

Title:	Medical Revalidation Report including Guardian of Safe Working Hours Annual Report		
Report to:	Trust Board		
Meeting:	27-09-2023	Agenda item: 12	
Purpose of the report:	For Noting ✓	For Decision ✓	

Executive Summary

This report updates the Board on arrangements within the Trust in relation to medical revalidation in the year 2022-23.

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was published in April 2014.

As part of the assurance in relation to medical staff, the Trust's Guardian of Safe Working confirms there are no issues in relation to the employment of medical trainees (junior doctors) regarding their contract of employment. Specifically, no issues have been raised in relation to lack of educational opportunities or excessive working hours during the period covered.

Recommendation

The Board is asked to:

- **Note** the report.
- **Approve** the statement of compliance at Section and authorise the Trust Chair or Chief Executive to sign page 9 of the report for return to NHS England.

Report author:	John Ward		Medical Workforce Lead	
Executive sponsor:	Dr David Vickers		Medical Director & Responsible Officer	
Assurance level:	Substantial <input checked="" type="checkbox"/>	Reasonable <input type="checkbox"/>	Partial <input type="checkbox"/>	No assurance <input type="checkbox"/>
Rationale for Assurance rating	<ul style="list-style-type: none"> • Key evidence in the report • Subject matter experts' opinion / recommendation 			
Assurance action	None			

How the report supports achievement of the Trust Strategic Objectives:

Provide outstanding care	Medical revalidation is a means of assessing and conforming that medical practitioners are up to date and fit to practice and thereby able to provide safe and effective patient care.
Be Collaborative	Not relevant to this paper.
Be an excellent employer	See outstanding care section.
Be Sustainable	Not relevant to this paper.

Equality and Diversity Objective
Not relevant to this paper.

Links to Board Assurance Framework risks / Trust risk register

Not Applicable.

Legal and Regulatory requirements

The Medical Profession (Responsible Officers) Regulations, 2010 (as amended 2013).
The General Medical Council (Licence to Practice and Revalidation) Regulations 2012.

Previous Papers (last meeting only)

Title:	Medical Appraisal and Revalidation Annual Report 2021/22
Date:	28 September 2022

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020 but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g., consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time.

Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer,
- c) act as evidence for CQC inspections.

Designated Body Annual Board Report

Section 1 – General:

The Board of Cambridgeshire Community Services NHS Trust can confirm that:

An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Yes. Dr David Vickers

The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes.

An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Yes.

All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Yes.

A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

No.

A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Where appropriate the necessary facilitation/support is provided to doctors in such circumstances

Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.¹

Yes.

Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

N/A

There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Yes, the Trust is still awaiting an updated national policy. Upon the updated national policy being updated – the local policy will be reviewed in line with the national policy. In the event a revised national policy is not released, this policy will be subject to review as part of standard Trust process.

The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Yes.

Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers² or equivalent).

Yes.

¹ For organisations that have adopted the Appraisal 2020 model (recently updated by the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet moved to the revised model may want to describe their plans in this respect.

² <http://www.england.nhs.uk/revalidation/ro/app-syst/>

The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Yes. The appraisal system is currently going through a period of change. The Trust has purchased Allocate Software and the project has recently commenced; it is anticipated that this project will start to be rolled out in November 2023.

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation: Cambridgeshire Community Services	
Total number of doctors with a prescribed connection as at 31 March 2023	64
Total number of appraisals undertaken between 1 April 2022 and 31 March 2023	58
Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023	6
Total number of agreed exceptions	6

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Yes.

Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Yes.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Yes.

Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Yes. Conduct and performance is monitored through general management, with the support of the Medical Director and Human Resources Team. All doctors have access to information on their complaints, incidents, and activity

There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Yes. The Trust has a Maintaining High Professional Standards procedure which is ratified.

The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.³

Any doctor subject to MHPS process is notified to a designated Board non-executive director. External Support is provided by NHS Resolution and most cases are supported via the Trust's legal advisors.

³ This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.⁴

Yes.

Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Yes. If there are any concerns raised, the Medical Director considers such concerns with the advice of senior Human Resources colleagues (where deemed appropriate).

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Yes.

Section 6 – Summary of comments, and overall conclusion

The Trust has purchased the Allocate Software which is currently in the early stages of implementation. The software includes an online platform for doctors to undertake their appraisals and undertake patient and colleague feedback.

The Board can take assurance that the Trust is compliant with the requirements for medical appraisal and revalidation with all medical staff actively engaged in the process, and appropriate systems in place to support them.

⁴ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

Section 7 – Statement of Compliance:

The Board of Cambridgeshire Community Services NHS Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Chief executive or chairman

Official name of designated body: Cambridgeshire Community Services NHS Trust

Name: _____

Signed: _____

Role: _____

Date: _____