

Trust Board Meeting: Wednesday 8 July 2015

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Title	Responsible Officer's Annual Medical Appraisal and Revalidation Report
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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 2015/16 are presented for review.
3.	Performance is broadly comparable to the previous year with the caveat that an additional 246 doctors were entitled to a Trust appraisal compared to 2013/2014 and that the number of doctors requiring a revalidation recommendation rose by nearly 250%. At the time of final drafting of this report, the Responsible Officer is responsible for 1260 doctors, making the OUH one of the largest Designated Bodies among the acute Trusts.
4.	An Independent Verification Visit of appraisal and revalidation systems and processes, carried out by NHS England in March 2015, concluded that more resourcing should be considered so that a number of quality assurance activities could take place more reliably.
5.	Recommendation 5.1 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. 5.2 The Board is further asked to recognise that the resource implications of medical revalidation still continue to increase year on year. Plans are being developed to address this. 5.3 Finally 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

Responsible Officer's Annual Medical Appraisal and Revalidation Report

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 2014 annual report; to highlight current and future issues; and to present action plans to mitigate potential risks.

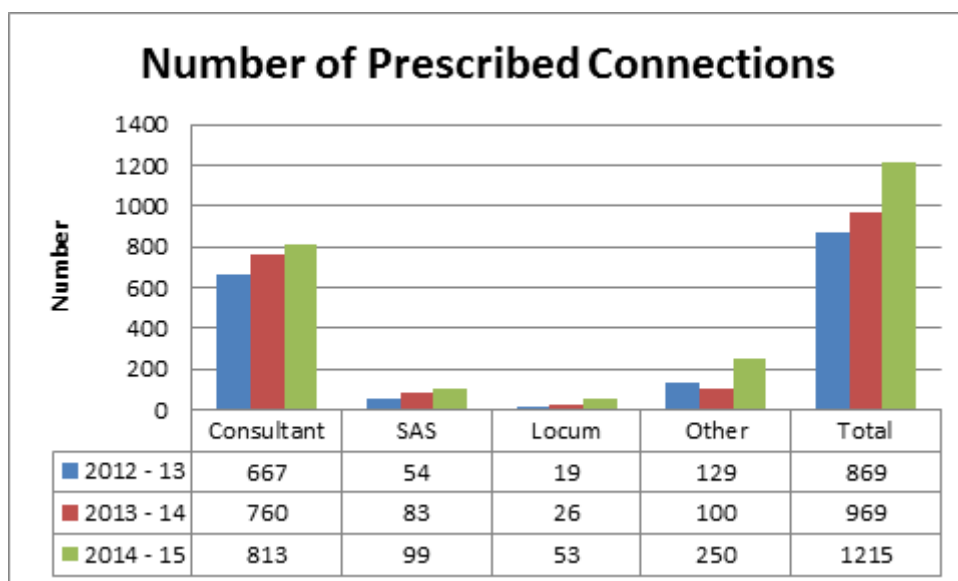
2. Background

- 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 will at five yearly intervals make a recommendation to the GMC in respect of the doctor's revalidation.
- 2.4. The Responsible Officer is appointed by the Board of the 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 to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations¹ and 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 March 2014. 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. This report will review the "next steps" set out a year ago and update these in relation to the current environment within which medical revalidation operates.

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. These posts have been created since the submission of the last Annual Report. 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.
- 3.2. Progress and compliance with regulations are monitored in a variety of ways. Internally the Medical Revalidation Implementation Group (MRIG) oversees the work of the Medical Director's Office in relation to revalidation and appraisal, and reports to the Trust Management Executive and Trust Board, via the Workforce Committee, on a quarterly basis.
- 3.3. Data on medical appraisals are also submitted to the Trust Management Executive (TME) and to the Trust Board via the key performance indicators (KPIs). Other assurance includes, but is not limited to, regular comparative reporting of appraisal compliance, a detailed audit schedule to monitor quality, and reflective reporting on a variety of statistics.
- 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. Additionally, in this reporting period, the Trust was the subject of an NHS England Independent Verification Visit which assessed performance against the national Framework of Quality Assurance for Responsible Officers and Revalidation.
- 3.5. One of the biggest challenges relating to revalidation is the maintenance of an accurate list of prescribed connections (the list of doctors for whom a Responsible Officer needs to make a revalidation recommendation). As each doctor's personal circumstances dictate the location of their prescribed connection, it is up to the individual doctor to create and update this. However the Designated Body (in this case the Trust) also has an implied duty of care to verify these connections and to seek out those who may yet have a poor understanding of the process and thus be outside the system.
- 3.6. The Trust's list of prescribed connections is managed by the Medical Director's Office via liaison with HR (Medical Staffing) to obtain starter / leaver information, regular comparisons with the GMC Connect system (the online database used by doctors and the GMC to manage the revalidation process) and ongoing communications programmes to raise awareness of revalidation particularly for groups outside of direct clinical management structures.
- 3.7. Future improvements to this process include using TRAC (the Trust's recruitment software) to identify and manage doctors who have been offered a post but are yet to commence employment, reviewing the Trust's Staffing Bank for revalidation implications, and closer working with the HR / revalidation teams in partner organisations such as Health Education Thames Valley and Oxford Health to manage local transfers.

3.8. Numbers of doctors with a prescribed connection have been progressively and relentlessly rising in the last three years as shown below:



3.9. This 40% increase in number of doctors requiring appraisal and revalidation in two years has not yet been accompanied by a comparable increase in administrative support. There has however been an important recent increase in medical support to the Medical Director (Responsible Officer).

4. Policy and Guidance

4.1. The Medical Appraisal and Revalidation Policy is reviewed annually following the close of the Trust's appraisal window on 14th April each year. Although not available for inclusion in this report in its final version, updates to the policy for 2015/16 will include;

- 4.1.1. Amendments relating to the move from a seasonal to a rolling approach for the timing of appraisal (see 5.4.2 below)
- 4.1.2. Strengthening of the section relating to engagement and clearer definitions of what constitutes non-engagement, including the processes to be followed in such cases.
- 4.1.3. Defining circumstances in which relinquishing of a licence to practice should be recommended eg: extended periods overseas
- 4.1.4. Tightening the definition of what constitutes a valid prescribed connection particularly in relation to zero hours / bank contracts.
- 4.1.5. Updating the section relating to supporting evidence to ensure relevance to all medical colleagues, particularly those in roles outside a direct clinical management structure.

