

Annual Revalidation and Appraisal Report

Author: [John Jameson] Sponsor: Andrew Furlong

Trust Board paper F

Executive Summary

Context

This annual report provides information to the Board on how UHL has fulfilled its statutory duties as Designated Body for medical practitioners employed by the Trust for the year 2017/18

Questions

- 1) Is the Board assured that appropriate systems and processes for appraisal and revalidation are in place, and that they are properly monitored?
- 2) Is performance on appraisal and revalidation satisfactory, and are appropriate measures taken to deal with cases of non-compliance and of concerns?
- 3) Is the Board content to recommend that the Chairman of the Trust sign the Statement of Compliance?

Conclusion

- 1) The Responsible Officer (RO) believes that UHL is in compliance with the regulations.
- 2) Revalidation is properly supported and resourced by the Trust. The RO monitors frequency and quality of appraisals: there are adequate numbers of trained appraisers and appropriate systems, including for patient input. The Trust has a robust system for the allocation of appraisers.
- 3) There are effective systems in place for dealing with conduct and performance of doctors.
- 4) 99% of doctors completed their appraisal for the year 2017/18. Each case of missed appraisal was considered individually by the Medical Conduct Committee and further action will be taken in 1 case.

Input Sought

We would welcome the Board's input regarding acceptance of the report, the recommendation to approve the signing of the statement of compliance, and continued support for in providing resource to ensure the Trust continues to meet its obligations as a Designated Body.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	Yes
Effective, integrated emergency care	Not applicable
Consistently meeting national access standards	Not applicable
Integrated care in partnership with others	Not applicable
Enhanced delivery in research, innovation & ed'	Not applicable
A caring, professional, engaged workforce	Yes
Clinically sustainable services with excellent facilities	Not applicable
Financially sustainable NHS organisation	Yes
Enabled by excellent IM&T	Yes

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register No

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk ...			XX

Current Risk Rating is LOW

b. Board Assurance Framework [Yes /No /Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk ...		

3. Related **Patient and Public Involvement** actions taken, or to be taken:

Patient feedback forms part of evidence for revalidation, and the Trust has systems for obtaining feedback on individual doctors for consideration at appraisal.

4. Results of any **Equality Impact Assessment**, relating to this matter: [N/A]

5. Scheduled date for the **next paper** on this topic: August 2019

6. Executive Summaries should not exceed **4 sides** [My paper does comply]

7. Papers should not exceed **7 sides**. [My paper does not comply]

Responsible Officer's Annual Report - Medical Appraisal and Revalidation at UHL

Report for Trust Board on the appraisal year April 2017-March 2018

1. Purpose of the Paper

Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations¹. NHS England has reaffirmed the expectation that provider boards will oversee 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 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.

The purpose of this document is to inform the Trust Board about work in relation to the duties of the University Hospitals of Leicester (UHL) in its role as a Designated Body for the majority of its medical employees. It covers the appraisal year from 1st April 2017 to 31st March 2018, including steps taken after the end of the appraisal year in respect of doctors who did not complete an appraisal within that year. The information contained is needed to satisfy members of the Board that the Trust is appropriately discharging its statutory duties in this area, and that it can continue to do so in the coming year.

2. Background

Medical Revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system. Previous Annual Reports to Trust Board have set out how mechanisms were put in place to deliver the requirements of medical appraisal and revalidation within UHL. This report will only summarise existing appraisal and revalidation mechanisms. It will concentrate on describing events, changes and results in 2017-18. A copy of last year's report is available on request. Mr John Jameson took over as Responsible Officer from Catherine Free in September 2017. Dr Mary Mushambi continues as the Appraisal and Revalidation Lead (in post since February 2016). Tracey Hammond continues as Revalidation Support Manager supported by a part-time assistant (Stacy Rowley) who was appointed in February 2016.

¹ The Medical Profession (Responsible Officers) Regulations, 2010 as amended in 2013' and 'The General Medical Council (Licence to Practice and Revalidation) Regulations Order of Council 2012'

Following external audit by PWC in 2016, we now have guidance or procedures notes on what the revalidation support manager does in case other staff are needed to cover her role, we use a revalidation check list to provide a clear audit trail regarding revalidation decisions and we now audit some output forms using a modified NHS England audit tool.

Since September 2016, we have had 7 senior appraisers which means that each CMG now has a senior appraiser. They act as first port of call for appraisers and new doctors in the Trust who may need guidance and support. The senior appraisers also take part in the training of new appraisers.

3. Governance Arrangements

Policy and Guidance

UHL's Medical Appraisal and Revalidation Policy, and its associated Guidance document, were updated in 2016 and will be reviewed by March 2019.

Medical appraisal software

We have continued to use the 'PReP' online system from Premier IT for documentation of medical appraisals. The number of Premier IT licences continues to increase due to the significant increase in the numbers of doctors for whom UHL is the Designated Body, there being an increase of 71 connected doctors overall (51 consultants and 20 speciality doctors on fixed term contracts) There were 881 doctors in 2016/17 (non-consultant doctors – 241) and 952 doctors in 2017/18 (non-consultant doctors – 261). In addition, there were 128 appraisals performed for "transient" doctors who join us on short term fixed contracts. These doctors do not appear in the Annual Organisational Audit. Therefore, our payment to Premier IT has increased as a result. Our contract with Premier IT expires in March 2019. There are some concerns about the functionality of the existing software and the support provided by the company and the possibility of changing to an alternate provider (SARD JV) has been explored. This system provides better functionality, is marginally cheaper and offers the possibility of also changing our job planning software which will then provide us with an integrated appraisal and job planning system.

Edgecumbe has been used for doctors' 360 degree feedback. For the remainder of this year, we shall be using Premier IT 360 feedback system as it is marginally cheaper.

Education role of doctors – There is now a requirement for doctors who have educational roles to provide supporting information related to their level of education role which also requires revalidation every 5 years. Documentation of doctors' educational roles is now recorded on the appraisal system. There are some difficulties with this, mainly around the fact that the education role revalidation date is not synchronised with the GMC revalidation date. This has been addressed with Premier IT to see if this can be simplified and discussion has taken place with Professor Carr and the department of clinical education department to see if this can be monitored via HELM instead of PReP

Process for maintaining accurate list of prescribed connections

At the level of the GMC, if a doctor modifies the GMC's record of his/her Designated Body, UHL's Revalidation Manager (Tracey Hammond) is automatically informed. She then

contacts the doctor to confirm the connection and to obtain the necessary information to set up the doctor with an account on our online medical revalidation system (PReP).

At the level of the Trust, Trust's HR department informs UHL's Revalidation Manager of any new medical employees who are not in formal training posts (trainees are monitored by and revalidate through the Deanery) in order that the same procedure can be followed to ensure that the GMC's records correctly reflect the doctor's new Designated Body.

All new medical employees receive a short summary of UHL's medical appraisal and revalidation processes, including how to find more detailed information online (including revalidation guidance pages on UHL's intranet) and how to contact UHL's Revalidation Manager.

Additionally, through the Trust grade programme we have also improved education (by giving talks at several meetings) regarding revalidation and appraisal to this group of UHL employees. The Trust grade co-ordinator (band 5 post) has also helped to support this group of doctors and ensure they are linked to the appraisal system as soon as possible on commencing work at UHL.

4. Medical Appraisal

Appraisal and Revalidation Performance Data

The system for reminding doctors about the need to organise an appraisal is set out in the Trust policy and guidance. Each doctor is allocated an appraisal 'due by' date. Automated email reminders are sent 8 weeks, 4 weeks, 2 weeks before an appraisal is due. In addition, there is a manual process for new starters to receive a reminder 3 months before their appraisal due date informing them to contact their senior appraiser if necessary. If a completed appraisal is not recorded using the online medical appraisal software ('PReP'), a further reminder is sent 1 day after the appraisal due date.

NHS England's definition of a late or missed appraisal (one that does not take place within 2 months of the appraisal due date) was used to inform doctors when they had missed their appraisal.

A summary of the Annual Organisational Audit (AOA) is shown below. The full AOA is attached as an appendix.

	Number of prescribed connections	Completed appraisals (1a)	Completed appraisals (1b)	Approved incomplete or missed appraisals (2)	Unapproved incomplete or missed appraisals (3)	Total
Consultants	690	586	85	10	9	690
Staff grade, associate specialist, specialty doctor	94	82	11	1	0	94
Doctors on Performers Lists	0	0	0	0	0	0
Doctors with practicing privileges	0	0	0	0	0	0
Temporary or short-term contract holders	167	149	16	1	1	167
Other doctors with a prescribed connection to this designated body	1	1	0	0	0	1
Total	952	818	112	12	10	952

At the end of the appraisal year (31st March 2018) UHL was the Designated Body for 952 doctors (an increase from the 881 doctors described in last year's report). Of these, 818 completed an appraisal within the appraisal year and another 112 completed an appraisal which was either done but not signed off within 28 days, or who had an appraisal dues date near the end of the appraisal cycle but which was done within the allowed timeline but after the end of March 2018.

