Title:
Responsible Officers in the New Health Architecture; Proposals for making the explicit checking of language skills for doctors
IA No: 5109

Lead department or agency:
Department of Health (NHS Medical Directorate)
Other departments or agencies:

Impact Assessment (IA)

Date: 02/10/2012

Stage: Consultation

Source of intervention: Domestic

Type of measure: Secondary legislation

Summary: Intervention and Options

RPC Opinion: RPC Opinion Status

Cost of Preferred (or more likely) Option				
Total Net Present Value	**Business Net Present Value**	**Net cost to business per year** (EANCB on 2009 prices)	**In scope of One-In, One-Out?**	**Measure qualifies as**
£0.16m	£0.013m	NA	Yes	Zero Net Cost

What is the problem under consideration? Why is government intervention necessary?

The Medical Profession (Responsible Officers) Regulations 2010 designate certain organisations, mainly those delivering healthcare, to nominate or appoint a responsible officer (RO). The changes to NHS architecture mean that designated NHS bodies such as Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) will cease to exist by April 2013. The connections to ROs in these designated bodies will transfer to new organisations who will need to be designated. There is increasing concern that patients may be put at risk of harm through inadequate language skills of some doctors. A national solution is required to improve consistency of decision making on language ability by being included in the RO role.

What are the policy objectives and the intended effects?

Policy objectives: (1) To ensure the Regulations that came into force in January 2011 are appropriate for the new NHS structures and therefore that the evaluation of fitness to practise and monitoring of conduct and performance of doctors continues. (2) To strengthen the existing approach, ensuring an effective system of checks so that doctors are vetted prior to treating patients, and so doctors have appropriate language skills to provide health care to patients; resulting in improved quality of care and safety to all patients, enhanced public, parliamentary and professional confidence, and bridge perceived gaps in the existing system.

What policy options have been considered, including any alternatives to regulation? Please justify preferred option (further details in Evidence Base)

Policy options were considered as part of the original assessment relating to the Responsible Officer policy consultation exercise. This impact assessment is as a result of the consultation exercise and relates to the intended consultation on the Responsible Officer draft regulations.
Option 1: Do Minimum: to designate the NHS Commissioning Board, Local Authorities and specific bodies involved with the employment of doctors to ensure that they appoint responsible officers.
Option 2: To designate the NHS Commissioning Board, Local Authorities and specific bodies involved with the employment of doctors to ensure that they appoint responsible officers. To extend the duties of responsible officers to include the checking of language skills of doctors. This is the preferred option.

Will the policy be reviewed? It will/will not be reviewed. **If applicable, set review date:** Month/Year

Does implementation go beyond minimum EU requirements?			Yes / No / N/A		
Are any of these organisations in scope? If Micros not exempted set out reason in Evidence Base.	**Micro** No	**< 20** No	**Small** Yes	**Medium** Yes	**Large** Yes
What is the CO_2 equivalent change in greenhouse gas emissions? (Million tonnes CO_2 equivalent)			**Traded:**	**Non-traded:**	

I have read the Impact Assessment and I am satisfied that, given the available evidence, it represents a reasonable view of the likely costs, benefits and impact of the leading options.

Signed by the responsible Minister: _____ Date: 4 December 2012

Summary: Analysis & Evidence

Policy Option 2

Description:

FULL ECONOMIC ASSESSMENT

Price Base Year 12	PV Base Year 12	Time Period Years 10	Net Benefit (Present Value (PV)) (£m)		
			Low: 0.98	**High:** 1.5	**Best Estimate:** 1.24

COSTS (£m)	Total Transition (Constant Price) Years	Average Annual (excl. Transition) (Constant Price)	Total Cost (Present Value)
Low	Optional	0.051	**0.51**
High	Optional	0.103	**1.03**
Best Estimate	0.00	0.077	**0.77**

Description and scale of key monetised costs by 'main affected groups'

Costs relate to the use of formal language checks required where the circumstances of the doctor are not sufficient to demonstrate satisfactory knowledge of English. The majority (an estimated 92%) are attributable applicants to the public sector. These are time costs for the applicants to undertake tests (unless employers determine otherwise for their own benefit) . Pending further investigation, there is not expected to be any consequential impacts upon recruitment costs for employers.

Other key non-monetised costs by 'main affected groups'

BENEFITS (£m)	Total Transition (Constant Price) Years	Average Annual (excl. Transition) (Constant Price)	Total Benefit (Present Value)
Low	Optional	Optional	**Optional**
High	Optional	Optional	**Optional**
Best Estimate	NA	0.155	**2.01**

Description and scale of key monetised benefits by 'main affected groups'

Benefits will principally be derived through increased patient safety and reduced litigation. In the absence of data on the likely benefits, conservative assumptions have been applied to estimate the numbers of cases of death and harm and corresponding litigation costs that might be avoided.
The consultation exercise on the policy, which ended on the 25th July, called for evidence and provided no further data on key monetised benefits.

Other key non-monetised benefits by 'main affected groups'

Explicit language checking requirements and guidance should ensure acceptable standards of language competency are demonstrated by doctors and that better quality patient care is provided.

Key assumptions/sensitivities/risks **Discount rate (%)** 3.5

Costs: average cost per test at £132, with four hours of applicant time, and 10 - 20% of applicants will require a formal test with a best estimate of 15%.
It is assumed that language testing will not create workforce supply constraints.
Benefits: 1 death, 2 cases of severe harm and 15 cases of moderate harm are avoided. QALY valued at £60,000. Litigation benefit equivalent to 50% of QALY benefit.

BUSINESS ASSESSMENT (Option 2)

Direct impact on business (Equivalent Annual) £m:			In scope of OIOO?	Measure qualifies as
Costs: 0.15	**Benefits:** 0.16	**Net:** 0.01	Yes	Zero net cost