

Trust Board Report

Meeting Date:	18 th April 2011
Title:	Medical Revalidation update
Executive Summary:	<p>The report covers the following areas:</p> <ul style="list-style-type: none"> • Background • Pilot sites • RWHT progress • 360 <i>Clinical</i> system security and probity • Financial implications • Key actions required
Action Requested:	<p>That the Board:</p> <ul style="list-style-type: none"> • Notes the content of the update report around Medical revalidation • Approves the appointment of the Medical Director as the Responsible Officer, • Approves the key actions required to support revalidation at RWHT.
Report of:	Medical Director
Author: Contact Details:	<p>Louise Nickell Tel: 01902 695320 Email: louise.nickell@nhs.net</p>
Resource Implications:	To be worked through following results of pilot sites feedback
Public or Private: (with reasons if private)	Public
References: (eg from/to other committees)	TMT report – 1 st April 2011
Appendices/ References/ Background Reading	<p>(1) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4137232 http://www.gmc-uk.org/doctors/licensing.asp http://www.revalidationsupport.nhs.uk/ http://www.bma.org.uk/employmentandcontracts/doctors_performace/professional_regulation/ Appendix 1 - Modified Appraisal paperwork Appendix 2 - GMC's Good Medical Practice domains/standards and evidence sources Appendix 3 - Suggested list of Appraisal evidence/information</p>

	Appendix 4 – 360 Clinical system security and probity Appendix 5 – Junior doctors validation
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

Background Details

1	<p>Background:</p> <p>The Chief Medical Officer's report, '<i>Good doctors, safer patients</i>' (1) advises Ministers on measures to strengthen the arrangements in place for the protection of patients.</p> <p>The report contains 44 detailed recommendations. Proposed changes include devolving some of the powers of the GMC to a local level, changing its structure and function, and creating a new framework for revalidation</p> <p>The introduction of medical revalidation across the UK has now entered its implementation phase. The GMC and all four health departments are committed to introducing revalidation late 2012, subject to a readiness test in the summer of 2012. A timetable for employers and doctors is awaited currently although it is expected to start late 2012.</p> <p>The expectation is that organisations should be ready to commence revalidation during 2012/13.</p> <ul style="list-style-type: none"> • 'Relicensing' – Doctors who treat patients must be licensed. Licenses will require periodic renewal, by revalidation. • 'Recertification' is the process by which doctors on the specialist register to confirm they meet the standards appropriate for their speciality. This process must run alongside revalidation. The GMC and Royal Colleges are working in partnership to progress this. <p>On 23rd November the House of Lords approved the regulations that will bring Responsible Officers into force in England, Wales and Scotland from 1st January. The Responsible Officer is required to ensure their organisation conducts regular appraisals of doctors and investigates identified concerns around their practice. They will provide revalidation recommendations for doctors to the GMC.</p> <p>Revalidation is about organisational excellence and quality, providing the best possible care for patients by focussing on professional development of doctors. Revalidation should be seen as a catalyst for improving systems of clinical governance and the quality of patient care.</p> <p>The components to support the appraisal meeting includes:</p> <ul style="list-style-type: none"> • Completed appraisal documentation • Information (evidence) against the Good Medical Practice (GMP) domains • Multi Source Feedback (MSF) report
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2	<p>Pilot sites:</p> <p>The Ten pathfinder pilot sites will continue to examine the issues around revalidation during 2011 as the secretary of state committed to an additional 12 months of testing during 2010 and beyond.</p>
3	<p>RWHT progress:</p> <p>A working group was established in 2010 to determine the organisation's progress in its preparation towards revalidation based on a self assessment document from the DoH - 'Assuring the Quality of Medical Appraisal for Revalidation (AQMAR)'.</p> <p>The Medical Director was Chair, and the group consisted of the two Divisional Medical Directors, the Director of Human Resources, Mr Andy Garnham and Louise Nickell. The self assessment document had previously been completed and returned to the DoH and was used to determine the necessary next steps that could progress RWHT in terms of readiness for revalidation.</p> <p>Following discussion and feedback from participants in the 360 pilot at RWHT, it was agreed that the 360 degree pilot within RWHT in two directorates had progressed well and this would be rolled out further to all Directorates over the following 1-2 years. The company used to pilot the 360s (<i>360 Clinical</i>) had been responsive to early issues and had resolved them speedily and they had an extensive track record across a number of organisations.</p> <p>However, as the pilot testing in the ten pathfinder sites was still underway, the group felt that anything further at this stage would not be required, and the pilot sites feedback would be sought before other large pieces of work were initiated. It was agreed that some modification to the appraisal paperwork could be made to include Good Medical Practice domains and this could be trialled by a small number of willing participants - in order to assess how easily the information could be collected in practice. The two work areas agreed were progressed as below</p> <p>1. Appraisal documentation</p> <p>The NHS Consultant appraisal paperwork has been adapted locally to include sections prompting the evidence requirements to support revalidation (Appendix 1). Some further changes are now required as the previous nine domains of GMP have been assimilated into four (Appendix 2). These GMP domains are:</p> <ul style="list-style-type: none"> • Knowledge, Skills and Performance • Safety and Quality • Communication, Partnership and Teamwork • Maintaining Trust <p>The suggested RWHT information/evidence is listed in Appendix 3, however further work is required to map this evidence against the revalidation requirements.</p> <p>2. 360 at RWHT:</p> <p>Following a successful pilot across two Directorates (Cardiology and Paediatrics) during 2009, 360s have been rolled out to all Directorates during 2010/11 using a questionnaire from <i>360 Clinical</i> - which is compliant with the current requirements from the GMC for a 360 tool.</p> <p>To date of the 250 Consultants and Non-Training Grades in the Trust 132 have completed and a further 65 have initiated their 360, all others are scheduled to</p>

