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Agenda  
Item  
**24.1**



## A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1, July 2021

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## Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

### **Annual Organisational Audit (AOA):**

At the end of April 2021, Professor Stephen Powis wrote to Responsible Officers and Medical Directors in England letting them know that although the 2020/2021 AOA exercise had been stood down, organisations will still be able to report on their appraisal data and the impact of adopting the Appraisal 2020 model, for those organisations who have, in their annual Board report and Statement of Compliance.

### **Board Report template:**

Following the revision of the Board Report template in June 2019 to include the qualitative questions previously contained in the AOA, the template has been further updated this year to provide organisations with an opportunity to report on their appraisal data as described in the letter from Professor Stephen Powis.

A link to the letter is below:

<https://www.england.nhs.uk/coronavirus/publication/covid-19-and-professional-standards-activities-letter-from-professor-stephen-powis/>

The changes made to this year's template are as follows:

#### Section 2a – Effective Appraisal

Organisations can use this section to provide their appraisal information, including the challenges faced through either pausing or continuing appraisals throughout and the experience of using the Appraisal 2020 model if adopted as the default model.

## Section 2b – Appraisal Data

Organisations can provide high level appraisal data for the period 1 April 2021 – 31 March 2022 in the table provided. Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested is enough information to demonstrate compliance.

With these additional changes, the purpose of the Board Report template is to help the designated body review this area and demonstrate compliance with the responsible officer regulations. It simultaneously helps designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance.<sup>1</sup> This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). The intention is therefore to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. Bringing these two quality strands together has the benefits of avoiding duplication of recording and harnessing them into one overall approach.

The over-riding intention is to create a Board Report template that guides organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer,  
and
- c) act as evidence for CQC inspections.

<sup>1</sup> Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [[https://www.gmc-uk.org/-/media/documents/governance-handbook-2018\\_pdf-76395284.pdf](https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf)]

## Statement of Compliance:

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

## Designated Body Annual Board Report

### Section 1 – General:

The board / executive management team – *[delete as applicable]* of *[insert official name of DB]* can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Comments: Medical Director is Responsible Officer. He maintains his license to practise through appraisal and revalidation.

Action for next year: Nil

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes

Comments: The responsible officer acts with an advisory group that reviews resources required.

Action for next year: At present the trust as designated body mandates a file for appraisal. An online record may be needed in the next few years, which should be linked to Job plans

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Comments: This is maintained and reviewed through the Responsible Officer Advisory group

Action for next year: Not required

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Comments: The Responsible Officer Advisory group meets regularly to review and monitor policies

Action for next year: Nil

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Comments: We participate in the regional network which meets 6 monthly. The medical director is current chair of the network

Action for next year: To use the regional network to undertake a peer review of appraisal

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Comments: Locum and short-term doctors are encouraged to join all educational activities. We have seen some doctors who worked with us on short term contracts been appointed into national training programmes especially in psychiatry.

Action for next year: Maintain our support for locum doctors

## Section 2a – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. For organisations that have adopted the Appraisal 2020 model, there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

Comments: We have adopted Appraisal 2020 for use with our current appraisal document. All appraisers get a chance to discuss issues arising through the appraisers' network.

Action for next year: Continue to monitor appraisal guidance

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Comments: Not applicable

Action for next year:

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Comments: Policy in place

Action for next year:

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Comments: We have enough appraisers and other medical practitioners who would like to join the appraisers group.

Action for next year: Continue to train new appraisers as required

5. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers<sup>2</sup> or equivalent).

Comments: We have a regular programme for appraisers, led by Dr Mahmood Khan, and appraisers have to demonstrate attendance.

Action for next year:

<sup>2</sup> <http://www.england.nhs.uk/revalidation/ro/app-syst/>

- The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Comments: All appraisals are reviewed by the medical director. The quality of appraisals has improved during the last 3 years using measures of an audit tool (ASPAT)

Action for next year:

## Section 2b – Appraisal Data

- The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation:	Bradford District Care Foundation Trust
Total number of doctors with a prescribed connection as at 31 March 2022	56
Total number of appraisals undertaken between 1 April 2021 and 31 March 2022	54
Total number of appraisals not undertaken between 1 April 2021 and 31 March 2022	2
Total number of agreed exceptions	1

## Section 3 – Recommendations to the GMC

- Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Comments: All recommendations are made in timely fashion

Action for next year:



2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Comments: All recommendations in the last 2 years have been positive. Any doctors at risk of non-engagement are given individual opportunities, especially to support engagement. These are currently successful.

Action for next year: Continue to monitor any doctors at risk of non-engagement

## Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Comments: Clinical governance for doctors is monitored through the Responsible Officer Advisory group. The trust supports an environment where doctors can develop and where continuous involvement in education activities is promoted.

Action for next year:

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Comments: This is monitored and reviewed through the Responsible Officer Advisory group.

Action for next year:

3. There is a process established for responding to concerns about any licensed medical practitioner's<sup>1</sup> fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Comments: All concerns are raised through the Responsible Officer Advisory Group. The trust has sufficient case investigators to maintain independent investigations into those concerns which need to be taken further.

Action for next year:

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.<sup>3</sup>

Comments: Case investigations under Maintaining High Professional Standards include a Non-executive director input and are reported to board.

Action for next year:

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.<sup>4</sup>

Comments: The Responsible Officer participates (and currently chairs) the regional network that facilitates personal acquaintance so that knowledge can be passed quickly as required. There have been 2 instances in last year. One in regard to a doctor joining organisation and one in regard to a doctor joining another organisation. Both instances were about information below the level of concern.

Action for next year:

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's

<sup>3</sup> This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

<sup>4</sup> The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:  
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Comments: The responsible officer maintains liaison with GMC and NHS Resolution. All policies affecting medical staff include EQIA processes.

Action for next year:

## Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Comments: This is maintained through HR and medical staffing functions.

Action for next year:

## Section 6 – Summary of comments, and overall conclusion

The Responsible officer works with the advisory group to look at all aspects of doctors licensing and revalidation, supported by close links with GMC and NHS Resolution. We work with peers in other regional trusts to benchmark our actions. Our action for the next year is to approach neighbouring Responsible Officers for a peer review and to develop actions following this.

## Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: \_\_\_\_\_

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Role: \_\_\_\_\_

Date: \_\_\_\_\_

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This publication can be made available in a number of other formats on request.

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