5. Medical Appraisal

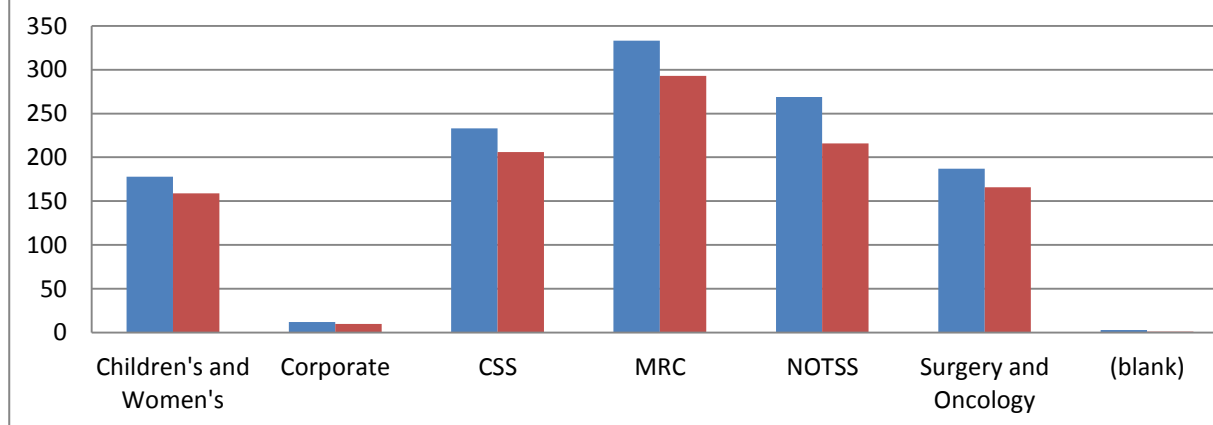
5.1. Appraisal Performance Data

- 5.1.1. The following tables summarise appraisal performance for the period 1st April 2014 – 31st March 2015 by Division, Directorate, date received and staff group. The Trust's deadline for receipt of completed paperwork was 14th April 2015. In order to qualify for appraisal at the Trust a doctor

must have a confirmed prescribed connection for revalidation. A total of 1215 doctors had a prescribed connection with the Trust on 14th April 2015.

Division	Appraisals Due	Number of Appraisals Received	Percentage of Appraisals Received
Children's and Women's	178	159	89.33%
Corporate	12	10	83.33%
CSS	233	206	88.41%
MRC	333	293	87.99%
NOTSS	269	216	80.30%
Surgery and Oncology	187	166	88.77%
(blank)	3	1	33.0%
Grand Total	1215	1051	86.50%

Appraisals Due Versus Appraisals Recieved by Division



Directorate	Appraisals Due	Number of Appraisals Received	Percentage of Appraisals Received
Children's and Women's	178	159	
Children's	127	118	92.91%
Women's	51	41	80.39%
Corporate	12	10	
Central Trust Services	1	1	100%

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CRS	1	0	0%
Infection Control	1	1	100%
Occupational			100%
Health	2	2	
Public Health	5	4	80.00%
Specialist Surgery	1	1	100%
CSS	233	206	
CCTA	123	105	85.37%
Path and Labs	48	43	89.59%
Radiology	62	58	93.55%
MRC	333	293	
Ambulatory	117	108	92.31%
AMR	130	113	86.92%
Cardiac	84	71	84.24%
Military	2	1	50.00%
NOTSS	269	216	
Neurosciences	83	71	85.54%
Orthopaedics	62	52	83.87%
Specialist Surgery	91	68	74.73%
Trauma	33	25	75.76%
Surgery and Oncology	187	166	
Endoscopy / GI	25	22	88.00%
Oncology	77	68	88.31%
RTU	44	42	95.45%
Surgery	41	34	82.93%
	187	166	
Military	1	0	0%
Grand Total	1215	1051	

Week Ending	Number of Appraisals Received	Total Number Expected
(blank)	2	1215
21/11/2014	17	1215
14/11/2014	21	1215
24/10/2014	22	1215
05/12/2014	36	1215
28/11/2014	40	1215
12/12/2014	85	1215
19/12/2014	114	1215
26/12/2014	123	1215
02/01/2015	128	1215
09/01/2015	145	1215
16/01/2015	177	1215
23/01/2015	208	1215
30/01/2015	246	1215
06/02/2015	287	1215
13/02/2015	342	1215
20/02/2015	381	1215
27/02/2015	441	1215
13/03/2015	527	1215
06/03/2015	580	1215
20/03/2015	674	1215
27/03/2015	788	1215
03/04/2015	881	1215
10/04/2015	939	1215
14/04/2015	1051	1215
Grand Total		1215

Staff Group	Number Received	Number Expected	Percentage Return
Consultant (Honorary & Substantive)	724	813	89.05%
Staff Grade / Associate Specialist / Specialty Doctor	86	100	86.00%
Temporary Contract Holders inc Locums	43	53	81.13%
Other (including Clinical Academics / Trust Doctors etc)	198	249	79.52%

5.2. Analysis of Results

5.2.1. The returns figure of 86.50% 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 13.50% of doctors (equating to 164 individuals) have been followed up as part of the missed appraisal audit to establish the reasons for failing to participate according to process. The full results of this audit will be presented separately. However the terminology of "missed appraisal" relates to compliance with the Trust, and NHS

England's policies, and does not mean that these doctors are unengaged with appraisal over the long term.

- 5.2.3. It should be noted that the Trust experienced a sharp rise in the number of doctors with a prescribed connection over the summer of 2014, following an initiative by the MDO to raise awareness of revalidation requirements, particularly among the clinical academic community but also in the non-consultant, non-SAS group. A greater proportion of this group were unfamiliar with appraisal requirements compared to more seasoned doctors with longer-established connections.
- 5.2.4. A decrease in the number of trained appraisers over the course of the season added pressure to the system with many appraisers therefore being requested to conduct more than the expected ten appraisals per year. Issues with appraiser capacity peaked early in 2015, at the most intense period in the appraisal "season".
- 5.2.5. It can be seen that, although rates of receipt improved at the start of the season compared to 2013/14, this progress was not uniform throughout and led to the majority of appraisal meetings still taking place towards the end of the window in March (and many of these in late March). This is despite significant intervention by the MDO including central notification of doctor-appraiser pairings, allocation of months in which the meeting should occur, and more structured follow up. Many doctors are reluctant to break the habit of being appraised in the latter part of March, creating significant strain on the appraisal management system and the appraisers.
- 5.2.6. The figures broken down by staff group are more encouraging with compliance among consultant and SAS doctors broadly equal. Improvements in the management of locums and those in the "other" ORSA category reflect the significant amount of work done to communicate with those who are working outside a direct clinical management structure and thus may be less well informed about appraisal and revalidation than those in more traditional medical roles.
- 5.2.7. It should be noted that the figures quoted in this report differ slightly to those provided to the Board in the Key Performance Indicator report. This is because the denominator for the Board figures is set at the beginning of the appraisal season and cannot be changed. The data included here is accurate to the last day of the appraisal season.
- 5.2.8. Because doctors continue to establish connections to the Trust even after an appraisal within year is practicable, 100% compliance with appraisal is, for an organisation the size of the OUH, almost impossible to achieve, and certainly is impossible to predict.