	<p>initiate theirs in the next 2 months.</p> <p>The 360 reports have been used during appraisals and feedback has been positive, both from the appraiser and appraisee.</p> <p>It is clear however, than any suggestions of concerns raised through a 360 need to be worked through with clear guidance for the appraisers - to be developed.</p> <p>Key actions recommended for Trusts from NHS Employers which have already been completed include:</p> <ul style="list-style-type: none"> • Assessment of capacity of appraisers - in terms of numbers and training • Ensure doctors participate in an annual appraisal
<p>4</p>	<p>360 Clinical system security and probity:</p> <p>Details around 360 Clinical system security and probity is contained in Appendix 4</p>
<p>5</p>	<p>Financial implications:</p> <p>Current budget for revalidation is £50K:</p> <ul style="list-style-type: none"> • Pay = £27K • Non Pay = £23K <p>This has been used to fund 1x Band 6 and undertake the 360s.</p> <p>Additional funding likely to be requested:</p> <p>An assessment of future funding requirements is required but is likely to include:</p> <ul style="list-style-type: none"> • Pay = £27K (1 x band 6 post) <p>(as likely requirements of the administration beyond management of the 360 process will extend to management of an electronic system for revalidation (possibly with a job planning module), organising appraisee and appraiser training, information gathering and timely uploading onto system in preparation for all doctors appraisals from various sources [DATIX, Audit, R&D, Training database, Complaints, Directorate information pack, Dr Foster etc],</p> <ul style="list-style-type: none"> • Non pay = £75K <p>(Non pay required for RO training, Appraiser Training, Appraisee training, Revalidation management system and licence) - based on 300 doctors requiring annual appraisal and a 5 yearly 360.</p> <p>Therefore, in summary, the future financial requirements to support Revalidation will be an additional £79K</p> <p><i>(£27K = pay and an additional £52K non pay [the difference between current non pay and future requirements non pay]).</i></p> <p>More accurate assessment of the financial requirements will be undertaken following the outcome of the Pathfinder pilot sites.</p>
<p>6</p>	<p>Key actions required:</p> <ul style="list-style-type: none"> • Appointment of the Responsible Officer - who will oversee revalidation through his/her office with support from HR and dedicated administration within Education and Training • Responsible Officer along with designated team to compile the

