

## Trust Board Report

<b>Meeting Date:</b>	25 February 2013
<b>Title:</b>	Revalidation of Medical Staff – Quarterly Update
<b>Executive Summary:</b>	<p>This report describes the progress of the Trust towards the management of medical appraisal &amp; revalidation since the last Trust Board Report in September 2012.</p> <p>Summary of key points;</p> <ul style="list-style-type: none"> <li>• On October 19<sup>th</sup> 2012 the Secretary of State for Health announced medical revalidation would commence December 2012.</li> <li>• The GMC has issues a Responsible Officer protocol to support the recommendation process.</li> <li>• Trust appraisal compliance at 31 January 2013 was 75% - action plan in place.</li> <li>• 92% of the Trust's Medical Appraisers have attended revalidation top-up training.</li> <li>• Lead Appraiser appointment required.</li> <li>• The RWT Responsible Officer has undertaken revalidation appraisal on 16 January 2013.</li> <li>• ORSA compliant.</li> </ul>
<b>Action Requested:</b>	None – for information/assurance.
<b>Report of:</b>	Medical Director
<b>Author:</b> <b>Contact Details:</b>	Medical Director Tel 01902 695958 Email: Jonathan.Odum@nhs.net
<b>Resource Implications:</b>	None
<b>Public or Private:</b> (with reasons if private)	Public Session
<b>References:</b> (eg from/to other committees)	Revalidation Steering Group
<b>Appendices/ References/ Background</b>	

Reading	
<p><b>NHS Constitution:</b> (How it impacts on any decision-making)</p>	<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"> <li>✦ Equality of treatment and access to services</li> <li>✦ High standards of excellence and professionalism</li> <li>✦ Service user preferences</li> <li>✦ Cross community working</li> <li>✦ Best Value</li> <li>✦ Accountability through local influence and scrutiny</li> </ul>

## BACKGROUND DETAILS

### 1. BACKGROUND

- 1.1. On October 19<sup>th</sup> 2012, the Secretary of State for Health, formally announced the introduction of medical revalidation with effect from 03 December 2012.
- 1.2. Revalidation is the process by which 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.<sup>1</sup>

### 2. FIRST REVALIDATION CYCLE

- 2.1. The first revalidation cycle starts January 2013 and ends March 2016. All doctors to whom The Royal Wolverhampton NHS Trust is the designated body have been advised of which quarter and/or year their revalidation will occur.
- 2.2. The GMC will write to all doctors by the end of January 2013 to tell them the exact date of their revalidation.

### 3. RESPONSIBLE OFFICER PROTOCOL AND GMC RECOMMENDATION STATEMENTS

- 3.1. The GMC has issued a protocol for responsible officers (ROs) about revalidation recommendations. The protocol:
  - Describes what revalidation recommendations are
  - Clarifies the roles and responsibilities of ROs and their delegates in making and sending recommendations
  - Sets out the GMC's expectations of what will underpin RO recommendations
  - Provides ROs with statements and criteria for the three recommendation categories.

<sup>1</sup> GMC Revalidation - [www.gmc-uk.org](http://www.gmc-uk.org)

3.2. The protocol is a resource for ROs when they consider their recommendations about doctors' revalidation.

3.3. Revalidation recommendations can be made once the GMC has served on a doctor, informing them that a recommendation about their revalidation is due.

3.4. The recommendation will be one of the following three categories:

- a positive recommendation that the doctor is up to date and fit to practise
- a request to defer the date of recommendation (no longer than 12 months)
- a notification of the doctor's non-engagement in revalidation (see below).

3.5. The recommendation statements describe what the RO must agree to when they submit a recommendation.<sup>2</sup>

#### 4. APPRAISAL COMPLIANCE

4.1. Medical appraisal underpins the revalidation process. .

4.2. Table 1 shows the Trust's medical appraisal compliance at 31 January 2013 with national comparison.

**Table 1:**

STAFF GROUP	TRUST % COMPLIANCE			NATIONAL AVERAGE
	Total Number of Staff to be Appraised	Number & Percentage of Staff currently appraised		National average compliance by grade of doctor
Consultants	257	207	80.5%	75%
Non-training grades	75	37	49.3%	50%
<b>TRUST TOTAL</b>	<b>332</b>	<b>244</b>	<b>73.5%</b>	

4.3. Actions in place to address non-compliance are as follows:

- A review of which doctors are not appraisal compliant has been conducted.
- Letters have been sent to non-compliant doctors and their Clinical Directors. , insisting appraisal meetings be arranged, and advising that failure to do so may result in a notification of non-engagement being sent to the GMC.
- Automated monthly email prompts have been implemented, which send an email to doctors whose appraisal is due to expire within the next 3 months.

<sup>2</sup> GMC Making a recommendation <http://www.gmc-uk.org/doctors/revalidation/13631.asp>

4.4. Non-engagement criteria are currently being drafted to specifically identify doctors not engaging in the appraisal process and will define the point at which a notification of non-engagement will be sent to the GMC.

## 5. SHA BID

5.1. A bid was accepted by NHS Midlands and East for the Trust to purchase places at a national medical education event that will cover the requirements of medical appraisal to support revalidation.

5.2. 10 of the Trust's doctors (consultants & non-training grades) are scheduled to attend the event which takes place 30 January 2013.

## 6. APPRAISER TOP UP TRAINING

6.1. The NHS Revalidation Support Team (RST) stipulates that all medical appraisals must be conducted by an appraiser who has received the appropriate revalidation top-up training.

6.2. The revalidation top-up training programme has been developed and funded by the RST, and is currently being rolled out across the country.

6.3. To date the Trust has hosted two in-house RST training sessions and 92% of its medical appraisers have attended the training programme.

6.4. Those appraisers who have not yet attended training are being followed up on a one to one basis, but will not be allowed to conduct a medical appraisal until they have completed their training

6.5. Table 2 shows the results of the appraiser's level of confidence following attendance on the training programme.

**Table 2:**

STATEMENT	% OF DOCTORS WHO ANSWERED "YES"
Confident about how to make appropriate output statements to Responsible Officer	100%
Confident about how and when to suspend an appraisal	100%
Confident to introduce appraisal and highlight GMC confidentiality limitations	100%

## 7. APPOINTMENT OF A LEAD APPRAISER

7.1 A senior Consultant will be required to provide surety around governance and training of appraisal and appraisers.

## **8. SUPPORTING INFORMATION**

8.1. Doctors must ensure that supporting information in relation to the following is included in their appraisal portfolio:

- CPD
- Quality Improvement
- Significant Events
- Complaints & Compliments
- Patient feedback
- Colleague feedback

8.2. The Trust collates information centrally in relation to quality improvement through directorate packs; significant event and complaint information is recorded in DATIX.

8.3. Work is underway with the Information Services, Governance and Complaints departments to devise a process for the sharing of this supporting information with doctors for reflection and discussion at their appraisal.

## **9. CONCLUSION**

9.1 The Trust has made good progress to ensure it is ready to start making recommendations about its doctor's fitness to practice.

9.2 Appraisal compliance is the only area of concern and this will be monitored through the Revalidation Steering Group with escalation to the GMC where necessary.