

Trust Board Report

Meeting Date:	27 July 2015
Title:	Revalidation of Medical Staff – Annual Report
Executive Summary:	<p>This report describes the progress of the Trust towards the management of medical appraisal & revalidation during 2014/15.</p> <p>Summary of key points;</p> <ul style="list-style-type: none"> • As at 31 March 2015, 421 doctors had a prescribed connection to The Royal Wolverhampton NHS Trust • 97.9% of the doctors were appraised during 14/15. • 127 positive recommendations were made 7 deferrals were made. • An action plan to address any issues and to outline future developments can be found in section 7.
Action Requested:	Assurance and Approval
Report of:	Medical Director
Author: Contact Details:	Zoe Marsh – Deputy Head of Education & Training Tel 6175 Email: zoe.marsh@nhs.net
Resource Implications:	None
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	Revalidation Steering Group
Appendices/ References/	<p>Appendix A - Audit of all missed or incomplete appraisals audit</p> <p>Appendix B - Quality assurance audit of appraisal inputs and outputs</p> <p>Appendix C - Audit of revalidation recommendations</p> <p>Appendix D - Annual Organisational Audit findings</p>

	(AOA) Appendix E – Trust medical appraisal minimum dataset Appendix F – Statement of compliance
NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <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

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 the higher level Responsible Officer at NHS England as part of the new Framework of Quality Assurance requirements.

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 provider boards / executive teams [delete as applicable] 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

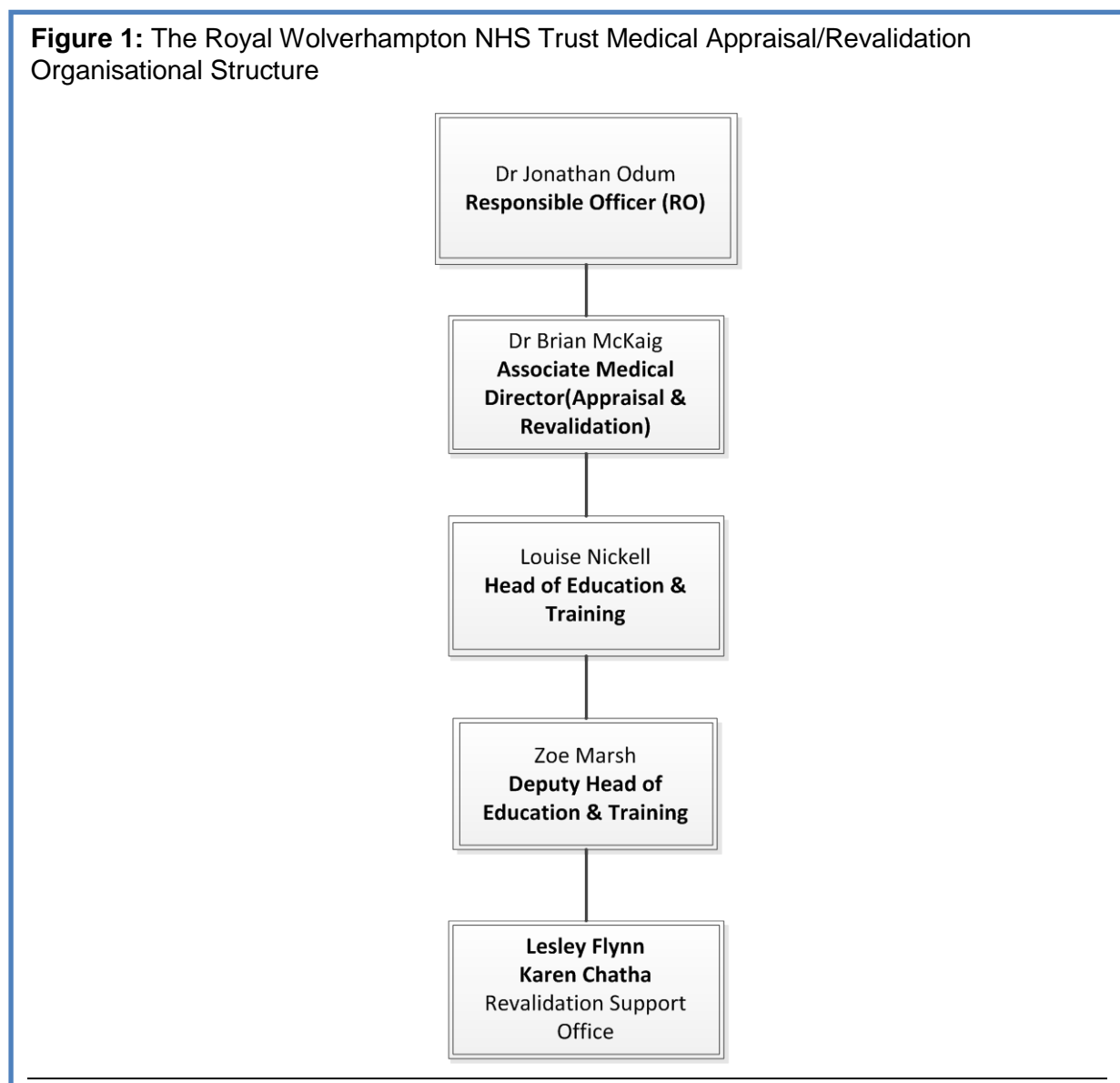
¹ The Medical Profession (Responsible Officers) Regulations, 2010 as amended in 2013' and 'The General Medical Council (Licence to Practise and Revalidation) Regulations Order of Council 2012'

