

Trust Board Meeting: Thursday 1 March 2012

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Title	Medical Revalidation: Update on Organisational Readiness and Next Steps
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Status	For information
History	Update following on from paper presented to the Trust Board on 7 April 2011

Board Lead(s)	Professor Ted Baker, Medical Director			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

1	Overview of changes in guidance since last update (April 2011)
2	Overview of progress made since last update (April 2011)
3	Key challenges
4	Key achievements
5	Going Forward
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Medical Revalidation: Update on Organisational Readiness and Next Steps**Introduction**

1. Medical Revalidation is being introduced to assure patients, the public and the medical profession that doctors are up to date and fit to practice, and to support their development and where necessary, remediation. It will be a positive affirmation that doctors are safe to practise rather than an absence of concerns.
2. It is a legal requirement to be registered with the General Medical Council (GMC) and to have a license to practise in order to practise medicine in the UK. Revalidation will apply to all licensed doctors including trainees and clinical academics in the UK in all sectors (NHS and private) and all branches of practice.
3. The Trust appointed the Medical Director to the statutory role of Responsible Officer from 1st January 2011 with responsibility for implementing revalidation.
4. This paper summarises the changes in guidance received and the progress which the Trust has made since the briefing to the Board in April 2011 as well as setting out the next steps required to ensure that the processes within the Trust are in place when revalidation begins in late 2012

Overview of Changes in Guidance

5. Final guidance on procedures and requirements from the GMC is still awaited. However it has been confirmed that, subject to an assessment of readiness, Designated Bodies will be expected to begin revalidating doctors from late 2012. Responsible Officers will be the first doctors to be revalidated via a process being designed by the Strategic Health Authority (SHA).
6. It is envisaged that future revalidation recommendations will be based on a 5 year cycle of Good Medical Practice based appraisals that review approved supporting evidence as outlined by the GMC. However it has been confirmed that during the implementation phase, recommendations can be made by reviewing a smaller number of revalidation-ready appraisals, with the proviso that the Responsible Officer is able to assure him/herself of the quality of the doctor's activities over the previous five year period.
7. Guidance relating to the format of the appraisal has also changed following the pilot of 3,500 doctors undertaken last year. The need to link each piece of evidence to the relevant GMC standard and the responsibility of the appraiser formally to determine the quality of that evidence have both been removed from the requirements.

Overview of Progress

8. The Trust has been working with the SHA via the submission of regular Organisational Readiness Self Assessments (ORSA) to formulate a detailed implementation plan to ensure that all doctors, with whom the Trust has a prescribed connection, achieve a revalidation recommendation by the end of the financial year 2015/16.
9. The Medical Revalidation Implementation Group (MRIG) has been established with a membership including representation from the Clinical Divisions, the Medical Staff

Committee and Local Negotiating Committee, the University and management functions. The purpose of this group is to ensure that medical revalidation is implemented effectively and on time.

10. Appraisal is a key element of revalidation, forming the basis for the recommendation made by the Responsible Officer. The Trust formally paused the medical appraisal process last year to enable a review and overhaul of the related policies and procedures to ensure their fitness for revalidation. The review was completed at the end of 2011 and an interim arrangement, using documentation supplied by the Department of Health's Revalidation Support Team, commenced from 1st December 2011. This will enable all doctors to undertake their annual appraisal in the new revalidation style by the end of the financial year 2011/12 and prepare them for the changes in reporting performance which revalidation will require.
11. The Trust's Appraisal Policy is also being reviewed and overhauled to ensure it complies with the requirements of revalidation. The new policy will be implemented from 1st April 2012.
12. "Top-up" training for appraisers, to enable them to conduct a revalidation-ready appraisal, has been identified through the SHA and all Trust approved appraisers will undertake this training in the late Spring / early Summer of 2012.
13. Alongside the review of the appraisal process, the Medical Director's Office has been working to identify the practical requirements of implementation such as contacting all doctors with whom the Trust is believed to have a prescribed connection; agreeing processes for dealing with honorary contract holders and clinical academics; scoping the resources needed to fully implement revalidation in a Trust of this size; and reviewing some of the commercial software packages available to manage the process.
14. In addition to the review of the appraisal process, job planning has also been overhauled with the creation of an electronic tool to assist Divisional management teams to streamline this often difficult and convoluted process. Whilst job planning is not a direct requirement of revalidation, job plans are intrinsically linked to appraisal and delay in this area has traditionally had a knock on effect on the ability of a doctor to be appraised.

