

Cover Sheet

Trust Board Meeting in Public: 13 September 2023

TB2023.91

Title: Responsible Officer's Annual Medical Appraisal and
Revalidation Report 2022/23

Status: For Information
History: Annual Reporting

Board Lead: Chief Medical Officer
Author: Nicki Sullivan, Medical Revalidation and Job Planning
Manager; Dr Elaine Hill, Director of Medical Workforce
Confidential: No
Key Purpose: Assurance, Performance

Executive Summary

1. This report is presented to the Trust Board for assurance that the statutory functions of the Responsible Officer are being appropriately and adequately discharged.
2. The prescribed format of this report has been retained for continuity but it should be noted that the information is presented against the backdrop of the recovery from the pandemic and the need to reduce waiting times. NHS England have continued to waive the need to submit quarterly returns and an Annual Organisational Audit.
3. Despite this the Trust is reporting its highest ever net compliance figure of 99.14%

4. Recommendations

The Trust Board is asked to

- Receive this report for information;
- Note that the report will be shared with the Tier 2 Responsible Officer at NHS England.
- Note the Statement of Compliance (Appendix 1) confirms that the Trust, as a Designated Body, is in compliance with the Regulations. This will be signed by the OUH Chief Executive as required by NHS England.
- Note the Statement of Compliance for Helen and Douglas House for which the Trust provides Responsible Officer Services (Appendix 2), confirms compliance with regulations. This will be signed by the Board of Helen and Douglas House as required by NHS England.

Contents

Cover Sheet	1
Executive Summary	2
Responsible Officer’s Annual Medical Appraisal and Revalidation Report 2022/23	4
1. Purpose.....	4
2. Background	4
3. Governance.....	4
4. Policy and Guidance	5
5. Pandemic Recovery	5
6. Medical Appraisal.....	6
Appraisal Performance Data	6
Analysis of Results	7
Audit of Missed Appraisals – Performance Management Framework.....	8
Appraisers	9
Medical Appraisal Quality Assurance.....	10
Access, Security and Confidentiality	10
7. Medical Revalidation	10
Medical Revalidation Performance Data	10
Analysis of results	11
Recruitment and Engagement Background Checks.....	12
Monitoring Performance, Responding to Concerns and Remediation.....	12
8. Risks and Issues	12
Appraiser Capacity	12
9. Action Plan	12
Review of 2022 / 23 Action Plan	12
Proposed 2023/24 Action Plan	13
10. Recommendations	14

Responsible Officer's Annual Medical Appraisal and Revalidation Report 2022/23

1. Purpose

- 1.1. This report is presented to the Trust 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 Trust Board on progress since the 2021/22 annual report; to highlight current and future issues and to present action plans to mitigate potential risks.

2. Background

- 2.1. [More information on the background to revalidation can be found via this link.](#)
- 2.2. The last report was submitted to Trust Board in September 2022 for the year 2021/22. This report covers the period 1st April 2022 – 31st March 2023

3. Governance

- 3.1. The Responsible Officers for the period 1st April 2021 – 30th June 2022 (Professor Meghana Pandit, Chief Medical Officer) and 1st July 2022 – 31st March 2023 (Dr Anny Sykes, Interim Chief Medical Officer) were appointed by the Trust Board on 1st January 2019 and 1st July 2023 respectively in line with statutory requirements. The Chief Medical Officer is supported by a team who managed 1743 doctors to complete the appraisal process revalidation process
- 3.2. Progress and compliance with the regulations is monitored by;
 - Monthly compliance reports supplied to Divisional and Directorate Management and personal action plans for those whose appraisals are overdue.
 - Submission of the quarterly reports and Annual Organisational Audit to NHS England. It should be noted that at the time of writing, due to the recovery from the Covid-19 pandemic, quarterly submissions and the Annual Organisational Audit are not currently required by NHS England for the foreseeable future. No date has been set for when these will be reinstated.

