

<b>Meeting / Committee:</b>	Board of Directors	<b>Meeting Date:</b>	29 July 2014
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<b>This paper is for: (Only 1 column to be marked with x as appropriate)</b>	Action/Decision	Assurance	Information
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<b>Title:</b>	Revalidation Report including Annual Organisational Audit
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<b>Purpose:</b>	<p>The purpose of this report is to provide Board of Directors with assurance that prior to recommendations for revalidation are made, that the Responsible Officer has assurance that the necessary quality assurance checks have been made in compliance with:</p> <ul style="list-style-type: none"> <li>• The Medical Profession (Responsible Officers) Regulations 2010 (as amended 2013)</li> <li>• GMC (Licence to Practise revalidation) Regulations 2012</li> <li>• A Framework for Quality Assurance for Responsible Officers and Revalidation.</li> </ul>
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<b>Summary:</b>	<p>The paper provides information on:</p> <ul style="list-style-type: none"> <li>• Quality Assurance checking processes</li> <li>• Annual Organisational Audit</li> <li>• Statement of Compliance</li> </ul>
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<b>Prepared By:</b>	Professor R G Wilson Medical Director Mrs S Wooding Revalidation Manager Dr J Hall Deputy Medical Director	<b>Presented By:</b>	Professor R G Wilson Medical Director
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<b>Recommendation:</b>	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>• Accept the report</li> <li>• Approve the Statement of Compliance</li> <li>• Chief Executive to sign the Statement of Compliance</li> </ul>
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<b>Implications (mark with x in appropriate column(s))</b>	Legal	Financial	Clinical	Strategic	Risk & Assurance
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## 1 Background

Medical Revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations<sup>1</sup> and it is expected that the Board of directors will oversee compliance by:

- monitoring the frequency and quality of medical appraisals in their organisations;
- checking there are effective systems in place for monitoring the conduct and performance of their doctors;
- confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors; and
- ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

The Board of Directors has been provided with regular update reports and self-assessments which have been submitted nationally.

## 2 Purpose of the Paper

The purpose of appraisal and ultimately revalidation is to ensure that licensed doctors continue to be fit to practise. Its aim is to support doctor's professional development in order to continue to improve patient safety and quality of care. This report provides the Board of Directors with an overview of the performance of medical practitioners with a prescribed connection to South Tees over the last appraisal year. It also provides assurance that the revalidation team are ensuring that medical practitioners are undertaking appraisals in accordance with trust policies and national guidance. It also assures the Board that steps are constantly being undertaken to ensure any missed or incomplete appraisals are being dealt with appropriately.

## 3 Governance Arrangements

Professor Rob Wilson is supported in his role as RO by:

- Dr Jim Hall – Deputy medical director
- Appraisal support team (AST) – Dr Sean Williamson, Dr Nicola Barham and Dr Fiona Clarke
- Revalidation team – Sue Wooding, Revalidation manager, Lisa Silk, Revalidation administrator

### 3.1 Teesside Hospice Foundation

The trust holds a service level agreement with Teesside Hospice and Professor Wilson is the RO for this organisation. Although there are very few doctors, the same quality and governance checks are made in compliance with trust policy.

### 3.2 Suitable Person

Professor Wilson has also applied to the GMC to become a Suitable Person RO for a small number of doctors who have worked in the trust but have retired and have no other designated body. The same quality and governance checks are made in compliance with trust policy.

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<sup>1</sup> The Medical Profession (Responsible Officers) Regulations, 2010 as amended in 2013' and 'The General Medical Council (Licence to Practise and Revalidation) Regulations Order of Council 2012'

### 3.3 Delayed or Missed Appraisals

As appraisals should now be carried out in the doctor's birthday month, it is more manageable to assess if a doctor has not completed an appraisal. From a simple excel spreadsheet the team can see if any appraisals are outstanding and doctors are contacted on a monthly basis to ascertain why there might be delays. Any doctors who are significantly out of date with their appraisals e.g. >18 months from their last appraisal, are contacted by the Deputy MD and, if required, concerns are escalated to the clinical director/chief of service. Failure to comply within a reasonable time scale results in consideration of disciplinary action for failure to comply with Trust policy. A notice of non-engagement with appraisal for revalidation can be made to the GMC (REV 6 notification). Non-engagement can lead to advancement of a revalidation date and erasure from the medical register.

### 3.4 Maintaining Accurate Lists

The team must ensure its databases are up to date with doctors who have a prescribed connection to South Tees. GMC Connect is the tool whereby doctor's recommendations for revalidation are made, therefore it is essential the team know who the doctors are. As doctors can also add themselves to South Tees, GMC Connect does now email designated bodies when doctors are added or deleted by the individual doctor. Likewise, the team can add and delete doctors as appropriate.

