

Board of Directors Meeting

Report

Subject: Medical Appraisal and Revalidation
Date: April/May 2014
Author: Nicola Boulding/Nabeel Ali
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.

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

April/May 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. Revalidation

As of the 31st March 2014, there are currently **225** doctors under the designated responsibility of Sherwood Forest Hospitals.

Doctors Revalidated	79
Revalidation 2014 (April – December)	58
Revalidation 2015	68
Revalidation 2016	18
Revalidation 2017	2

We have deferred 2 doctor's revalidation date from Dec-13 to Oct-14 pending outcome of a review process. 4 other doctors are currently on hold with the GMC (pending investigation), 1 doctor due for revalidation in 2014 and 1 doctor in 2015. 2 doctors currently under investigation by the GMC have already been revalidated by the GMC in 2013.

2. Non-Executive Director Representative

Following the Revalidation Support Team visit we were asked to have nominated Non-Executive Director to support revalidation. Peter Marks has kindly agreed to be our representative. It should be noted that we do not envisage this requiring additional commitment but more of a reporting mechanism should any issues arise.

3. New Responsible Officer

Dr Andrew Haynes will become the Responsible Officer for the Trust on the 1st June 2014. Both Dr Haynes and Nicola Boulding have recently attended the Responsible Officer training hosted by NHS England. The training was extremely beneficial and it was agreed that Dr Zahid Noor, Head of Appraisal and Revalidation and Rebecca Freeman, HR Medical Workforce Manager will attend the same training in June.

The current responsible officer Dr N Ali and 2 other doctors in the trust will come back under the designated body of Sherwood Forest Hospitals as of the 1st June. The Responsible Officer for SFH will be under the designated body of NHS England, Dr David Levy (Regional Medical Director, Midlands and East).

4. Appraisals

The Trust is currently **92% compliant** with Medical Appraisal. This is an increase of 19% since our last report.

A total of 206 appraisals are completed/compliant out of 225. We have 19 appraisals that are classed as 'missed' or 'late'. Of these 19 there are 7 appraisals currently underway with appraisers.

A concern that has been highlighted in this appraisal cycle is the lack of quality into Personal Development Plans (PDPs). Where doctors have identified mandatory training as part of their PDP, these have been returned to the doctor and their appraiser as inadequate. These doctors have been asked to resubmit their PDPs.

Due to the quality of the PDPs in this cycle all appraisers have been issued with a letter from Dr Zahid Noor which highlighted the issues and for clarity we enclosed some 'good' examples that were recently provided at the RO Network. We have also put this on the agenda for the appraiser training on the 3rd July 2014.

5. Appraisers

It is necessary to recruit additional appraisers to be able to evenly spread the numbers of appraisals that an appraiser undertakes. The number of appraisals undertaken by each appraiser is disproportionate. 2 of our appraisers have retired and another 2 of our appraisers are Divisional Clinical Directors.

There is an appraiser forum taking place on the 18th June 2014. This will be an ideal opportunity for appraisers to highlight any concerns that they have had within the appraisal cycle. For example, are doctors submitting their paperwork on time, does the appraiser have everything they need in order to complete their appraisal. This meeting will also be an opportunity for us to provide each appraiser with their individual anonymised feedback on how they have been rated at conducting the appraisal.

Each appraiser will be expected to do approximately ten appraisals each year. It is suggested that the PA time to conduct an appraisal is increased from 0.25 to 0.5 for 10 appraisals. As part of this, appraisers are expected to attend appraiser updates and forums to maintain their skills and knowledge as an appraiser. Depending upon the number of appraisals undertaken the allocated time will be adjusted in the job plan.

At the Appraiser Forum on the 18th June each appraiser will be taken through the relevant sections of the new quality assurance standards.

6. Framework of Quality Assurance for Responsible Officers and Revalidation (FQA)

In previous years every designated body has completed Organisational Readiness Self-Assessment (ORSA) exercises, to demonstrate its level of preparedness for delivering revalidation. Now that revalidation is well underway, there is a similar need to provide assurance to patients, the public, the service and the profession that the systems and processes underpinning revalidation are in place, and are working effectively, to ensure that every licensed doctor's fitness to practise is monitored and assessed on a regular basis.

The Framework of Quality Assurance for Responsible Officers and Revalidation (FQA) has been designed to assist responsible officers in providing assurance to their organisation's board that the doctors working in their organisations remain up to date and fit to practise (Appendix 1). The process, and collection of information it requires, supports responsible officers in the preparation of their own appraisal portfolios, giving an overview of their performance as responsible officers, whilst also providing a formal record of compliance, which will be helpful in the event of a designated body's systems and processes becoming subject to challenge at any stage

Responsible officers are requested to complete and submit the mandatory return, the Annual Organisational Audit (AOA), by May 23 2014. All responsible officers are asked to present an annual report to their Board or equivalent management team. Following this, a statement of compliance should then be signed off by the Chairman or Chief Executive Officer of the designated body's Board or management team and submitted to the higher-level responsible officer by August 31 2014. The Annual Report will be presented at the July Board meeting and the statement of compliance submitted.

A copy of the AOA submission is attached for your information (Appendix 2). Where we have answered No, there is a plan in place to meet the target. The purpose of the AOA exercise is to support designated bodies and responsible officers in providing assurance that robust systems and processes are in place, identifying areas in which development will be required over the coming year and engaging Boards and management teams in that endeavour.

7. NHS England – Medical Appraisal Policy

NHS England have recently reviewed their policy relating to medical appraisal. We will in turn review our medical policy and adopt the examples. This will ensure that our internal process becomes more rigorous and will enable us to achieve the annual organisational audit.

The medical appraisal policy was agreed at the Local Negotiating Committee on the 15th May 2014. The main points to note are as follows:

1. The Trust has moved across to an electronic appraisal system called MYL2P.
2. Non participation (section 9) has been introduced into our policy as a requirement from the NHS England policy. This will pose significant change to doctors to ensure that they undertake their appraisal within the timescales set. There will be a formal process of recording late/missed appraisals.
3. There will be a formal process for agreeing postponement of appraisal (section 10)
4. There is a new section 'complaints process' outlined in section 11 that enables doctors to make a complaint if they are unsatisfied about how their appraisal is conducted.

8. Progress and Planning for 2014

1. To maintain and improve the appraisal uptake.
2. To undertake a gap analysis of each section of the new core standards of RO regulations
3. Submitting the Annual Organisational Audit by the 23rd May 2014.
4. Support the recruitment of additional appraisers and increase in PA time to support the appraisal system.
5. To implement the new Medical Appraisal Policy in line with NHS England guidance.

For approval

The Board are asked to support the **progress and planning for 2014** required to support revalidation

Nicola Boulding
Medical Director's Office Manager

Appendix 1

FQA Statement of compliance

The board [executive management team - delete as applicable] of [Insert official name of designated body] has carried out an annual organisational audit of its compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;
2. A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations;
3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained;
4. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;
5. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent);
6. All licensed medical practitioners¹ either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;
7. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners ¹, which includes [but is not limited to] monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues, ensuring that information about these is provided for doctors to include at their appraisal;
8. There is a process established for responding to concerns about any licensed medical practitioners's¹ fitness to practise;
9. There is a process for obtaining and sharing information of note about any licensed medical practitioners' fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work; and
10. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners have qualifications and experience appropriate to the work performed.

Signed on behalf of the designated body

(Director)