

Agenda Item 3iii

Report to:	Board of Directors	Date: 4th October 2018
Report from:	Medical Director	
Principal Objective/ Strategy and Title	GOVERNANCE Revalidation Annual Report	
Board Assurance Framework Entries	Unable to provide safe, high quality care BAF number: 744	
Regulatory Requirement	CQC, GMC	
Equality Considerations	None believed to apply	
Key Risks	Non-compliance resulting in poor outcomes for patients and financial penalties	
For:	Information and approval	

Executive Summary

Organisations designated under the Responsible Officer Regulations are nominated as 'designated bodies'. These organisations have a duty to appoint or nominate a Responsible Officer (RO). The RO must ensure that every doctor with a prescribed connection to the organisation, as set out in the legislation:

- Receives an annual medical appraisal, meeting nationally agreed standards;
- Undergoes the appropriate pre-engagement/employment background checks to ensure that they have the qualifications and experience appropriate to the work performed;
- Works within a managed system in which their conduct and performance are monitored, with any emerging concerns being acted upon appropriately and to nationally agreed standards;
- Has a recommendation made to the GMC regarding their fitness to practise every 5 years, on which their continuing licence to practise is based.

In 2017-18 there were 149 doctors with a prescribed connection to Papworth as at the 31st March 2018. 101 were permanently employed consultants, 47 were temporary or short-term contract holders and 1 'other' doctor with a prescribed connection. Of these, 100 (99%) consultants, 1 (100%) other doctors with a prescribed connection to this designated body and 30 (63.8%) short-term/other contract holders had a completed appraisal. An explanation for a missed appraisal was available in all cases.

The doctors that present a challenge with regard to deferred/missed appraisals are those trainees who are not connected with HEE; they are in two groups either very senior trainees (often from overseas) who are receiving post fellowship training, usually for 12 months and a more junior group who are Trust Grade doctors working at Core Medical or Surgical training level. Both groups are closely supervised and have named consultant supervisors and are continuously assessed by these supervisors. The Trust has worked hard to improve appraisal rates for this cohort of staff (36.2% in 2017-18 as compared to 88.2% in 2016-17) and continues to strive to improve this figure further in 2018-19.

Purpose of this Report

The General Medical Council (GMC), Care Quality Commission (CQC), NHSI and the NHS Trust Development Authority (NHS TDA) expect that the Boards of Designated Bodies will monitor their organisation's progress in implementing the Responsible Officer Regulations. ROs of Designated Bodies have therefore been asked to submit a quality assurance board report for approval and sign

Agenda Item 3iii

off. It is not anticipated that Designated Bodies will routinely be requested to submit their annual board report to their higher-level RO, although in some instances this may be necessary, should extra support from the regional team with implementation be required.

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 the Trust Board 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.

Governance Arrangements

- i) Medical appraisal takes place according to the medical appraisal policy (DN78).
- ii) All appraisers have received appropriate training in revalidation-compliant appraisal. Regular workshops for training and peer support are organised for medical appraisers by the clinical lead for medical education and workforce.
- iii) The Trust now allocates an appropriate appraiser for each appraisee, and each appraisee must have more than 1 appraiser in each 5-year revalidation cycle.
- iv) The timeliness and completeness of appraisal performance is audited as part of the annual organisational audit submitted to the board of directors and returned to NHS England.
- v) Due to the continuing pressures on our workforce as we move to our new site, (scheduled for May 2019), we would plan to carry out a further audit following our move to ensure our processes continue to be robust and fit for purpose.

Medical Appraisal

- i) Appraisal and Revalidation performance data – these are summarised in appendix A
- ii) Appraisers – 19 appraisers had been trained by an approved provider in revalidation-ready appraisal for 2017-18. 18 appraisers have undertaken at least 1 appraisal in 2017-18. Further appraiser training support is offered by the clinical lead for medical education.
- iii) Quality Assurance – Appraiser competence is assessed by using this process for ensuring the quality of appraisal outputs:
 - a. Appraisal documents are sent to the Medical Director for approval after the appraisal has taken place. These are shared with the revalidation committee of the Medical Director, the clinical director for R&D and the clinical lead for medical education.
 - b. Appraisal documentation is scored against an NHS England checklist and any deficiencies in supporting information, reflection, personal development plans or process are fed back to both appraiser and appraisee.

