

PUBLIC BOARD MEETING 25th July 2018

Details of the Paper

Title	Medical Appraisal & Revalidation Annual Report 2017/18
Responsible Director	Dr Tina Kenny - Medical Director/Responsible Officer
Purpose of the paper	The purpose of this report is to provide assurance to the Trust Board that internal processes for Medical Appraisal and Revalidation are robust, and to report on the 17/18 activity.
Action / decision required (e.g., approve, support, endorse)	The board are asked to agree to the report. The board are asked to delegate approval for the CEO to sign the 'Statement of compliance' Annex E confirming that the organisation, as a designated body, is in compliance with the regulations.

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)

Patient Quality	<i>Financial Performance</i>	Operational Performance	Strategy	<i>Workforce performance</i>	<i>New or elevated risk</i>
Legal	Regulatory/ Compliance	Public Engagement /Reputation	<i>Equality & Diversity</i>	<i>Partnership Working</i>	<i>Information Technology / Property Services</i>

ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to?

1. Quality - excel in the delivery of clinical care, safety and patient experience.
2. People – employ, engage, develop and retain the highest calibre dedicated people who are proud to work for Buckinghamshire Healthcare

Please summarise the potential benefit or value arising from this paper:

Provides assurance to the Trust Board, Patients and staff that internal processes for Medical Appraisal and Revalidation are robust, and to report on the 17/18 appraisal activity.

RISK

Are there any specific risks associated with this paper? If so, please summarise here.	<i>Non-Financial Risk:</i>
	<i>Financial Risk:</i>

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?	Regulation 17 – Good Governance Regulation 6 – Safe care and treatment Regulation 19 – Fit and proper persons <i>(if you need advice on completing this box please contact the Director for Governance)</i>
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Agenda item: 19

Enclosure no: TB2018/086

Author of paper: Sarah Klamut, HR Manager Medical Appraisal & Revalidation / Dr Tina Kenny, Medical Director/Responsible Officer

Presenter of Paper: Dr Tina Kenny, Medical Director/Responsible Officer

Other committees / groups where this paper / item has been considered:

Paper presented to EMC 22nd June 2018

Paper presented to SWC 3rd July 2018 for comments

Date of Paper: June 2018

Annual Board Report

Medical Appraisal and Revalidation Summary of 2017-2018 Appraisal Year

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1. Executive summary

By the 31st March 2018 **396** Doctors had a GMC prescribed connection to the Trust for medical appraisal and revalidation. This includes Consultants, SAS Doctors, Trust Junior Doctors and Locum Bank Doctors. Arrangements have been put in place to ensure doctors are appraised to a standard that meets the requirements of the Responsible Officer (RO) Regulations and are revalidated in a timely manner are working effectively.

In 2017/18 331 out of 396 GMC prescribed doctors were required to undertake a medical appraisal and 99.7% of 331 doctors had a completed appraisal. 1 doctor did not have an appraisal due to extended leave but has arrangements in place to complete an appraisal. This is approved by the responsible officer.

65 doctors out of 396 GMC prescribed doctors were not eligible to have an appraisal due to being a new starter and completing their appraisal/ARCP elsewhere and doctors on long term sick leave, maternity leave or a career break.

Revalidation recommendations to the GMC were carried out in a timely manner. All recommendations were positive and 3 doctors were deferred for one year. There were no reports to the GMC for non-engagement.

2. Purpose of the Paper

The purpose of this report is to provide assurance to the Trust Board as part of the Responsible Officer's Regulations and to seek approval of NHS England statement of compliance confirming Buckinghamshire Healthcare NHS Trust is in compliance with the regulations.

The report covers the 17/18 medical appraisal activity.

