West Hertfordshire Hospitals NHS
NHS Trust

Trust Board Meeting – 2 July 2015

Title of the paper:	**Doctor revalidation**
Agenda item:	**24a/28**
Lead Executive:	**Dr Mike Van der Watt, Medical Director**
Author:	**Deborah Wadsworth, Business Manager**
Trust objective:	Tick as appropriate: ☒Achieving continuous improvement in the quality of patient care that we provide and the delivery of service performance across all areas; ☐Setting out our future clinical strategy through clinical leadership in partnership and with whole system working; ☐Creating a clear and credible long term financial strategy.
Purpose:	The aim of this paper is to demonstrate the effectiveness of the Trust's medical revalidation programme and to provide assurance that the Trust's Responsible Officer is discharging the respective statutory responsibilities of the role.

Previously discussed and date for further review:

Committee	Date
Workforce Committee	W/c 22 June 2015

Benefits to patients and patient safety implications
This audit enables the Responsible Officer to assure the Board that the systems underpinning the recommendations made to the General Medical Council (GMC) on doctors' fitness to practise, the arrangements for medical appraisal and responding to concerns are in place and that they are effective and consistent.

Risk implications for the Trust	**Mitigating actions** (controls)
Without an effective revalidation programme, the Trust would be in breach of regulation and could not assure itself of compliance with the standards set out in Good Medical Practice.	The Trust has embedded robust processes to ensure an effective revalidation programme and continues to refine quality assurance mechanisms, including training and routine audit.

Links to Board Assurance Framework, CQC outcomes, statutory requirements
Medical Profession (Responsible Officer) Regulations (January 20111,amended April 2013)
Good Medical Practice (GMC 2013)

Legal implications (if applicable)

Financial implications (if applicable)

Recommendations

For information and assurance

West Hertfordshire Hospitals NHS
NHS Trust

Agenda Item: 24a/28

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Doctor revalidation

Presented by: Dr Mike Van der Watt Medical Director

1. Purpose

The purpose of this paper is to demonstrate the effectiveness of the Trust's medical revalidation programme and to provide assurance to the Board that the Trust's Responsible Officer is discharging the respective statutory responsibilities of the role.

2. Background

2.1 The appraisal and revalidation process was introduced in 2012. To maintain their registration with the General Medical Council (GMC) and their licence to practise, doctors are now required to undertake an annual appraisal and to be revalidated once every 5 years. The revalidation process requires a doctor to satisfy and evidence the 4 domains of Good Medical Practice:

Knowledge, skills and performance
Safety and quality
Communication, partnership and teamwork
Maintaining trust

Effective appraisal allows for proper evaluation of a doctor's progress against these domains and supports the establishment of a valuable Personal Development Plan.

To evidence the effectiveness of its revalidation programme, the Trust is required to submit an Annual Organisation Audit (AOA), as part of the 'Framework for Quality Assurance for Responsible Officers and Revalidation' to NHS England. For 2014/15, this submission was made on 27 May 2015 (Appendix A)

2.2 At 31 March 2015, there were 325 doctors with a prescribed connection to the Trust. The AOA examined how many of these doctors received an appraisal for 2014/15 and required the Responsible Officer to provide assurance on 20 quality checks.

2.3 Assurance was possible on 19 of the 20 checks and the Responsible Officer has plans to address the outstanding check.

3. Analysis/Discussion

3.1 Of the 325 doctors with a prescribed connection to the Trust, 311 (96%) had a completed annual appraisal at 31 March 2015. 12 doctors (3.7%) had incomplete or missed appraisals, the reasons for which were approved by the Responsible Officer in advance and 2 doctors (0.6%) had incomplete or missing appraisals, which were not approved in advance. The reason for all missed and incomplete appraisals was recorded and the 2 without approval were found to fall within acceptable guidelines.

3.2 The 19 positive quality checks assured are set out below. These equate to 95% of the framework standards

a) A Responsible Officer has been appointed in compliance with the regulations
b) No cases of conflict of interest or appearance of bias have been identified
c) Sufficient funds, capacity and other resources have been provided by the Trust to enable the Responsible Officer to carry out the responsibilities of the role
d) The Responsible Officer is appropriately trained and remains up to date and fit to practice in the role
e) Accurate records are kept of all relevant information, actions and decisions relating to the Responsible Officer role
f) The Trust's medical revalidation policies and procedures are in accordance with equality and diversity legislation
g) The Responsible Officer makes timely recommendations to the General Medical Council (GMC) about the fitness to practice of all doctors with a prescribed connection to the Trust, in accordance with the GMC requirements and the GMC Responsible Officer protocol
h) The governance systems are subject to external or independent review
i) The Trust has commissioned or undertaken and independent review of its processes relating to appraisal and revalidation
j) Every doctor with a prescribed connection to the Trust with a missed or incomplete appraisal has an explanation recorded
k) There is a medical appraisal policy, with core content which is compliant with national guidance, that has been ratified by the Board (or an equivalent governance group)
l) 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
m) There is a process in place for the Responsible Officer to ensure that key items of information are included in the appraisal portfolio and discussed at the appraisal meeting, so that development needs are identified
n) The Trust has sufficient numbers of trained appraisers to carry out medical appraisals for all doctors with whom it has a prescribed connection
o) Medical appraisers are supported in their role to calibrate and quality assure their appraisal practice
p) There is a system for monitoring the fitness to practice of doctors with whom the designated body has a prescribed connection
q) A responding to concerns policy is in place which is ratified by the Trust Board (or an equivalent governance group)
r) There is a process in place for obtaining relevant information when the Trust enters into a contract of employment or for the provision of services with doctors
s) The Trust has arrangements in place to access sufficient trained case investigators and case managers

3.3 The only negative quality check is set out below and equates to 5% of the framework standards :

The Board receives an annual report detailing the number and type of concerns and their outcome

4. Risks

4.1 The negative quality check represents a risk to transparency and will be addressed for 2015/16.

5. Recommendation

3.1 The AOA for 2014/15 demonstrates that the Responsible Officer is discharging the respective statutory responsibilities of the role. It also offers firm assurance that the revalidation programme is being managed and is operating effectively.

The Trust's Board, regulators and patients can be confident in the knowledge that all doctors with a prescribed connection are working to the standards of Good Medical Practice (GMC 2013) evidenced through a reflective and robust appraisal process.

3.2 The Board is therefore asked to note for information and assurance.

Dr Mike Van der Watt, Medical Director
July 2015