Trust Board Meeting in Public: Wednesday 14 September 2016
TB2016.91

<table>
<thead>
<tr>
<th>Title</th>
<th>Responsible Officer's Annual Medical Appraisal and Revalidation Report 2015-16</th>
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| Status | This paper has been prepared for the Trust Board |
| History | This is a new paper |

| Board Lead(s) | Dr Tony Berendt, Executive Medical Director and Responsible Officer |
| Key purpose | Strategy | Assurance | Policy | Performance |
Executive Summary

1. This report is presented to the Board for assurance that the statutory functions of the Responsible Officer role are being appropriately and adequately discharged.

2. Details of the Trust's performance in relation to medical appraisal and revalidation, a review of governance arrangements, an analysis of risks and issues, a resulting action plan and an overview of priorities for 2016/17 are presented for review.

3. Recommendation
   3.1 The Board is asked to receive this report, noting that it will be shared, along with the Annual Organisational Audit, with the Tier 2 Responsible Officer at NHS England.
   3.2 The Board is asked to note the Statement of Compliance attached as Appendix 1 of this report confirming that the Trust, as a Designated Body, is in compliance with the regulations.
1. Purpose

1.1. This report is presented to the Board to provide assurance that the statutory functions of the Responsible Officer are being appropriately fulfilled; to report on performance in relation to those functions; to update the Board on progress since the 2015 annual report; to highlight current and future issues; and to present action plans to mitigate potential risks.

2. Background

2.1. Medical revalidation was launched 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 system.

2.2. The purpose of medical revalidation is to assure patients and the public that doctors are up to date and fit to practice.

2.3. Each doctor must have a Responsible Officer who must oversee a range of processes including annual appraisal, and who makes, at five yearly intervals, a recommendation to the GMC in respect of the doctor’s revalidation.

2.4. The Responsible Officer is appointed by the Board of an organisation termed a Designated Body, to which the doctor is linked by a Prescribed Connection. This link is created when a contract of employment, substantive, locum or honorary, is agreed between the doctor and the Designated Body.

2.5. Designated Bodies have a statutory duty under the Responsible Officer Regulations¹ to support their Responsible Officers in discharging their duties. It is expected that provider Boards will oversee compliance by;

2.5.1. Monitoring the frequency and quality of medical appraisals in their organisations.

2.5.2. Checking that there are effective systems in place for monitoring the conduct and performance of their doctors.

2.5.3. Confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors and

2.5.4. 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.

2.6. It should be noted that compliance with these regulations also forms part of the Care Quality Commission’s surveillance model.

2.7. The last report to the Trust Board was submitted in June 2015 for the year 2014-15. Since this date there have been significant changes in both the way in which revalidation is managed internally and externally and the types of challenges faced. The most important of these is that the implementation phase of revalidation has been completed, with a recommendation made in respect of the revalidation of every doctor who held a licence to practice as
of 4th December 2012. Hence the majority of doctors in the UK are now in their second cycle of revalidation.

3. Governance

3.1. The current Responsible Officer (Dr Tony Berendt, Medical Director) was appointed by the Board on 1st April 2014 in line with statutory requirements. He is supported by the Deputy Medical Director, and the Associate Medical Director for Medical Workforce and Engagement, who have both completed the accredited Responsible Officer training. There is also a Medical Director's Office Business Manager (2x0.5 WTE) and a Revalidation Administrator (1WTE) managing the day to day administrative needs of the process. This level of support is substantially less than other organisations and was highlighted in the 2015 RO report following the Independent Verification Visit carried out by NHS England in March/February 2015.

3.2. Progress and compliance with regulations are monitored in a variety of ways. Internally the Medical Revalidation Group (MRG) has overseen the development and implementation of revalidation and appraisal policies, and reports to the Trust Management Executive and Trust Board, via the Workforce Committee, on a quarterly basis. The MRG is currently co-opting two Patient and Public Involvement Representatives to its membership to further increase the scope of its oversight and lay involvement in the revalidation process.

3.3. Other assurance includes, but is not limited to, regular comparative reporting of appraisal compliance and revalidation metrics.

