

Revalidation of Medical Staff – Annual Report 1 July 2019

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Agenda Item No: 8.5

Trust Board Report

| | |
|--|--|
| Meeting Date: | 1 st July 2019 |
| Title: | Revalidation of Medical Staff – Annual Report |
| Report of: | This report describes the progress of the Trust towards the management of medical appraisal & revalidation during 2018/19. |
| Action Requested: | Receive and note |
| For the attention of the Board | |
| Assure | <ul style="list-style-type: none"> • The Trusts Medical Appraisal compliance as at the end of the appraisal year (March 2019) was 99.5% • During 2018/19 98 positive revalidation recommendations were made to the GMC During 2018/19 1 deferral (a request for more time) was made to the GMC |
| Advise | |
| Alert | |
| Author + Contact Details: | Zoe Marsh, Deputy Head of Education Tel 01902 307999 ext. 6175 Email zoe.marsh@nhs.net |
| Links to Trust Strategic Objectives | 1. Create a culture of compassion, safety and quality |
| Resource Implications: | None |
| CQC Domains | <p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> |
| Equality and Diversity Impact | EIA assessment completed |
| Risks: BAF/ TRR | |
| Risk: Appetite | |
| Public or Private: | Public |
| Other formal bodies involved: | General Medical Council NHS England |
| References | GMC - Good medical practise The Medical Profession (Responsible Officers) Regulations, 2010 as amended in 2013' 'The General Medical Council (Licence to Practise and Revalidation) |

| | |
|--------------------------|---|
| | Regulations Order of Council 2012' |
| NHS Constitution: | <p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny |

Report Details

1. Purpose of the Paper

The purpose of this paper is to provide assurance to the board of the organisations progress in implementing the Responsible Officer Regulations.

A copy of this report and its appendices will be sent to the higher level Responsible Officer at NHS England as part of the Framework of Quality Assurance requirements.
Background

2. Background

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.

Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations¹ and it is expected that executive teams will oversee compliance by:

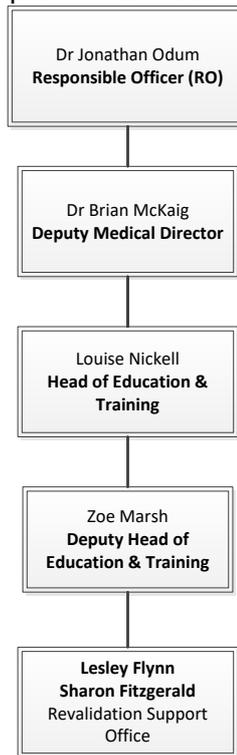
- monitoring the frequency and quality of medical appraisals in their organisations;
- checking there are effective systems in place for monitoring the conduct and performance of their doctors;
- confirming that feedback from patients is sought periodically so that their views can inform the appraisal 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

The Trust's organisational structure for medical appraisal and revalidation is shown in Figure 1.

¹ 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'

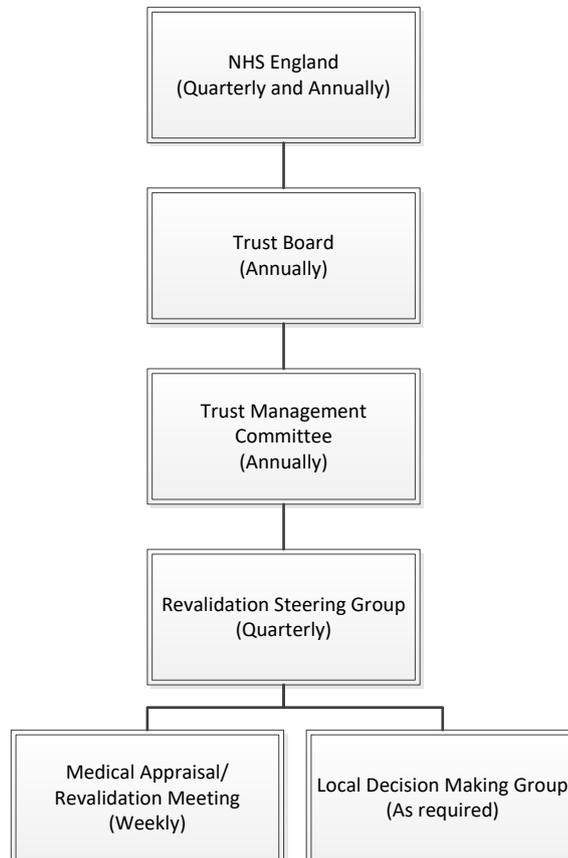
Figure 1: The Royal Wolverhampton NHS Trust Medical Appraisal/Revalidation Organisational Structure



Governance reporting structure

The Trust's governance reporting structure for medical appraisal and revalidation is shown in Figure 2.

