

Report to:	Public Board of Directors	Agenda item:	17
Date of Meeting:	1 March 2023		

Title of Report:	RUH Medical Revalidation System Annual Report 1 April 2021 – 31 March 2022
Status:	For Approval
Board Sponsor:	Mr Andrew Hollowood, Medical Directors
Author:	Dr Stewart Redman, Appraisal Lead
Appendices	Appendix 1: A framework of quality assurance for responsible officers and revalidation

1. Executive Summary of the Report

The purpose of this report is to provide assurance to the Board on the key requirements for compliance with the Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation 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,
- c) act as evidence for CQC inspections.

Mr Andrew Hollowood, Medical Director & Responsible Officer and Sarah Richards, Deputy Responsible Officer are now in post and continues to be supported by the Responsible Officer Advisory Committee.

The Trust pays for the PrepIT system which facilitates on-line appraisals and data collection and pays for twice yearly appraiser training. We are in the process of connecting our Appraisal IT system to the GMC system which will allow us to automatically have updated Revalidation dates and more easily see any doctors connected on GMC but not on our appraisal system.

We trained 10 appraisers in the past year to increase from 40 to 50 appraisers. However there has been further attrition in gross numbers of appraisers. A business case requesting additional funding for appraisals has been submitted that acknowledges those individuals appraising more than the designated 6 appraisees per year.

At 31 March 2022 the Trust registered 382 (75 not know, we believe these may be honorary contracts) doctors with a prescribed connection. A total of 243 appraisals where undertaken from 1 April 2021 to 31 March 2022.

There are a number of actions in Section 6 that have been identified to continue improvement during 2023/24.

Author : Dr Stewart Redman, Appraisal Lead Document Approved by: Andrew Hollowood, Chief Medical Officer Agenda Item: 17	Date: 22 nd February 2023 Version: v1.0 Page 1 of 2
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2.	Recommendations (Note, Approve, Discuss)
The Board is requested to review and approve the annual board report and statement of compliance for responsible officers and revalidation.	

3.	Legal / Regulatory Implications
The Framework of Quality Assurance can be submitted as evidence for CQC inspections.	
It is a regulatory requirement for the Trust to review and demonstrate compliance with the Responsible Officer Regulations and assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance.	

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
What are the risks arising or identified in the report. Risks need to be added to the risk register in advance of submitting the report and the risk number stated.	

5.	Resources Implications (Financial / staffing)
Resource: There is a risk that appraisers may leave the Trust due to lack of financial resourcing.	
Resource: There is a risk that the cost of licences for the online appraisal system will rise in line with the increasing number of Doctors in the Trust.	

6.	Equality and Diversity
An equality impact assessment had been completed. Consistent implementation of Trust policies ensured that equality and diversity standards were achieved. Outcome of concerns were audited as part of the WRES annual report and any appropriate actions taken forward.	

7.	References to previous reports/Next steps
Report to Board in January 2022	

8.	Freedom of Information
Public	

9.	Sustainability
None	

10.	Digital
None	

Classification: Official

Publication reference: PR1844



A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1, July 2022

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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.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

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 in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide 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,
- c) act as evidence for CQC inspections.

Designated Body Annual Board Report

Section 1 – General:

The board can confirm that:

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

Action from last year: None

Comments: Mr Andrew Hollowood PhD FRCS in post since November 2022 as Chief Medical Officer

Action for next year: None

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

Action from last year: None

Comments:

The Responsible Officer is supported by the Responsible Officer Advisory Committee comprising of:

Mr Andrew Hollowood, Medical Director & Responsible Officer

Sarah Richards, Deputy Responsible Officer

Dr Stewart Redman Appraisal Lead

Joanna Hole, Lay Member

Lucy Tainton & Debra Scoplin, Appraisal & Revalidation Admin Support

Alison Stead Medical Staffing Manager

The Trust pays for the PrepIT system which facilitates on-line appraisals and data collection and pays for twice yearly appraiser training.

