

Board of Directors' Meeting Report – 5 September 2017

Agenda item 71/17

Title	Appraisal and Revalidation for Medical Staff at SUHFT
Sponsoring Director	Neil Rothnie – Medical Director Celia Skinner – Chief Medical Officer
Author(s)	Catly Nyinabarinzi, Appraisal & Revalidation Manager Clare Harris – Medical HR manager
Purpose	The purpose of this report is to provide assurance to the Board that appraisal systems at SUHFT are robust, support revalidation and are operating effectively. The report forms part of the Medical Director's duties as Responsible Officer (RO).
Executive Summary	
<p>Medical revalidation places statutory duties on organisations and individuals and is designed to provide assurance that doctors working in an organisation are fit to practice.</p> <p>This report gives an annual update on progress with Medical appraisal and Revalidation at SUHFT. It confirms that SUHFT is compliant with the Medical Professional Responsible Officers Regulations and seeks to provide assurance to the Board that the Trust has well structured, managed and governed systems for appraisal and revalidation.</p> <p>SUHFT currently has 320 prescribed connections. In 2016/17, 75% of doctors with a prescribed connection to SUHFT had a completed appraisal.</p> <p>A total of 26 (out of 27) positive revalidation recommendations were made to the GMC during the same period. Of the 26 recommendations 9 of these were deferred due to insufficient supporting information; however these were rectified and were recommended for revalidation purposes within the GMC time lines.</p>	
Date Reviewed by SLT & JEG	24 August 2017
Related Trust Objective	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff Operational Sustainability
Related Risk	Risk 1 – Failure to provide adequate patient safety and quality of care Risk 2 – Failure to meet operational performance targets
Essex Success Regime	Working towards having one policy for Appraisal & Revalidation across all three Trusts in order to ensure transparency and consistency and to share best practice.
Legal implications / regulatory requirements	The Medical Professional Responsible Officers Regulations 2010 and amendment 2013.
Quality impact assessment	The aim of revalidation is to assure patients and the public, employers and other healthcare professionals that licenced doctors are up-to-date and practicing to the appropriate professional standards.
Equality impact assessment	As far as can be ascertained this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010.
Recommendations: The Board is asked to receive assurance from the report.	

Appraisal and Revalidation for Medical Staff at SUHFT- Board Report

1. BACKGROUND

This is the fourth annual report to the Trust Board on the development and operation of systems to support the appraisal and revalidation of medical staff. The format of the report follows the Annual Board Report template provided by NHS England. The report is intended to provide assurance that appraisal systems are robust, support revalidation and are operating effectively. The report forms part of the Medical Director's duties as Responsible Officer (RO).

Provider organisations have a statutory duty to support their ROs in discharging their duties under the Responsible Officer Regulations and provider Trust boards are expected to 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.

A statement of compliance with Medical Profession (Responsible Officers) regulations (**Appendix A**) needs to be signed off by the chairman or CEO and submitted to the Regional Medical Director, NHS England, Midlands & East by 30th September 2017.

2. ANNUAL ORGANISATIONAL AUDIT 2016/17 (AOA)

The RO submitted the AOA report to NHS England in May 2017. This provides the figures for the 2016/2017 appraisal year and highlights performance for the year. Quarterly reports are also submitted to NHS England throughout the year to show progress with appraisal performance.

3. GOVERNANCE ARRANGEMENTS

The RO is responsible for the delivery of the arrangements needed to support revalidation. Arrangements, including monitoring completion of appraisals and quality assurance of doctors with a prescribed connection to the Trust, are overseen by the Medical Revalidation Recommendation Panel (RRP).

The Trust uses Allocate Software e-appraisal module. This software allows the RO to check the quality of individual appraisals, provides a consistency in documentation and monitors progress.

NHS England produced the Framework of Quality Assurance with a checklist of core standards. SUHFT have designed a local checklist in line with this document. This provides a framework against which to check that compliance with regulations. This report is designed to address those standards.

As part of the governance arrangements, this report is submitted to the Trust Board annually. A statement of compliance will be signed by the Trust Board Chair and submitted to NHS England.

