

Recommendation <input checked="" type="checkbox"/> DECISION <input type="checkbox"/> NOTE	The Board is invited to: * Receive this required report * Approve the statement of compliance
Reporting to:	Trust Board
Date	29/06/2017
Paper Title	Revalidation of Doctors - June 2017
Brief Description	<p>This summary paper provides 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. In addition the Board is required to approve a statement of compliance.</p> <p>The papers demonstrate that SaTH now has in place robust processes and procedures that provide for a well-functioning and quality-assured system.</p>
Sponsoring Director	Dr Edwin Borman, Medical Director
Author(s)	Sam Hooper, Medical Performance Manager
Recommended / escalated by	
Previously considered by	
Link to strategic objectives	<p>SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm</p> <p>SAFEST AND KINDEST - Deliver the kindest care in the NHS with an embedded patient partnership approach</p> <p>INNOVATIVE AND INSPIRATIONAL LEADERSHIP - Through innovative and inspirational leadership achieve financial surplus and a sustainable clinical services strategy focussing on population needs</p> <p>VALUES INTO PRACTICE - Value our workforce to achieve cultural change by putting our values into practice to make our organisation a great place to work with an appropriately skilled fully staffed workforce</p>
Link to Board Assurance Framework	<p>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 (RR 561)</p> <p>If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale & patient outcomes may not improve (RR 423)</p>

Equality Impact Assessment (select one)	<ul style="list-style-type: none"><input type="radio"/> Stage 1 only (no negative impacts identified)<input type="radio"/> Stage 2 recommended (negative impacts identified)<ul style="list-style-type: none"><input type="radio"/> negative impacts have been mitigated<input type="radio"/> negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status (select one)	<ul style="list-style-type: none"><input type="radio"/> This document is for full publication<input type="radio"/> This document includes FOIA exempt information<input type="radio"/> This whole document is exempt under the FOIA

Trust Board – 29 June 2017

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 four 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.

Robust processes are now in place to ensure that all elements required to support Revalidation.

These include:

- Personal emails to each doctor, due for Revalidation, from the Medical Director on the requirements needed for Revalidation
- Monthly reports to the Clinical Directors, Care Group Medical Directors and HR Business Partners of the appraisal status of all Trust-appraised medical staff
- Updates provided for all senior doctors, on Appraisal and Revalidation, as part of the on-going Doctor's Essential Education Programmes (DEEP)
- 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 the reports provided from this
- Support to doctors in the use of the electronic Appraisal and Revalidation (Equiniti) system
- Support to doctors on how to complete multi-source feedback in a timely manner
- Trust guidance on skill mix requirements for colleague raters for multi-source feedback
- A robust process with the Complaints Department to check complaints and concerns for Senior Medical Staff
- The maintenance 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 5 Medical Appraisers, bringing these to a total of 70
- Continuing Professional Development for Appraisers with education events being delivered
- Ensuring that a governance framework is in place for continued development and support for Medical Appraisers
- Embedding of exception reporting for all overdue appraisals.
- The development of the role of the Appraisal Lead for Consultants and SAS doctors
- Providing doctors with information about their clinical performance via the Information Department

a) Revalidation Outcomes

There have been fewer doctors requiring Revalidation in this financial year please see table below.

Financial Year	2013-2014	2014-2015	2015-2016	2016-2017
Revalidate	61	99	119	18
Defer	10	27	21	10
Non-Engagement	0	3	0	0
Totals	71	129	140	28

b) Annual report on Revalidation at SaTH

The attached report documents the information required by NHS England for national reporting purposes and for their required reporting process expected of each Trust's Board.

3. Additional points to note

There has been a continued trend of an increase in doctors who are not in Senior Doctor posts and who also not in training, i.e. not in Deanery posts, who now fall within the Trust's appraisal system. There has also been a further increase in international doctors in the past year who have not previously completed appraisals. These doctors are set an appraisal month which takes into account their registration date, future Revalidation date and start and end dates of their post. These groups account for the majority of those in category 2.

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.

N.B. It is important to note that the reporting basis used by NHS England differs from those used by SaTH Trust compliance, and, indeed, other Trusts for key elements such as Appraisal. For internal Trust compliance reporting, the denominator is current employees, excluding new starters within the last 15 months; for NHS England, this figure is all doctors, who have defined SaTH as their "prescribed connection" or "designated body" as of 31st March. The latter list frequently includes short term contracts.

4. Recommendation

The Board is invited to:

- receive this required report
- approve the statement of compliance – Appendix A and Appendix B (Information Pack)

Table 1 – NHS England Appraisal Data

4 Section 2 – Appraisal

Section 2		Appraisal					
2.1	IMPORTANT: Only doctors with whom the designated body has a prescribed connection at 31 March 2017 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	Total
		Number of Prescribed Connections	Completed Appraisal (1a)	Completed Appraisal (1b)	Approved incomplete or missed appraisal (2)	Unapproved incomplete or missed appraisal (3)	
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).	226	148	70	5	3	226
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).	71	43	18	4	6	71
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).	77	35	16	24	2	77
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).	1	1	0	0	0	1
2.1.7	TOTAL (this cell will sum automatically 2.1.1 – 2.1.6).	375	227	104	33	11	375



A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex E - Statement of Compliance

Version 4, April 2014



Directorate

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

Publications Gateway Reference: 01142

Document Purpose	Guidance
Document Name	A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex E - Statement of Compliance
Author	NHS England, Medical Revalidation Programme
Publication Date	4 April 2014
Target Audience	All Responsible Officers in England
Additional Circulation List	Foundation Trust CEs , NHS England Regional Directors, Medical Appraisal Leads, CEs of Designated Bodies in England, NHS England Area Directors, NHS Trust Board Chairs, Directors of HR, NHS Trust CEs, All NHS England Employees
Description	The Framework of Quality Assurance (FQA) provides an overview of the elements defined in the Responsible Officer Regulations, along with a series of processes to support Responsible Officers and their Designated Bodies in providing the required assurance that they are discharging their respective statutory responsibilities.
Cross Reference	The Medical Profession (Responsible Officers) Regulations, 2010 (as amended 2013) and the GMC (Licence to Practise and Revalidation) Regulations 2012
Superseded Docs (if applicable)	Replaces the Revalidation Support Team (RST) Organisational Readiness Self-Assessment (ORSA) process
Action Required	Designated Bodies to receive annual board reports on the implementation of revalidation and submit an annual statement of compliance to their higher level responsible officers (ROCR approval applied for).
Timings / Deadline	From April 2014
Contact Details for further information	england.revalidation-pmo@nhs.net http:// www.england.nhs.net/revalidation/
Document Status	
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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

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

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 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)]

Date: _____

² Doctors with a prescribed connection to the designated body on the date of reporting.



Directorate

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

Publications Gateway Reference:

01142

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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)]

Date: _____

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