- 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

a. Trust organisational structure

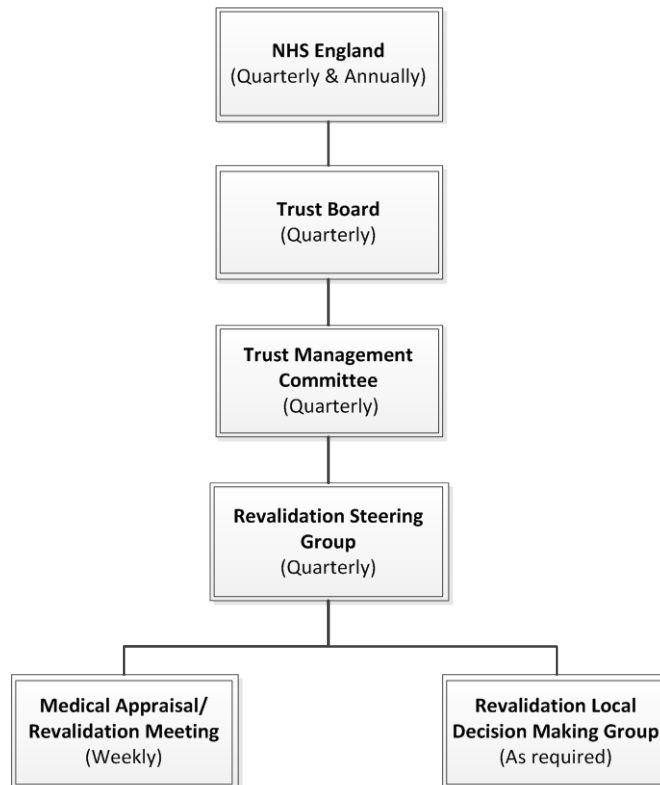
The Trust's organisational structure for medical appraisal and revalidation is shown in Figure 1.



b. Governance reporting structure

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

Figure 2: The Royal Wolverhampton NHS Trust Medical Appraisal/Revalidation Reporting Structure



c. Reporting

NHS England

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

Trust Board

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

Trust Management Committee

- Quarterly – Medical Appraisal/Revalidation update – assurance
- 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 2014/15 the Trust has held 2 local decision making groups, do discuss the apparent non-engagement of 2 doctors. 1 resulted in a disciplinary meeting and one was managed with a local action plan.

d. 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.

e. Policy and Guidance

Version 1 of the Trust's Medical Appraisal Policy was ratified by Trust Board September 2012 and was updated and ratified by TMC February 2014, the revised policy included further rigour around the process for the management of non-engagement with medical appraisal. The policy is next due for review February 2017, but will be updated before if appropriate.

4. Medical Appraisal

a. Appraisal and Revalidation Performance Data

Medical Appraisal Data as at 31 March 2015		
	Number of staff in post	Number of completed appraisals
Consultants	289	283
Staff Grade, Associate Specialist, Specialty Doctors	50	48
Temporary or short term contract holders	82	81
TOTAL	421	412

*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 (quarterly and 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 quarterly, and to the Trust Development Agency monthly.

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 90 approved medical appraisers. Each medical appraiser has undertaken NHS England approved training.

The Trust has 1 higher level medical appraiser, Dr Brian McKaig, trained by NHS England to deliver medical appraiser training to newly appointed appraisers.

An appraiser forum was established by Dr Brian McKaig in January 2014. 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 Medical Appraisal Lead, 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 2014/15 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. The Trust dataset for each supporting information type is shown in Appendix F.

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 2014/15 the Responsible Officer made 134 revalidation recommendations to the GMC

Recommendation Type	Total
Positive	127
Deferral	7
Non-engagement	0
TOTAL	134

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. Corrective Actions, Improvement Plan and Next Steps

Ref	Action	Lead	Timeframe
1.0	Implement an electronic medical appraisal system to all doctors across the Trust	Zoe Marsh	December 2015
1.1	Enhance the QA monitoring tools for medical appraisal	Dr B. McKaig	December 2015

8. 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 to consider any needs/resources.

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 H

Appendix A

Audit of all missed or incomplete appraisals audit

Doctor factors (total)	
Maternity leave during the majority of the 'appraisal due window'	5
Sickness absence during the majority of the 'appraisal due window'	1
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	
New starter more than 3 months from appraisal due date	
Postponed due to incomplete portfolio/insufficient supporting information	2
Appraisal outputs not signed off by doctor within 28 days	
Lack of time of doctor	
Lack of engagement of doctor	1
Other doctor factors – career break	
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 (describe)	

Appendix B

Quality assurance audit of appraisal inputs and outputs

During 2014/15 the sample of quality assured appraisals, was all appraisals for doctor

During 2014/15 the sampling criteria of appraisals to be quality assured, were all appraisals for doctors with a revalidation recommendation due that year. Thus the sample size equals the number of positive revalidation recommendations made during 14/15.

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	127	127
Scope of work: Has a full scope of practice been described?	127	127
Continuing Professional Development (CPD): Is CPD compliant with GMC requirements?	127	127
Quality improvement activity: Is quality improvement activity compliant with GMC requirements?	127	127
Patient feedback exercise: Has a patient feedback exercise been completed?	127	127
Colleague feedback exercise: Has a colleague feedback exercise been completed?	127	127
Review of complaints: Have all complaints been included?	127	127
Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included?	127	127
Is there sufficient supporting information from all the doctor's roles and places of work?	127	127
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)? 	127	127

<ul style="list-style-type: none"> • Have all types of supporting information been included? 		
Appraisal Outputs		
Appraisal Summary	127	127
Appraiser Statements	127	127
Personal Development Plan (PDP)	127	127

Audit of revalidation recommendations

Revalidation recommendations between 1 April 2014 to 31 March 2015	
Recommendations completed on time (within the GMC recommendation window)	134
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	134
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)]	0