- Comprehensive dashboards within SARD to enable Divisional management to access and review their own data and interrogate this in a number of ways to inform Divisional strategies.
 - A formal audit schedule for other activities such as the management of multi-source feedback.
- 3.3. The number of doctors with a prescribed connection to OUHFT has increased again from 1642 in the year 2021/22 to 1743 at the time of writing. The composition continues to shift towards Locally Employed Doctors and research post holders. The Trust is also responsible for appraising military doctors working at the hospital, dental surgeons and doctors in training posts who do not hold a national training number.
- 3.4. During the reporting period the Trust continued to provide external Responsible Officer services for 1 local hospice and thus has responsibility for oversight of their governance processes in relation to medical appraisal and revalidation.

4. Policy and Guidance

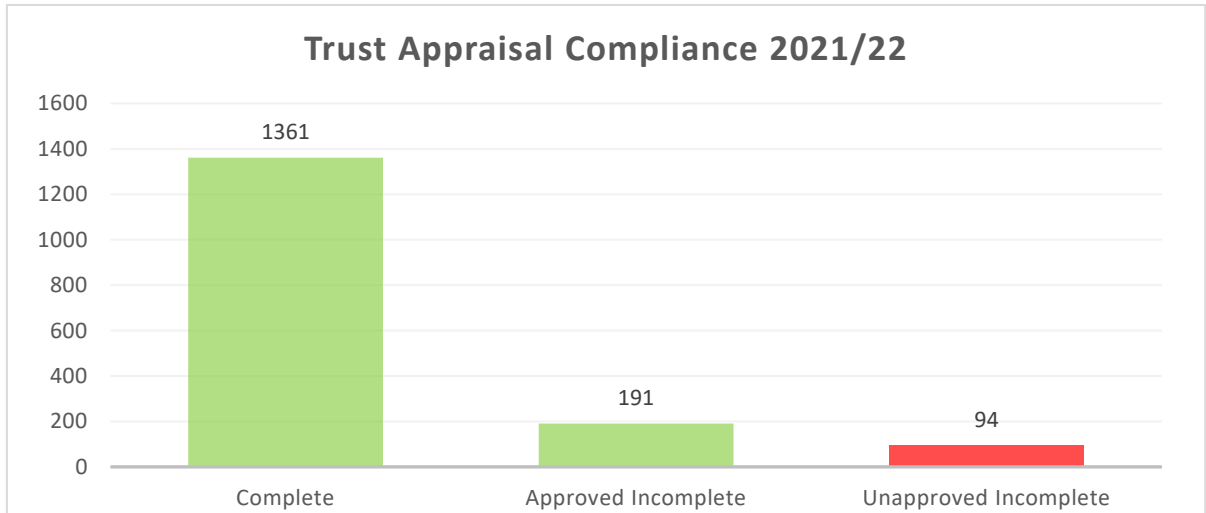
- 4.1. The Medical Appraisal and Revalidation Policy is reviewed regularly. The most recent review was in September 2017. The planned update in 2022 did not take place because of the ongoing effects of the pandemic and is now scheduled for 2023.