22 doctors therefore did not complete an appraisal by the end of March 2017. Of these 12 had justification for missing an appraisal that was known in advance (usually maternity leave or long term sick leave).

All of these missed appraisals have been analysed.

Action on missed appraisals

There are very varied circumstances which lead doctors to miss appraisals. There is a broad spectrum, from sound justification (such as prolonged sick leave) to complete and unjustifiable disengagement with the process. For this reason, it was agreed that the circumstances of each doctor who missed an appraisal would be considered at a meeting of the Medical Conduct Committee, with a view to deciding what sanctions, if any, would be appropriate in each case.

A meeting on 24th May 2018 considered the circumstances of the 10 doctors who had unauthorised missed appraisals, with the benefit of notes on each compiled by Ms Hammond, Dr Mushambi and Mr Jameson. The doctors concerned had previously been contacted, with a warning that they had missed an appraisal, an explanation of the process set out in the Trust policy, and an invitation to provide any mitigating circumstances. Responses to these invitations were included in the consideration. The outcome of the meeting was:

- In 9 cases it was decided that the circumstances did not justify further action as following intervention by the RO and relevant CDs, these appraisals have been completed or a date has been fixed.
- In 1 case (a GDC registrant for whom revalidation is not relevant) further action will be taken.

Further action consists of a letter informing them that:

- Pay progression for 2017-18 would be withheld (resulting in a permanent 12 month delay in pay progression for any doctor not already at the top of the pay scale)
- Any application for a local Clinical Excellence Award would not be accepted this year
- The Trust would refuse to support any application for a national Clinical Excellence Award
- If an appraisal was not delivered within three months, disciplinary action would be initiated
- Their situation would be discussed with the local representative of the GMC, who would consider whether the GMC wishes to take action for failure to engage with the revalidation process
- They should inform any other employers (including the management of private sector hospitals) that this notification and warning had been received.

Quality Assurance of Appraisals

After each appraisal, the appraisee is automatically asked to complete a short questionnaire on the quality of the process. A Medical Appraisal Feedback Report has been sent to each Appraiser.

The quality of individual appraisal portfolios is audited when a doctor's revalidation date approaches (i.e. every 5 years). The doctor's appraisal portfolio is checked by UHL's

Revalidation Manager and Revalidation and appraisal Lead. This is primarily to identify any problems with the documentation of which the Responsible Officer should be aware before considering a revalidation recommendation, ideally with time for the doctor to correct those problems. This process covered 47 of UHL's appraisals for 2017/18.

A number of common problems were identified, mainly around the level of detail of documentation and the appropriate use of the PReP software. The latter has informed the subsequent content of top-up training for appraisers. As a result of issues identified in this way, Dr Mushambi had confidential conversations with several appraisers about problems of variable severity supported by a formal audit of the output form using the NHSE Appraisal Summary and PDP Audit Tool (ASPAT) carried out by Dr Mushambi copied to the appraiser as part of continuing education.

All new appraisers are requested to carry out a mock appraisal and are required to complete an output form. Audit of output forms from this mock appraisal was carried out using the ASPAT on all new appraisers in the last year. In addition, an audit was carried out on all new appraisers' first output form. Therefore all new appraisers since November 2016 have received feedback on their output form. Senior appraisers have been asked to carry out audits on random selection of output forms in their corresponding CMG. Data on this will be reported in the next annual report.

Allocation of appraisers to appraisees

This year, many appraisers will reach three years since they were allocated an appraisee. We shall therefore be reallocating appraisers in 2018. This process has already started. There has been feedback from appraisers that they have too many appraisals taking place in the last quarter (January to March). Alternative ways of allocating appraisal due dates have been discussed with the CMG Clinical Directors but as yet, no unified approach has been agreed. The ESM CMG is planning to bring forward appraisal dates for appraisees with appraisal between January and March so as to avoid having to do appraisals when operational pressures are particularly high. There is also a plan to look at the timing of appraisals during this re-allocation to try avoid peaks and troughs in appraisal demand for all CMGs.

Appraiser training

The in-house full appraiser training course was run on two occasions in 2017/18: May 2017 and November 2017. A total of 10 new appraisers were trained. Feedback from participants was collected at the end of the course and was almost entirely positive. The training in November attracted very little interest (4) despite inviting new doctors individually to become appraisers. Many state that they have no capacity in their job plans and therefore are unable to take on more SPA commitments. The issue of the overall number of appraisers and the distribution between CMGs is currently being addressed with the CMG CDs.

In addition, a 'top-up training' session for approved appraisers was run on the 11th of May 2018 and 40 appraisers attended. Attendance registers have been kept; a similar session is planned for November 2018. Appraisers have been notified that attendance at a top-up session every 2 years is mandatory.

Revalidation

This year, the number of doctors requiring revalidation recommendations will increase significantly as many will be due for their second cycle of revalidation from 2018-19 onwards.

Access, security and confidentiality

This is provided by the mandatory use of the secure 'PReP' online medical appraisal software, which is provided by Premier IT and is designed for the purpose. Premier IT have assured us that they satisfy the new General Data Protection Regulation (GDPR).

Outline of data for appraisal.

All appraisers and appraisees should be aware of the GMC's requirements on supporting information for appraisal. The provision of appropriate information is primarily the appraisee doctors' responsibility; it should be checked by the appraiser and it is subject to audit as set out above.

To deliver the required colleague feedback and patient feedback in forms that comply with GMC requirements, UHL offers the system provided for that purpose by Edgecumbe, (soon to change to Premier IT feedback system) a GMC-compliant system.

The provision of information on quality improvement, clinical audit, clinical incidents and outcome measures is the responsibility of the appraisee doctor. Availability will vary between different specialties and appraisers map compliance with the guidance of the relevant Medical Royal College.

UHL does not provided doctors with a list of their complaints prior to an appraisal. The Q&S department were asked to see if they could facilitate this but they were unable to help. The current system relies on doctors declaring their complaints in their appraisal documents.

The relevance of outcome data in appraisal varies between specialties. In those specialties where outcome data is recommended by the relevant Royal College, it is expected that these data will form part of the evidence presented to support appraisal: it is the responsibility of the individual appraisee to ensure that this information is delivered and discussed with their appraiser. We have investigated providing such information automatically using the Trust's data collection and clinical governance systems, but we have not yet identified a solution that is not excessively complicated. However exploration of this area will continue.

Appraisees are required to provide evidence that their record of statutory and mandatory training and their specific to role training must be discussed at appraisal. Statutory and mandatory training must be up to date at the time of appraisal. The Trust's online system for managing such training does not interface directly with the PReP system for appraisal, but a summary of training can be downloaded or printed and provided as an item of supporting information for review.

5. Revalidation Recommendations

A revalidation check list is now used for checking doctor's supporting evidence for revalidation purposes. This gives a robust audit trail on how the revalidation checks were carried out.

Number of recommendations falling due in 2017/18	47
Number of positive recommendations	34
Number of deferral requests	13
Number of non-engagement notifications made at revalidation date	0
Number of non-engagement reports made before revalidation date	2

There have been no late recommendations in the 2017/2018 appraisal round.

6. Recruitment and engagement background checks

The UHL Recruitment Services is a centralised recruitment function and conducts the recruitment of all posts into the organisation to ensure full compliance with all of the NHS Employers 'Employment Check Standards'. A dedicated team for doctors conducts the recruitment of all non-trainee (and trainee) Doctors in line with these standards which consist of the following checks:

- *Verification of Identity Check*
- *Right to Work in the UK Check*
- *Professional Registration and Qualifications Check e.g. GMC Registration*
- *Employment History and References Check*
- *Criminal Record and Barring Check*
- *Workplace Health Assessment Check*

Compliance is further assured as defined within the UHL Recruitment and Selection Policy and Procedure (Trust reference B43/2009). This includes regular spot checks of candidate files/vacancies on TRAC (applicant tracking IT system) are carried out by Recruitment Officers. Additionally, a quarterly departmental audit is carried out by Resourcing Lead/ Recruitment Manager. These checks are the responsibility of the Recruitment Team within the HR Directorate, and were subject to an internal audit by PWC in 2015-16.

7. Monitoring Performance

Approaches include:

- Medical appraisal, as discussed above
- Analysis of outcome data, as provided by Dr Foster / HED / Specialist societies
- Action on clinical incidents, reported through DATIX
- Action on complaints received
- Reports from CMG leads
- Reports from other doctors following the GMC requirement to act to protect patient safety
- Feedback from education visits (HEEM, GMC)
- Following up on concerns from any source

As an organisation we routinely monitor concerns raised through these sources and concerns about a practitioner arising from these areas are triangulated by the Medical Conduct Committee who also formulate and track actions taken.