5.3. Review of 2013/14 Action Plan

- 5.3.1. An action plan was set out in 2014 to respond to issues identified in the organisation audit carried out then. The plan and the achievement of the actions agreed in it are set out below.

5.3.2. Action plan:

Item	Achieved	Comments
Provision of additional resource for the MDO to improve management of appraisal queries and monitor compliance	Partially	An Associate Medical Director for Medical Workforce and Engagement was appointed during the period. This gave additional management support to the process however operational resource remained the same.
Assigning a month for appraisal and highlighting the earliest date an appointment can take place to each doctor	Yes	Despite this information being provided it was not adhered to in the majority of cases. A lack of resource meant that it was not possible to follow up individuals on each given date if their appraisal was not submitted. Moving to a rolling system and installing appropriate management software will significantly enhance the ability of the MDO to monitor and intervene in a more timely manner where issues arise. Ideas for sanctions for those who do not reasonably comply have been requested as part of the post appraisal season surveys.
Proactively identify doctors who have yet to create a prescribed connection	Yes	This work was carried out over the Summer of 2014 and led to an increase of approximately 100 prescribed connections. Whilst the fluctuations in numbers have levelled off somewhat the anticipated reduction in numbers overall has not, with connections continuing to increase.
Improve communications with those outside a direct clinical management structure.	Yes	The improvement in return rates among SAS doctors, locums and those in the "other" category shows that efforts to reach those outside of traditional structures is working. The focus will now be on ensuring connections are made in a more timely manner and that support is given to improving the quality of the content of appraisal.

5.4. Conclusion – Medical Appraisal 2014/15

5.4.1. The overall rate of return for 2014/15 was slightly lower than that achieved in 2013/14. This was due to a number of factors including the significant increase in the number of doctors eligible for appraisal, the issues with appraiser capacity and resource and capacity constraints within the MDO caused by a doubling of the number of revalidation recommendations which needed to be made over the same time period. It is clear that the current process has reached capacity and this strengthens the need for an automated appraisal and revalidation management package which tracks and manages the process in real time if continuous improvements in both compliance and quality are to be made.

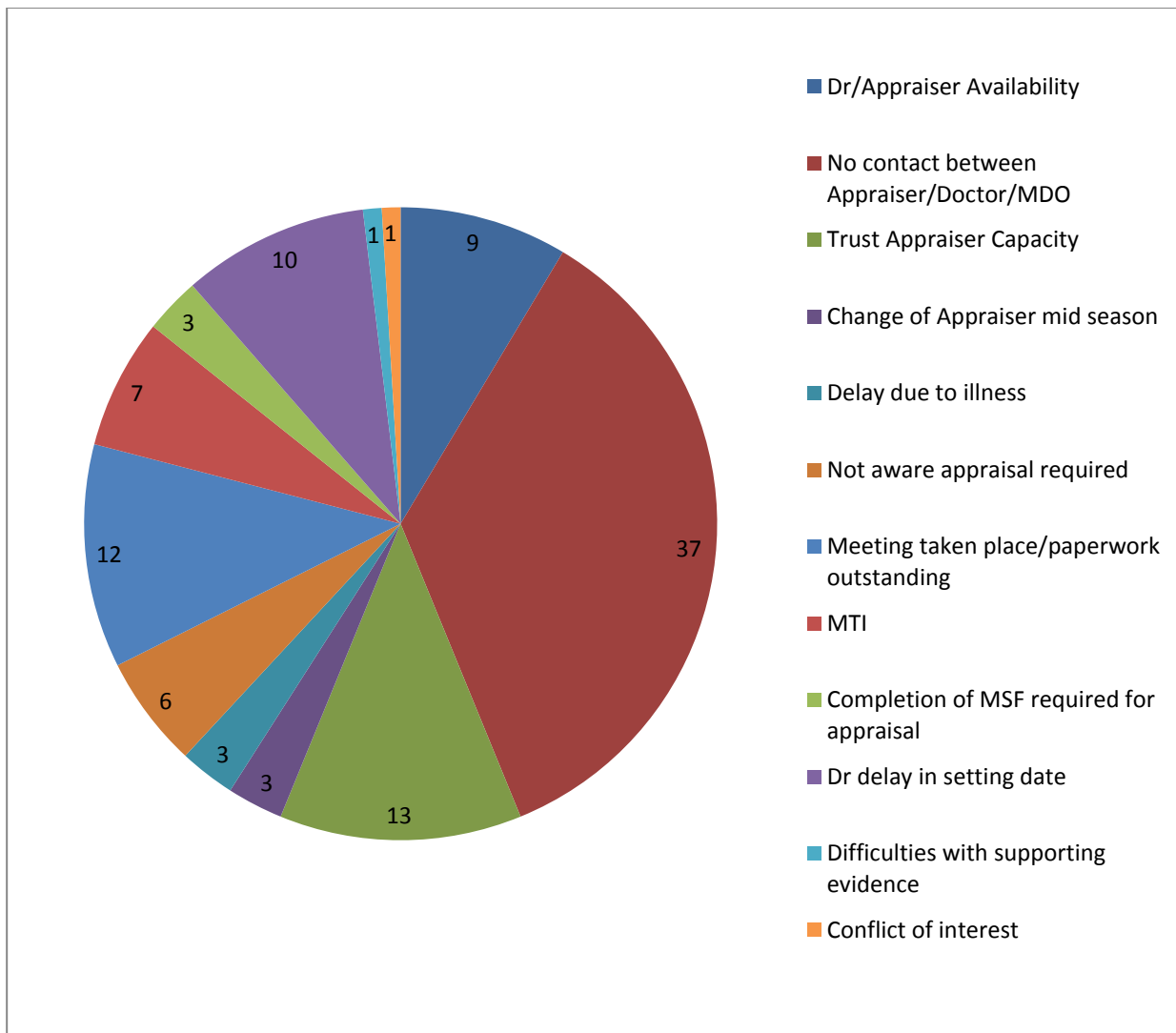
5.4.2. Despite a significant amount of work by the MDO to spread the number of appraisals due across the full six month window the vast majority of appraisal related activity continued to be back loaded into

March. This places significant stress on both appraisers and the MDO and leads to availability and resource issues for those doctors trying to book appointments. As a result a proposal to move from a seasonal to a rolling appraisal system was presented to the Medical Revalidation Implementation Group (MRIG) in March 2015. This was approved in principle and ways in which this not inconsiderable task can be implemented are currently being debated.