5. Pandemic Recovery

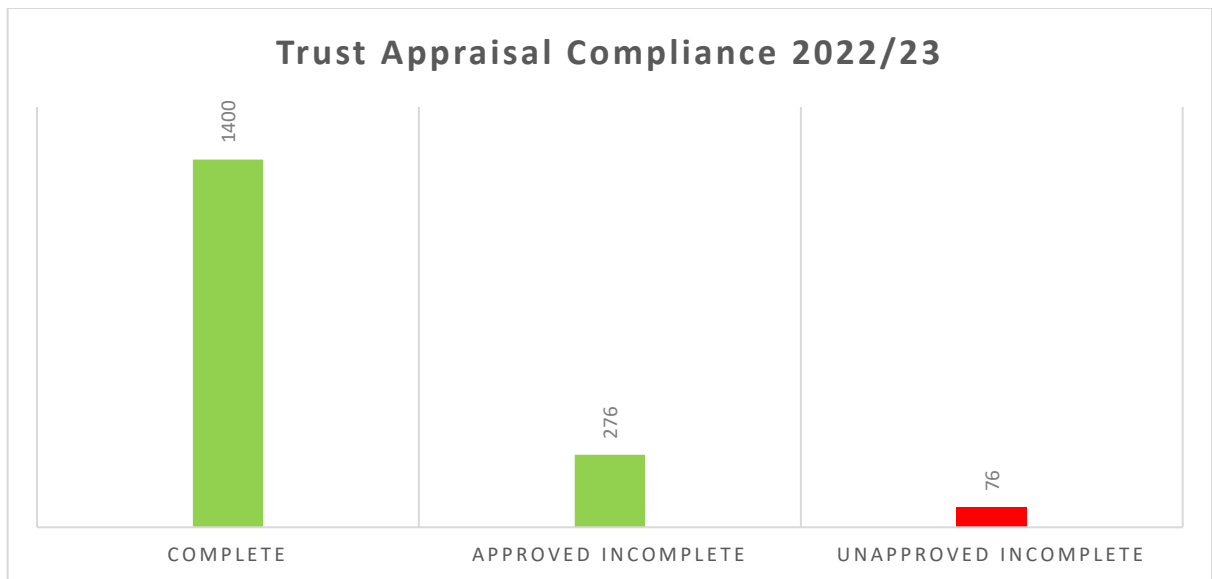
- 5.1. The knock on effects of the pandemic continue to be felt within the appraisal and revalidation service.
- 5.1.1. There have been a number of appraiser retirements as more senior colleagues chose to leave the profession after the stress of the pandemic.
- 5.1.2. We have also seen difficulties for doctors in certain specialities in collecting evidence such as patient feedback where their services have remained largely virtual.
- 5.1.3. The appraisal form, on the instruction of NHS England, has been updated to ensure that the wellbeing questions first introduced during the pandemic are fully embedded in the process, ensuring the discussion covers topics such as stress, burnout and other wellbeing issues as well as revalidation documentation.

