

REPORT TO THE TRUST BOARD - PUBLIC
22 FEBRUARY 2018

Title	Revalidation of Doctors
Author	Dr Deji Oyebode Deputy Medical Director & Responsible Officer
Accountable Executive Director	Dr Paul Gilluley, Interim Chief Medical Officer

Purpose of the Report:

The purpose of this report is to advise the Board of the progress the Trust is making regarding Revalidation of Doctors. To provide assurance to the Board as part of the Responsible Officer's Regulations.

To seek approval of the statement of compliance confirming the Trust is in compliance with the regulations.

Summary of Key Issues:

- The Trust uses the software package by SARD (Strengthened Appraisal and Revalidation Database) JV Ltd, a joint venture with Oxleas NHS Foundation Trust, for doctors to collate the information required by the General Medical Council (GMC) for their annual appraisal and revalidation.
- The 360⁰ appraisal package, ACP 360, a multisource feedback (MSF) system purchased from the Royal College of Psychiatrists is now in widespread use by psychiatrists in the Trust for feedback from service users and colleagues. It also provides a 270 process for non-patient facing roles.
- The Trust has purchased and uses a 360⁰ appraisal package from Equiniti for doctors who are not psychiatrists, in the main, a few paediatricians working in the Community Services.
- The Trust made a new full-time appointment of Medical Appraisal and Revalidation Administrator with effect from 1st February 2016.
- The Trust completed its last Annual Organisational Audit in March 2017. No issues were identified on our practice which required remedial action.
- The Trust's Responsible Officer (RO), Dr Oyebode, has continued to attend various conferences and training sessions for Responsible Officers.
- Dr Oyebode also continues as an Appraiser for Responsible Officers for NHS England - London.
- Trust appraisers have undergone the required training for the appraisal process. Refresher training is being arranged as well as training for new appraisers.
- The Trust's arrangements for appraisal have been expanded to ensure that those doctors holding appointments as honorary consultants with the Trust are appraised and revalidated in the same way as Trust employed consultants.

- The Trust has taken on board the recommendation to ensure all doctors working for the Trust, including agency locums and salaried GPs are compliant with the appraisal/revalidation process. These doctors must provide current proof of DBS, Fitness to work, GMC registration and their latest appraisal summary before they can be employed.

Strategic priorities this paper supports (Please check box including brief statement)

Improving service user satisfaction	<input checked="" type="checkbox"/>	Maintaining a high level of compliance with GMC revalidation requirements supports service user confidence and satisfaction.
Improving staff satisfaction	<input checked="" type="checkbox"/>	Appraisal and revalidation provides a system in which consultants/doctors can reflect on events and improve or change how they practice in the future to provide better care.
Maintaining financial viability	<input type="checkbox"/>	

Committees/Meetings where this item has been considered:

Date	Committee/Meeting
	The RO, the Trust Medical Appraisal Lead, the Medical Workforce Manager and the Medical Appraisal and Revalidation Administrator meet weekly to consider all doctors scheduled for revalidation and to consider all other issues relating to medical revalidation and appraisal. The production of this report was overseen and approved by that group.

Implications:

Equality Analysis	This paper has no direct impact on equalities.
Risk and Assurance	Not having a robust system for Revalidation in place carries risks of professional and legal liability, impact on patient care and reputational damage. The Trust has set up systems to address this and will continue to review our processes.
Service User/Carer/Staff	The appraisal and revalidation systems ensure that all aspects of a doctor's practice are carefully reviewed on an annual basis. Service user feedback forms part of these processes (although not on an annual basis). Reflection and development of practice is fundamental to these processes, and there will be consequent enhancement of the service user experience over time.
Financial	Revalidation and appraisal software are funded by non-recurrent budgets. An annual budget should be set aside for Appraisal and refresher training as well as 360 degree reports
Quality	The introduction of enhanced appraisal for all medical staff has increased the focus on good reflective practice for all issues arising from 360 feed-back, including patient feedback, complaints and Serious Incidents.

Supporting Documents and Research material

a. Revalidation statistics on Page 7 of this report
b.

Glossary

Abbreviation	In full
SARD	Strengthened Appraisal and Revalidation Database
MSF	Multisource Feedback
RO	Responsible Officer
CPD	Continuing Professional Development
DATIX	Online Incident Reporting System
CQC	Care Quality Commission

1.0 Background/Introduction

- 1.1 Revalidation and Appraisal are the processes which enable doctors to demonstrate to the Trust and the GMC that they are up to date, fit to practise and they are compliant with the relevant professional standards.
- 1.2 This is the 5th annual Report to the Trust Board on the development and operation of systems to support Appraisal and Revalidation of medical staff. The Board was provided a progress report dated 1st May 2016. This report is a further progress report for the Board on the Appraisal and Revalidation processes in the Trust.

2.0 Report Content

Software

- 2.1 The software in support of the appraisal and revalidation processes, SARD, was implemented in June 2012. Since that time, all appraisals have been completed online, and the general feedback is that the software is efficient and serves its purpose. A report of 1st February 2016 shows that 96.2% of our doctors were at that time engaged in populating and using the online Appraisal system. The shortfall covers a few doctors who were on long term sick leave, on maternity leave or were newly appointed.
- 2.2 The SARD records for each doctor include data on complaints, serious incidents, legal claims, grievances, capability, disciplinary matters, health issues, probity, appraisals and continuing professional development (CPD). The system is managed and monitored by the Medical Appraisals and Revalidation Administrator to ensure that the information used by the Trust in the process of Revalidation is evidence based, triangulated and can be reproduced if there is a requirement to do so.