Action for next year: None

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

Action from last year: None

Comments: The Trust records all information relating to medical practitioner revalidation in a web enabled medical revalidation system. A system is in place to ensure that the records are checked monthly in order to maintain accurate records.

The Trust uses the interface from the Electronic Staff Record to check all the medical practitioners are registered appropriately with their designated body.

We are in the process of connecting our Appraisal IT system to the GMC system which will allow us to automatically have updated Revalidation dates and more easily see any doctors connected on GMC but not on our appraisal system.

Action for next year: Update on progress with connecting to GMC system.

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

Action from last year: 3 yearly 'Medical Appraisal Policy' review in progress for January 2023

Comments: Review and ratification is in process

Action for next year: Confirm policy has been reviewed and ratified.

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

Actions from last year: Review of peer review methodology across our ICS to inform next steps.

Comments: A peer review takes place when deciding on content of the training and that this has been discussed at MWFP Group/JLNC ie number of appraisers and appraisers representing all staff groups.

We have consulted with Salisbury Foundation Trust and Great Western Hospital appraisal teams to discuss a wide range of topics related to our appraisal systems. One outcome is that we are exploring offering joint Swindon/Bath on-line appraiser training which will increase the accessibility for our appraisers.

Action for next year: Update on progress of on-line appraiser training.

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.

Action from last year: None

Comments: For Trust Drs, if they wish to be revalidated by us (some stay on HEE list as they plan to return to training in the 5 year cycle), we write to the previous responsible officer (as we do for Consultants, Locum Consultants, SAS Drs.) to ask if there are any concerns etc. Support is the same as for trainees.

All other grades of staff have an annual appraisal, the outputs of which can feed into the appraisal system in the organisation they have their prescribed connection with.

Action for next year: None

Section 2a – Effective Appraisal

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.¹

¹ For organisations that have adopted the Appraisal 2020 model (recently updated by the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), 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

Action from last year: None

Comments: The majority of doctors have returned to an annual appraisal cycle following the pausing of appraisal during Covid. We have contacted all the doctors in the Trust with outstanding appraisals to ask them to either complete their appraisals by March 31st 2023 or update us with their situation. Those with valid reasons (sick leave, maternity leave, sabbaticals, etc) will now be marked as "Missed Approved". This will allow us to identify the "Missed Not Approved" appraisals and more actively manage these.

Action for next year: Build understanding of the "Missed Approved/Not Approved" categorisation across the permanent medical workforce to help boost appraisal numbers. Set up a system to manage the Missed Not Approved appraisals

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

Action from last year: More communication on the need for appraisal planned.

Comments: See answer for question 6

Action for next year: As above

8. 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).

Action from last year: The Trust has the following policy 'Medical Appraisal Policy' due for review January 2023

Comments: A review and ratification is in progress.

Action for next year: Ensure policy is ratified.

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

Action from last year: None

Comments: We trained 10 appraisers in the past year to increase from 40 to 50 appraisers. However there has been further attrition in gross numbers of appraisers. As a comparison GWH has 100 trained appraisers. As a consequence a number of appraisers will appraise more than 15 colleagues a year.

The appraisers are paid 0.125 PAs for 6 appraisals but to cover the number of doctors needing appraisals some are asked to do far more than this (up to 30). A business case requesting additional funding for appraisals has been submitted that

organisations that have not yet moved to the revised model may want to describe their plans in this respect.

acknowledges those individuals appraising more than the designated 6 appraisees per year. Currently, a number of higher volume appraisers are not taking on new appraisees until approval leading to a shortage of appraisal slots.

Benchmarking for the remuneration of appraisers is discussed at Higher level Responsible Office meetings There is a range of payments per with some trusts allocating 0.25 PAs for 6-8 appraisals with Cheltenham allocating 0.5 PAs per 10 appraisals,.

Action for next year: Approval of the Medical Appraisal business case following which train more appraisers (there is a cost associated).

10. 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 Appraisers² or equivalent).

Action from last year: ASPAT scoring has been under taken and will be fed back to appraisers prior to the appraiser training sessions later this year.