8. Responding to Concerns and Remediation

UHL manages all medical cases relating to conduct, capability and health in line with the national Maintaining High Professional Standards (MHPS) document. The Trust's "concerns policy" is the "The Conduct, Capability, Ill Health and Appeals Policy for Medical Practitioners", and is based on MHPS.

The Medical Conduct Committee referred to above meets monthly with representation from the Medical Director, Responsible Officer, Director of Human Resources, and Occupational Health, to consider all "live" cases, and to ensure that an appropriate approach is being taken. The membership of this group has been expanded in 2016-17 to include Mary Mushambi, Appraisal Lead.

The Medical Director and Responsible Officer meet regularly with the GMC's employment liaison officer to discuss cases as appropriate with the GMC, and review those cases relevant to the Trust which are currently subject to a GMC process.

A Remediation Policy has been developed, based on the National Clinical Advisory Service "Back on Track" guidance.

9. Risk and Issues

9.1 Reflection at appraisals: Following the Bawa–Garba case and the controversy about the use of reflection in the case, NHS England distributed guidance on reflection at appraisals. The key message is to encourage reflection, the use of professional and neutral terms, avoidance of confessional terms, avoid being self judgmental or judgmental of other staff and diligent anonymisation of all written material.

In March 2018, in order to minimise appraisal preparatory work for doctors, NHS England issued guidance on preparation for medical appraisals. This has been received recently and will be has been distributed to all doctors in UHL. In the leaflet, examples of GMC domain 3 (Communication, Teamwork and partnership) is the use of friends and family responses (see below).

The Pearson Review, “Taking Revalidation Forward” was published in January 2017. It set out certain recommendations for healthcare organisations and their boards. These were reported on in last year’s report and the recent release of NHSE guidance seeks to address some of the recommendations. An additional area that we have taken forward in UHL is that of “every contact counts” and to use this as an opportunity to increase the use of patient feedback to inform the revalidation process. UHL already solicits text feedback from patients attending outpatients. This is currently produced in a word document and individual consultants can request this feedback. In October – December 2017, we carried out a pilot study using friends and family feedback and this was sent to all doctors who were having appraisals over a three month period. Feedback was sought from the appraisers and appraisees who used this evidence in the appraisals. One question in the feedback form was whether the doctors would support this information being used for appraisals in the future. The feedback was in favour of using this supporting evidence (>80%). This can be used annually in addition to the 5 yearly formal 360° feedback. Work will be done to see if this can be taken forward on a wider scale.

9.2 Risks

Maintaining a sufficient number of appraisers

As the number of connected doctors increases for whom UHL is required to provide annual appraisal the burden on our appraisers is increasing. At the current time we have a sufficient number but if numbers continue to increase this is not sustainable and needs addressing in the near future. Many appraisers who are either retiring or stopping are not being replaced. Many doctors who have been approached are not prepared to become appraisers. One of the reasons cited is that they do not have sufficient time in their SPA allocations.

The table below shows the number of appraisers by CMG and the number of appraisals carried out in that CMG on the 26th June 2018.

CMG	Number requiring appraisal	Number of appraisals completed	Number of appraisers in the CMG
ITAPS	156	156	34
ESM	166	165	22
CHUGGS	115	114	20
CSI	99	97	19
MSS	143	140	28
RRCV	127	125	11
W&C	133	133	26
Total	939	930	160

NB. These numbers do not correlate exactly with the numbers in the Annual Organisational Audit as the numbers fluctuate as people join and leave the organisation and appraisees are archived on the system. The table shows we have a mismatch of capacity and demand across the CMGs and within specialities which is being worked on.

Data management system

Concerns may present themselves through complaints, serious incidents or never events and DATIX reports. Information may be held by the quality and safety team, the medical directors office (Rosemarie Hughes, PA to the MD, supports the GMC work) and HR. Our existing record keeping is largely paper based and held in a variety of different places or systems and is very dependent on the individuals who manage those systems. The HR department have recently acquired a software programme called ER Tracker which will be used to record and track GMC enquiries about individual practitioners and to record and track internal concerns about individual doctors.

10. Recommendations

- To accept this report (noting that it will be shared, along with the annual audit, with the higher level Responsible Officer)
- To recommend that the Trust Chairman sign the 'statement of compliance' confirming that UHL, as a designated body, is in compliance with the regulations, once this paper has been presented to the Trust Board .
- To continue to provide support for funding as reasonably justified and agreed by the Executive to allow UHL to discharge its responsibilities as a Designated Body.



NHS England INFORMATION READER BOX

Directorate

Medical	Operations	Patients and Information
Nursing	Policy	Commissioning Development
Finance	Human Resources	

Publications Gateway Reference:

01142

Document Purpose	Guidance
Document Name	A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex E - Statement of Compliance
Author	NHS England, Medical Revalidation Programme
Publication Date	4 April 2014
Target Audience	All Responsible Officers in England
Additional Circulation List	Foundation Trust CEs , NHS England Regional Directors, Medical Appraisal Leads, CEs of Designated Bodies in England, NHS England Area Directors, NHS Trust Board Chairs, Directors of HR, NHS Trust CEs, All NHS England Employees
Description	The Framework of Quality Assurance (FQA) provides an overview of the elements defined in the Responsible Officer Regulations, along with a series of processes to support Responsible Officers and their Designated Bodies in providing the required assurance that they are discharging their respective statutory responsibilities.
Cross Reference	The Medical Profession (Responsible Officers) Regulations, 2010 (as amended 2013) and the GMC (Licence to Practise and Revalidation) Regulations 2012
Superseded Docs (if applicable)	Replaces the Revalidation Support Team (RST) Organisational Readiness Self-Assessment (ORSA) process
Action Required	Designated Bodies to receive annual board reports on the implementation of revalidation and submit an annual statement of compliance to their higher level responsible officers (ROCR approval applied for).
Timings / Deadline	From April 2014
Contact Details for further information	england.revalidation-pmo@nhs.net http:// www.england.nhs.net/revalidation/
Document Status	
This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet	

Annex E – Statement of Compliance

Designated Body Statement of Compliance

The board/executive management team of University Hospitals of Leicester NHS Trust has carried out and submitted an annual organisational audit (AOA) of its compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

Dr Catherine Free handed over the role of Responsible Officer to Mr John Jameson in October 2017. Mr Jameson has undergone the Responsible Officer training and is part of the Regional Responsible Officers' Network. He has had a satisfactory annual appraisal which included review of his RO work.

2. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained;

The record of all licenced medical practitioners is maintained via GMC Connect with support from the revalidation office; it is accessible to the Responsible Officer and to the Medical Director and is updated on a regular basis.

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

The Trust has sufficient numbers of appraisers. Most appraisers have been allocated between 5 and 6 appraisees. This is within national guidance (recommended maximum = 10). However, some specialties have insufficient numbers of appraisers for that specialty which means that appraisers from different CMGs are carrying out appraisals on behalf of other CMGs.

4. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent);

Top up training is mandatory for appraisers and includes training and development as required. Regular audits of appraisal outputs are undertaken, and quality issues discussed with individuals as indicated.

5. All licensed medical practitioners¹ either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;

Of the 952 doctors with a prescribed connection to UHL, all but 10 completed their 2017/18 appraisals on time and all but 1 have now completed their 2017/18 appraisals. This individual now has a date for their appraisal. There is full understanding of outstanding appraisals and appropriate further action taken, including discussion at the UHL Medical Conduct Committee and with the GMC Employment Liaison Advisor as appropriate.

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners¹, which includes [but is not limited to] monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues, ensuring that information about these is provided for doctors to include at their appraisal;

UHL has such systems, and information is available to appraisers via the PreP appraisal system that UHL uses. Andrew Furlong as Medical Director, John Jameson as Responsible Officer and Mary Mushambi as Appraisal and Revalidation Lead attend the UHL Medical Conduct Committee meetings where practitioners with concerns are discussed and monitored. There is full disclosure of concerns between Medical Director and Responsible Officer so both parties are aware of any issues.

7. There is a process established for responding to concerns about any licensed medical practitioners¹ fitness to practise;

The Trust has appropriate policies, based on Maintaining High Professional Standards in the NHS. The 'Concerns Policy' is called the 'Conduct, Capability, Ill Health, and Appeals Policy for Medical Practitioners'. The Trust also has an appropriate Disciplinary Policy. This is monitored through the UHL Medical Conduct Committee.

8. There is a process for obtaining and sharing information of note about any licensed medical practitioners' fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work;

Arriving or leaving medical staff are transferred with a Responsible Officer Transfer Form, giving this information.

