

A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D - Annual Board Report Template

Version 4, April 2014



NHS England INFORMATION READER BOX

Directorate

Medical	Operations	Patients and Information
Nursing	Policy	Commissioning Development
Finance	Human Resources	

Publications Gateway Reference: 01142

Document Purpose	Guidance
Document Name	A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D - Annual Board Report Template
Author	NHS England, Medical Revalidation Programme
Publication Date	4 April 2014
Target Audience	All Responsible Officers in England
Additional Circulation List	Foundation Trust CEs , NHS England Regional Directors, Medical Appraisal Leads, CEs of Designated Bodies in England, NHS England Area Directors, NHS Trust Board Chairs, Directors of HR, NHS Trust CEs, All NHS England Employees
Description	The Framework of Quality Assurance (FQA) provides an overview of the elements defined in the Responsible Officer Regulations, along with a series of processes to support Responsible Officers and their Designated Bodies in providing the required assurance that they are discharging their respective statutory responsibilities.
Cross Reference	The Medical Profession (Responsible Officers) Regulations, 2010 (as amended 2013) and the GMC (Licence to Practise and Revalidation) Regulations 2012
Superseded Docs (if applicable)	Replaces the Revalidation Support Team (RST) Organisational Readiness Self-Assessment (ORSA) process
Action Required	Designated Bodies to receive annual board reports on the implementation of revalidation and submit an annual statement of compliance to their higher level responsible officers.
Timings / Deadline	From April 2014
Contact Details for further information	england.revalidation-pmo@nhs.net http://www.www.england.nhs.net/revalidation/
Document Status	
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1. Executive summary

St George's Healthcare NHS Trust has a prescribed connection to 651 doctors. The appraisal rate for the Trust is currently 86.76%, above the Trust target of 85%. The number of recorded appraisals has increased steadily since Medical Revalidation was introduced in 2012. The current number of recorded Trust Appraisals is 435. This does not include the number of Clinical Academics that we are responsible for as a Designated Body. The figure does not include Doctors in Training, who are recorded by HESL.

2. Purpose of the Paper

The purpose of this paper is to provide the Board with a Framework of Quality Assurance in order that a Statement of Compliance can be signed and sent to the Department of Health. This annual audit replaces the Organisational Readiness Statement of Assurance (ORSA) The Department of Health have also introduced a quarterly information report which will be submitted to the Revalidation Team at Health Education England.

3. 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 Regulations¹ and it is expected that executive teams 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.

4. Governance Arrangements

Each Division has a named appraisal lead. Monthly meetings are held to discuss issues, to update on latest guidance and information, and to escalate any departments with non-engagement, or doctors not communicating. Divisional appraisal leads are copied into correspondence with doctors who have been deferred due to insufficient evidence in order to help to progress the recommendation for revalidation. Monthly appraisal updates are sent to the Divisional Leads for information.

¹ 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'

The list of doctors on the GMC database (GMC Connect) is checked monthly by the Revalidation Support Officer against the list of Trust new starters and leavers. In addition to this, there is regular communication with the HR Lead within the University to ensure accurate records at both organisations.

Once a year all honorary staff are written to ensuring that they continue to have connections to other organisations.

All paperwork for new starters has been adapted to ensure that new starters identify their previous Responsible Officer and appraisal date. The team are now working on paperwork for doctors leaving the organisation to ensure that they disconnect from the database and connect to their new organisation. This also gives the opportunity to ensure that they have a copy of their recent appraisal documents in order that they have evidence for new organisations.

a. Policy and Guidance

There have been no recent changes to the Trust Medical Appraisal Policy. All doctors need to submit their appraisals using the Medical Appraisal Guide. Guidance and other support is available via the Revalidation team. Regular updates are sent out and information evenings are held three times a year providing opportunity for updating the medical staff and opportunity to ask for advice.

5. Medical Appraisal

a. Appraisal and Revalidation Performance Data

The Trust Medical Appraisal Report is attached to Appendix A for information.

It includes details of the number of doctors in each Division, the number of completed appraisals. For ease of reference a summary chart is inserted below:

Division	Total No. Doctors	No. completed appraisal
CWDT	159	127
Community	43	35
Corporate	3	3
Medicine & Cardio	122	104
Surgery & Neuro	188	166

Annual Report Template Appendix B includes an audit of all missed or incomplete appraisals audit. In summary a total of 80 appraisals were not completed. Other than maternity leave (10) and career break (1), the remainder of missing appraisals is due to a lack of time for the doctor or appraiser. There were a small number due to administration factors, such as the appraisal record not being sent through to the Revalidation Support Officer. However, with the increased communication from the Revalidation Team through to the individual doctors this number is much smaller than it had previously been prior to the introduction of Medical Revalidation.