- 5.4.3. Work to increase general awareness of appraisal and revalidation has been effective with return rates among groups traditionally causing concern increasing. The focus of communications will now shift to maintaining this trend and concentrate on improving quality within appraisal itself. Additional resource such as an improved intranet site, handbooks for doctors, posters for the general public and information on medical appraisal for clinical leaders without medical appraisal experience are all planned. Proactive research to ensure that all doctors employed by the OUH are appropriately connected will also be carried out.

5.5. Audit of Missed Appraisals

- 5.5.1. As part of the ongoing governance of the appraisal process an audit of all those who failed to submit an appropriately signed off appraisal form by 14th April 2015 was conducted. 164 of the 1215 doctors due to be appraised fell into this category.
- 5.5.2. These 164 doctors were sent a letter from the Responsible Officer requiring them to take part in the audit. Responses were required by 8th May 2015.
- 5.5.3. Of the 164 doctors included in the audit 48 returned completed appraisal documents and 12 confirmed a change of prescribed connection during the appraisal season of which they had previously failed to notify the Trust. 104 appraisals remained outstanding.
- 5.5.4. 36 doctors failed to respond to the audit request. Further enquiries are underway in this group.
- 5.5.5. The reasons for delayed submission of appraisal were then analysed and the results are shown in the graphic below.



5.5.6. Further work is underway to ensure that the issues which delayed 68 appraisals are resolved and the 36 doctors who failed to respond to either their appraiser’s request or the audit requirement are followed up more formally.

5.6. Appraisers

5.6.1. At the start of 2014-15 the Trust had 120 trained appraisers of whom 13 elected not to continue to undertake the role. The number of appraisals carried out by the 107 active appraisers ranged from 1-15.

5.6.2. Appraiser capacity proved to be one of the biggest challenges during the 2014/15 process for a number of reasons, the main one being the large increase in the number of prescribed connections during the appraisal season. This placed a further burden on appraisers who had already been assigned the maximum number allowed for in their PA allocation.

5.6.3. Other challenges for appraisers included 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.

- 5.6.4. As a result of the above, a number of doctors were invited to become appraisers, and training sessions have been planned prior to the start of the 2015/16 round. However, to date, 13 current appraisers have indicated that they do not wish to continue in the role for the coming year (2015-16) and these will need replacing. Therefore there are still insufficient appraiser numbers to cover the current requirements. It is envisaged that a further 10 appraisers are required to manage the existing number of doctors eligible for appraisal with a second cohort of 10 needed as a “buffer” against continued escalation in prescribed connection numbers, appraiser illness and other unforeseen factors. At the time of finalising of this report, the number of doctors with a prescribed connection has risen further to 1260, a 45% increase on the figures two years ago.
- 5.6.5. Key issues affecting appraiser recruitment include failure, in some cases, of clinical managers to allocate the approved 0.375 PA into job plans for appraiser activity; pressure to relinquish this activity in favour of other duties; and the complexities of appraising outlined in point 5.6.3 above. The recruitment and retention of appraisers therefore represents a significant risk to the future success of the process.
- 5.6.6. During the period covered by this report 6 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. These were well attended, although not all appraisers attended a session during the year. This will be addressed in future as part of the review of appraiser performance.
- 5.6.7. A second appraiser conference is also being planned for delivery in September 2015 which is supported by NHS England and will be open to appraisers from other organisations. The inaugural event in 2013 proved extremely popular and was recognised regionally as an important resource for appraisers.
- 5.6.8. A survey of appraisers was also undertaken following the end of the 2014/15 season. The results are due to be submitted to the Medical Revalidation Implementation Group (MRIG) in September 2015. However key points include;
- 5.6.8.1. The majority of appraisers have been appraising for over 5 years. A significant number are approaching retirement.
- 5.6.8.2. There is a mismatch between the number of appraisers who are honorary contract holders and the number of doctors with a prescribed connection who are honorary contract holders, as a result of which the burden of providing appraisal falls disproportionately on the Trust. This needs to be redressed through recruitment activity that targets honorary consultants employed by Oxford University.
- 5.6.8.3. Nearly 40% of respondents said they did not have time for their work as an appraiser allocated in their job plan.
- 5.6.8.4. More than 40% of respondents undertook more than their initial allocation of 10 appraisals, during the period.
- 5.6.8.5. Nearly 30% of appraisers are considering resigning from the role during the next 12 months.
- 5.6.9. These responses underline the fact that appraiser support and retention will be key to maintaining an effective appraisal system going forward.

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. At the time of writing this report a more detailed quality assurance audit of appraisal input and output data is pending, and the results and recommendations will be presented to the Medical Revalidation Implementation Group in due course. These will include mechanisms to monitor and compare individual performance, and recommendations for additional support where required.
- 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 Responsible Officer as part of the support work outlined at point 5.6 above.
- 5.7.4. A survey of doctors was undertaken following the end of the 2014/15 season to establish their views on the appraisal process and provide feedback on their appraiser. These data are 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 system therefore relies on the transfer of information between parties by email. Whilst no information governance breaches in relation to the appraisal process have been reported this year, the potential for error in this process remains a significant risk.

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. The Trust provides 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 therefore there are some concerns about the accuracy of these reports. Doctors are required to check these reports and comment on any anomalies as well as reflecting on incidents / complaints that may not appear in the corporate report.
- 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.