6. Medical Appraisal

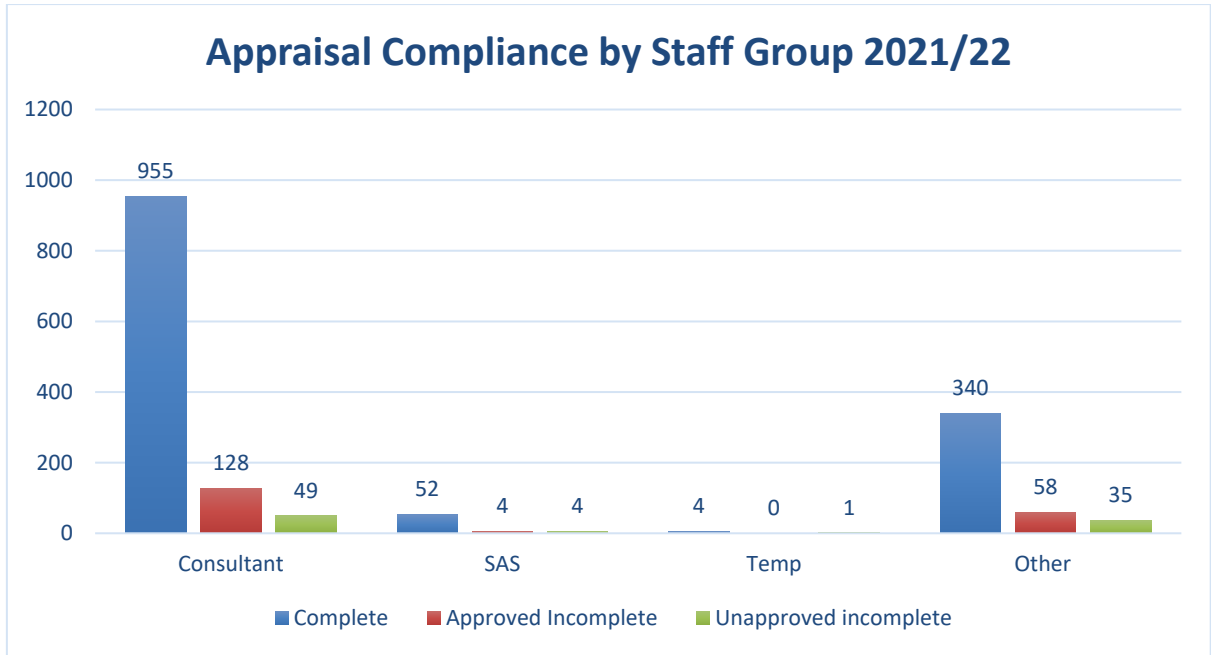
Appraisal Performance Data



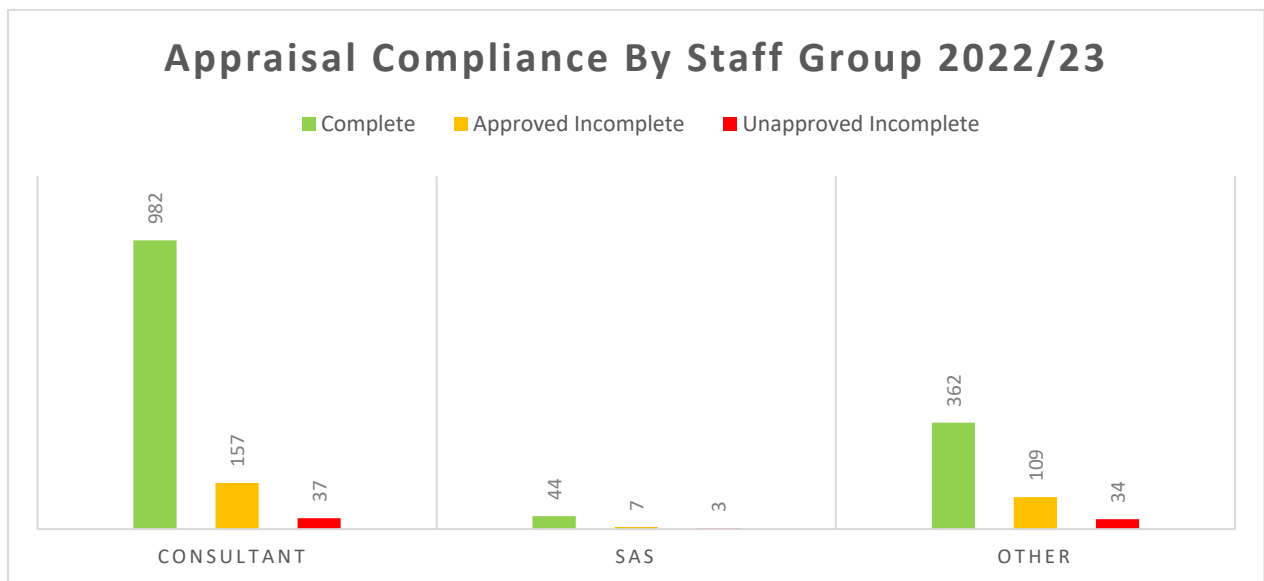
6.1. Approved incomplete includes appraisals missed for an acceptable reason eg: maternity leave or long term sick leave. Unapproved incomplete relates to doctors whose appraisal has been missed without an acceptable reason being provided.



6.2. Approved incomplete includes appraisals missed for an acceptable reason eg: maternity leave or long term sick leave. Unapproved incomplete relates to doctors whose appraisal has been missed without an acceptable reason being provided.



