

**Report to the Meeting of the  
Oxford Health NHS Foundation Trust  
Board of Directors**

**27<sup>th</sup> June 2012**

**Medical Appraisal and Implementation of Revalidation**

**Introduction**

The plans for periodic revalidation of doctors in the UK have been under discussion for some time. As a result of The Shipman Inquiry; a broad review of medical regulation; a subsequent report (*Good doctors, safer patients*) and a White Paper (*Trust, Assurance and Safety - The Regulation of Health Professionals in the 21st Century*, legislation was passed in 2008 granting the powers to establish revalidation.

The proposed revalidation process will be led by the General Medical Council (GMC) to regulate licensed doctors and give further assurance to patients and employers that doctors are up to date and fit to practice. A detailed annual appraisal, based on the GMC's core guidance 'Good Medical Practice', covering a large amount of key information on the doctor's performance, will be the foundation for revalidation, and only when a doctor has carried out a satisfactory 'revalidation ready appraisal' with a specially trained appraiser, will they be recommended by their Responsible Officer (RO) for revalidation. The Medical Director for Oxford Health NHS FT has been appointed as the RO for the Trust. The GMC will use the recommendations of the RO to complete the revalidation process for the Trust's consultants and specialty doctors (trainee doctors' revalidation is coordinated via the Deanery).

**Organisational Readiness Self Assessment (ORSA)**

In order for NHS South and the Department of Health to monitor the readiness of all organisations employing doctors (Designated Bodies) to implement revalidation, a self assessment tool (ORSA) was completed by each Designated Body in May 2011, and May 2012. It is the information in the ORSA that determines the readiness of all trusts and informs the decision of the Secretary of State on timescales for the implementation of revalidation. The Designated Body Oxford Health NHS FT has made significant progress between May 2011 and

May 2012, with achievement moving from 12/22 to 23/25 positive ORSA indicators.

### Timescales

Summer 2012	Secretary of State will make an assessment on the readiness of all organisations employing doctors. This will inform a decision on when <i>The General Medical Council (Licence to Practice and Revalidation) Regulations Order of Council 2012</i> will come into force.
September 2012	Designated bodies inform the GMC which doctors (20%) will be revalidated in Year 1 (2013/2014)
December 2012	Subject to the above assessment, this is the timescale widely speculated for the Regulations to come into force.
31 <sup>st</sup> March 2013	Deadline for all Responsible Officers to themselves go through the Revalidation process.
31 <sup>st</sup> March 2014	At least 20% of doctors in each designated body should have been revalidated.
31 <sup>st</sup> March 2015	At least 60% of doctors in each designated body should have been revalidated
31 <sup>st</sup> March 2016	All of the 'transition' doctors (i.e. doctors who currently have a licence) to be revalidated.

### Recent progress & current work streams

It was confirmed in the May 2011 ORSA that support for implementing revalidation in Oxford NHS FT was necessary and, following some initial delays, Sarah Roberts was appointed as Appraisal & Revalidation Manager (commencing 14<sup>th</sup> February 2012 fixed term, part-time, Band 6). Subsequently, there has been good progress and increased communications with NHS South and the Department of Health Revalidation Support Team (RST); the Trust is now completely engaged with the RO Network, and there are regular meetings with the GMC Employer Liaison Advisor. More recently Dr. Vivek Khosla has taken over the role of Medical Lead for Appraisal. Appraisers from the consultant body are receiving relevant top up training. The Medical Appraisal & Revalidation Working (MA&RWG) group has been formalized, Chaired by Dr Khosla, with suitable representatives from all divisions and regular meetings arranged. The following work streams are its priorities:

1. **Medical Appraisal Policy** - One of the 2 indicators that Oxford Health NHS FT did not achieve in the May 2012 ORSA requires a Medical Appraisal Policy to be in place. A subgroup of MA&RWG is developing the policy which must incorporate the Responsible Officer and Revalidation Regulations. It will go live from 1<sup>st</sup> November 2012, subject to the necessary consultation and approval.

2. **Policy for re-skilling, rehabilitation, remediation and targeted support -** The second indicator that was not achieved in the May 2012 ORSA was the requirement of a policy for re-skilling, rehabilitation, remediation and targeted support that is in line with the RO Regulations. Oxford Health NHS FT is working collaboratively with similar Trusts via the RO Network to develop a standardised policy that can be adapted locally. This is being facilitated by representatives from NHS South and is expected to be in place for the introduction of the Revalidation Regulations in December 2012.
3. **Development of a system to record data by doctor -** The new strengthened appraisal will require recording and reflection upon quality improvement (e.g. audit) and clinical governance (e.g. complaints, incidents, compliments) activities. The RST has developed an RO Dashboard as a database to use for holding this information in the first years of revalidation but it is anticipated that most organisations will require an IT system to hold this data in the future. Further consideration is required regarding this.
4. **Multisource feedback -** Colleague and patient feedback collection and reflection, is one element of supporting information required for the appraisal. Following the Trust's bid for funds, NHS South have awarded £10,000 towards the implementation of multi source feedback for doctors with a prescribed connection to Oxford Health NHS FT. It was agreed at the most recent MA&RWG that all doctors should be given the opportunity to enroll for the Royal College of Psychiatrist's ACP 360° feedback tool funded by Oxford Health NHS FT as it is the most appropriate tool available.
5. **Identifying revalidation dates -** Doctors that will be revaluated in Year 1 (2013/2014) must be identified to the GMC by September 2012. It was agreed at the most recent MA&RWG that appraisers and Clinical Directors in Oxford Health NHS FT should make up the 20% of doctors for revalidation in Year 1, with an additional random selection if required.
6. **Increase appraisal rates -** The ORSA completed in May 2012 recorded that 65% of doctors within the Trust had completed an appraisal in 2011/2012. This figure was recorded following the guidelines in the ORSA which do not take into account exemptions for completing appraisal, (long term sick leave, maternity leave, career break and new appointments starting mid-year). It has also come to light that some individuals did in fact undertake an appraisal but did not complete the necessary final paperwork or submit it in the specified timeframe. There are also a number of individuals that were counted in the total number of doctors that have a prescribed connection with the Trust but have since been confirmed not to have. Taking all this information into account the appraisal rate to report is 85% (n=170), with the shortfall mainly in the sub-consultant group. The target for all designated bodies is to achieve 100% appraisal rates by March 2013. Given the current work streams and the dedicated resource that is now in place for the

management of medical appraisals and revalidation there is confidence that this will be achieved.

## **Summary**

Apart from complying with national requirements, the strengthened appraisal process necessary for revalidation will help individuals improve their practice and therefore benefit patients and Oxford Health NHS FT. The timescale for the implementation of revalidation is short and there are challenges to address in the next 6-12 months. We are currently awaiting the RAG rating from the May 2012 ORSA for which 23 out of 25 indicators were achieved. Systems are in place to inform Consultants and Specialty Doctors of the implications of revalidation and how the appraisal process will be changing to accommodate it and The Trust's medical staff are fully engaged in the process.

## **Recommendation**

The Board is asked to note the information presented as an update on the progress made towards the implementation of revalidation.

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