



Home Office

# **The Pathology Delivery Board's Independent Responsible Officer (BIRO) Policy**

Responsible Officer to the Home  
Secretary's register of forensic  
pathologists (the Home Office Register of  
Forensic Pathologists, 'the Register')

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## Introduction

This document explains the role and responsibilities of the Pathology Delivery Board's Independent Responsible Officer and the responsible officer's relationship to the Pathology Delivery Board and the members of the Home Office Register of Forensic Pathologists. It also sets out the method and terms of appointment for the recruitment of the responsible officer upon the retirement or resignation of the incumbent post holder.

## 1. The Pathology Delivery Board

The Pathology Delivery Board ('the Board') is the successor to the Home Office Policy Advisory Board for forensic pathology which was instituted in 1991 "to oversee the provision of forensic pathology services in England and Wales, to establish best practice for the specialty and to encourage the development of the profession through the training of practitioners and the support of academic departments and relevant research". The Board took over the predecessor on 1 October 2005. The Board's constitution can be found on the GOV.UK web link as follows:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1066123/PDB\\_Constitution\\_03.2022.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1066123/PDB_Constitution_03.2022.pdf).

Stakeholders on the Board include, the forensic pathology profession, police, College of Policing, coroners, the Crown Prosecution Service, Human Tissue Authority and the Royal College of Pathologists.

The Home Office Forensic Pathology Unit provides a secretariat function to the Board, influences police practice advice in the area of forensic pathology by conducting training modules on senior investigating officer courses, and hosting training in the criminal justice system and courtroom skills for other pathology specialties. The Unit also manages the budget for funding of forensic pathology training, as well as providing yearly continuous professional development in the form of 'study days' for members of the Home Office Register of Forensic Pathologists and trainees.

## 2. The Home Office Register of Forensic Pathologists

The Home Office Register of Forensic Pathologists ('the Register') is a list of consultant forensic pathologists practising in England and Wales; recognised by the Secretary of State for the Home Department (known as the Home Secretary) as having sufficient training, skills and experience to conduct post mortem examinations and advise police, coroners and the courts in cases of suspicious or violent deaths.

The Register is maintained by the Board (or 'PDB') and administrated by the Home Office Forensic Pathology Unit.

Members of the Register meet the criteria for registration as detailed in the '[Process and Criteria for recommendation for admission the Home Secretary's register of forensic](#)

pathologists', available at the web link:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/921440/PDB\\_Process\\_and\\_Criteria\\_for\\_admission\\_to\\_HORFP.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/921440/PDB_Process_and_Criteria_for_admission_to_HORFP.pdf).

Forensic pathologists are admitted to the Register upon successful application to the Board's Registration & Training Committee. All members of the Register are registered with the General Medical Council (GMC) and hold a licence to practise medicine in the UK. As such, they are subject to an annual appraisal regime and the revalidation of their licence to practise every five years.

### 3. Forensic pathology group practices

Registrants are required to be a member of a forensic pathology group practice (as defined in appendix two of the Pathology Delivery Board's 'Protocol for Membership of the Home Office Register of Forensic Pathologists', and available at the following web link: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/976211/PDB\\_Protocol\\_for\\_membership\\_of\\_the\\_HORFP\\_and\\_appendices.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/976211/PDB_Protocol_for_membership_of_the_HORFP_and_appendices.pdf)). A group practice must comprise of at least three members of the Register and have a signed contract or memorandum of understanding with at least one police force in England and Wales.

Some members of the Register are employees of a hospital trust or university and are referred to within this policy as 'employed members'.

Other members of the Register are either sole traders; sole trader partnerships or operate under a limited company arrangement. These are referred to as 'self-employed members'.

Group practices can be comprised of employed members, self-employed members, or a mixture of both.

### 4. Interrelationship between the Pathology Delivery Board and the GMC

It is important to note that there is a significant distinction between the requirements to remain on the Home Office Register and the requirements of the GMC medical register.

The GMC's concept of fitness to practise for the purposes of revalidation is different from the Home Secretary's concept of 'suitability' for the Register.

The statutory responsibility of the responsible officer relates solely to evaluating a doctor's fitness to practise as required by the GMC.

There may be cases where a person is not suitable for the Register but remains fit to practise as a member of the GMC medical register.

A member of the Register must have a licence to practise from the GMC to remain on the Register. Thus, any serious question over the fitness to practise (in the GMC sense) of a member of the Register will inevitably bring into question that member's 'suitability' for the Register.

The Home Secretary publishes rules, entitled, 'Suitability Rules,' which deal with issues of suitability for the Register, and are independent of the GMC's fitness to practise procedures. These Rules contain opportunities for a pathologist to make representations and can be found at: [Home Office Register of Forensic Pathologists - Suitability Rules \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

## 5. Application of Medical Profession (Responsible Officers) Regulations 2010 to members of the Home Office Register of Forensic Pathologists

The Pathology Delivery Board became the 'designated body' for all forensic pathologists on the Register on commencement of The Medical Profession (Responsible Officers) (Amendment) Regulations 2013 (Part 3, section 4e bb); available at the following web link: <https://www.legislation.gov.uk/uksi/2013/391/made>.