“Approved incomplete” includes appraisals missed for an acceptable reason eg: maternity leave or long term sick leave.
 Unapproved incomplete relates to doctors whose appraisal has been missed without an acceptable reason being provided.
 “Other” comprises all doctors who are not in the national training scheme and are not SAS or Consultant grades.



“Approved incomplete” includes appraisals missed for an acceptable reason eg: maternity leave or long term sick leave.
 Unapproved incomplete relates to doctors whose appraisal has been missed without an acceptable reason being provided.
 “Other” comprises all doctors who are not in the national training scheme and are not SAS or Consultant grades.

Analysis of Results

- 6.3. The Trust’s overall compliance rate for the period was 95.73%. This compares to 94.23% in 2021/22.
- 6.4. Compliance amongst medical staff groups was largely unchanged although compliance in the “other” medical staff group category continued

to improve which is indicative of the ongoing work taken to encourage engagement amongst Locally Employed Doctors.

- 6.5. All of the 76 doctors with unapproved incomplete appraisals at 31 March 2023 have been contacted with personalised action plans to assist them to get back on track. At the time of writing this report 15 appraisals have been completed, 30 doctors have left, 10 have their meetings booked, 3 have been identified as “dummy” accounts and 2 as Physician Associates who are not covered by the remit of this report. 15 therefore remain outstanding. This raises the overall compliance rate to 99.14% from 96.72% in 2021/22. This is the highest compliance figure ever reported. All those who are still overdue have been escalated to Divisional management for further action

Audit of Missed Appraisals – Performance Management Framework

- 6.6. The Trust completes a summary of missed appraisals on a monthly basis with regular reports being submitted to Divisional Management for action.
- 6.7. Each summary reviews appraisals which are considered to be overdue for the period and follows up with the individuals concerned to ascertain the reasons for the delay. Where appropriate, action plans are developed for each doctor / appraiser to bring them back in line with their revalidation trajectory and to deal with any issues which have contributed to the delay.
- 6.8. A Performance Framework for Managing Medical Appraisals is employed. The key aims of the framework are to;
 - 6.8.1. Ensure all doctors are treated equally in relation to appraisal compliance
 - 6.8.2. Facilitate earlier intervention where it is ascertained a doctor needs support by reducing the time the doctor is able to remain non-compliant
 - 6.8.3. Reduce “tacit acceptance” of non-compliance by escalating outliers more quickly and involving sources of support earlier.
- 6.9. Doctors whose appraisals are 90+ days overdue or have failed to comply with their action plan are also referred to their Divisional management for escalation to the CMO for consideration of disciplinary action. This has significantly reduced the number of doctors who remain non-compliant for appraisal for long periods of time and have allowed the team to give targeted support to doctors who are struggling. Interventions have included referrals to Occupational Health, personalised training and IT / administration and support to enable doctors to complete their appraisals in a timely manner and reduce the need for deferral at the point of revalidation.

Appraisers

- 6.10. Appraiser capacity continues to be a challenge to the stability to the system with the number of resignations depleting the pool of those able to conduct revalidation ready appraisals. Work is underway on a scheme to work with the University to provide more academic appraisers to support the increasing number of clinical academics who are required to be appraised and to revalidate.
- 6.11. There are currently 186 trained available appraisers to deliver c1800 appraisals (doctors attached to the OUH via a prescribed connection and those who are revalidated elsewhere but appraised by the OUH as part of a service level agreement). Of these 186, 8 are currently inactive (long term leave, 5 are exclusively appraising Physician Associates (not included in appraisal and revalidation totals) or are assigned as an external appraiser for 1 doctor only and 6 do not deliver 10 appraisals per annum by agreement. This gives a notional capacity of 1700 appraisals which is below that required. Approximately 250 doctors leave and join each year with a significant percentage of each requiring an appraisal whilst employed. This takes the total number of projected appraisal spaces needed to c.2000 per annum which significantly exceeds current capacity. There therefore remains an ongoing risk to the Trust's ability to provide appraisals.
- 6.12. The appraiser cohort has continued to see a number of resignations from appraiser posts over the past 12 months. This has been driven by retirements from clinical practice and by the need to reduce job plans to less than 12 PAs.
- 6.13. 10 appraisers were trained during the period to which this report pertains. These are included in the figures noted above.
- 6.14. Support for Appraisers is diverse and ranges from official events such as Appraiser Network Events (held 3 times a year) to feedback reports for appraisers and 1:1s with the Director of Medical Workforce.
- 6.15. The Great Appraiser event was not held in 2022 due to lack of funding. Future iterations of this very popular conference are dependent on financial support from outside the Trust which has not been possible to source and thus, at this time, there are no plans to hold future events.
- 6.16. The Revalidation Team actively support appraisers with challenging situations and provide bespoke assistance depending on the issue. Examples include advising on acceptable evidence for non-standard roles, assisting with non-compliant doctors and escalating more serious concerns that arise during the appraisal process to ensure a doctor receives the necessary support and intervention.