6. Medical Revalidation

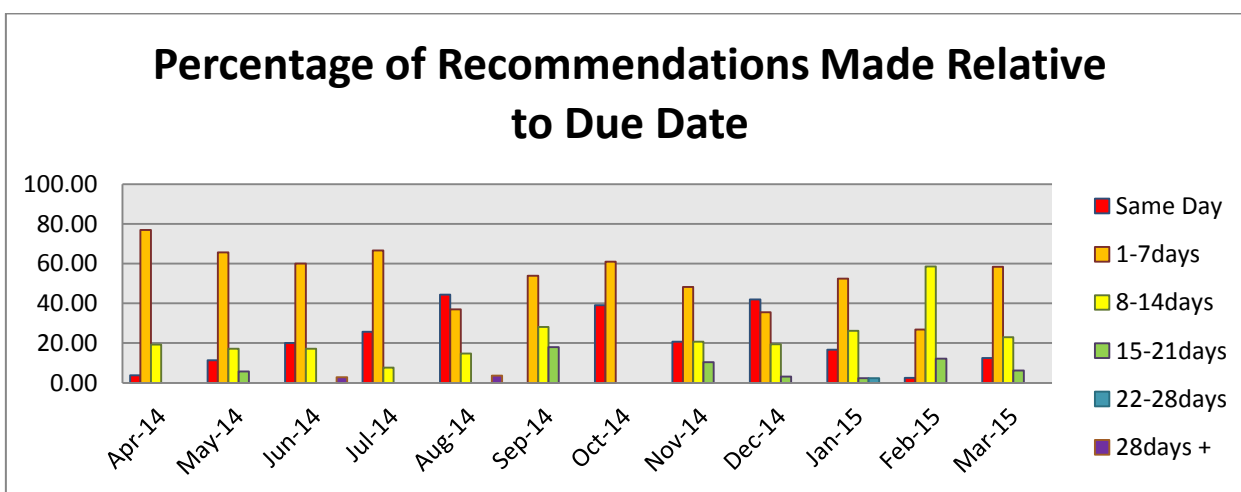
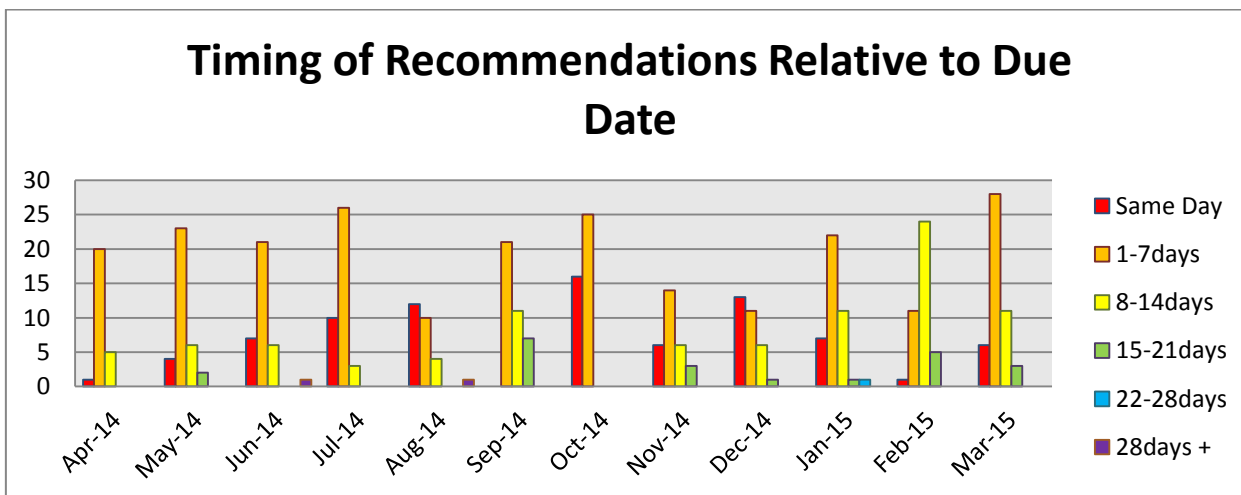
6.1. Medical Revalidation Performance Data

- 6.1.1. During the period 1st April 2014 – 31st March 2015 the Responsible Officer made 433 revalidation recommendations. Of these 298 were positive and 135 were deferrals. There were no cases of failure to engage recommendations being submitted. All recommendations were made on time. The following tables show the number of recommendations due by month and track the timing of these recommendations relative to their due date.

Month	Total 2014/15
Apr-14	26
May-14	35
Jun-14	35
Jul-14	39
Aug-14	27
Sep-14	39
Oct-14	41
Nov-14	29
Dec-14	31
Jan-15	42
Feb-15	41
Mar-15	48
Total	433

Month	Same Day	1-7days	8-14days	15-21days	22-28days	28days +	Total
Apr-14	1	20	5	0	0	0	26
May-14	4	23	6	2	0	0	35
Jun-14	7	21	6	0	0	1	35
Jul-14	10	26	3	0	0	0	39
Aug-14	12	10	4	0	0	1	27
Sep-14	0	21	11	7	0	0	39

Oct-14	16	25	0	0	0	0	41
Nov-14	6	14	6	3	0	0	29
Dec-14	13	11	6	1	0	0	31
Jan-15	7	22	11	1	1	0	42
Feb-15	1	11	24	5	0	0	41
Mar-15	6	28	11	3	0	0	48



6.2. Analysis of Results

6.2.1. All revalidation recommendations due in 2014/15 were made on time and to GMC standards. No cases of failure to engage were reported.

6.2.2. Revalidation activity during 2014/15 equated to an average of 36.08 recommendations per calendar month or 8.33 recommendations per week. During 2013/14 a total of 174 recommendations were made equating to an average of 14.5 recommendations per calendar month or 3.35 recommendations per week. Therefore 2014/15 saw an uplift of 249% in the number of recommendations due. This increase was due in part to the fact that only 20% of doctors were allocated a date in year 1 of the implementation phase with 40% being allocated to year 2. However there was a further significant increase in recommendations due as those who were originally deferred came under notice for a second time. This placed significant pressure on the MDO to prepare the portfolios for review and on

the Responsible Officer to review the evidence and make the recommendations.

- 6.2.3. Performance in relation to the number of days in advance of the due date that the actual recommendation was made fluctuated considerably during the year. The impact of annual leave in July / August and December can be seen in the spikes in recommendation made on the same day. However the work the MDO has done to focus on improving this rate can be seen from February 2015 onwards.

6.3. Review of 2013/14 Action Plan

6.3.1. This is the first time revalidation data have been presented in this format and thus there is no action plan to review.

6.4. Conclusion – Medical Revalidation 2014/15

6.4.1. The Responsible Officer's statutory duties in relation to making of recommendations have been fully discharged.

6.4.2. The impact of the large increase in recommendations falling due has significantly impacted on the ability of the Medical Director's Office to widen the gap between the recommendation due date and the date on which it is actually made. Ideally the Responsible Officer would like to be making recommendations soon after a doctor goes under notice 90 days in advance of their due date. However this is not currently possible.

6.4.3. An automated revalidation management system is needed to maintain performance, provide higher levels of assurance, improve quality going forward, and manage risk. Additional staff, office space and other resource is also required to address other areas linked to the Responsible Officer regulations such as fitness to practice systems and case investigator support.

7. Recruitment and Engagement Background Checks

7.1. 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;

- 7.1.1. Identity check
- 7.1.2. Qualification check
- 7.1.3. GMC conditions / past history
- 7.1.4. Ongoing GMC / NCAS investigations
- 7.1.5. Disclosure and Barring Service
- 7.1.6. Responsible Officer / appraisal history
- 7.1.7. Recent references
- 7.1.8. Language competency (assessed at interview)

7.2. 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.