¹ Doctors with a prescribed connection to the designated body on the date of reporting.

9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners² have qualifications and experience appropriate to the work performed; and

UHL Recruitment Services conduct appropriate checks on all posts in the organisation. A dedicated team for medical doctors exists.

10. A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

There are no current gaps in compliance. UHLs appraisal arrangements have been assessed by PWC as part of UHLs latest internal audit programme. No concerns have been raised and minor improvements have been made.

Signed on behalf of the designated body

Name: _____ Signed: _____

[chief executive or chairman a board member (or executive if no board exists)]

Date: _____

² Doctors with a prescribed connection to the designated body on the date of reporting.



**Annual Organisational Audit
(AOA)
End of year questionnaire 2017-18**

NHS England INFORMATION READER BOX
Directorate

Medical	Commissioning Operations	Patients and Information
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		

Publications Gateway Reference:

07760

Document Purpose	Resources
Document Name	Annual Organisational Audit Annex C (end of year questionnaire)
Author	Lynda Norton
Publication Date	23 March 2018
Target Audience	Medical Directors, NHS England Regional Directors, GPs
Additional Circulation List	
Description	The AOA (Annex C of the Framework for Quality Assurance) is a standardised template for all responsible officers to complete and return to their higher level responsible officer via the Revalidation Management System. AOAs from all designated bodies will be collated to provide an overarching status report of progress across England.
Cross Reference	A Framework for Quality Assurance for Responsible Officers & Revalidation April 2014 Gateway ref 01142
Superseded Docs (if applicable)	2016/17 AOA cleared with Publications Gateway Reference 06491
Action Required	
Timing / Deadlines (if applicable)	
Contact Details for further information	Lynda Norton Professional Standards Team Quarry House Leeds LS2 7UE 0113 825 1463

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Annual Organisational Audit (AOA)

End of year questionnaire 2017-18

Version number: 2.0

First published: 4 April 2014

Updated: 24 March 2015, 18 March 2016, 24 March 2017, 23 March 2018

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Classification: OFFICIAL

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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1 Introduction

The Framework of Quality Assurance (FQA) and the monitoring processes within it are designed to support all responsible officers in fulfilling their statutory duty, providing a means by which they can demonstrate the effectiveness of the systems they oversee. It has been carefully crafted to ensure that administrative burden is minimised, whilst still driving learning and sharing of best practice. Each element of the FQA process will feed in to a comprehensive report from the national level responsible officer to Ministers and the public, capturing the state of play of medical revalidation across the country.

The reporting processes are intended to be streamlined, coherent and integrated, ensuring that information is captured to contribute to local processes, whilst simultaneously providing the required assurance. The process will be reviewed and revised on a regular basis.

The AOA (Annex C) is a standardised template for all responsible officers to complete and return to their higher level responsible officer. AOAs from all designated bodies will be collated to provide an overarching status report of medical revalidation across England. Where small designated bodies are concerned, or where types of organisation are small in number, these will be appropriately grouped to ensure that data is not identifiable to the level of the individual.

The AOA is designed to assist NHS England regional teams to assure the appropriate higher level responsible officers that designated bodies have a robust consistent approach to revalidation in place, through assessment of their organisational system and processes in place for undertaking medical revalidation.

Learning from the experience of the Organisational Readiness and Self-Assessment (ORSA) the AOA has a dual purpose to provide the required assurance to higher level responsible officers whilst being of maximum help to responsible officers in fulfilling their obligations.

The aims of the annual organisational audit exercise are to:

- gain an understanding of the progress that organisations have made during 2017/18;
- provide a tool that helps responsible officers assure themselves and their boards/management bodies that the systems underpinning the recommendations they make to the General Medical Council (GMC) on doctors' fitness to practise, the arrangements for medical appraisal and responding to concerns, are in place;
- provide a mechanism for assuring NHS England and the GMC that systems for evaluating doctors' fitness to practice are in place, functioning, effective and consistent.

This AOA exercise is divided into five sections:

Section 1: The Designated Body and the Responsible Officer

Section 2: Appraisal

Section 3: Monitoring Performance and Responding to Concerns

Section 4: Recruitment and Engagement

Section 5: Additional Comments

The questionnaire should be completed by the responsible officer on behalf of the designated body, though the input of information to the questionnaire may be appropriately delegated. The questionnaire should be completed **during April and May 2018** for the year ending 31 March 2018. The deadline for submission will be detailed in an email containing the link to the electronic version of the form, which will be sent after 31 March 2018.

Whilst NHS England is a single designated body, for the purpose of this audit, the national and regional offices of NHS England should answer as a 'designated body' in their own right.

Following completion of this AOA exercise, designated bodies should:

- consider using the information gathered to produce a status report and to conduct a review of their organisations' developmental needs.
- complete a statement of compliance and submit it to NHS England by the 28 September 2018.
- The audit process will also enable designated bodies to provide assurance that they are fulfilling their statutory obligations and their systems are sufficiently effective to support the responsible officer's recommendations.

For further information, references and resources see pages 31-32 and www.england.nhs.uk/revalidation

2 Guidance for submission

Guidance for submission:

- Several questions require a 'Yes' or 'No' answer. In order to answer 'Yes', you must be able to answer 'Yes' to all of the statements listed under 'to answer 'Yes''
- Please do not use this version of the questionnaire to submit your designated body's response.
- You will receive an email with an electronic link to a unique version of this form for your designated body.
- You should only use the link received from NHS England by email, as it is unique to your organisation.
- Once the link is opened, you will be presented with two buttons; one to download a blank copy of the AOA for reference, the second button will take you to the electronic form for submission.
- Submissions can only be received electronically via the link. Please do not complete hardcopies or email copies of the document.
- The form must be completed in its entirety prior to submission; it cannot be part-completed and saved for later submission.
- Once the 'submit' button has been pressed, the information will be sent to a central database, collated by NHS England.
- A copy of the completed submission will be automatically sent to the responsible officer.
- Please be advised that Questions 1.1-1.3 may have been automatically populated with information previously held on record by NHS England. The submitter has a responsibility to check that the information is correct and should update the information if required, before submitting the form.

3 Section 1 – The Designated Body and the Responsible Officer

Section 1	The Designated Body and the Responsible Officer	
1.1	Name of designated body: University Hospitals of Leicester NHS Trust	
	Head Office or Registered Office Address if applicable line 1 Trust Headquarters	
	Address line 2 Level 3, Balmoral Building	
	Address line 3 Leicester Royal Infirmary	
	Address line 4 Infirmary Square	
	City Leicester	
	County Leicestershire	Postcode LE1 5WW
	Responsible officer: Title ***** GMC registered first name ***** GMC reference number ***** Email *****	GMC registered last name ***** Phone *****
	Medical Director: Title ***** GMC registered first name ***** GMC reference number ***** Email *****	GMC registered last name ***** Phone ***** No Medical Director <input type="checkbox"/>
	Clinical Appraisal Lead: Title ***** GMC registered first name ***** GMC reference number ***** Email *****	GMC registered last name ***** Phone ***** No Clinical Appraisal Lead <input type="checkbox"/>
Chief executive (or equivalent): Title ***** First name ***** GMC reference number (if applicable) Email *****	Last name ***** Phone *****	

1.2	Type/sector of designated body: (tick one)	NHS	Acute hospital/secondary care foundation trust	<input type="checkbox"/>
			Acute hospital/secondary care non-foundation trust	<input checked="" type="checkbox"/>
			Mental health foundation trust	<input type="checkbox"/>
			Mental health non-foundation trust	<input type="checkbox"/>
			Other NHS foundation trust (care trust, ambulance trust, etc)	<input type="checkbox"/>
			Other NHS non-foundation trust (care trust, ambulance trust, etc)	<input type="checkbox"/>
			Special health authorities (NHS Litigation Authority, NHS Improvement, NHS Blood and Transplant, etc)	<input type="checkbox"/>
		NHS England	NHS England (local office)	<input type="checkbox"/>
			NHS England (regional office)	<input type="checkbox"/>
			NHS England (national office)	<input type="checkbox"/>
		Independent / non-NHS sector (tick one)	Independent healthcare provider	<input type="checkbox"/>
			Locum agency	<input type="checkbox"/>
			Faculty/professional body (FPH, FOM, FPM, IDF, etc)	<input type="checkbox"/>
			Academic or research organisation	<input type="checkbox"/>
			Government department, non-departmental public body or executive agency	<input type="checkbox"/>
			Armed Forces	<input type="checkbox"/>
			Hospice	<input type="checkbox"/>
			Charity/voluntary sector organisation	<input type="checkbox"/>
		Other non-NHS (please enter type)	<input type="checkbox"/>	