	<p>response to the comprehensive Organisational Readiness Self Assessment (ORSA) Tool during April/May 2011. This will be used to:</p> <ul style="list-style-type: none"> ○ Assess readiness and prioritisation of organisation development needs ○ Repeat assessment in 2012 informs the Secretary of State's decision regarding commencement of revalidation <ul style="list-style-type: none"> ● Ensure the Trust Board is made aware that the organisation will need to be ready for revalidation in 2012 ● Assessment of future financial implications of Revalidation ● Implement annual Board reporting ● Training for the Responsible Officer ● Initiate appraiser training to Clinical Directors (in line with recommendations arising from Pathfinder pilots) ● Implement a system for appraiser assessment and feedback (template provided in ORSA documentation) ● Further roll out of appraisal training (mainly for appraisees) ● Review and update governance protocols - including the process of sign off of an appraisee by an appraiser, and the sign off of the appraisee by the responsible officer to the GMC ● Put systems in place for sharing appraisal information across organisations ● Review ways of storing and accessing appraisal information electronically ● Agree information doctors should bring to appraisals and how the organisation intends addressing any performance concerns ● Evaluate information systems for information about practice to bring to appraisals ● Ensure key staff, e.g. Governance and Audit are aware of revalidation and understand their role ● Ensure that revalidation processes exist and are complied with for the following groups/individuals (Appendix 5): The Responsible Officer, Foundation Year doctors, Core trainees, SIFT appointed doctors, Non Training Grade doctors etc. <p><i>The GMC is working with revalidation partners to define criteria and key indicators to evaluate organisational readiness for revalidation.</i></p>
<p>7</p>	<p>Recommendations:</p> <p>The Medical Director asks that The Board:</p> <ul style="list-style-type: none"> ○ Accepts the paper outlining Medical Revalidation update ○ Approves the appointment of the Medical Director as the Responsible Officer ○ Approves the key actions to be progressed by the Responsible Officer outlined in this paper in section 6.

Trust Board Report

Meeting Date:

18th April 2011

Title:

Medical Revalidation update- Appendix 1
Modified Appraisal Paperwork

Royal Wolverhampton Hospitals NHS Trust

Consultant Appraisal - Forms 1-5 (*DRAFT*)

Consultant Appraisal - Form 1

Personal Details

Name

Registered address (and contact address if different)

Main employer

Other employers/places of work

Date and Place of primary medical or dental qualification

GMC/GDC Registration

Type of registration currently held

Registration number

Date of first full registration.

Has your registration been called into question since your last appraisal?

If this is the first appraisal, is your registration currently in question?

DRAFT

Speciality

Date of UK specialist registration, (if after 1997)

Date and country of any specialist registration/qualification outside the UK.

Date of first appointment as a substantive consultant in the NHS

Date of appointment to post currently held, if different

Title of post currently held.

List all the posts in which you have been employed (including honorary and part-time posts) in the NHS and elsewhere in the past five years

DRAFT

Royal Wolverhampton Hospitals NHS Trust

Consultant Appraisal - Form 2 (DRAFT)

Current Medical Activities

- a) Include a copy of your current Job Plan within your folder (*section 18 in your folder*)
- b) Please detail issues which have impacted on service delivery or outcomes (e.g. business cases for service developments and outcomes of cases)
- c) List any work done for regional, national or international organisations
- d) Describe any other significant professional activities.
- e) Include a copy of last year's objectives/PDP in your folder (*section 18 in your folder*)

Royal Wolverhampton Hospitals NHS Trust

Consultant Appraisal – Forms 3 and 4 (combined) (DRAFT)

- Appraisal Folder documentation/ Evidence list (=Form 3)
- Actions required (=Form 4):

The reference section within your folder is for the evidence sources you include

The information in italics suggest where you may find the evidence

Where Reflective Practice evidence is used, this can be a written account of your reflection following any of the following situations; a conflict situation, a clinical outcome (good or bad), a complaint, a discussion.

A suggested template is located on the KITE site http://intranet/kite/01kite/appraisal_page.htm

GMP domain	Evidence/data	Possible RWHT evidence sources to include in your folder	Reference section in folder (3)
Good Medical Care	Caseload info (annual) Individual or team based; and if the latter, your contribution	<i>(Information Dept/own data source)</i> <ul style="list-style-type: none"> o Outpatients – New Outpatients - Review o In-patients - elective o In-patients - non-elective o Surgical o Procedural (and nature of procedures/surgery) o Day-case (numbers and nature) 	1
	Agreed actions/ summary <i>(to be completed during the appraisal)</i>		
	Clinical performance	<i>(Dr Foster/Information Dept)</i> <ul style="list-style-type: none"> o Outcome data comparative - Morbidity o Outcome data comparative - Mortality o Length of stay (Individual & specialty/department data) o Re-admission rate o List those procedures performed for which there is an annual minimum requirement. Indicate if minimum numbers not achieved for procedures listed 	2
	Agreed actions/ summary <i>(to be completed during the appraisal)</i>		