3.4. Externally, the Trust is subject to the oversight of the NHS England Revalidation Team, and completes an Annual Organisational Audit to provide assurance to that body as well as submitting an annual Statement of Compliance (appendix 1).

3.5. Numbers of doctors with a prescribed connection have risen since 2012 and continue to rise but at a slower rate than previously. At the start of the reporting period (1 April 2015) there were 1193 confirmed connections. At the end of the reporting period (31 March 2016) there were 1296 prescribed connections. The current number (August 2016) is c.1310 and stable.

4. Policy and Guidance

4.1. The Medical Appraisal and Revalidation Policy is reviewed annually prior to the start of the new medical appraisal “season” on 1st October each year. The most recent review was in August 2015.

5. Medical Appraisal

5.1. Appraisal Performance Data

5.1.1. During the appraisal period, the Trust was required to complete 1134 appraisals. At the close of the appraisal window (31 March 2016) and as per Trust policy, allowing 28 days for the submission of appraisal paperwork, the Trust’s had received appraisal documentation for 995 doctors (87%). The following charts summarise appraisal
performance for the period 1st April 2015 – 31st March 2016 by Division and Directorate according to Trust policy.

5.2. **Analysis of Results**

5.2.1. The returns figure of 87% (995 individuals) includes those doctors whose missed appraisal was pre-approved for reasons such as maternity leave, long term sick leave, sabbatical etc.

5.2.2. The remaining 13% of doctors (equating to 139 individuals) have now been followed up as part of the missed appraisal audit to establish the reasons for failing to participate according to process.

5.2.3. The number of trained appraisers continues to impact on the appraisal system. Quarterly training courses have been arranged and the Associate Medical Director will be working with newly appointed Divisional Medical Directors during 2016-17 to ensure that appraiser capacity continues to meet demand.
5.2.4. From October 2015 the Trust implemented plans to move to a rolling appraisal process. This led to an increase in compliance with appraisal in non-consultant groups. The ability to assign doctors to an appraiser depending on their personal appraisal history and/or time at the Trust means that more locums and those in the “other” ORSA category such as Clinical Fellows can be better accommodated.

5.2.5. The overall compliance rate to 31st March 2016 (79%) is lower than at the same point in 2015 (86.5%). It should be noted that the final 2014-15 figure declared did include the results of an annual missed appraisal audit and a clear deadline of 14th April by which all appraisal paperwork had to be submitted. At the time of writing only those appraisals due 1st October – 31st December 2015 had been subject to the missed audit process.

5.3. Appraisal Performance Data Against NHS England Parameters

5.3.1. It should be noted that the data shown above differ from those submitted in the Annual Organisational Audit required by NHS England. This is due both to the change from a seasonal to a rolling system and to the parameters for “approved misses” of appraisal differing between the two organisations.

5.3.2. The Trust issues Approved Miss certificates for doctors who have taken periods of maternity leave, sick leave, sabbatical or other agreed periods of extended leave which would make it unfeasible for them to be appraised during the cycle. It counts as complete appraisals those for which a signed off and locked down document has been submitted by the appraiser.

5.3.3. NHS England divide their definition of a completed appraisal into two categories; the first is for appraisals where the meeting has taken place in the three months prior to the anniversary of the last meeting, the paperwork has been submitted within 28 days of that meeting and the entire process took place between 01/04/15 and 31/03/16 (Complete 1a). The second is for appraisals which are confirmed as having taken place but for which the paperwork has yet to be submitted or which took place slightly after the anniversary of the previous meeting (Complete 1b). Finally the definition of an “Approved Miss” is where the above parameters have been breached but this has happened with the approval of the Responsible Officer (Approved Incomplete).

5.3.4. Using these definitions the rate of return is as follows;
<table>
<thead>
<tr>
<th>Total number of prescribed connections at 31 March 2016</th>
<th>Complete 1a</th>
<th>Complete 1b</th>
<th>Approved Incomplete</th>
<th>Unapproved Incomplete</th>
</tr>
</thead>
<tbody>
<tr>
<td>1296</td>
<td>0</td>
<td>789</td>
<td>486</td>
<td>21</td>
</tr>
<tr>
<td>0%</td>
<td>60.9%</td>
<td>37.5%</td>
<td>1.6%</td>
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5.3.5. During the reporting period the Trust had not tracked its appraisal receipts in a way which allowed it to comply with all the requirements needed to obtain a “Complete 1a” rating. Specifically, the Trust did not log the submission date of the appraisal documentation to ensure it was received within 28 days. All receipts logged as received by 31st March 2016 were reported in the “Complete 1b” category. For 2016-17, appraisal submission dates will be logged so that the Trust can report in line with NHS England requirements.