Figure 2: Medical Appraisal/Revalidation Reporting Structure



NHS England

- Quarterly - Medical appraisal compliance
- Annually – Annual Organisational Audit findings (AOA) [Appendix D]
- Annually – Annual Trust Board Report

Trust Board

- Annually – Medical Appraisal/Revalidation update – assurance
- Annually – Annual Organisational Audit findings (AOA) [Appendix D] – assurance/approval

Care Quality Review Meeting (CCG)

- Annually - Medical appraisal compliance

Trust Management Committee

- Annually – Annual Organisational Audit findings (AOA) [Appendix D] – for information
- Annually – Annual Trust Board Report – for information
- As required – Policy change approval – approval

Revalidation Steering Group

- Quarterly – Medical Appraisal/Revalidation update – monitoring

Medical Appraisal/Appraisal Meeting

- Weekly – compliance, quality and recommendation monitoring

Local Decision Making Group

- As required – management of apparent non-engagement with medical appraisal/revalidation
- During 2018/19 the Trust has held 1 local decision making group, to discuss the apparent non-engagement of 1 doctor. This doctor subsequently engaged in the appraisal/revalidation process.

GMC Connect

Connect is the General Medical Councils (GMC) database used by Designated bodies to view and manage the list of doctors who have a prescribed connection to their organisation.

The database is maintained by the Trusts Revalidation Support Office on behalf of the Trust's Responsible Officer. The Trusts Electronic Staff Record management system (ESR) is used as its main information source in relation to starters and leavers, and is updated in 'real time'.

GMC Connect also allows doctors to directly add themselves onto the system, where this happens, contact is made with the doctor through the Revalidation Office, to check the validity of the prescribed connection, which is done by using the NHS England prescribed connection algorithm.

Policy and Guidance

The Medical Appraisal to Support Revalidation Policy (HR46) has been reviewed and was approved at the June LNC Meeting. The policy is due to go to policy group in August.

4. Medical Appraisal

a. Appraisal and Revalidation Performance Data

| Medical Appraisal Data as at 31 March 2019 | | |
|--|--------------------------------|---------------------------------------|
| | Number of staff in post | Number of completed appraisals |
| Consultants | 360 | 358 |
| Staff Grade, Associate Specialist, Specialty Doctors | 56 | 56 |
| Temporary or short term contract holders | 202 | 198 |
| TOTAL | 618 | 612 |

Details of exceptions i.e. missed appraisals and reasons, incomplete appraisals etc. (See Annual Report Template Appendix A; Audit of all missed or incomplete appraisals audit)

b. Compliance monitoring:

Medical appraisal compliance is monitored at various levels within the Trust, from Board Level (annually) to individual compliance reminders (monthly). In addition appraisal is a divisional KPI and is contained within the Trust's integrated performance repository which is monitored through divisional performance meetings.

Compliance is also monitored externally, to NHS England quarterly and annually, the Care Quality Review Meeting held by Wolverhampton CCG Annually.

Non-compliance with Medical Appraisal is managed by through the Trust's Local Decision Making Group as per HR46, the Trust's Medical Appraisal Policy.

c. Appraisers

The Trust has **96** approved medical appraisers. Each medical appraiser has undertaken NHS England approved training.

The Trust has **1** higher level medical appraiser, Dr Brian McKaig (Deputy Medical Director), trained by NHS England to deliver medical appraiser training to newly appointed appraisers.

An appraiser forum chaired by Dr Brian McKaig continues to meet. The purpose of the forum is as follows:

- Leadership and advice on all aspects of the medical appraisal process
- Training and professional development activities to improve appraiser skills
- Sharing best practice between appraisers
- Keeping appraisers up to date on local and national developments
- Discuss handling the difficult areas of appraisal in an anonymised and confidential environment

The forums have been well attended by appraisers from across all specialties.

d. Quality Assurance

Outline of quality assurance processes:

The quality assurance of medical appraisal is two-fold. An initial screening of the appraisal documentation for completeness is carried out by the Trust's Revalidation Support Office (RSO), where incomplete documentation is received, this is followed up by the team.

