Report to Trust Board: 4th July 2019

Annual Report on Medical Revalidation

1 EXECUTIVE SUMMARY

1.1 Medical Revalidation has been in place since December 2012 and is now very well established within the Trust. The Medical Director has delegated the role of Responsible Officer (RO) to the Deputy Medical Director. The RO has a statutory duty to ensure that the requirements of revalidation are met. To be revalidated a doctor has to demonstrate that they have been participating in annual appraisal (assessed against the requirements of the GMC's Good Medical Practice) and have undertaken at least one patient and colleague multisource feedback exercise prior to their revalidation date.

1.2 This report provides a summary of the medical appraisal and revalidation activity within the Trust in the period 1st April 2018 to 31 March 2019. It includes information on the number of doctors that the RO is responsible for (*491*), the number of appraisals undertaken (449) and the number of revalidation recommendations made (*90)*.

1.3 The report sets out the governance arrangements around revalidation, provides details on how the performance of doctors is monitored and how concerns with doctors are responded to.

1.4 The report seeks to assure the Board that the Trust is compliant with the requirements of medical revalidation.

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. Previous Board Reports on Medical Revalidation were presented to the Trust Board and this is the seventh annual board report.

Trusts have a statutory duty to support their Responsible Officers (RO) in discharging their duties under the Responsible Officer Regulations (`The Medical Profession (Responsible Officers) Regulations 2010 as amended in 2013' and `The General Medical Council (Licence to Practise and Revalidation) Regulations Order of Council 2012') and it is expected that Trust Boards will oversee compliance by:

- monitoring the frequency and quality of medical appraisals in their organisations;

- checking there are effective systems in place for monitoring the conduct and performance of their doctors;
- confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors; and
- 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.

3 GOVERNANCE ARRANGEMENTS

3.1 The medical appraisal and revalidation process is clearly set out in the Trust Medical Revalidation Policy which was approved by the People and OD Committee in January 2018 (it replaced the Medical Appraisal policy for Career Grade Medical Staff). The new policy sets out the Escalation process for overdue appraisals and includes a process for requesting approval for postponement of medical appraisal.

3.2 The Trust uses an IT system, PReP, that fully documents the appraisal process. The doctor completes their appraisal input form on PReP with the necessary supporting information uploaded for each domain under the GMC's Good Medical Practice document. The appraiser then has access to the input form on PReP and can reject the form in advance of the appraisal meeting if it is felt that that the input form does not meet the necessary requirements. The PDP and Output form is completed as part of and after the appraisal meeting and signed off on PReP by both appraiser and appraisee. The PReP system provides the RO with access to all the appraisal input and output information for all the doctors he has responsibility for. There is also an RO dashboard and a suite of reports available on the system.

3.3 The operational management of the PReP system and the revalidation process is undertaken by the Directorate Manager for the Medical Director and Directorate Coordinator for the Medical Directors Office who have regular meetings with the Head of Medical Staffing to discuss progress and/or concerns. Day to day issues with PReP are dealt via the PReP helpline which is manned by the Assistant Medical Staffing Managers

3.4 The process for ensuring the Trust maintains an accurate of list of prescribed connections is undertaken by the Directorate Manager for the Medical Director and Head of Medical Staffing. New Consultants, SAS Doctors and Locally Employed Doctors are given a new starter information pack on the PReP system and we obtain confirmation of their current appraisal and revalidation status when they commence.

3.5 The RO has to provide regular self assessments for the Revalidation Support Team of NHS England. This has been in the form of quarterly Organisational Readiness Self Assessments (ORSAs) which have now been replaced by Annual Organisational Audits (AOAs).

4 MEDICAL APPRAISAL

4.1 Appraisal and Revalidation Performance data

As at 31st March 2019 the Trust had a prescribed connection with 491 doctors (289 Consultants, 68 SAS Doctors, 107 Temporary or short term contract holders and 27 other doctors with a prescribed connection to this designated body).

In the period 1 April 2018 to 31st March 2019 the number of completed appraisals was 449 (278 Consultants, 59 SAS Doctors, 88 Temporary or short term contract holders and 24 other doctor with a prescribed connection to this designated body). A summary of the reasons for missed or incomplete appraisals is contained in Appendix 1.

In the period 1 April 2018 to 31st March 2019 there were 7 doctors in remediation and/or disciplinary processes. There were 3 GMC referrals made by the Trust during this period.

As part of the appraisal and revalidation process all doctors that have a prescribed connection to the Trust will undertake a colleague and patient multisource feedback (360 degree feedback) every five years. The doctor is required to evidence reflection on the results of this feedback with their appraiser in advance of their revalidation date.

4.2 Appraisers

As at 31st March 2019 there are 101 active medical appraisers within the Trust, all of whom have undertaken strengthened appraisal training. This training is a one day training session that the Trust has commissioned.