GMP domain	Evidence/data	Possible RWHT evidence sources to include in your folder	Reference section in folder (3)
	Audit data (including methodology)	<p><i>(Audit dept data)</i></p> <ul style="list-style-type: none"> ○ Please detail audits carried out within last 12 months -individual and department (mandatory and non mandatory) <p>(include comparison to national data) For each:</p> <ul style="list-style-type: none"> ○ Has audit resulted in change in service/practice? ○ When is re-audit planned for? <p><i>(documentary evidence)</i></p>	3
	<p>Agreed actions/ summary <i>(to be completed during the appraisal)</i></p>		
	Completion of mandatory training	<p><i>(See checklist on KITE)</i> http://intranet/kite/03train/02mandatory/downloads/Mand%20Training%20freq%20consultants-Feb%202010.pdf</p> <ul style="list-style-type: none"> ○ Training database evidence 	4
	<p>Agreed actions/ summary <i>(to be completed during the appraisal)</i></p>		
	Outcomes of investigated formal complaints (<12 months)	<p><i>(Complaints manager/Directorate Manager)</i></p> <ul style="list-style-type: none"> ○ Complaints data (individual and department) 	5
	<p>Agreed actions/ summary <i>(to be completed during the appraisal)</i></p>		
	Outcomes of complaints changing practice	<ul style="list-style-type: none"> ○ Action plans from complaints data, with evidence of change in practice 	5
	<p>Agreed actions/ summary <i>(to be completed during the appraisal)</i></p>		
	Outcomes of external reviews	<ul style="list-style-type: none"> ○ Action plans from external reviews 	6
	<p>Agreed actions/ summary <i>(to be completed during the appraisal)</i></p>		

GMP domain	Evidence/data	Possible RWHT evidence sources to include in your folder	Reference section in folder (3)
	Description of any issues relating to compliance arising from adherence to Governance policies (individual and department)	<ul style="list-style-type: none"> ○ Root cause analysis information ○ Mandatory training for juniors 	6
	Agreed actions/ summary <i>(to be completed during the appraisal)</i>		
	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 	6
	Agreed actions/ summary <i>(to be completed during the appraisal)</i>		
	Records of relevant critical incident reports	<ul style="list-style-type: none"> ○ Incident reports ○ Root cause analysis information 	7
	Agreed actions/ summary <i>(to be completed during the appraisal)</i>		
	Service improvement activities	<ul style="list-style-type: none"> ○ Records of involvement in service improvement initiatives 	8
	Agreed actions/ summary <i>(to be completed during the appraisal)</i>		
Maintaining Good Medical Practice	Clinical CPD/CME activities since last appraisal (include points awarded)	<i>(Royal College / + Training database)</i> <ul style="list-style-type: none"> ○ Certificate of achievement of CPD ○ Describe any changes to CPD 	9
	Agreed actions/ summary <i>(to be completed during the appraisal)</i>		
	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) 	9
	Agreed actions/ summary <i>(to be completed during the appraisal)</i>		

GMP domain	Evidence/data	Possible RWHT evidence sources to include in your folder	Reference section in folder (3)
Working relationships with colleagues	Description of the setting in which you work and the team structure within which you practice	<i>(Directorate Manager)</i> <ul style="list-style-type: none"> ○ Organisational/specialty structure 	10
	Agreed actions/ summary <i>(to be completed during the appraisal)</i>		
	Describe any relationship or professional issues arising with your colleagues, or with the wider team structure	<ul style="list-style-type: none"> ○ Multi-source feedback information (MSF) - e.g. 360 degree feedback 	11
	Agreed actions/ summary <i>(to be completed during the appraisal)</i>		
Relationships with patients	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 	12
	Agreed actions/ summary <i>(to be completed during the appraisal)</i>		
	Validated patient surveys	<i>(Public and Patient Involvement (PPI) Manager, PALS team)</i> <ul style="list-style-type: none"> ○ Specialty/service patient surveys ○ PALS data 	12
	Agreed actions/ summary <i>(to be completed during the appraisal)</i>		
	Compliments from patients, peer reviews/surveys	<ul style="list-style-type: none"> ○ Compliment letters/cards ○ Royal Awards, citations etc 	12
	Agreed actions/ summary <i>(to be completed during the appraisal)</i>		
Teaching and Training	A summary of formal teaching/lecturing activities, supervision/mentoring duties	<ul style="list-style-type: none"> ○ Undergraduate/postgraduate/ multidisciplinary teaching activities 	13
	Agreed actions/ summary <i>(to be completed during the appraisal)</i>		

