

BOARD MEETING

29 June 2017

Paper Title:	Medical Appraisal and Revalidation: Annual Report of the Responsible Officer
Section:	Public
Lead Director:	Medical Director
Paper Author:	Dr Andy McElligott, Medical Director
Agenda Item:	12
Presented For:	Assurance

1. Purpose of this Report

The purpose of this paper is to assure the Board that the Trust has robust governance systems in respect of medical appraisal and medical revalidation and that the Responsible Officer has fully discharged his statutory responsibilities during 2016/17. Assurance will allow the Trust Chair or Chief Executive to sign the annual Statement of Compliance required by NHS England.

2. Summary of Key Points

There are 45 doctors with a prescribed connection to the Trust.

The completed appraisal rate in 2016/17 was 100%.

1 doctor revalidated during 2016/17.

There were concerns about the performance of one doctor which are subject to ongoing investigation and action.

An internal audit of medical appraisal and revalidation occurred, in 2016/17, resulting in a 'significant assurance' opinion.

3. Board Consideration

Board is asked to consider:

- Whether the paper provides the right level of assurance in respect of medical appraisal and revalidation

4. Financial Implications

None

5. Legal Implications

It is a legal requirement that the Trust is fully compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013)

6. Assurance

	Assurance provided?
Board Assurance Framework	No
CQC Themes (see below)	Yes
NHSI Single Oversight Framework	No
Other (please specify):	

This paper provides assurance in relation to the following CQC Themes:

Effective:	Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.
Well led:	The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.

7. Previous Meetings/Committees Where the Report Has Been Considered:

Audit Committee	<input type="checkbox"/>	Quality & Safety Committee	<input type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	FB&I Committee	<input type="checkbox"/>
Executive Management team	<input checked="" type="checkbox"/>	Directors Meeting	<input type="checkbox"/>	Chair of Committee's Meeting	<input type="checkbox"/>	MH Legislation Committee	<input type="checkbox"/>

8. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act.

9. Recommendations:

That the Board:

- **Agrees** this report as an accurate record of the Trust's medical appraisal and revalidation systems during 2016/17
- **Approves** the 'statement of compliance' confirming that the Trust, as a Designated Body, is in compliance with the Medical Profession (Responsible Officer) Regulations

Executive Summary

During the 16/17 appraisal year, Bradford District Care NHS Foundation Trust had 45 doctors with a prescribed connection, all of whom had a completed appraisal. The Trust has a robust, quality assured system of medical appraisal and revalidation in place. An Annual Organisational Audit was submitted, to NHS England, in May 2017.

Purpose of the Paper

Revalidation is the process by which doctors in the UK have their licence to practise renewed. The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licenced doctors are up to date and fit to practise. Through a formal link (or 'prescribed connection') with their employer (or 'Designated Body') doctors relate to a senior doctor in the organisation (the 'Responsible Officer') which, in the case of BDCFT, is the Medical Director. The Responsible Officer makes a recommendation about the doctor's fitness to practise to the General Medical Council (GMC). The recommendation is based on the outcome of the doctor's annual appraisals over the course of five years, combined with information drawn from the Trust's clinical governance systems.

A fundamental principle of medical revalidation is that the systems and processes in place, in any given Designated Body, must meet nationally agreed standards of rigour and consistency, for all doctors, regardless of sector, grade or geography. To support national consistency, NHS England has produced a 'Framework of Quality Assurance for Responsible Officers and Revalidation'; one element of this framework is the requirement for an annual Trust Board report and the subsequent signing of a 'Statement of Compliance' by the Chief Executive or Chair.