Challenges

15. The Trust faces some significant challenges to the successful implementation of revalidation of which the Board should be aware;
 - 15.1. Final guidance on revalidation requirements is yet to be published with other information being updated and amended on a regular basis. Whilst this is a positive step to ensure that revalidation is fit for purpose, it presents a challenge to the planning process. In this context, it has been to the Trust's advantage that issues such as software procurement, policy finalisation, and appraiser retraining have **not** yet been completed, as the requirements have materially altered in the last six months. As part of the implementation plan referred to above, contingencies for the most likely alternative scenarios, which have yet to be confirmed, will be prepared for.

- 15.2. The Trust is one of the largest designated bodies in NHS South of England and is responsible for well over a thousand doctors with a prescribed connection.
- 15.3. Revalidation requires significant collection, validation, manipulation and presentation of complex data at an individual and corporate level. Successful achievement of this will require a high level of input from the IT, HR, the Clinical Governance Department, Complaints Department and Medical Director's Office teams among others. This is likely to be labour intensive, particularly during set up. In addition there are issues with the quality of some historic data which need to be overcome to ensure accurate and meaningful outputs.
- 15.4. There are resource implications to successfully implementing and managing revalidation, for which the Trust has a statutory responsibility. Costs to consider include procurement of relevant software and the ongoing administration of systems and processes to ensure doctors are revalidated efficiently and in a timely manner.
- 15.5. Two points linked to these risks are particularly salient. The first is that the Trust has a legal obligation under the Responsible Officer Regulations 2011 to support and resource the revalidation process. The second is that establishing high quality data flows that link the employment, activity, quality of service and clinical outcomes of doctors and their teams will be carry significant importance to the achievement of the Trust's strategic objectives and aspirations.

Achievements

16. The SHA recently published a summary of the readiness for revalidation for all designated bodies in the South Central area. The Trust achieved a score of 5 out of a possible 6, giving it an amber rating from the SHA and putting it in 5th place out of 14 designated bodies. In order to achieve a green rating the revalidation ready Appraisal Policy needs to be in place. As previously mentioned this is due to be implemented at the beginning of the new financial year and should therefore enable the Trust to be given a green rating at the time of the next Organisational Readiness Self Assessment (ORSA) submission.
17. The work being undertaken to plan for the implementation of revalidation is also contributing significantly to other key areas of focus for the Trust such as medical engagement, communication and improvement of data quality.

Going Forward

18. Planning for revalidation is now moving towards the implementation phase. A detailed risks and issues log has been prepared to inform a project plan. This has been shared with the SHA and will be monitored by MRIG.
19. A business case for resources associated with the implementation of revalidation will be presented to the Board early in the new financial year. This will include items such as software to facilitate the requirement for patient and colleague feedback and support for IT to provide doctors with the activity and performance data they will

need to prepare for a revalidation-ready appraisal, which will qualify as evidence for a revalidation recommendation.

Conclusion

20. In conclusion, the Trust is fully committed to successful implementation of revalidation and benchmarks well with other designated bodies in South Central in terms of its readiness to do so. There is still a significant amount of work to be done to ensure that this happens. However this programme of work does represent an opportunity significantly to improve quality, safety and engagement within the medical community whilst also complying with legislative requirements.

Recommendations

21. The Board is asked to note the changes in guidance, the plans in place for implementing revalidation and the challenges likely to be faced.
22. The Board is further asked to note that a business case for resources to support the mandated implementation of medical revalidation will be forthcoming in the early part of the next financial year.

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