7.3. An audit of performance relating to the gathering of this information in a timely manner is currently underway and will be presented to the MRIG upon completion to enable monitoring of the process. An internal audit by an external auditor is conducted part yearly to regularly monitor compliance.

8. Monitoring Performance, Responding to Concerns and Remediation

8.1. 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.

- 8.2. 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.
- 8.3. Work is currently underway to establish a formal method of rating concerns and an associated reporting system to ensure that all concerns are dealt with uniformly, regardless of in which Division they occur. This will not only support the Responsible Officer in discharging his duties but will enable trends to be identified across the Trust which can then be targeted and appropriate support given across Divisions.

9. Risks and Issues

9.1. MDO Team Resource

- 9.1.1. As previously outlined, the current team is very lean and delivers the appraisal and revalidation process manually. This is only being achieved through significant personal effort and dedication.
- 9.1.2. 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.
- 9.1.3. The size of the team is currently dictated not only by financial restraints but also by lack of office space. At present the team is based in temporary accommodation on Academic Street but this is only suitable for 2 people and will be required for other staff in the near future.
- 9.1.4. Both staffing and office solutions need to be addressed urgently in order for the process to continue to function.

9.2. Revalidation Management System

- 9.2.1. 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.
- 9.2.2. Data is collected, entered and analysed manually.
- 9.2.3. 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.
- 9.2.4. The potential information governance risks of transferring data by email have already been highlighted at point 5.8 above.

9.3. Appraiser Capacity

- 9.3.1. As outlined in point 5.6 above the Appraiser community is facing significant challenges. The contribution of appraisers must be recognised

both in financial terms through job planning and through the appropriate respect being given to the role, thereby valuing their input.

- 9.3.2. Appraiser recruitment and retention will be a key focus during the run up to the 2015/16 appraisal window opening.

9.4. Number of Prescribed Connections

- 9.4.1. The number of doctors connecting themselves with the Trust for revalidation purposes continues to rise. This presents both a financial and operational challenge for the Trust given the requirements of revalidation.

- 9.4.2. Most doctors in direct clinical management structures now have a good understanding of the appraisal and revalidation process. However most of the doctors now aligning themselves with the Trust have a more complex and less traditional career history, typically have an academic or research background or may have established a connection via a zero hours contract through the newly formed staff bank. These doctors are harder to track, support and manage due to being off site often, and only nominally attached to a clinical lead. They also generally have a limited understanding of the appraisal and revalidation process. The same is often true of doctors coming in from overseas.

- 9.4.3. Further work is required to track those doctors with a contractual connection to the Trust but who have yet to establish a prescribed connection for revalidation. A review of the way in which zero hours contracts are granted and the impact on revalidation is also required.

9.5. Fitness to Practice

- 9.5.1. As with appraisers, there is a shortage of trained case managers and case investigators and those that have the necessary skills are often in demand for other roles.

- 9.5.2. As noted at point 8 above there is also a need to standardise the management and reporting of concerns to ensure parity between Divisions and to support the Responsible Officer in discharging his obligations.

10. Independent Verification Visit by NHS England

- 10.1. The Independent Verification Visit was carried out, by a team from NHS England with lay representation and an external Responsible Officer, on March 20th.
- 10.2. The NHS England team received documentation in advance of the visit regarding the governance and performance of the appraisal and revalidation systems.
- 10.3. On the day of the inspection they carried out interviews with the RO and his support team, and with HR, as well as running focus groups for doctors and for appraisers.
- 10.4. The report received is attached as Appendix 2. Recommendations made are being reviewed and an action plan developed that will also encompass recommendations to this report.
- 10.5. The NHS England team advised that based on benchmarking and their experience of other designated bodies, an increase in resource to support the Responsible Officer role should be considered, to manage risk and to allow for

required increases in the quality control processes for appraisal and revalidation.

- 10.6. Although some domain gradings did not achieve the levels of excellence aspired to in the MDO team, there were no serious concerns expressed, nor seriously adverse gradings given. Furthermore the NHS England team decided, based on the levels of engagement and work seen within the MDO, to create a new domain linked to the engagement and commitment of the RO team, for use in future inspections and for which the Trust received a high score.

11. Actions, Improvement Plan and Next Steps

- 11.1. In order to address some of the concerns outlined above the following initiatives will be prioritised in 2015/16

11.1.1. **Resource / Revalidation Management System** – a business case for the procurement of a revalidation management system, additional office space, staffing and associated supplies is in progress. This is now happening in conjunction with the Nursing Directorate to see what, if any, costs can be shared with the advent of Nursing revalidation in 2016.

11.1.2. **Appraiser recruitment, retention and support** will be an important focus for the team. Individual performance review and development, the appraiser conference and enhanced appraiser network activity, led by the newly appointed Associate Medical Director for Medical Workforce and Engagement, will concentrate on retention. Quarterly recruitment drives and increasing awareness of the need for adequate recognition of appraisal activity by Divisional management will also take place.

11.1.3. **Proactive management of prescribed connections** will continue. Initiatives such as using the TRAC recruitment system to identify and contact doctors prior to their start date and following up doctors who have a contractual connection but have yet to establish a prescribed connection for revalidation will contribute to stabilising numbers. However this is labour intensive work and relies on input from HR colleagues who are also short of resource.

11.1.4. **Actions to strengthen the monitoring of fitness to practice issues** have already been outlined. In addition it is envisaged that managerial and peer support for case investigators and managers will be implemented to mirror that given to appraisers. Better reporting and identification of trends should help to maximise available resources and provide data upon which to base future recommendations.

- 11.2. The key change to the management of appraisal and revalidation in 2015/16 is the start of a phased move away from a seasonal approach to appraisal. Historically medical appraisals have always taken place between 1st October and 31st March each year, with the majority of meetings backloaded towards the end of this period. From 1st October 2015 doctors will be allocated to a month during which, unless there are extenuating circumstances such as sickness or extended annual leave, they will be required to have their appraisal. The benefits of this system are many and include;

11.2.1. Spreading the load for appraisers. The pressure of conducting 10+ appraisals in a short space of time is often listed as a key concern for appraisers.

