**Title:** Update Report on Revalidation GMC Recommendations for Senior Medical Staff

**Purpose:** Following the Secretary of State’s announcement revalidation commenced in December 2012. The purpose of this update report is to provide assurance that appropriate processes are in place to allow the Responsible Officer (RO) to make recommendations to the GMC on the revalidation of its medical workforce. Also provided is the GMC ‘handbook for boards and governing bodies’ entitled Effective governance to support medical revalidation (attached as Appendix 10a).

**Summary:** The trust has successfully made its first revalidation recommendations to the GMC. This report shows the current processes which provide the RO with assurances that doctors meet the requirements for revalidation. The trust has provided answers to the ‘board governance’ questions shown in the handbook (attached as Appendix 10b). Outstanding areas requiring further action or consideration are noted.

**Recommendation:** The Board of Directors is asked to receive this report and note the governance handbook and the trust’s responses to the list of governance questions.

**Implications (mark with x in appropriate column(s))**

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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 Secretary of State announced in October 2012 that revalidation would commence in December 2012.

In preparation for revalidation, all healthcare organisations have been preparing their policies and processes and have been completing Organisational Readiness Self Assessments (ORSA) on a regular basis since May 2011. A further ORSA is required to be submitted in May 2013.

One key action outstanding from the previous ORSA was the approval of a business case to address outstanding resource requirements. Without additional resources to that currently available the maintenance of the current throughput of our processes is in jeopardy. The sustainability of workload during maternity leave is also putting pressure on the team. Additionally, the quality assurance processes cannot make progress.

2 Management of Appraisal and Revalidation

Professor Rob Wilson is the Responsible Officer and will make recommendations to the GMC. He is supported by Dr Jim Hall, Associate Medical Director (JCUH), an Appraisal Support Team (Dr Sean Williamson, Dr Nicola Barham and Dr Fiona Clarke) who following appropriate training have provided advice on the appraisal training, appraisal quality assurance and appraisal support, alongside a Revalidation Team of Sue Wooding, Revalidation Manager and Lisa Silk, Revalidation Administrator. Revalidation recommendations to the GMC follow review of a doctor’s annual appraisals and other governance information that may be available.

2.1 Appraisal for Revalidation Training

The Training programme for both doctors and appraisers has been on-going since April 2012 and to date:

- 112 current and new appraisers have received formal training which meets revalidation competencies
- 100 doctors will have received a half day formal training on the requirements for appraisal and revalidation by the end of April 2013

The training has been delivered by an external company who have undergone specific revalidation training by the NHS Revalidation Support Team. Feedback from delegates has been extremely positive.

2.2 MAG Appraisal Form

The Trust has opted to use the MAG appraisal form that was rolled out by the NHS Revalidation Support Team following pilot testing. This is a pdf form containing 20 sections requiring completion, both by the doctor before the appraisal meeting takes place and as part of the appraisal discussion with the appraiser. Documents and supporting evidence can be uploaded into various sections. Following the appraisal meeting, and once agreed by the doctor and appraiser, it is then locked down by the appraiser therefore ensuring no further changes can be made. There have been no associated costs with the roll out of this form.
2.3 Supporting information - 360° Colleague and Patient Feedback

360° colleague and patient feedback is a mandatory requirement in each revalidation cycle. A company called CFEP UK Surveys has been commissioned to undertake this for the trust. The administration is now being undertaken by the revalidation team, thus ensuring that all doctors are included and outcome data is recorded on completion. To date, 280 consultants and 27 SAS doctors have completed, or are in the process of undertaking this process.

2.4 Revalidation File Share

All consultants and SAS doctors have been provided with information on a file share. All documents relating to revalidation and appraisal, including Medical Appraisal Policy for Revalidation, MAG appraisal form, training form, and outputs sign off form etc are also available on this file share. In addition each doctor has his/her own personal folder, accessible only to them and the revalidation team.

Doctors are expected to undertake their appraisal in their birthday month. In preparation for this, the revalidation team ask the DATIX, Patient Relations and Governance teams to place any supporting information they hold on their systems in the doctor’s individual folder in advance of their annual appraisal.

On completion of appraisal, the appraiser and doctor sign the outputs form, which is sent to the revalidation office. The doctor’s MAG appraisal form is locked and placed in the doctor's folder, in readiness for RO review and next year’s appraisal.

This file share provides the RO and his team central access to appraisals, supporting evidence etc. which can be viewed prior to any recommendation for revalidation being made.

2.5 Monthly Updates

Dr Jim Hall and Sue Wooding provide monthly updates to all doctors, including up to date information from external bodies, local processes and answers to queries raised in feedback given to appraisers or at the appraisal training sessions.

2.6 Quality Assurance

The Appraisal Support team, Drs Sean Williamson, Fiona Clarke and Nicola Barham having undergone RST approved training can provide support to the revalidation team. It is proposed that, as part of the QA process, they will observe new appraisers undertake one of their first five appraisal meetings and provide feedback to the appraiser. As a measure of good practice, although it will be optional, it is intended that experienced appraisers should also have one appraisal meeting in each five year cycle observed.