3.1 Policy and Guidance

The main emphasis on a National and Regional level is the drive to ensure that Designated Bodies have appropriate Quality Assurance processes in place. SUHFT have assurance systems in place to address this with:

- Audit of appraisal documentation
- Peer to peer appraiser feedback
- Appraisee feedback
- Bi Monthly Appraiser meetings
- Appraiser data feedback reports annually.
- An external review as part of our Quality Assurance with Mid Essex and Basildon.

4. MEDICAL APPRAISAL

4.1 Appraisal and Revalidation Performance April 2016 to March 2017

The table below provides an overview of the appraisal completion rate for the period 1st April 2016 – 31st March 2017 for each directorate. The year ended with a medical appraisal completion rate of 75%, a decline on last year's figure of 93%. This was reported in the AOA. There were 81 incomplete appraisals as at March 2017 for the 2016/7 reporting period. This figure has now reduced to 39, as the Trust's local escalation processes have been followed. An incomplete appraisal is classed as an appraisal that has not been completed within 12 months of the previous appraisal.

The decline in completion rates have been analysed and seems that a major contributing factor is the number of appraisers stepping down from the role in the last 12 months along with reports of not having enough time to complete the appraisals within the specified timeframes from both a doctor and appraiser perspective. Mitigating actions for 2017/8 are described in the risk log.

Directorate	No of doctors with a prescribed connection to SUHFT (as at 31 st March 2017)	No of completed appraisals for 2016/2017 period (%)	No of completed appraisals for 2016/2017 period as at August 2017 (5%)
Diagnostic & Therapeutic	49	36(73%)	44(90%)
Corporate services/OH	1	1(100%)	1(100%)
Medicine	85	60(71%)	69(81%)
MSK	39	32(82%)	34(87%)
Surgery	64	43(67%)	57(89%)
Anaesthetics	45	33(73%)	40(89%)
Women's & Children's	37	34(92%)	36(97%)
TOTAL	320	239(75%)	281(88%)

5. Appraisers

The Trust had 42 approved medical appraisers as of 31st March 2017 who are trained to perform enhanced appraisals, with 320 doctors requiring appraisals giving an appraiser to appraisee ratio of 1:8, well within the NHS England recommended ratios of 1:5 to 1:20. Since the recommendation made by NHS England during our Independent verification visit to move to a central allocation process, we have continued to appoint appraisees to an appraiser and schedule their appraisals in accordance with our Trust Medical appraisal policy.

For the 2016/17 appraisal year, the Trust identified that we would be losing some appraisers for the 2017/2018 appraisal period and due to the allocation process needed to address the deficiencies. We therefore approached our directorates for nominations of Medical staff that would be interested in the role and organised additional appraiser training sessions with our approved appraiser trainers MIAD. To date this has resulted in an increase of 1 appraiser. We have also invited our existing appraisers to update their skills at various update training sessions at our neighbouring trusts and with MIAD. These training workshops are designed and delivered in line with the NHS England training format.

As part of the Essex Success Regime SUHFT, Basildon and Mid Essex have joined to develop collaborative Medical Appraiser Workshop, one of which took place on 2nd May 2017. This has been formed to support networking, standardisation of medical

appraisals across the three sites and will include informative sessions held by each trust and the GMC.

To support our medical appraisers we hold Medical Appraiser forums on a bi-monthly basis. These forums are led by the Responsible Officer and our Appraiser lead and are designed to deliver updates to the appraiser network within the Trust and provide a platform for appraisers to support each other in their roles. These regular meetings seek to maintain standards and ensure a consistent approach to appraisals.

As part of the consistent approach to appraisals we encourage our appraisers to attend our bi-weekly Revalidation Recommendation Panel meetings to form part of the quality assurance process and to see the detailed review that our appraisals undergo and the areas in which are not being addressed. There were a total of 20 recommendation panels which were attended by the medical appraisal lead and appraisers, unfortunately we have not kept a record of attendance but will do so moving forward.