Trust Medical appraisal supporting information dataset

Supporting Information Type	Evidence	Description of Evidence Required	Source
Continuing professional development (CPD)	Mandatory Training	<ul style="list-style-type: none"> Mandatory training statement from Education & Training 	Education & Training Dept.
	Clinical CPD/CME activities since last appraisal (include points awarded)	<ul style="list-style-type: none"> Certificate of achievement of CPD or own record of CPD achievements Describe any changes to CPD 	Individual
	Non-clinical professional development activity	<ul style="list-style-type: none"> Personal development activity information e.g. management training, teaching/assessment training (3 yearly PMETB requirement for educational Supervisors) 	Individual
Supporting Information Type	Evidence	Description of Evidence Required	Source
Quality improvement activity	Caseload info: Individual or team based; and if the latter, your contribution	<ul style="list-style-type: none"> Outpatients – New Outpatients - Review In-patients - elective In-patients - non-elective Surgical Procedural (and nature of procedures/surgery) <ul style="list-style-type: none"> Day-case (numbers and nature)	Information Dept.
	Clinical performance/Quality outcome measures	<ul style="list-style-type: none"> Outcome data comparative - Morbidity Outcome data comparative - Mortality Length of stay (Individual & 	Information Dept.

		specialty/department data) <ul style="list-style-type: none"> • Re-admission rate • List those procedures performed for which there is an annual minimum requirement. Indicate if minimum numbers not achieved for procedures listed 	
	Audit data (including methodology)	<ul style="list-style-type: none"> • Please detail audits carried out within last 12 months <ul style="list-style-type: none"> - individual and - departmental (mandatory and non-mandatory) (include comparison to national data) <ul style="list-style-type: none"> • Audit meeting minutes For each: <ul style="list-style-type: none"> • Has audit resulted in change in service/practice? • When is re-audit planned • Documentary evidence of audit 	Individual
	External reviews <ul style="list-style-type: none"> • Outcomes • Actions 	<ul style="list-style-type: none"> • Action plans from external reviews • Summary of external reviews 	Individual
	Use of relevant National/NICE/local clinical guidelines and outcomes of usage	<ul style="list-style-type: none"> • Evidence of Clinical guidelines/ NICE information reviewed at Governance meetings 	Individual
	Service improvement activities	<ul style="list-style-type: none"> • Records of involvement in service improvement initiatives 	Individual
	A summary of formal teaching/lecturing activities, supervision/mentoring duties	Teaching activities <ul style="list-style-type: none"> • Undergraduate • Postgraduate • Multidisciplinary 	Individual
	Recorded feedback from those taught	<ul style="list-style-type: none"> • Feedback/evaluation from students following learning activities 	Individual
Supporting Information Type	Evidence	Description of Evidence Required	Source
Significant events	Records of significant events	<ul style="list-style-type: none"> • Incident reports • Never events • RCA action plans and outcomes • Coroner's inquest • Medico legal cases • Serious untoward incidents 	Governance Dept. /Individual

Supporting Information Type	Evidence	Description of Evidence Required	Source
Feedback from colleagues	Description of the setting in which you work and the team structure within which you practice	<ul style="list-style-type: none"> Organisational/specialty structure 	Individual
	Appraisal activity For medical appraisers only	<ul style="list-style-type: none"> Appraiser feedback forms Random selection of completed paperwork Appraisal compliance 	Education & Training Dept.
	Describe any relationship or professional issues arising with your colleagues, or with the wider team structure		Individual
	Describe the findings in your MSF report - MSF required once each 5 years	<ul style="list-style-type: none"> MSF– e.g. 360 degree feedback 	Individual
Supporting Information Type	Evidence	Description of Evidence Required	Source
Feedback from patients (where applicable)	Examples of good practice or concern in your relationships with patients	<ul style="list-style-type: none"> Compliment letters/cards MSF from patients – e.g. 360 degree feedback 	Individual
	Describe the findings in your MSF report - MSF required once each 5 years	<ul style="list-style-type: none"> MSF from patients – e.g. 360 degree feedback 	Individual
	Validated patient surveys	<ul style="list-style-type: none"> Departmental patient surveys 	Public and Patient Involvement (PPI) Manager

Supporting Information Type	Evidence	Description of Evidence Required	Source
Review of complaints and compliments	Outcomes of investigated formal complaints (<12 months)	<ul style="list-style-type: none"> • Complaints <ul style="list-style-type: none"> - individual - departmental • Outcomes and action plans from complaints with evidence of change in practice (where relevant) 	Complaints Dept.
	Compliments from patients, peer reviews/surveys	<ul style="list-style-type: none"> • Royal Awards, citations etc 	Individual

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 judgements (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 practise;

Comments: Compliant

8. There is a process for obtaining and sharing information of note about any licensed medical practitioners' fitness to practise between this organisation's

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

responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work;

Comments: Compliant

9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced 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 2014-15**

Directorate	
Medical	Operations Patients and Information
Nursing	Policy Commissioning Development
Finance	Human Resources
Publications Gateway Reference: 02945	
Document Purpose	Questionnaire
Document Name	A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex C – Annual Organisational Audit
Author	NHS England, Medical Revalidation Programme
Publication Date	24 March 2015
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 Regional Directors and Directors of Commissioning Operations, 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)	A Framework of Quality Assurance for Responsible Officers and Revalidation, 4 April 2014
Action Required	Responsible Officers to submit an annual return to their higher level responsible officers in accordance with this guidance.
Timings / Deadline	From April 2015
Contact Details for further information	england.revalidation-pmo@nhs.net http://www.england.nhs.uk/revalidation/
Document Status	
<p>This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet. The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.</p>	

Annual Organisational Audit (AOA)

End of year questionnaire 2014-15

Version number: 2.1

First published: 4 April 2014

Updated: 24 March 2015

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

Classification: OFFICIAL

This questionnaire has been approved by the Review Return of Central Returns

Steering Committee (ROCR) Licence Number ROCR/OR/2127/005MAND

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1 Introduction

The Framework of Quality Assurance (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 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. 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.

The aims of the annual organisational audit exercise are to:

- gain an understanding of the progress that organisations have made during 2014/15;
- provide a tool that helps responsible officers assure themselves and their boards/management bodies that the systems underpinning the recommendations they make to the General Medical Council (GMC) on doctors' fitness to practise, the arrangements for medical appraisal and responding to concerns, are in place;
- provide a mechanism for assuring NHS England (as the Senior Responsible Owner for medical revalidation in England), the England Revalidation Implementation Board (ERIB) and the GMC that systems for evaluating doctors' fitness to practice are in place, functioning, effective and consistent.

