

Revalidation of Medical Staff – Quarterly Update

Trust Board

Meeting Date:	28 April 2014
Title:	Revalidation of Medical Staff – Quarterly Update
Executive Summary:	<p>This report describes the progress of the Trust towards the management of medical appraisal & revalidation since the last Trust Board report in January 2014.</p> <p>Summary of key points;</p> <ul style="list-style-type: none"> • As at 16th April 2014, the Trust's Responsible Officer has made positive recommendations for 91 doctors, all have been approved by the General Medical Council (GMC). • As at 30th March 2014, the Trust's medical appraisal compliance was 89.2%. • The Department of Health has now published the Framework of Quality Assurance for Responsible Officers (FQA). The FQA has been designed to provide assurance to the Board, that doctors working for the organisation are up to date and fit to practice. Assurance will be provided through a range of reporting mechanisms including the completion of an Annual Organisational Audit (AOA) and Annual Board Report. • Baker Tilley completed an internal audit of the Trust's Revalidation processes against the Department of Health's Organisational Readiness Self-Assessment (ORSA) standards. The outcome of the audit was high green, with no recommendations made.
Action Requested:	None – for information/assurance.
Report of:	Medical Director
Author: Contact Details:	Zoe Marsh – Quality Assurance Manager Tel 6175 Email: zoe.marsh@nhs.net
Resource Implications:	None
Public or Private:	Public Session

(with reasons if private)	
References: (eg from/to other committees)	Revalidation Steering Group
Appendices/ References/	
NHS Constitution: (How it impacts on any decision-making)	<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

BACKGROUND DETAILS

1. BACKGROUND

1.1 On October 19th 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.¹

2 LOCAL UPDATE

2.1 The first revalidation cycle started January 2013 and ends March 2016. During this period, all doctors to whom The Royal Wolverhampton NHS Trust is the designated body will have a recommendation made about their fitness to practice to the GMC by the Trust's Responsible Officer (RO).

2.2 Table 1 shows the number recommendations made by the RO as at 16th April 2014.

Recommendation Type			
Revalidate	Defer	Non-engagement	TOTAL
91	3	0	94

2.3 The revalidation submission dates for 3 doctors have been deferred due to the following:

- Long term sickness absence.
- Bank doctor with <2 months employment at RWT. The submission date was deferred for 4 months to allow the doctor to undergo an appraisal with the Trust. This doctor has now left the Trust.

¹ GMC Revalidation - www.gmc-uk.org

- The doctor was subject to an ongoing process at the point of their revalidation submission date. This doctor has now left the Trust.

3 APPRAISAL COMPLIANCE

3.1 Medical appraisal underpins the revalidation process. Doctors are required to have 5 annual appraisals within the Revalidation Cycle of five years.

3.2 Table 2 shows the Trust's medical appraisal compliance at 30 March 2014 with national comparison.

Table 2: Trust's Medical Appraisal Compliance at 30 March 2014

Staff Group	TRUST % COMPLIANCE	NATIONAL AVERAGE
Consultants	90.6%	75%
Non-training grades	83.6%	50%
TRUST TOTAL	89.2%	

4 NHS ENGLAND FRAMEWORK OF QUALITY ASSURANCE

4.1 The Framework of Quality Assurance for Responsible Officers (FQA) has now been published by the Department of Health [Appendix 1]. The framework pulls together the various approaches to achieving assurance, to assist responsible officers in providing the required confidence that the doctors working in their organisations are up to date and fit to practise. It comprises the following components:

- **Core standards:** A comprehensive overview of the requirements of the Responsible Officer Regulations and associated mandatory guidance within a single document. It is set out in a spreadsheet format to enable responsible officers and their organisations to create checklists and other tools to monitor their own compliance with the Responsible Officer Regulations.
- **Quarterly Information Template:** This reporting process maintains quarterly communications between responsible officers at the local level and their higher-level responsible officers, to whom they are linked and enables a picture of high-level indicators (including appraisal rates) to be built up over the year, so that any problems can be identified and resolved at an early stage
- **Annual Organisational Audit (AOA):** The prime focus and purpose is to achieve a robust consistent system of revalidation compliant with the Responsible Officer Regulations and with nationally agreed standards. The mandatory audit provides a process by which every responsible officer, on behalf of their designated bodies, provides a standardised return to the higher-level responsible officer. The collated audits will then form the basis of a report to Ministers and ultimately the public, on the overall status of implementation of revalidation across England. The AOA has been simplified and shortened considerably from its predecessor (ORSA).
- **Annual Board Report Template:** The expectation of regulators is that the boards of designated bodies (or executive teams for some designated bodies) monitor the organisation's progress in implementing the Responsible Officer Regulations. To assist in this, a board report template has been provided. Mindful of the need for consistency and the need for local flexibility, the template may be modified as required.