Revalidation is the process by which all GMC licensed doctors are required to demonstrate on a regular basis (usually every 5 years) that they are up to date and fit to practise in their chosen field and able to provide a good level of care. It gives extra confidence to patients that their doctor is being regularly checked by their employer and the GMC. All Doctors with a GMC prescribed connection to the Trust are required for revalidation and contractually to have an annual medical appraisal. The duties of a doctor registered with the General Medical Council are set out in the "Good Medical Practice".

Licensed doctors are required to have a regular medical appraisal, based on the "Good Medical Practice", in order to revalidate. The framework sets out the broad areas which should be covered in a doctor's appraisal and on which the recommendations to revalidate doctors should be based.

Doctors are personally accountable for their professional practice and must always be prepared to justify their decisions and actions. Medical appraisal means action to deal with any concerns about a doctor's practice can be taken more quickly.

3. Background

As a designated body Buckinghamshire Healthcare NHS Trust has a statutory duty to support the Responsible Officer in discharging their duties under the Responsible Officer Regulations and it is expected that the Trust Board will oversee compliance by:

- Monitoring frequency and quality of medical appraisals.
- Ensuring 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 medical 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 Trust provides quarterly online reports to NHS England which detail numbers of Doctors with a prescribed connection, medical appraisal completion rates against those expected and those overdue. An Annual Organisational Audit was submitted to NHS England in May 2018 with the RO approval to provide a detailed analysis and assurance about the fulfilment of our statutory obligations for the full medical appraisal year.

4. Governance Arrangements

A Medical Appraisal Quality Assurance Group meets twice a year to drive up the quality of the appraisal process by providing quality assurance and ensuring consistent, high quality appraisal. The group is made up of Associate Medical Director (Chair) Medical Appraisal Lead, HR Manager (Medical Appraisal & Revalidation), Medical Appraisal and Revalidation Administrator, nominated medical representatives.

Doctors are required to include information about any complaints and compliments they have been named in as part of the medical appraisal portfolio. From April 2018 the medical appraisal and revalidation team provide individual doctors with Complaints/DATIX information prior to the allocated appraisal month for discussion during their appraisal.

The Medical Appraisal & Revalidation Team consists of:

- The Responsible Officer (RO), Dr Tina Kenny. The RO is responsible for the delivery of the arrangements needed to support revalidation.
- Associate Medical Director, Mr Richard Smith, Consultant Ophthalmologist.
- Trust Medical Appraisal Lead, Dr Sara Law, Speciality doctor in Anaesthetics. Lead for the Trust Medical Appraisal Quality Assurance Group and responsible for ensuring the Trust Approved Medical Appraisers have regular development training. Updating medical appraisal documentation and policies in response to changes in legislation and for assisting un-engaged doctors with medical appraisal and revalidation.

- HR Manager, Mrs Sarah Klamut: Operational and strategic Lead for Medical Appraisal & Revalidation in the Trust. Responsible for monitoring completion of appraisals and revalidation of the list of doctors with a prescribed connection to the Trust.
- Medical Appraisal & Revalidation administrator, Mr Andy Ryan: First point of contact and administrative support for Medical Appraisal & Revalidation in the Trust.

Medical appraisal and revalidation data is recorded on an electronic Microsoft Excel spreadsheet/database securely managed by the medical appraisal and revalidation team within medical HR. The database is audited on a monthly basis against GMC Connect and ESR to record new starters and leavers and to ensure there is an accurate record of doctors requiring an annual appraisal. 3 meetings a year are held with the GMC Employer Liaison Adviser to discuss local concerns/investigations concerning doctors, GMC cases, Medical Appraisal and Revalidation local update, deferrals/non engagement recommendations.

The responsible officer and medical appraisal and revalidation team attend regular NHS England RO & Medical Appraisal Leads Network Meetings to keep up to date with NHS England and GMC news and policy and to exchange information and calibrate appraisal-related decisions.