There are discrepancies between those doctors appearing on ESR and those who have a contract of employment. Names of starters and leavers are supplied monthly by the workforce team in HR from information held on ESR, so that the team can amend databases accordingly. However, this information is supplied retrospectively.

The revalidation team, unlike many other Trusts, do not have access to appraisal for revalidation software. Such systems can facilitate maintenance of accurate lists but do have resource implications.

## 4 Policy and Guidance

The medical appraisal for revalidation P57 was issued in October 2011. This is currently being amended and approved by JLNC on 19 June with final approval at a formal management group meeting thereafter.

## 5 Annual Organisational Audit

All healthcare organisations were asked to complete and submit an Annual Organisational Audit (AOA) which is an end of year questionnaire for the appraisal year April 2013 to March 2014. (*Appendix a*). This was completed and duly submitted before the submission date of 23 May 2014.

A similar AOA was also completed and submitted for Teesside Hospice Foundation and will be presented to their Board of Directors.

As at 31 March 2014 there were 512 doctors with a prescribed connection to South Tees as the designated body. This number includes consultants; specialty doctors and other non-training grade doctors. A total of 392 appraisals had been successfully undertaken in the appraisal year to 31 March 2014.

In support of the information provided in the AOA, an audit of missed or incomplete appraisals was been undertaken and reasons recorded for the delays for non-completion of appraisals. (*Appendix b*).

## **6 A Framework of Quality Assurance for Responsible Officers and Revalidation Statement of Compliance (Appendix c)**

Responsible Officers are also requested to submit the statement of compliance which should be countersigned by the designated body's chief executive and submitted by 31 August 2014.

A similar Statement of Compliance has also been completed on behalf of Teesside Hospice Foundation which will be countersigned by its chief executive.

In future there will be a requirement for external verification of the robustness of our appraisal for revalidation systems. This will require additional resources to implement.

## **7 Medical Appraisal**

### **Appraisal and Revalidation Performance Data**

Number of doctors	512
Number of completed appraisals	392
This represented an overall appraisal rate of 87%.	

#### **7.1 Issue of REV 6 Form to GMC**

Disappointingly, Professor Wilson has had an occasion to issue a REV 6 in May 2014. Fortunately, this doctor has now engaged in the process and completed an appraisal. We would prefer to persuade the doctor to comply rather than having to report non-engagement to the GMC given the time it takes to sort out such issues.

## **8 Appraisers**

The trust currently has 120 fully revalidation trained appraisers. The initial training was undertaken by an external facilitator who was an approved trainer by the then NHS Revalidation Support Team. Following changes in the last 12 months whereby clinical directors are changing and relinquishing these duties, there are a number of appraisers who have not carried out an appraisal in the last year. Dr Hall is currently assessing this list of appraisers to ascertain if any should be removed from the list, or if further training needs to be organised. In our Trust, unlike others, the role of appraiser is not specifically recognised in job plans. This removes some of the incentive to remain as an appraiser and may risk limiting the number of appraisers in the future.

## **9 Appraiser Workshop**

There is on-going support from the RO, deputy RO, and the Appraisal Support Team for appraisers.

On 9 May 2014 a workshop was arranged and held in the trust for appraisers to share their experiences and to receive their feedback on their roles as an appraiser and any issues or good practice which could be shared with the group. This was facilitated by an external company, Effective Professionals Interactions, Dr Malcolm Thomas.

Group sessions considered: 'Workload of being an appraiser', 'MAG form issues', 'Sharing good practice as appraisers' and 'Requirements for revalidation'. This helped produce a series of consensus views on improvements that could be made to our current systems and processes. These will be incorporated into our policy review. Full report is attached as appendix d.

The group also received presentations; a regional/national update from Malcolm Thomas and a review of recommendation for revalidation and local processes from Sue Wooding. The

appraisal quality audit was also presented and discussed. There was general agreement that improved compliance with the quality standards might occur if there was greater clarity as to what was essential to be uploaded into the MAG.

## 10 Appraisal Quality Audit

The appraisal support group (Sean Williamson, Fiona Clarke, Nicola Barham) reviewed a random selection of 57 completed appraisals from 2013-2014. There was a good spread across specialities and grades. Sue Wooding and Lisa Silk collated the results.

The majority of our 'hard' quality indicators, e.g. documented discussion of all PALS reports in appraisal, were met by 70-90% of appraisals. However, these were not met in 100% (suggested audit target).

The majority of our 'soft' quality indicators, eg quality of PDP, were met in around 80% of appraisals. However, these were not met in >95% (suggested audit target).

### 10.1 Key deficits:

- 30% in birthday month; 30% >3 months late
- 11% 'sign-off' incomplete
- 20% DATIX incidents not discussed
- 10% PALS not discussed
- 10% Whole Scope of Practice forms uploaded
- 50% Annual Training Log uploaded
- 20% supporting information 'sub-optimal'
- 20% PDP 'poor quality'

### 10.2 Key points of interest:

- 2% appraised outside speciality.

