<table>
<thead>
<tr>
<th>Report to:</th>
<th>Public Trust Board</th>
<th>Agenda item:</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Meeting:</td>
<td>March 2013</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title of Report:</th>
<th>Medical Revalidation Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status:</td>
<td>For Information</td>
</tr>
<tr>
<td>Board Sponsor:</td>
<td>Dr Tim Craft, Medical Director</td>
</tr>
<tr>
<td>Author:</td>
<td>Angela Hayday, Associate Director, Learning &amp; Development</td>
</tr>
<tr>
<td>Appendices:</td>
<td>None</td>
</tr>
</tbody>
</table>

1. **Purpose of Report (Including link to objectives)**
   To update Trust Board of the progress made in implementing Medical Revalidation.

2. **Summary of Key Issues for Discussion**
   - The expanding role of Responsible Officer (RO).
   - Resource implications for the Trust given the expanded role of the RO.

3. **Recommendations (Note, Approve, Discuss etc)**
   Trust Board is requested to note the progress made.

4. **Care Quality Commission Outcomes (which apply)**
   Outcomes 12,13,14 & 16

5. **Legal / Regulatory Implications (NHSLA / Value for Money Conclusion etc)**
   The Medical Professional Responsible Officers Regulations 2010

6. **NHS Constitution**
   Sections 3a & 3b

7. **Risk (Threats or opportunities link to risk on register etc)**
   Risk ID: 552

8. **Resources Implications (Financial / staffing)**
   Work is in progress to identify the resource implications.

9. **Equality and Diversity**
   Consistent implementation of HR policies ensures equality and diversity standards are achieved.

10. **Communication**
    Communication will be through LMNC & the Strategic Workforce Committee.

11. **References to previous reports**
    Revalidation Update Report to Clinical Governance Committee to update the committee regarding the trust’s statutory responsibilities in relation to the revalidation of medical practitioners. (March 2012)
12. Freedom of Information

Public
Medical Revalidation Progress Report

Introduction

The Trust Board appointed the Trust’s Responsible Officer (RO) in December 2010, this is a statutory requirement in accordance with the Medical Profession [Responsible Officer] Regulations which came into force on 1 January 2011. Since then the role of the RO has been redefined and expanded.

The role of the RO includes responsibility for the following:

- To ensure that the doctors employed by the Trust take part in annual appraisals.
- To establish and implement procedures to investigate concerns about a doctor’s fitness to practise.
- Where appropriate, to refer concerns about a doctor to the General Medical Council.
- Where a doctor employed by the Trust is subject to conditions imposed by or undertakings agreed with the GMC, to monitor compliance with those conditions.
- To make recommendations to the GMC about the fitness to practise of doctors employed by the Trust.
- To maintain secure records of doctors’ fitness to practise evaluations including appraisals and any other investigations or assessments.

The revalidation of doctors commenced in December 2012. The GMC will revalidate doctors on a periodic basis, normally every 5 years. Responsible Officers must be revalidated by 31st March 2013. Responsible Officers (RO) will begin making revalidation recommendations to the GMC by the end of March 2014 at the latest and the vast majority of doctors should have a recommendation made to the GMC by the end of March 2016.

Background

Doctors with a prescribed connection

The RUH, according to the most recent Annual Organisational Readiness Self-Assessment (ORSA 2011/12) submitted to NHS South Strategic Health Authority, has 277 doctors with a prescribed connection who require a revalidation recommendation to be made by 31 March 2016:

Figure 1

<table>
<thead>
<tr>
<th>Implementation years:</th>
<th>Revalidation recommendations should be made on:</th>
<th>Numbers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 0</td>
<td>1 Apr 2012 – 31 Mar 2013</td>
<td>Trust Responsible Officer (RO) 1</td>
</tr>
<tr>
<td>Year 1</td>
<td>1 Apr 2013 – 31 Mar 2014</td>
<td>20% of all doctors 56</td>
</tr>
<tr>
<td>Year 2</td>
<td>1 Apr 2014 – 31 Mar 2015</td>
<td>60% of all doctors 110</td>
</tr>
<tr>
<td>Year 3</td>
<td>1 Apr 2015 – 31 Mar 2016</td>
<td>100% of all doctors 110</td>
</tr>
<tr>
<td>Total:</td>
<td></td>
<td>277</td>
</tr>
</tbody>
</table>

ORSA Monthly Return & Action Plan

With effect from June 2012, trusts are required to provide a monthly progress report to the SHA. The most recent return was submitted for February 2013, see Figure 2 below.
Medical Appraisal Task & Finish Group
To support the implementation of revalidation a task and finish group was established, it met between April & October 2012 and advised on the number of appraisers required, training for medical appraisers and the content of the new Medical Appraisal Policy ratified in October 2012.

Medical Appraisers
The Trust has a body of 45 RUH doctors who have completed the nationally recognised training required to undertake medical appraisals. The RO and Associate Director of Learning & Development (corporate appraisal lead) provide support to the Medical Appraisers to ensure they are equipped to meet the requirements of their role.

Patient & Colleague feedback
The trust requires an efficient and effective system for collecting patient and colleague feedback for the purposes of revalidation. A web enabled system has been secured for 2013/14. This has been introduced as a pilot for use by the first 20% of RUH doctors required to revalidate by March 2014. An evaluation of the system will be undertaken in the autumn. Resources will be required to provide this system on an on-going basis.

Governance systems
The Trust has in place a number of systems which will provide the RO with information required to make an informed revalidation recommendation. These include:

External:
Doctors under investigation reports from the GMC
Outcome of investigations reports from the GMC
The RO meets regularly with the GMC Employer Liaison Adviser

Internal:
Serious incident & complaints database
Formal investigation process led by HR

Figure 2

<table>
<thead>
<tr>
<th>ORSA Monthly Return Feb 2013</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>RO Appointed</td>
<td>Y</td>
</tr>
<tr>
<td>RO Trained</td>
<td>Y</td>
</tr>
<tr>
<td>Appraisal policy in place</td>
<td>Y</td>
</tr>
<tr>
<td>Sufficient Trained Appraisers i.e. attended RST top up training</td>
<td>Y</td>
</tr>
<tr>
<td>System for monitoring fitness to practise</td>
<td>Y</td>
</tr>
<tr>
<td>Investigation Process</td>
<td>Y</td>
</tr>
<tr>
<td>Policy for Responding to Concerns</td>
<td>Y</td>
</tr>
</tbody>
</table>
**Medical Revalidation management system**
The RO has identified a need for an IT solution which enables doctors to collect and store supporting information, provides a consistent approach to the appraisal process, and a method for tracking doctors throughout the revalidation cycle and which can provide reports on progress against revalidation. A web enabled system has been secured for 2013/14. This has been introduced as a pilot for use by the first 20% of RUH doctors required to revalidate by March 2014. An evaluation of the system will be undertaken in the autumn. Resources will be required to provide this system on an on-going basis.

**Resources**
Continued funding of the patient and colleague feedback and web enabled revalidation management system (RMS) will need to be identified by the Trust. This will be pursued through Management Board.

**Recommendation**
Trust Board is asked to note the progress made towards medical revalidation to date.

---

**Dr Tim Craft**
**Medical Director**