- **Statement of Compliance:** The Responsible Officer Regulations set out the obligation on the part of designated bodies to provide support to the responsible officer. In demonstrating this support, the chief executive or chairman (or executive if no board exists) is asked to sign a statement of the organisation's compliance to the Responsible Officer Regulations. This is submitted to the higher-level responsible officer, along with the AOA.
- **Independent verification:** To enhance the level of assurance and provide evidence with which challenges to the system or the decision-making may be handled, all designated bodies will undergo a process to validate the status of their revalidation systems at least once in every 5-year revalidation cycle. This may be carried out by audits commissioned by the designated body, their regulators, peers or higher-level responsible officers.
- **Bench-marking, calibration and checking consistency:** The Responsible Officer Regulations make explicit reference to the fundamental requirement for consistency across the country, in terms of approach, decision-making and thresholds for intervention. In addition to the standardised processes, training of key individuals and national policies on key areas, a range of networks and systems of peer review have been set up, working closely with colleagues at the GMC, to calibrate how responsible officers, appraisers and case investigators take decisions, make recommendations, monitor action, learn from each other and share best practice.

4.2 The Trust's AOA and Annual Board Report will be presented to Trust Board at the meeting in July 2014, following this, a statement of compliance is to be signed by the Trust's Chief Executive and sent to NHS England by 31 August 2014.

5 REVALIDATION AUDIT

5.1 Baker Tilley completed an internal audit of the Trust's Revalidation processes against the Department of Health's Organisational Readiness Self-Assessment (ORSA) standards for the period 2013/14 [Appendix 2].

5.2 The outcome of the audit was high green, and no recommendations were made as a result of the audit.

6 CONCLUSION

6.1 The Trust has made good progress to ensure the appropriate infrastructure is in place to support revalidation. Further work is now needed to ensure that the Trust fully complies with the NHS England FQA standards. A business case to request the appropriate resource to support these new requirements has been produced and is now on the Trust's development schedule.

A Framework of Quality Assurance for Responsible Officers and Revalidation

Supporting responsible officers and designated bodies in providing assurance that they are discharging their statutory responsibilities.

First published: 4 April 2014

NHS England INFORMATION READER BOX

Directorate

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

Publications Gateway Reference:

01142

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

Document Status

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Foreword

Medical revalidation is a legal requirement which applies to all licensed doctors listed on the General Medical Council (GMC) register in both the public and independent sectors. Its purpose is to improve patient care by bringing all licensed doctors into a governed system that prioritises professional development and strengthens personal accountability.

Medical revalidation is central to how NHS England and the Health System at large are meeting their responsibilities to both patients and staff in improving safety and the quality of care. We are encouraged to see that one year into its implementation, it is delivering value but more needs to be done to maximise benefits in the future.

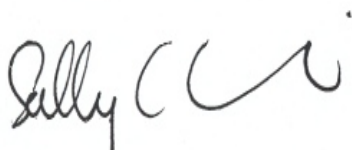
As responsible officers, you have a valuable but demanding role to ensure that the doctors linked to your organisations are up to date and fit to practice. For revalidation to reach its full potential, however you will need to look beyond the process to encourage commitment to professional development and improving patient care.

This Framework of Quality Assurance has been produced to provide assurance and oversight that designated bodies are discharging their statutory duties. It also provides the basis on which you are required to demonstrate that the appropriate resource and systems are in place, that they work effectively and that they meet the agreed national standards.

We hope that this publication is useful to you all as we work towards revalidation being successfully implemented in England.

