

**Trust Board – 30 August 2018  
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 practise. 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 practise 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. Many doctors are now preparing for their second revalidation.

## 2. Key Points on the implementation of Revalidation at SaTH

The Medical Director has responsibilities as the Responsible Officer for all doctors whose main employer is SaTH or the Severn Hospice.

Over the last five 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 systems and multi-source feedback. The Medical Director has given clear direction to the Senior Medical Staff as to the requirements for Revalidation.

SaTH has robust processes in place to support Appraisal and Revalidation.

These include:

- Personal emails to each doctor due for Revalidation, from the Medical Director, on the requirements 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 Doctors' 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 for doctors in the use of the electronic Appraisal and Revalidation (Equiniti) system
- Support for 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 Trust-appraised 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
- Continuing Professional Development for Appraisers
- Ensuring that a governance framework is in place for the continued development of and support for Medical Appraisers
- Providing Appraisers with feedback reports
- Emails to each doctor ahead of their appraisal due date reminding them of key points surrounding the appraisal process
- 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 the same number of doctors requiring Revalidation in this financial year as was the previous financial year, please see table below. The considerable variation in the number of doctors required to revalidate in each year is related to the GMC's timetable for this process.

Financial Year	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Revalidate	61	98	118	18	20
Defer	10	29	22	10	8
Non-Engagement	0	3	0	0	0
<b>Totals</b>	<b>71</b>	<b>130</b>	<b>140</b>	<b>28</b>	<b>28</b>

#### 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 an increase in the number of temporary and short-term contract holders, due, in part, to a slight increase in doctors who are not in Senior Doctor posts and who also are not in a training programme, i.e. not in Deanery posts, who fall within the Trust's appraisal system. In addition there has been a slight increase in the number of Consultants on short term and temporary contracts. SaTH has recruited further 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 the start and end dates of their post. These groups account for the majority of those in category 2.

We currently do not have a clinical appraisal lead as the previous lead has stepped down. This will soon be addressed as part of the restructure of the Senior Medical Leadership Team, which is currently in consultation.

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 that 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, temporary (bank) staff and absences; for NHS England, this figure is all doctors who have defined SaTH as their "prescribed connection" or "designated body" as of 31<sup>st</sup> 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

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 2018 should be included. Where the answer is 'nil' please enter '0'.  See guidance notes on pages 16-18 for assistance completing this table	Number of Prescribed Connections	1a Completed Appraisal (1a)	1b Completed Appraisal (1b)	2 Approved Incomplete or missed appraisal (2)	3 Unapproved Incomplete or missed appraisal (3)	Total
2.1.1	<b>Consultants</b> (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).	225	163	54	3	5	225
2.1.2	<b>Staff grade, associate specialist, specialty doctor</b> (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS, hospices, and government/other public body staff).	72	40	24	4	4	72
2.1.3	<b>Doctors on Performers Lists</b> (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	<b>Doctors with practising privileges</b> (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	<b>Temporary or short-term contract holders</b> (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).	93	45	29	18	1	93
2.1.6	<b>Other doctors with a prescribed connection to this designated body</b> (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	<b>TOTAL</b> (this cell will sum automatically 2.1.1 – 2.1.6).	390	248	107	25	10	390



## **A Framework of Quality Assurance for Responsible Officers and Revalidation**

### **Annex E - Statement of Compliance**

# Statement of Compliance

Version number: 2.0

First published: 4 April 2014

Updated: 22 June 2015

Prepared by: Gary Cooper, Project Manager for Quality Assurance, NHS England

Classification: OFFICIAL

Publications Gateway Reference: 03432

**NB:** The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

## Designated Body Statement of Compliance

The board / executive management team – Medical Directorate Office of Shrewsbury and Telford Hospital NHS Trust can confirm that

- an AOA has been submitted,
- the organisation is compliant 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;

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<sup>1</sup> or equivalent);

Comments: Yes

5. All licensed medical practitioners<sup>2</sup> 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 practitioners<sup>1</sup> (which includes, but is not limited to, monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues) and ensuring that information about these matters 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 practitioners<sup>1</sup> fitness to practise;

Comments: Yes

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<sup>1</sup> <http://www.england.nhs.uk/revalidation/ro/app-syst/>

<sup>2</sup> 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 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 the licensed medical practitioner works;<sup>3</sup>

Comments: Yes

9. The appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that all licenced medical practitioners<sup>4</sup> have qualifications and experience appropriate to the work performed;

Comments: Yes

10. A development plan is in place that ensures continual improvement and addresses any identified weaknesses or gaps in compliance.