b. Appraisers

There are currently 130 appraisers listed in the Trust. There are 13 doctors awaiting new appraiser training. Top up training is still available to all doctors who had previously carried out Medical Appraisals. There is no cost associated with this training as it is provided by the Medical HR Manager or Associate Medical Director (HR). The number of appraisers are in line with the number required within the Trust policy which recommends a maximum of 8 appraisees per appraiser.

c. Quality Assurance

For the appraisal portfolio:

- Each individual appraisal folder is reviewed by both the Revalidation Support Officer and the Responsible Officer prior to revalidation recommendations. This ensures that there is assurance that the pre-appraisal declarations and supporting information provided is available and appropriate.
- Each individual appraisal folder is reviewed by both the Revalidation Support Officer and the Responsible Officer prior to revalidation recommendations. This ensures that there is assurance that the appraisal outputs: PDP, summary and sign offs are complete and to an appropriate standard.
- Each individual appraisal folder is reviewed by both the Revalidation Support Officer and the Responsible Officer prior to revalidation recommendations. This review provides assurance that key items identified pre-appraisal as needing discussion during the appraisal are included in the appraisal outputs.

For the individual appraiser

- An annual record of the appraiser's reflection on appropriate continuing professional development is captured within the Medical Appraisal Guide.
- The appraiser's participation in appraisal calibration events such as reflection on ASG (Appraisal Support Group) meetings is captured within the Medical Appraisal Guide.
- 360 feedback from doctors for each individual appraiser is in the process of being introduced. It was felt that the Revalidation Team should concentrate on implementing a consistent and fair appraisal process. Now that this has been established more work needs to be carried out on this element. As the Revalidation Support Officer and Responsible Officer are currently checking each individual Medical Appraisal Guide before making a recommendation, any issues with individual appraisers would be picked up on through this process.

For the organisation

- Monthly appraisal reports are produced for Medical Appraisals and discussed at the monthly appraisal meeting, chaired by the HR Director.
- The Trust currently uses a manual system for Medical Appraisals. It captures appraisals on the Medical Appraisal Guide and reviews feedback on this system individually and through the Divisional Appraisal Leads.
- Complaints are captured on DATIX and sent to individual doctors in preparation of their appraisal. This is then reviewed to ensure appropriate reflection and lessons learned from any complaints.
- Significant Events are captured on DATIX and sent to individual doctors in preparation of their appraisal. This is then reviewed to ensure appropriate reflection and lessons learned from any significant events.

(See **Annual Report Template, Appendix C**; Quality assurance audit of appraisal inputs and outputs) based on submitted positive recommendations between Aug 2013 – Jul 2014.

d. Access, security and confidentiality

The appraisal folders are kept in secure files with access only available by the HR department. They are not printed out by the Revalidation team.

e. Clinical Governance

The Revalidation Support Officer checks DATIX and provides information of complaints within the appraisal period to each individual doctor three months prior to their appraisal. If there have been no complaints, then an email is sent confirming that they have not been named. This ensures appropriate reflection on incidents in the Trust, whatever the role has been within the complaint of event.

6. Revalidation Recommendations

- The number of recommendations between April 2013 and March 2014 was 128
- All 128 Recommendations were completed on time
- The number of positive recommendations totalled 116
- The number of deferrals requested was 12
- There were no Non Engagement notifications

See **Annual Report Template Appendix D**; Audit of revalidation recommendations

7. Recruitment and engagement background checks

Including pre and post employment checks;
Checks on locums;

See **Annual Report Template Appendix E**

An audit was carried out on all new medical and dental starters from August 2013 to and including July 2014.

8. Responding to Concerns and Remediation/Monitoring Performance

Medical Staff at St George's are monitored under the Maintaining High Professional Standards policy. This is the disciplinary policy for Medical and Dental Staff. In addition to this policy, there is a monthly meeting attended by the Medical Director, the Deputy Director of HR, Associate Medical Director (HR), Medical HR Manager and Divisional HR Manager (where appropriate) whereby current or possible formal cases are monitored to ensure sufficient progress.

9. Risk and Issues

The Responsible Officer currently reviews each individual Medical Appraisal Guide in order to ensure that she is assured of the quality of the appraisal, that the outputs are measurable, and that the individual doctor has sufficient evidence for recommendation. However, the administration and time involved in continuing this practice means that other methods for quality assurance will need to be explored.

10. Corrective Actions, Improvement Plan and Next Steps

- The revalidation team are working on a quality assurance system in order that the individual review of the appraisal documents can be reduced. This will be worked on with the Divisional Appraisal Leads.

- The feedback system for appraisers has recently been introduced in order that appraisers can gather information for their own appraisals and any issues can be identified early. The Trust needs to keep reviewing the numbers of trained appraisers, and will need to provide external training for those departments needing additional appraisers.

11. Recommendations

The Board are asked to accept this annual report and annual audit. This report will be shared with NHS England along with the quarterly information reports.

The Board are asked to approve the “statement of compliance” confirming that St George’s Healthcare NHS Trust, as a designated body, is in compliance with the Revalidation regulations.