As a designated body, the Board, under regulation 5 (1) of the 2010 Regulations, must nominate or appoint a responsible officer (also known as the Board's Independent Responsible Officer (BIRO)). Where there is an apparent conflict of interest or appearance of bias, upon appointment, or at any point during the responsible officer's tenure; under regulation 6 (1b) of the 2010 Regulations, the Board must nominate or appoint a second responsible officer. It is the duty of the Board to ensure, in 6 (2), that "in considering whom to nominate or appoint as a second responsible officer in accordance with paragraph (1), the designated body must ensure that there is no conflict of interest or appearance of bias between the person to be nominated or appointed and the relevant practitioner". Before the Board can nominate or appoint a new responsible officer it must follow the process outlined by NHS England at: <https://www.england.nhs.uk/publication/responsible-officer-conflict-of-interest-or-appearance-of-bias/>.

## 6. Appraisal of Home Office registered forensic pathologists

The GMC requires doctors to be appraised at least annually by a trained appraiser.

The designated appraiser will be a doctor who has participated meaningfully in an appraiser training day. The appraiser will facilitate the appraisal process and will be responsible for signing off the appraisal documentation. There may be more than one appraiser, depending upon the appraisee's scope of work. For example, where a forensic pathologist has an academic role, there may be a university appraiser.

It is good practice to have at least one appraiser within each group practice.

The appraisal relates not to suitability to be on the Register but fitness to practise as a doctor. Each appraisal must therefore include in its scope, all the work that a member of the Register undertakes - not only in their capacity as a Home Office registered forensic pathologist - but in all other activities which pertain to their fitness to practise as doctors registered with the GMC. Evidence of the appraisal process will be documented on a suitable form provided for that purpose.

To enable the appraiser and BIRO to comply with their obligations, all members of the Register are required to make their appraiser and responsible officer aware of all clinical and non-clinical work undertaken by the member and any failure to do so would be a relevant matter that could be referred to the GMC.

A suite of appraisal documentation has been created, consisting of forms and guidance which should be used to record all aspects of the work of the doctor.

A designated appraiser will not be allowed to appraise a member of their own group practice.

During the five-yearly appraisal cycle a member of the Register must be appraised by at least two different designated appraisers.

A member of the Register (appraisee) can request an alternative appraiser if it is considered that there is a conflict of interest or has compelling grounds for an alternative appraiser to be allocated.

The BIRO cannot be a designated appraiser.

## **7. Revalidation of Home Office registered forensic pathologists**

The GMC operates a revalidation process (See web link at: [www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation](http://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation)) with the aim of improving:

- Patient/Public Safety - by ensuring that doctors are maintaining and raising further professional standards.
- Effectiveness of Care - by supporting a professional ethos to improve further the effectiveness of clinical care.
- Stakeholder Experience - by ensuring that stakeholder's views are integral to evaluations of a doctor's fitness to practise.

In the context of forensic pathology, the stakeholders may include patients, families of the bereaved, the police, Crown Prosecution Service, His Majesty's coroners, the Home Office, the Board, courts, and any person or organisation which contracts with the forensic pathologist, or any contributor to the criminal justice system.

The decision to revalidate a GMC licence to practise will be taken by the GMC following a recommendation about fitness to practise from the responsible officer nominated by the organisation with whom the doctor has a prescribed connection, or alternatively, a suitable person (see explanation of this role within paragraph 21 'Associated documents and webpages' below), as applicable. The responsible officer, or suitable person is required to review the outputs of a doctor's appraisals from across that revalidation cycle and assure themselves that there are no concerns about their fitness to practise and that they can give a positive assurance to the GMC about fitness to practise, rather than just report an absence of concerns.

GMC guidance on the role of a responsible officer can be found at the web link: [www.gmc-uk.org/responsible-officer-hub](http://www.gmc-uk.org/responsible-officer-hub).

The roles and statutory duties of a responsible officer are laid out in The Medical Profession (Responsible Officers) Regulations 2010, and The Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010.

Revalidation should occur in a rolling program over a five-year period and is underpinned by five annual appraisals which provide the supporting evidence as outlined in [www.gmc-uk.org/-/media/documents/rt---supporting-information-for-appraisal-and-revalidation---dc5485\\_pdf-55024594.pdf](http://www.gmc-uk.org/-/media/documents/rt---supporting-information-for-appraisal-and-revalidation---dc5485_pdf-55024594.pdf).

## **8. Appraisal and revalidation of the Board's Independent Responsible Officer**

The mechanism of appraisal and revalidation of the BIRO will be dependent upon which organisation is the designated body of the post holder at the time of appointment. Section 12 (1) of the Medical Profession (Responsible Officer) Regulations 2010 and 2013 amendments, sets out the connections between responsible officers and designated bodies.

In each of the scenarios below, where a recommendation of revalidation cannot be made by the BIRO's higher responsible officer, guidance from the GMC should be sought. The Board's Clinical Lead Appraiser should then step into the role of BIRO, if appropriate, to continue to run the appraisal processes until resolution is achieved and the matter finalised.

### **If the BIRO is a member of the Register (whether employed or self-employed)**

By becoming a responsible officer, the BIRO will be required to change their own responsible officer, according to the amended Regulations, to the Chief Medical Officer of the Department of Health and Social Care.