5.3.6. In addition, the move from a seasonal to a rolling system of appraisal meant that some doctors whose appraisal would have been due in March were moved into April to help spread out the historical spike in activity that occurs in March. These appraisals were therefore logged as “Approved Incomplete” because it was the Trust’s decision to give them a one off 13 month cycle.

5.3.7. As a result of the above it can be seen that, according to NHS England parameters, the Trust achieved a 98.4% return with only 21 appraisals due in the reporting period unaccounted for.

5.4. **Review of 2014/15 Action Plan**

5.4.1. Following the decision to move to a rolling as opposed to seasonal appraisal system, no formal action plan from the 2014/15 analysis was submitted for approval. However key points identified as needing action in the report included:

- **5.4.1.1. Appraiser capacity**
- **5.4.1.2. Resource issues within the MDO**
- **5.4.1.3. Improved communications to raise awareness**

5.4.2. Updates on these issues are as follows;

5.4.3. **Appraiser Capacity**

5.4.3.1. A significant amount of recruitment and training has been undertaken over the last 12 months. There are currently 130 active appraisers. Active recruitment will continue during 2016-17 to ensure that appraiser capacity can meet demand.

5.4.4. **Resource issues within the Revalidation Team**

5.4.4.1. The implementation phase of revalidation came to a close on 31st March 2016 and, with it, a significant decrease in the number of recommendations that will need to be made during 2016-7 and 2017-18. The number of recommendations to be made now averages between 15 and 20 per month as opposed to 40-50. This
has had a material difference in workload for the Revalidation administrative team, allowing a focus on implementation of the agreed business plan for increasing resources.

5.4.5. **Improved communications to raise awareness**

5.4.5.1. Progress on the wider communications initiatives that were proposed in the 2014/15 report has been slow due to a focus on processing Revalidation recommendations. There has been a continued programme of monthly appraisal workshops for doctors which has proved popular and useful and the Associate Medical Director has been holding 1:1 meetings with Appraisers. It is intended to use these interventions as a base for planning further communication activities.

5.5. **Audit of Missed Appraisals**

5.5.1. The Trust completes an audit of missed appraisals every year. During 2015-16 the Revalidation team reviewed the appraisal completion rate on a quarterly basis and where documentation was overdue, followed up with individuals to ascertain the reasons for the delay. In the majority of cases appraisals deemed out of Trust process i.e not completed in the appraisal month allocated remained compliant with the GMC’s guidance that the maximum timeframe between appraisals should be 15 months.

5.5.2. At the completion of the missed appraisal audit (31 May 2016) 118 doctors (10%) remained out of Trust process for appraisal. The Revalidation team has conducted a follow up exercise with these doctors and received a further 55 appraisals. As of 31 August, 63 appraisals were outstanding.

5.5.3. A number of appraisals were delayed due to appraiser capacity. Action was taken to ensure that additional appraisers were recruited and monitoring of appraiser capacity continues across all divisions.

5.5.4. Doctors who fail to respond to the audit and have not submitted an appraisal receive a letter from the Responsible Officer confirming that they are in breach of policy, potentially in breach of contract and will be reported to Divisional Management with a view to commencing disciplinary proceedings unless extenuating circumstances can be demonstrated.

5.6. **Appraisers**

5.6.1. There are currently 130 active appraisers responsible for 1327 appraisals per annum (NB this number is higher than the number of prescribed connections because the Trust is obliged to provide appraisal services for military doctors and dental surgeons who have an alternative Responsible Officer and who do not need to revalidate respectively).
5.6.2. Appraiser capacity continued to be one of the biggest challenges during the 2015/16 process despite the provision of regular on-site training courses.