Dame Sally Davies

Chief Medical Officer
Department of Health



Sir Bruce Keogh

Medical Director
NHS England



Dr Mike Bewick

Deputy Medical Director, NHS
England, Senior Responsible
Owner for Revalidation in
England



Executive Summary

Organisations designated under the Medical Profession (Responsible Officer) Regulations 2010 and 2013¹ (referred to as the Responsible Officer Regulations) are nominated as 'designated bodies'. These organisations, essentially any body that employs or contracts with doctors, have a duty to appoint or nominate a responsible officer. These senior doctors must ensure that every doctor connected to them, as set out in the legislation:

- i. Receives an annual medical appraisal² meeting nationally agreed standards
- ii. Undergoes the appropriate pre-engagement/employment background checks to ensure that they have qualifications and experience appropriate to the work performed
- iii. Works within a managed system in which their conduct and performance are monitored, with any emerging concerns being acted upon appropriately and to nationally agreed standards
- iv. Has a recommendation made to the GMC regarding their fitness to practise every 5 years, on which their continuing licence to practise is based

Prior to the launch of revalidation and during the first year of implementation, designated bodies completed regular Organisational Readiness Self-Assessment (ORSA) exercises to determine the level of preparedness for delivering revalidation.

Now that revalidation is well underway, there is a need for designated bodies and responsible officers to be able to provide assurance to patients, the public, the service and the profession, that the appropriate systems and processes are in place, in every designated body in England, to ensure that every licensed medical practitioner (162,000 in England) are safe to practise. This framework pulls together the various approaches to achieving assurance, to assist responsible officers in providing the required confidence that the doctors working in their organisations are up to date and fit to practise. It comprises the following components:

- **Annex A - Core standards:** A comprehensive overview of the requirements of the Responsible Officer Regulations and associated mandatory guidance within a single document. It is set out in a spreadsheet format to enable responsible officers and their organisations to create checklists and other tools to monitor their own compliance with the Responsible Officer Regulations.
- **Annex B - Quarterly Information Template:** This reporting process maintains quarterly communications between responsible officers at the local level and their higher-level responsible officers, to whom they are linked and enables a picture of

¹ <http://www.legislation.gov.uk/ukxi/2010/2841/made> and <http://www.legislation.gov.uk/ukxi/2013/391/made>

² In accordance with GMC guidelines. NHS England Medical Appraisal Policy is published at: <http://www.england.nhs.uk/ourwork/qual-clin-lead/revalidation5/ma-pol/>

high-level indicators (including appraisal rates) to be built up over the year, so that any problems can be identified and resolved at an early stage

- **Annex C - Annual Organisational Audit (AOA):** The prime focus and purpose is to achieve a robust consistent system of revalidation compliant with the Responsible Officer Regulations and with nationally agreed standards. The mandatory audit provides a process by which every responsible officer, on behalf of their designated bodies, provides a standardised return to the higher-level responsible officer. The collated audits will then form the basis of a report to Ministers and ultimately the public, on the overall status of implementation of revalidation across England. The AOA has been simplified and shortened considerably from its predecessor (ORSA).
- **Annex D - Annual Board Report Template:** The expectation of regulators³ is that the boards of designated bodies (or executive teams for some designated bodies) monitor the organisation's progress in implementing the Responsible Officer Regulations. To assist in this, a board report template has been provided. Mindful of the need for consistency and the need for local flexibility, the template may be modified as required.
- **Annex E - Statement of Compliance:** The Responsible Officer Regulations set out the obligation on the part of designated bodies to provide support to the responsible officer. In demonstrating this support, the chief executive or chairman (or executive if no board exists) is asked to sign a statement of the organisation's compliance to the Responsible Officer Regulations. This is submitted to the higher-level responsible officer, along with the AOA.
- **Annex F - Independent verification:** To enhance the level of assurance and provide evidence with which challenges to the system or the decision-making may be handled, all designated bodies will undergo a process to validate the status of their revalidation systems at least once in every 5-year revalidation cycle. This may be carried out by audits commissioned by the designated body, their regulators, peers or higher-level responsible officers. The process for such a system (undertaken by higher-level responsible officers) is described in this annex.
- **Annex G – Bench-marking, calibration and checking consistency:** The Responsible Officer Regulations make explicit reference to the fundamental requirement for consistency across the country, in terms of approach, decision-making and thresholds for intervention. In addition to the standardised processes, training of key individuals and national policies on key areas, a range of networks and systems of peer review have been set up, working closely with colleagues at the GMC, to calibrate how responsible officers, appraisers and case investigators take decisions, make recommendations, monitor action, learn from each other and share best practice. These are described in this annex.