The BIRO's yearly appraisal will be carried out by a designated appraiser of the Board and the completed appraisal forms will be sent to their higher responsible officer (the Chief



Medical Officer of the Department of Health and Social Care), who will make a revalidation recommendation to the GMC.

### If the BIRO is not a member of the Register

The BIRO may be appraised under separate arrangements depending upon the designated body to which the BIRO has a prescribed connection. For example, if the BIRO is a doctor from Scotland and is employed within a university, or NHS Trust in Scotland; then their annual appraisal will be carried out by their designated body's appraiser.

Their appraisal documentation will be sent to the higher responsible officer for the Board, that being, the Chief Medical Officer of the Department of Health and Social Care. The higher responsible officer will make the revalidation recommendation to the GMC. The responsibility is with the BIRO, to make necessary arrangements.

If, for example, the BIRO is a doctor from Northern Ireland, employed by the Department of Justice, their yearly appraisal will be carried out by a designated appraiser of the Board and the completed appraisal forms will be sent to their higher responsible officer, the Chief Medical Officer of the Department of Health and Social Care, who will make a revalidation recommendation to the GMC.

### If the BIRO is self-employed

The BIRO may choose to be appraised under the arrangements they previously followed, before becoming the BIRO. Alternatively, the BIRO can enter the appraisal system of the Board and have their yearly appraisal conducted by the Board's designated appraisers in the same way as all doctors with a prescribed connection to the Board.

As before, the BIRO will be required to change their own responsible officer, according to the amended Regulations, to the Chief Medical Officer of the Department of Health and Social Care. Therefore, they will send their completed documentation to their new higher responsible officer.

## 9. Responsibilities of the Responsible Officer

### Responsibilities of responsible officers: prescribed connection under regulation 10

**The statutory requirements are detailed within the text boxes – the Board's additional requirements and comments in relation to the statutory requirements are under each text box.**

11.(1) ....., the responsible officer for a designated body has the following responsibilities relating to the evaluation of the fitness to practise of every medical practitioner who has a prescribed connection with that body by virtue of regulation 10.

(2) The responsibilities referred to in paragraph (1) are—

(a) to ensure that the designated body carries out regular appraisals on medical practitioners in accordance with paragraph (3);

The BIRO will ensure this by reviewing all appraisal outputs of members. Each designated appraiser appraising a member must pass on the completed appraisal output statements to the BIRO as soon as possible after completion.

The BIRO shall satisfy himself or herself that the designated appraiser has been appropriately trained.

11.(2)(b) to establish and implement procedures to investigate concerns about a medical practitioner's fitness to practise raised by patients or staff of the designated body or arising from any other source;

Concerns reported to the BIRO will normally be investigated by the Home Office Forensic Pathology Unit in conjunction with the BIRO using the Suitability Rules.

The BIRO will attend meetings of the Board to report on any systemic or procedural matters, although in order to maintain independence, the BIRO will not be a member of the Board or any of the Board's committees.

11.(2)(c) where appropriate, to refer concerns about the medical practitioner to the GMC

(d) where a medical practitioner is subject to conditions imposed by, or undertakings agreed with the GMC, to monitor compliance with those conditions or undertakings.

The BIRO may be asked by the Board to fulfil a similar role in relation to any member of the Register and any measures imposed on or agreed with a member of the Register to ensure continued suitability for the Register or to protect the integrity of the criminal justice system.

This may include performing an assessment of competence and providing a written, and/or oral report for the Board on any actual or prospective member of the Register where:

- a) requested by the Board's Registration and Training Committee when reviewing an application to join the Register;
- b) requested in accordance with any organisation or body under the Suitability Rules.

11.(2)(e) to make recommendations to the GMC about medical practitioners' fitness to practise;

(f) to maintain records of practitioners' fitness to practise evaluations, including appraisals and any other investigations or assessments.

The Home Office Forensic Pathology Unit will offer administrative support to the BIRO to fulfil this obligation but will not be sent copies of any appraisals unless they form the basis of complaints under the Suitability Rules.

All records must be kept in a secure manner, following the advice by Cyber Essentials (available at: <https://www.ncsc.gov.uk/cyberessentials/overview>), as stipulated in the Protocol for membership of the Home Office Register of Forensic Pathologists.

11.(3) The responsible officer must ensure that appraisals carried out under paragraph (2)(a) involve obtaining and taking account of all available information relating to the medical practitioner's fitness to practise in the work carried out by the practitioner for the designated body, and for any other body, during the appraisal period.

The BIRO will do this by liaising with the designated appraisers and providing any support or guidance sought and by passing on to the designated appraiser any complaints he or she is aware of and any management information since the time of the last appraisal.

11.(4) Procedures under paragraph (2)(b) must include provision for the medical practitioner's comments to be sought and taken into account where appropriate.

The Suitability Rules include such provision.

11.(5) Responsible officers must co-operate with the GMC and any of its committees, or any persons authorised by the GMC, in connection with the exercise by them of any of their functions under Part 3A or 5 of the Act.

