Southend University Hospital NHS
NHS Foundation Trust

Board of Directors' Meeting Report – 4 September 2018

Agenda item 57/18

Title	Appraisal and Revalidation for Medical Staff at SUHFT
Sponsoring Director	Neil Rothnie – Medical Director Celia Skinner – Chief Medical Officer
Author(s)	Nicola Jones - Appraisal & Revalidation Project 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.

Executive Summary

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.

This report gives an annual update on progress with medical appraisal and revalidation at Southend University Hospital NHS Foundation Trust. 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.

SUHFT currently has 363 prescribed connections. This number is increasing because of employment of more non-training grade doctors. Numbers of appraisers are adequate but more will be needed. In 2017/18, 95% of doctors with a prescribed connection to SUHFT had a completed appraisal. A total of 7 positive revalidation recommendations were made to the GMC during the same period and 1 deferral.

Date Reviewed by Execs	23 August 2018
Related Trust Objective	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff Financial and Operational Sustainability
Related Risk	Risk 1 – Failure to provide adequate patient safety , quality of care and patient experience due to capacity, demand and external agency stakeholder engagement Risk 2 – Failure to meet constitutional and national performance targets
Essex Success Regime	SUHFT is 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	Responsible Officers must have regard to the Medical Profession (Responsible Officers) Regulations 2010, as amended in 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

1. BACKGROUND

This report updates the Board on progress with medical appraisal and revalidation at Southend University Hospital NHS Foundation Trust ("the Trust") following the Board report from August 2017.

This is the fifth annual report to the 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 ("NHSE"). 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 Medical Profession (Responsible Officers) Regulations 2010, as amended in 2013 ("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.

The Annual Organisational Audit ("AOA") is an analysis of data returns made by Designated Bodies ("DBs"). According to NHSE, the AOA exercise is designed to help DBs assure themselves and their boards that the systems underpinning the recommendations they make to the General Medical Council ("GMC") on doctors' fitness to practice, and the arrangements for medical appraisal and responding to concerns, are in place and are effective. It also provides a mechanism to assure NHSE that the processes supporting medical revalidation have been implemented and work properly.

There are a number of metrics within the data returns relating to: the performance of the Trust's RO; appraisals; monitoring performance of medical staff; and recruitment and engagement. The report benchmarks the Trust against other DBs, giving scores against DBs both in the same sector and nationwide.

A statement of compliance with Responsible Officers regulations needs to be signed off by the Chairman or CEO and submitted to the Regional Medical Director, NHS England, Midlands & East by 28th September 2018. The statement of compliance can be found at Appendix A.

2. ANNUAL ORGANISATIONAL AUDIT 2017/18

The RO submitted the AOA report to NHSE in May 2018. This provides the figures for the 2017/2018 appraisal year and confirms that we met our appraisal and revalidation trajectory. A copy of the report can be found in the linked documents below.

The Trust has performed well compared to DBs both within the same sector and nationwide and there has also been a marked improvement compared to the Trust's performance in 2016/17.

In 2017/18, the Trust completed annual appraisals for 95% of doctors, a figure which compares favourably to 85.9% of other DBs in the same sector and 88.1% of DBs in all sectors, as shown in Table 1 below.

Number of doctors with whom the DB has a prescribed connection on 31 March 2017 who had a completed annual appraisal between 1 April 2017 – 31 March 2018	SUHFT 2016/17	SUHFT 2017/18	Same sector	All sectors
Consultants	81.8%	**96.2%**	92.0%	92.7%
Staff grade, associate specialist, specialist doctor	69.4%	**98.5%**	88.4%	88.9%
Temporary or short-term contract holders	59.0%	**87.7%**	77.2%	82.8%
Total doctors	**74.7%**	**95.0%**	**85.9%**	**88.1%**

Table 1

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, a software program, to record and monitor appraisals. This software allows the RO to check the quality of individual appraisals and to get overview reports of progress.

NHSE have produced a Framework of Quality Assurance ("FQA") that sets out a checklist of core standards. The Trust has designed a local checklist in line with this document, providing a framework against which to check compliance with the regulations, and this report is also designed to address those standards.