6.17. All of the above also supports the governance framework referred to earlier in this report.

Medical Appraisal Quality Assurance

6.18. A number of quality assurance mechanisms are in use in relation to medical appraisal;

- Each appraisal in a revalidation portfolio is checked for key items against the GMC's 5 domains and the Trust's local requirements. Discrepancies are notified to the doctor and, if necessary, an action plan prepared to rectify omissions to ensure a recommendation to revalidate can be made.
- For appraisers, attendance at OUH Appraiser Networks and the OUH/NHSE Appraiser Conference is recorded. Those not attending at least one development activity year are followed up as appropriate. A program of formal review of first appraisals for new appraisers has been implemented with written feedback being provided for development purposes.
- All doctors now submit feedback on their appraisal experience as the final step in the appraisal process. This not only allows personalised reports for appraisers to be generated but also enables the Revalidation Team to create an overview of how doctors perceive the process and thus to target resources and communications more effectively.
- A formal audit tool – ASPAT – is now available through SARD and a pilot has been undertaken. The outputs from this tool will provide the data to identify key areas of focus in ongoing training, discussion and support for the appraiser community.

Access, Security and Confidentiality

6.19. More information on access, security and confidentiality can be found via this [link](#). This information has not changed since it was reported in 2017.

7. Medical Revalidation

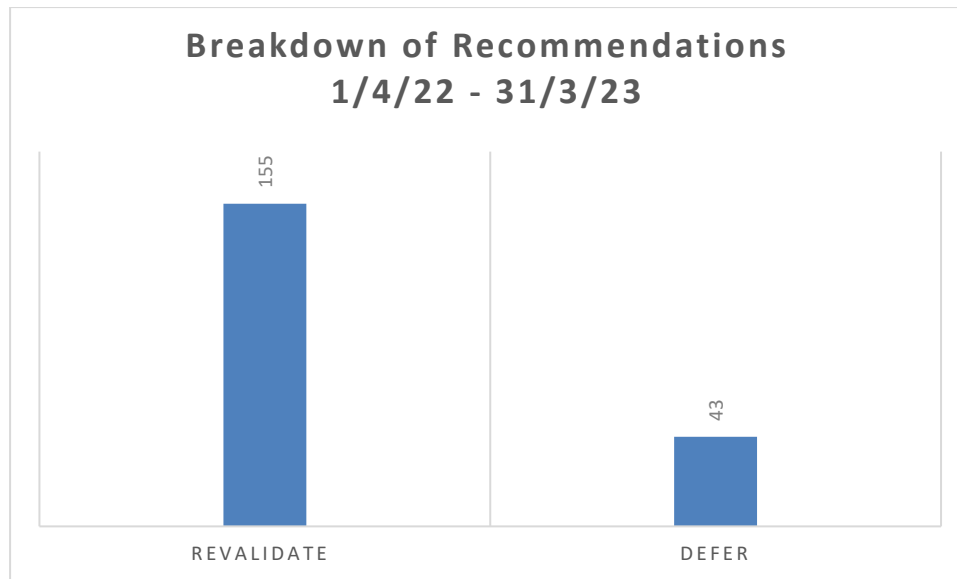
Medical Revalidation Performance Data

7.1. During the period 11/4/22 – 31/3/23 198 recommendations were made

7.2. 1 recommendation was missed. This was due to the doctor in question being reassigned to the Trust following the appointment of a 2nd Responsible Officer and the online system used to submit recommendations not being updated in a timely manner by the GMC. The

error was rectified within 24 hours and the doctor informed and apologised to.