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’.

Agenda Item 3iii

- c. Appraisees are required to complete a feedback form on the process, which in turn forms part of the supporting information contributing to the appraiser's own appraisal in due course.
- iv) Access, security and confidentiality - appraisal documentation is kept electronically within the Medical Director's folder on the Trust's shared drive. Access to the Medical Director's folder was limited to the medical directorate. The data has been stored on a fully secured appraisal, job planning and revalidation software package from a commercial supplier, Allocate Systems. This allowed security and traceability of access. No information governance breaches in relation to appraisal and revalidation have been identified or reported during 2017-18.

Revalidation recommendations

Please see appendix C for data on these. During 2017/18 there were 3 positive recommendations for revalidation, and 1 request for deferral. All recommendations were made on time, that is, before the deadline for making a recommendation set by the GMC. The deferral request arose for the following reasons:-

- 1 deferral requiring extra support with the process before transferring to another Trust for completion of revalidation.

Recruitment and engagement background checks

Monitoring Performance

- i) The performance of individual doctors within the trust is monitored by the collection of relevant information through the usual clinical governance processes of clinical outcomes, complaints, significant events and critical incidents, in addition to the supporting information gathered for appraisal which includes colleague and patient feedback. The reflection of the individual upon all these sources is also a key source of information.
- ii) The Medical Director monitors the completed appraisals for evidence of appropriate discussion and reflection with respect to the relevant information described in the preceding paragraph.
- iii) Relevant information is shared with all other organisations where a doctor works where necessary.

Responding to Concerns and Remediation

Where concerns arise about a doctor's capability or conduct these are dealt with through the Medical Director's office and in line with our Remediation Policy when further support required.

There are no doctors employed by Royal Papworth currently undergoing programmes of remediation.

Risk and Issues

The principal risk to revalidation within the trust continues to be the concentration of expertise and knowledge of the process to a very small number of people, in particular the Medical Director and his Executive Assistant. Any significant period of absence from work of either could represent a risk to the efficient delivery of revalidation. The mitigations against this risk are:

- i) The considerable expertise and commitment to appraisal and revalidation of the clinical lead for education and workforce, who with appropriate notice may be able to devote more time to revalidation.

Agenda Item 3iii

- ii) The procurement of a web-based electronic system to provide all the supporting information infrastructure for revalidation has made the administrative and reporting burden much lighter and therefore more resilient to absence.
- iii) As the revalidation process becomes embedded within the appraisal system generally across the Trust, knowledge within our Consultant body is now more widespread and consistent around the requirements for revalidation generally.

Executive Team Reflections

I believe that revalidation is being delivered to an acceptable standard and in compliance with the relevant regulations. A continuing priority for 2018-19 will include quality metrics to support consultant staff to achieve annual appraisal within the accepted timeframe and to continue to embed our more supportive system to capture initial light-touch appraisals for new clinical starters to the Trust.

Corrective Actions, Improvement Plan and Next Steps

- i) Continue to embed the electronic systems surrounding job planning, leave allocation and rostering which is currently ongoing
- ii) All trainees will receive an initial appraisal within the first 3 months of their appointment at Royal Papworth, irrespective of the date of their annual appraisal.
- iii) This appraisal will be updated toward the end of their employment (but not more than 9 months after the first appraisal). This appraisal will be in greater depth and will better serve the need of both the trainee and their next employer.

Recommendations

The Board of Directors is asked to note that this report will be shared, along with the annual organisational audit, with Dr David Levy, Royal Papworth Hospital's higher-level RO at NHS England Midlands and East.

The Board of Directors is asked to approve the contents of this report.

Roger Hall
Medical Director