GMP domain	Evidence/data	Possible RWHT evidence sources to include in your folder	Reference section in folder (3)
	Recorded feedback from those taught	<ul style="list-style-type: none"> ○ Feedback/evaluation from students following learning activities 	13
	Agreed actions/ summary (to be completed during the appraisal)		
Probity		<ul style="list-style-type: none"> ○ Declaration 	14
	Agreed actions/ summary (to be completed during the appraisal)		
Health		<ul style="list-style-type: none"> ○ Are you aware of any health issues which compromise your fitness to practice? ○ Occupational Health statement- Hepatitis B Certificate ○ Please document sickness absence 	15
	Agreed actions/ summary (to be completed during the appraisal)		
Management Activity	Information about formal management commitments, records of noteworthy achievements and any recorded feedback	<ul style="list-style-type: none"> ○ Please detail your management activity and your role in committees in which you sit 	16
	Agreed actions/ summary (to be completed during the appraisal)		
Research	Evidence of formal research commitments	<ul style="list-style-type: none"> ○ Identified sessions in job plan 	17
	Agreed actions/ summary (to be completed during the appraisal)		
	Record of any research ongoing or completed in previous year	<ul style="list-style-type: none"> ○ Research papers/Publications 	17
	Agreed actions/ summary (to be completed during the appraisal)		
	Record of funding arrangements for research	<ul style="list-style-type: none"> ○ Research application evidence 	17
	Agreed actions/ summary (to be completed during the appraisal)		

GMP domain	Evidence/data	Possible RWHT evidence sources to include in your folder	Reference section in folder (3)
	Confirm that appropriate ethical approval has been secured for all research undertaken	<ul style="list-style-type: none"> ○ LREC/other Ethical Committee (e.g. University) approval evidence 	17
	Agreed actions/ summary <i>(to be completed during the appraisal)</i>		

DRAFT

Royal Wolverhampton Hospitals NHS Trust

Consultant Appraisal – Form 5 (DRAFT) (section 18 in folder)

SUMMARY OF CONSULTANT APPRAISAL AND PERSONAL DEVELOPMENT PLAN

NAME OF APPRAISEE

DATE OF APPRAISAL

NAME OF APPRAISER

POSITION HELD

PERSONAL DEVELOPMENT PLAN

Key development objectives for the year ahead relating to the appraisee's personal and /or professional development

1

2

3

We agree that the above is an accurate record of the appraisal discussion and agreed personal development plan and actions identified on form 4.

Signed:

Appraisee

Appraiser

Date

DRAFT

Royal Wolverhampton Hospitals NHS Trust

Appraisal completion record ***(DRAFT)*** (section 18 in folder)

Employee's Name (PRINT) <i>(Appraisee)</i>	
Employee's Personal Number	
Department	
Job Title	
Appraisal Date	

Appraiser's name (Print) _____

Appraiser's signature _____

Date _____

**A Personal Development Plan (PDP) must also be completed,
and a copy retained on the individual's personal file.**

**Please retain this sheet on the individual's personal file
and send a photocopy to:
TRAINING DATABASE TEAM
THE ASHES**

The Royal Wolverhampton Hospitals
NHS Trust



Trust Board Report

Meeting Date: 18th April 2011

Title: Medical Revalidation update- Appendix 2
GMC Good Medical Practice domains/standards/evidence sources

Domain 1 – Knowledge, Skills and Performance

Numbers following generic standards in this framework refer to paragraph numbers in GMP, except where preceded by MfD which refers to our booklet *Management for Doctors*; or Research which refers to *Research: the role and responsibilities of doctors*

