

TRUST BOARD

Title:	Medical Appraisal and Revalidation Annual Report 2020/21
Action:	FOR APPROVAL
Meeting:	15 September 2021

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 with the higher-level Responsible Officer (NHSE).
- **Approve** the statement of compliance at Section 7, confirming that the Trust as a Designated Body complies with the regulations.

	Name	Title
Author:	Dr David Vickers	Medical Director and Responsible Officer
Executive sponsor:	Dr David Vickers	Medical Director and Responsible Officer

Statement of Compliance:

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

Designated Body Annual Board Report

Section 1 – General:

The board / executive management team – *[delete as applicable]* of *[insert official name of DB]* can confirm that:

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

Dr David Vickers is formally appointed to the post of Responsible Officer

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. The Trust has a manual spreadsheet to monitor the appraisal progress and provide an accurate record of the status across all medical staff with a proscribed connection to the Trust.

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

Yes. There is a current revalidation and appraisal policy, which is subject to formal review, in line with Trust processes.

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

A GMC-approved appraiser training has been provided with refresher courses available to all continuing appraisers who are required to attend every three years, in accordance with CCS policy. Failure to refresh training leads to cessation of appraiser role until training is done.

During the 2019/20 year, the medical appraisal and revalidation process was reviewed as part of the Trust's programme of Internal Audit, and the resulting action plan has been implemented within the appraisal and revalidation process.

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

1. 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. For organisations that have adopted the Appraisal 2020 model, 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 used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

For a significant proportion of the 2020/21 appraisals were on hold at a national level, owing to the CoVid19 pandemic and therefore a significant proportion of doctors did not complete an appraisal during the period. The Trust have since adopted the revised appraisal document.

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

As mentioned above, the reason for the majority of appraisals not having taken place, has been due to the CoVid-19 pandemic.

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).

There is a ratified Medical Appraisal and Revalidation Policy in place.

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 Appraisers¹ or equivalent).

Yes. The appraisal lead undertakes quality assurance against appraisals, which includes assessing a number of the annual appraisals undertaken throughout the year. The appraisal lead feeds back to the responsible officer on findings. As detailed above the approved appraisers also partake in training, and refresher training, at least every three years.

¹ <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.

The Appraisal Lead undertakes audits on a periodic basis. The Appraisal and Revalidation process is also subject to periodic independent audit process.

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:	
Total number of doctors with a prescribed connection as at 31 March 2021	58
Total number of appraisals undertaken between 1 April 2020 and 31 March 2021	24
Total number of appraisals not undertaken between 1 April 2020 and 31 March 2021	34
Total number of agreed exceptions	34

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. All recommendations to the GMC have been made in a timely manner.

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.²

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

In the 2019/20 report it was anticipated that the Trust would develop its approach to quality assurance of its response to concerns about doctors. This work had been paused for a significant proportion of the year due to appraisals being on hold for all medics for a significant proportion of the year due to the coronavirus pandemic. This work has started to be revisited by the Trust appraisal lead, with a view to completing the work during the remainder of the 2021-22 financial year.

² 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.³

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

In the 2019/20 report it was anticipated that the development of our approach to quality assurance of its response to concerns about doctors would be addressed. Due to ongoing challenges and appraisals being put on hold nationally for a significant part of the current appraisal year, this work has not progressed. However, this work has recently been revisited and is now underway. It is forecast that this piece of work will be completed by the end of the 2021-22 financial year.

³ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

The Board can take substantial 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.

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

Official name of designated body: Cambridgeshire Community Services NHS Trust

Name: Matthew Winn

Signed: _____

Role: Chief Executive

Date: 15 September 2021