

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**26th March 2014**

**Medical Appraisal and Revalidation Report**

1. **Revalidation**
	1. Medical Revalidation, which commenced on 3rd December 2012, strengthens the way that doctors are regulated. It has the aims of improving the quality of care provided to patients; improving patient safety; assuring employers; ensuring that doctors are up to date and fit to practice; and increasing public trust and confidence in the overall system of medical care.
	2. The revalidation process is led by the General Medical Council (GMC). 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, is the foundation for revalidation, and only when a doctor has complied with the rolling annual appraisal process and 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 Foundation Trust has been appointed as the RO for the Trust[[1]](#footnote-1). The GMC will use the recommendations of the RO to complete the revalidation process for the Trust’s consultants and specialty doctors[[2]](#footnote-2).
	3. Provider organisations have a statutory duty to support their RO in discharging their duties under the Responsible Officer Regulations and it is expected that Trusts will ensure 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 (and staff) is sought periodically so that their views can inform the appraisal and revalidation process for their doctors;
* 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.
	1. The General Medical Council (GMC) has allocated each doctor to an Organisation (the “Designated Body”) with which they have a “prescribed connection”. For consultants/specialty doctors (career grade doctors), this is typically the Trust where the doctor spends the majority of their clinical time.
	2. Timescales

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| 31st March 2014 | At least 20% of doctors in each Designated Body should have been revalidated. |
| 31st March 2015 | At least 60% of doctors in each Designated Body should have been revalidated |
| 31st March 2016 | All of the ‘doctors in each Designated Body should have been revalidated. |

1. **Medical Appraisal in the Trust**
	1. An annual appraisal is the foundation for revalidation which will result in the doctor receiving a continued licence to practice. The aim of appraisal is to provide a supportive system through which a doctor’s good performance is recognised, reflection takes place, and any performance issues are picked up and acted upon at an early stage.
		1. An appraisal requires the following:
* Review of supporting information from the whole scope of a doctor’s practice.
* Discussion of complaints and serious incidents to identify areas of learning.
* Review of the personal development plan.
* Reflection on feedback from patients and colleagues.
* Review and reflection of quality improvement activity such as audit.
* In Oxford Health NHS Foundation Trust, doctors are required to furnish a report from their respective clinical directors.
	1. To make a revalidation recommendation, the RO needs to review the outputs of a doctor’s appraisals from across that revalidation cycle (3 => 5 years), and assure themselves that there are no concerns regarding fitness to practise
	2. The arrangements for supporting and managing medical appraisal that were initially established in early 2012 and reported on in the previous annual report have been consolidated.
	3. The RO is supported by an Appraisal and Revalidation Officer (0.6 WTE), Medical Lead for Appraisal and Revalidation (consultant; 0.1 WTE unremunerated) and the Medical Appraisal and Revalidation Working Group (MARG).
	4. The appraisal rate for the year 2012-13 (during the end of which, revalidation commenced) was 77%. The target going forward is 100%. The following steps have been taken since the beginning of 2013 to improve the appraisal rates:
* A new database has been created by the Appraisal and Revalidation Officer to review progress (although the idea of a dedicated IT system to manage the appraisal process was considered, this has not so far been pursued).
* Reminders are sent by the Medical Appraisal and Revalidation Officer by e-mail at the beginning of each Quarter to all doctors who are due an appraisal in that Quarter. Reminders are also sent to any doctors from the previous quarter that have not completed their appraisal.
* Progress is checked by the Medical Appraisal and Revalidation Officer and the Medical Lead on a monthly basis and at the end of each Quarter. Doctors identified as not having taken appropriate action are being sent further reminders and the Clinical Director for their Division is also informed. Personal contact is made with any doctors who are significantly behind schedule or are having difficulties.
* Direct RO communication is made with any doctors that appear to be failing to engage.
* Awareness amongst doctors has been increased via regular written updates through the Medical Staff Committee by the Medical Lead and an Intranet page with relevant documents has been created.
* Improved links have been made with the recruitment team to effectively add to the database new doctors joining the Trust and those leaving the organisation to ensure that our database is up to date.
	1. The above steps have resulted in improvement in the appraisal completion rate. Current appraisal figures as of 18th March 2014:

Number of doctors due an appraisal 2013/14:151 (15 Exempt[[3]](#footnote-3))

Number of completed appraisals: 131 (87%)

Number of those who have booked a date or whom we are awaiting paperwork: 19 (13%)

Number of doctors in remediation and disciplinary processes: 1

It is expected at current year end that the appraisal rate for eligible doctors will be ~99%

1. **Trust Revalidation figures (as of March 1st 2014)**

Doctors with prescribed connection to Oxford Health NHS Foundation Trust:

Consultants= 114

Academic Medical Staff= 26

Specialty Doctors= 26

Doctors due Revalidation in 2013/14= 39

Positive recommendation to the GMC made= 37

Pending= 1

Deferrals= 0

Doctors in Remediation= 1

1. **Quality Assurance of Medical Appraisal**
	1. Capacity and recruitment: We are in a good position as regards number of trained appraisers available (44) to undertake appraisal for doctors connected to the Trust. We have adopted the NHS Revalidation Support Team’s person specification for new appraisers within our Trust Appraisal Procedure. Suitability of new appraisers is determined by the Medical Director and Chair of the MARG. All new appraisers have to attend a recognised training. Two of our consultants are now trained to deliver this training.
	2. Development of existing appraisers: This is essential to ensure that we are maintaining high standards, that there is consistency, that there are mechanisms for appraisers to provide peer support and discuss any difficulties and share ideas. Two half day events for appraisers were organised in 2013. The aim of these sessions was to provide updates on medical appraisal and revalidation as well as sharing resources and methods, discussing complex scenarios and exploring quality assurance of medical appraisals. Such events will be organized every year and all appraisers should attend one of the two days every three years.
	3. Appraisee feedback on appraisals: We are now collecting feedback from appraisees on appraisals. Arrangements are in place to collate feedback for each appraiser and provide annual feedback to the appraisers in the future.
	4. The Medical Lead and appraiser colleagues have audited a sample of completed appraisals using the tool developed by the Revalidation Support Team, consulted with the Medical Director and feedback is then given to appraisers in order to improve quality.
	5. We have a pool of experienced Appraisers to support/give advice/guidance to newer/less experienced Appraisers.
2. **Other developments since last report**
	1. Identifying revalidation dates – All doctors have now been informed by the GMC of their Revalidation date. These are regularly reviewed at Revalidation Recommendation Meetings to ensure that all doctors are on track to submit their appraisal documentation prior to their revalidation date.
	2. The Medical Appraisal Guide (MAG) form: This is an interactive PDF, which allows doctors to directly input information for the purposes of their appraisal. This was adopted by the Trust for medical appraisal and it has proved to be a success, with all doctors engaging with the process. Those who have encountered difficultly have been provided with 1:1 guidance, which has ensured that each doctor is as fully prepared for revalidation as possible.
	3. Medical Appraisal Procedure – This was finalised in November 2012 and has been updated recently to incorporate developments in the process. The revised policy is currently with the HR Policy and Terms and Conditions Group for review.
	4. All career grade doctors in the Trust will have completed a multisource feedback from patients and colleagues at least once between 2013-2015. The Royal College of Psychiatrist’s ACP 360 feedback tool was identified as most suitable and all career grade doctors have been registered with it.
	5. The role of medical staff in complaints or incidents is now even more closely monitored and the policies and procedures for dealing with performance concerns (relating to conduct, capability or health issues) have been further enhanced. The Trust follows the ‘Maintaining High Professional Standards’ guidelines, has trained Case Managers and Investigators and appropriately liaises with the National Clinical Advisory Service (NCAS) and the General Medical Council. A Non-Executive Director is involved when there are serious concerns regarding a consultant.
	6. When medical staff are recruited appropriate checks have become even more robust to ensure identity, qualifications, experience, references, English language ability and information from their previous RO.
	7. The RO is an active member of the Regional RO Network.
	8. An agreed policy for re-skilling, rehabilitation, remediation and targeted support for medical staff is being re-formulated in the context of a national guidance and a review of the local medical disciplinary procedure.
3. **Future developments**
	1. Allocation of appraisers – Currently doctors choose their appraiser from a pool of appraisers. The MARG has discussed the option of allocation of appraisers and decided to action this in the coming year.
	2. Continue with the quality improvement initiatives.
	3. Creation of an ‘Induction Pack’ for new starters.
	4. Developments of a more formalised system for obtaining information on complaints and serious incidents.
	5. 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 created. Our Trust’s last external rating based on this was Green. New national proposals for self assessment are being implemented and will be instituted in due course.
4. **Challenges**
	1. Ensuring that there remain sufficient numbers of trained appraisers in the Trust.
	2. Human resource: Currently, the only additional funded resource available to the RO to undertake this work is 3 days of Appraisal and Revalidation Officer. The role of Medical Lead is unremunerated (and in other organisations is often an Associate Medical Director). The resource available to the Trust to maintain satisfactory medical revalidation is rather limited, but the Trust must continue to achieve the various national and local aims and targets around medical appraisal & revalidation without fail. The resource may require review.

**Authors and Titles:** **Dr Vivek Khosla, Medical Lead for Appraisal & Revalidation; Ms Sophie Grimshaw, Medical Appraisal & Revalidation Officer; Dr Clive Meux, Medical Director**

**Lead Executive Director: Dr Clive Meux, Medical Director**

1. The RO is himself fully compliant with appraisal and has been revalidated. [↑](#footnote-ref-1)
2. Doctors in training within the Trust are appraised and revalidated by Health Education Thames Valley, the Postgraduate Dean being their RO [↑](#footnote-ref-2)
3. e.g. Maternity leave, long-term sick leave, new starters etc [↑](#footnote-ref-3)