5. Medical Appraisals

All doctors with a prescribed GMC connection with the Trust are allocated an appraisal month by the appraisal and revalidation team in which they have their annual medical appraisal. This is usually within 12 months of the last appraisal. Medical appraisal can be postponed or deferred if a doctor is on sick leave, maternity leave or has agreed in advance with the RO. Annual medical appraisal compliance monitoring is supported by the medical appraisal and revalidation team who send 4 month reminder notification emails to doctors and liaise with SDU leads, Divisional chairs where there are compliance concerns.

Medical Appraisers

The quality and consistency of medical appraisal relies heavily on the skills and the professionalism of medical appraisers. There are currently 69 Trust Approved Medical Appraisers. 8 appraiser development workshops were held between April 2017 and Sept 2017. Training delivered by the Medical Appraisal Lead Dr Sara Law. A Medical Appraisal Portfolio Workshop was held in January 2018 for all doctors and a further workshop is to be held at the end of June 2018.

New appraisers attend an external appraiser training course consisting of 2 hours of e-learning and 1 day workshop.

Quality Assurance

A quality assurance process is in place undertaken by the medical appraisal lead and monitored by the medical appraisal and revalidation team. An ASPAT tool (Appraisal Summary and PDP Audit Tool) is used to ensure the process for quality

assurance is effective and feeds into the Medical Appraisal Quality Assurance Group.

An online medical appraisal feedback form that doctors complete after their appraisal meeting is provided. Feedback reports are generated for each appraiser. The reports are sent to the appraiser at year-end for discussion at their own appraisal.

Please see Appendix 1 for medical appraisal process feedback.

Access, security and confidentiality

There is no Patient Identifiable Data (PID) in the appraisal records. Each Doctor has a legacy paper file (kept in secure Medical HR Office) and an e-folder, maintained in the secure Medical Staffing Drive.

With the changes to the General Data Protection Regulation (GDPR) in May 2018, the medical appraisal & revalidation team have reviewed the use of surveys and personal information. A coding system is now used to identify individual doctors.

A privacy policy is in the process of being developed about what information the Trust is required to hold for the purposes of medical appraisal and revalidation and how it is stored.

6. Revalidation Recommendations

All Revalidation recommendations are reviewed by the Revalidation Referral Group (RRG) chaired by the Responsible officer Dr Kenny and attended by Divisional Chairs, Medical Education Director, Medical Appraisal lead and Associate Medical Director.

7. Recruitment and engagement background checks

The Trust follows the NHS Employment Check Standards produced by NHS Employers for all recruitment of permanent staff, staff on fixed term contracts temporary locum staff, students, trainees and trust bank staff.

The Medical Appraisal and Revalidation team obtain a transfer of information from previous employers for new doctors and external practice declaration is recorded in the appraisal paperwork.

8. Monitoring Performance

All doctors work in teams and are professionally accountable to the Medical Director.

Monitoring performance is undertaken by Job planning, management of complaints via Datix and a casework tracker.

Significant events are recorded as part of the annual medical appraisal and discussions are about how events have led to a specific change in practice or demonstrate learning. Highlighted significant events are reviewed by the Medical Appraisal Lead.

9. Responding to Concerns and Remediation

All medical Conduct, Capability, Ill health is managed by the medical HR team. The Appeals Policies and Procedures for Practitioners – Maintaining High Professional Standards (MHPS) outlines the process for dealing with serious concerns about a doctor's performance. The policy includes cases under conduct, capability and health issues. Other concerns are managed under other relevant Bucks Healthcare Policies and Procedures such as Dignity & Respect at Work and Grievance. A case tracker is held within Medical HR to monitor case progress.

10. Risk and Issues

The medical appraisal and revalidation process is maintained by many paper-heavy manual processes which require constant vigilance to maintain and we need to procure an electronic appraisal management system to reduce the risk of future failure. A business case has been put together and is in the process of going through an approval procedure. The management system will store appraisal evidence for the Responsible Officer to form the basis of a revalidation recommendation to the GMC. This will provide patients and the organisation with assurances of clarity, standardisation and efficiency of the medical appraisal and revalidation processes.

