

Report to:	Public Board of Directors	Agenda item:	13
Date of Meeting:	6 March 2024		

Title of Report:	RUH Medical Revalidation System Annual Report 1 April 2022 – 31 March 2023
Status:	For Approval
Board Sponsor:	Mr Andrew Hollowood, Chief Medical Officer
Author:	Dr Stewart Redman, Appraisal Lead
Appendices	Appendix 1: A framework of quality assurance for responsible officers and revalidation

1. Executive Summary of the Report

The purpose of this report is to provide assurance to the Board on the key requirements for compliance with the Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation regulations and key national guidance. The FQA provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time.

Completion of the template will therefore:

- a) Help the designated body in its pursuit of quality improvement,
- b) Provide the necessary assurance to the higher-level responsible officer,
- c) Act as evidence for CQC inspections.

Mr Andrew Hollowood, Chief Medical Officer & Responsible Officer and Miss Sarah Richards, Deputy Chief Medical Officer (Workforce) continue to be supported by the Responsible Officer Advisory Committee (ROAC). Meetings are held monthly.

The Trust pays for the PrepIT system which facilitates on-line appraisals/data collection and pays for twice yearly appraiser training. The Trust uses the interface from the Electronic Staff Record to ensure all doctors are connected to the correct designated body. PrepIT is now also connected to the GMC which allows access to all revalidation dates and can identify any doctors connected on to the RUH on the GMC but not on our appraisal system. The PrepIT appraisal system is up for re-procurement/tender this financial year.

At 31st March 2023 the Trust had registered 366 doctors with a prescribed connection to the Trust as a designated body. A total of 303 appraisals were undertaken from 1st April 2022 to 31st March 2023. 4 doctors had agreed exceptions discussed at ROAC.

The focus of the last year has been to re-engage staff who had de-defaulted appraisal over the pandemic and improve communication regards the requirement for 360 degree feedback (and reflection) for revalidation. Revalidation dates and submission documentation is prepared 3 months in advance so a timely recommendation can be made by ROAC.

Quality Assurance of Appraisers (ASPAT scores), qualitative feedback, appraiser

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CPD and other metrics are regularly reviewed by the appraisal team and presented to ROAC.

2. Recommendations (Note, Approve, Discuss)

The Board is requested to review and approve the annual board report and statement of compliance for responsible officers and revalidation.

3. Legal / Regulatory Implications

The Framework of Quality Assurance can be submitted as evidence for CQC inspections.

It is a regulatory requirement for the Trust to review and demonstrate compliance with the Responsible Officer Regulations and assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance.

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

What are the risks arising or identified in the report. Risks need to be added to the risk register in advance of submitting the report and the risk number stated.

5. Resources Implications (Financial / staffing)

Resource: There is a risk that appraisers may leave the Trust due to lack of financial resourcing.

Resource: There is a risk that the cost of licences for the online appraisal system will rise in line with the increasing number of Doctors in the Trust.

6. Equality and Diversity

An equality impact assessment has been completed. Consistent implementation of Trust policies ensured that equality and diversity standards were achieved. Outcome of concerns were audited as part of the WRES annual report and any appropriate actions taken forward.

7. References to previous reports/Next steps

Report to Board in March 2023

8. Freedom of Information

Public

9. Sustainability

None

10. Digital

None

Classification: Official

Publication reference: PR1844



A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

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Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer,
- c) act as evidence for CQC inspections.

Designated Body Annual Board Report

Section 1 – General:

The board / executive management team – [*delete as applicable*] of [*insert official name of DB*] can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: None
Comments: Mr Andrew Hollowood, Chief Medical Officer
Action for next year: None

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes
Action from last year: None
Comments: The Responsible Officer is supported by the Responsible Officer Advisory Committee comprising of:
Mr Andrew Hollowood, Chief Medical Officer & Responsible Officer
Miss Sarah Richards, Deputy Responsible Officer
Dr Stewart Redman, Associated Medical Director for Appraisal and Revalidation
Joanna Hole Lay Member
Lucy Tainton & Debra Scoplin, Appraisal & Revalidation Admin Support
Alison Stead Medical Staffing Manager
The Trust also pays for the Prep IT system which facilitates on-line appraisals and data collection and pays for twice yearly appraiser training.
Action for next year: The IT system is up for re-procurement at the end of the year

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: None
Comments: The Trust records all information relating to medical practitioner revalidation in a web enabled medical revalidation system. A system is in place to ensure that the records are checked monthly in order to maintain

accurate records.