Comments: ASPAT scores of appraisal outputs have again been fed back to appraisers along with qualitative feedback from appraisees to appraisers. This is also reviewed at the ROAC. There continues to be twice yearly RUH appraiser update half day meetings to maintain appraiser CPD

Action for next year: Continue as above

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

11. 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.

Action from last year: Any issues arising will be taken forward by the Medical Director to the Board or the relevant governance group depending on the nature of the issue. An annual Appraisal Revalidation Framework Assurance paper will be submitted to the Trust's Board.

Comments: In addition to the annual report there will be a review of the process by the Higher Lever Responsible Officer in the next 6 months to assess the process and quality of appraisals. The report following will be presented to Board.

Action for next year: Continue review of the revalidation and appraisal process with onward reporting to Board.

Section 2b – Appraisal Data

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

Total number of doctors with a prescribed connection as at 31 March 2022 (source: ESR)	382 (75 not known)
Total number of appraisals undertaken between 1 April 2021 and 31 March 2022	243
Total number of appraisals not undertaken between 1 April 2021 and 31 March 2022	139
Of which were new starters with less than 12 months service during the period:	63
Of which were due an appraisal during the period but no record of appraisal completed:	76
Total number of agreed exceptions	Not previously undertaken by the Trust

Section 3 – Recommendations to the GMC

1. 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.

Action from last year: None

Comments: Revalidation dates are prepped up to a month or two in advance for the regular ROAC meetings by the Administration team. If all evidence is in place and there are no concerns the RO will recommend Revalidation

Action for next year: None

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.

Action from last year: None

Comments: The ROAG meets monthly to review all individuals about to revalidate. Triangulation with appraisal complaints and incidents determines the progress through revalidation. All efforts are made to ensure individuals are engaging with the system. In the event of a non-engagement individuals will be informed both verbally and in writing.

Action for next year: None

Section 4 – Medical governance

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

Action from last year: None

Comments: Each department has medical and/or nursing clinical governance leads who regularly meet and oversee clinical governance issues within their department. They employ a variety of reporting mechanisms to monitor performance (e.g. data from incidents, SJRs, complaints, PALS, ward dashboards) and facilitate local quality improvement and disseminate learning (e.g. by newsletters, teaching sessions etc.) The departmental leads attend Divisional Clinical Governance meetings and report to the Divisional Governance Leads. At the divisional meetings division-wide themes and opportunities for learning and development are reviewed. The Divisional Clinical Governance Leads sit on SI Review Panels, Clinical Outcomes Group, and report up to Quality Board and the Operational Governance Committee.

Action for next year: 1) Ongoing dissemination of learning, and development of ways of recording and demonstrating that this learning has been effective.
2) Streamline duplications between Quality Board and Operational Governance committee

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.

Action from last year: None

Comments: Issues raised regarding doctors' competency are dealt with as appropriate either informally or by using the Department of Health's document 'Maintaining High Professional Standards in the Modern NHS'. The Trust has a 'Managing Conduct Policy' which mirrors 'Maintaining High Professional Standards in the Modern NHS' and is the mechanism by which all issues of conduct are dealt with. In addition the Trust has a 'Managing Capability Concerns of Medical and Dental Staff Policy'

All doctors complete a formal Trust 360 and patient feedback process and reflect on the outputs with their appraiser, once every 5 years (as per GMC guidance)

Action for next year: Review of 'Managing Capability Concerns of Medical and Dental Staff Policy'

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ 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.

Action from last year: None

Comments: Yes there is a procedure and policy in place 'Managing Capability Concerns of Medical and Dental Staff Policy' alongside the 'Freedom to Speak Up: Raising Concerns Policy'.