### **Duty to have regard to guidance**

15. In discharging their responsibilities under regulations 11 and 13, responsible officers shall have regard to the following—

- (a) guidance given by the Secretary of State in accordance with section 45C(2) of the Act; and
- (b) guidance given by the GMC, including Good Medical Practice and guidance on fitness to practise procedures, to the extent that it relates to the nomination or appointment of responsible officers or their prescribed responsibilities.

## Additional responsibilities of responsible officers: prescribed connection under regulation 10

16.(1) Where a responsible officer has responsibilities under regulation 11 in respect of a medical practitioner who has a prescribed connection with a designated body in accordance with regulation 10, the responsible officer has the following additional responsibilities to the extent that the medical practitioner concerned is practising in England.

(2) In relation to the entry by the designated body into contracts of employment or for the provision of services with medical practitioners, the responsible officer must—

- (a) ensure that medical practitioners have qualifications and experience appropriate to the work to be performed
- (b) ensure that appropriate references are obtained and checked
- (c) take any steps necessary to verify the identity of medical practitioners
- (d) where the designated body is a Primary Care Trust, manage admission to the performers list in accordance with the National Health Service (Performers Lists) Regulations 2004; and
- (e) maintain accurate records of all steps taken in accordance with sub-paragraphs (a) to (d).

This provision will not apply to the BIRO as the Board does not enter into contracts of employment or contracts for the provision of services with members of the Register.

Although this provision does not apply, the BIRO will be expected to comment on any amendments to the admission criteria for the Register. A copy of 'The Process and Criteria for Recommendation for Admission to the Home Secretary's Register of Forensic Pathologists,' can be found at the following web link:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/115690/pdb-board-criteria-reg.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/115690/pdb-board-criteria-reg.pdf).

The Registration & Training Committee and the Board's secretariat fulfils the responsibilities set out in this regulation by scrutinising an application from forensic pathologists to join the Home Office Register of Forensic Pathologists and recommending to the Board's chair that they be accepted onto the Register. To assist in this process a copy of the application will be sent to the BIRO for their records, following the Board's standard operating procedure 'PDBSOP-001'. The BIRO will make appropriate enquires with the applicant's current responsible officer for the purposes of assuring the committee that there are no responsible officer related concerns which require consideration prior to appointment onto the Register. This will be carried out following the BIRO's standard operating procedure.

16.(3) In relation to monitoring medical practitioners' conduct and performance, the responsible officer must—

- (a) review regularly the general performance information held by the designated body, including clinical indicators relating to outcomes for patients
- (b) identify any issues arising from that information relating to medical practitioners, such as variations in individual performance; and
- (c) ensure that the designated body takes steps to address any such issues.

The Board maintains quarterly data on the number of cases undertaken by members of the Register, such information will be shared with the BIRO on an as required basis and when such data is circulated to Board members and guests prior to meetings of the PDB.

16.(4) In relation to ensuring that appropriate action is taken in response to concerns about medical practitioners' conduct or performance, the responsible officer must—

- (a) initiate investigations with appropriately qualified investigators;

The Home Office Forensic Pathology Unit will designate case 'examiners' (investigators) for the purposes of the Suitability Rules and the BIRO will be expected to refer any matter concerning the suitability of a person for the Register to the Board's secretary who will initiate investigations in accordance with the Suitability Rules.

16.(4)(b) ensure that procedures are in place to address concerns raised by patients or staff of the designated body or arising from any other source;

Such procedures are in place, but the BIRO will have the opportunity to comment on any rules or procedures.

16.(4)(c) ensure that any investigation into the conduct or performance of a medical practitioner takes into account any other relevant matters within the designated body;

It is understood from the Department of Health and Social Care, that this regulation is intended to ensure that all prior complaints are considered to ensure that any patterns are reviewed.

The BIRO will comply with this requirement by bringing to the Board secretary's attention, any matter that questions the members suitability for the Register.

16.(4)(d) consider the need for further monitoring of the practitioner's conduct and performance and ensure that this takes place where appropriate;

(e) ensure that a medical practitioner who is subject to procedures under this paragraph is kept informed about the progress of the investigation;

(f) ensure that procedures under this paragraph include provision for the medical practitioner's comments to be sought and taken into account where appropriate;

The Suitability Rules include such provisions.

16.(4)(g) where appropriate—

- (i) take any steps necessary to protect patients;
- (ii) recommend to the medical practitioner's employer that the practitioner should be suspended or have conditions or restrictions placed on their practice; and
- (h) identify concerns and ensure that appropriate measures are taken to address these, including but not limited to—
  - (i) requiring the medical practitioner to undergo training or retraining;
  - (ii) offering rehabilitation services;
  - (iii) providing opportunities to increase the medical practitioner's work experience;
  - (iv) addressing any systemic issues within the designated body which may have contributed to the concerns identified;

Within the context of forensic pathology, the body of the deceased is considered to be, 'the patient' for the purposes of these regulations. As previously stated, the Home Office is not an employer and has no contractual or employment relationship with the Home Office. Any steps, regarding 16. (4)(g) above, taken by the BIRO, which will or may likely lead to expenditure, will only be taken after consultation with the Home Office Forensic Pathology Unit to ensure that such funds are available.

16.(4)(i) maintain accurate records of all steps taken in accordance with this paragraph.