The Trust uses the interface from the Electronic Staff Record to check all the medical practitioners are registered appropriately with their designated body

Action for next year: None

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: Review January 2023

Comments: Yes, ' Medical Appraisal Policy' was reviewed January 2023

And is due for further review on a three yearly basis.

Action for next year: Review in 2026

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year Review of peer review methodology across our ICS to inform next steps.

Comments: We have held discussions with the Salisbury appraisal team and have adapted some of their documentation around locally employed doctors for use at the RUH. We have had a meeting with the Swindon appraisal team to discuss shared induction of appraisers. We have been due a visit from the Regional Appraisal Team/Regional Medical Director all year but they haven't come yet. We obtain a level of external benchmarking by attending regional Revalidation and Appraisal meetings and discussing all aspects of the appraisal system with our peers. We also get some benchmarking from the external appraisal trainers who run our twice yearly updates.

Action for next year: Engage in regional review and continue to seek opportunities to benchmark.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: None

Comments: For Locally Employed Drs, if they wish to be revalidated by us (some stay on HEE list as they plan to return to training in the 5 year cycle), we write to the previous responsible officer (as we do for Consultants, Locum Consultants, SAS Drs.) to ask if any concerns etc. Support is the same as for trainees. All other grades of staff have an annual appraisal, the outputs of which can feed into the appraisal system in the organisation they have their prescribed connection with.

This year we have connected our Prep IT system to the GMC reducing the chances of any doctors slipping through the net. We have also had a renewed focus in induction of new doctors on making sure they have the correct connection to the GMC.

Action for next year: None

Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the

organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.¹

Action from last year: Address issues around not uploading paper-based MAG 2020 input form and thin outputs at appraiser training

Comments: This has been a focus at appraiser training. All of the trust based appraisals are happening on the Prep system and the quality of the outputs has increased with repeat rounds of audit using the ASPAT scoring tool, feedback and discussions at appraiser training.

Action for next year: Continue to work on the quality of appraisal outputs

7. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: More communication on the need for appraisal planned.

Comments: There was a residual tail of doctors who had not returned to appraisal post COVID. We have adopted the proscribed appraisal year from 1st April to 31st March and individually chased all doctors (involving their clinical lead or divisional lead) to ensure they either have a missed approved appraisal (long term leave) or have an appraisal this year. Of the 64 doctors in this group from last year, 3 remain un-appraised and are being actively managed

Action for next year: Continue to work on the process to ensure all doctors are actively engaging with appraisal each year.

8. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: Review January 2023

Comments: The Trust has the following policy 'Medical Appraisal Policy' ratified in January 2023

Action for next year: Review 2026

¹ For organisations that have adopted the Appraisal 2020 model (recently updated by the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet moved to the revised model may want to describe their plans in this respect.

9. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: None

Comments: In the beginning of 2023 this was an issue. High volume appraisers were unkeen on doing any more as there was a flat rate of remuneration of 0.125 SPA, appraiser numbers had dropped a bit and our communications around missed appraisals meant that all the doctors were now asking for appraisals. A business case for a sliding scale of remuneration (roughly 0.125 SPA per 6 appraisals) was agreed and 10 new appraisers trained. Appraiser capacity no longer an issue and coping with the increased demand of all our doctors being appraised.

Action for next year: Keep an eye on appraiser capacity and demand.

10. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers² or equivalent).

Action from last year: ASPAT scoring has been under taken and will be fed back to appraisers prior to the appraiser training sessions later this year which will be on quality assurance/feedback.

Comments: We have now done 2 rounds of ASPAT scoring, with a further round due shortly. These have been fed back, sessions of appraiser training have been delivered and an increase in the scores seen. Qualitative feedback from each appraisal, from the appraisee to the appraiser, is feedback in an anonymised format.

We have discussed engagement with appraiser training at the ROAC. Appraisers have been regularly told that they need 2.5 days of CPD every 5 years. We have now contacted individually any appraiser that hasn't attended training in the last 2 years and told them they have to attend this winter or next summer or risk having to step down as an appraiser.