- 2.3 At the request of Shared Services (formerly the London Deanery), the Trust has set up a process on DATIX through which details of serious incidents involving trainees are forwarded to the Medical Appraisals and Revalidation Administrator for entry in a database. The Responsible Officer is able to pass on information of concern relating to trainees where necessary to Shared Services, a process that has been working well so far.
- 2.4 The ACP 360⁰ by the Royal College of Psychiatrists is also reported to be going well. Doctors are receiving reports and feedback sent to them and their line managers and appraisers. The Royal College of Psychiatrists states that the principle purpose is to help individuals identify their strengths and those areas that they might wish to think about in terms of their personal and professional development. This 360⁰ assessment forms a key part of the wider appraisal process.
- 2.5 There are also provisions for ACP 270⁰ involving self-assessment ratings and ratings by colleagues for those who do not see patients or see insufficient numbers; each such case is reviewed and agreed by the RO. Each doctor is required to have an ACP 360⁰ or ACP 270⁰ at least once in a 5 year Revalidation cycle.
- 2.6 In addition, Licences have been purchased from Equiniti 360 for 360⁰ Appraisals for those doctors who are not psychiatrists employed by the Trust. These are in the main the doctors working in Paediatrics in the Community Services.

Revalidations made

- 2.7 From 1st April 2016 To 31st March 2017, 15 doctors with a prescribed connection to the Trust had recommendations for Revalidation made to the General Medical Council by the Trust (see figures at end of this report).

Appraisal engagement

- 2.8 Appraisal engagement, that is the number of doctors using SARD for their appraisals, was at 98% as of January 2017. 232 of 276 doctors who had had an appraisal were compliant, that is they had had an appraisal within 12 months of their last appraisal. 44 doctors were non-compliant and of these 29 had an appraisal more than 12 months but less than 15 months after their last appraisal. The remaining 14 doctors were either newly appointed or were on long term sick leave, maternity leave or sabbatical leave. We did have 1 doctor that was non-compliant and was reported to the GMC. This doctor has since left the Trust
- 2.9 The Medical Appraisal Lead and the Medical Appraisal and Revalidation Officer review the records on a weekly basis to ensure that the high level of compliance is maintained.

Deferrals

- 2.10 Recommendations to defer are made based on the Trust having insufficient evidence to revalidate. Doctors that are deferred fall into two categories, those that have been absent from work for a period of time i.e. long term sick, maternity leave or sabbatical, or those that are new to Trust whose revalidation is within the first year.

NHS England returns

- 2.11 The Framework for Quality Assurance for Responsible Officers and Revalidation (replacing the Organisational Readiness Self-Assessment) is a questionnaire that aims to:
- Ensure designated bodies understand what is needed for revalidation and identify and prioritise areas for development;
 - Inform the England Revalidation Delivery Board and the GMC regarding progress towards implementation in England;
 - Feeds into the Annual Organisational Audit (AOA) conducted by NHS England (London) using the Revalidation Management System (RMS).
- 2.12 The Trust completed and submitted the latest self-assessment to NHS England - London in March 2017. No subsequent action plan was required as all the requirements were met. In addition to this, quarterly reports were submitted to NHS England - London.

Job Planning

- 2.13 Associated activities in the Trust concern job planning. These processes allow the managers of services to review on an annual basis the contribution of each doctor to the service provision with a focus on change as the needs of the services develop. As the appraisal process has become more focussed on fitness to practise with a requirement for multiple appraisers in the 5 year revalidation cycle, it has become necessary to revise the job planning processes to make sure that they meet the needs of the Trust. A revised Job Planning Policy has been approved. We are in the process of Piloting the electronic job planning tool available on SARD. If we go ahead with this, it will cost in the region of £6k. per annum. However, the benefits of using the system and providing automated management reports make this a worthwhile investment.

Other matters

- 2.14 The Chief Medical Officer and the Responsible Officer have regular 1:1 discussions about the progress with appraisal and revalidation in the Trust and issues that have arisen. The CMO and RO have continued to meet regularly with the GMC Employment Liaison Adviser.
- 2.15 The Responsible Officer and the Trust lead appraiser continues to attend various conferences and training sessions for Responsible Officers, which include the GMC Responsible Officer Reference Group, the NHS England – London RO Network and the London Regional Appraiser Network.
- 2.16 The Trust's Responsible Officer continues in his role as a Responsible Officer Appraiser for NHS England - London on behalf of The Chief Medical Officer and level 2 Responsible Officer, NHS England – London.
- 2.17 East London NHS Foundation Trust continues to provide training to enable appraisers to carry out their roles. The Trust provided training for 5 new appraisers in 2017 and has implemented local appraiser groups with a lead

appraiser managing each group. The Trust Medical Appraisal Lead will meet with each group, and provide supervision to the local appraisal leads, to ensure Trust policy and direction is followed.

- 2.18 The RO had a Trust appraisal with the Chief Medical Officer on 20th December 2017, next one is on 20th December 2018. He had his responsible officer appraisal on 6th December 2017, next one is on 6th December 2018.
- 2.19 The Revalidation of doctors in training has been through the Annual Review of Competence Progression (ARCP) by Health Education England since 1st April 2013.

3.0 Recommendations

- 3.1 The Board is asked to receive the report and approve the statement of compliance confirming the Trust is complying with the Responsible Officer regulations. It is recommended that the Board continue to support the processes related to the Revalidation of doctors.

4.0 Action being requested

- 4.1 The Board/Committee is asked to **RECEIVE** and **NOTE** the report for information. **CONSIDER** whether appropriate assurance continues to be provided.

Statistics showing revalidation and deferrals by the Trust from 2-13 to 2020.

Revalidations							
2013	2014	2015	2016	2017	2018	2019	2020
26	46	78	35	6	55	78	91

Deferrals				
2013	2014	2015	2016	2017
0	16	16	8	6