11. Future Developments

- The Medical Appraisal and Revalidation Policy has been updated and is in the process of going through the approval process.
- On delivery of the electronic Revalidation Management System, there will be a period of implementation and training for all doctors to use the system.

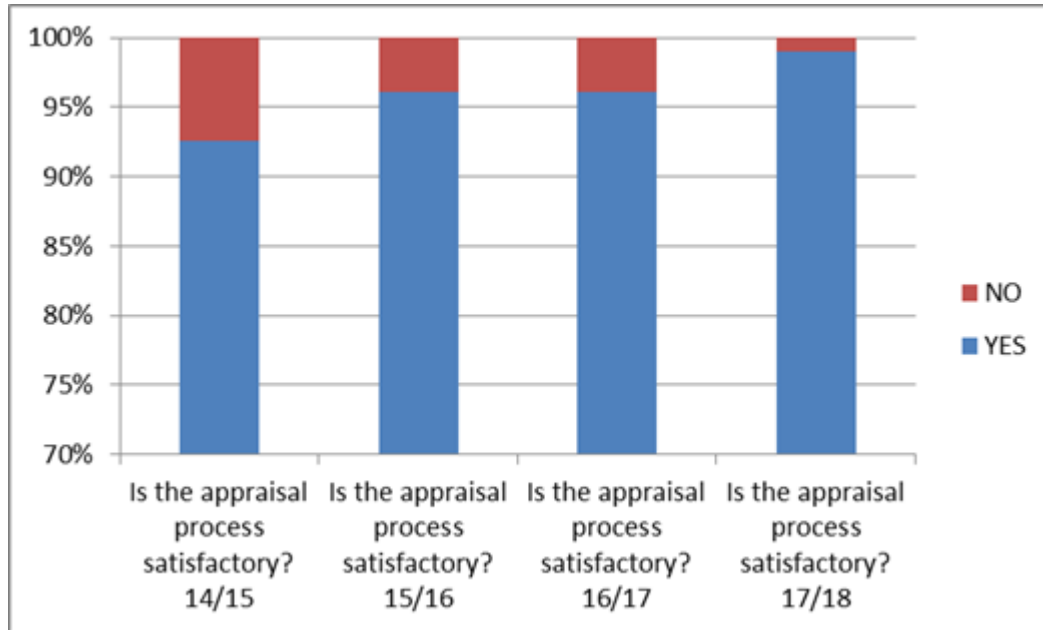
12. Recommendations

The board are asked to agree to this report.

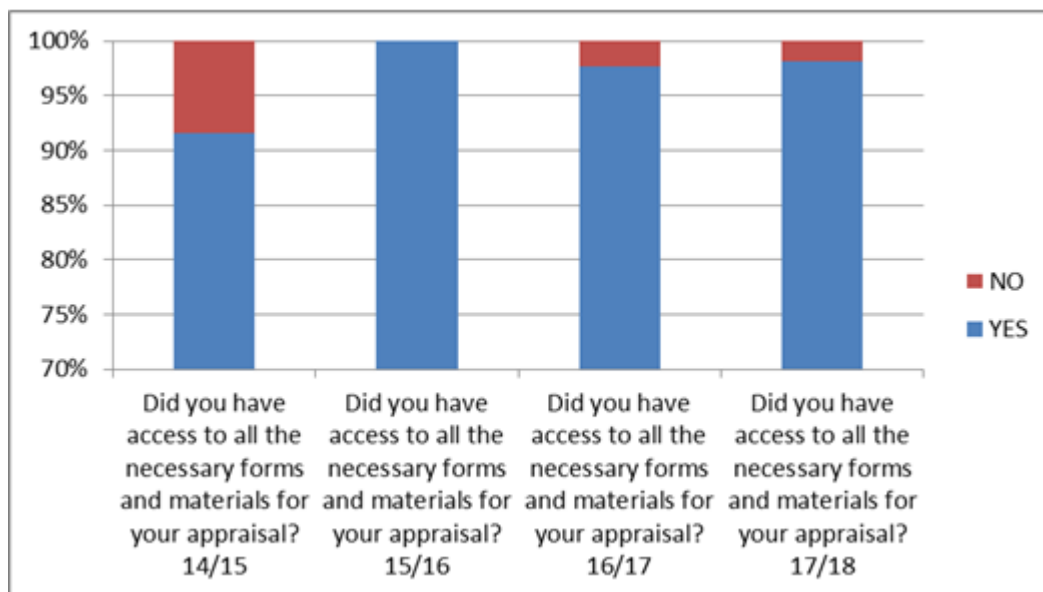
The board are asked to delegate approval for the CEO to sign the 'Statement of compliance' Annex E confirming that the organisation, as a designated body, is in compliance with the regulations.