7.3. The following table shows the breakdown of recommendations made.



Analysis of results

7.4. The overall deferral rate for the period was 21.72%. This represents an increase from 2021/22.

7.5. The main reasons for requesting a deferral (additional time to complete the requirements) were:

7.5.1. Inability to collect patient feedback

7.5.2. Delays to submission of the final appraisal caused by clinical pressures.

7.5.3. Illness of both doctors and appraisers

7.5.4. A number of doctors joining the Trust with limited or no appraisal history

7.5.5. A number of doctors who had not been revalidated appropriately by Health Education England at the point of achieving their Certificate of Completion of Training (CCT) during the pandemic becoming due for revalidation.

7.6. This last issue has been escalated to the Director of Medical Education and the Dean of Health Education England Thames Valley as it is not only causing concern for the doctors involved but a significant amount of additional work for the Revalidation Team to support these doctors to revalidate unexpectedly.

Recruitment and Engagement Background Checks

- 7.7. More [information on recruitment and engagement background checks can be found via this link](#). This information has not changed since it was reported in 2017.

Monitoring Performance, Responding to Concerns and Remediation

- 7.8. [More information on monitoring performance, responding to concerns and remediation can be found via this link](#). This information has not changed since it was reported in 2017.

8. Risks and Issues

Appraiser Capacity

- 8.1. The single largest threat to the appraisal process outside of the pressure on clinical services remains the difficulty of the recruitment and retention of appraisers. There remain significant barriers to being an appraiser with lack of time in a job plan and budgetary restrictions making it ever harder to fill these roles. At present the Trust spends around £4k per annum on training which keeps the number of appraisers static. It has been confirmed that compulsory recruitment and centralising the budget are not possible in the current climate. Work is underway to source more appraisers from the University to support the growing number of clinical academics requiring medical appraisal and revalidation.

9. Action Plan

Review of 2022 / 23 Action Plan

Objective	Actions	Expected Outcome	Outcome
Peer review of systems and processes	Carried forward from previous plan		Not possible due to clinical pressures
Resolve the issue of appraiser capacity through both short and long term strategies	Revised options to be presented to TME and implemented once agreed.	Risk to appraisal and revalidation compliance reduced. Less pressure on appraisers to undertake short notice appraisals	Not achieved. See notes above re university appraisers

		Better retention of appraisers	
Implement automation of SME into appraisal forms	Agree API between SARD and Totara (My Learning Hub) Test API Rollout to doctors	SME compliance will be auto-uploaded into appraisal saving time and ensuring all doctors submit this information	Achieved.
Formal tracking of deferral action plans	Process for central following up of individual action plans to be agreed	Earlier intervention to establish support needs and reduce the overall deferral rate	Achieved
Refine quality assurance (ASPAT) and begin using results	Use data to formulate learning points, update strategies and address issues identified	Higher quality appraisal summaries and more accountable appraisers	In Progress

Proposed 2023/24 Action Plan

Objective	Actions	Expected Outcome	Outcome
Peer review of systems and processes	Carried forward from previous plan		
Strategy to recruit more University appraisers to support Clinical Academics	Agree and implement processes	Clinical academics are better supported Medical and academic appraisals can be combined Clinical appraiser spaces freed up to accommodate those on the waiting list	
Fully implement ASPAT	QA 10-20% of appraisal summaries and use data to inform a range of support materials and activities	More support for appraisers Higher quality summaries Early intervention for appraisers requiring support	
Review Appraisal Policy	Ensure all updates to statute, contract and local requirements are included and that the policy remains current and supportive.	Updated reference source to ensure all doctors are aware of their responsibilities and have the most up to date information available to support them.	