³ General Medical Council, Care Quality Commission, Monitor and the NHS Trust Development Authority

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1. Introduction

The Medical Profession (Responsible Officers) Regulations, 2010, as amended in 2013, (commonly referred to as the 'Responsible Officers Regulations') empower responsible officers (senior doctors within each designated body in the UK) to monitor the performance of every doctor holding a licence to practise with the General Medical Council (GMC). This process of regular monitoring culminates in a recommendation from the responsible officer (RO) to the GMC on the doctor's fitness to practise. On the basis of this recommendation, the GMC decides whether or not the doctor's licence to practise should be renewed.

A fundamental principle of medical revalidation is that the systems and processes in place in any given designated body must meet nationally agreed standards of rigour and consistency, for all doctors, regardless of sector, grade or geography. This means that the critical elements of medical revalidation, as defined by the Responsible Officer Regulations and associated guidance, must be subject to an explicit, agreed and consistent process of quality assurance.

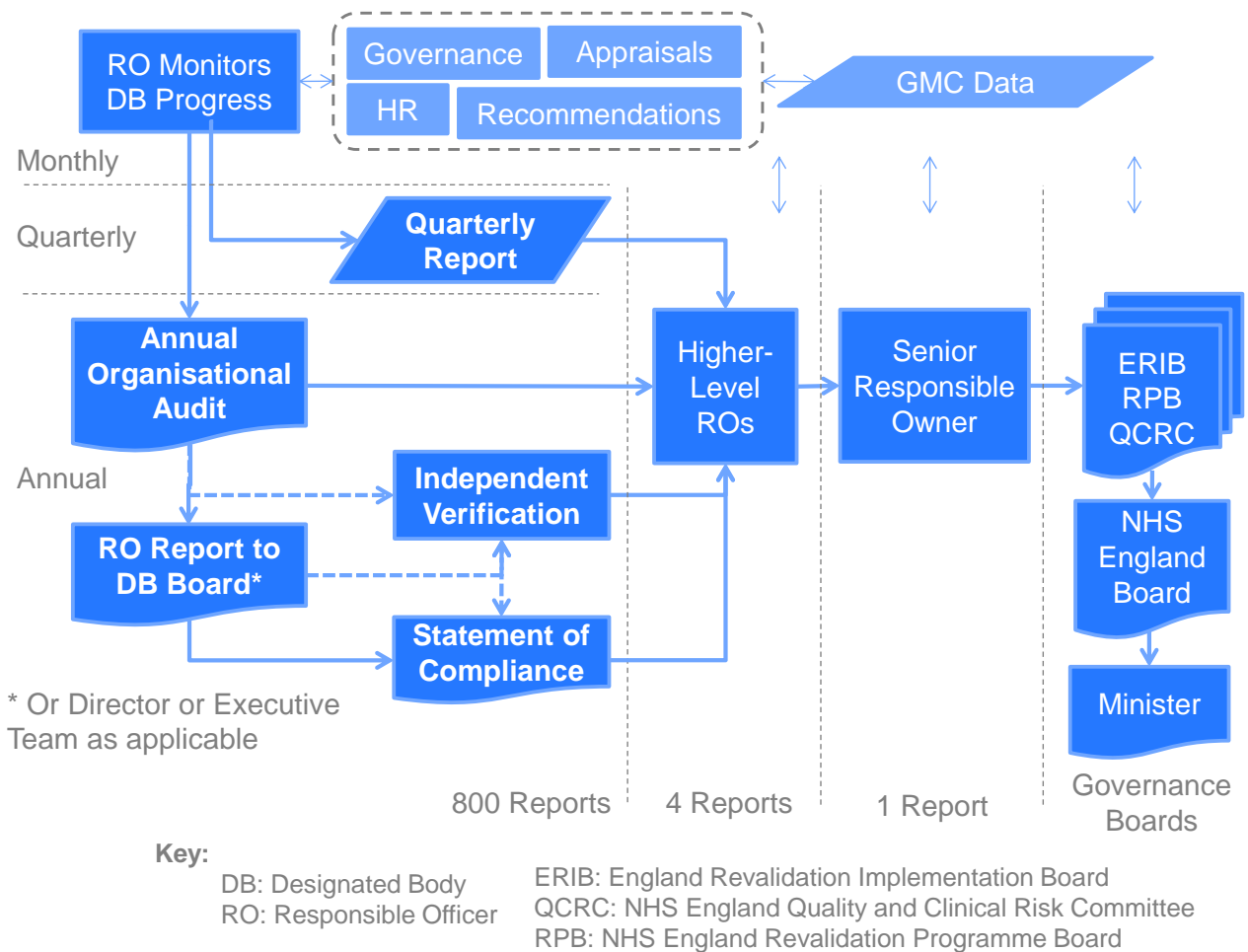
The Framework of Quality Assurance (FQA) provides an overview of the elements defined in the Responsible Officer Regulations, along with a series of processes to support responsible officers and their designated bodies in providing the required assurance that they are discharging their respective statutory responsibilities. In addition to mandatory standards, the FQA will provide standards of good practice in monitoring and taking appropriate action on the performance of doctors. These will be developed further to document best practice, as experience is gained. The FQA provides:

- a tool to help responsible officers assure themselves and their board (or an equivalent governance or executive group) that the systems underpinning the recommendations they make to the GMC on doctors' fitness to practise, including the arrangements for medical appraisal and responding to concerns, are in place, functioning, effective, consistent with those in other designated bodies and compliant with nationally agreed standards
- a mechanism for assuring higher-level responsible officers and NHS England (as the Senior Responsible Owner for medical revalidation in England) that systems for evaluating doctors' fitness to practise are in place, functioning, effective and consistent
- an overview of mechanisms available to responsible officers to support them in demonstrating that their practice (as responsible officers) is aligned with other doctors holding the same role
- a summary showing the responsible officer's progress towards robust, consistent systems and processes, meeting national standards, as supporting information for their own appraisal

This FQA is particularly intended to support responsible officers, the boards (or an equivalent governance or executive group) of designated bodies, higher-level responsible officers and the teams supporting the process of revalidation. Its contents will be reviewed regularly as medical revalidation systems, regulations and policies develop.

The FQA is described below in three sections: firstly the standards, secondly how compliance with these standards will be monitored and thirdly the mechanisms in place to deliver calibration and consistency.

The diagram below summarises the overall process.



1.1. Equality and diversity

Equality and diversity are at the heart of the NHS strategy. Due regard 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, has been given throughout the development of the policies and processes cited in this document.

2. Core Standards

The Responsible Officer Regulations make clear that as part of their respective roles as set out in statute, the responsible officer and the designated body must provide assurance that all systems and processes, including those of clinical governance, underpinning the responsible officer's recommendation to the GMC on a doctor's continuing fitness to practise, are functioning effectively. In order to provide this assurance the responsible officer will want to be able to demonstrate that:

- the underpinning systems and processes are in place and functioning effectively, in compliance with nationally agreed standards;
- their own decision-making, and also that of appraisers and case investigators, is robust and consistent, not only at the individual level and internally within the designated body, but also that they are in alignment with the decision-making of peers in other organisations, from all sectors, across the country
- the board (or an equivalent governance or executive group) of the designated body is engaged in the process of revalidation, taking active steps to integrate the systems and processes underpinning medical revalidation into the organisation's broader quality and safety agenda.

The elements defined by the Responsible Officer Regulations can be considered in the following categories, as being related to:

- the designated body and the responsible officer
- appraisal
- monitoring performance and responding to concerns
- recruitment and engagement

Within each standard, Annex A currently describes 2 levels:

- Essential/core standards, minimum requirements, as set out in legislation and mandated guidance
- Standards considered as good practice, identified in guidance and other key sources

The FQA provides a single resource for responsible officers, enabling them to check the extent of their progress towards achieving robust quality assurance of all their systems, from achieving the basic mandatory standard to working at the level of good and, in time, towards excellent practice, whilst also highlighting any areas presenting cause for concern at a stage where effective action may be taken.

3. Monitoring and Reporting

The FQA and the monitoring processes within it are designed to support all responsible officers in fulfilling their statutory duty, providing a means by which they can demonstrate the effectiveness of the systems they oversee. It has been carefully crafted to ensure that administrative burden is minimised, whilst still driving learning and sharing of best practice. Each element of the FQA process will feed in to a comprehensive report from the national-level responsible officer to Ministers and the public, capturing the state of play in implementing medical revalidation across the country.

