

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**27th May 2015**

**Medical Appraisal and Revalidation Report**

1. **Introduction**
	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.
1. **Medical Appraisal in Oxford Health NHS Foundation Trust**
	1. Oxford Health NHS Foundation Trust is a designated body as specified in The General Medical Council (Licence to Practice and Revalidation) Regulations Order of Council 2012. As at 31st March 2015 there were 169 doctors with a prescribed connection[[3]](#footnote-3) to the Trust.
	2. All doctors are required to carry out an annual medical appraisal, using the detailed electronic GMC approved Medical Appraisal Guide (MAG) form, with a trained appraiser.
		1. Medical appraisal in the Trust requires inclusion of the following:
* Review of supporting information from the whole scope of a doctor’s practice.
* Evidence of Continued Professional Development
* Review of the Personal Development Plan.
* Reflection on feedback from patients and colleagues (including via 360° multisource feedback).
* Review and reflection on quality improvement activity such as audit.
* Discussion of concerns, complaints and serious incidents to identify areas of learning.
* Specifically in Oxford Health NHS Foundation Trust, doctors are required to additionally furnish a report from their respective Clinical or Associate Medical Directors.
	1. There has been a noticeable cultural change since the inception of revalidation with appraisal becoming embedded in the Trust as a valuable process for assuring the quality of medical staff and their performance, as well as acting as a tool to support the development and improvement of the individual.
	2. The appraisal figures for the last 3 years show a sustained improvement in the number of doctors taking part in an annual appraisal.

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| --- | --- |
| Appraisal Year | % of doctors with a prescribed connection who have had an appraisal |
| 2012 - 2013 | 77% |
| 2013 - 2014 | 99% |
| 2014 - 2015 | 99% |

These improvements are directly related to the introduction of a robust medical appraisal system within the Trust, including the management of an appraisal database, regular reminders to doctors, update training for appraisers, and support from the appraisal and revalidation team.

* 1. Until recently, doctors were able to choose their appraiser from a list of trained appraisers. In 2015-16 all doctors with a prescribed connection to Oxford Health NHS FT have been randomly allocated a trained appraiser. This new allocation process has been developed by the Medical Appraisal and Revalidation Group to improve quality and consistency of the appraisal system by ensuring that:
* Doctors will be allocated appraisers outside of their teams to ensure objectivity and removal of any bias.
* Arranging an appraisal will be uncomplicated for doctors
* All appraisers carry out an agreed standard number of appraisers per annum
* Work of appraisers is spread throughout the year
* Appraisers have advance notice of their doctors to enable development of appropriate contact well in advance of the appraisal meeting
	1. Priorities for further improvement to the medical appraisal system during 2015-16 include:
* Acting upon any recommendations made by the NHS England Independent Verification Visit[[4]](#footnote-4) of the Trust’s appraisal and revalidation system occurring on 12th May 2015.
* Quality assurance audit of appraisal inputs and outputs.
* Involvement of lay persons and patients in the appraisal and revalidation processes
* A very strict focus on the 28 day target for returning completed appraisal forms
* Review of the 360° multisource (staff & patient) feedback tool for the next revalidation cycle (2016-2021).
1. **Quality Assurance of Medical Appraisal**
	1. Capacity and recruitment: The Trust has 49 trained appraisers (including a number of Specialty doctors). This number of appraisers is considered to be adequate for the number of doctors with a prescribed connection to the Trust.
	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. Three half day events for appraisers were held in 2014-15. 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.
	3. Appraiser feedback: Appraiser feedback happens in three different ways. All doctors are sent a survey to complete which will give feedback to their appraiser from the doctor’s perspective. At the monthly Revalidation Recommendation Meeting the Responsible Officer (RO) completes an assessment on the appraiser’s competencies using the PROGRESS tool. Annually the Medical Lead for Appraisal, along with another member of the Medical Appraisal and Revalidation Group audits a sample of appraisals using the PROGRESS tool. In the future, a summary will be sent to all appraisers at the end of the year to reflect all 3 sources of feedback. Material from feedback is also used for learning at the update events for appraisers.
	4. In addition to the Medical Lead for Appraisal and Revalidation and the Responsible Officer (RO), there is a pool of experienced appraisers available to provide support, advice, and guidance to new and less experienced appraisers.
2. **Revalidation of doctors with a prescribed connection**
	1. As the appointed RO, the Medical Director for Oxford Health NHS FT acts under The Medical Profession (Responsible Officer) Regulations 2010.
	2. Provider organisations have a statutory duty to support their RO in discharging their responsibilities and provide necessary resource to do so.
	3. The RO is supported by an Appraisal and Revalidation Manager (0.5 WTE), Medical Lead for Appraisal and Revalidation (consultant; 0.1 WTE unremunerated) and the Medical Appraisal and Revalidation Working Group (MARG).
	4. To make a revalidation recommendation, the RO needs to review the outputs of a doctor’s appraisals from across the revalidation cycle and be assured that there are no concerns regarding fitness to practise.
	5. A rigorous Revalidation Recommendation Meeting takes place monthly between the Responsible Officer and Medical Appraisal & Revalidation Manager at which doctors under notice for revalidation from the GMC are considered in depth against the revalidation criteria.
	6. The RO is able to make a positive recommendation, deferral or report non-engagement to the GMC.
3. **Trust Revalidation figures (as at 31st March 2015)**