### 10.3 Action:

These findings were presented to the appraiser workshop to develop ideas for improvement e.g. new mandated 'minimum dataset' for appraisal. These will be incorporated into the new policy document and promulgated via the monthly e-mail appraisal updates and subsequent training events. The audit will be repeated at the end of 2014-2015.

## 11 Quality Assurance

The RO is reassured that quality assurance checks are undertaken on doctor's appraisal portfolio of evidence including:

For the doctor's portfolio:

- A review of individual doctor's folder which includes:
  - MAG appraisal form
  - portfolio of supporting evidence
  - review and reflection of complaints, incidents and PALS
  - review and reflection of patient and colleague feedback
  - clinical indicator data
  - PDP
  - review of outputs
- A paper signed output form is received which includes the doctor's, appraisers, and where necessary, ie if the appraiser was not the CD or chief, that it is countersigned by the CD or Chief

For the appraiser:

- feedback is provided by the doctor following each appraisal which is held on file and recorded prior to being sent to the appraiser. Any issues are highlighted to the Deputy RO and are shared with all doctors.
- on-going support for all appraisers is provided by the RO, Deputy RO, AST and the revalidation team
- the revalidation steering group is represented by at least one member of each clinical centre

For the organisation:

- there is sufficient evidence to support the appraisal
- the timeliness of appraisals is recorded
- reasons for any missed or late appraisals is recorded

## **12 Access, security and confidentiality**

Doctor's individual folders are held centrally on a revalidation file share. Permissions to these folders are strict and only the doctor and the revalidation team members have access.

Complaints, PALS and incident reports are provided to doctors in their folder prior to their appraisal. These reports are confidential so that no patient identifiable information is contained or uploaded into the doctor's MAG appraisal form. There is an intention to add claims data to this list of 'significant events'.

## **13 Revalidation Recommendations**

Number of recommendations for current doctors between April 2013 and March 2014:

- 122 Positive recommendations
- 10 Deferrals
- 1 Non engagement notification

The national rate of deferral is approximately 20% but lower in secondary care setting at around 10% hence our deferral rate appears in line with that expected.

## **14 Responding to Concerns and Remediation**

A new remediation policy P59 has been produced and approved by JLNC on 19 June. This will provide doctors with a clearly defined process for remediation in order to address clinical competence and capability concerns and should be read in conjunction with DH Maintaining High Professional Standards (MHPS) in the Modern NHS, South Tees MHPS and the medical appraisal for revalidation policy P57.

## **15 Risk and Issues**

If doctors fail to engage with the process of revalidation they risk having their license to practise being withdrawn. Unexpected loss of medical personnel would risk a shortfall of workforce for service delivery. Improper processes for implementing and maintaining an appraisal for revalidation system risk legal challenges from doctors and regulators.

## **16 Conclusions and Next Steps**

On behalf of the RO, the team will continue to monitor implementation of the Trust Policy P57 medical appraisal for revalidation. In light of the doubling of recommendations for revalidation being scheduled for 2014-2015 consideration needs to be given to the need for increased resources eg new software, administrative support, training time, inclusion of appraisal in job planning.

## 17 Recommendations

The Board of Directors are asked to:

- Accept the report and be reassured that appraisals are currently being undertaken in accordance with policy in the majority of cases, outstanding appraisals are constantly being addressed, appraisers are given feedback and support is on offer to them to ensure appraisals are undertaken appropriately and in accordance with national and local policy in order for the RO to make recommendations to the GMC.
- Approve the Statement of Compliance confirming that the organisation, as a designated body is in compliance with regulations.
- On behalf of the designated body the Chief Executive will sign the Statement of Compliance prior to submission to NHS England by the deadline of 31 August 2014.

Professor R G Wilson MD FRCS  
Medical Director/Deputy Chief Executive/Responsible Officer/Caldicott Guardian  
GMC Number 2482129

June 2014

**ABBREVIATIONS**

AOA	Annual Organisational Audit
AST	Appraisal Support Team
ESR	Electronic Staff Record
GMC	General Medical Council
JLNC	Joint Local Negotiating Committee
MAG	Medical Appraisal Guide
MD	Medical Director
MPOs	Medical Personnel Officers
PDP	Personal Development Plan
QA	Quality Assurance
RO	Responsible Officer
SAS	Specialty, Associate Specialist and Staff Grade Doctors
Policy P57	Medical Appraisal for Revalidation Policy P57
Policy P59	Remediation Policy

**APPENDICES**

Appendix a	Annual Organisational Audit
Appendix b	Audit of missed/incomplete appraisals
Appendix c	Statement of Compliance
Appendix d	Appraiser workshop feedback