

<b>Meeting / Committee:</b>	Board of Directors	<b>Meeting Date:</b>	26 June 2012
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<b>This paper is for: (Only 1 column to be marked with x as appropriate)</b>	Action/Decision	Assurance X	Information
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<b>Title:</b>	Revalidation of Consultants, Staff Grade, Associate Specialists and Specialty (SAS) doctors and Non-training Grade (NTG) doctors
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<b>Purpose:</b>	<p>From 1 January 2011, all trusts, PCTs and other designated organisations employing doctors were required by law to have a Responsible Officer, as stated in the draft statute laid before Parliament in July 2010 entitled The Medical Profession (Responsible Officers) Regulations 2010. The Medical Director was formally appointed for this trust in November 2010 as the Responsible Officer as from 1 January 2011.</p> <p>The purpose of this report is to provide assurances that processes are in place to allow the RO to make recommendations to the GMC on the revalidation of its medical workforce.</p>
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<b>Summary:</b>	The trust submitted a second end of year self-assessment tool, Organisational Readiness Self Assessment (ORSA) to the NHS Revalidation Support Team by the deadline of 17 May 2012 (Appendix 1). The ORSA forms the basis of the trust's current gap analysis, risk analysis and action plan and gives assurance that processes are in place for revalidation. This has, however, identified some gaps in our resources and these will be addressed in a business case to Management Group in the near future.
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<b>Prepared By:</b>	Professor R G Wilson Sue Wooding Revalidation Manager	<b>Presented By:</b>	Professor R G Wilson Medical Director/ Responsible Officer
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<b>Recommendation:</b>	<p>The Board of Directors is asked to receive this report and note the work which has been completed and continues to be undertaken in order to ensure the organisation meets revalidation requirements of its senior medical workforce.</p> <p>To note the current position in the ORSA and Action Plan attached as appendices.</p>
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<b>Implications (mark with x in appropriate column(s))</b>	Legal X	Financial X	Clinical X	Strategic X	Risk & Assurance X
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## 1 Introduction

The purpose of revalidation is to ensure that licensed doctors continue to be fit to practise. It will aim to support their professional development in order to continue to improve patient safety and quality of care. The Good Medical Practice Framework for Appraisal and Revalidation will set out the broad areas which should be covered to revalidate doctors.

The trust's Revalidation Steering Group, set up in May 2009, continues to meet to discuss new guidance, receive updates from NHS North East meetings and is updated on the trust's progress in implementing local procedures etc.

## 2 Management of Appraisal and Revalidation

The RO (Medical Director) will be ultimately responsible for making recommendations to the GMC of the doctor's suitability for revalidation. He/she could be vulnerable to challenge or referral to the GMC in their own right if adequate processes are not in place or, if in place, are not followed correctly.

Dr Jim Hall, Associate Medical Director (JCUH) is informally undertaking the role of Deputy Responsible Officer in the run up to revalidation, with the help of the Appraisal Support Team and the Revalidation Manager who is undertaking the day to day running of processes for the organisation.

## 3 Organisational Readiness Self Assessment (ORSA)

Two interim self-assessments were completed in October 2011 and January 2012 which provided an estimate of the organisation's preparedness for its processes and which also highlighted areas where further action is required.

The second end of year ORSA for the period April 2011 to March 2012 was submitted by the deadline on 17 May (Appendix 1). This final, more detailed ORSA will inform the Secretary of State's decision regarding the commencement of revalidation. An action plan, indicating a RAG rating, has also been completed, ensuring that any amber or red areas clearly indicate a plan of action in order to achieve a green rating.

### 3.1 Action Plan

Key points resulting from the submission of the ORSA are highlighted in the action plan (Appendix 2). The only outstanding action is the requirement for a business case to address outstanding resources in order to fulfil revalidation statutory requirements. Further details are outlined in section 13.

## 4 Training

### 4.1 Funding

The NHS RST provided SHAs with funding to deliver appraiser 'top-up' training with a view to train 2,000 appraisers across the county over the next 12 months. A successful bid was made to NHS North East which allocated the trust with funds of £23,123 (pro rata figure based on the number of doctors) to deliver 'top up' training, training a cohort of local trainers, training of new appraisers, promote medical revalidation locally and to support the infrastructure for the wider revalidation process.

The trust has decided to utilise this funding by:

- Having a cohort of trainers able to deliver training locally, known as the Appraisal Support Team

- Employing a Band 2 revalidation administrator for a 12 month period

#### 4.2 Responsible Officer Training

The Medical Director/RO, Associate Medical Director/Deputy RO, the Revalidation Manager and previous Associate Medical Director (FHN) have completed all three modules of the RO training.

#### 4.3 Appraisal Support Team

Three consultant colleagues have completed RST Level 3 training which enables them to undertake internal training to meet national training standards and competencies.