Attributes	Generic Standards	Possible sources of evidence
Maintain your professional performance	<p>All doctors</p> <ul style="list-style-type: none"> ■ Maintain knowledge of the law and other regulation relevant to practice (13) ■ Keep knowledge and skills up to date (13) ■ Participate in professional development and educational activities (12). ■ Take part in regular and systematic audit (14) 	Evidence from training or assessment of skills; CPD Audit Validated tools for feedback about doctors' practice
Apply knowledge and experience to practice	<p>All doctors</p> <ul style="list-style-type: none"> ■ Recognise and work within the limits of your competence (3a) <p>Doctors with management, teaching or research roles</p> <ul style="list-style-type: none"> ■ Follow appropriate national research governance guidelines (71) ■ Apply the skills, attitudes and practice of a competent teacher/trainer (16) ■ Work effectively as a manager (MfD 12, 17) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> ■ Adequately assess the patient's conditions (2a) ■ Provide or arrange advice, investigations or treatment where necessary (2b) ■ Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately (3b) ■ Provide effective treatments based on the best available evidence (3c) ■ Take steps to alleviate pain and distress whether or not a cure may be possible (3d) ■ Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests (2c, 3a, 3i, 54,55) ■ Support patients in caring for themselves (21e) 	Evidence from training or assessment of skills CPD Audit Validated tools for feedback about doctors' practice
Keep clear, accurate and legible records	<p>All doctors</p> <ul style="list-style-type: none"> ■ Keep clear, accurate and legible records (3f) ■ Make records at the same time as the events you are recording or as soon as possible afterwards (3f) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> ■ Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f) 	Anonymised records

Domain 2 – Safety and Quality

Attributes	Generic Standards	Possible Sources of Evidence
Put into effect systems to protect patients and improve care	<p>All doctors</p> <ul style="list-style-type: none"> ■ Respond constructively to the outcome of audit, appraisals and performance reviews (14e) ■ Take part in systems of quality assurance and quality improvement (14) ■ Comply with risk management and clinical governance procedures ■ Co-operate with legitimate requests for information from organisations monitoring public health (14i) ■ Provide information for confidential inquiries, significant event reporting (14g) <p>Doctors with management roles</p> <ul style="list-style-type: none"> ■ Make sure that all staff for whose performance you are responsible, including locums and students, are properly supervised. (17) ■ Ensure systems are in place for colleagues to raise concerns about risks to patients (45) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> ■ Report suspected adverse drug reactions (14h) ■ Ensure arrangements are made for the continuing care of the patient where necessary (40, 48) 	<p>Information collected for folder</p> <p>Validated tools for feedback about doctors' practice</p> <p>CPD – reflective practice</p>
Respond to risks to safety	<p>All doctors</p> <ul style="list-style-type: none"> ■ Report risks in the health care environment to your employing or contracting bodies. (6) ■ Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities. (26,28) ■ Take action where there is evidence that a colleague's conduct, performance or health may be putting patients at risk. (43,44) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> ■ Respond promptly to risks posed by patients ■ Follow infection control procedures and regulations 	<p>Information collected for folder</p>
Protect patients and colleagues from any risk posed by your health	<p>All doctors</p> <ul style="list-style-type: none"> ■ Make arrangements for accessing independent medical advice when necessary. (77) ■ Be immunised against common serious communicable diseases where vaccines are available (78) 	<p>Statement about registration with GP, appropriate immunisation etc – verifiable if need arises</p> <p>Validated tools for feedback about doctors' practice</p>

Domain 3 – Communication, Partnership and Teamwork

Attributes	Generic Standards	Possible Sources of Evidence
Communicate effectively	<p>All doctors</p> <ul style="list-style-type: none"> ■ Communicate effectively with colleagues within and outside the team (41b) ■ Explain to patients when something has gone wrong (30) <p>Doctors with management roles</p> <ul style="list-style-type: none"> ■ Encourage colleagues to contribute to discussions and to communicate effectively with each other (MfD 50) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> ■ Listen to patients and respect their views about their health (22 a 27a). ■ Give patients the information they need in order to make decisions about their care in a way they can understand. (22b, 27) ■ Respond to patients' questions (22c, 27 b) ■ Keep patients informed about the progress of their care (22c) ■ Treat those close to the patient considerately. (29) ■ Pass on information to colleagues involved in, or taking over, your patients' care (40, 51-53) 	Validated tools for feedback about doctors' practice
Work constructively with colleagues and delegate effectively	<p>All doctors</p> <ul style="list-style-type: none"> ■ Treat colleagues fairly and with respect (46) ■ Support colleagues who have problems with their performance, conduct or health (41d) ■ Act as a positive role model for colleagues (41) ■ Ensure colleagues to whom you delegate have appropriate qualifications, experience (54) <p>Doctors with management roles</p> <ul style="list-style-type: none"> ■ Provide effective leadership (MfD 50) 	Information for folder
Establish and maintain partnerships with patients	<p>Doctors with clinical roles</p> <ul style="list-style-type: none"> ■ Encourage patients to take an interest in their health and take action to improve and maintain it (4, 21f) ■ Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research. (36) 	Information for folder Validated tools for feedback about doctors' practice