Further quality assurance of the medical appraisal paperwork is carried out by the Trust's Deputy Medical Director, Dr Brian McKaig. The QA sample size is a minimum of 20% per annum.

For the appraisal portfolio:

- A review of appraisal folders to provide assurance that the appraisal inputs: the pre-appraisal declarations and supporting information provided is available and appropriate is carried out by the Revalidation Support Office.
- A review of appraisal folders to provide assurance that the appraisal outputs: PDP, summary and sign offs are complete and to an appropriate standard is carried out by the Medical Appraisal Lead.
- A review of appraisal outputs to provide assurance that any key items identified pre-appraisal as needing discussion during the appraisal are included in the appraisal outputs is carried out by the Medical Appraisal Lead.

For the individual appraiser

- The Trust has set a minimum CPD requirement for each appraiser to attend one internal appraiser forum and one approved external medical appraisal event.
- 360 feedback from doctors for each individual appraiser is collated centrally and reviewed by the Revalidation Support Team and distributed to each appraiser for inclusion in their appraisal annually.

For the organisation

- Feedback from the doctor and appraiser is requested annually on how the organisation has supported their appraisal

(See **Annual Report Template, Appendix B**; Quality assurance audit of appraisal inputs and outputs)

e. Access, security and confidentiality

All medical appraisal documentation is stored electronically in a restricted area of the Trust's server, and is only accessible by the Revalidation team as shown in Figure 1.

The Trust outsources the management of colleague and patient feedback to Equiniti 360 Clinical. The Equiniti system is an online, web based system accessible through any internet enabled device. It is secured to IL3 level and is ISO27001 & ISO9001 accredited. The system has two factor authentication and is externally tested annually

During 2018/19 there were **0** information breaches in relation to medical appraisal/revalidation.

f. Clinical Governance

Doctors are required to collate and reflect against 6 supporting information types set by the GMC.

All significant event, and complaints information is recorded centrally onto the Trust's governance reporting system, DATIX. A report is sent to each doctor prior to their appraisal.

5. Revalidation Recommendations

During 2018/19 the Responsible Officer made 98 positive revalidation recommendations to the GMC and 1 deferral (request for more time).

| Recommendation Type | Total |
|----------------------------|--------------|
| Positive | 98 |
| Deferral | 1 |
| Non-engagement | 0 |
| TOTAL | 99 |

See **Annual Report Template Appendix C**; Audit of revalidation recommendations

6. Recruitment and engagement background checks

The Trust operates a centralised recruitment model for medical staff. All pre-employment checks are conducted by the medical recruitment team before an unconditional offer is made to any new doctor. As part of the pre-employment checks, a template is sent to the Responsible Officer at the doctor's current organisation to highlight any concerns to the receiving organisation.

For agency/locum doctors, the Trust uses the HTE framework which sets out the responsibilities of agencies in terms of pre-employment checks and continuing checks on the doctors they supply. HTE are responsible for auditing the agencies against this requirement.

7. Recommendations

The Board is asked to accept the contents of the report which will be shared with the higher level responsible officer at NHS England.

The Board is also asked to approve the 'statement of compliance' confirming that the organisation, as a designated body, is in compliance with the regulations (Appendix E).

Appendices

| | |
|---|---|
| 1 | Appendix A - Audit of all missed or incomplete appraisals audit Appendix B - Quality assurance audit of appraisal inputs and outputs Appendix C - Audit of revalidation recommendations Appendix D - Annual Organisational Audit findings (AOA) Appendix E - Statement of Compliance |
|---|---|

Appendix A - Audit of all missed or incomplete appraisals audit

| Doctor factors (total) | |
|---|---|
| Maternity leave during the majority of the 'appraisal due window' | 2 |
| Sickness absence during the majority of the 'appraisal due window' | 2 |
| Prolonged leave during the majority of the 'appraisal due window' | |
| Suspension during the majority of the 'appraisal due window' | |
| New starter within 3 month of appraisal due date | 1 |
| New starter more than 3 months from appraisal due date | |
| Postponed due to incomplete portfolio/insufficient supporting information | |
| Appraisal outputs not signed off by doctor within 28 days | |
| Lack of time of doctor | |
| Lack of engagement of doctor | |
| Other doctor factors | |
| | |
| Appraiser factors | |
| Unplanned absence of appraiser | |
| Appraisal outputs not signed off by appraiser within 28 days | |
| Lack of time of appraiser | |
| Other appraiser factors (describe) | |
| (describe) | |
| Organisational factors | |
| Administration or management factors | |
| Failure of electronic information systems | |
| Insufficient numbers of trained appraisers | |
| Other organisational factors: (BCPS to RWT) | 1 |