#### 4.3 Appraiser 'top-up' Update Training

An external training facilitator, who has been RST Level 2 trained, has been secured to undertake appraiser 'top-up' training sessions. Four sessions have been planned in April, June, September and October 2012 in order for the trust's appraisers to be 'revalidation ready' trained. These sessions will ensure that appraisers are trained sufficiently to meet the needs of the organisation by meeting the criteria in the Assuring the Quality of Appraisers Guidance published by the RST.

#### 4.4 SAS Doctors and Non-training grade doctors

Two further appraisal training sessions have been planned for these two groups of doctors in May and July 2012. New consultants, ie employed in the last 12 months, have also been invited in order to gain an overview and general knowledge of appraisal and revalidation requirements.

### 5 Timetable for Implementation and Roll-out

In April 2012 the NHS RST published Implementation of Revalidation: the process for allocation of revalidation recommendation dates. It is anticipated that:

- Year 'zero' – 2012/13: all ROs and doctors holding formal management or leadership roles (as determined by the RO) participate and where appropriate, have revalidation recommendations made to the GMC.
- Year 1 – 2013/14: revalidation recommendations should be made on approximately 20% of all doctors
- Year 2 – 2014/15: recommendations on 66% of all doctors
- Year 3 – 2015/16: all doctors with a current license to have had a revalidation recommendation made before the end of March 2016

The NHS RST has confirmed that revalidation remains a 5-year cycle, but initially, it is the intention that all doctors are recommended for revalidation within the 3-year period above. The period after March 2016 until the next revalidation cycle will be a period for recommendations to be made on those doctors who were deferred, and any trainees who are required to be recommended at their 5-year point of training or CCT within this period. Further discussions are anticipated.

It is anticipated that the Secretary of State will make an announcement in the summer as to the nation's readiness to commence revalidation.

The trust currently has over 530 doctors who will need to go through the revalidation cycle.

## **6 Doctors Connected to Designated Bodies**

All doctors should know who their designated body will be, ie their main employer, and, therefore, which RO will be responsible for making doctor's recommendations. However, there will be some doctors where this is difficult to ascertain, particularly if they are locums etc. Where possible, the GMC will work out doctors' connection themselves using data provided by the NHS. For those doctors who do not feature in that data, the GMC will write to them asking them to confirm their details. Once that information has been obtained, organisations will be asked to validate the list of doctors connected to them by using GMC Connect. We will be asked to do this over the summer period.

## **7 Remediation**

Where appraisal and revalidation processes identify specific development needs, a range of options is available to address these. This could be as straightforward as the usual annual Personal Development Plan; other options include more targeted training both here and elsewhere.

In rare extreme cases, remediation will need to be sought in other organisations. The regional Medical Director's Group is working through the details of these arrangements at present. This is the area where there is significant organisational risk. This includes covering the cost of remediation, the individual's salary and backfilling their work whilst away. The cost must be borne by the clinician's division.

In addition, there is the need for equity – ensuring that similar situations are dealt with fairly throughout our organisation and indeed between organisations.

## **8 General Medical Council Employer Liaison Adviser**

Following a successful pilot in two parts of the country, Employer Liaison Advisers (ELAs) were appointed nationally earlier this year. Each relates to 20-40 responsible officers and their job is to act as a two way conduit between the GMC and ROs and vice versa. It is anticipated by the GMC that each designated body will have issues with up to 5% of its senior medical staff. Most would not be serious, but some will.

The ELA system should streamline the system and give the RO a chance to take GMC advice both formally and informally.

## **9 Clinical Governance**

The RO, with others, has a statutory responsibility for ensuring the medical aspects of clinical governance systems are in place including clinical data, complaints, and incident reporting. It is crucial that these are included in a doctor's supporting evidence at appraisal. Processes are in place for doctors to have access to this information in preparation for their appraisal meeting.

## **10 Responsible Officer Support Network**

Since the merger of the SHA, there continues to be a regional RO support network to support ROs in their on-going development, development of local protocols for responding to concerns, managing conflicts of interest and information sharing.

## **11 Quality Assurance, Performance Review, Support and Development of Appraisers**

Following discussion with the Revalidation Steering Group (RSG), it was decided that an Appraisal Support Team would be developed. This consists of Dr Sean Williamson, Director of Post-graduate Medical and Dental Education/Consultant Anaesthetist;

Dr Fiona Clarke, Consultant Rheumatologist and Dr Nicola Barham, Consultant Cardio-anaesthetist. These individuals are fully RST trained to deliver appraisal training in the trust and their expertise will be used to:

- be involved in recruitment and selection of appraisers
- ensure feedback is given to appraisers
- provide a mentoring support group for all appraisers
- review and ensure common standard and quality of output of appraisals
- ensure standard quality of appraisers
- undertake appraiser performance reviews

However, further QA work will be required to ensure appraisal outputs are of a standard fit for revalidation, appraiser performance reviews will also need to be organised; review of new appraisers following a probationary period etc.

