

Agenda Item:

Board of Directors
 Meeting

Report

Subject: Medical Appraisal and Revalidation
Date: June 2014
Author: Nicola Boulding
Lead Director: Andy Haynes, Interim Executive Medical Director

Executive Summary

This Report updates the Board on recent developments in revalidation both locally and nationally. It also details the current position of our appraisal uptake. The report highlights areas where progress has been made, and further work that will be required.

Recommendation

The Board are asked to **NOTE** the contents of the report and **ENDORSE** the statement of compliance

Relevant Strategic Objectives (please mark in bold)

Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	NA
Details of additional risks associated with this paper (<i>may include CQC Essential Standards, NHSLA, NHS Constitution</i>)	None compliance would result in a break of our GMC requirements
Links to NHS Constitution	4b – Staff – your responsibilities
Financial Implications/Impact	None
Legal Implications/Impact	None
Partnership working & Public Engagement Implications/Impact	None
Committees/groups where this item has been presented before	None
Monitoring and Review	Quarterly reporting to Board. Regular monitoring and reporting to Medical Director. Implementation of actions by Medical Director's Office Manager and Responsible Officer.
Is a QIA required/been completed? If yes provide brief details	No

MEDICAL APPRAISAL & REVALIDATION June 2014

This Report updates the Board on recent developments in revalidation both locally and nationally. It also details the current position of our appraisal uptake.

The report highlights areas where progress has been made, and further work that will be required.

1. Effective Governance to Support Medical Revalidation

Mr Sean Lyons received correspondence from the General Medical Council specifically requesting him to draw to the attention of our Board members the statutory responsibilities which our organisation has to ensure all our doctors keep up to date and that they remain fit to practise.

The GMC have specifically asked Board members to satisfy themselves that they have effective systems in place to monitor and support their medical staff.

Requirement

Monitor the frequency of quality of medical appraisals in their organisations

Our Response: Quarterly board paper including appraisal rates. The Board will also receive an annual report in the next quarter. The quality of medical appraisal is audited by the appraisal and revalidation team. Our appraisers ensure that our appraisals are undertaken in line with the quality assurance framework and GMC guidance.

Requirement

Check there are effective systems in place for monitoring the conduct and performance of their doctors

Our response: The appraisal and revalidation team* meet every two weeks to discuss any outstanding performance concerns and formally document actions and decisions. These are communicated with the doctor in question. This group also reviews the files of any doctor awaiting a recommendation for revalidation.

Requirement

Confirm that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors.

Our response: GMC Guidance states that patient feedback is collected once in a 5 year period. Here at Sherwood Forest Hospitals we ensure that patient feedback is collected once every 3 years.

* The appraisal and revalidation team consists of the Responsible Officer (Andy Haynes), the Associate Medical Director (Zahid Noor), Medical Workforce HR Manager and Medical Director Office Manager (Nicola Boulding).

Revalidation and the CQC's new inspection methodology

CQC is transforming the way it monitors, inspects and regulates health and social care. The delivery of high quality care relies on having staff that are appropriately qualified, experienced, up to date and fit to practice. The training, professional development, supervision and appraisal that doctors receive will provide valuable evidence to support CQC in awarding a rating on its four point scale (Outstanding, Good, Requires Improvement, Inadequate). During inspections they will speak with the Responsible Officer and a range of doctors and you should expect that this may include asking about their experience of the revalidation process, the support they receive and how this helps them keep up to date and able to deliver evidence based care and treatment that delivers the best outcomes for people.

Our Response: We have a rolling cycle of revalidation recommendations and we have issued our doctors each with 'being a good appraisee' guidance which encompasses all the elements of appraisal which in turn supports a positive recommendation. There is a dedicated area for appraisal and revalidation on the intranet which doctors can access so they have a clear understanding on what is required for them to gain a positive recommendation from the Responsible Officer and there is also support available if they require.

Revalidation and NHS Foundation Trusts

NHS Foundation Trust condition 4 of the provider licence requires FTs to establish effective systems and processes to ensure compliance with all applicable legal requirements. This includes The Medical Profession (Responsible Officers) Regulations 2010 (as amended), which require designated bodies, including all NHS Foundation Trusts, to appoint a Responsible Officer to oversee the evaluation of a doctor's fitness to practise, conduct and performance. They further require designated bodies to provide the responsible officer sufficient funds and other resources to enable to the responsible officer to discharge their responsibilities. Consequently, ineffective evaluation or appraisal of doctors could lead to regulatory action by Monitor.

Our Response: We have undertaken a gap analysis of the Framework for Quality Assurance which ensures that we are equipped to meet the Responsible Officer Regulations and where we do not meet a specific criteria an action plan is in place. A statement of compliance to this effect will need to be submitted by the Chairman or Chief Executive by the 31st August 2014. This is attached as an appendix to this paper.

A workforce review for the Executive Medical Director is underway and the Responsible Officer is supported by an Associate Medical Director and a Medical Director Office Manager. Within the review we will also be considering

the report issued by Monitor on the 6th June 2014 about 'supporting the role of the medical director'.

Revalidation and NHS Trusts

Revalidation is an important tool for Boards to ensure that doctors are being appraised, and are receiving appropriate training and professional development to enable them to continue to improve the care that they deliver to patients. The Trust Development Authority (TDA) will ensure as part of its oversight of the NHS Trusts that Boards are assured about the processes in place to fulfil this important aspect of quality governance.

Our Response: We will ensure that our Board members are well informed by ensuring that appraisal rates are detailed within every quarterly update. All appraisers have recently undertaken a 'refresher' training course incorporating all the elements of the Framework for Quality Assurance. This is to ensure that we deliver a high quality appraisal and that the doctor's Personal Development Plan adequately reflects any training needs and professional development in order to improve the care they provide to our patients.