## 10. The Pathology Delivery Board's related actions

In accordance with the provisions of the Suitability Rules all complaints received will be notified to the registrant's responsible officer. The BIRO will also be consulted and kept apprised of developments relating to the complaint. Nothing in the Suitability Rules will affect the statutory responsibilities of the responsible officer in the discharge of their duties to the GMC.

## 11. Chairing the joint PDB/DOJ-NI RO Management Group

The BIRO is expected to Chair the established joint Pathology Delivery Board and Department of Justice, Northern Ireland's Responsible Officer Management Group in line

with the group's terms of reference. Part of the group's remit is to ensure that the Core Standards (Annex A), from NHS England's, '[A Framework of Quality Assurance for Responsible Officers and Revalidation](https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2016/03/annex-a-core-standards-mar16.pdf)' are met, by keeping all internal policies and procedures under review, and forming new policies and procedures as and when required. The framework is available at: <https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2016/03/annex-a-core-standards-mar16.pdf>). This group collaboratively write and review the RO's standard operating procedures.

## 12. Administrative support for the appraisal system

The Home Office Forensic Pathology Unit provides a secretariat function to the Board. Therefore, the Unit will provide the necessary administrative support, on behalf of the Board, to the responsible officer and the appraisal system.

Administrative support consists of the following:

- Booking of travel and accommodation for all responsible officer related activity.
- Providing a secretary to the joint Pathology Delivery Board and Department of Justice, Northern Ireland's Responsible Officer Management Group. The secretary will collate meeting papers, arrange quarterly meetings, and write the minutes for each meeting.
- In collaboration with the BIRO, producing, reviewing, and updating a suite of appraisal documentation consisting of forms and guidance.
- In collaboration with the BIRO, producing, reviewing and updating standard operating procedures for the designated body to manage the appraisal system.
- Keeping records of complaints against members of the Register.
- Keeping records of the Home Office investigations into complaints against members of the Register.
- Arranging advertisements for, and training of, new appraisers and a Clinical Lead Appraiser as necessary.
- Arranging and hosting yearly appraiser continued professional development and further appraiser training as required.
- Maintaining and updating an electronic system for the yearly appraisal of members of the Register and any other sub-speciality pathologists accepted by the Board and who are using the BIRO as their suitable person. These pathologists are known as 'scheme members' for the purposes of administration of the appraisal system.
- Procuring and/or maintaining a commercial relationship with the provider of an online multi-source feedback tool (currently Premier IT).



- Circulating communications such as newsletters and correspondence from the BIRO to members of the Register and other scheme members, as well as stakeholders, partners and other organisations as requested.
- Facilitating the BIRO in producing quarterly and yearly reports to the Board.
- Supporting the BIRO in any other designated body related activities where required.

### **13. Financial support for the appraisal system**

The Board must provide the BIRO with sufficient resources necessary to discharge their responsibilities. The amended regulations, as a matter of law, allow the Board to charge the members of the Register for the services of the appraiser and the BIRO.

The Home Office Forensic Pathology Unit will provide funding to support the BIRO system. However, the Home Office reserves the right to withdraw such funding in favour of the members of the Register funding the appraisal and revalidation system privately.

The Home Office Forensic Pathology Unit will fund the training of members of the Register to become designated appraisers as well funding yearly appraiser continued professional development and further training as required.

Funding will be provided for new responsible officer training if required and for yearly continued professional development as required.

Through negotiation, and on a case-by-case basis, the Home Office may fund the training or retraining of members of the Register where conditions or restrictions have been placed on their practise; however, this will only be provided after consultation with the Home Office Forensic Pathology Unit to ensure funds are available. The BIRO should be mindful that there is a strict procurement process in the Home Office and it may take a minimum of three months to procure goods or services.

The Board as designated body will provide funding for an online multi-source feedback tool which is fit for purpose as defined by the responsible officer and in line with Home Office procurement policy.

### **14. GDPR (General Data Protection Regulation) considerations**

In line with the Information Commissioner's guidance found on the Information Commissioner's Office (ICO) website: <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/controllers-and-processors/controllers-and-processors/what-are-controllers-and-processors/#2>, the BIRO is a data controller and data processor.

Therefore, as it states, "you [the BIRO] are responsible for complying with the UK GDPR" and "must be able to demonstrate compliance with data protection principles".



The Pathology Delivery Board, by virtue of the Board being part of the Home Office, is already registered as a data controller and therefore has a Privacy Information Notice which describes how personal information relating to annual appraisal of Home Office registered forensic pathologists is processed. This is available on GOV.UK:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/899459/PDB\\_Privacy\\_Information\\_Notice.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/899459/PDB_Privacy_Information_Notice.pdf)

The BIRO must be registered with the ICO as a data controller and adhere to the ICO guidelines on processing personal data securely with “appropriate technical and organisational measures”. Information about ‘The Data Protection (Charges and Information) Regulations 2018’ and the requirement for data controllers to be registered with the ICO is available here: <https://ico.org.uk/about-the-ico/what-we-do/register-of-fee-payers/>.