The reporting processes are intended to be streamlined, coherent and integrated, ensuring that information is captured to contribute to local processes, whilst simultaneously providing the required assurance. The process will be reviewed and revised on a regular basis.

The monitoring and reporting process comprise the following elements:

3.1. Responsible Officer Monthly Monitoring

It is for responsible officers to determine what information they wish to collate from their own organisations to monitor compliance and progress. The FQA is not prescriptive in this regard, however it is suggested that responsible officers should have the appropriate regular reporting lines in place to assure themselves that appraisals, recommendations, HR processes (pre-engagement checks) and governance processes are in place and functioning effectively.

3.2. Quarterly Information Template (Annex B)

Higher-level ROs will ask all ROs connected to them, to complete a simple quarterly return (Annex B). Not only will this maintain regular communications, but it will also provide oversight of the key indicators (including appraisal rates), allowing any emerging problems to be identified and resolved at an early stage.

The Annual Organisational Audit (AOA) will supersede the need for a quarterly report in the final quarter.

In 2014/15, work will commence to enable ROs to submit quarterly returns via a web-based system.

3.3. Annual Organisational Audit (AOA) (Annex C)

The AOA (Annex C) 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 implementation across England. This report will be published no later than September each year. Where small designated bodies are concerned, or where types of organisation are small in number, these will be appropriately grouped to ensure that data is not identifiable to the level of the individual.

The AOA has been simplified and shortened considerably from its predecessor, (ORSA), with a focus on what is happening, with what outcome, along with an assessment of the

designated body's organisational capacity to ensure a robust consistent system of revalidation. Learning from the experience of ORSA, the AOA has been designed to reduce the administrative burden upon organisations and to be of maximum help to responsible officers in fulfilling their obligations.

In 2014/15, work will commence to enable designated bodies to submit their AOA returns via a web-based system.

3.4. Annual Board Report Template (Annex D)

The General Medical Council (GMC), Care Quality Commission (CQC), Monitor and the NHS Trust Development Authority (NHS TDA) expect that the boards of designated bodies (or executive teams if applicable) should monitor their organisation's progress in implementing the Responsible Officer Regulations.

To assist in this, whilst also promoting the quality of monitoring processes, a board report template has been provided (Annex D). Mindful of the need for consistency and the need for local flexibility, the template may be modified as required.

It is not anticipated that designated bodies will be routinely requested to submit copies of their annual board reports to their higher-level RO. However in some instances this may be necessary, should the designated bodies require support from the regional team with implementation.

3.5. Statement of Compliance (Annex E)

Under the Responsible Officer Regulations, there is an obligation for designated bodies to provide support to their responsible officer.

In demonstrating this support, the chief executive or chairman (or executive if no board exists) is asked to sign a statement of the organisation's compliance (Annex E) to the Responsible Officer Regulations.

This is submitted to the appropriate higher-level responsible officer at the earliest opportunity post submission of the AOA and no later than August 31.

3.6. Independent Verification (Annex F)

Ministers, patients and the public, the profession and healthcare providers expect that revalidation will be implemented fairly, consistently and on the basis of honesty. There is an expectation that it will improve the quality of care delivered to patients. Experience has shown that inaccuracies can be introduced when self-reporting mechanisms are the sole source of information^[1]. Higher-level responsible officers need to have confidence that every responsible officer is carrying out their statutory duties appropriately, whilst responsible officers need to be able to demonstrate that their own reporting is validated. This level of confidence will be provided through the AOA, strengthened by a process of independent verification.

^[1] <http://news.bbc.co.uk/1/hi/uk/8551668.stm>

The process will also provide assurance to boards (or equivalent governance or executive group) of designated bodies, that the organisation is fulfilling its statutory obligations in ensuring that effective systems are in place to underpin the statutory responsibilities of the responsible officers.

Higher-level responsible officers will ensure that independent verification (Annex F) is carried out once per revalidation cycle for each designated body. This may be undertaken by the higher-level responsible officer's team, or through an external review process such as audits carried out by regulators, peers, higher-level responsible officers or commissioned by the designated body from a third party, with appropriate contractual, technical and procedure controls in place. Primarily this will be based on a desk-top review. Where concerns are identified this will be followed by a visit to the responsible officer at the designated body.

The verification process will also identify and disseminate good practice, maintaining and improving standards of quality and performance.