- 11.2.2. Allowing more proactive monitoring. At present the MDO risks being overwhelmed during March when the majority of appraisals are conducted. Having a rolling monthly calendar will mean that this load is spread, allowing real time follow up of missed appointments, earlier intervention where there are problems and better quality control of documentation.
- 11.2.3. Accommodating new starters. Most doctors joining the Trust have come from employers who operate a rolling annual system. Therefore trying to accommodate them into a specific time bracket can be troublesome, particularly given the GMC's limits on timing between meetings and / or if the doctor is only here for a short space of time but requires appraisal.
- 11.2.4. Better support for revalidation. By having a more flexible system doctors who are new to the process and / or need more support to achieve a positive revalidation will not have to be deferred until the next appraisal season has passed but can be accommodated and assisted more quickly thus improving both their experience and the Trust's performance.
- 11.3. Revalidation for nurses is due to be implemented in 2016. Whilst there are some significant differences between the two schemes (namely that nurses are responsible for their own revalidation whereas the Trust has corporate responsibility for doctors) there is an element of crossover in the domain of quality improvement. The MDO will look to work closely with the Nursing Directorate in order to provide the benefit of their experience implementing systems and processes, look to share back office costs and work collaboratively to promote the quality improvement message across professional boundaries.

12. Recommendations

- 12.1. 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.
- 12.2. The Board is further asked to recognise that the resource implications of medical revalidation still continue to increase year on year. Plans are being developed to address this.
- 12.3. Finally 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.

Dr Tony Berendt, Medical Director and Responsible Officer

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

June 2015

Designated Body Statement of Compliance

The Trust Management Executive of the Oxford University Hospitals NHS Trust has carried out and submitted an annual organisational audit (AOA) of its compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended 2013) and can confirm that;

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated and or appointed as a Responsible Officer;
2. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained;
3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;
4. Medical appraisers participate in ongoing performance review and training / development activities to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent);
5. All licensed medical practitioners either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;
6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners which includes (but is not limited to) monitoring in-house training data, clinical outcomes data, significant events and feedback from patients and colleagues, ensuring that information about these is provided for doctors to include at their appraisal;
7. There is a process established for responding to concerns about any licensed medical practitioner's fitness to practise;
8. There is a process for obtaining and sharing information of note about any licensed medical practitioner's fitness to practise between this organisation's Responsible Officer and other Responsible Officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work;
9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licensed medical practitioners have qualifications and experience appropriate to the work performed and;
10. A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

Signed on behalf of the designated body

Sir Jonathan Michael, Chief Executive

Date

Appendix 2 - Independent Verification Visit Report

Date of Desk Top Review/Visit: Friday 20 March 2015

Designated Body: Oxford University Hospitals NHS Trust

Designated Body:	Oxford University Hospital	Review Team:
Type/sector of DB	Acute Secondary Care Provider	Vicky Banks Associate Medical Director, Revalidation, NHS England (South) Ros Crowder, Deputy Director Revalidation, NHS England (South) Rod Walker, Lay Representative Marion Lynch, Deputy Medical Director, South Central Sub Region NHS England, Associate GP Dean, Health Education England, Thames Valley Nigel Woods, Observer, Revalidation Programme Manager, Public Health England
RO	Tony Berendt.	
Chief Executive	Sir Jonathan Michael	
Medical Staffing Manager	Laura Bick	
Appraisal Lead	Ivor Byren	
Business Systems Support	Caroline Sykes, Nikki Sullivan	
Other contacts:		

Meeting Preparation

Summary

Oxford University NHS Trust employs approximately 11,500 members of staff and comprises 7 separate sites:

- Chipping Norton Hospital Unit
- Churchill Hospital
- Horton General Hospital
- John Radcliffe Hospital
- Nuffield Orthopaedic Centre
- Wallingford Hospital Maternity Unit
- Wantage Hospital Maternity Unit

In 2013/14 care was provided through:

- 650,000 outpatient appointments in the Trust's hospitals
- 107,000 planned admissions
- 90,000 emergency admissions
- 130,000 Emergency Department attendances. Around 9,000 births are recorded during 13/14.

In the 2013/14 AOA report, Oxford University NHS FT declared 969 doctors with a prescribed connection with an appraisal rate of 86.5% (838/969)

The last CQC Inspection report, published in May 2014 gave the organisation good for all 5 areas assessed, Safe, Effective, Caring, Responsive and Well led

There has been some publicity re defense costs discussed in the local press (September 2014)

On the day of the visit meetings were held with:

Tony Berendt, Medical Director

Clare Dollery, Deputy Medical Director

Ivor Byren, Associate Medical Director & Appraisal Lead

Caroline Sykes & Nikki Sullivan, Business Manager Medical Directorate (job share)

Laura Bick, Medical Staffing Manager

Appraisers x 4

Doctors x 5

Key Area summary	Examples of good practice	Areas for development
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Designated body and responsible officer

The Medical Director is the RO and is supported by the Business office managers Caroline & Nicki. A new Deputy Medical Director has recently started in post with previous experience of the RO function in another Trust, and an Associate Medical Director was appointed in December who acts as the appraisal lead. Capacity has been very limited and will be improved with the additional appointments. The RO regularly attends RO network meetings and is in contact with the regional team as necessary.

A Board seminar was held to introduce the RO regulations some time ago and a further update is being considered. An annual report is presented to the Board and the Board is felt to be supportive. The number of doctors with a prescribed connection has increased significantly recently and now stands at 1180, with a large number of clinical academics plus training grade doctors doing research fellowships and some doctors working in the tropics or in non clinical academic medical practice.

The list of doctors with prescribed connection is managed by regular checks on GMC Connect and frequent updates of starters and leavers from the medical staffing dept. The RST RO dashboard is used for keeping track of doctors and an appraisal database is used for random allocation of appraisers to doctors. Consideration is being given to the procurement of an electronic system for managing doctors' appraisals and revalidation. Doctors new to the Trust are given a session on appraisal and revalidation during their induction programme and a recent session on using the MAG form arranged by the business managers was attended by 85 doctors.

Doctors can access an electronic system for activity data and can request a Datix report on serious incidents and complaints

Considerable effort is put in by the MD business office to assist doctors in understanding the requirements but the numbers and turnover of doctors mean this is an ongoing challenge.

Individual letters are sent to all doctors once a recommendation has been made.

A process for obtaining assurance regarding all doctors full scope of practice is in place prior to making revalidation recommendations.

The RO and team are very committed to driving forwards the implementation of the RO Regulations with excellent engagement with the RO networks and the regional team.

Consider developing an action plan focused on key priorities utilising the additional resource. Consider whether sufficient resource is now in place or whether a case needs to be made for further resource. This may be included in an update report for the Board. The regional team can supply benchmarking data on RO support teams in other Trusts.

Consider broadening the involvement of others in an advisory group for revalidation and appraisal; this may assist in developing a more informed medical workforce

The current timescale in which recommendations are made very close to the revalidation date could be improved with additional resource and sharing the workload between the enhanced medical directorate team. Additional quality assurance of the appraiser workforce, recognised by the RO as required for some who have not attended CPD meeting, will help to ensure that doctors are aware of any deficiencies early on and have the opportunity to provide additional information and therefore meet the requirements, avoiding the need for deferral.