## 15. Additional responsibilities - Responsible Officer to the Department of Justice Northern Ireland

The Board has a good, long-standing relationship with the Northern Ireland State Pathologist's Department, therefore, as well fulfilling the role as BIRO to the Board, the post holder will act as the responsible officer to the Department of Justice Northern Ireland (DOJNI). Forensic pathology services in Northern Ireland are conducted at the State Pathologist's Department in Belfast, overseen by the DOJNI. The State Pathologist's Department is responsible for employing forensic pathologists to carry out both forensic and coronial post mortem examinations; and for ensuring that they have the necessary qualifications and experience to carry out their role. Forensic pathologists engaged by the DOJNI have a ‘prescribed connection’ under [The Medical Profession \(Responsible Officers\) Regulations \(Northern Ireland\) 2010 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2010/10/section/1). In addition, the DOJNI is responsible for employing a GMC registered doctor to operate at the Coroner's Office, this appointee also has a prescribed connection to the Department of Justice under the regulations and falls within the responsible officer's remit.

## 16. Additional responsibilities - ‘Suitable Person’ responsibilities

The GMC (Licence to Practise and Revalidation) Regulations Order of Council 2012 (as amended) (‘the regulations’), available at: [https://www.gmc-uk.org/-/media/documents/LTP\\_and\\_Revalidation\\_Regs\\_Consolidated\\_2015.pdf](https://www.gmc-uk.org/-/media/documents/LTP_and_Revalidation_Regs_Consolidated_2015.pdf) 63947176.pdf, creates the role of suitable person, as a person approved by the GMC to make revalidation recommendations about doctors who do not have a designated body under the Medical Profession (Responsible Officer) Regulations. A suitable person must be a licensed doctor, and either be a responsible officer, or hold a post within a body (whether designated or not) which includes responsibilities that are similar in nature to the role of a responsible officer. GMC guidance for approving an individual as a suitable person and withdrawing approval for revalidation is available here: [https://www.gmc-uk.org/-/media/documents/LTP\\_and\\_Revalidation\\_Regs\\_Consolidated\\_2015.pdf](https://www.gmc-uk.org/-/media/documents/LTP_and_Revalidation_Regs_Consolidated_2015.pdf)

</media/documents/guidance-for-decision-makers---gdm14---guidance-for-approving-an-individual-as-a-suitable-p-59994175.pdf>.

The BIRO will be required (from time to time) to act as a suitable person to sub-specialty (organ specific) pathologists who are not members of the Register but assist members of the Register in their work for the criminal justice system. These sub-specialty practitioners provide specialist pathology services in respect of (for example) ophthalmic, neuro and osteoarticular pathology investigations; where such doctors (who are usually self-employed consultants) do not otherwise have a designated body. The decision whether to act as a suitable person will be taken by the BIRO on a case-by-case basis following SOP-005 in consultation with the Board and its policy 'The Role of Suitable Person – Appraisal and Revalidation of non-Home Office Registered Forensic Pathologists'.

Further details on becoming and acting as a suitable person can be found at:

<https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/becoming-and-acting-as-a-suitable-person>.

## 17. Additional responsibilities - Attendance at meetings with external bodies

The BIRO is expected to attend:

- annual appraisal by the GMC Liaison Officer,
- annual mandatory responsible officer training courses,
- annual Chief Medical Officer's, England and Wales, Whitehall responsible officer Group meetings,
- annual Chief Medical Officer's Northern Ireland's responsible officer group meetings,
- six-monthly meetings with the GMC for suitable persons, and,
- six monthly meetings with the GMC for responsible officers,
- three-monthly meetings with the Department of Justice, Northern Ireland for all responsible officers in Northern Ireland,
- regular meetings with the GMC's Employment Liaison Officer assigned to the designated bodies to update them in respect of all the doctors for whom they have a responsibility.

Meeting attendance may be either remotely – or in person – at the agreement of the parties involved.

The Home Office Forensic Pathology Unit will fund and arrange the travel and accommodation for all responsible officer related activity, such as the meetings listed above. Home Office travel policy (the Travel Manual (Inland and Overseas)) must be followed when making travel arrangements.

## **18. Terms of appointment of the Board's Independent Responsible Officer – summary terms**

The terms of appointment of the BIRO forms a separate document and is prepared by the Public Appointments team, in negotiation with the Board and the BIRO.

The BIRO will be paid an annual fee of £20,000 for the discharge of their services and responsibilities. The fee will be reviewed on an annual basis by the chair of the Board, or in his/her absence, the secretary of the Board and the BIRO.

The cost of travel and expenses for the BIRO's attendance at pre-approved training for responsible officers will be met by the Board in line with the current Home Office Travel Manual (Inland and Overseas).

It is not intended that there be an employment relationship with the Board as the appointee will have autonomy to fulfil his or her statutory responsibilities as they see fit.

There shall be no fixed period for the appointment, however the BIRO is expected to give a minimum of six months' notice of their intention to resign or retire.

The Board may at any time suspend the BIRO, with immediate effect, where the responsible officer is subject of a valid complaint (as defined within the Pathology Delivery Board's Suitability Rules), made to the Pathology Delivery Board, which is under investigation, or is the subject of a GMC investigation into misconduct, or subject to a non-engagement referral to the GMC.