4. Calibration, Consistency, Learning and Best Practice

In addition to the national policies for medical appraisal and responding to concerns, there are a number of mechanisms in place to drive consistency of decision-making, approach and thresholds for intervention on the part of responsible officers, appraisers and case investigators. The aim is to ensure that every doctor, regardless of sector, grade or location in the country, goes through a process, which is demonstrably aligned with agreed national standards.

The mechanisms driving a consistent approach include (see Annex G):

- standardised training and development for responsible officers, appraisers and case investigators, to nationally agreed specifications
- mandatory engagement with responsible officer networks at which cases are discussed and responses calibrated. These conform to a nationally agreed structure, as set out in the Responsible Officer Network Blueprint.
- a national network for appraisal leads, with local networks for appraisers conforming to a nationally agreed structure
- plans for case investigator networks
- regional and national events for responsible officers, appraisers and case investigators designed specifically to calibrate decision-making and thresholds for intervention

The potential for significant learning from the AOA, independent verification and calibration processes is well recognised. The approach taken is to maximise and streamline the opportunities for triangulation of information throughout the community of responsible officers, appraisers, case investigators and all those involved. Learning and models of best practice will be integrated into the FQA through a process of regular review.

5. ANNEXES

5.1. Annex A – Core Standards

5.2. Annex B – Quarterly Information Template

5.3. Annex C – Annual Organisational Audit

5.4. Annex D – Annual Board Report Template

5.5. Annex E – Statement of Compliance

5.6. Annex F – Independent Verification

5.7. Annex G – Links to Calibration and Consistency Processes

The Royal Wolverhampton NHS Trust

[Internal Audit Report \(20.13/14\)](#)

FINAL

Appraisal Process / Doctor Revalidation

7 March 2014

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Debrief meeting	7 January 2014	Auditors	Glen Palethorpe, Head of Internal Audit
Draft report issued	28 January 2014		Shauna Mallinson, Senior Manager
Responses received	5 March 2014		Keith Wing, Assistant Manager Bobby Lewis, Senior Auditor
Final report issued	7 March 2014	Client sponsor	Jonathan Odum, Medical Director
		Distribution	Jonathan Odum, Medical Director Zoe Marsh, Quality Assurance Manager Kevin Stringer, Chief Financial Officer Anne-Louise Stirling, PA to the Chief Financial Officer

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, based on the information provided and documentation reviewed, no complete guarantee or warranty can be given with regard to the advice and information contained herein. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

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1 Executive Summary

1.1 Introduction

An audit of Appraisal Process / Doctor Revalidation was undertaken as part of the approved internal audit periodic plan for 2013/14.

Medical revalidation is the process by which all doctors with a license to practice in the UK will need to satisfy the General Medical Council (GMC), at regular intervals, that they are fit to practice and should retain that license. The regulations that made revalidation a legal requirement came into force from December 2012.

Revalidation will:

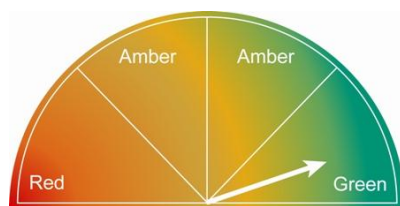
- Support organisations in their continuous improvement of the quality and safety of healthcare for patients;
- Help doctors meet their professional commitment to keep up to date and improve their practice through meeting specialty standards and identifying development needs where appropriate; and
- Help organisations identify issues early and put processes in place to support doctors.

Employers will need to support doctors to achieve revalidation, ensuring that every doctor has the opportunity to take part in an annual appraisal and that organisational systems enable easy access to the clinical governance information they require to support that appraisal process. They will also need to ensure that the Responsible Officer has the support and resources required to carry out his/her statutory duties.

The audit was designed to assess the controls in place to manage the following objectives and risks:

Objective	To be the employer of choice providing a motivated, productive and committed workforce to achieve our delivery plans and visions (Strategic Goal 2)
Risk	ID O12173: Failure to effectively maximise workforce productivity.

1.2 Conclusion



Taking account of the issues identified, the Board can take substantial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

The conclusions feeding into the overall assurance level are based on the evidence obtained during the review. The key findings from this review are as follows:

Application and Compliance of the control framework

- The Trust has electronically submitted the 2013 end of year form dated March 2013 Organisational Readiness Self-Assessment questionnaire to NHS England (previously the Strategic Health Authority);
- The Responsible Officer has responsibility for the completion of the self-assessment form on behalf of the designated body, though this responsibility can be appropriately delegated. Input can also be provided from medical workforce/human resources teams, appraisal leads and clinical governance teams amongst others.