Action for next year: Continue working to ensure appraisers are up to date with appraiser CPD

² <http://www.england.nhs.uk/revalidation/ro/app-syst/>

- The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: Any issues arising will be taken forward by the Medical Director to the Board or the relevant governance group depending on the nature of the issue. An annual Appraisal Revalidation paper is on the Board work plan for September each year.

Comments: The ASPAT scores, qualitative feedback, appraiser CPD and any other metrics are regularly reviewed by the appraisal team and then presented to the ROAC. Once a year this report goes to the Board.

Action for next year: Continue this approach.

Section 2b – Appraisal Data

- The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation:	
Total number of doctors with a prescribed connection as at 31 March 2023	366
Total number of appraisals undertaken between 1 April 2022 and 31 March 2023	303
Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023	59
Total number of agreed exceptions	4

Section 3 – Recommendations to the GMC

- Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: None

Comments: Revalidation dates are prepped up to at least 3 months or more in advance for the regular ROAC meetings by the Admin team and at the meeting if all evidence in place and no concerns the RO will recommend Revalidation

Action for next year: None

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: None

Comments: Last year we had a significant issue with deferrals due to lack of completion of 360. This has been a major focus of communication to doctors in the trust. Over this year, with significant chasing from the appraisal teams the numbers have come down and deferrals rates have too. We are reaching a stage where this message has largely been heard and going forward this should be less of an issue.

Action for next year: None

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: None

Comments: Each department has medical and nursing clinical governance leads. These regularly meet and oversee clinical governance issues within their department. They also employ a variety of reporting mechanisms and departmental meetings to monitor performance and ensure learning. The departmental leads attend Divisional Clinical Governance and report. The Divisional Clinical Governance Leads meet with the Senior Nurse and Medical Director at the Operational Governance Meeting.

Action for next year: None

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: None

Comments: Issues raised regarding doctors' competency are dealt with as appropriate either informally or by using the Department of Health's document "Maintaining Professional Standard in the Modern NHS". The Trust has a Managing Conduct Policy which mirrors Maintaining High Professional Standards and is the mechanism by which all issues of conduct are dealt with. In addition the Trust has a Managing Capability Concerns of Medical and Dental Staff Policy.

Action for next year: None

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: None

Comments: Yes there is a policy and procedure in place - Managing Capability Concerns of Medical and Dental Staff Policy.

- Freedom to Speak Up: Raising Concerns Policy – review date 20 March 2022

Action for next year: None

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.³

Action from last year: None

Comments: Quality Assurance of medical appraisal at the RUH continues to be peer approved with external training of the Trust's Medical Appraisers. This has been reinforced by feedback to both appraisees and appraisers during regular update meetings with the Responsible Officer and Appraisal Lead. In addition, annual appraisals completed during the revalidation year are only signed off if a completed 360 degree feedback is undertaken from both patients and colleagues covering full scope of practice. We have mandated that the peer and patient feedback occurs in year four of a five

³ This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

year cycle. Following sign off, revalidation year appraisals are scrutinised by the responsible officer so that a recommendation can be made to the GMC. Where the recommendation has been to seek deferral of revalidation, this has been because of insufficient evidence was found to support a recommendation of revalidation (almost always because 360 feedback and reflection have not been completed).

Action for next year: None

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.⁴

Action from last year: None

Comments: In line with Maintaining Professional Standards, where an issue is raised formally, other employing organisations are informed of the nature of the concerns we are investigating.

Action for next year: None

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: None

Comments: Our policies and procedures are designed to ensure equity and fairness in line with Maintaining Professional Standards and an Equality Impact Assessment is completed whenever policies are written or updated.

Action for next year: None

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term

⁴ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: None

Comments: All post and pre employment checks for all staff including locums are in line with NHS Employers Guidance. Framework agencies are used initially if agency doctors are required, this ensures all appropriate pre-employment checks are in place – CV's are checked by the appropriate consultant to ensure the agency doctor has the appropriate qualifications etc.

If non-framework agencies are used, Staffing Solutions Department ensures all appropriate pre-employment checks are carried out

Action for next year: None

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

- General review of actions since last Board report
- Actions still outstanding
- Current Issues
- New Actions:

Overall conclusion:

Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: _____

Name: _____

Signed: _____

Role: _____

Date: _____

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