As part of the governance arrangements, this report is submitted to the Board annually. A statement of compliance will be signed by the Chairman or CEO and submitted to NHSE.

3.1 Policy & Guidance

The main emphasis on a national and regional level is the drive to ensure that DBs have appropriate quality assurance processes in place. The Trust addresses this by way of:

- Audit of appraisal documentation;
- Peer to peer appraiser feedback;
- Appraisee feedback;
- Bi-monthly appraiser meetings;
- Appraiser data feedback reports annually; and
- An external review as part of our quality assurance process with Mid Essex Hospital Trust ("MEHT") and Basildon & Thurrock University Hospitals NHS Foundation Trust ("BTUH").

4. MEDICAL APPRAISAL

4.1 Appraisal and Revalidation Performance April 2017 to March 2018

Table 2 below provides an overview of the appraisal completion rate for each directorate as at August 2018. There were 16 incomplete appraisals on 31 March 2018 (of 320, meaning the Trust ended 2017/18 with a completion rate of 95%, as set out in Table 1, above). This figure has now reduced to 6, as the Trust's local escalation processes have been followed. The Trust therefore now has a completion rate of 98% for appraisals due in the 2017/18 reporting period.

Directorate	N° of doctors with a prescribed connection to SUHFT (as at 31st March 2018)	N° of completed appraisals for 2017/2018 period as at August 2018
Diagnostic & Therapeutic	49	49 (100%)
Corporate services/OH	1	1 (100%)
Medicine	67	66 (98%)
Emergency Medicine	24	24 (100%)
MSK	37	37 (100%)
Surgery	60	57 (98%)
Anaesthetics	43	42 (98%)
Women's & Children's	39	37 (97%)
Total	**320**	**313 (98%)**

Table 2

5. APRAISERS

The Trust had 49 approved medical appraisers as of 31 March 2018, all of whom are trained to perform enhanced appraisals. 320 doctors had a prescribed connection to the Trust, which gave an appraiser to appraisee ratio of at least 1:7. NHSE policy recommends ratios of between 1:5 and 1:20 as being adequate. Since the recommendation made by NHSE in the Trust's 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 the Trust's Medical Appraisal Policy.

The Trust has worked with BTUH and MEHT to develop a collaborative Medical Appraiser Workshop, one of which took place on 11 July 2018. 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, the Trust holds Medical Appraiser Forums on a bi-monthly basis. These forums are led by the RO 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, as well as any areas which are not being addressed.

6. QUALITY ASSURANCE

The Trust was the subject of a visit from the East Revalidation Review Team in November 2015 to audit systems and processes for revalidation based on the core standards and in accordance with the FQA and the independent verification process. The advice given following that visit was to introduce a further step in our quality assurance processes. The RO therefore immediately introduced inclusion of our appraisers in the Recommendation Panel Meetings as well as including approximately 30% of appraisals undertaken across the directorates. This has been continued in 2017/18.

These added steps have given our appraisers an overview of the standard that the RO requires an appraisal to meet to allow them to ensure that they are appraising to the correct standard. We have continued to build upon the recommendations and we are particularly looking at the appraisal outputs (PDP, summary and sign offs) to ensure they are completed to an appropriate standard.

7. REVALIDATION RECOMMENDATIONS

The numbers of recommendations made to the GMC for doctors with a prescribed connection to SUHFT from 1 April 2017 to 31 March 2018 are given in Table 3 below:

Revalidation recommendations between 1 April 2017 to 31 March 2018	
Positive recommendations	7
Deferrals requests	1
Non engagement notifications	0
Total number of recommendations	**8**
Recommendations completed on time (within the GMC recommendation window)	8
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0

Table 3

A total of eight recommendations were required within this reporting period. Seven positive recommendations were made and one deferral was made to the GMC in line with national guidance.

