participate in the independent provider's complaints process, including meeting with patients and the provision of statements if necessary and to always use complaints as an opportunity to learn and improve.
- If duties are suspended or restricted by any organisation (whether healthcare providers, the GMC, or non-clinical employers/bodies) to immediately inform their Responsible Officer and/or senior medical officer at all locations in which they work.

Appendix 1

How the document was developed

The principles in this document were developed by the project lead (using the Medical Practitioners Assurance Framework as a starting point) with the support of a project reference group (see membership of the group below).

The reference group ensured transparency through its organisational representation and patient representation. It also helped to define the scope of the principles and ensured that the document is applicable across independent providers of different sizes and spectrum of activities, with different models for the provision of Resident Doctor services.

Once drafted the document was circulated to socialise the content with IHPN members across the independent sector, to other stakeholder organisations, including professional royal colleges, medical defence organisations, organisations supplying Resident Doctor Services and the Care Quality Commission. Resident Doctors were also invited to comment on the draft document.

Following the circulation. Comments were discussed with the project reference group and the draft updated. The IHPN Strategic Council signed off the draft ahead of publication.

Reference Group Members

Name	Title	Organisation
Antony Americano	Employer Liaison Advisor	General Medical Council
Catherine Picton	Project lead and author	IHPN
Dr Cathy Cale	Medical Director	Spire Healthcare
Dr Cliff Bucknall	Medical Director	HCA Healthcare
Dr Davina Deniszczyc	Medical and Charity Director	Nuffield Health
Dawn Hodgkins	Director of Regulation	IHPN
Dr Corné Hurter	Director of Medical Services	HCA Healthcare
Helen Atkinson	Registered Manager	Spire Healthcare
Dr Howard Freeman (Chair)	Medical Director	IHPN
Jane Vince	Chief Nurse	Horder Healthcare
Jo Dixon	Chief Clinical and Quality Officer/Clinical Director	Ramsay Health
Dr Julia Wendon	Medical Director	The London Clinic
Mr Chris Caddy	Council Member	The Royal College of Surgeons of Edinburgh
Mr Peter James	Medical Director	Circle Health Group
Rachel Power	Chief Executive	Patients' Association
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