6. Quality Assurance

Following on from a visit from East Revalidation Review Team in November 2015 to discuss our systems and processes for revalidation based on the core standards and In accordance with the Framework of Quality Assurance (FQA) and the Independent Verification process Midlands, we have robust quality assurance processes at SUHFT in place and these were stringently audited as part of our independent verification visit commissioned by NHS England on 3rd November 2015.

The recommendations in the report were to introduce a further step in our quality assurance processes by the RO immediately including our Appraisers in the Recommendation panel meetings. It was also recommended that approximately 30% of appraisals undertaken across directorates should be included in the reviews, particularly those that:

- Had previously been provided feedback due to insufficient information
- Had previously below average appraiser feedback
- Appraisees that were new to the NHS.

Previously the recommendations panel only reviewed and quality assured appraisals at the stage of revalidation. These changes have given our Appraisers an overview of the standards required of an appraisal and provides them with the opportunity to develop in their role by gaining a higher level understanding of the requirements of an enhanced medical appraisal. The panel focus on the quality of the appraisal outputs: PDP, summary and sign off sections of the appraisal.

We have commissioned a Quality assurance audit of appraisal inputs and outputs as part of the collaborative working with Mid Essex and Basildon. This audit is scheduled for later on in the year and will be using the national audit tool as recommended by NHS England.

7. REVALIDATION RECOMMENDATIONS

The numbers of recommendations made to the GMC for doctors with a prescribed connection to SUHFT from 1st April 2016– 31st March 2017 are given in the table below:

Revalidation recommendations between 1 April 2016 to 31 March 2017	
Positive recommendations:	17
Deferrals requests:	9
Non engagement notifications:	1
Total number of recommendations:	27
Recommendations completed on time (within the GMC recommendation window):	26
Late recommendations (completed, but after the GMC recommendation window closed):	0
Missed recommendations (not completed):	0
TOTAL	27

Total of 27 recommendations were required within this reporting period, 26 positive recommendations were made and 1 non-engagement notification was made to the GMC in line with national guidance. Out of 27 positive recommendations, 9 were previously deferred but then recommended (in line with GMC guidance).

7.1. RESPONDING TO CONCERNS ABOUT A DOCTOR'S PRACTICE

Where clinical concerns are identified these are investigated and managed under the relevant Trust Policies and any necessary action is taken to protect the safety of patients.

Concerns about a doctor's practice	High level¹	Medium level²	Low level²	Total
Number of doctors with concerns about their practice between 1 April 2016 and 31 March 2017.				2
Capability concerns (as the primary category) between 1 April 2016 and 31 March 2017.				0
Conduct concerns (as the primary category) between 1 April 2016 and 31 March 2017.				2
Health concerns (as the primary category) between 1 April 2016 and 31 March 2017.				0

¹ http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/rst_gauging_concern_level_2013.pdf

² Information provided by HRBP at SUHFT

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.	
Other Actions/Interventions	
Local Actions:	
Number of doctors who were suspended/excluded from practice between 1 April 2017 and 31 March 2016:	2
Duration of suspension: <i>Explanatory note: All suspensions which have been commenced or completed between 1 April 2015 and 31 March 2016 should be included</i> Less than 1 week 1 week to 1 month 1 – 3 months 3 - 6 months 6 - 12 months	2
Number of doctors who have had local restrictions placed on their 1 April 2016 and 31 March 2017:	2
GMC Actions: (these include trainees and locums who no longer work at the Trust) Number of doctors who:	
Were referred by the designated body to the GMC between 1 April 2016 and 31 March 2017:	1
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 April 2016 and 31 March 2017:	1
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 April 2016 and 31 March 2017:	1
Had their registration/licence suspended by the GMC between 1 April 2016 and 31 March 2017:	1
Were erased from the GMC register between 1 April 2016 and 31 March 2017:	1
National Clinical Assessment Service actions:	
Number of doctors about whom the National Clinical Advisory Service (NCAS) has been contacted between 1 April 2016 and 31 March 2017 for advice or for assessment	2

7.2. RECRUITMENT AND ENGAGEMENT BACKGROUND CHECKS

The Trust's process for the recruitment and background checking of medical staff are conducted in accordance with NHS Employer's employment check standards. Our local Appraisal and Revalidation processes ensure that all new starters, including Bank Locums that we are a designated body for, complete a new starters form declaring their previous appraisal history and the contact details of their previous

RO. We use this information in order to contact the Doctors previous RO to share information and to ensure that there were no outstanding issues or concerns regarding their appraisal and revalidation.

