

Health and Safety Executive (HSE)

Amendments to the administration of HSE approvals of Appointed Doctors and Approved Medical Examiners of Divers

RPC rating: Validated

Description of proposal

HSE has changed its procedures for the appointment of doctors who undertake statutory medical examinations of workers. These changes:

- replaced the risk-based performance reviews conducted by HSE staff of Appointed Doctors (ADs) with a self-audit. This will expand assessment coverage compared to the previous system to review all ADs (previously, a HSE medical assessor would have only reviewed the records submitted by ADs working in high-risk areas);
- streamlined the requirements for submitting annual returns on statutory medicals undertaken by ADs;
- introduced an electronic database system to log the medical forms of Approved Medical Examiners of Divers (AMEDs), replacing the previous paper-based submission system.

Impacts of proposal

The assessment estimates that there are 340 ADs and 100 AMEDs who would be affected by the changes. The regulator undertook a survey of those affected to calculate the costs incurred. The regulator estimated a full economic cost of time for ADs and AMEDs of £200 per hour, based on feedback about their charge-out rates.

The regulator expects 68 ADs to undertake performance reviews annually. Self-assessments were found to require an additional hour of AD time relative to the previous, in-person reviews. Under the previous risk-based system, the regulator expected the number of in-person reviews to be 30 annually, with the remaining 38 ADs renewed without the need to submit records. Under the new system, 30 ADs will need to spend an additional hour on form-filling and 38 an additional two hours. The assessment finds an additional 106 hours of AD time in total is required under the new system, and a total cost of £21,000 per annum.

Based on survey data, the assessment identifies savings from streamlining the requirements for the submission of annual returns amounting to a fifteen minute reduction in individual AD's time. Across 340 ADs submitting each year, the assessment estimates a saving of £17,000.

Benefits from transferring AMEDs' medical data to an online data-inputting system were identified as savings in postage costs from mailing annual data entries. The regulator uses its own records to note that 2,100 of these submissions are made annually. Assuming postage costs of £1, the assessment estimates an annual benefit from this measure of £2,000.

Taking the aggregated costs and benefits of all these amendments, the RPC verifies the estimated equivalent annual net direct cost to business (EANDCB) of £0million.

Quality of submission

The assessment would have benefited from stating the sample size of its survey, and whether respondents were representative of the total population of ADs and AMEDs.

Additionally, the assessment could have been improved by clearly justifying figures used in calculating the cost to business. This includes the full economic cost of time for ADs and AMEDs and the source of figures for the total number of ADs and AMEDs. However, the RPC is satisfied that none of these improvements would be likely to alter the EANDCB when rounded to the nearest £0.1million.

Departmental assessment

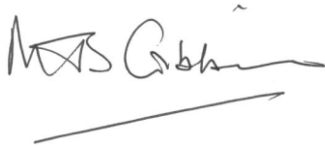
Classification	Qualifying regulatory provision
Equivalent annual net direct cost to business (EANDCB)	Zero
Business net present value	Zero

RPC assessment¹

Classification	Qualifying regulatory provision
EANDCB – RPC validated	Zero

¹ For reporting purposes, the RPC validates EANDCB and BIT figures to the nearest £100,000

Business impact target score	Zero
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Michael Gibbons CBE, Chairman