1.3	The responsible officer's higher level responsible officer is based at: [tick one]	NHS England North	<input type="checkbox"/>
		NHS England Midlands and East	<input checked="" type="checkbox"/>
		NHS England London	<input type="checkbox"/>
		NHS England South	<input type="checkbox"/>
		NHS England (National)	<input type="checkbox"/>
		Department of Health	<input type="checkbox"/>
		Faculty of Medical Leadership and Management - for NHS England (national office) only	<input type="checkbox"/>
		Other (Is a suitable person)	<input type="checkbox"/>
1.4	A responsible officer has been nominated/appointed in compliance with the regulations. To answer 'Yes': <ul style="list-style-type: none"> The responsible officer has been a medical practitioner fully registered under the Medical Act 1983 throughout the previous five years and continues to be fully registered whilst undertaking the role of responsible officer. There is evidence of formal nomination/appointment by board or executive of each organisation for which the responsible officer undertakes the role. 		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

1.5	<p>Where a Conflict of Interest or Appearance of Bias has been identified and agreed with the higher level responsible officer; has an alternative responsible officer been appointed?</p> <p>(Please note that in The Medical Profession (Responsible Officers) Regulations 2010 (Her Majesty's Stationery Office, 2013), an alternative responsible officer is referred to as a second responsible officer)</p> <p>To answer 'Yes': The designated body has nominated an alternative responsible officer in all cases where there is a conflict of interest or appearance of bias between the responsible officer and a doctor with whom the designated body has a prescribed connection.</p> <p>To answer 'No': A potential conflict of interest or appearance of bias has been identified, but an alternative responsible officer has not been appointed.</p> <p>To answer 'N/a': No cases of conflict of interest or appearance of bias have been identified.</p> <p><u>Additional guidance</u></p> <p>Each designated body will have one responsible officer but the regulations allow for an alternative responsible officer to be nominated or appointed where a conflict of interest or appearance of bias exists between the responsible officer and a doctor with whom the designated body has a prescribed connection. This will cover the uncommon situations where close family or business relationships exist, or where there has been longstanding interpersonal animosity.</p> <p>In order to ensure consistent thresholds and a common approach to this, potential conflict of interest or appearance of bias should be agreed with the higher level responsible officer. An alternative responsible officer should then be nominated or appointed by the designated body and will require training and support in the same way as the first responsible officer. To ensure there is no conflict of interest or appearance of bias, the alternative responsible officer should be an external appointment and will usually be a current experienced responsible officer from the same region. Further guidance is available in <i>Responsible Officer Conflict of Interest or Appearance of Bias: Request to Appoint and Alternative Responsible Officer</i> (NHS Revalidation Support Team, 2014).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
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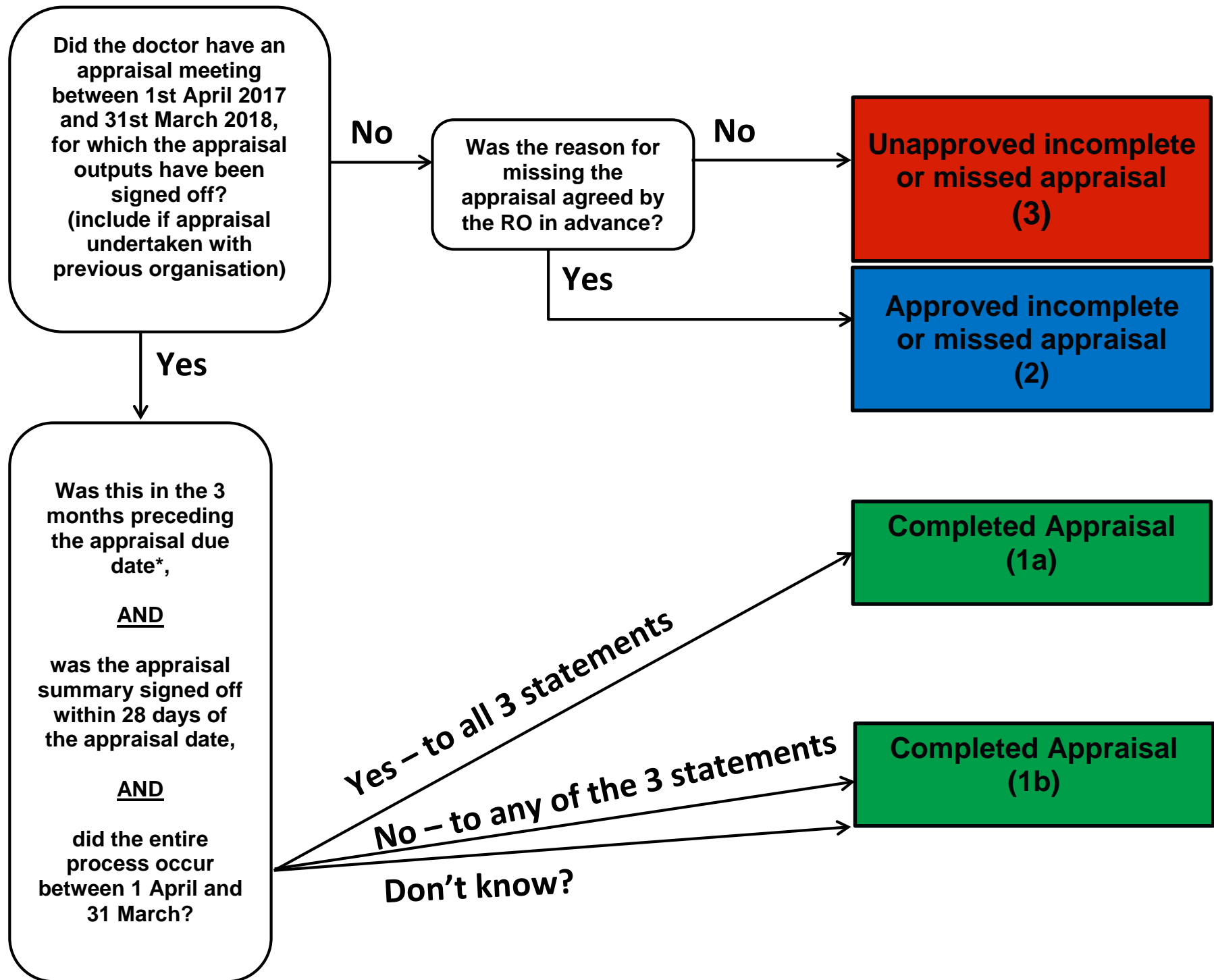
1.6	<p>In the opinion of the responsible officer, sufficient funds, capacity and other resources have been provided by the designated body to enable them to carry out the responsibilities of the role.</p> <p>Each designated body must provide the responsible officer with sufficient funding and other resources necessary to fulfil their statutory responsibilities. This may include sufficient time to perform the role, administrative and management support, information management and training. The responsible officer may wish to delegate some of the duties of the role to an associate or deputy responsible officer. It is important that those people acting on behalf of the responsible officer only act within the scope of their authority. Where some or all of the functions are commissioned externally, the designated body must be satisfied that all statutory responsibilities are fulfilled.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1.7	<p>The responsible officer is appropriately trained and remains up to date and fit to practise in the role of responsible officer.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • Appropriate recognised introductory training has been undertaken (requirement being NHS England's face to face responsible officer training & the precursor e-Learning). • Appropriate ongoing training and development is undertaken in agreement with the responsible officer's appraiser. • The responsible officer has made themselves known to the higher level responsible officer. • The responsible officer is engaged in the regional responsible officer network. • The responsible officer is actively involved in peer review for the purposes of calibrating their decision-making processes and organisational systems. • The responsible officer includes relevant supporting information relating to their responsible officer role in their appraisal and revalidation portfolio including the results of the Annual Organisational Audit and the resulting action plan. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

1.8	<p>The responsible officer ensures that accurate records are kept of all relevant information, actions and decisions relating to the responsible officer role.</p> <p>The responsible officer records should include appraisal records, fitness to practise evaluations, investigation and management of concerns, processes relating to 'new starters', etc.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1.9	<p>The responsible officer ensures that the designated body's medical revalidation policies and procedures are in accordance with equality and diversity legislation.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> An evaluation of the fairness of the organisation's policies has been performed (for example, an equality impact assessment). 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1.10	<p>The responsible officer makes timely recommendations to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and the GMC Responsible Officer Protocol.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> The designated body's board report contains explanations for all missed and late recommendations, and reasons for deferral submissions. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1.11	<p>The governance systems (including clinical governance where appropriate) are subject to external or independent review.</p> <p>Most designated bodies will be subject to external or independent review by a regulator. Designated bodies which are healthcare providers are subject to review by the national healthcare regulators (the Care Quality Commission, the Human Fertilisation and Embryology Authority or Monitor, now part of NHS Improvement). Where designated bodies will not be regulated or overseen by an external regulator (for example locum agencies and organisations which are not healthcare providers), an alternative external or independent review process should be agreed with the higher level responsible officer.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