Final submissions will be made on behalf of the designated body and the responsible officer should consider whether the report and the resulting action plan should be presented to the Board, or an appropriate governance or decision making structure, to ensure there is an understanding of the corporate and statutory responsibilities. The Trust's Medical Director is the nominated responsible officer and our review has confirmed that the job description associated with this role specifically refers key responsibilities for the Executive Medical Director to act as responsible officer in relation to the General Medical Council (GMC's) revalidation requirements;

- The Medical Appraisal Policy – to support Revalidation was presented and approved by the Trust Management Team on the 21st September 2012 and were noted by the Trust Board on the 26 November 2012;
- The Trust use Datix (HR system) to assist the appraisal process and monitoring the doctors' fitness to practice;
- A comprehensive Appraisal and Revalidation Documentation Portfolio has been introduced by the Trust which sets out the timescales and the roles and responsibilities of the Appraiser and Appraisee;
- A list of appraisers is maintained by the Quality Assurance Manager which shows the Trust has 81 appraisers of which 77 have received training within the current year; training had been arranged in November 2013 (at the time of the audit) for three appraisers and training dates are being organised for the remaining one newly appointed appraiser;
- Quarterly updates on the management of medical appraisal and revalidation process are presented to the Trust Management Team and Trust Board by the Medical Director;
- An annual report / end of year Organisational Readiness Self-Assessment questionnaire dated March 2013 was presented by the Medical Director, the Responsible Officer to the Board in May 2013;
- The Trust declared in their 2013 end of year Organisational Readiness Self-Assessment questionnaire that the nomination / appointment of a second responsible officer within the Trust was not required and therefore, non-applicable;
- We confirmed the total number of doctors who had a prescribed connection to the Trust as reported in the Organisational Readiness Self-Assessment Interim Questionnaire, March 2013, to the list maintained by the Quality Assurance Manager. Whilst, the Electronic Staff Record (ESR) system continues to change to reflect the current position with regard to doctor's appraisals and revalidation a reconciliation is retained by the Education and Training Department as documentary evidence to support the figures reported in the Organisational Readiness Self-Assessment Questionnaires; and
- A review of appraisal documentation for 20 doctors confirmed that there was a fully completed, signed and dated appraisal form was in place for 16 cases. In the remaining four cases, current appraisals are not held and appraisal appointments are trying to be arranged and this was highlighted on the spread sheet as "red" noting the Trust were aware of the immediate need to undertake an appraisal as the individuals had exceeded 12 months since their last appraisal.

1.3 Scope of the review

To evaluate the adequacy of risk management and control within the system and the extent to which controls have been applied, with a view to providing an opinion. Control activities are put in place to ensure that risks to the achievement of the organisation's objectives are managed effectively. When planning the audit, the following areas for consideration and limitations were agreed:

Areas for Consideration:

Our audit will provide independent assurance that the Trust's appraisal system is compliant with revalidation for the Trust's doctors, as without an appraisal the revalidation process cannot be confirmed.

Areas covered by the review will include:

- The timely completion of the annual and interim Organisational Readiness Self-Assessment Tool (ORSA);

- The Medical Appraisal Policy;
- The nomination and support provided to the Responsible Officer;
- The appropriateness of the formal appraisal / revalidation procedure and the documentation used by the Appraiser and Appraisee;
- The number of trained appraisers;
- The receipt / release of documentation supporting the revalidation process to third parties;
- The adequacy of reporting to the Revalidation Steering Group, TMT and Board; and
- The annual report on the processes of Appraisal and Revalidation of its medical staff.

Limitations to the scope of the audit:

- We cannot provide assurance that all doctors will have had a revalidation ready appraisal as testing will be undertaken on a sample basis.
- We cannot provide assurance that the revalidation process will fully meet the requirements of the GMC.
- Our work does not provide any guarantee against material errors, loss or fraud or provide an absolute assurance that material error, loss or fraud does not exist.

This audit tested only for compliance with controls, and did not seek to form an opinion on the design of controls in place.

1.4 Recommendations Summary

We have not made any recommendations as a result of the audit.