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 provider boards 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;

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'

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

The Medical Director, as Responsible Officer, maintains an up to date, electronic register of all doctors who have a prescribed connection with the Trust. Any new doctor making a connection generates an automatic alert (via the GMC) which allows the Responsible Officer to confirm or reject the connection and ensures that the Trust's list of doctors remains up to date at all times and always mirrors the list held by the GMC. Every doctor has an annual appraisal date, which does not change and which falls between April 1st and March 31st (the appraisal year). Doctors are responsible for arranging their own appraisal, with a Trust appraiser, but are sent a reminder approximately three months before it is due. Doctors may not have the same appraiser for more than three years in succession and must then wait another three years before returning to the previous appraiser.

The Trust mandates the use of a standard appraisal template, commonly used throughout England, and a complete appraisal is one where the template has been completed (including the attachment of all supporting documentation) and signed by both appraiser and appraisee between 1st April and 31st March.

All completed appraisal documents are sent to the Responsible Officer for review and approval.

Governance arrangements are set out in far greater detail in the Trust's 'Medical Staff Appraisal Policy' which was revised in 2015/16 to bring it into alignment with NHS England's own Medical Appraisal Policy.

Medical Appraisal

Appraisal and Revalidation Performance Data 16/17

- Number of doctors = 45
- Number of completed appraisals = 45
- Number of doctors in remediation and disciplinary processes = 0

Appraisers

The Trust has nine fully trained appraisers, all of whom are required to undertake a minimum of three appraisals per year. Dr Khan, Associate Medical Director, is the Trust's appraisal lead and chairs a quarterly appraiser network which is attended by all appraisers and by the Responsible Officer. Appraisers have access to ongoing support through the appraisal lead, the network and attending refresher training sessions.

Quality Assurance

Of the appraisal portfolio

This is undertaken using a standardised quality assurance template called the Appraisal Summary and PDP Audit Tool (or ASPAT)

The Responsible Officer personally reviews all completed appraisal forms to gain assurance that the appraisal inputs: the pre-appraisal declarations and supporting information provided are available and appropriate

The Responsible Officer personally reviews all completed appraisal forms to gain assurance that the appraisal outputs: Personal Development Plan, summary and sign offs are complete and to an appropriate standard

The Responsible Officer personally reviews all completed appraisal forms to gain assurance that any key items identified pre-appraisal as needing discussion during the appraisal are included in the appraisal outputs

Of the individual appraiser

360 feedback from doctors for each individual appraiser is collected using a standard template. The results are collated and reviewed by the appraisal lead and fed back to the appraiser. The results of this feedback are correlated with the assessment of the Responsible Officer, following review of appraisal documentation. To date, no concerns have arisen regarding the quality of any of the Trust's appraisers.

Internal Audit

Audit Yorkshire undertook a detailed audit, of the Trust's medical appraisal and revalidation processes, in 2016/17, resulting in an overall 'significant assurance' opinion. The audit considered the following four areas: (i) annual appraisal and revalidation process (significant assurance), (ii) identification of those requiring revalidation (significant assurance), (iii) appraisal policy (significant assurance) and (iv) governance – RO sign off (full assurance). The audit made two recommendations, one regarding the tightening of processes to chase overdue appraisals and one about ensuring that all appraisers undertake the minimum of four appraisals per year; actions against both recommendations have been completed.

Access, security and confidentiality

All completed appraisal documentation is held in electronic, read-only format by the Responsible Officer and his PA. No patient identifiable data appears in appraisal portfolios.

There have been no information management breaches in relation to appraisal portfolios.

Clinical Governance

At the start of each appraisal year, the Responsible Officer supplies every doctor with a summary of complaints and serious incidents with which they are connected, compliance with mandatory training and involvement in audit.

Revalidation Recommendations

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

Recruitment and engagement background checks

These are performed before start date for all new, substantive appointments and all locums.

Risk and Issues

No specific risks have been identified

Recommendations

Board is asked to:

- **agree** this report as an accurate record of the Trust's medical appraisal and revalidation systems during 16/17; and
- **approve** the 'statement of compliance' confirming that the Trust, as a Designated Body, is in compliance with the regulations.