Comments: N/A

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: **Shrewsbury and Telford Hospital NHS Trust**

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Role: \_\_\_\_\_

Date: \_\_\_\_\_

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<sup>3</sup> The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:  
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>





## **A Framework of Quality Assurance for Responsible Officers and Revalidation**

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- an AOA has been submitted,
- the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013)
- and can confirm that:

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

Yes – Edwin Borman

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

Comments: Yes

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

Comments: Yes

14. 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<sup>1</sup> or equivalent);

Comments: Yes

15. All licensed medical practitioners<sup>2</sup> 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

16. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners<sup>1</sup> (which includes, but is not limited to, monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues) and ensuring that information about these matters is provided for doctors to include at their appraisal;

Comments: Yes

17. There is a process established for responding to concerns about any licensed medical practitioners<sup>1</sup> fitness to practise;

Comments: Yes

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<sup>1</sup> <http://www.england.nhs.uk/revalidation/ro/app-syst/>

<sup>2</sup> Doctors with a prescribed connection to the designated body on the date of reporting.

18. 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 the licensed medical practitioner works;<sup>3</sup>

Comments: Yes

19. The appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that all licenced medical practitioners<sup>4</sup> have qualifications and experience appropriate to the work performed;

Comments: Yes

20. A development plan is in place that ensures continual improvement and addresses any identified weaknesses or gaps in compliance.

Comments: N/A

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: **Severn Hospice**

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Role: \_\_\_\_\_

Date: \_\_\_\_\_

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<sup>3</sup> The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:  
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

## Appendix C – Annual report on the Revalidation of Doctors

### 2017-2018 the Shrewsbury and Telford Hospital NHS Trust AOA Comparator Report

2017/18 AOA indicator SECTION 2 (cont): Appraisal		Your organisation's response	Same sector: DBs in sector: 55	All sectors: Total DBs: 834
<b>Completed appraisals (Measure 1a &amp; 1b)</b>				
2.1	Number of doctors with whom the designated body has a prescribed connection on 31 March 2018 who had a completed annual appraisal between 1 April 2017 – 31 March 2018	Your organisation's response and (%) calculated appraisal rate	Same sector appraisal rate	ALL sectors appraisal rate
2.1.1	Consultants	217 (96.4%)	93.2%	92.7%
2.1.2	Staff grade, associate specialist, specialty doctor	64 (88.9%)	87.7%	88.9%
2.1.3	Doctors on Performers Lists	N/A	100.0%	94.7%
2.1.4	Doctors with practising privileges	N/A	88.9%	93.0%
2.1.5	Temporary or short-term contract holders	74 (79.6%)	80.6%	82.8%
2.1.6	Other doctors with a prescribed connection to this designated body	N/A	91.0%	87.1%
2.1.7	Total number of doctors who had a completed annual appraisal	355 (91.0%)	89.6%	91.3%