This AOA exercise is divided into five sections:

Section 1: The Designated Body and the Responsible Officer

Section 2: Appraisal

Section 3: Monitoring Performance and Responding to Concerns

Section 4: Recruitment and Engagement

Section 5: Additional Comments

The questionnaire should be completed by the responsible officer on behalf of the designated body, though this duty may be appropriately delegated. The questionnaire should be completed **during April and May 2015** for the year ending 31 March 2015. The deadline for submission will be detailed in an email containing the link to the electronic version of the form, which will be sent after 30th March 2015.

Whilst NHS England is a single designated body, for the purpose of this audit, the national and regional offices of NHS England should answer as a 'designated body' in their own right. For the year 2014/15 the data will be collected by the former NHS England area team structure that was in existence for most of the period. Further guidance will be issued to regional teams in due course.

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' developmental needs.
- complete a statement of compliance and submit it to NHS England by the 30th September 2015.

The audit process will also enable designated bodies to provide assurance that they are fulfilling their statutory obligations and their systems are sufficiently effective to support the responsible officer's recommendations.

For further information, references and resources see pages 30-31 and www.england.nhs.uk/revalidation

2 Guidance for submission

Guidance for submission:

- Several questions require a 'Yes' or 'No' answer. In order to answer 'Yes', you must be able to answer 'Yes' to all of the statements listed under 'to answer 'Yes''

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	
	Address line 1 New Cross Hospital	
	Address line 2	
	Address line 3	
	Address line 4	
	City Wolverhampton	
	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 *****
	Clinical Appraisal Lead (if applicable): Title ***** GMC registered first name ***** GMC reference number ***** Email *****	GMC registered last name ***** Phone *****
	Chief executive (or equivalent): Title ***** First name ***** GMC reference number (if applicable) ***** Email *****	Last name ***** Phone *****

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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, NHS Trust Development Authority, NHS Blood and Transplant, etc)	<input type="checkbox"/>
		NHS England	NHS England (area team at the start of the reporting period)	<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"/>
			Other charity/voluntary sector organisation	<input type="checkbox"/>
Other non-NHS (please enter type)	<input type="checkbox"/>			

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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	<input type="checkbox"/>
		NHS England (National)	<input type="checkbox"/>
		Department of Health NHS	<input type="checkbox"/>
		Faculty of Medical Leadership and Management - for NHS England (national office) only	<input type="checkbox"/>
		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. There is evidence of formal nomination/appointment by board or executive of each organisation for which the responsible officer undertakes the role. 		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>1.5</p>	<p>Where a Conflict of Interest or Appearance of Bias has been identified and agreed with the higher level responsible officer; has an alternative responsible officer been appointed?</p> <p>(Please note that in The Medical Profession (Responsible Officers) Regulations 2010 (Her Majesty's Stationery Office, 2013), an alternative responsible officer is referred to as a second responsible officer)</p> <p>To answer 'Yes': The designated body has nominated an alternative responsible officer in all cases where there is a conflict of interest or appearance of bias between the responsible officer and a doctor with whom the designated body has a prescribed connection.</p> <p>To answer 'No': A potential conflict of interest or appearance of bias has been identified, but an alternative responsible officer has not been appointed.</p> <p>To answer 'N/a': No cases of conflict of interest or appearance of bias have been identified.</p> <p><u>Additional guidance</u></p> <p>Each designated body will have one responsible officer but the regulations allow for an alternative responsible officer to be nominated or appointed where a conflict of interest or appearance of bias exists between the responsible officer and a doctor with whom the designated body has a prescribed connection. This will cover the uncommon situations where close family or business relationships exist, or where there has been longstanding interpersonal animosity.</p> <p>In order to ensure consistent thresholds and a common approach to this, potential conflict of interest or appearance of bias should be agreed with the higher level responsible officer. An alternative responsible officer should then be nominated or appointed by the designated body and will require training and support in the same way as the first responsible officer. To ensure there is no conflict of interest or appearance of bias, the alternative responsible officer should be an external appointment and will usually be a current experienced responsible officer from the same region. Further guidance is available in <i>Responsible Officer Conflict of Interest or Appearance of Bias: Request to Appoint and Alternative Responsible Officer</i> (NHS Revalidation Support Team, 2014).</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> N/A</p>
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1.6	<p>In the opinion of the responsible officer, sufficient funds, capacity and other resources have been provided by the designated body to enable them to carry out the responsibilities of the role.</p> <p>Each designated body must provide the responsible officer with sufficient funding and other resources necessary to fulfil their statutory responsibilities. This may include sufficient time to perform the role, administrative and management support, information management and training. The responsible officer may wish to delegate some of the duties of the role to an associate or deputy responsible officer. It is important that those people acting on behalf of the responsible officer only act within the scope of their authority. Where some or all of the functions are commissioned externally, the designated body must be satisfied that all statutory responsibilities are fulfilled.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1.7	<p>The responsible officer is appropriately trained and remains up to date and fit to practise in the role of responsible officer.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • Appropriate recognised introductory training has been undertaken. • Appropriate ongoing training and development is undertaken in agreement with the responsible officer's appraiser. • The responsible officer has made themselves known to the higher level responsible officer. • The responsible officer is engaged in the regional responsible officer network. • The responsible officer is actively involved in peer review for the purposes of calibrating their decision-making processes and organisational systems. • The responsible officer includes relevant supporting information relating to their responsible officer role in their appraisal and revalidation portfolio including the results of the Annual Organisational Audit and the resulting action plan. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