Appendix B - Quality assurance audit of appraisal inputs and outputs

During 2018/19 all appraisals for doctors with a revalidation recommendation due that year (n = 99) were quality assured.

| Total number of appraisals completed | Number | |
|---|--|--|
| | Number of appraisal portfolios sampled (to demonstrate adequate sample size) | Number of the sampled appraisal portfolios deemed to be acceptable against standards |
| Appraisal inputs | 99 | 99 |
| Scope of work: Has a full scope of practice been described? | 99 | 99 |
| Continuing Professional Development (CPD): Is CPD compliant with GMC requirements? | 99 | 98 |
| Quality improvement activity: Is quality improvement activity compliant with GMC requirements? | 99 | 99 |
| Patient feedback exercise: Has a patient feedback exercise been completed? | 99 | 99 |
| Colleague feedback exercise: Has a colleague feedback exercise been completed? | 99 | 99 |
| Review of complaints: Have all complaints been included? | 99 | 99 |
| Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included? | 99 | 99 |
| Is there sufficient supporting information from all the doctor's roles and places of work? | 99 | 99 |
| Is the portfolio sufficiently complete for the stage of the revalidation cycle (year 1 to year 4)? Explanatory note: For example <ul style="list-style-type: none"> • Has a patient and colleague feedback exercise been completed by year 3? • Is the portfolio complete after the appraisal which precedes the revalidation recommendation (year 5)? • Have all types of supporting information been included? | 99 | 98 |
| Appraisal Outputs | 99 | 99 |
| Appraisal Summary | 99 | 99 |
| Appraiser Statements | 99 | 99 |
| Personal Development Plan (PDP) | 99 | 99 |

Appendix C - Audit of revalidation recommendations

| Revalidation recommendations between 1 April 2018 to 31 March 2019 | |
|---|-----------|
| Recommendations completed on time (within the GMC recommendation window) | 99 |
| Late recommendations (completed, but after the GMC recommendation window closed) | 0 |
| Missed recommendations (not completed) | 0 |
| TOTAL | 99 |
| Primary reason for all late/missed recommendations For any late or missed recommendations only one primary reason must be identified | |
| No responsible officer in post | |
| New starter/new prescribed connection established within 2 weeks of revalidation due date | |
| New starter/new prescribed connection established more than 2 weeks from revalidation due date | |
| Unaware the doctor had a prescribed connection | |
| Unaware of the doctor's revalidation due date | |
| Administrative error | |
| Responsible officer error | |
| Inadequate resources or support for the responsible officer role | |
| Other | |
| Describe other | |
| TOTAL [sum of (late) + (missed)] | 99 |

Appendix D - AOA

Appendix E - Statement of Compliance

Designated Body Statement of Compliance

The board of The Royal Wolverhampton 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: Compliant

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

Comments: Compliant

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

Comments: Compliant

4. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgments (Quality Assurance of Medical Appraisers or equivalent);

Comments: Compliant

5. All licensed medical practitioners² 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: Compliant

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: Compliant

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

Comments: Compliant

8. There is a process for obtaining and sharing information of note about any licensed medical practitioners' fitness to practice between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work;

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

Comments: Compliant

9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licensed medical practitioners³ have qualifications and experience appropriate to the work performed; and

Comments: Compliant

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

Comments: Compliant

Signed on behalf of the designated body

Name: _____ Signed: _____

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

Date: _____

³ Doctors with a prescribed connection to the designated body on the date of reporting.