8. 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. The clinical concerns that were identified in the 2017/18 reporting period are shown in Table 4 below:

Concerns about a doctor's practice	High level	Medium level	Low level	Total
Number of doctors with concerns about their practice between 1 April 2017 and 31 March 2018	**0**	**0**	**2**	**2**
Capability concerns (as the primary category)	0	0	1	1
Conduct concerns (as the primary category)	0	0	1	1
Health concerns (as the primary category)	0	0	0	0
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 2017 and 31 March 2018				0
Other Actions/Interventions				
Local Actions between 1 April 2017 and 31 March 2018				
Number of doctors who were suspended/excluded from practice				0
Number of doctors who have had local restrictions placed on their licence				1
GMC Actions between 1 April 2017 and 31 March 2018 (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				1
Underwent or are currently undergoing GMC Fitness to Practice procedures				5
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC				0
Had their registration/licence suspended by the GMC				1
Were erased from the GMC register				1
National Clinical Assessment Service actions:				
Number of doctors about whom the National Clinical Advisory Service (NCAS) has been contacted between 1 April 2017 and 31 March 2018 for advice or for assessment				2

Table 4

9. 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) complete a new starter form declaring their previous appraisal history and the contact details of their previous RO. We use this information in order to contact the doctor's previous RO to ensure that there were no outstanding issues or concerns regarding their appraisal and revalidation.

10. ACTIONS ACROSS THE MSB GROUP

In 2017/18, combined Appraisers Workshops were held with MEHT and BTUH to support appraisers and these will be continued in 2018/19. The revalidation and medical staffing leads from the three trusts have begun the process of policy alignment 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 different approaches are taken across the three Trusts to recognise the importance of these roles.

11. RISKS/ACTIONS

RISK 1
Failure to attract new appraisers
ACTION
The Trust has identified the benefits of being an appraiser and has tasked Clinical Directors and Clinical Leads for specialities with identifying at least one additional appraiser per speciality.
More non-Consultant appraisers (SAS doctors) have been encouraged.

RISK 2
Appraisers relinquishing their role due to non-financial recognition
ACTION
Time has been identified within job plans to enable medical appraisers to undertake appraisals. To consider a financial payment for appraisers in recognition of 0.25PA linked to delivering 8 appraisals per annum.

Risk 3
Fluctuating number of doctors with prescribed connection
Since 2015 there has been an increase in the number of Doctors connected to the trust from 311 to 363. Increase to numbers puts additional demand on the appraisal and revalidation team. This includes increased costs to licences for the electronic appraisal system.
ACTION
Increase the number of appraisers – see actions for risk 1.

RISK 4
Overseas recruitment and lack of familiarity with GMC requirements
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.
ACTION
The Revalidation Team are providing support and guidance as well as assisting with accessing.
Doctors new to the NHS are placed on a GMC course to explain GMC requirements.

12. SUMMARY

The Board is asked to note this report and take assurance that the Trust has well-structured, managed and governed systems for appraisal and revalidation.

It should be noted that this report will be shared, along with the Annual Organisational Audit, with the higher level responsible officer for NHS England.

The Chairman or CEO is asked to approve the Statement of Compliance at 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 the independent verification report from NHSE on the practices that they felt were exemplary 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;
- Providing robust assurance to the appraiser and responsible officer with current processes in place; and
- The arrangements with private practice for the provision of fitness to practice statements yearly.

13. LINKED DOCUMENTS

AOA Organisational Audit (AOA) End of year questionnaire 2017-2018
file:///Z:\Medical%20Revalidation\Reports\AOA\2017-2018\Southend%20University%20Hospital%20NHS%20Foundation%20Trust_Aoa_2017-18.pdf

Medical Revalidation Annual Organisational Audit (AOA) Comparator Report
file:///Z:\Medical%20Revalidation\Reports\AOA\Comparator\2017-18%20Aoa%20ComparatorReport.pdf

Audit of missed or incomplete appraisals
Z:\Medical Revalidation\Reports\AOA\2017-2018\Appendix C.doc

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 practitioners[1] 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 practitioners[1], 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 practitioners[1] fitness to practise;

   Comments:
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

[1] Doctors with a prescribed connection to the designated body on the date of reporting.

practitioners[2] 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: ……