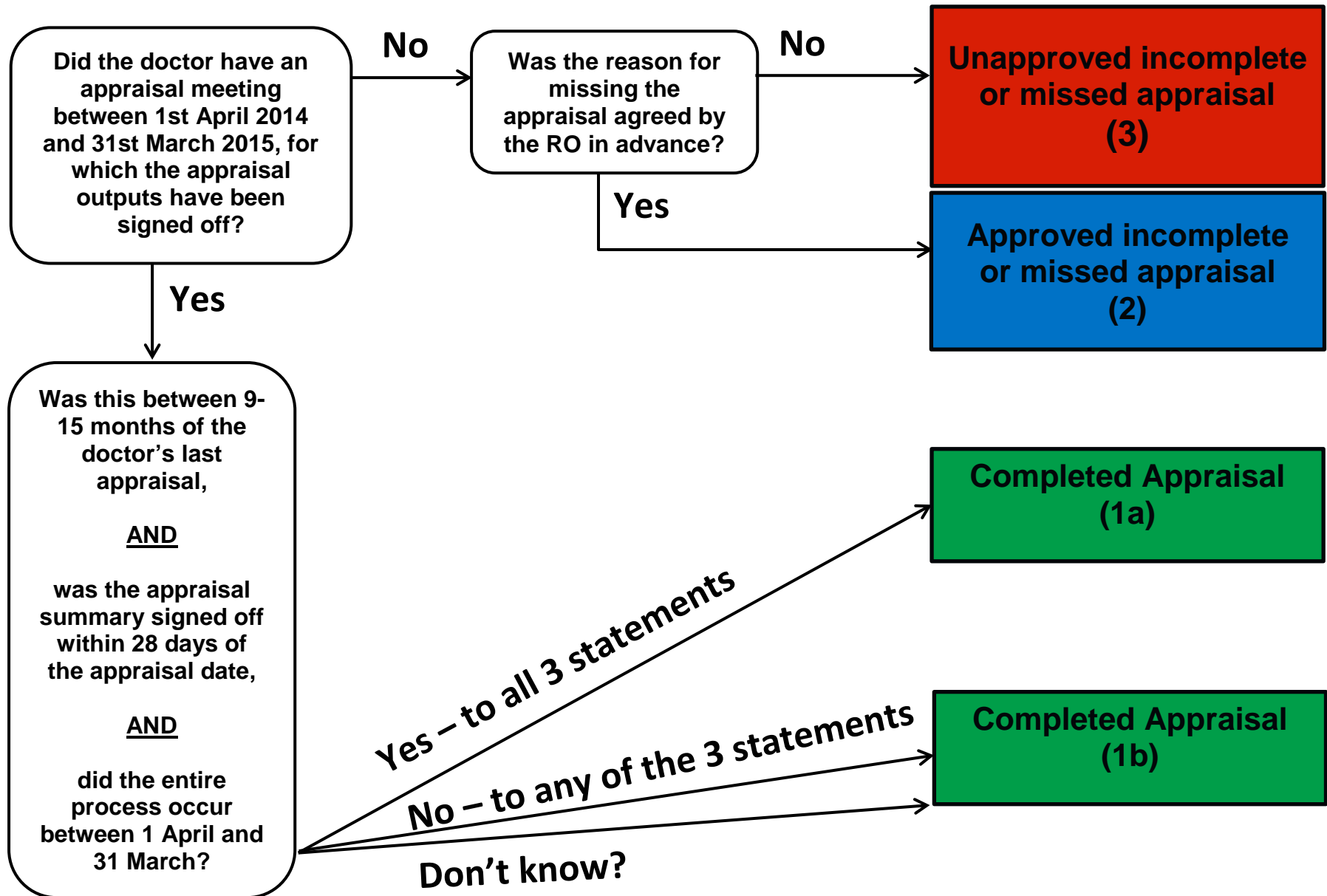
OFFICIAL

<p>1.8</p>	<p>The responsible officer ensures that accurate records are kept of all relevant information, actions and decisions relating to the responsible officer role.</p> <p>The responsible officer records should include appraisal records, fitness to practise evaluations, investigation and management of concerns, processes relating to 'new starters', etc.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1.9</p>	<p>The responsible officer ensures that the designated body's medical revalidation policies and procedures are in accordance with equality and diversity legislation.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> An evaluation of the fairness of the organisation's policies has been performed (for example, an equality impact assessment). 	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1.10</p>	<p>The responsible officer makes timely recommendations to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and the GMC Responsible Officer Protocol.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> The designated body's board report contains explanations for all missed and late recommendations, and reasons for deferral submissions. 	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1.11</p>	<p>The governance systems (including clinical governance where appropriate) are subject to external or independent review.</p> <p>Most designated bodies will be subject to external or independent review by a regulator. Designated bodies which are healthcare providers are subject to review by the national healthcare regulators (the Care Quality Commission or Monitor). Where designated bodies will not be regulated or overseen by an external regulator (for example locum agencies and organisations which are not healthcare providers), an alternative external or independent review process should be agreed with the higher level responsible officer.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

1.12	The designated body has commissioned or undertaken an independent review* of its processes relating to appraisal and revalidation. (*including peer review, internal audit or an externally commissioned assessment)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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4 Section 2 – Appraisal

Section 2		Appraisal					
2.1	IMPORTANT: Only doctors with whom the designated body has a prescribed connection at 31 March 2015 should be included. Where the answer is 'nil' please enter '0'. See guidance notes on pages 16-18 for assistance completing this table	Number of Prescribed Connections	1a Completed Appraisal (1a)	1b Completed Appraisal (1b)	2 Approved incomplete or missed appraisal (2)	3 Unapproved incomplete or missed appraisal (3)	Total
2.1.1	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).	289	280	3	6	0	289
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).	50	46	2	1	1	50
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).	82	79	2	1	0	82
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).	421	405	7	8	1	421



2.1

Column - Number of Prescribed Connections:**Number of doctors with whom the designated body has a prescribed connection as at 31 March 2015**

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.