**Annual Organisational Audit
(AOA)
End of year questionnaire 2018-19**

NHS England INFORMATION READER BOX

Directorate

| | | |
|----------------|--------------------------|--------------------------|
| Medical | Commissioning Operations | Patients and Information |
| Nursing | Trans. & Corp. Ops. | Commissioning Strategy |
| Finance | | |

Publications Gateway Reference:

000182

| | |
|--|--|
| Document Purpose | Resources |
| Document Name | Annual Organisational Audit Annex C (end of year questionnaire) |
| Author | Lynda Norton |
| Publication Date | 24 March 2019 |
| Target Audience | Medical Directors, NHS England Regional Directors, GPs |
| Additional Circulation List | |
| Description | The AOA (Annex C of the Framework for Quality Assurance) is a standardised template for all responsible officers to complete and return to their higher level responsible officer via the Revalidation Management System. AOAs from all designated bodies will be collated to provide an overarching status report of progress across England. |
| Cross Reference | A Framework for Quality Assurance for Responsible Officers & Revalidation April 2014 Gateway ref 01142 |
| Superseded Docs (if applicable) | 2017/18 AOA cleared with Publications Gateway Reference 07760 |
| Action Required | |
| Timing / Deadlines (if applicable) | |
| Contact Details for further information | Lynda Norton Professional Standards Team Quarry House Leeds LS2 7UE 0113 825 1463 |

Document Status

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Annual Organisational Audit (AOA)

End of year questionnaire 2018-19

Version number: 1.0

First published: 4 April 2014

Updated: 24 March 2015, 18 March 2016, 24 March 2017, 23 March 2018,
January 2019

Prepared by: Lynda Norton Project Manager for Quality Assurance, NHS England

Classification: OFFICIAL

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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1 Introduction

The Annual Organisational Audit (AOA) is an element of the Framework of Quality Assurance (FQA) and is a standardised template for all responsible officers to complete and return to their higher level responsible officer. AOAs from all designated bodies will be collated to provide an overarching status report of the responsible officer function across England. Where small designated bodies are concerned, or where types of organisation are small, these will be appropriately grouped to ensure that data is not identifiable to the level of the individual.

As the first cycle of medical revalidation is now complete, it is the right time to update the FQA and its underpinning annexes. The update started by reviewing the AOA and taking account of the feedback received at the beginning of this work, we have produced a slimmed down questionnaire for responsible officers to complete for the 2018/19 exercise.

In response to feedback from designated bodies, we have simplified the categories of appraisals in the 2018/19 AOA to:

- Category 1 - a single figure of completed medical appraisals
- Category 1a – fully compliant appraisal figure (optional)
- Category 2 – no change ('approved missed' e.g. maternity, sickness)
- Category 3 – no change ('unapproved missed')

This slimmed down AOA concentrates primarily on the quantitative measures of previous AOAs, the numbers of doctors with a prescribed connection and their appraisal rates. As the systems and processes that support medical revalidation are established, the emphasis has moved to reporting on how these should be developed year on year through the newly revised Board report instead. The Board report is also a component of the FQA. In time, we expect to introduce suitable quantitative measures about the remaining components of the responsible officer function, for example responding to concerns, monitoring of performance and identity checks.

The AOA 2018/19 questionnaire is divided into four sections:

Section 1: The designated body and the responsible officer

Section 2: Appraisal

Section 3: Annual Board report and Statement of Compliance

Section 4: Additional Comments

The questionnaire is to be completed by the responsible officer on behalf of the designated body for the year ending 31 March 2019. Inputting the information can be appropriately delegated. The completed questionnaire should be submitted before or by the deadline

The final date for submission will be detailed in an email containing the link to the electronic version of the form, which will be sent after 31 March 2019.

Whilst NHS England is a single designated body, for this audit, the national, regional and local offices of NHS England should answer as a 'designated body' in their own right..

Following completion of this AOA exercise, designated bodies should:

- Consider using the information gathered to produce a status report and to conduct a review of their organisations' appraisal developmental needs.
- Complete their Board report and submit it to NHS England by 27 September 2019. The Board report template has also been revised as described above and now includes the annual statement of compliance. The new version will enable designated bodies to review and develop their systems and processes. It will also enable them to provide assurance that they are supporting patient care by fulfilling their statutory obligations in respect of the responsible officer function.

