

Reporting to:	Trust Board, 30 June 2016
Title	Annual Report on the Revalidation of Doctors June 2016
Sponsoring Director	Medical Director
Author(s)	Edwin Borman, Medical Director Sam Hooper, Medical Performance Manager
Previously considered by	
Executive Summary	<p>This summary paper and the more detailed document in the supplementary pack provide a report for the Board on the state of implementation of Revalidation of doctors at SaTH.</p> <p>NHS England requires that such a report is provided to the Board and made publicly available.</p> <p>In addition the Board is required to approve a statement of compliance (attached). The papers demonstrate that SaTH now has in place robust processes and procedures that provide for a well-functioning and quality-assured system.</p>
Strategic Priorities	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input checked="" type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	<input type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5. Financial Strength: Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If the local health and social care economy does not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input checked="" type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input type="checkbox"/> If we are unable to resolve our structural imbalance in the Trust's Income &

	<p>Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment</p>
<p>Care Quality Commission (CQC) Domains</p>	<p> <input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led </p>
<p> <input checked="" type="checkbox"/> Receive <input type="checkbox"/> Review <input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve </p>	<p>Recommendation</p> <p>The Board is invited to:</p> <ul style="list-style-type: none"> * Receive this required report * Approve the statement of compliance

A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex E - Statement of Compliance

Version 4, April 2014



NHS England INFORMATION READER BOX

Directorate

Medical	Operations	Patients and Information
Nursing	Policy	Commissioning Development
Finance	Human Resources	

Publications Gateway Reference:

01142

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Cross Reference	The Medical Profession (Responsible Officers) Regulations, 2010 (as amended 2013) and the GMC (Licence to Practise and Revalidation) Regulations 2012
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Annex E – Statement of Compliance

Designated Body Statement of Compliance

The board/executive management team – Medical Director’s Office of Shrewsbury and Telford 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 in 2013) and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

Comments: Yes – Edwin Borman

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

Comments: Yes

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

Comments: Yes

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);

Comments: Yes

5. All licensed medical practitioners¹ 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;

Comments: Yes

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners¹, which includes [but is not limited to] monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues, ensuring that information about these is provided for doctors to include at their appraisal;

Comments: Yes

7. There is a process established for responding to concerns about any licensed medical practitioners¹ fitness to practise;

Comments: Yes

8. There is a process for obtaining and sharing information of note about any licensed medical practitioners’ fitness to practise between this organisation’s responsible officer

¹ Doctors with a prescribed connection to the designated body on the date of reporting.

and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work;

Comments: Yes

9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners² have qualifications and experience appropriate to the work performed; and

Comments: Yes

10. A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

Comments: N/A

Signed on behalf of the designated body

Name: _____ Signed: _____

[chief executive or chairman a board member (or executive if no board exists)]

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and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work;

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9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners⁴ have qualifications and experience appropriate to the work performed; and

Comments: Yes

10. A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

Comments: N/A

Signed on behalf of the designated body

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Trust Board Paper - June 2016 Annual Report on the Revalidation of Doctors

1. Introduction

According to the General Medical Council, the UK-wide regulatory body for doctors,

"Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice. Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by their employer and the GMC. Licensed doctors have to revalidate usually every five years, by having annual appraisal based on our core guidance for doctors, Good medical practice."

Revalidation is a requirement to enable a doctor to continue to retain their licence to practice and it is the responsibility of the Designated Body to provide sufficient resources to enable this to be carried out.

Revalidation was introduced, as a statutory requirement of all doctors, in December 2012, with the first doctors at SaTH being required to submit evidence for revalidation in 2013.

2. Key Points on the Implementation of Revalidation at SaTH

The Medical Director has responsibilities as Responsible Officer for all senior doctors employed by SaTH and by the Severn Hospice.

Over the last three years the structure and framework required to provide assurance and governance around the requirements for revalidation have been implemented. The key requirements being annual appraisal, review of complaints and concerns, confirmation of engagement in clinical governance system and multi-source feedback. The Medical Director has given clear direction to the Senior Medical Staff as to the requirements for revalidation.

Over the last year, considerable efforts have been made to ensure that all elements required to support Revalidation have been addressed in more detail.