2017/18 AOA indicator SECTION 2 (cont): Appraisal		Your organisation's response	Same sector: DBs in sector: 55	All sectors: Total DBs: 834
<b>Approved incomplete or missed appraisal (Measure 2)</b>				
2.1	Number of doctors with whom the designated body has a prescribed connection on 31 March 2018 who had an Approved incomplete or missed appraisal between 1 April 2017 – 31 March 2018	Your organisation's response and (%) calculated appraisal rate	Same sector appraisal rate	ALL sectors appraisal rate
2.1.1	Consultants	3 (1.3%)	3.3%	4.3%
2.1.2	Staff grade, associate specialist, specialty doctor	4 (5.6%)	7.3%	7.5%
2.1.3	Doctors on Performers Lists	N/A	0.0%	4.8%
2.1.4	Doctors with practising privileges	N/A	0.0%	5.5%
2.1.5	Temporary or short-term contract holders	18 (19.4%)	10.6%	11.2%
2.1.6	Other doctors with a prescribed connection to this designated body	N/A	4.5%	9.8%
2.1.7	Total number of doctors who had an approved incomplete or missed appraisal	25 (6.4%)	5.4%	6.1%

2017/18 AOA indicator SECTION 2 (cont): Appraisal		Your organisation's response	Same sector: DBs in sector: 55	All sectors: Total DBs: 834
<b>Unapproved incomplete or missed appraisal (Measure 3)</b>				
2.1	Number of doctors with whom the designated body has a prescribed connection on 31 March 2018 who had an Unapproved incomplete or missed annual appraisal between 1 April 2017 – 31 March 2018	Your organisation's response and (%) calculated appraisal rate	Same sector appraisal rate	ALL sectors appraisal rate
2.1.1	Consultants	5 (2.2%)	3.6%	3.0%
2.1.2	Staff grade, associate specialist, specialty doctor	4 (5.6%)	5.0%	3.6%
2.1.3	Doctors on Performers Lists	N/A	0.0%	0.6%
2.1.4	Doctors with practising privileges	N/A	11.1%	1.5%
2.1.5	Temporary or short-term contract holders	1 (1.1%)	8.9%	6.0%
2.1.6	Other doctors with a prescribed connection to this designated body	N/A	4.5%	3.1%
2.1.7	Total number of doctors who had an unapproved incomplete or missed annual appraisal	10 (2.6%)	4.9%	2.7%

Paper 10

<b>Recommendation</b>  <input type="checkbox"/> <b>DECISION</b>  <input checked="" type="checkbox"/> <b>NOTE</b>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>Trust Board</b></div> <p>is asked to note the contents of this report.</p>
<b>Reporting to:</b>	<b>Trust Board</b>
<b>Date</b>	30 August 2018
<b>Paper Title</b>	Annual Report for Revalidation of Doctors
<b>Brief Description</b>	Attached is the annual report for revalidation of doctors at SaTH and the Severn Hospice; to update the Board on the current position for appraisal and revalidation of doctors at SaTH and Severn Hospice.
<b>Sponsoring Director</b>	Edwin Borman, Medical Director
<b>Author(s)</b>	Sam Hooper, Medical Performance Manager
<b>Recommended / escalated by</b>	
<b>Previously considered by</b>	Workforce Committee
<b>Link to strategic objectives</b>	<p><b>SAFEST AND kinDEST</b> Our patients and staff will tell us they feel safe and received kind care</p> <p><b>LEADERSHIP</b> Innovative and Inspiration Leadership to deliver our ambitions</p> <p><b>OUR PEOPLE</b> Creating a great place to work</p>
<b>Link to Board Assurance Framework</b>	<p>If we do not develop real engagement with our staff and our community we will fail to support an improvement in health outcomes and deliver our service vision (RR 1186)</p> <p>If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale &amp; patient outcomes may not improve (RR 423)</p> <p>Risk to sustainability of clinical services due to shortages of key clinical staff (RR 859)</p>
<b>Outline of public/patient involvement</b>	
<b>Equality Impact Assessment</b>	<p><input type="radio"/> <b>Stage 1 only (no negative impacts identified)</b></p> <p><input checked="" type="radio"/> <b>Stage 2 recommended (negative impacts identified)</b> * EIA must be attached for Board Approval</p> <p><input type="radio"/> negative impacts have been mitigated</p> <p><input type="radio"/> negative impacts balanced against overall positive impacts</p>

**Freedom of  
Information Act  
(2000) status**

- This document is for full publication
- This document includes FOIA exempt information
- This whole document is exempt under the FOIA