1.12	The designated body has commissioned or undertaken an independent review* of its processes relating to appraisal and revalidation. (*including peer review, internal audit or an externally commissioned assessment)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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4 Section 2 – Appraisal

Section 2		Appraisal					
2.1	IMPORTANT: Only doctors with whom the designated body has a prescribed connection at 31 March 2018 should be included. Where the answer is 'nil' please enter '0'.		1a	1b	2	3	
	See guidance notes on pages 16-18 for assistance completing this table	Number of Prescribed Connections	Completed Appraisal (1a)	Completed Appraisal (1b)	Approved incomplete or missed appraisal (2)	Unapproved incomplete or missed appraisal (3)	Total
2.1.1	Consultants (permanent employed consultant medical staff including honorary contract holders, NHS, hospices, and government /other public body staff. Academics with honorary clinical contracts will usually have their responsible officer in the NHS trust where they perform their clinical work).	690	586	85	10	9	690
2.1.2	Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS, hospices, and government/other public body staff).	94	82	11	1	0	94
2.1.3	Doctors on Performers Lists (for NHS England and the Armed Forces only; doctors on a medical or ophthalmic performers list. This includes all general practitioners (GPs) including principals, salaried and locum GPs).	0	0	0	0	0	0
2.1.4	Doctors with practising privileges (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade).	0	0	0	0	0	0
2.1.5	Temporary or short-term contract holders (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc).	167	149	16	1	1	167
2.1.6	Other doctors with a prescribed connection to this designated body (depending on the type of designated body, this category may include responsible officers, locum doctors, and members of the faculties/professional bodies. It may also include some non-clinical management/leadership roles, research, civil service, doctors in wholly independent practice, other employed or contracted doctors not falling into the above categories, etc).	1	1	0	0	0	1
2.1.7	TOTAL (this cell will sum automatically 2.1.1 – 2.1.6).	952	818	112	12	10	952



2.1

Column - Number of Prescribed Connections:**Number of doctors with whom the designated body has a prescribed connection as at 31 March 2018**

The responsible officer should keep an accurate record of all doctors with whom the designated body has a prescribed connection and must be satisfied that the doctors have correctly identified their prescribed connection. Detailed advice on prescribed connections is contained in the responsible officer regulations and guidance and further advice can be obtained from the GMC and the higher level responsible officer. The categories of doctor relate to current roles and job titles rather than qualifications or previous roles. The number of individual doctors in each category should be entered in this column. Where a doctor has more than one role in the same designated body a decision should be made about which category they belong to, based on the amount of work they do in each role. Each doctor should be included in only one category. For a doctor who has recently completed training, if they have attained CCT, then they should be counted as a prescribed connection. If CCT has not yet been awarded, they should be counted as a prescribed connection within the LETB AOA return.

Column - Measure 1a Completed medical appraisal:

A Category 1a completed annual medical appraisal is one where the appraisal meeting has taken place in the three months preceding the agreed appraisal due date*, the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting, and the entire process occurred between 1 April and 31 March. For doctors who have recently completed training, it should be noted that their final ACRP equates to an appraisal in this context.

Column - Measure 1b Completed medical appraisal:

A Category 1b completed annual medical appraisal is one in which the appraisal meeting took place in the appraisal year between 1 April and 31 March, and the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor, but one or more of the following apply:

- the appraisal did not take place in the window of three months preceding the appraisal due date;
- the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor between 1 April and 28 April of the following appraisal year;
- the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor more than 28 days after the appraisal meeting.

However, in the judgement of the responsible officer the appraisal has been satisfactorily completed to the standard required to support an effective revalidation recommendation.

Where the organisational information systems of the designated body do not permit the parameters of a *Category 1a completed annual medical appraisal* to be confirmed with confidence, the appraisal should be counted as a *Category 1b completed annual medical appraisal*.

Column - Measure 2: Approved incomplete or missed appraisal:

An *approved incomplete or missed annual medical appraisal* is one where the appraisal has not been completed according to the parameters of either a *Category 1a or 1b completed annual medical appraisal*, but the responsible officer has given approval to the postponement or cancellation of the appraisal. The designated body must be able to produce documentation in support of the decision to approve the postponement or cancellation of the appraisal in order for it to be counted as an *Approved incomplete or missed annual medical appraisal*.

Column - Measure 3: Unapproved incomplete or missed appraisal:

An *Unapproved incomplete or missed annual medical appraisal* is one where the appraisal has not been completed according to the parameters of either a *Category 1a or 1b completed annual medical appraisal*, and the responsible officer has not given approval to the postponement or cancellation of the appraisal.

Where the organisational information systems of the designated body do not retain documentation in support of a decision to approve the postponement or cancellation of an appraisal, the appraisal should be counted as an *Unapproved incomplete or missed annual medical appraisal*.

Column Total:

Total of columns 1a+1b+2+3. The total should be equal to that in the first column (Number of Prescribed Connections), the number of doctors with a prescribed connection to the designated body at 31 March 2018.

* Appraisal due date:

A doctor should have a set date by which their appraisal should normally take place every year (the 'appraisal due date'). The appraisal due date should remain the same each year unless changed by agreement with the doctor's responsible officer. Where a doctor does not have a clearly established appraisal due date, the next appraisal should take place by the last day of the twelfth month after the preceding appraisal. This should then by default become their appraisal due date from that point on. For a designated body which uses an 'appraisal month' for appraisal scheduling, a doctor's appraisal due date is the last day of their appraisal month.

For more detail on setting a doctor's appraisal due date see the Medical Appraisal Logistics Handbook (NHS England 2015).

