

TRUST BOARD

Title:	Medical Appraisal and Revalidation Annual Report 2019/20
Action:	FOR APPROVAL
Meeting:	16 September 2020

Purpose:

The purpose of this report is to update the Board on arrangements within the Trust and performance in achieving compliance with Medical Revalidation process.

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.

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

Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	Medical revalidation is a means of assessing and reconfirming that doctors are up to date and fit to practice and thereby in the best position to provide safe and effective patient care.
Collaborate with others	Not applicable
Be an excellent employer	Medical revalidation is a means of assessing and reconfirming that doctors are up to date and fit to practice and thereby in the best position to provide safe and effective patient care.
Be a sustainable organisation	Not applicable

Trust risk register

NA

Legal and Regulatory requirements:

The Medical Profession (Responsible Officers) Regulations, 2010 (as amended 2013)

The General medical Council (Licence to Practise and Revalidation) Regulations 2012

Previous Papers:

List related papers previously presented to this Board/committee including title and date when presented.

Title:	Date Presented:
Medical Appraisal and Revalidation Report	September 2019

Diversity and Inclusion implications:

Objective	How the report supports achievement of objectives:							
To re-launch the Trust Staff Diversity Network and, where staff indicate a desire, to establish protected characteristics specific sub networks. The Networks to be a forum for staff to share experiences, review the Trust Diversity and Inclusion Policy and practices and to give feedback and suggestions on how the Trust can support its diverse workforce and seek to eliminate any bias.	There are no specific equality and diversity implications.							
To introduce reverse mentoring into all our in house management and leadership development programmes, to promote diverse leadership through lived experiences.	There are no specific equality and diversity implications.							
We will measure the impact of our virtual clinical platforms, ensuring that they are fully accessible to the diverse communities we serve.	There are no specific equality and diversity implications.							
We will ensure that the recruitment of our volunteers are from the diverse communities they serve.	There are no specific equality and diversity implications.							
Age <input type="checkbox"/>	Disability <input type="checkbox"/>	Gender Reassignment <input type="checkbox"/>	Marriage and Civil Partnership <input type="checkbox"/>	Pregnancy and Maternity <input type="checkbox"/>	Race <input type="checkbox"/>	Religion and Belief <input type="checkbox"/>	Sex <input type="checkbox"/>	Sexual Orientation <input type="checkbox"/>

Section 1 – General

1. *The Annual Organisational Audit (AOA) for this year has been submitted.*

No, as this process was suspended for 2019/20 as part of the pandemic coronavirus response, as instructed in a letter from the National Responsible Officer on 19 March 2020. This letter also suspended medical appraisal, which was subsequently restarted by the Trust Responsible Officer in July 2020, in line with guidance from the GMC. The emphasis is on professional support rather than documentation with a clear focus on the doctor's wellbeing and professional development in the context of the pandemic especially for colleagues at increased personal risk from Covid-19, including doctors with pre-existing conditions or other factors such as Black, Asian or Minority Ethnic status, increasing age or pregnancy. Doctors will prepare using the Trust electronic appraisal form, though with reduced expectations around supporting information.

2. *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.

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

Yes.

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

Yes. The Trust has a database system to monitor the appraisal progress and provide an accurate record of the current status.

5. *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.

6. *A peer review has been undertaken of this organisation's appraisal and revalidation processes.*

GMC approved appraiser training has been provided with refresher courses every 3 years to which all continuing appraisers are required to attend, in accordance with CCS policy. Failure to refresh training leads to cessation of appraiser role until training is done.

The medical appraisal and revalidation process has been reviewed as part of the Trust's programme of Internal Audit, and the resulting action plan completed and incorporated into the appraisal and revalidation process.

7. *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 2 – 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.*

94.5% of connected doctors have received an annual appraisal covering a doctors' whole practice. Of the remaining 5.5% there are validated reasons approved by the responsible officer for not having undertaken an appraisal.

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

The majority of instances where appraisal haven't occurred during 2019/20 has been due to maternity leave. In the other instance, the reason has been validated by the Responsible Officer.

3. *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.

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

Yes.

5. *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 Appraisers or equivalent).*

Yes. The appraisal lead undertakes quality assurance against appraisals, which includes assessing a minimum of 20% 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.

6. *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 system includes audits which are undertaken by the Trust appraisal lead, who assesses the appraisals for quality. A report is then fed to the Medical Director to assess and address any issues as appropriate. The 2019 audit, conducted using the Progress tool (as recommended by NHSE) demonstrated good quality of appraisals.

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.

2. *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. All doctors have access to information on their complaints, incidents and activity.

2. *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 (who is the Responsible Officer) and Human Resources Team. All doctors have access to information on their complaints, incidents and activity

3. *There is a process established for responding to concerns about any licensed medical practitioner's 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.

4. *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.*

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 report it was stated that the Trust will develop its approach to quality assurance of its response to concerns about doctors. This work has not been progressed t partly due to the onset of the Coronavirus National Incident in early 2020. This will be completed in 2020/21.

5. *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.

Yes.

6. *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 (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 2020-21 the Trust will complete the development of its approach to quality assurance of its response to concerns about doctors, as detailed in section 4, question 4.

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

Signed: Date: 16 September 2020

Matthew Winn

Chief Executive

Official name of designated body: Cambridgeshire Community Services NHS Trust