The objectives of the training include:

- Be familiar with SWBH appraisal policy for medical staff
- Understand the purpose of the medical appraisal and how it relates to other management and regulatory processes
- Be aware of the General Medical Council (GMC), British Medical Association (BMA) and Department of Health's guidance on appraisals in line with Good Medical Practice
- Understand the role of the appraisal in the revalidation process, based on the most current information from the Revalidation Support Team (RST) and the Trust
- Understand what preparatory work needs to be done by the appraiser and appraisee before the appraisal interview and the timescales
- Have examined the appraisal process and what supporting information should be included under each section in terms of evidence
- Have explored the role of the appraiser and the skills required to conduct an effective appraisal interview

- Know how to complete the summary of appraisal form and PDP sections with the appraisee, using SMART objectives
- Be able to handle difficult appraisals which may include: performance or capability issues; inadequate evidence; reluctance to agree the need for further development; health and probity issues and who to communicate concerns to within the Trust
- Have practised the skills required to carry out appraisals by appraising a colleague(s) during the workshop.

An Appraiser Forum has been established and is chaired by Dr Santhana Kannan (Medical Appraisal Lead). Items that have been discussed include Improvements required on PReP system (both from an appraiser and appraisee perspective), reflection, discussions re appraiser feedback, educational and clinical supervisor GMC accreditation, PDP and SMART Objectives.

The Appraiser forum was held in the last year with a refresher opportunity for the appraisers. This also included providing Trust data on appraisals and selected anonymised examples. Practical constraints have restricted the achievement of mandatory attendance at these forums, hence, alternative approaches such as direct feedback continue to be explored by Dr Kannan.

A regional appraiser network has been established in parallel to the Responsible Officers network so that good practice and experience can be shared.

4.3 **Quality Assurance**

The Quality Assurance Process has three strands to it – the appraisal portfolio, the individual appraiser and the organisation.

For the appraisal portfolio an audit of anonymised input forms and output forms for 40 randomly selected doctors has been undertaken by Dr Kannan the Medical Appraisal Lead . This audit reviewed electronic appraisal folders on PReP to provide assurance that the appraisal inputs (pre- appraisal declarations, scope of work and supporting information) provided is available and appropriate, that the appraisal outputs (Personal Development Plan (PDP), summary and signoffs) are complete and to an appropriate standard and any key items identified pre-appraisal as needing discussion during the appraisal are included in the appraisal outputs.

The summary of the audit is contained in Appendix 2.

Dr Kannan will be contacting each of the appraisers and appraisees (from these 80 forms) to provide feedback on the areas they did well and also where they could do better. From November 2016, Dr Kannan has been auditing a randomly chosen output form for each appraiser and scoring them against a recommended template. This was then fed back to the appraiser. The aim is to audit at least one form for each appraiser every year. Dr Kannan has received positive feedback from the appraisers for this and we hope that this will translate into improved practice.

The Medical Appraisal process is all captured on the PReP IT system and before the appraisee is able to countersign the output form on PReP they have to complete the feedback questionnaire which includes ratings on how the appraisal was undertaken and the skills of the appraiser. It has been agreed that this feedback will be shared at the Appraisers Forum but will only be done so once there have been a sufficient number of appraisals undertaken to provide robust data and to minimise issues of confidentiality.

4.4 **Access, security and confidentiality**

The PReP system limits access of appraisal information to only those who need such access. The appraisee has access to their own appraisal inputs and outputs; an appraiser has access to their appraisees appraisal inputs and outputs. The RO has access to all the doctors appraisal input and outputs. The only others with access are the administrators of the PReP system (Head of Medical Staffing, Assistant Medical Staffing Managers, Directorate Manager for the Medical Director, Directorate Coordinator for Medical Directors Department and the Medical Appraisal Lead). The system is web based and has a high level of data security. All users of PReP have to sign an undertaking that the information is used and stored in accordance with Data Protection legislation and must not contain any patient identifiable data.

4.5 **Clinical Governance**

There is an expectation that individual Consultants, SAS Doctors and other doctors should already be aware of the complaints and Serious Untoward Incidents (SUIs) that they have been involved in and that reflection on these should not be left until appraisal. Their SUI information is available to them via a self-service report in Safeguard system. If doctors need any further information on complaints or incidents they can obtain it from the relevant governance department.

There have been occasions where the RO has chaired a Table Top Review (TTR) and as part of the outcomes of the TTR process a doctor has been required to ensure that their learning and reflections on the event have been captured on PReP. There is a specific section on PReP which asks the individual doctor to confirm whether or not they have been required by the RO to ensure that information is discussed at appraisal. This has to be completed and a failure to complete correctly would be seen as a potential disciplinary issue.

5 REVALIDATION RECOMMENDATIONS

5.1 During the period 1st April 2018 to 31st March 2019 there were 90 revalidation recommendations made to the GMC by the Trust. There were 84 positive recommendations, *6* deferral requests and *0* non engagement notifications. 6 Rev 6 forms were completed advising the GMC where the RO has concerns regarding a doctor's engagement with the Appraisal and Revalidation process.