Appendix 1

Medical appraisal process feedback from doctors

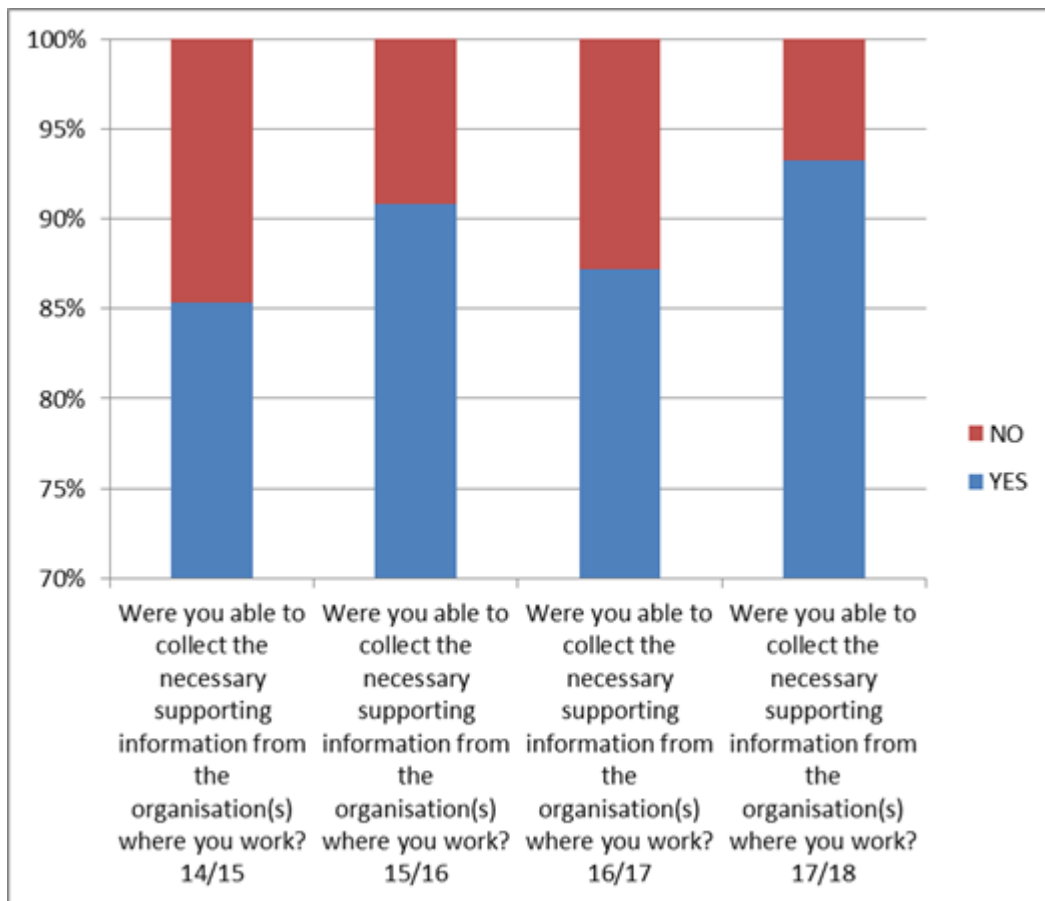


The question of “is the appraisal process satisfactory” has increased to 99% in 17/18 after levelling off over the past 2 previous surveys. This correlates with the increase in medical appraiser training undertaken in the last 2 years.