Column - Measure 1a Completed medical appraisal:

A Category 1a completed annual medical appraisal is one where the appraisal meeting has taken place between 9 and 15 months of the date of the last appraisal, the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting, and the entire process occurred between 1 April and 31 March.

Column - Measure 1b Completed medical appraisal:

A Category 1b completed annual medical appraisal is one in which 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 appraisal and the doctor, but one or more of the following apply:

- a period of time of less than 9 months or greater than 15 months from the last appraisal has elapsed;
- the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor between 1 April and 28 April of the following appraisal year;
- the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor more than 28 days after the appraisal meeting.

However, in the judgement of the responsible officer the appraisal has been satisfactorily completed to the standard required to support an effective revalidation recommendation.

Where the organisational information systems of the designated body do not permit the parameters of a Category 1a completed annual medical appraisal to be confirmed with confidence, the appraisal should be counted as a Category 1b completed annual medical appraisal.

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 either a Category 1a or 1b 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 in order 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 either a Category 1a or 1b 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 1a+1b+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 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>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 2014/15 including the explanations and agreed postponements. • Recommendations and improvements from the audit are enacted. <p><u>Additional guidance:</u> 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> An <i>approved incomplete or missed annual medical appraisal</i> is one where the appraisal has not been completed according to the parameters of either a <i>Category 1a or 1b completed annual medical appraisal</i>, 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 in order for it to be counted as an <i>Approved incomplete or missed annual medical appraisal</i>.</p> <p><u>Measure 3: Unapproved incomplete or missed appraisal:</u> An <i>Unapproved incomplete or missed annual medical appraisal</i> is one where the appraisal has not been completed according to the parameters of either a <i>Category 1a or 1b completed annual medical appraisal</i>, 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 <i>Unapproved incomplete or missed annual medical appraisal</i>.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2.3	<p>There is a medical appraisal policy, with core content which is compliant with national guidance, that has been ratified by the designated body's board (or an equivalent governance or executive group)</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • The policy is compliant with national guidance, such as <i>Good Medical Practice Framework for Appraisal and Revalidation</i> (GMC, 2013), <i>Supporting Information for Appraisal and Revalidation</i> (GMC, 2012), <i>Medical Appraisal Guide</i> (NHS Revalidation Support Team, 2014), <i>The Role of the Responsible Officer: Closing the Gap in Medical Regulation, Responsible Officer Guidance</i> (Department of Health, 2010), <i>Quality Assurance of Medical Appraisers</i> (NHS Revalidation Support Team, 2014). • The policy has been ratified by the designated body's board or an equivalent governance or executive group. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.4	<p>There is a mechanism for quality assuring an appropriate sample of the inputs and outputs of the medical appraisal process to ensure that they comply with GMC requirements and other national guidance, and the outcomes are recorded in the annual report template.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • The appraisal inputs comply with the requirements in <i>Supporting Information for Appraisal and Revalidation</i> (GMC, 2012) and <i>Good Medical Practice Framework for Appraisal and Revalidation</i> (GMC, 2013), which are: <ul style="list-style-type: none"> ○ Personal information. ○ Scope and nature of work. ○ Supporting information: <ol style="list-style-type: none"> 1. Continuing professional development, 2. Quality improvement activity, 3. Significant events, 4. Feedback from colleagues, 5. Feedback from patients, 6. Review of complaints and compliments. ○ Review of last year's PDP. ○ Achievements, challenges and aspirations. • The appraisal outputs comply with the requirements in the <i>Medical Appraisal Guide</i> (NHS Revalidation Support Team, 2014) which are: <ul style="list-style-type: none"> ○ Summary of appraisal, ○ Appraiser's statement, ○ Post-appraisal sign-off by doctor and appraiser. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	<p><u>Additional guidance:</u> Quality assurance is an integral part of the role of the responsible officer. The standards for the inputs and outputs of appraisal are detailed in <i>Supporting Information for Appraisal and Revalidation</i> (GMC, 2012), <i>Good Medical Practice Framework for Appraisal and Revalidation</i> (GMC, 2013) and the <i>Medical Appraisal Guide</i> (NHS Revalidation Support Team, 2014) and the responsible officer must be assured that these standards are being met consistently. The methodology for quality assurance should be outlined in the designated body's appraisal policy and include a sampling process. Quality assurance activities can be undertaken by those acting on behalf of the responsible officer with appropriate delegated authority.</p>	
2.5	<p>There is a process in place for the responsible officer to ensure that key items of information (such as specific complaints, significant events and outlying clinical outcomes) are included in the appraisal portfolio and discussed at the appraisal meeting, so that development needs are identified.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • There is a written description within the appraisal policy of the process for ensuring that key items of supporting information are included in the doctor's portfolio and discussed at appraisal. • There is a process in place to ensure that where a request has been made by the responsible officer to include a key item of supporting information in the appraisal portfolio, the appraisal portfolio and summary are checked after completion to ensure this has happened. <p><u>Additional guidance:</u></p> <p>It is important that issues and concerns about performance or conduct are addressed at the time they arise. The appraisal meeting is not usually the most appropriate setting for dealing with concerns and in most cases these are dealt with outside the appraisal process in a clinical governance setting. Learning by individuals from such events is an important part of resolving concerns and the appraisal meeting is usually the most appropriate setting to ensure this is planned and prioritised.</p> <p>In a small proportion of cases, the responsible officer may therefore wish to ensure certain key items of supporting information are included in the doctor's portfolio and discussed at appraisal so that development needs are identified and addressed. In these circumstances the responsible officer may require the doctor to include certain key items of supporting information in the portfolio for discussion at appraisal and may need to check in the appraisal summary that the discussion has taken place. The method of sharing key items of supporting information should be described in the appraisal policy. It is important that information is shared in compliance with principles of information governance and security. For further detail, see <i>Information Management for Medical Appraisal and Revalidation in England</i> (NHS Revalidation Support Team, 2013).</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2.6	<p>The responsible officer ensures that the designated body has access to sufficient numbers of trained appraisers to carry out annual medical appraisals for all doctors with whom it has a prescribed connection</p> <p>To answer 'Yes':</p> <p>The responsible officer ensures that:</p> <ul style="list-style-type: none"> • Medical appraisers are recruited and selected in accordance with national guidance. • In the opinion of the responsible officer, the number of appropriately trained medical appraisers to doctors being appraised is between 1:5 and 1:20. • In the opinion of the responsible officer, the number of trained appraisers is sufficient for the needs of the designated body. <p><u>Additional guidance:</u></p> <p>It is important that the designated body's appraiser workforce is sufficient to provide the number of appraisals needed each year. This assessment may depend on total number of doctors who have a prescribed connection, geographical spread, speciality spread, conflicts of interest and other factors. Depending on the needs of the designated body, doctors from a variety of backgrounds should be considered for the role of appraiser. This includes locums and salaried general practitioners in primary care settings and staff and associate specialist doctors in secondary care settings. An appropriate specialty mix is important though it is not possible for every doctor to have an appraiser from the same specialty.</p> <p>Appraisers should participate in an initial training programme before starting to perform appraisals. The training for medical appraisers should include:</p> <ul style="list-style-type: none"> • Core appraisal skills and skills required to promote quality improvement and the professional development of the doctor • Skills relating to medical appraisal for revalidation and a clear understanding of how to apply professional judgement in appraisal • Skills that enable the doctor to be an effective appraiser in the setting within which they work, including both local context and any specialty specific elements. <p>Further guidance on the recruitment and training of medical appraisers is available; see <i>Quality Assurance of Medical Appraisers</i> (NHS Revalidation Support Team, 2014).</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2.7	<p>Medical appraisers are supported in their role to calibrate and quality assure their appraisal practice.</p> <p>To answer 'Yes':</p> <p>The responsible officer ensures that:</p> <ul style="list-style-type: none">• Medical appraisers have completed a suitable training programme, with core content compliant with national guidance (Quality Assurance of Medical Appraisers), including equality and diversity and information governance, before starting to perform appraisals.• All appraisers have access to medical leadership and support.• There is a system in place to obtain feedback on the appraisal process from doctors being appraised.• Medical appraisers participate in ongoing performance review and training/development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers). <p><u>Additional guidance:</u></p> <p>Further guidance on the support for medical appraisers is available in <i>Quality Assurance of Medical Appraisers</i> (NHS Revalidation Support Team, 2014).</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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5 Section 3 – Monitoring Performance and Responding to Concerns