5.2 The revalidation recommendations are made promptly and there is a robust process managed by the Directorate Manager / Directorate Coordinator for the Medical Director to ensure timescales are always kept to. A spreadsheet is maintained of doctors and their

revalidation readiness for those whose revalidation is under notification (ie within approximately the next 4 months) and shared with the RO when there are decisions to be made. The RO makes the revalidation recommendation via GMC Connect. The Head of Medical Staffing/Directorate Manager/Directorate Coordinator for the Medical Director escalate any concerns to the RO as required.

6 RECRUITMENT AND ENGAGEMENT BACKGROUND CHECKS

6.1 All staff employed by SWBH undergo the necessary pre-employment checks in accordance with NHS Employers and Trust policy.

6.2 All locums engaged via locum agencies are procured via either the Health Trust Europe (HTE) or Crown framework agreements which have a stringent requirement on pre-employment checks and are independently audited to ensure compliance. Every locum booked via an agency would have been first screened by a Consultant in the specialty to ensure that the qualifications and experience are suitable for the post. Agency locum recruitment is now managed by the Trust Bank

7 MONITORING PERFORMANCE

7.1 The RO and Head of Medical Staffing meet regularly and as part of that meeting issues relating to doctors performance are routinely discussed. There is also a monthly Medical Director Decision Making Group (MDDMG) which is attended by the RO, Deputy Director of Workforce, Deputy Director of Governance, Head of Medical Staffing and Directorate Manager for the Medical Director where a summary of current concerns is presented. There is a detailed discussion of the approach being taken in each case and challenge is encouraged to ensure the RO is managing the issues appropriately. New concerns or issues are also raised at this meeting. The Deputy Director of Governance has the opportunity to bring to the group's attention any issues with complaints data, SUI data, trends etc that might indicate poor practice or learning and development needs of individual doctors and/or teams. The RO and/or other members of MDDMG will also highlight any concerns regarding doctors.

7.2 The RO, Head of Medical Staffing and Directorate Manager for the Medical Director meet the GMC Employer Liaison Adviser every quarter and the current GMC issues with our doctors are discussed. This meeting also provides the RO with the opportunity to discuss any other matters that have not yet been notified to the GMC or are lower level concerns.

7.3 The RO regularly discusses clinical outcome data with Group Directors and Clinical Directors and areas of concern or further investigation are identified.

8 RESPONDING TO CONCERNS AND REMEDIATION

8.1 Where there are concerns raised then the Trust Disciplinary Policy for Medical Staff is used (this incorporates the national framework Maintaining Higher Professional Standards in the NHS (MHPS) document). The policy covers the process for dealing with issues relating

to doctors conduct, capability and health. This policy also outlines the process for exclusion of a doctor.

8.2 An important component of responding to concerns is effective investigation. A need has been identified for more people to be trained in case investigation within the Trust. The aim is for all the Group Directors to be trained along with the HR Business Partners. A number have now been trained and Case Investigators will now have more specialised support from the Case Investigation Unit.

8.3 The processes within the disciplinary policy are well established however more work is required to develop remediation, re-skilling and rehabilitation options within the Trust.

8.4 The RO and Head of Medical Staffing have established good links with the Practitioner Performance Advice Service (PPAS) (formerly National Clinical Assessment Service (NCAS)), GMC (via the aforementioned Employers Liaison service) and Capsticks, the Trust's solicitors to obtain specialist advice when concerns are raised.

9 Improvements in the last year

In the last year the following improvements have been made:

- Further development to the escalation process. If a doctor is escalated for a second year they are now automatically required to meet with the RO. This was discussed and agreed with the GMC Employer Liaison Adviser (ELA).

- We have tightened up our process for transfer requests for incoming doctors. This is now automatically requested by the Directorate Coordinator for the Medical Director's Office for incoming doctors and any concerns noted in transfer information is highlighted to RO, Head of Medical Staffing and Directorate Manager for the Medical Director's Office.

10 DEVELOPMENTS REQUIRED/ NEXT STEPS

10.1 The main areas to be developed now are:

- Further develop processes for remediation, re-skilling and rehabilitation of doctors within the Trust;
- Further increase awareness amongst SAS Doctors and other non-consultant grades regarding appraisal and revalidation. This will be taken forward with Director of Medical Education and SAS Clinical Tutor.
- Review of allocation of appraiser to ensure we have even spread of numbers.
- Including key information on medical appraisals and revalidation in a regular newsletter from the Medical Director's Office.
- Creating a RO video on key information and advice relating to medical appraisals, revalidation and the Medical Director's decision making group.

11 RECOMMENDATIONS

11.1 To accept this report and to note that it will be shared (along with the annual audit) with the higher level RO.

11.2 To approve the `statement of compliance' confirming that the Trust, as a designated body, is in compliance with the regulations (see Appendix 4).

11.3 To agree that a report on medical revalidation continue to be presented to the Trust on an annual basis

Dr David Carruthers	Dr Mark Anderson
Medical Director	Responsible Officer

19 June 2019

APPENDICES:

Appendix 1: Summary of Missed or Incomplete appraisals 2018-19

Appendix 2: Quality assurance audit of appraisal inputs and outputs 2018-19 and Medical Appraisal lead report

Appendix 3: Audit of revalidation recommendations 2018-19

Appendix 4: Statement of Compliance