Domain 4 – Maintaining Trust

Attributes	Generic Standards	Possible Sources of Evidence
Show respect for patients	<p>All doctors</p> <ul style="list-style-type: none"> ■ Implement and comply with systems to protect patient confidentiality. (37) <p>Doctors with research roles</p> <ul style="list-style-type: none"> ■ Respect the rights of patients participating in research. (Research 2, 5) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> ■ Be polite, considerate and honest and respect patients' dignity and privacy (21a, b, d) ■ Treat each patient fairly and as an individual (38-39, 21 c) 	<p>Validated tools for feedback about doctors' practice</p> <p>Policy/evidence about ending professional relationships with patients</p>
Treat patients and colleagues fairly and without discrimination	<p>All doctors</p> <ul style="list-style-type: none"> ■ Be honest and objective when appraising or assessing colleagues and when writing references (18-19) ■ Respond promptly and fully to complaints. (31) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> ■ Provide care on the basis of the patient's needs and the likely effect of treatment (7-10) 	<p>Validated tools for feedback about doctors' practice</p> <p>CPD, e.g. completion of equalities training</p> <p>Folder, evidence from complaints</p>
Act with honesty and integrity	<p>All doctors</p> <ul style="list-style-type: none"> ■ Ensure you have adequate indemnity or insurance cover for your practice (34) ■ Be honest in financial and commercial dealings (73) ■ Ensure any published information about your services is factual and verifiable (60, 61) ■ Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence. (63-65, 67-68) <p>Doctors with research roles</p> <ul style="list-style-type: none"> ■ Obtain appropriate ethical approval for research projects (Research 5). ■ Be honest in undertaking research and reporting research results (71 b) ■ Ensure that your research is audited regularly. (research 43) <p>Doctors with clinical roles</p> <ul style="list-style-type: none"> ■ Inform patients about any fees and charges before starting treatment (72a) 	<p>Validated tools for feedback about doctors' practice</p> <p>Practice leaflets etc</p>

Trust Board Report

Meeting Date: 18th April 2011

Title: Medical Revalidation update- Appendix 3
Suggested list of appraisal evidence/information

Activity data

- Outpatient activity
 - New to review data
- In patient activity (elective and non-elective)

Patient outcome data

- Mortality figures
- Length of Stay
- Day case rates (where appropriate)
- Re-admission rates

Procedural competence

- as defined by specialist societies

CPD

- College certificate
- Mandatory training record
- Personal development activity
- Teaching/Training/Educational supervision/ Feedback from students

Governance

- Complaints – individual and department (include action plan)
- Compliments
- Audit data
 - Individual and department, change in practice, re-audit

	<p>information</p> <ul style="list-style-type: none">• Incidents<ul style="list-style-type: none">◦ Incident reports, RCA information• External reviews- information, reports, action plans• Clinical guidelines/NICE information reviewed at Governance meetings <p>360 report</p> <ul style="list-style-type: none">• Completed 360 with peer and patient feedback <p>Research</p> <ul style="list-style-type: none">• Research papers, publications, presentations, research applications, Ethics committee approval <p>Probity and Health</p> <ul style="list-style-type: none">• Declaration• Occupational health statement• Sickness absence record <p>Job Plan</p> <ul style="list-style-type: none">• Identified sessions in job plan <p>Management activity</p> <ul style="list-style-type: none">• Committees - role• Management responsibilities
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Trust Board Report

Meeting Date:

18th April 2011

Title:

Medical Revalidation update - Appendix 4
360 Clinical system security and probity

360 Clinical is being used by 53% NHS Hospital Trusts, RCP, RCoA, RCPCH, Fac.PH,OH,PM, Irish Medical Council, RNZCGP

The 360 Clinical tool is endorsed by the RCP
<http://www.rcplondon.ac.uk/resources/clinical-resources/revalidation-practice/multi-source-feedback-msf-colleague-and-patient-q>

All 360 Clinical members of staff have a confidentiality clause written into their contracts

The company adheres to all data protection protocols

The system is tested every week fully to ensure that the whole process works as it should.