5.6.3. Other pressures on appraiser capacity included;
   5.6.3.1. Leavers having their appraisal before they move to a new employer combined with new starters who need an appraisal within the same time period to comply with GMC requirements.
   5.6.3.2. Some appraisers not being able to commit to the full 10 appraisals.
   5.6.3.3. Resignations of appraisers mid-season, for a variety of reasons including leaving the Trust, retiring from the NHS, alterations to job plans, career breaks, illness and maternity leave.
   5.6.3.4. Appraising doctors with non-standard and portfolio careers; the number of doctors whose understanding of the appraisal and revalidation process was poor, and the pressure of accommodating additional requests towards the end of the season continued to increase the amount of time an appraiser has to spend on each doctor whom (s)he is appraising.

5.6.4. During the period covered by this report 4 Appraiser Network sessions were held to support the continuing professional development of appraisers, provide a forum for challenging cases to be shared and to offer both managerial and peer support.

5.6.5. A second appraiser conference was delivered in September 2015 which was again supported by NHS England and was open to appraisers from other organisations. This was again a resounding success with a third event already commissioned by NHS England for September 2016

5.6.6. Additional support is being offered to appraisers in the form of 1:1s with the Associate Medical Director for Workforce. Priority is being given to newly trained appraisers and those where issues have been identified.

5.6.7. The annual survey of appraisers is being undertaken at the time of writing this report and the results will be submitted to the Medical Revalidation Group for review and agreement of an action plan. This year a question around payment is being included to enable the team to address the PA allocation issue directly with the appropriate clinical management team.

5.7. Quality Assurance
   5.7.1. Each appraisal submitted to the MDO is reviewed for compliance. The following items are checked for quality and recorded on the Responsible Officer’s dashboard – the manual system used for monitoring revalidation;
   5.7.1.1. Correct form used
   5.7.1.2. Conducted by an approved appraiser
   5.7.1.3. All 5 MAG statements positively responded to by appraiser
   5.7.1.4. Key elements for revalidation covered
5.7.1.5. Local requirements for evidence complied with
5.7.1.6. Any fitness to practice issues highlighted
5.7.1.7. Any revalidation issues highlighted
5.7.1.8. Appropriately signed off by doctor and appraiser

5.7.2. The focus from both the GMC and NHS England is very much on quality of evidence and thus a recognised quality assurance tool will be adopted and used to audit a sample of appraisals in the coming year.

5.7.3. For appraisers, records are kept of attendance at Appraiser Network events and those who do not attend at least one per annum will be followed up by the Associate Medical Director for Medical Workforce.

5.7.4. The Associate Medical Director for Medical Workforce is also aiming to have a 1:1 meeting with each appraiser at least once every 2 years and more frequently for those who may be having difficulties or who are underperforming.

5.7.5. A survey of doctors commenced in August 2016 to establish their views on the appraisal process and provide feedback on their appraiser. These data will be compiled into personal reports for each appraiser, which are then provided to them for reflection and inclusion in their own appraisal, as part of the suite of performance and quality metrics they will need to submit for their own revalidation.

5.8. Access, Security and Confidentiality
5.8.1. Completed appraisal forms comprise part of a doctor's revalidation portfolio. This information is securely held on a separate Trust server to which only the Responsible Officer, the Deputy Medical Director, the Associate Medical Director for Medical Workforce and Engagement, the MDO Business Manager, the Revalidation Assistant and the Medical Director's Executive Assistant have access.

5.8.2. Doctors are reminded by the Trust policies and by appraisers that all material containing patient identifiable data which they wish to submit as evidence at their appraisal must be redacted prior to doing so.

5.8.3. At present the Trust does not have an automated online appraisal and revalidation management system. The agreement of a Business Case to purchase an online revalidation management software package should significantly mitigate this concern.

5.9. Clinical Governance
5.9.1. Doctors are required to reflect on their involvement in incidents and complaints at appraisal. These are two of the key components of the revalidation process.