2.2	<p>Every doctor with a prescribed connection to the designated body with a missed or incomplete medical appraisal has an explanation recorded</p> <p>If all appraisals are in Categories 1a and/or 1b, please answer N/A.</p> <p>To answer Yes:</p> <ul style="list-style-type: none"> • The responsible officer ensures accurate records are kept of all relevant actions and decisions relating to the responsible officer role. • The designated body's annual report contains an audit of all missed or incomplete appraisals (approved and unapproved) for the appraisal year 2017/18 including the explanations and agreed postponements. • Recommendations and improvements from the audit are enacted. <p><u>Additional guidance:</u> A missed or incomplete appraisal, whether approved or unapproved, is an important occurrence which could indicate a problem with the designated body's appraisal system or non-engagement with appraisal by an individual doctor which will need to be followed up.</p> <p><u>Measure 2: Approved incomplete or missed appraisal:</u> An <i>approved incomplete or missed annual medical appraisal</i> is one where the appraisal has not been completed according to the parameters of either a <i>Category 1a or 1b completed annual medical appraisal</i>, but the responsible officer has given approval to the postponement or cancellation of the appraisal. The designated body must be able to produce documentation in support of the decision to approve the postponement or cancellation of the appraisal in order for it to be counted as an <i>Approved incomplete or missed annual medical appraisal</i>.</p> <p><u>Measure 3: Unapproved incomplete or missed appraisal:</u> An <i>Unapproved incomplete or missed annual medical appraisal</i> is one where the appraisal has not been completed according to the parameters of either a <i>Category 1a or 1b completed annual medical appraisal</i>, and the responsible officer has not given approval to the postponement or cancellation of the appraisal. Where the organisational information systems of the designated body do not retain documentation in support of a decision to approve the postponement or cancellation of an appraisal, the appraisal should be counted as an <i>Unapproved incomplete or missed annual medical appraisal</i>.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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2.3	<p>There is a medical appraisal policy, with core content which is compliant with national guidance, that has been ratified by the designated body's board (or an equivalent governance or executive group)</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • The policy is compliant with national guidance, such as <i>Good Medical Practice Framework for Appraisal and Revalidation</i> (GMC, 2013), <i>Supporting Information for Appraisal and Revalidation</i> (GMC, 2012), <i>Medical Appraisal Guide</i> (NHS Revalidation Support Team, 2014), <i>The Role of the Responsible Officer: Closing the Gap in Medical Regulation, Responsible Officer Guidance</i> (Department of Health, 2010), <i>Quality Assurance of Medical Appraisers</i> (NHS Revalidation Support Team, 2014). • The policy has been ratified by the designated body's board or an equivalent governance or executive group. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.4	<p>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.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • The appraisal inputs comply with the requirements in <i>Supporting Information for Appraisal and Revalidation</i> (GMC, 2012) and <i>Good Medical Practice Framework for Appraisal and Revalidation</i> (GMC, 2013), which are: <ul style="list-style-type: none"> ○ Personal information. ○ Scope and nature of work. ○ Supporting information: <ol style="list-style-type: none"> 1. Continuing professional development, 2. Quality improvement activity, 3. Significant events, 4. Feedback from colleagues, 5. Feedback from patients, 6. Review of complaints and compliments. ○ Review of last year's PDP. ○ Achievements, challenges and aspirations. • The appraisal outputs comply with the requirements in the <i>Medical Appraisal Guide</i> (NHS Revalidation Support Team, 2014) which are: <ul style="list-style-type: none"> ○ Summary of appraisal, ○ Appraiser's statement, ○ Post-appraisal sign-off by doctor and appraiser. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	<p><u>Additional guidance:</u> Quality assurance is an integral part of the role of the responsible officer. The standards for the inputs and outputs of appraisal are detailed in <i>Supporting Information for Appraisal and Revalidation</i> (GMC, 2012), <i>Good Medical Practice Framework for Appraisal and Revalidation</i> (GMC, 2013) and the <i>Medical Appraisal Guide</i> (NHS Revalidation Support Team, 2014) and the responsible officer must be assured that these standards are being met consistently. The methodology for quality assurance should be outlined in the designated body's appraisal policy and include a sampling process. Quality assurance activities can be undertaken by those acting on behalf of the responsible officer with appropriate delegated authority.</p>	
2.5	<p>There is a process in place for the responsible officer to ensure that key items of information (such as specific complaints, significant events and outlying clinical outcomes) are included in the appraisal portfolio and discussed at the appraisal meeting, so that development needs are identified.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • There is a written description within the appraisal policy of the process for ensuring that key items of supporting information are included in the doctor's portfolio and discussed at appraisal. • There is a process in place to ensure that where a request has been made by the responsible officer to include a key item of supporting information in the appraisal portfolio, the appraisal portfolio and summary are checked after completion to ensure this has happened. <p><u>Additional guidance:</u></p> <p>It is important that issues and concerns about performance or conduct are addressed at the time they arise. The appraisal meeting is not usually the most appropriate setting for dealing with concerns and in most cases these are dealt with outside the appraisal process in a clinical governance setting. Learning by individuals from such events is an important part of resolving concerns and the appraisal meeting is usually the most appropriate setting to ensure this is planned and prioritised.</p> <p>In a small proportion of cases, the responsible officer may therefore wish to ensure certain key items of supporting information are included in the doctor's portfolio and discussed at appraisal so that development needs are identified and addressed. In these circumstances the responsible officer may require the doctor to include certain key items of supporting information in the portfolio for discussion at appraisal and may need to check in the appraisal summary that the discussion has taken place. The method of sharing key items of supporting information should be described in the appraisal policy. It is important that information is shared in compliance with principles of information governance and security. For further detail, see <i>Information Management for Revalidation in England</i> (NHS Revalidation Support Team, 2014).</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2.6	<p>The responsible officer ensures that the designated body has access to sufficient numbers of trained appraisers to carry out annual medical appraisals for all doctors with whom it has a prescribed connection</p> <p>To answer 'Yes':</p> <p>The responsible officer ensures that:</p> <ul style="list-style-type: none"> • Medical appraisers are recruited and selected in accordance with national guidance. • In the opinion of the responsible officer, the number of appropriately trained medical appraisers to doctors being appraised is between 1:5 and 1:20. • In the opinion of the responsible officer, the number of trained appraisers is sufficient for the needs of the designated body. <p><u>Additional guidance:</u></p> <p>It is important that the designated body's appraiser workforce is sufficient to provide the number of appraisals needed each year. This assessment may depend on total number of doctors who have a prescribed connection, geographical spread, speciality spread, conflicts of interest and other factors. Depending on the needs of the designated body, doctors from a variety of backgrounds should be considered for the role of appraiser. This includes locums and salaried general practitioners in primary care settings and staff and associate specialist doctors in secondary care settings. An appropriate specialty mix is important though it is not possible for every doctor to have an appraiser from the same speciality.</p> <p>Appraisers should participate in an initial training programme before starting to perform appraisals. The training for medical appraisers should include:</p> <ul style="list-style-type: none"> • Core appraisal skills and skills required to promote quality improvement and the professional development of the doctor • Skills relating to medical appraisal for revalidation and a clear understanding of how to apply professional judgement in appraisal • Skills that enable the doctor to be an effective appraiser in the setting within which they work, including both local context and any specialty specific elements. <p>Further guidance on the recruitment and training of medical appraisers is available; see <i>Quality Assurance of Medical Appraisers</i> (NHS Revalidation Support Team, 2014).</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2.7	<p>Medical appraisers are supported in their role to calibrate and quality assure their appraisal practice.</p> <p>To answer 'Yes':</p> <p>The responsible officer ensures that:</p> <ul style="list-style-type: none"> • Medical appraisers have completed a suitable training programme, with core content compliant with national guidance (Quality Assurance of Medical Appraisers), including equality and diversity and information governance, before starting to perform appraisals. • All appraisers have access to medical leadership and support. • There is a system in place to obtain feedback on the appraisal process from doctors being appraised. • Medical appraisers participate in ongoing performance review and training/development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers). <p><u>Additional guidance:</u></p> <p>Further guidance on the support for medical appraisers is available in <i>Quality Assurance of Medical Appraisers</i> (NHS Revalidation Support Team, 2014).</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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5 Section 3 – Monitoring Performance and Responding to Concerns

Section 3	Monitoring Performance and Responding to Concerns	
3.1	<p>There is a system for monitoring the fitness to practise of doctors with whom the designated body has a prescribed connection.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • Relevant information (including clinical outcomes, reports of external reviews of service for example Royal College reviews, governance reviews, Care Quality Commission reports, etc.) is collected to monitor the doctor's fitness to practise and is shared with the doctor for their portfolio. • Relevant information is shared with other organisations in which a doctor works, where necessary. • There is a system for linking complaints, significant events/clinical incidents/SUIs to individual doctors. • Where a doctor is subject to conditions imposed by, or undertakings agreed with the GMC, the responsible officer monitors compliance with those conditions or undertakings. • The responsible officer identifies any issues arising from this information, such as variations in individual performance, and ensures that the designated body takes steps to address such issues. • The quality of the data used to monitor individuals and teams is reviewed. • Advice is taken from GMC employer liaison advisers, National Clinical Assessment Service, local expert resources, specialty and Royal College advisers where appropriate. <p><u>Additional guidance:</u></p> <p>Where detailed information can be collected which relates to the practice of an individual doctor, it is important to include it in the annual appraisal process. In many situations, due to the nature of the doctor's work, the collection of detailed information which relates directly to the practice of an individual doctor may not be possible. In these situations, team-based or service-level information should be monitored. The types of information available will be dependent on the setting and the role of the doctor and will include clinical outcome data, audit, complaints, significant events and patient safety issues. An explanation should be sought where an indication of outlying</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	<p>quality or practice is discovered. The information/data used for this purpose should be kept under review so that the most appropriate information is collected and the quality of the data (for example, coding accuracy) is improved.</p> <p>In primary care settings this type of information is not always routinely collected from general practitioners or practices and new arrangements may need to be put in place to ensure the responsible officer receives relevant fitness to practise information. In order to monitor the conduct and fitness to practise of trainees, arrangements will need to be agreed between the local education and training board and the trainee's clinical attachments to ensure relevant information is available in both settings.</p>	
3.2	<p>The responsible officer ensures that a responding to concerns policy is in place (which includes arrangements for investigation and intervention for capability, conduct, health, and fitness to practise concerns) which is ratified by the designated body's board (or an equivalent governance or executive group).</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • A policy for responding to concerns, which complies with the responsible officer regulations, has been ratified by the designated body's board (or an equivalent governance or executive group). <p><u>Additional guidance:</u></p> <p>It is the responsibility of the responsible officer to respond appropriately when unacceptable variation in individual practice is identified or when concerns exist about the fitness to practise of doctors with whom the designated body has a prescribed connection. The designated body should establish a procedure for initiating and managing investigations.</p> <p>National guidance is available in the following key documents:</p> <ul style="list-style-type: none"> • <i>Supporting Doctors to Provide Safer Healthcare: Responding to Concerns about a Doctor's Practice</i> (NHS Revalidation Support Team, 2013). • <i>Maintaining High Professional Standards in the Modern NHS</i> (Department of Health, 2003). • The National Health Service (Performers Lists) (England) Regulations 2013. • <i>How to Conduct a Local Performance Investigation</i> (National Clinical Assessment Service, 2010). <p>The responsible officer regulations outline the following responsibilities:</p> <ul style="list-style-type: none"> • Ensuring that there are formal procedures in place for colleagues to raise concerns. • Ensuring there is a process established for initiating and managing investigations of capability, conduct, 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	<p>health and fitness to practise concerns which complies with national guidance, such as <i>How to conduct a local performance investigation</i> (National Clinical Assessment Service, 2010).</p> <ul style="list-style-type: none"> • Ensuring investigators are appropriately qualified. • Ensuring that there is an agreed mechanism for assessing the level of concern that takes into account the risk to patients. • Ensuring all relevant information is taken into account and that factors relating to capability, conduct, health and fitness to practise are considered. • Ensuring that there is a mechanism to seek advice from expert resources, including: GMC employer liaison advisers, the National Clinical Assessment Service, specialty and royal college advisers, regional networks, legal advisers, human resources staff and occupational health. • Taking any steps necessary to protect patients. • Where appropriate, referring a doctor to the GMC. • Where necessary, making a recommendation to the designated body that the doctor should be suspended or have conditions or restrictions placed on their practice. • Sharing relevant information relating to a doctor's fitness to practise with other parties, in particular the new responsible officer should the doctor change their prescribed connection. • Ensuring that a doctor who is subject to these procedures is kept informed about progress and that the doctor's comments are taken into account where appropriate. • Appropriate records are maintained by the responsible officer of all fitness to practise information • Ensuring that appropriate measures are taken to address concerns, including but not limited to: <ul style="list-style-type: none"> • Requiring the doctor to undergo training or retraining, • Offering rehabilitation services, • Providing opportunities to increase the doctor's work experience, • Addressing any systemic issues within the designated body which may contribute to the concerns identified. • Ensuring that any necessary further monitoring of the doctor's conduct, performance or fitness to practise is carried out. 	
3.3	<p>The board (or an equivalent governance or executive group) receives an annual report detailing the number and type of concerns and their outcome.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