These have included:

- Clear direction provided from the Medical Director on the requirements for Revalidation
- Reminder emails from the Medical Director to every senior doctor on the requirements for Revalidation
- Monthly reports to the Clinical Directors and Care Group Medical Directors of appraisal status of all senior medical staff
- Education provided for all senior doctors, on Appraisal and Revalidation as part of Doctor's Essential Education Programmes (DEEP)
- On-going communication with senior doctors on their responsibilities with regard to Revalidation
- Validation and improvement of the Trust's Appraisal systems in order to ensure reliable delivery
- Improvement and development of the electronic Appraisal and Revalidation system (Equiniti) and reports provided from this
- Support and prompting to ensure that doctors complete multi-source feedback in a timely manner
- Trust guidance on skill mix requirements for colleague raters for multi-source feedback
- The development with the Complaints Department to check complaints and concerns for Senior Medical Staff
- The development and validation of a reliable database of all senior doctors at SaTH
- An agreed dataset of achievements of the key requirements for Revalidation
- Ensuring the full implementation of pre-employment checks of doctors, including their compliance to date with Revalidation requirements
- The standardisation of Appraisals, based on the Equiniti System

- The training of a further 20 Medical Appraisers
- Ensuring that a governance framework is in place for continued development and support for Medical Appraisers
- The introduction of exception reporting for all overdue appraisals.
- The appointment of an Appraisal Lead for Consultants and an Appraisal Lead for SAS doctors
- Providing doctors with information about their clinical performance via the Information Department

a) Revalidation Outcomes

There has been a high number of doctors requiring Revalidation in this financial year, an increase of 8% on last year. It is important to note that the reporting system for appraisal required by NHS England (Table 1) differs from this reporting system for Revalidation which is based on financial year numbers.

Financial Year	2013-2014	2014-2015	2015-2016
Revalidate	61	99	119
Defer	10	27	21
Non-Engagement	0	3	0
Totals	71	129	140

The three doctors referred to the GMC for non-engagement in 2014-15 have all had their cases pursued, and completed, by the GMC.

b) Annual report on Revalidation at SaTH

The following pages document the information required by NHS England for national reporting purposes and for required reporting to each Trust's Board.

3. Additional points to note

We have seen an increase in doctors who are not in Senior Doctor posts and also not in training, i.e. not in Deanery posts, who now sit within the Trust's appraisal system. There has also been an increase in international doctors in the past year who have not previously undergone appraisals. There does not appear to be a standardised approach, recommended by NHS England, for managing these doctors and we have therefore developed a process, in-house, for standardised preparation for appraisal.

There has been an increase in those doctors who now are classified in section 1b due to the change in NHS England rules from... "appraisal has taken place between 9-15 months of the date of the last appraisal" to... "the appraisal meeting has taken place in the three months preceding the agreed appraisal due date".

Severn Hospice doctors are employed through a service level agreement with their contract being held at SaTH. They have been allocated to SaTH as their designated body and they are the responsibility of our Responsible Officer.

4. Recommendation

The Board is invited to:

- **receive** this required report
- **approve** the statement of compliance – Appendix A and Appendix B

Table 1 – NHS England Appraisal Data

Section 2		Appraisal					
2.1	IMPORTANT: Only doctors with whom the designated body has a prescribed connection at 31 March 2016 should be included. Where the answer is 'nil' please enter '0'. See guidance notes on pages 16-18 for assistance completing this table		1a	1b	2	3	
		Number of Prescribed Connections	Completed Appraisal (1a)	Completed Appraisal (1b)	Approved incomplete or missed appraisal (2)	Unapproved incomplete or missed appraisal (3)	Total
2.1.1	Consultants (permanent employed consultant medical staff including honorary contract holders, NHS, hospices, and government /other public body staff. Academics with honorary clinical contracts will usually have their responsible officer in the NHS trust where they perform their clinical work).	230	107	110	5	8	230
2.1.2	Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS, hospices, and government/other public body staff).	74	42	28	3	1	74
2.1.3	Doctors on Performers Lists (for NHS England and the Armed Forces only; doctors on a medical or ophthalmic performers list. This includes all general practitioners (GPs) including principals, salaried and locum GPs).	0	0	0	0	0	0
2.1.4	Doctors with practising privileges (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade).	0	0	0	0	0	0
2.1.5	Temporary or short-term contract holders (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc).	65	26	15	7	17	65
2.1.6	Other doctors with a prescribed connection to this designated body (depending on the type of designated body, this category may include responsible officers, locum doctors, and members of the faculties/professional bodies. It may also include some non-clinical management/leadership roles, research, civil service, doctors in wholly independent practice, other employed or contracted doctors not falling into the above categories, etc).	0	0	0	0	0	0
2.1.7	TOTAL (this cell will sum automatically 2.1.1 – 2.1.6).	369	175	153	15	26	369



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