5.9.2. Historically the Trust provided each doctor with a report from the Datix system on any incidents and complaints they may have been involved in over the course of the year in question. However Datix was not designed to provide such information and the practise has been discontinued. Doctors can still request personalised Datix reports but these come with a “health warning” requiring them to check entries carefully and comment on any anomalies. Enquiries are ongoing into better ways of providing this information to doctors to enable learning.
5.9.3. Consultants are now able to use the self service facility linked to ORBIT, the system used by the Trust to collect performance data. A reflection on this is a local requirement which the doctor is expected to bring to his/her appraisal annually.

Medical Revalidation

5.10. **Medical Revalidation Performance Data**

5.10.1. During the period 1st April 2015 – 31st March 2016 the Responsible Officer made 484 revalidation recommendations. Of these were 377 positive, 104 were deferrals and there were 3 cases of failure to engage recommendations made.

5.10.2. The breakdown by date of recommendation relative to the due date is shown below

![Timing of Recommendations Relative to Due Date](image)

![Percentage of Recommendations Made Relative to Due Date](image)

5.11. **Analysis of Results**

5.11.1. There was 1 case of a recommendation deadline being missed. The recommendation was made less than 24 hours later, the doctor was informed and MRG received a paper on this revalidation “never event” for assurance.
5.11.2. Revalidation activity during 2015/16 equated to an average of 40 recommendations per calendar month or recommendations 9 per week. During 2014/15 a total of 433 recommendations were made equating to an average of 36 recommendations per calendar month or 8 recommendations per week. Therefore 2015/16 saw a continued uplift in the number of recommendations becoming due. This was partly as a result of the number of deferrals made the previous year and partly due to it being the last year of the implementation phase. Numbers are expected to drop off significantly towards the middle of 2016/17 for approximately 18 months before the next peak hits as the first doctors revalidate in cycle 2.


5.12.1. Present all portfolios for review 2 weeks in advance of the due date by June 2015 – This has been achieved in the main, although the team were hindered in achieving 100% compliance with this action because of the number of doctors submitting final appraisals very close to their revalidation date. This was particularly noticeable for the period January – March 2016 which is the traditionally busy time for appraisals.

5.12.2. Communications will focus on promoting the requirements of revalidation to reduce the number of deferrals – A number of initiatives have been introduced to meet this requirement. The monthly appraisal workshops, updating of the MDO intranet pages and including detailed instructions and FAQs with appraisal notifications have all contributed to a decrease in the number of deferrals being made. It is however noticeable that some doctors coming in from other organisations are still arriving with incomplete or non-existent portfolios and imminent revalidation dates. This issue, outside the control of the team, means that 100% compliance with this measure cannot be reported.

5.12.3. There will be more pro-active management of multi-source feedback – the team now checks the system on a monthly basis to ensure that all those due to revalidate in the next quarter have an exercise that is either in progress or completed. If not they are contacted to remind them that this is a key requirement. The system is also checked on a monthly basis to ensure that those exercises in progress are indeed making progress and reminders or suggestions to increase response rates are sent out as necessary. This has drastically reduced the number of doctors presenting portfolios with incomplete MSF exercises or being obliged to arrange top up meetings with appraisers in order to be compliant with revalidation requirements.

6. Recruitment and Engagement Background Checks

6.1. The Medical Staffing Team in HR are responsible for ensuring that all necessary pre and post recruitment checks are completed in full and taking any required action, including delaying start dates or withdrawing offers of employment, where the responses to these checks are not satisfactory. Checks include, but are not limited to;
6.1.1. Identity check
6.1.2. Qualification check
6.1.3. GMC conditions / past history
6.1.4. Ongoing GMC / NCAS investigations
6.1.5. Disclosure and Barring Service
6.1.6. Responsible Officer / appraisal history
6.1.7. Recent references
6.1.8. Language competency (assessed at interview)

6.2. This applies to both permanent staff, fixed term and those appointed on a locum basis. For those doctors appointed through a locum agency, the agency is responsible for the majority of these checks but assurance is sought that there are no issues prior to completion of the booking.

6.3. An internal audit of performance relating to compliance with obtaining immigration information was conducted in 2015/16. The audit highlighted minor amendments to process which have been addressed and will be re-audited in 2016/17. In addition, the Trust has commissioned an internal audit of its pre-employment check compliance which will take place during 2016/17. The outcome of both audits will be discussed at MRG upon receipt of the individual reports.