Effective Governance to Support Medical Revalidation

In March 2013 the GMC produced a handbook for Boards and Governing Bodies that sets out core elements of effective governance. The handbook aims to assist Boards and the Responsible Officer to evaluate the robustness and effectiveness of local systems supporting quality patient care and medical revalidation.

This handbook was referred to in the recent correspondence from the GMC to the Chairman and therefore worth refreshing our Board members. If you require a copy of this guidance, it is available by clicking the following link;
http://www.gmc-uk.org/static/documents/content/Governance_handbook.pdf

Our response: Although this guidance is not new to the Trust, it provides a useful list of questions as an appendix that are relevant in the context of on-going, evaluating, demonstrating and reporting on governance supporting medical revalidation.

2. Appraisal Rates

As of the 30th June 2014, there are 230 doctors under the designated body of the Sherwood Forest Hospital for which we are responsible for the Revalidation and Appraisal.

The Trust is currently **93% compliant** with Medical Appraisal. This is an increase of 1% since our last report.

A total of 215 appraisals are completed/compliant out of 230. We have 15 appraisals that are classed as 'missed' or 'late'. Of these 15 there are 10 appraisals currently underway with appraisers.

3. Medical Appraisal Policy

Each Doctor at the Trust has now received a copy of the new medical appraisal policy. Along with the policy we have summarised what the main changes are and what the clear expectations will be in the next appraisal cycle.

The timescale for appraisal will be non-negotiable unless a formal postponement has been submitted and agreed by the Responsible Officer 28 days prior to the agreed appraisal month. The reason for postponement will need to be formally recorded.

It has been agreed to therefore spread out the number of appraisals that take place across the year rather than the majority of our appraisals taking place in latter part of the year, when the Trust is also dealing with 'winter pressures'. Wherever possible we have moved the doctor's appraisal in line with their birth month (ensuring that we remain with GMC guidance). For those doctors that are outside of these guidelines, have kept their original appraisal date.

Each doctor has received a letter stating their new appraisal month or their agreed appraisal month. We have highlighted the importance of adhering to the new guidance which has been issued nationally

Along with the distribution of the revised policy, a helpful 'Being a good appraisee' guide has been issued. This guide will act as a checklist for all of our doctors preparing for their appraisal, ensuring that their portfolios contain all the supporting information to achieve a successful appraisal with an appraiser. Due to the fact that we now have to report instances of where an appraisal is 'incomplete' or 'missed', it is more important than ever to ensure that our doctors have all the correct information leading up to the appraisal discussion aiding successful sign off.

4. Revalidation

As of the 30th June 2014, there are currently **230** doctors under the designated responsibility of Sherwood Forest Hospitals.

Revalidation 2014 (June– December)	35
Revalidation 2015	72
Revalidation 2016	19
Revalidation 2017	2
Revalidation 2018	66
Revalidation 2019	36

From April to June 2014 we have deferred revalidation for 8 of our doctors. The reason for deferral is due to insufficient evidence to make a positive recommendation.

Recent guidance issued by NHS England requires the organisation to formally record and document the reason for the deferral. Any deferral for revalidation must have an action plan in place and be shared with the doctor in question. The action plan must demonstrate the process to achieve a positive recommendation.

A full review of the last year's revalidation process will be detailed in the annual report in the next quarter.

5. Annual Organisation Audit & Statement of Compliance

The Trust submitted the NHS England's Annual Organisational Audit (AOA) end of year questionnaire in April 2014. The audit exercise is designed to;

- Gain an understanding of the progress that organisations have made during 2013/14
- Assure the Responsible Officer and their Board that the systems underpinning the recommendations they make to the GMC on doctors' fitness to practise, the arrangement for medical appraisal and responding to concerns are in place
- Provide a mechanism for assuring NHS England, the England Revalidation Implementation Board and the GMC that the systems for evaluating doctors' fitness to practise are in place, functioning, effective and consistent.

Following submission of our AOA (detailed within the last report), the Board is required to submit to NHS England a 'Statement of Compliance'. This statement clarifies that we have carried out and submitted the AOA of its compliance with the Responsible Officer Regulations 2010. It is important to note that undertaking a gap analysis on meeting the regulations has resulted in a targeted action plan.

The Board are asked to endorse the statement of compliance attached at appendix 1.

6. Appraisers

The quarterly appraiser forum took place on the 18th June with an excellent attendance. Appraisers were taken through the new framework for quality assurance so that it is clear as to what is expected of their role in the delivery of high quality appraisals.

Each appraiser was given their individual feedback as well as how the organisation has been rated overall by our doctors, in the management of the appraisal process, how their appraisal was conducted and areas which we can improve on next year. The usual paper based feedback form will be obsolete next year and an electronic form put in place. This should hopefully increase the response rate as the form will automatically be issued on submission of appraisal paperwork.

7. Independent Verification

Independent Verification will support the designated body in providing assurance yourself that our revalidation processes are robust. Primarily this will be based on a desk top review of evidence. In those situations where further information is required, a visit may be arranged. Independent verification will also identify and disseminate good practice, to main and improve standards of quality and performance.

8. Progress and Planning for 2014

1. To maintain and improve the appraisal uptake.
2. Submitting the Statement of Compliance by the 31st August 2014.
3. To support the process for independent verification

For approval

The Board are asked to;-

1. Endorse the **Statement of Compliance**
2. Support the **progress and planning for 2014** required to support revalidation

Nicola Boulding
Medical Director's Office Manager