For further information, references and resources can be found at page 16 www.england.nhs.uk/revalidation

2 Guidance for submission

Guidance for submission:

- A small number of questions require a 'Yes' or 'No' answer. To answer 'Yes', you must be able to answer 'Yes' to all the statements listed under 'to answer 'Yes''
- Please do not use this version of the questionnaire to submit your designated body's response.
- You will receive an email with an electronic link to a unique version of this form for your designated body.
- You should only use the link received from NHS England by email, as it is unique to your organisation.
- Once the link is opened, you will be presented with two buttons; one to download a blank copy of the AOA for reference, the second button will take you to the electronic form for submission.
- Submissions can only be received electronically via the link. Do not complete hardcopies or email copies of the document.
- The form must be completed in its entirety prior to submission; it cannot be part-completed and saved for later submission.
- Once the 'submit' button has been pressed, the information will be sent to a central database collated by NHS England.
- A copy of the completed submission will be automatically sent to the responsible officer.
- Please be advised that Questions 1.1-1.3 may have been automatically populated with information previously held on record by NHS England. The submitter is responsible for checking the information is correct and should update the information if and where required before submitting the form.

3 Section 1 – The Designated Body and the Responsible Officer

| Section 1 | The Designated Body and the Responsible Officer | |
|--|---|--|
| 1.1 | Name of designated body: The Royal Wolverhampton NHS Trust | |
| | Head Office or Registered Office Address if applicable line 1 New Cross Hospital | |
| | Address line 2 | |
| | Address line 3 | |
| | Address line 4 | |
| | CityWolverhampton | |
| | County | Postcode WV10 0QP |
| | Responsible officer: Title ***** GMC registered first name ***** GMC reference number ***** Email ***** | GMC registered last name ***** Phone ***** |
| | Medical Director: Title ***** GMC registered first name ***** GMC reference number ***** Email ***** | GMC registered last name ***** Phone ***** No Medical Director <input type="checkbox"/> |
| | Clinical Appraisal Lead: Title ***** GMC registered first name ***** GMC reference number ***** Email ***** | GMC registered last name ***** Phone ***** No Clinical Appraisal Lead <input type="checkbox"/> |
| Chief executive (or equivalent): Title ***** First name ***** GMC reference number (if applicable) Email ***** | Last name ***** Phone ***** | |

| | | | | |
|-----|---|--|--|-------------------------------------|
| 1.2 | Type/sector of designated body: (tick one) | NHS | Acute hospital/secondary care foundation trust | <input type="checkbox"/> |
| | | | Acute hospital/secondary care non-foundation trust | <input checked="" type="checkbox"/> |
| | | | Mental health foundation trust | <input type="checkbox"/> |
| | | | Mental health non-foundation trust | <input type="checkbox"/> |
| | | | Other NHS foundation trust (care trust, ambulance trust, etc) | <input type="checkbox"/> |
| | | | Other NHS non-foundation trust (care trust, ambulance trust, etc) | <input type="checkbox"/> |
| | | | Special health authorities – NHS Litigation Authority, now NHS Resolution, NHS Improvement, NHS Blood and Transplant, etc) | <input type="checkbox"/> |
| | | NHS England | NHS England (Local office) | <input type="checkbox"/> |
| | | | NHS England (regional office) | <input type="checkbox"/> |
| | | | NHS England (national office) | <input type="checkbox"/> |
| | | Independent / non-NHS sector (tick one) | Independent healthcare provider | <input type="checkbox"/> |
| | | | Locum agency | <input type="checkbox"/> |
| | | | Faculty/professional body (FPH, FOM, FPM, IDF, etc) | <input type="checkbox"/> |
| | | | Academic or research organisation | <input type="checkbox"/> |
| | | | Government department, non-departmental public body or executive agency | <input type="checkbox"/> |
| | | | Armed Forces | <input type="checkbox"/> |
| | | | Hospice | <input type="checkbox"/> |
| | | | Charity/voluntary sector organisation | <input type="checkbox"/> |
| | | Other non-NHS (please enter type) | <input type="checkbox"/> | |

| | | | |
|-----|---|---|-------------------------------------|
| 1.3 | The responsible officer's higher level responsible officer is based at: [tick one] | NHS England North | <input type="checkbox"/> |
| | | NHS England Midlands and East | <input checked="" type="checkbox"/> |
| | | NHS England London | <input type="checkbox"/> |
| | | NHS England South East | <input type="checkbox"/> |
| | | NHS England South West | <input type="checkbox"/> |
| | | NHS England (National) | <input type="checkbox"/> |
| | | Department of Health | <input type="checkbox"/> |
| | | Faculty of Medical Leadership and Management - for NHS England (national office) only | <input type="checkbox"/> |
| | | Other (Is a suitable person) | <input type="checkbox"/> |
| 1.4 | A responsible officer has been nominated/appointed in compliance with the regulations. To answer 'Yes': <ul style="list-style-type: none"> The responsible officer has been a medical practitioner fully registered under the Medical Act 1983 throughout the previous five years and continues to be fully registered whilst undertaking the role of responsible officer. The responsible officer has been formally nominated/appointed by the board or executive of the organisation. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

