

**REPORT TO THE QUALITY ASSURANCE COMMITTEE  
2 NOVEMBER 2020**

<b>Title</b>	Revalidation and Appraisal of Doctors
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**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:**

- 1.1 In March 2020 all medical appraisals were suspended by the GMC because of the Covid 19 pandemic. All revalidations from March 2020 were also postponed for one year. In accordance with GMC advice received 6<sup>th</sup> September 2020 medical appraisals should be resumed on a flexible basis. We will be resuming appraisal from 1<sup>st</sup> October 2020.
- 1.2 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.
- 1.3 The 360<sup>o</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. It also provides a 270 process for non-patient facing roles.
- 1.4 The Trust has purchased and uses a 360<sup>o</sup> appraisal package from Equiniti for doctors who are not psychiatrists, in the main, a few paediatricians working in the Community Services.
- 1.5 The Trust completed its last Annual Organisational Audit in June 2019. No issues were identified in our practice which required remedial action. The NHE & NHSI suspended AOA for 2020.
- 1.6 The Trust's Responsible Officer (RO), Dr Oyebode, has continued to attend various conferences and training sessions for Responsible Officers.
- 1.7 Dr Oyebode also continues as an Appraiser for Responsible Officers for NHS England & NHSI.
- 1.8 Trust appraisers have undergone the required training for the appraisal process. Refresher training is being arranged as well as training for new appraisers.
- 1.9 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.

1.10 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. Appraisal summaries and Job Plans are tracked throughout their employment. The Trust has also introduced a process where salaried GPs in the Trust must complete a Trust management review. This will be sent to the GP's appraiser for inclusion and reflection in the Performance List appraisal.

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

Improved experience of care	<input checked="" type="checkbox"/>	Maintaining a high level of compliance with GMC revalidation requirements supports service user confidence and satisfaction.
Improved staff experience	<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.
Improved Value	<input type="checkbox"/>	
Improved Population Health Outcomes	<input type="checkbox"/>	

**Committees/Meetings where this item has been considered:**

Date	Committee/Meeting
	The RO, the Trust Medical Appraisal Lead, the People Business Partner Medical Manager and the Medical Appraisal and Revalidation Manager 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 the 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.
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### Supporting Documents and Research material

a. Revalidation statistics on Page 7 of this report
b. Appendix A :- NHS England Annual Organisational Audit 2018-2019

### 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
DBS	Disclosure & Baring Service
ARCP	Annual Review or Competence Progression

## 2.0 Background/Introduction

- 2.1 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.
- 2.2 This is the 8th annual Report to the Trust Board on the development and operation of systems to support Appraisal and Revalidation of medical staff. The Board is provided with a regular dashboard report. This report is a further progress report for the Board on the Appraisal and Revalidation processes in the Trust.

## 3.0 Report Content

### Software

- 3.1 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.
- 3.2 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 Manager 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.

- 3.3 The ACP 360<sup>0</sup> 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 principal 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. We are working with ACP360 to develop an anonymized Trust wide graphic of the feedback. This is work in progress.
- 3.4 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.
- 3.5 In addition, Licences have 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

- 3.6 From 1<sup>st</sup> April 2019 to 31st March 2020, 59 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

- 3.7 Appraisal engagement, that is the number of doctors using SARD for their appraisals, was at 96% as of January 2020. We completed 224 appraisals last year. Some appraisals have not been completed due to being new starters, some staff being on maternity leave and long term sick leave. The RO has the ability to extend the appraisal period up to 15 months for good reasons. However the SARD system triggers the non compliant appraisal at 12 months. For the 3 months after Mid-March 2020 it is difficult to include any meaningful figures as the GMC suspended appraisals. The Trusts completed appraisal rate is currently at 40%. This is due to the GMC suspension of medical appraisals. Once we have re-started appraisals from 1<sup>st</sup> October 2020 and adjusted dates accordingly this should rise to an acceptable level quite quickly. The GMC instruction was that the Trust needs to be flexible and understanding in the return to appraisals. However we will endeavour to catch up where ever possible on lost time.
- 3.8 The Medical Appraisal Lead (MAL) reviews the appraisal records on a weekly basis to ensure that the high level of compliance is maintained. The Medical Revalidation Manager reviews the content of the portfolio to ensure the documentation is consistent with requirements.

### Deferrals

- 3.9 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

- 3.10 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 and NHSI using the Revalidation Management System (RMS). See Appendix A.

- 3.11 The Trust completed and submitted the latest self-assessment to NHS England and NHSI in June 2019. There has been no self-assessment requested in 2020 due to the Covid 19 pandemic. No subsequent action plan was required as all the requirements were met. Quarterly reports submitted to NHS England and NHSI will resume in 2021.

### Job Planning

- 3.12 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 piloted the electronic job planning tool available on SARD. It was agreed to go ahead with this from April 2018, at a cost in the region of £16k. per annum. The benefits of using the system and providing automated management reports make this a worthwhile investment. From 1<sup>st</sup> January 2019 the Chief Medical Officer (CMO) mandated that all job plan must be completed using the SARD job planning tool. Currently 90% (265 of 291 doctors) have used the SARD job planning tool.

### Other matters

- 3.13 The Chief Medical Officer (CMO) and the Responsible Officer (RO) 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.

- 3.14 The RO and the Trust MAL continue to attend various conferences and training sessions for Responsible Officers and Medical Appraisal Leads, which include London RO and MAL networks organised by NHSE and NHSI. The RO is also a member of the GMC Responsible Officer Reference Group.
- 3.15 The Trust's RO continues in his role as an RO Appraiser for NHS England and NHSI on behalf of The London Regional Medical Director and level 2 Responsible Officer.
- 3.16 East London NHS Foundation Trust continues to provide training to enable appraisers to carry out their roles. The Trust provided training for 10 new appraisers in 2018/19. Going forward the training provider has provided an online training course in order that it can be provided remotely. We have also implemented local appraiser groups with the appraisal leads 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 are followed.
- 3.17 The RO had a Trust role review on 18<sup>th</sup> December 2019, next one is on or before 17<sup>th</sup> December 2020. He has also had his Responsible Officer appraisal with NHSE and NHSI on 13<sup>th</sup> January 2020, next one is due on or before 12<sup>th</sup> January 2021.
- 3.18 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 and continues to be so.

#### **4.0 Recommendations**

- 4.1 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.

#### **5.0 Action being requested**

- 5.1 The Quality Assurance Committee is asked to:
- a) RECEIVE and NOTE the report for information
  - b) CONSIDER whether appropriate assurance continues to be provided.

**Statistics showing revalidation and deferrals by the Trust from 2013 to 2020.**

Revalidation							
2013	2014	2015	2016	2017	2018	2019	2020
26	46	78	35	6	53	65	59

Defferals							
2013	2014	2015	2016	2017	2018	2018	2019
0	16	16	8	6	1	1	7