8. ACTIONS ACROSS THE MSB GROUP

In 2016/7 combined appraisers workshops were held with MEHT and BTUH to support appraisers and these will be continued in 2017/8. The revalidation and medical staffing leads from the three Trusts have begun the process of policy alignment, for completion in 2017/8 and are using the national audit review tool to perform peer to peer review. Advice from the local GMC Liaison Officer has been taken on maintaining three separate RO functions across the Trusts however all opportunities are being taken for cross site learning. The greatest challenge is to maintain sufficient numbers of motivated appraisers and differential approaches are taken across the three Trusts to recognise these important roles.

9. RISKS/ACTIONS

RISK 1 - Failure to attract new appraisers

ACTION

In order to rectify this, the Trust needs to identify benefits of being an appraiser and task Clinical Directors and Clinical Leads for specialities with identifying at least one additional appraiser per speciality.

RISK 2 - Fluctuating number of doctors with prescribed connection

ACTION

Over the past 3 years there has been an increase in the number of consultants by 17, the speciality doctor body fluctuates, and Trust doctors has increase by 16. Increase to numbers puts additional demand on the appraisal and revalidation team. This includes increased costs to licences for the electronic appraisal system.

RISK 3 - Overseas Recruitment and lack of familiarity with GMC Requirements

ACTION

There has been an increase in recruitment activity for overseas recruits, these doctors have not previously been subject to revalidation and require additional support with this process and require a mid-year review in addition to their yearly appraisal in year one.

RISK 4 - Deferrals due to poor documentation / insufficient evidence.

ACTION

Lessons need to be learned and documentation reflected on, the appraisal lead now meets with appraisers who are signing off appraisals which are deemed insufficient by the recommendation panel, examples are provided and the appraiser is asked to reflect and ensure that future appraisers meet the standards expected for revalidation purposes.

RISK 5 - Appraiser Forum

ACTIONS

Attendance is poor, there is a need to review attendance and structure of the forum.

RISK 6 - Appraisal rate

ACTION

The appraisal rate has fallen; this may have a significant impact on the Trusts ability to revalidate doctors moving forward, a requirement of revalidation is to evidence yearly appraisal. Medical appraisal rates will now be included in division performance reviews.

Work has been undertaken to move revalidation dates forward for those due in 2018. 2018 has a high number of recommendations due, this causes 'peaks and troughs' in workload for the recommendation panels and RO. The Revalidation manager is working with the RO in order to be more proactive in terms of managing time lines in order for the Trust to ensure we can maintain recommendations and meet the expectations of NHS England.

10. SUMMARY

The Board is asked to note this report and to take assurance that the Trust has well-structured, managed and governed systems for appraisal and revalidation. There have been a number of factors identified that has impacted on the Trusts appraisal completion performance in the 2016/2017 period however the board is asked to take assurance that these factors have been identified as risks and actions are being put in place to ensure the 2017/2018 performance improves.

This report will be shared, along with the Annual Organisational Audit, with the higher level responsible officer for NHS England.

The Chief Executive or Chairman of the Board is asked to approve the 'statement of compliance' (Appendix A) confirming that the organisation, as a designated body, is compliant with the regulations.

We continue to take pride in the feedback provided by Independent verification report by NHS England on the practices that they felt were exemplar at SUHFT in regards to our Appraisal and Revalidation processes. Particular areas of best practice that were noted were:

- The implementation of additional mandatory appraisal documentation to the Allocate system good practice
- Providing robust assurance to the appraiser and responsible officer with current processes in place
- The arrangements with private practice for the provision of fitness to practice statements yearly are considered exemplar practice.

Appendix A

Designated Body Statement of Compliance

The board of Southend University Hospital NHS 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 designated body 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 on-going 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 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;

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:
