

## TRUST BOARD

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| Title:   | <b>Medical Appraisal and Revalidation: Annual Board Report 2017/18</b> |
| Action:  | <b>FOR DECISION</b>  |
| Meeting: | <b>12 September 2018</b>   |

### Purpose:

Medical Revalidation was launched by the General Medical Council (GMC) in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical profession.

The process involves a five year cycle of annual appraisals, with both patient and peer feedback, to support the Responsible Officer, Dr David Vickers, in making a recommendation to the GMC in relation to that individual's fitness to retain a license to practice medicine.

It is a requirement that the Trust Board receives an annual report on Revalidation and submits an annual statement of compliance to NHS England (NHSE). The Department of Health (DoH) and NHSE provide guidance on the content of the annual report and this paper follows that format.

This report's purpose is to update the Board on arrangements within the Trust and performance in achieving compliance with the process.

### Recommendation:

The Board is asked to

- **Note** the report, and that it will be shared (along with the already submitted annual organisational audit) with the higher level Responsible Officer (Dr David Levy, Regional Medical Director, NHSE).
- **Approve** the statement of compliance at Appendix A, confirming that the Trust as a Designated Body complies with the regulations.

|                    | Name                          | Title  |
|--------------------|-------------------------------|--|
| Author:            | John Ward<br>Dr David Vickers | Medical Services Manager<br>Medical Director and Responsible Officer |
| Executive sponsor: | Dr David Vickers              | Medical Director and Responsible Officer                             |



## **1. Executive summary**

- 1.1 During 2017-18 the Trust employed 66 doctors for whom it was the Designated Body in relation to their appraisal and revalidation. This included 38 Consultants, 23 SAS (Specialty Doctor and Associate Specialists), and 5 Temporary short term contract holders.
- 1.2 58 doctors completed an annual appraisal in the period between 1<sup>st</sup> April 2017 and 31<sup>st</sup> March 2018.
- 1.3 Of the 8 doctors who did not complete appraisal within time, the RO accepted reasons for these, which included new starters joining the organisation and therefore not appropriately due an appraisal in this period, doctors on return to work programmes, doctors within formal employment processes and doctors on career break and not performing clinical duties in the period.
- 1.4 The appraisal rate was 87.9% (defined as completed within time). All doctors are engaged in the appraisal process, with no referrals made to the GMC for non-engagement.
- 1.5 The annual return to NHS England was submitted on time.

## **2. Background**

- 2.1 The Trust has a statutory duty to support its Responsible Officer in discharging his duties under the Responsible Officer Regulations and it is expected that the Board will oversee compliance by:
  - Monitoring the frequency and quality of medical appraisals in the organisation;
  - Checking there are effective systems in place for monitoring the conduct and performance of their doctors;
  - Confirming the 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.

## **3. Governance Arrangements**

- 3.1 Medical appraisal and revalidation is supported by the Medical Staffing team from CPFT via a Service Level Agreement. The team has access to GMC Connect to ensure that the list of doctors for whom the Designated Body is responsible is up to date.
- 3.2 All complaints involving medical staff are notified to the Responsible Officer.
- 3.3 The Trust's Clinical Governance team provide relevant information on request to medical staff to support their appraisals.

- 3.4 The Trust uses a Medical Appraisal Policy which has been formally agreed through the Trust's Medical and Dental Negotiating Group.

## 4. Medical Appraisal

### 4.1 Appraisal and Revalidation Performance Data

- In the 2017-18 Revalidation year the Trust was responsible for 66 doctors including 38 Consultants, 23 SAS, and 5 Temporary / short term contract holders.
- Number of completed appraisals was 58. The completed within timescale rate was 87.9% (comparator Trusts 94.1%) which is an improvement on the previous year's rates of 82.3% (95.1%).
- Number of doctors in remediation and disciplinary processes was 1.

- 4.2 **Appraisers:** The Trust provided bespoke appraiser refresher training for appraisers during this period.

- 4.3 **Quality Assurance:** All portfolios are reviewed by the Responsible Officer to quality assure them prior to their use for revalidation. In addition, the Trust currently seeks feedback from appraisers and appraisees via a Survey Monkey questionnaire. Medical Staffing also track the appraisals process and remind doctors of timescales.

The recent internal audit programme included a review of medical appraisal and revalidation. This external audit made a series of recommendations which feature in a comprehensive action plan which has been worked through by the Medical Director, Medical Appraisal Leads, Clinical Directors and the Medical Services Team.

A particular action was developing the Quality Assurance of appraisals, and a significant amount of work has been undertaken already in this area with a new process is in the process of being drafted to provide assurance that the appraisal and revalidation process meets the requirements of NHS England. The Associate Medical Director (iCaSH) is currently undertaking an audit of quality of appraisals. The Clinical Lead for Community Paediatrics (Luton) has recently taken on the role of Leas Appraiser.

- 4.4 **Access, security and confidentiality:** All completed appraisals are stored on a secure server. No patient identifiable material has been found in appraisal documents during 2017-18, and both appraisers and appraisees understand that patient identifiable information should not be included in appraisals portfolios.

- 4.5 **Clinical Governance:** Currently doctors are provided with clinical governance data on request. All complaints are notified to the Responsible Officer.

- 4.6 **Patient and colleague feedback:** The Trust uses Survey Monkey to seek colleague feedback, and a GMC compliant form to seek patient feedback. This is administered by the CPFT Medical Services team, and results collated for individual doctors.

## 5. Revalidation Recommendations made between 1 April 2017 – 31 March 2018

- Number of recommendations: 3
- Recommendations completed on time: 3
- Positive recommendations: 3
- Deferral requests: 0
- Non-engagement notifications: none

## 6. Recruitment and engagement background checks

The Trust undertakes all checks required to the national standards required. This is achieved by local Line Managers, via the CCS HR Team and via the Medical Services Team at CPFT.

## 7. Monitoring Performance

The Trust monitors and manages performance using the ratified policy “Managing Concerns with Medical and Dental Employees”, also known as “Maintaining High Professional Standards”.

## 8. Responding to Concerns and Remediation

The Trust has adopted the national policy framework ‘Maintaining High Professional Standards in the Modern NHS’ and uses this framework in responding to concerns and agreeing remediation.

## 9. Risk and Issues

None identified.

## 10. Corrective Actions, Improvement Plan and Next Steps

The Trust needs to strengthen its quality assurance of appraisals. In 2016 the Associate Medical Director iCaSH and Clinical Lead, Community Paediatrics Luton attended Lead Appraiser training. The Trust is reviewing medical leadership roles, and will incorporate responsibility for quality assurance into these roles.

The 2016/17 Internal Audit programme included a review of medical appraisal and revalidation. This external audit made a series of recommendations which featured in a comprehensive action plan which has been worked through by the Medical Director, Medical Appraisal Leads, Clinical Directors and the Medical Services Team.

## 11. Recommendations

The Board is asked to

- **Note** the report, and that it will be shared with the higher level Responsible Officer.
- **Approve** the statement of compliance at Appendix A, confirming that the organisation as a Designated Body complies with the regulations.

## Appendix A - Designated Body Statement of Compliance

The Board of Cambridgeshire Community Services NHS 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;
2. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained;
3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;
4. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent);
5. All licensed medical practitioners 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;
6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners, 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;
7. There is a process established for responding to concerns about any licensed medical practitioners fitness to practise;
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
9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners have qualifications and experience appropriate to the work performed; and
10. A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

Signed on behalf of the Designated Body:

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| Nicola Scrivings<br>Trust Chair<br>Date: 12.9.18 | Matthew Winn<br>Trust Chief Executive Officer<br>Date:12.9.18 |