## 12 Progress since June 2011

Case Study – In November 2011 the NHS RST asked if the trust would be prepared to undertake a case study on the organisation's findings in completing its first ORSA in May 2011. This has now been published on their website.

Patient and Colleague Feedback Questionnaires – CFEP is the company the trust has agreed to use for 360° patient and colleague feedback which will be mandatory once in each revalidation cycle. In the first cohort, 100 doctors have taken part and almost completed this process. It is anticipated that 100 doctors will undertake this process each year. The second cohort will begin in August 2012.

Medical Appraisal Policy for Revalidation - A new comprehensive policy has undergone a full consultation process and has been well received by many groups. It will be presented to Management Group on 26 June 2012 prior to roll out to the organisation.

'Revalidation Ready' Training – as mentioned in section 4.3, sessions for appraiser 'top-up' have been arranged and dates of training have been input into ESR to meet NHSLA requirements.

Data Systems Recording Evidence – comprehensive databases record evidence of:

- doctor's annual appraisals (also recorded on ESR)
- dates of appraiser training (also recorded on ESR)
- 360° patient/colleague feedback (yet to be recorded on ESR)
- doctor's feedback on their appraisal and appraiser (recorded as part of the appraiser's training record)
- appraiser performance reviews (yet to be arranged)
- audit of appraisal outcomes (yet to be arranged)
- appraisal support team meetings (yet to be arranged)

Teesside Hospice – a service level agreement has been set up for the trust's RO to be RO for the Hospice.

Supporting Evidence – doctors have access to DATIX (the trust's incident reporting mechanism) incidents including complaints and PALS incidents, CHKS clinical data, and dates of mandatory training which is recorded on ESR.

File share – doctors will have access to their own folder on the Revalidation file share where their appraisals and supporting evidence will be placed, thus providing assurance

that appraisals are signed off and can be easily accessed by the RO and the revalidation team. These folders are continuing to be set up and populated with previous appraisals.

MAG Model Appraisal Form – RST has developed an electronic form which the trust anticipates to adopt. This will allow doctors to upload and archive 5 year's evidence. In order to utilise all the functionality of this form, IT colleagues have initially rolled out Adobe 10 to the RSG, with the intention of rolling out trust-wide, thus ensuring all doctors will have appropriate access.

Appraiser Feedback – for all appraisals undertaken from 1 April 2012, a process is now in place to ask doctors to complete feedback questionnaires on their appraisal process and their appraiser. This feedback will be recorded and sent to appraisers.

Information from Previous Designated Bodies – a key component in employing a doctor is ensuring that details of previous appraisals, PDP etc is available on commencement. There is now a process in place for obtaining relevant information from previous Designated Bodies. New consultants employed by South Tees from 1 April 2012 are now asked to complete a proforma on their previous appraisal history and including conditions or restrictions. This is in line with requirements from the ORSA.

Sharing Information – several of the trust's proformas have been shared with other organisations across the region.

### 13 Resources

As revalidation becomes embedded into the organisation there will be a requirement for further resources for the RO to fulfil his duties to ensure all doctors are revalidated. A business case will be prepared to address outstanding financial requirements by the end of 2012 and will include resources for a Deputy RO; permanent administrative support; remediation requirements across the organisation; continuous appraisal training; appraisal support and quality control.

### 14 Conclusions

The trust has made tremendous progress in the last 12 months without any additional resources. However, further work is will be required including:

- completion of setting up individual folders on file share
- validation of GMC list of doctors
- quality assurance including appraiser performance reviews
- audit of appraisal outputs
- provide IT support for the new appraisal form
- undertake the administration of the CFEP 360° patient/colleague feedback
- business case for revalidation infrastructure

The above processes will be on-going to ensure they provide assurance for the RO to make recommendations to the GMC.

Professor R G Wilson  
 Medical Director/Responsible Officer  
GMC No 2482129

**ABBREVIATIONS**

CFEP	Client Focussed Evaluations Programme – also known as 360° or multi-source feedback
CPD	Continuing Professional Development
DH	Department of Health
ELA	Employer Liaison Adviser
ESR	Electronic Staff Record
GMC	General Medical Council
HR	Human Resources
MAG	Medical Appraisal Guide
NHSLA	NHS Litigation Authority
NHS RST	NHS Revalidation Support Team
NTG	Non-training Grade Doctors
ORSA	Organisational Readiness Self Assessment
PALS	Patient Advice and Liaison Service
PDP	Personal Development Plan
QA	Quality Assurance
RAG	Red/amber/green rating
RO	Responsible Officer
RSG	Revalidation Steering Group
SAS	Staff Grade, Associate Specialist and Specialty Doctors

- **10.2a APPENDIX 1 – ORSA Submitted Form**
- **10.2b APPENDIX 2 – South Tees ORSA 2012/13 Action Plan Template**