The 169 doctors with a prescribed connection to Oxford Health NHS Foundation Trust are graded as follows:

Consultants= 119

Academic Medical Staff= 24

Specialty Doctors= 24

Locum Appointment for Service=2

Revalidation recommendations were made as follows:

|  |  |  |
| --- | --- | --- |
|  | 2013/14 | 2014/15 |
| Doctors due to be revalidated | 39 | 57 |
| Positive recommendations made to the GMC | 38 | 52 |
| Deferred and subsequent positive recommendation | 0 | 1 |
| Deferrals | 0 | 4 |
| Non Engagement | 0 | 0 |
| Doctors in Remediation | 1 | 0 |

During 2014/15, one doctor was deferred as they were subject to a local investigation process, on completion a positive recommendation was made to the GMC.

Of the 4 deferrals in 2014/15, 2 were made due to maternity leave resulting in the doctor being unable to supply the necessary supporting information at the time of their revalidation. A further deferral was made for one doctor that had a period of long term sickness and subsequent career break, their revalidation date was whilst on a career break which resulted in them being unable to supply the necessary supporting information. A further deferral for one doctor was made because they were not able to supply the necessary supporting information at the time of their revalidation recommendation. It was decided that the doctor was engaging with the process but there were some delays to their multisource feedback and therefore they were unable to supply all necessary supporting information at the requisite time.

There was no doctors non-engaging.

1. **Further specific developments since last report**
	1. Six newly appointed appraisers were trained on 31st March 2015. The training was organised by two Trust doctors that are trained appraisal trainers.
	2. An Independent Verification Visit took place on 12th May 2015. The panel included medical and managerial representation from NHS England, 2 external Medical Director/Responsible Officers and lay representation. Their report is awaited.
	3. Medical Appraisal Procedure – The procedure has been updated to reflect allocation and will be finalised at the MARG in June 2015 (and will be ratified by the Quality Sub Committee: Effectiveness thereafter).
	4. An Oxford Health Template for Cased Based Discussions has been developed and circulated amongst medical staff and is now widely used to document that aspect of Quality Improvement Activity.
	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 has applied to the GMC to become a suitable person enabling responsible officer duties to be carried out for doctors without a formal connection to Oxford Health NHS FT, which may be required in exceptional circumstances of relevance to the Trust.
	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.
2. **Ongoing Challenges**
	1. Ensuring that completed appraisal documentation is always returned within 28 days of the appraisal meeting.
	2. Ensuring that there remains sufficient number of trained appraisers in the Trust.
	3. Human resource: Currently, to maintain and continue to progress the successful appraisal & revalidation processes in the Trust, the only additional funded resource available to the RO is 2.5 days of Appraisal and Revalidation Manager. The role of Medical Lead is unremunerated. As noted in the 2014 report, 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.
3. **Conclusion**

The Board of Directors is asked to note this report and thus offer its continuing support to the work of the RO, Appraisal and Revalidation Manager, Medical Lead for Appraisal and Revalidation and the Medical Appraisal and Revalidation Working Group, regarding appraisal and revalidation.

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**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. Doctors in training within the Trust are appraised and revalidated by Health Education Thames Valley, the Postgraduate Dean being their Responsible Officer [↑](#footnote-ref-3)
4. This is the Trust’s first such visit; they are scheduled to happen every 5 years [↑](#footnote-ref-4)