The Board, may also at any time remove the responsible officer with immediate effect if satisfied that they have failed without reasonable excuse to discharge the responsibilities of their role for a period of three months; they have been convicted of a criminal offence; they are made the subject of a bankruptcy order; they are not recommended for revalidation (where applicable; or they have failed to comply with the terms of appointment; or they are otherwise unable or unfit to carry out the responsibilities of the role.

The BIRO may not act as responsible officer to a member where there is a conflict of interest or perception of bias. In such a case the Board would have to appoint an additional responsible officer. The BIRO's own responsible officer will determine the existence of a conflict of interest or perception of bias through a pre-agreed process.

## 19. Method of application and appointment

The Board shall agree the role description and skills profile for the role of the Board's Independent Responsible Officer. In turn, the Home Office Forensic Pathology Unit, in its Board secretariat function, will circulate the role description and skills profile to members of the Home Office Register of Forensic Pathologists, Northern Ireland State Pathologist's Department and forensic pathologists in Scotland.

An invitation with a prescribed deadline, will be sent to applicants for the position. Prospective applicants will be required to provide a 500-word document set against the skills profile, along with their CV, in an email, for the attention of the Board's secretary to: [pathology@homeoffice.gov.uk](mailto:pathology@homeoffice.gov.uk).

Upon receipt of applications by the published deadline, the Board's secretary (or other suitable member of the Board's secretariat), will carry out a paper sift to ensure eligibility, before formal selection interviews take place.

Interviews will be conducted using an agreed format of competency-based questions with a point scoring system ranging from 1 = Poor, to 5 = Excellent. For reference, the 'Recruitment and Selection Interview Score Sheet' should be reviewed and adapted for each recruitment drive that takes place.

The successful prospective candidate will demonstrate to the Board through their personal statement and subsequent interview that they meet the required essential characteristics.

The results of the interview and the recommended candidate (with the highest points) will be submitted to the Minister of State for Crime, Policing and Fire, with a short biographical overview, for final approval.

Once ministerial approval is received, the successful candidate will be issued with a letter of appointment as well as terms of appointment (see section 18 above).

## 20. Interview panel


The interview panel for the appointment of the Pathology Delivery Board's Independent Responsible Officer will consist of:

- The Pathology Delivery Board Chair,
- Head of Branch for State Pathology, Department of Justice (DOJ) Northern Ireland, or their representative,
- A past or current President of the Royal College of Pathologists,
- A forensic pathologist who is not currently on the Home Office Register, such as a former member (but not removed under the Suitability Rules or resigned following a complaint), or a forensic pathologist from either Scotland or Northern Ireland.

## 21. Essential characteristics for the Board's Independent Responsible Officer

The essential characteristics, otherwise known as a skills profile, are as follows:

**Table 1 Essential characteristics for the Board's Independent Responsible Officer**

Requirements	Essential
<b>Qualifications</b>	<ul style="list-style-type: none"> <li>• FRCPATH or show evidence of equivalent qualification.</li> <li>• Full and specialist registration in Forensic Histopathology (or equivalent) (and a licence to practise) with the GMC.</li> <li>• Fully registered with the GMC throughout the previous five years (Regulation 7 (1)(b)).</li> </ul> <p>(Note: A Responsible Officer must continue to be fully registered with the GMC in order to remain as a Responsible Officer, (Regulation 7 (2)).</p>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Forensic Pathologist with at least four years' experience at consultant level (and for these purposes active membership of the register counts towards consultant level experience) and working in the UK.</li> <li>• Evidence of active involvement in audit.</li> </ul>
<b>Behaviours</b> <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/717275/CS_Behaviours_2018.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/717275/CS_Behaviours_2018.pdf</a>  CS_Behaviours_2018 (1).pdf	<p>Seeing the big picture</p> <ul style="list-style-type: none"> <li>• Application of knowledge of regulation and the law as it relates to medical revalidation and of the specific underpinning processes.</li> <li>• Application of knowledge of clinical governance, quality improvement and quality assurance of systems underpinning revalidation and information flows.</li> <li>• Exhibiting understanding the principles of natural justice and the legal process, accountability, and governance.</li> </ul>

	<p>Changing and improving</p> <ul style="list-style-type: none"> <li>• Maintaining the knowledge and skills needed for the role: consistency, rigor, and accountability.</li> </ul>
	<p>Making effective decisions</p> <ul style="list-style-type: none"> <li>• Demonstrating capability for strategic thinking and unbiased decision making.</li> <li>• Demonstrating skill in analysis of complex problems, ability to reason through potentially contentious issues and credibility in generating solutions.</li> </ul>
	<p>Leadership</p> <ul style="list-style-type: none"> <li>• A commitment to addressing issues from a corporate perspective.</li> <li>• Commands confidence of medical colleagues, government officials and other colleagues.</li> </ul>
	<p>Communicating and influencing</p> <ul style="list-style-type: none"> <li>• Excellent communication skills.</li> <li>• Showing compassion and empathy in tricky situations.</li> </ul>
	<p>Working together</p> <ul style="list-style-type: none"> <li>• Building and maintaining external relationships.</li> </ul>
	<p>Developing self and others</p> <ul style="list-style-type: none"> <li>• Ensuring quality assurance of appraisers, remediation. Mediation, negotiation, investigation, rehabilitation, equality, dealing with colleagues about whom there is a concern.</li> </ul>
	<p>Managing a quality service</p> <ul style="list-style-type: none"> <li>• Managing the process of medical appraisal and revalidation.</li> <li>• Excellent record-keeping skills.</li> </ul>