Section 3	Monitoring Performance and Responding to Concerns	
3.1	<p>There is a system for monitoring the fitness to practise of doctors with whom the designated body has a prescribed connection.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • Relevant information (including clinical outcomes, reports of external reviews of service for example Royal College reviews, governance reviews, Care Quality Commission reports, etc.) is collected to monitor the doctor's fitness to practise and is shared with the doctor for their portfolio. • Relevant information is shared with other organisations in which a doctor works, where necessary. • There is a system for linking complaints, significant events/clinical incidents/SUIs to individual doctors. • Where a doctor is subject to conditions imposed by, or undertakings agreed with the GMC, the responsible officer monitors compliance with those conditions or undertakings. • The responsible officer identifies any issues arising from this information, such as variations in individual performance, and ensures that the designated body takes steps to address such issues. • The quality of the data used to monitor individuals and teams is reviewed. • Advice is taken from GMC employer liaison advisers, National Clinical Assessment Service, local expert resources, specialty and Royal College advisers where appropriate. <p><u>Additional guidance:</u></p> <p>Where detailed information can be collected which relates to the practice of an individual doctor, it is important to include it in the annual appraisal process. In many situations, due to the nature of the doctor's work, the collection of detailed information which relates directly to the practice of an individual doctor may not be possible. In these situations, team-based or service-level information should be monitored. The types of information available will be dependent on the setting and the role of the doctor and will include clinical outcome data, audit, complaints, significant events and patient safety issues. An explanation should be sought where an indication of outlying</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	<p>quality or practice is discovered. The information/data used for this purpose should be kept under review so that the most appropriate information is collected and the quality of the data (for example, coding accuracy) is improved.</p> <p>In primary care settings this type of information is not always routinely collected from general practitioners or practices and new arrangements may need to be put in place to ensure the responsible officer receives relevant fitness to practise information. In order to monitor the conduct and fitness to practise of trainees, arrangements will need to be agreed between the local education and training board and the trainee’s clinical attachments to ensure relevant information is available in both settings.</p>	
<p>3.2</p>	<p>The responsible officer ensures that a responding to concerns policy is in place (which includes arrangements for investigation and intervention for capability, conduct, health, and fitness to practise concerns) which is ratified by the designated body’s board (or an equivalent governance or executive group).</p> <p>To answer ‘Yes’:</p> <ul style="list-style-type: none"> • A policy for responding to concerns, which complies with the responsible officer regulations, has been ratified by the designated body's board (or an equivalent governance or executive group). <p><u>Additional guidance:</u></p> <p>It is the responsibility of the responsible officer to respond appropriately when unacceptable variation in individual practice is identified or when concerns exist about the fitness to practise of doctors with whom the designated body has a prescribed connection. The designated body should establish a procedure for initiating and managing investigations.</p> <p>National guidance is available in the following key documents:</p> <ul style="list-style-type: none"> • <i>Supporting Doctors to Provide Safer Healthcare: Responding to Concerns about a Doctor’s Practice</i> (NHS Revalidation Support Team, 2013). • <i>Maintaining High Professional Standards in the Modern NHS</i> (Department of Health, 2003). • The National Health Service (Performers Lists) (England) Regulations 2013. • <i>How to Conduct a Local Performance Investigation</i> (National Clinical Assessment Service, 2010). <p>The responsible officer regulations outline the following responsibilities:</p> <ul style="list-style-type: none"> • Ensuring that there are formal procedures in place for colleagues to raise concerns. • Ensuring there is a process established for initiating and managing investigations of capability, conduct, 	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