Annual Report Template Appendix A

Audit of all missed or incomplete appraisals audit

Doctor factors (total)	Number
Maternity leave during the majority of the 'appraisal due window'	0
Sickness absence during the majority of the 'appraisal due window'	0
Prolonged leave during the majority of the 'appraisal due window'	0
Suspension during the majority of the 'appraisal due window'	0
New starter within 3 month of appraisal due date	0
New starter more than 3 months from appraisal due date	0
Postponed due to incomplete portfolio/insufficient supporting information	0
Appraisal outputs not signed off by doctor within 28 days	0
Lack of time of doctor	0
Lack of engagement of doctor	0
Other doctor factors	0
(describe)	
Appraiser factors	Number
Unplanned absence of appraiser	0
Appraisal outputs not signed off by appraiser within 28 days	0
Lack of time of appraiser	0
Other appraiser factors (describe)	0
(describe)	
Organisational factors	Number
Administration or management factors	0
Failure of electronic information systems	0
Insufficient numbers of trained appraisers	0
Other organisational factors (describe)	0

Annual Report Template Appendix B

Quality assurance audit of appraisal inputs and outputs

Total number of appraisals completed		Number
	Number of appraisal portfolios sampled (to demonstrate adequate sample size)	Number of the sampled appraisal portfolios deemed to be acceptable against standards
	ALL (45)	45
Appraisal inputs	Number audited	Number acceptable
	45	45
Scope of work: Has a full scope of practice been described?	45	45
Is there sufficient supporting information from all the doctor's roles and places of work?	45	45
Appraisal Outputs		
Appraisal Summary	45	45
Appraiser Statements	45	45
PDP	45	45

Annual Report Template Appendix C

Audit of revalidation recommendations

Revalidation recommendations between 1 April 2016 to 31 March 2017	
Recommendations completed on time (within the GMC recommendation window)	1
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	1

Annual Report Template Appendix D

Audit of concerns about a doctor's practice

Concerns about a doctor's practice	High level	Medium level	Low level	Total
Number of doctors with concerns about their practice in 16/17				1
Capability concerns (as the primary category) in the last 12 months				0
Conduct concerns (as the primary category) in the last 12 months				0
Health concerns (as the primary category) in the last 12 months				1
Remediation/Reskilling/Retraining/Rehabilitation				
Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2017 who have undergone formal remediation between 1 April 2016 and 31 March 2017				0
Other Actions/Interventions				
Local Actions:				
Number of doctors who were suspended/excluded from practice between 1 April and 31 March				0
GMC Actions:				
Number of doctors who:				
Were referred to the GMC between 1 April and 31 March				0
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 April and 31 March				0
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 April and 31 March				0
Had their registration/licence suspended by the GMC between 1 April and 31 March				0
Were erased from the GMC register between 1 April and 31 March				0
National Clinical Assessment Service actions:				
Number of doctors about whom NCAS has been contacted between 1 April and 31 March:				
For advice				1
For investigation				0
For assessment				0

Designated Body Statement of Compliance

The Board of Bradford District Care Foundation Trust has carried out and submitted an annual organisational audit (AOA) 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;

Comments:

2. An accurate record of all licensed medical practitioners with a prescribed connection to the Trust is maintained;

Comments:

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

Comments:

4. 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);

Comments:

5. All licensed medical practitioners² 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;

Comments:

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners¹, 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;

Comments:

7. There is a process established for responding to concerns about any licensed medical practitioners¹ fitness to practise;

Comments:

² Doctors with a prescribed connection to the designated body on the date of reporting.

8. There is a process for obtaining and sharing information of note about any licensed medical practitioner's fitness to practise between this Trust's Responsible Officer and other Responsible Officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work;

Comments:

9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners³ have qualifications and experience appropriate to the work performed; and

Comments:

10. A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

Comments:

Signed on behalf of the designated body

Name: _____

Signed: _____

[chief executive or chairman]

Date: _____

³ Doctors with a prescribed connection to the designated body on the date of reporting.