

## **Part 1 Item 19/12- Implementing revalidation for Doctors**

### **Medical Revalidation Note for Trust Board November 2012.**

#### **Ministerial Statement.**

On the 19<sup>th</sup> October 2012 the Health Secretary Jermy Hunt announced that Medical Revalidation will commence on 3<sup>rd</sup> December 2012.

In his press statement he said:

” This represents a step forward in both the effective regulation of doctors and the creation in law of further measures to improve quality and safety of care across the entire health sector. Medical revalidation, and the associated mandatory requirements for individual licensed doctors, responsible officers and designated bodies, will provide additional assurance to patients and should improve confidence in the quality and safety of the services commissioned and provided for them “.

#### **Process of Revalidation.**

The process of Revalidation has taken a decade to develop. Most of the work has been done by the General Medical Council and The NHS Revalidation Support Team and has been extensively piloted. Organisations which employ doctors (such as West Herts NHS Trust) are Designated Bodies and have a Responsible Officer (RO) who sits on the Trust Board. The RO is usually the Medical Director and Dr Colin Johnston is our RO. The RO is responsible for making recommendations to the GMC about revalidating doctors employed by an organisation.

#### **Revalidation Ready Appraisals.**

Revalidation is based upon regular annual Revalidation Ready Appraisals, which includes multisource feed back from both colleagues and patients..

Consultant Appraisal has been established in the trust for approximately 10 years, and the uptake amongst this group of doctors is almost 100 %. Trainee doctors have their assessments and appraisals through the Deaneries, and not the Trust system, and they have a RO in the Deanery.

The Trust is now responsible for the appraisal and revalidation of all other doctors. Appraisal has not previously been required for non consultant doctors in the Trust, but with Revalidation will be required for all Associate Specialists, Staff Grades and Trust Doctors , whatever their grade. The biggest challenge for the Trust is to get all doctors to be actively involved from the beginning and undertake regular appraisals. If a doctor does not do this the GMC could remove a doctor's licence to practice.

The enhanced Revalidation ready Appraisal is an evolution of the current Appraisal system previously used by consultants. All of the current Trust Appraisers have had a Revalidation Appraiser Training update and a further 15 new appraisers have been trained, so the Trust now has 51 Revalidation trained Appraisers, which should be enough to appraise all of our doctors.

### **Trust Appraisal and Revalidation IT system.**

The DoH and GMC strongly recommends that Designated Bodies use an IT system to run appraisals and revalidation. After a Hertfordshire-wide procurement process the Trust has purchased a system from Premier IT on a five year contract. It is in the process of being set up now and will hopefully be live within a few weeks. The system is web based and allows appraisees to enter the relevant information on their practice and to upload supporting information. Appraisers can review the information prior to the appraisal meeting, and then enter comments on the meeting. The system is able to run both patient and colleague MSF, which should be done a minimum of once in a five year Revalidation cycle, and this is discussed at the appraisal meeting. The system is administered by an administrator working with the RO and myself. Dates for Revalidation by individual doctors are set by the GMC. The systems administrative functions allow the RO to make a recommendation to the GMC about revalidating a doctor, providing he/she has fully engaged over the five year cycle in a satisfactory manner.

### **Cost of Revalidation of West Herts NHS Trust Medical Workforce.**

There are significant costs to revalidation. The greatest overall cost to the Trust is the time that doctors will spend preparing the information required for their appraisal, the time that appraisers spend looking at an appraisee's information, the appraisal meeting itself and the time writing up the discussions of the meeting. This is difficult to quantify accurately, but individual doctors will have to take a significant amounts of time to prepare although it is anticipated that the IT system should reduce this. Current estimates are that an appraiser would spend up to 4 hours in the appraisal process, suitable for revalidation, for a single doctor. This is paid by the Trust through the SPA time in a doctor's contract. Some might choose to do this, at least in part, in their own time but are under no contractual obligation to do so

Training of Appraisees and Appraisers requires external trainers with skills that we do not have in the Trust, and this is particularly high in this first year, where all appraisers needed Revalidation top up training, and all doctors who have never been appraised need basic training. The cost for this year will be approximately £ 10,000. There will be ongoing need for and therefore cost of training in appraisal for new doctors in the Trust and new appraisers, but I would expect this to be significantly less than in this introductory year.

Purchasing the IT system for running Revalidation in the Trust is another major cost. Through competitive tendering using a county wide approach we have managed to get a quality system, at a cost of £ 77,175 + VAT for 5 years ( £ 49 per doctor per year, initial quotes started at £ 180/dr/yr). The salaries of Trust staff administering the system is another cost.

Dr Colin Johnston  
**Medical Director**