7. Monitoring Performance, Responding to Concerns and Remediation

7.1. Concerns about a doctor’s performance are managed under the Trust’s Performance Management Procedure for Medical Staff. Issues are mainly dealt with by Divisional Management, unless it is felt that the problem is serious enough to be escalated to the Medical Director / Director of Workforce and Organisational Development and a formal process entered into.

7.2. Monthly doctors’ cases meetings are held between the Medical Director and the Director of Workforce and Organisational Development to manage these more serious cases. Where appropriate, a Non-Executive Director is assigned to each case to monitor compliance with process and ensure a timely resolution. A report on exclusions and involvement in such processes is presented periodically to the Trust Board for information.

7.3. The Responsible Officer and members of the Revalidation Team meet with the GMC’s Employer Liaison Advisor every 6 months to discuss cases which have been escalated to or instigated by the GMC.

7.4. Managing fitness to practice concerns will be a focus for 2016/17 and, with the recent appointment of the Divisional Medical Directors, should now have a better infrastructure to manage lower level concerns to prevent them escalating.

8. Risks and Issues

8.1. Revalidation Team Resource

8.1.1. As previously outlined, the current team is very lean and delivers the appraisal and revalidation process manually. The small size of the support team relative to other organisations, many of them smaller than
the OUH (which is one of the biggest acute Trust designated bodies in England), has been identified and fed back to the Trust at the NHS England Independent Verification Visit.

8.1.2. The approval of the Business Case to procure an online revalidation management system and to add an additional staff member to the team will enhance the Revalidation Team resource in 2016-17 however there the current manual system will need to be maintained until the electronic system is fully implemented and appropriate accommodation for the expanded team will be required.

8.2. Revalidation Management System

8.2.1. At present there is no automated data collection and management reporting system in place for appraisal and revalidation. Requirements are currently fulfilled through the use of multiple Excel spreadsheets and pdf appraisal forms supplied by the Revalidation Support Team at NHS England. Data is collected, entered and analysed manually.

8.2.2. The complexity of this system and the number of points at which data are required to be manually transferred means there is a high risk of manual error and resources are consumed with repetitive data entry.

8.2.3. The approval of the Business Case to procure an online revalidation management system mitigates this risk in theory. The procurement and implementation of a revalidation system is its early stages and is not intended to be operational until April 2017.

8.3. Appraiser Capacity

8.3.1. Sufficient appraiser capacity remains a priority. The Associate Medical Director for Medical Workforce will continue to support current appraisers through 1:1 meetings and appraiser network meetings, and will begin to work with newly appointed Divisional Medical Directors to ensure that appraiser capacity within each division matches demand. A programme of appraiser training will also continue.

8.4. Fitness to Practice

8.4.1. The Trust has a number of trained case managers and case investigators but is aware that additional capacity is required. Further work on the processes of escalation of concerns is intended during 2016-17.

9. Actions, Improvement Plan and Next Steps

9.1. In order to address some of the points outlined above the following initiatives are underway or will be prioritised during 2016/17

9.1.1. Resource / Revalidation Management System – The business case to purchase an online revalidation management system has been improved and the project to procure and implement it is underway. A project management group has been formed and they have agreed a project plan and timeline for delivery.

9.1.2. Appraiser recruitment, retention and support – Implementing a more aggressive recruitment strategy, involving the Divisional Medical
Directors in succession planning and dealing with issues such as receipt of the appropriate PA allocation will all be prioritised during the year.

9.1.3. **Actions to strengthen the monitoring of fitness to practice issues** have already been outlined in point 8 above.

10. **Recommendations**

10.1. The Board is asked to receive this report, noting that it will be shared, along with the Annual Organisational Audit, with the Tier 2 Responsible Officer at NHS England.

10.2. The Board is also asked to note the Statement of Compliance attached as Appendix 1 of this report confirming that the Trust, as a Designated Body, is in compliance with the regulations.

**Dr Tony Berendt**  
**Medical Director and Responsible Officer**

Report prepared by:  
Nicki Sullivan, Business Manager  
Dr Ivor Byren, Associate Medical Director for Workforce

September 2016