4 Section 2 – Appraisal

| Section 2 | | Appraisal | | | | | |
|-----------|---|----------------------------------|-------------------------|-------------------------------------|---|---|-------|
| 2.1 | IMPORTANT: Only doctors with whom the designated body has a prescribed connection at 31 March 2019 should be included. Where the answer is 'nil' please enter '0'. | | 1 | 1a | 2 | 3 | |
| | See guidance notes on pages 12-14 for assistance completing this table | Number of Prescribed Connections | Completed Appraisal (1) | (Optional) Completed Appraisal (1a) | 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). | 360 | 358 | 270 | 2 | 0 | 360 |
| 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). | 56 | 56 | 0 | 0 | 0 | 56 |
| 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). | 202 | 198 | 0 | 3 | 1 | 202 |
| 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). | 618 | 612 | 270 | 5 | 1 | 618 |

2.1

Column - Number of Prescribed Connections:**Number of doctors with whom the designated body has a prescribed connection as at 31 March 2019**

The responsible officer should keep an accurate record of all doctors with whom the designated body has a prescribed connection and must be satisfied that the doctors have correctly identified their prescribed connection. Detailed advice on prescribed connections is contained in the responsible officer regulations and guidance and further advice can be obtained from the GMC and the higher level responsible officer. The categories of doctor relate to current roles and job titles rather than qualifications or previous roles. The number of individual doctors in each category should be entered in this column. Where a doctor has more than one role in the same designated body a decision should be made about which category they belong to, based on the amount of work they do in each role. Each doctor should be included in only one category. For a doctor who has recently completed training, if they have attained CCT, then they should be counted as a prescribed connection. If CCT has not yet been awarded, they should be counted as a prescribed connection within the LETB AOA return.

Column - Measure 1 Completed medical appraisal:

A completed annual medical appraisal is one where either:

- a) All of the following three standards are met:
 - i. the appraisal meeting has taken place in the three months preceding the agreed appraisal due date*,
 - ii. the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting,
 - iii. the entire process occurred between 1 April and 31 March.

Or

- b) the appraisal meeting took place in the appraisal year between 1 April and 31 March, and the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor, but one or more of the three standards in a) has been missed. However, the judgement of the responsible officer is that the appraisal has been satisfactorily completed to the standard required to support an effective revalidation recommendation.

For doctors who have recently completed training, it should be noted that their final ACRP equates to an appraisal in this context.

Column - Measure 1a (Optional) Completed medical appraisal:

For designated bodies who wish to and can report this figure, this is the number of completed medical appraisals that meet all **three** standards defined in Measure 1 a) above. This figure is not reported nationally and is intended to inform the internal quality processes of the designated body.

Column - Measure 2: Approved incomplete or missed appraisal:

*An approved incomplete or missed annual medical appraisal is one where the appraisal has not been completed according to the parameters of a **Category 1 completed annual medical appraisal**, but the responsible officer has given approval to the postponement or cancellation of the appraisal. The designated body must be able to produce documentation in support of the decision to approve the postponement or cancellation of the appraisal for it to be counted as an **Approved incomplete or missed annual medical appraisal**.*

Column - Measure 3: Unapproved incomplete or missed appraisal:

*An **Unapproved incomplete or missed annual medical appraisal** is one where the appraisal has not been completed according to the parameters of a **Category 1 completed annual medical appraisal**, and the responsible officer has not given approval to the postponement or cancellation of the appraisal.*

*Where the organisational information systems of the designated body do not retain documentation in support of a decision to approve the postponement or cancellation of an appraisal, the appraisal should be counted as an **Unapproved incomplete or missed annual medical appraisal**.*

Column Total:

Total of columns 1+2+3. The total should be equal to that in the first column (Number of Prescribed Connections), the number of doctors with a prescribed connection to the designated body at 31 March 2019.