3.4	<p>The designated body has arrangements in place to access sufficient trained case investigators and case managers.</p> <p>To answer 'Yes':</p> <p>The responsible officer ensures that:</p> <ul style="list-style-type: none"> • Case investigators and case managers are recruited and selected in accordance with national guidance <i>Supporting Doctors to Provide Safer Healthcare, Responding to concerns about a Doctor's Practice</i> (NHS Revalidation Support Team, 2013). • Case investigators and case managers have completed a suitable training programme, with essential core content (see guidance documents above). • Personnel involved in responding to concerns have sufficient time to undertake their responsibilities • Individuals (such as case investigators, case managers) and teams involved in responding to concerns participate in ongoing performance review and training/development activities, to include peer review and calibration (see guidance documents above). <p><u>Additional guidance</u></p> <p>The standards for training for case investigators and case managers are contained in <i>Guidance for Recruiting for the Delivery of Case Investigator Training</i> (NHS Revalidation Support Team, 2014) and <i>Guidance for Recruiting for the Delivery of Case Manager Training</i> (NHS Revalidation Support Team, 2014). Case investigators or case managers may be within the designated body or commissioned externally.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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6 Section 4 – Recruitment and Engagement

Section 4	Recruitment and Engagement	
4.1	<p>There is a process in place for obtaining relevant information when the designated body enters into a contract of employment or for the provision of services with doctors (including locums).</p> <p>In situations where the doctor has moved to a new designated body without a contract of employment, or for the provision of services (for example, through membership of a faculty) the information needs to be available to the new responsible officer as soon as possible after the prescribed connection commences. This will usually involve a formal request for information from the previous responsible officer.</p> <p><u>Additional guidance</u></p> <p>The regulations give explicit responsibilities to the responsible officer when a designated body enters into a contract of employment or for the provision of services with a doctor. These responsibilities are to ensure the doctor is sufficiently qualified and experienced to carry out the role. All new doctors are covered under this duty even if the doctor’s prescribed connection remains with another designated body. This applies to locum agency contracts and also to the granting of practising privileges by independent health providers.</p> <p>The prospective responsible officer must:</p> <ul style="list-style-type: none"> • Ensure doctors have qualifications and experience appropriate to the work to be performed, • Ensure that appropriate references are obtained and checked, • Take any steps necessary to verify the identity of doctors, • Ensure that doctors have sufficient knowledge of the English language for the work to be performed, and • For NHS England regional teams, manage admission to the medical performers list in accordance with the regulations. <p>It is also important that the following information is available:</p> <ul style="list-style-type: none"> • GMC information: fitness to practise investigations, conditions or restrictions, revalidation due date, • Disclosure and Barring Service check (although delays may prevent these being available to the responsible officer before the starting date in every case), and 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	<ul style="list-style-type: none"> • Gender and ethnicity data (to monitor fairness and equality; providing this information is not mandatory). It may be helpful to obtain a structured reference from the current responsible officer which complies with GMC guidance on writing references and includes relevant factual information relating to: • The doctor's competence, performance or conduct, • Appraisal dates in the current revalidation cycle, and, • Local fitness to practise investigations, local conditions or restrictions on the doctor's practice, unresolved fitness to practise concerns. <p>See Good Medical Practice: Supplementary Guidance: Writing References (GMC, 2007) and paragraph 19 of Good Medical Practice (GMC, 2013) for further details.</p> <p>The responsible officer regulations and GMC guidance make it clear that there is an obligation to share information about a doctor when required to support the responsible officer's statutory duties, or to maintain patient safety. Guidance, published in August 2016, on the flow of information to support medical governance and responsible officer statutory function (2016) therefore aims to promote improvements to these processes:</p> <ul style="list-style-type: none"> • setting out the common legitimate channels along which information about a doctor's medical practice should flow, describing the information that might apply and arrangements to support its smooth flow • providing useful toolkits and examples of good practice <p>The guidance on information flows to support medical governance and responsible officer statutory functions can be accessed via the link below.</p> <p>https://www.england.nhs.uk/revalidation/ro/info-flows/</p>	
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7 Section 5 – Comments

Section 5	Comments	
5.1		

8 Reference

Sources used in preparing this document

1. The Medical Profession (Responsible Officers) Regulations 2010 (Her Majesty's Stationery Office, 2013)
2. The Medical Profession (Responsible Officers) (Amendment) Regulations 2013 (Her Majesty's Stationery Office, 2013)
3. The Medical Act 1983 (Her Majesty's Stationery Office, 1983)
4. *Maintaining High Professional Standards in the Modern NHS* (Department of Health, 2003)
5. The National Health Service (Performers Lists) (England) Regulations 2013
6. *The Role of the Responsible Officer: Closing the Gap in Medical Regulation, Responsible Officer Guidance* (Department of Health, 2010)
7. *Revalidation: A Statement of Intent* (GMC and others, 2010)
8. *Good Medical Practice* (GMC, 2013)
9. *Good Medical Practice Framework for Appraisal and Revalidation* (GMC, 2013)
10. *Good Medical Practice: Supplementary Guidance - Writing References* (GMC, 2012)
11. *Guidance on Colleague and Patient Questionnaires* (GMC, 2012)
12. *Supporting Information for Appraisal and Revalidation* (GMC, 2012)
13. *Effective Governance to Support Medical Revalidation: A Handbook for Boards and Governing Bodies* (GMC, 2013)
14. The GMC protocol for making revalidation recommendations: Guidance for responsible officers and suitable persons (GMC, 2012, updated in 2014)
15. *The Medical Appraisal Guide* (NHS Revalidation Support Team, 2014)
16. *Quality Assurance of Medical Appraisers* (NHS Revalidation Support Team, 2014)
17. *Providing a Professional Appraisal* (NHS Revalidation Support Team, 2012)
18. *Information Management for Medical Revalidation in England* (NHS Revalidation Support Team, 2014)
19. *Supporting Doctors to Provide Safer Healthcare: Responding to Concerns about a Doctor's Practice* (NHS Revalidation Support Team, 2013)
20. *Guidance for Recruiting for the Delivery of Case Investigator Training* (NHS Revalidation Support Team, 2014)
21. *Guidance for Recruiting for the Delivery of Case Manager Training* (NHS Revalidation Support Team, 2014).
22. *Responsible Officer Conflict of Interest or Appearance of Bias: Request to Appoint and Alternative Responsible Officer* (NHS Revalidation Support Team, 2014).
23. *Appraisal in the Independent Health Sector* (British Medical Association and Independent Healthcare Advisory Services, 2012)
24. *Joint University and NHS Appraisal Scheme for Clinical Academic Staff* (Universities and Colleges Employers Association, 2002, updated in 2012)
25. *Preparing for the Introduction of Medical Revalidation: a Guide for Independent Sector Leaders in England* (GMC and Independent Healthcare Advisory Services, 2011, updated in 2012)

26. *How to Conduct a Local Performance Investigation (National Clinical Assessment Service, 2010)*
27. *Use of NHS Exclusion and Suspension from Work amongst Doctors and Dentists 2011/12 (National Clinical Assessment Service, 2012)*
28. *Return to Practice Guidance (Academy of Medical Royal Colleges, 2012)*
29. *Medical Appraisal Logistics Handbook (NHS England, 2015)*