Develop a plan to bring forward the checks as far as possible and aim for recommendations to be made earlier in the notice period.

Consider gaining the support of a NED as a champion to assist in driving forward progress.

<p>Appraisers</p> <p>Significant progress has been made by the Trust in increasing appraisal rates over the last few years. The Trust has 112 appraisers and each is expected to undertake about 10 appraisals annually. Recruitment of new appraisers has taken place to replace those stepping down and further replacement is expected to ensure the quality of appraisals. Training for new appraisers has been provided by Edgecumbe and appraiser network events are now being organised by the appraisal lead, including events at outlying sites with video linkage to the main site.</p> <p>Doctors are allocated an appraiser randomly within a division from a pool of appraisers for either “senior” or “junior” doctors. Appraisers change after three years and avoid the same speciality and line managers. Appraisals use the MAG form currently. An electronic system for patient and colleague feedback is provided by the Trust for all doctors but if they wish doctors may use another system such as the FMLM provided it meets the GMC requirements.</p> <p>The appraisal lead is not currently fully in post until 1st April due to continuing Clinical Director commitments. Informal support for individual doctors takes up a considerable amount of time. Currently appraisals take place during a window from October from March but a change to all year round is being planned to reduce the burden of many appraisals in March</p> <p>Doctors and appraisers reported appropriate quality improvement activities are undertaken which result in improvements to patient care.</p>	<p>Good use of data to track and monitor appraisals and revalidation and benchmark against other similar organisations.</p> <p>A conference for all appraisers was organised in 2013 and another is being considered for this year. Provision of appraiser updates using video conferencing facilities to enable participation from other sites.</p> <p>The move to a year round appraisal system is endorsed.</p> <p>Where a doctor provides an excellent appraisal portfolio they are asked if they are interested in becoming an appraiser.</p>	<p>The Trust recognises that further work is required with appraisers to ensure a consistent standard of appraisals across the organisation, particularly with those not participating in CPD events for appraisers. The introduction of a QA tool for appraisals is planned</p> <p>Consider the provision of further information for doctors to enable better understanding of revalidation requirements, possibly a newsletter, in particular to address the perception of deferral as a negative act.</p> <p>Consider introducing a system for doctors to provide feedback on their appraisals to aid quality assurance.</p> <p>Consider joint training and CPD events for appraisers with primary care. (Contact Marion Lynch, Deputy Director, Medical Directorate, NHS England south central. marionlynch1@nhs.net)</p> <p>Contact with another Trust implementing a move to a year round appraisal system can be provided, Plymouth Hospitals NHS Trust, Peter Davies, Appraisal Lead, Emma Rayment, MD Business Manager emmarayment@nhs.net</p> <p>Consider adding the Trust’s values to the PDP to aid the inclusion of appropriate items.</p> <p>Consider greater alignment of Trust/division/directorate priorities with quality improvement activities required for appraisal.</p>
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<p><u>Monitoring performance and responding to concerns</u></p> <p>Performance management of doctors is carried out through the line management model in the five divisions led by divisional directors, all of whom are doctors. Most but not all clinical directors are doctors. The approach of lead clinicians is variable with some not appreciating their role in clinical management. NCAS has provided training for case managers and case investigators so that 4 out of 5 divisional directors are trained case managers and 20 case investigators are trained. The HR business partners provide support for investigations and where necessary the corporate HR team can provide additional support.</p> <p>There is no formal DMG in place but the new Medical directorate team (MD, Deputy & AMD) will consult with each other when concerns arise. Decisions regarding investigation are determined either by the divisions or the MD.</p> <p>Some support is available for doctors when SUIs occur but further resilience support is required.</p>	<p>Training in values based conversations is being rolled out across the Trust.</p> <p>Never event data is widely disseminated, discussed and acted upon.</p> <p>Resilience training is provided</p>	<p>Further clarification on where responsibilities lie with regard to divisional directors and the medical director would be helpful in order to ensure that organisational governance systems are robust and consistent standards are being applied across the whole organisation. A mapping exercise started previously is to be resurrected and this should provide a starting point for further progress.</p> <p>Consider formalising a DMG / advisory group with broader representation.</p> <p>Consider the use of case investigators from primary care to add to the existing pool and enable joint networking and CPD for investigators.</p> <p>The risk matrix for determining the level of concern (Leicester matrix) can be provided by the regional team.</p> <p>To follow separately</p> <p>Additional support for enabling greater resilience for doctors experiencing difficulties is recognised as being needed.</p>
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<p><u>HR Process</u> The medical staffing dept covers all sites and all divisions and has responsibility for recruitment, CEAA and ESR. The team works closely with the revalidation team who have access to all HR systems. Regular meetings take place with the MD/RO and any difficult issues are escalated. Medical staffing advisors respond to requests for information from other designated bodies as required.</p> <p>An electronic recruitment system is used which enables a better calibre of candidate than NHS jobs. Selection processes may include values based interviews in addition to a standard panel interview.</p> <p>GMC and HPAN checks are carried out prior to interview, at pre-employment point and on start date.</p> <p>Bank medical staff ad locums are asked for details of last RO and date of appraisal. Only framework agencies are used and no problems are experienced.</p> <p>Checks on locums are carried out within each directorate.</p> <p>All new consultants are provided with a mentor on appointment.</p>	<p>A robust system of checks by the medical staffing dept is in place.</p>	
<p><u>Public and patient involvement</u> There is currently no patient and public involvement.</p>		<p>Consider opportunities for involving patients and the public.</p>

Designated Body classification following Independent Verification

Designated Body Name:

Core Standard Group	ICE development continuum					
	Initiation		Compliance		Excellence	
	1	2	3	4	5	6
Designated body & Responsible Officer	←→					
Appraisal	←→					
Monitoring performance and RtC	←→					
HR processes	←→					
Overall	←→					
Engagement / Enthusiasm / Effort	←→					

ICE Maturity Continuum	Description	Action Options
Initiation	1 Meets few core standards, little or no commitment to alter this	Revisit soon, escalate to MD, Regional Director or Secretary of State
	2 Meets a few core standards, plan in place to achieve compliance	Obtain action plan update, revisit
Compliance	3 Meets most core standards, some quality assurance	Suggest improvements and teleconference review in 6 months
	4 Meets most core standards, quality assured in all areas	Suggest improvements and invite a report back in 1 year
Excellence	5 Meets all core standards, quality assured with some quality improvement	No action
	6 Committed to continuous improvement. All core standards	Share good practice