Action for next year: Confirm review of 'Freedom to Speak Up: Raising Concerns Policy'

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.³

³ 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

Action from last year: None

Comments: Quality Assurance of medical appraisal at the RUH continues to be peer approved with external training of the Trust's Medical Appraisers. This has been reinforced by feedback to both appraisees and appraisers during regular update meetings with the Responsible Officer and Appraisal Lead. In addition, annual appraisals completed during the revalidation year are only signed off if a completed 360 degree feedback is undertaken from both patients and colleagues covering full scope of practice. We have mandated that the peer and patient feedback occurs in year four of a five year cycle. Following sign off, revalidation year appraisals are scrutinised by the Responsible officer so that a recommendation can be made to the GMC. Where the recommendation has been to seek deferral of revalidation, this has been because of insufficient evidence was found to support a recommendation of revalidation (almost always because 360 feedback and reflection have not been completed).

Analysis of numbers, types and outcome of concerns is audited as part of the WRES annual report and any appropriate actions are taken forward.

Action for next year: None

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.⁴

Action from last year: To review the process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers to streamline and standardise

Comments: In line with 'Maintaining Professional Standards', where an issue is raised formally, other employing organisations are informed of the nature of the concerns we are investigating.

Action for next year: To confirm review this process to streamline and standardise has this been undertaken

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: None

Comments: Our policies and procedures are designed to ensure equity and fairness in line with 'Maintaining Professional Standard's and an Equality Impact Assessment is completed whenever policies are written or updated.

requested in future AOA exercises so that the results can be reported on at a regional and national level.

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

Action for next year: None

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.

Action from last year: None

Comments: All post and pre employment checks for all staff including locums are in line with NHS Employers Guidance. Framework agencies are used initially if agency doctors are required, this ensures all appropriate pre-employment checks are in place with CV's checked by the appropriate consultant to ensure the agency doctor has the appropriate qualifications.

If non-framework agencies are used, Staffing Solutions Department ensures all appropriate pre-employment checks are carried out.

Action for next year: None

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

General review of actions since last Board report

- A review of peer review methodology across our ICS has been initiated.
- Medical Appraisal Policy 3 yearly review in January 2023 in progress
- Improved use of Appraisal 2020 model - There is an updated version of this. The Trust has met with our IT supplier to explore options around introduction but are not planning to introduce in the short term as focus is on increasing appraisal uptake and ensuring appraiser numbers are correct
- Continued appraisee communication on the need for appraisal planning.
- Completed the ASPAT scoring feedback to appraisers prior to the appraiser training sessions which will be on quality assurance/feedback.
- Quality governance issues identified and taken forward by the Medical Director to the Board or the relevant governance group depending on the nature of the issue.

Commented [RS1]: We have initiated this and hope to build on this in the future

Commented [RS2]: ?Alison can update as to where this is at

Commented [RS3]: We have done this but yet more required!

Commented [RS4]: done

Actions still outstanding

- To review the process for transferring information and concerns quickly and effectively between the Responsible officer in our organisation and other Responsible officers to streamline and standardise

Current Issues

Currently, a number of higher volume appraisers are not taking on new appraisees until approval leading to a shortage of appraisal slots.

New Actions:

- Update on progress with connecting IT system to GMC system.
- Update on progress of on-line appraiser training.
- Build understanding of the “Missed Approved/Not Approved” categorisation across the permanent medical workforce to help boost appraisal numbers.
- Set up a system to manage the Missed Not Approved appraisals
- Implement reporting of ‘Total number of agreed exceptions’
- Approval of Medical Appraisers remuneration business case required to support a new cohort of appraiser training
- Continues review of the revalidation and appraisal process with onward reporting to Board
- Ongoing dissemination of learning, and development of ways of recording and demonstrating that this learning has been effective.
- Streamline duplications between Quality Board and Operational Governance committee
- ‘Managing Capability Concerns of Medical and Dental Staff Policy’ has been reviewed, ratified and published.
- ‘Freedom to Speak Up: Raising Concerns Policy’ has been reviewed, ratified and published.
- Confirm ‘Medical Appraisal Policy’ has been reviewed, ratified and published.

Section 7 – Statement of Compliance:

The Board of the Royal United Hospitals Bath NHS Trust 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: Royal United Hospitals Bath NHS Trust

Name: _____

Signed: _____

Role: _____

Date: _____

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