Usernames and passwords are unique to a specific individual and the specific part they are playing in a specific 360° or contract. They cannot gain access to anything outside of their role that their username and password dictates

Only 3 people can access the reports via our secure and fully protected website:

- 360 Clinical staff member –admin login details are changed regularly and every time there is a change in staff
- Primary Contact in Trust Contract
- Appraiser

Doctors can be given their report once completed by any of the above.

360 Clinical are now part of the Equiniti Group who provide IT solutions for:

- 56% of the FTSE 100 companies
- UK Central Government Departments: Health; Education; Defence; Justice & Treasury
- Government Bodies: Independent Police Complaints Commission; Insolvency Service; OFCOM; OFGAS; Scottish Parliament; Competition Commission; Land Registry; GCHQ.
- Healthcare Delivery of the NHS Pensions; Healthcare Commission: Complaints & investigations against Healthcare Professionals; Nursing and

	<p>Midwifery Council: Complaints & Fitness to Practice programme</p> <ul style="list-style-type: none">• HR and Payroll: Imperial, Northampton General, Pennine Care, NW & SEC Ambulance Trust <p>System Security:</p> <ul style="list-style-type: none">• ISO 9000/2000, 14000 & 27001• EFQM - Mark of Excellence, which is awarded to organisations that demonstrate innovation, leadership and a commitment to high quality service delivery.• Hosted at two separate Equiniti Data Centres,• Automatic, seamless failover in event of a catastrophic incident at one site• Designed to handle volatile workloads, with thousands of concurrent users• Proactive System monitoring with cover from on-site, and on-call experts• Filters in place to prevent upload of files with a malicious content
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Trust Board Report

**Meeting
Date:**

18th April 2011

Title:

Medical Revalidation update- Appendix 5

Junior doctor's validation

All junior doctors are reviewed against their training programme requirements. This is effectively an annual review of progress.

The annual review is informed by:

- Multiple appraisals during the year
- Work based assessments
- Portfolio evidence against the curriculum
- Team Assessment of Behaviour (TAB) – [a 360 assessment]

In a number of programmes the TAB used was developed by the West Midlands Deanery and is comprehensively validated.

However, in some specialities the TAB has been replaced with a specialist 360 e.g. in anaesthetics.

Half way through their Foundation Year 1 (FY1) year, a formal interim validation interview checks the progress of a doctor towards validation against all criteria required.

At the end of FY1 there occurs GMC sign off for that doctor = validation.

Thereafter, annual review still occurs up to CCT level.

Junior doctor	Validation	360 method	How often 360 initiated	Deanery requirement / RWHT initiated?	Is the 360 used as a sign off for training/other requirement? If so, what requirement?	Comments
FY1	At end of FY1 = GMC validation	TAB	Once per annum	Foundation School Requirement	The TAB is part of interim validation – so it is part of the sign off requirement	If doctors score 2 or more concerns in any one domain a repeat TAB is required. Minimum of 10 responses required.
FY2	No- Programme requirements to be met	TAB	Once per annum	Foundation School Requirement	The TAB is part of interim validation – so it is part of the sign off requirement	If doctors score 2 or more concerns in any one domain a repeat TAB is required. Minimum of 10 responses required.
Core Medical Trainees Level 1	No - Programme requirements to be met	TAB	Once per annum	School of Medicine Requirement	Part of Annual Review of Competency Progression	
Core Medical Trainees Level 2	No - Programme requirements to be met	TAB	Once per annum	School of Medicine Requirement	Part of Annual Review of Competency Progression	
Anaesthetic doctors – all grades	No -Programme requirements to be met	MSF	Annual	Royal College of Anaesthetists / Stoke School		Complete process undertaken by Anaesthetic Department contact: Dr Andrew Claxton
Any grade		TAB – paper return	As requested	RWHT initiated		Ad hoc requests only for doctors who do not have access to e-portfolio or that repeat has been specifically requested