	<p>health and fitness to practise concerns which complies with national guidance, such as <i>How to conduct a local performance investigation</i> (National Clinical Assessment Service, 2010).</p> <ul style="list-style-type: none"> • Ensuring investigators are appropriately qualified. • Ensuring that there is an agreed mechanism for assessing the level of concern that takes into account the risk to patients. • Ensuring all relevant information is taken into account and that factors relating to capability, conduct, health and fitness to practise are considered. • Ensuring that there is a mechanism to seek advice from expert resources, including: GMC employer liaison advisers, the National Clinical Assessment Service, specialty and royal college advisers, regional networks, legal advisers, human resources staff and occupational health. • Taking any steps necessary to protect patients. • Where appropriate, referring a doctor to the GMC. • Where necessary, making a recommendation to the designated body that the doctor should be suspended or have conditions or restrictions placed on their practice. • Sharing relevant information relating to a doctor's fitness to practise with other parties, in particular the new responsible officer should the doctor change their prescribed connection. • Ensuring that a doctor who is subject to these procedures is kept informed about progress and that the doctor's comments are taken into account where appropriate. • Appropriate records are maintained by the responsible officer of all fitness to practise information • Ensuring that appropriate measures are taken to address concerns, including but not limited to: <ul style="list-style-type: none"> • Requiring the doctor to undergo training or retraining, • Offering rehabilitation services, • Providing opportunities to increase the doctor's work experience, • Addressing any systemic issues within the designated body which may contribute to the concerns identified. • Ensuring that any necessary further monitoring of the doctor's conduct, performance or fitness to practise is carried out. 	
<p>3.3</p>	<p>The board (or an equivalent governance or executive group) receives an annual report detailing the number and type of concerns and their outcome.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

3.4	<p>The designated body has arrangements in place to access sufficient trained case investigators and case managers.</p> <p>To answer 'Yes':</p> <p>The responsible officer ensures that:</p> <ul style="list-style-type: none">• Case investigators and case managers are recruited and selected in accordance with national guidance <i>Supporting Doctors to Provide Safer Healthcare, Responding to concerns about a Doctor's Practice</i> (NHS Revalidation Support Team, 2013).• Case investigators and case managers have completed a suitable training programme, with essential core content (see guidance documents above).• Personnel involved in responding to concerns have sufficient time to undertake their responsibilities• Individuals (such as case investigators, case managers) and teams involved in responding to concerns participate in ongoing performance review and training/development activities, to include peer review and calibration (see guidance documents above). <p><u>Additional guidance</u></p> <p>The standards for training for case investigators and case managers are contained in <i>Guidance for Recruiting for the Delivery of Case Investigator Training</i> (NHS Revalidation Support Team, 2014) and <i>Guidance for Recruiting for the Delivery of Case Manager Training</i> (NHS Revalidation Support Team, 2014). Case investigators or case managers may be within the designated body or commissioned externally.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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6 Section 4 – Recruitment and Engagement

Section 4	Recruitment and Engagement	
4.1	<p>There is a process in place for obtaining relevant information when the designated body enters into a contract of employment or for the provision of services with doctors (including locums).</p> <p>In situations where the doctor has moved to a new designated body without a contract of employment, or for the provision of services (for example, through membership of a faculty) the information needs to be available to the new responsible officer as soon as possible after the prescribed connection commences. This will usually involve a formal request for information from the previous responsible officer.</p> <p><u>Additional guidance</u></p> <p>The regulations give explicit responsibilities to the responsible officer when a designated body enters into a contract of employment or for the provision of services with a doctor. These responsibilities are to ensure the doctor is sufficiently qualified and experienced to carry out the role. All new doctors are covered under this duty even if the doctor’s prescribed connection remains with another designated body. This applies to locum agency contracts and also to the granting of practising privileges by independent health providers.</p> <p>The prospective responsible officer must:</p> <ul style="list-style-type: none"> • Ensure doctors have qualifications and experience appropriate to the work to be performed, • Ensure that appropriate references are obtained and checked, • Take any steps necessary to verify the identity of doctors, • Ensure that doctors have sufficient knowledge of the English language for the work to be performed, and • For NHS England regional teams, manage admission to the medical performers list in accordance with the regulations. <p>It is also important that the following information is available:</p> <ul style="list-style-type: none"> • GMC information: fitness to practise investigations, conditions or restrictions, revalidation due date, • Disclosure and Barring Service check (although delays may prevent these being available to the responsible officer before the starting date in every case), and 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	<ul style="list-style-type: none"> • Gender and ethnicity data (to monitor fairness and equality; providing this information is not mandatory). It may be helpful to obtain a structured reference from the current responsible officer which complies with GMC guidance on writing references and includes relevant factual information relating to: <ul style="list-style-type: none"> • The doctor’s competence, performance or conduct, • Appraisal dates in the current revalidation cycle, and, • Local fitness to practise investigations, local conditions or restrictions on the doctor’s practice, unresolved fitness to practise concerns. <p>See <i>Good Medical Practice: Supplementary Guidance: Writing References</i> (GMC, 2007) and paragraph 19 of <i>Good Medical Practice</i> (GMC, 2013) for further details.</p>	
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7 Section 5 – Comments

Section 5	Comments	
5.1		

8 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. *Maintaining High Professional Standards in the Modern NHS* (Department of Health, 2003)
5. The National Health Service (Performers Lists) (England) Regulations 2013
6. *The Role of the Responsible Officer: Closing the Gap in Medical Regulation, Responsible Officer Guidance* (Department of Health, 2010)
7. *Appraisal Guidance for Consultants* (Department of Health, 2001)
8. *Appraisal Guidance for General Practitioners* (Department of Health, 2004)
9. *Revalidation: A Statement of Intent* (GMC and others, 2010)
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