Dr Hall, as part of the assurance process and prior to any recommendations being made, will ensure that MAG forms are completed appropriately, that supporting evidence is sufficient and outputs proformas have been signed off by the appraiser and the doctor.

All doctors are expected to complete a proforma to provide feedback to their appraiser following the appraisal meeting. This feedback is monitored and recorded
in the revalidation office. Any queries raised about the appraisal process are answered in the monthly update.

2.7 Revalidation Steering Group

Although the Revalidation Steering Group was initially formed to establish policies and processes in preparation revalidation, the group plans to continue to meet, although it may be in a different format in order to meet the on-going requirements for revalidation. The next meeting is planned for 2 May 2013.

2.8 Handling Concerns for Managers Training – 7 March 2013

Given that our governance processes involve responding to concerns when they arise a Handling Concerns workshops aimed at managers who may be involved in dealing with concerns or issues with doctors, were arranged by the former North East SHA. Following a trust request, the facilitator, Ms Ingrid Taylor from Integritas Business Consultancy Limited agreed to undertake a training session for managers in the trust. This was fully attended by divisional managers and HR representatives who found the session extremely useful and informative.

2.9 Regional Networks

With the end of the SHA there is an on-going transition to the new structures of the Regional RO Network and the Regional Revalidation Support Group that is still under way with planned new leadership and new organisational support.

3 Employer Liaison Adviser

All designated bodies have been allocated a GMC Employer Liaison Adviser. Professor Wilson meets with the trust’s GMC ELA on a regular basis. It gives the opportunity for both organisations to discuss and take advice, formally or informally, relating to issues with doctors. This may include doctors referred to the GMC, or those undergoing internal investigation or disciplinary procedures.

4 GMC Connect

GMC Connect is part of the GMC website whereby ROs make their recommendations for revalidation. Following an initial exercise, and on-going work to keep GMC Connect updated, all doctors who are connected to South Tees as their designated body, will have their recommendations made by Professor Rob Wilson. The trust currently has over 500 doctors.

5 RO’s Recommendations

ROs throughout the NHS were the first doctors to be recommended for revalidation. NHS North of England procured an electronic system which allowed all level 1 ROs across the North East, North West and Yorkshire & Humber to upload appraisals and supporting evidence, including 360° patient and colleague feedback. Once their evidence was reviewed, the RO for NHS North of England would make his recommendations.

In addition to personal information, ROs were also asked to provide evidence of:

- Confirmation of appointment as RO
- RO training
- RO network attendance
- Completion of ORSA
• External review of systems (appraisal/governance), (eg relevant reports from CQC, Monitor, improvement notices etc

Once Professor Wilson’s successful recommendation was made in March 2013, this then provided the go ahead for him to make recommendations for doctors in South Tees.

6 GMC Recommendations

The GMC scheduled submission dates for all doctors according to the advice of ROs. The first recommendations to be made in year zero (January to March 2013) were aimed at ROs and medical leaders. The RO decided that members of the revalidation team and chiefs of service would be amongst those whose recommendations would be made.

The first recommendations for South Tees were made on 14 March 2013:
• 17 positive recommendations were made
• 1 deferred for 6 months, pending further supporting information

Further recommendations were made on 18 April 2013:
• 15 positive recommendations were made

GMC Connect provides the names of 30+ doctors who are placed ‘under notice’ ie doctors who have received a formal notice of their submission date, usually four months prior to the date. The RO can make recommendations for these doctors up to 90 days prior to the submission date.

Prior to any recommendations being made, the Associate Medical Director will assess the MAG appraisal form for those doctors under notice, to ensure that the appraisal form is complete and that supporting evidence is sufficient. He will also review the database where all appraisal, and 360 patient/colleague feedback is recorded. On completion, this will give the RO assurances to inform his decision to make recommendations for these doctors. Any issues highlighted in this process, prior to recommendation, are brought to the attention and discussed with the RO.

It is anticipated that once the appropriate checks are made, the RO will make recommendations on a monthly basis.

7 Effective governance to support medical revalidation

This document attached as Appendix 10a is a handbook for boards and governing bodies and sets out ‘a view of the core elements of effective local governance of the systems that support revalidation.’

Appendix 1 of the handbook ‘provides list of questions that are relevant in the context of on-going evaluating, demonstrating and reporting on governance of local systems and processes supporting patient safety and medical revalidation.’

In order to provide the Board of Directors with assurances that governance systems are in place, a table has been prepared where each question has been answered. This is attached as appendix 10b.

Professor R G Wilson
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ABBREVIATIONS

CFEP  Client Focussed Evaluations programme – also known as 360° or multi-source feedback
MAG   Medical Appraisal Guide
ORSA  Organisational Readiness Self-Assessment
QA    Quality Assurance
RO    Responsible Officer
SAS   Staff Grade, Associate Specialist and Specialty Doctors

Appendix 10.1a  Effective governance to support medical revalidation
Appendix 10.2b  Trust response to lift of governance questions