

**REPORT TO THE TRUST BOARD  
23 FEBRUARY 2017**

<b>Title</b>	<b>Revalidation of Doctors Progress Report</b>
<b>Author</b>	Dr Deji Oyeboode Deputy Medical Director & Responsible Officer
<b>Accountable Executive Director</b>	Dr Kevin Cleary, 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, which is a statutory requirement. The Board is asked to:

- a) RECEIVE and NOTE the report
- b) CONSIDER whether appropriate assurance continues to be provided.

**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 360<sup>0</sup> 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.
- The Trust has purchased and uses a 360<sup>0</sup> appraisal package from Equiniti for doctors who are not psychiatrists, who are in the main, a few paediatricians working in the Community Services.
- The Trust appointed a new Medical Appraisal and Revalidation Administrator with effect from 1<sup>st</sup> February 2016.
- The Trust completed its last Annual Organisational Audit in May 2016. No issues were identified in our practice which required remedial action.
- Trust appraisers have undergone the required training for the Trust appraisal processes. 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 mental health services in Luton and Bedfordshire transferred from the South Essex Partnership NHS Foundation Trust (SEPT) to the Trust on 1st April 2015. The doctors for whom East London NHS Foundation Trust (ELFT) is now the Designated Body were fully integrated into the Trust's arrangements for appraisal and revalidation by 31<sup>st</sup> March 2016.

**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 where 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	The absence of a robust system for Revalidation carries risks of professional and legal liability, a negative impact on patient care and reputational damage. The Trust has set up systems to continue to review our processes to ensure compliance with GMC requirements.
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	Recurrent budgets fund the posts involved in revalidation and appraisal, and the revalidation and 360 degree appraisal software. Training associated with these processes is funded through the Post-Graduate Medical Education budget.
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 SI's.

**Supporting Documents and Research material**

a. Revalidation statistics on Page 7 of this report
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## 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 and fit to practise and are compliant with the relevant professional standards.
- 1.2 The RO made reports to Service Delivery Board on 15<sup>th</sup> July 2015, and to the Trust Board on 1<sup>st</sup> September 2015. This report is a further progress report 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 record for each doctor includes 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 information about concerns relating to trainees where necessary to Shared Services, a process that has been working well and is welcomed by Shared Services and Lead Training employers.
- 2.4 The Medical Appraisal Lead and the Medical Appraisal and Revalidation Administrator carry out a review of Datix reports involving all other doctors (not in training) in the Trust on a weekly basis. The aim is to ensure that all relevant information is included in doctors' SARD records where appropriate for reflection in the annual appraisal process.
- 2.5 The ACP 360<sup>0</sup> system licensed by the Royal College of Psychiatrists is functioning effectively. Doctors are receiving reports, and feedback is 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 360<sup>0</sup> assessment forms a key part of the wider appraisal process.

- 2.6 There are also provisions for ACP 270<sup>0</sup> 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 360<sup>0</sup> or ACP 270<sup>0</sup> at least once in a 5 year Revalidation cycle,
- 2.7 In addition, a Licence has been purchased from Equiniti 360 for 360<sup>0</sup> 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

- 2.8 From 1<sup>st</sup> April 2015 To 31st March 2016, 107 doctors with a prescribed connection to the Trust had recommendations for Revalidation made to the General Medical Council by the Trust (see figures at the end of this report).

#### Appraisal engagement

- 2.9 Appraisal engagement, that is the number of doctors using SARD for their appraisals, was at 96.2% as of January 2016. 229 of 263 doctors who had had an appraisal were compliant, that is they had had an appraisal within 12 months of their last appraisal. 22 doctors were non-compliant and of these 6 had had an appraisal more than 12 months but less than 15 months after their last appraisal. The remaining 16 doctors were either newly appointed or were on long term sick leave, maternity leave or sabbatical leave.
- 2.10 The Medical Appraisal Lead and the Medical Appraisal and Revalidation Officer review the records on a daily basis to ensure that the high level of compliance is maintained.

#### 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 May 2016. No subsequent action plan was required as all the requirements were met. In addition to this, quarterly reports were submitted to NHS England - London.

NHS England – London Independent Verification Visit

- 2.13 A visit by the NHS England – London Independent Verification Team took place on 25<sup>th</sup> June 2015. The Trust subsequently received a report which was generally positive and complimentary about our processes. The recommendations were considered and implemented in our plans for the subsequent year.

CQC Inspection

- 2.14 At the time of the CQC inspection in June 2016, questions were raised about the lack of records held by the Trust relating to the appraisal and revalidation of those Salaried GPs employed by the Trust, about 20 posts. The issue arose because the GPs employed by the Trust are appraised and revalidated through the mechanisms set up by NHS England – London for GPs. The Trust was not entitled to see the outcomes of these processes because under GMC rules, the RO and appraisers were all outside the Trust. The issue has now been resolved and clear lines of communication relating to the outcome of the appraisal processes have been set up between our RO and our GPs. The Trust RO has made representations about the regulations relating to the confidentiality of data in these circumstances to the GMC and NHS England – London.

Job Planning

- 2.15 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 prepared and is in the processes of consultation and approval.

Other matters

- 2.16 The Medical Director 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 MD and RO have continued to meet regularly with the GMC Employment Liaison Adviser.
- 2.17 The Responsible Officer has continued 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.
- 2.18 The Trust's Responsible Officer continues in his role as a Responsible Officer Appraiser for NHS England - London on behalf of the NHS England - London Medical Director and Level 2 Responsible Officer.
- 2.19 East London NHS Foundation Trust continues to provide training to enable appraisers to carry out their roles. The Trust provided training for 15 new

appraisers in June 2016 and has also planned a four further appraiser support days the near future for existing appraisers.

- 2.20 The RO had an appraisal with the Medical Director on 14<sup>th</sup> December 2015. A Responsible Officer appraisal by NHS England – London took place on 6<sup>th</sup> January 2016.
- 2.21 The Revalidation of doctors in training has been through the Annual Review of Competence Progression (ARCP) by Health Education England since 1<sup>st</sup> April 2013.

### 3.0 Recommendations

- 3.1 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 is asked to:
  - c) **RECEIVE** and **NOTE** the report
  - d) **CONSIDER** whether appropriate assurance continues to be provided.

**Statistics showing revalidation and deferrals requested by the Trust.**

		Revalidation					
2013	2014	2015	2016	2017	2018	2019	2020
26	46	78	35	6	43	78	91
Deferrals							
2013	2014	2015	2016				
0	16	16	8				
	10	8	6	Subsequently Revalidated			
	6	6	1	The Trust ceased to be the designated body			
		1	1	Long Term Sick			
		1		Mat Leave			