10. Recommendations

10.1. The Trust Board **is asked to**

- Receive this report for information;
- Note that the report will be shared with the Tier 2 Responsible Officer at NHS England.
- Note the Statement of Compliance (Appendix 1) confirms that the Trust, as a Designated Body, is in compliance with the Regulations. This will be signed by the OUH Chief Executive as required by NHS England.
- Note the Statement of Compliance for Helen and Douglas House for which the Trust provides Responsible Officer Services (Appendix 2), confirms compliance with regulations. This will be signed by the Board of Helen and Douglas House as required by NHS England.

Classification: Official

Publication reference: PR1844



A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

Contents

Introduction:.....	2
Designated Body Annual Board Report.....	3
Section 1 – General:.....	3
Section 2a – Effective Appraisal.....	4
Section 2b – Appraisal Data.....	6
Section 3 – Recommendations to the GMC.....	6
Section 4 – Medical governance.....	7
Section 5 – Employment Checks.....	8
Section 6 – Summary of comments, and overall conclusion.....	9
Section 7 – Statement of Compliance:.....	10

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 Oxford University Hospitals NHS Foundation Trust can confirm that:

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

Yes :

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

Yes :

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

Yes

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

Yes

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

A peer review is planned for late 2023 with 3 organisations in the NHS England South East Area

6. 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.

Yes:
:

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

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

n/a
:

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.

8. 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

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

Yes

10. 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

:

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

Section 2b – Appraisal Data

- 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 2023	1743
Total number of appraisals undertaken between 1 April 2022 and 31 March 2023	1400
Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023	67
Total number of agreed exceptions	276

Section 3 – Recommendations to the GMC

- 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

:

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

:

3. 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

:

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.³

Yes

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.⁴

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 (Ref GMC governance handbook).

Yes

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

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.

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

ction 6 – Summary of comments, and overall conclusion

Please see action plan in the attached report which details this information.

Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] 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 (or executive if no board exists))]

Official name of designated body: Oxford University Hospitals NHS Foundation Trust _

Name: Professor Meghana Pandit

Signed: _____

Role: Chief Executive

Date: _____

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80 London Road
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This publication can be made available in a number of other formats on request.

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Annex D – annual board report and statement of compliance

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Introduction:.....	2
Designated Body Annual Board Report.....	3
Section 1 – General:.....	3
Section 2a – Effective Appraisal.....	4
Section 2b – Appraisal Data.....	6
Section 3 – Recommendations to the GMC.....	6
Section 4 – Medical governance.....	7
Section 5 – Employment Checks.....	8
Section 6 – Summary of comments, and overall conclusion.....	9
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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 Helen and Douglas House can confirm that:

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

Yes :

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

Yes :

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

Yes

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

Yes

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

A peer review is planned for late 2023 with 3 organisations in the NHS England South East Area in partnership with Oxford University Hospitals NHS Foundation Trust

6. 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.

Yes:

:

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

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

n/a

:

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.

8. 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

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

Yes

10. 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

:

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

Section 2b – Appraisal Data

- 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 2023	3
Total number of appraisals undertaken between 1 April 2022 and 31 March 2023	3
Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023	0
Total number of agreed exceptions	0

Section 3 – Recommendations to the GMC

- 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

:

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

:

3. 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

:

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.³

Yes

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.⁴

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 (Ref GMC governance handbook).

Yes

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

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.

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

ction 6 – Summary of comments, and overall conclusion

Please see action plan in the attached report which details this information.

Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] 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 (or executive if no board exists))]

Official name of designated body: Helen and Douglas House

Name:

Signed: _____

Role:

Date: _____

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