	<p>Delivering at pace</p> <ul style="list-style-type: none"> <li>• Determination to always achieve high standards and constantly strive to deliver improvements in forensic pathology within the framework of the criminal justice system.</li> <li>• Well organised and able to work to outside deadlines.</li> </ul>
<b>Technical abilities</b>	<ul style="list-style-type: none"> <li>• Good IT skills, including knowledge of Microsoft Office software.</li> <li>• Secure email account, such as CJSJ (Criminal Justice Secure email), or doctors.net.</li> <li>• Secure storage facility for both electronic and paper files.</li> </ul>
<b>Personal qualities</b>	<ul style="list-style-type: none"> <li>• Enthusiasm, energy, and commitment to your goals</li> <li>• Integrity, openness, fairness, patience, resilience.</li> </ul>

## 22. Associated documents and webpages

The following documents (not otherwise web linked above) and their current electronic file location are listed below in alphabetical order, and can be viewed in conjunction with this policy:

- Application process for the Responsible Officer (RO) to act as a Suitable Person to pathologists other than Home Office registered forensic pathologists – SOP-005
- [Medical Appraisal Guide 2022 – A guide to professional medical appraisal](#). (Academy of Medical Royal Colleges, June 2022) (web link).
- [Good medical practice - professional standards - GMC \(gmc-uk.org\)](#)
- [Home Office Register of Forensic Pathologists](#) (Web link)
- RO Recruitment and Selection Interview Score Sheet
- Standard Operating Procedure for Processing Applications for Membership of the Home Office Register of Forensic Pathologists (PDB-001SOP)
- [The Medical Profession \(Responsible Officers\) Regulations 2010](#) (Web link)

- [The Medical Profession \(Responsible Officers\) Regulations \(Northern Ireland\) 2010](#)  
(Web link)
- The Role of Suitable Person – Appraisal and Revalidation of non-Home Office Registered Forensic Pathologists

The electronic filing system is in Microsoft 365, SharePoint – Forensic Pathology under the following file path, which reads: PDB > Appraisal System > BIRO Policy > Associated documents.

<https://ukhomeoffice.sharepoint.com/:f:/r/sites/PROC791/PDB/Appraisal%20System/BIRO%20Policy/Associated%20documents?csf=1&web=1&e=aCfMGm>

## 23. Glossary of terms

**Table listing the definitions for the terms used within the document**

Term	Definition
Appraisal (medical)	"Medical appraisal is a process of facilitates self-review supported by information gathered from the full scope of a doctor's work." ( <a href="#">Medical appraisal guide 2022</a> )
Designated body	The organisation to which the medical practitioner/doctor has a prescribed connection, this is stipulated in The Medical Profession (Responsible Officers) Regulations 2010. It may be an employing NHS Trust, private company, or organisation.
Designated appraiser	A trained appraiser for the Pathology Delivery Board.
Doctor	For the purposes of this policy, 'doctor' refers to any medical doctor regulated by the GMC.
FRCPATH	Fellow of the Royal College of Pathologists
Medical practitioner	Medical practitioner is used in the legislation noted above: The Medical Profession (Responsible Officers) Regulations 2010 and refers to any (medical) doctor regulated by the GMC.
Post holder	The person who takes up the role of responsible officer for the Pathology Delivery Board.
Prescribed connection	This is the connection a doctor has to a designated body (for revalidation purposes) and is based on a number of factors; including, but not limited to, the organisation that you have been employed under, or organisations to which you have a membership. See web link: <a href="https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/my-db-tool">https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/my-db-tool</a> , for more information.



Responsible officer	The responsible officer has specific responsibilities relating to the evaluation of the fitness to practise of doctors connected with designated bodies. A key responsibility is to recommend to the GMC whether or not a doctor should be revalidated.
Revalidation	“Revalidation is a process by which licensed doctors are required to demonstrate on a regular basis [five-yearly] that they are up to date and fit to practise.” ( <a href="#">Revalidation: frequently asked questions for retired doctors and those preparing to retire (gmc-uk.org)</a> )
Suitable person	A licensed doctor approved by the GMC as suitable to make a recommendation about the revalidation of a doctor who does not have a responsible officer. (gmc-uk.org)

## Version Control

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**Next Review: 3-year intervals**

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## Version History

Version Number	Date Approved	Approved By	Brief Description
V3.0	19/12/2023	Pathology Delivery Board	Revision of document following retirement of current RO and recruitment drive for new RO.
V.2.0		Martin Allix	Approved document.
V.1.10 – V.1.12	04/06/2020	Martin Allix	Document sent to the Board's responsible officer Prof Guy Rutty for comments and suggested amendments.
V.1.1 – V.1.9	N/A	N/A	FPU reviewed whole policy document, amended, and rebranded.
V.1.0	28/05/2013	Alan Pratt	First policy document