*** Appraisal due date:**

A doctor should have a set date by which their appraisal should normally take place every year (the 'appraisal due date'). The appraisal due date should remain the same each year unless changed by agreement with the doctor's responsible officer. Where a doctor does not have a clearly established appraisal due date, the next appraisal should take place by the last day of the twelfth month after the preceding appraisal. This should then by default become their appraisal due date from that point on. For a designated body which uses an 'appraisal month' for appraisal scheduling, a doctor's appraisal due date is the last day of their appraisal month.

For more detail on setting a doctor's appraisal due date see the [Medical Appraisal Logistics Handbook: \(NHS England 2015\)](#).

| | | |
|-----|---|--|
| 2.2 | <p>Every doctor with a prescribed connection to the designated body with a missed or incomplete medical appraisal has an explanation recorded</p> <p>If all appraisals are in Categories 1, please answer N/A.</p> <p>To answer Yes:</p> <ul style="list-style-type: none"> • The responsible officer ensures accurate records are kept of all relevant actions and decisions relating to the responsible officer role. • The designated body's annual report contains an audit of all missed or incomplete appraisals (approved and unapproved) for the appraisal year 2018/19 including the explanations and agreed postponements. • Recommendations and improvements from the audit are enacted. <p><u>Additional guidance:</u></p> <p>A missed or incomplete appraisal, whether approved or unapproved, is an important occurrence which could indicate a problem with the designated body's appraisal system or non-engagement with appraisal by an individual doctor which will need to be followed up.</p> <p><u>Measure 2: Approved incomplete or missed appraisal:</u></p> <p><i>An approved incomplete or missed annual medical appraisal is one where the appraisal has not been completed according to the parameters of a Category 1 completed annual medical appraisal, but the responsible officer has given approval to the postponement or cancellation of the appraisal. The designated body must be able to produce documentation in support of the decision to approve the postponement or cancellation of the appraisal for it to be counted as an Approved incomplete or missed annual medical appraisal.</i></p> <p><u>Measure 3: Unapproved incomplete or missed appraisal:</u></p> <p><i>An Unapproved incomplete or missed annual medical appraisal is one where the appraisal has not been completed according to the parameters of a Category 1 completed annual medical appraisal, and the responsible officer has not given approval to the postponement or cancellation of the appraisal. Where the organisational information systems of the designated body do not retain documentation in support of a decision to approve the postponement or cancellation of an appraisal, the appraisal should be counted as an Unapproved incomplete or missed annual medical appraisal.</i></p> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
|-----|---|--|

5 Section 3 – Annual Board Report and Statement of Compliance

| Section 3 | | |
|-----------|--|--|
| 3. | The last Annual Board Report was signed off on: 30/07/2018 The last Statement of Compliance was signed off on: 30/07/2018 | |

6 Section 4 – Comments

| Section 4 | Comments | |
|-----------|--|--|
| 4 | all unapproved/missed appraisals, have either now been completed or booked | |

7 Reference

Sources used in preparing this document

1. The Medical Profession (Responsible Officers) Regulations 2010 (Her Majesty's Stationery Office, 2013)
2. The Medical Profession (Responsible Officers) (Amendment) Regulations 2013 (Her Majesty's Stationery Office, 2013)
3. The Medical Act 1983 (Her Majesty's Stationery Office, 1983)
4. The National Health Service (Performers Lists) (England) Regulations 2013
5. Revalidation: A Statement of Intent (GMC and others, 2010)
6. Guidance on Colleague and Patient Questionnaires (GMC, 2012)
7. Effective clinical governance for the medical profession: A handbook for organisations employing, contracting or overseeing the practice of doctors (GMC 2018)
8. The GMC protocol for making revalidation recommendations: Guidance for responsible officers and suitable persons (GMC, 2012, updated in 2014)
9. Providing a Professional Appraisal (NHS Revalidation Support Team, 2012)
10. Appraisal in the Independent Health Sector (British Medical Association and Independent Healthcare Advisory Services, 2012)
11. Joint University and NHS Appraisal Scheme for Clinical Academic Staff (Universities and Colleges Employers Association, 2002, updated in 2012)
12. Preparing for the Introduction of Medical Revalidation: a Guide for Independent Sector Leaders in England (GMC and Independent Healthcare Advisory Services, 2011, updated in 2012)
13. Medical Appraisal Logistics Handbook (NHS England, 2015)