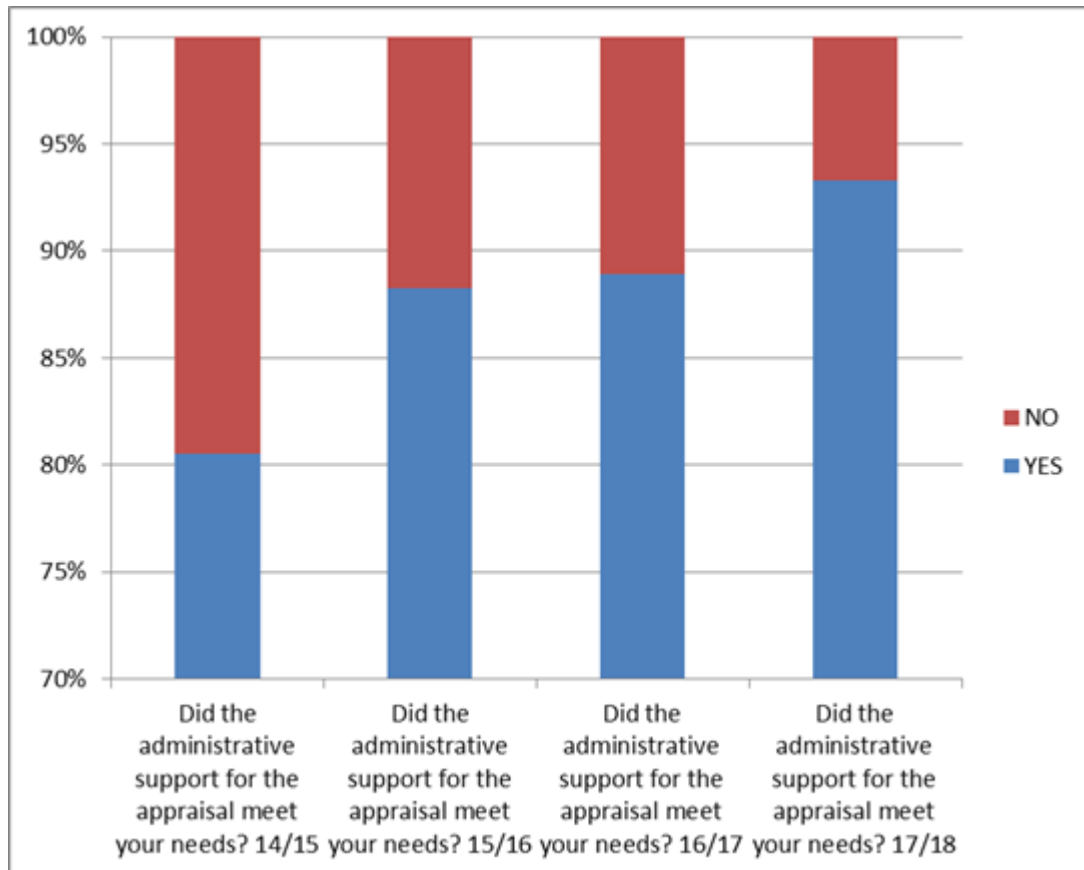


With regard to having access to necessary forms, there was a slight increase from 97.64% in 16/17 to 97.96% in 17/18. This correlates to the verbatim comments from the free text section of the 17/18 feedback questionnaires. Examples of verbatim comments can be found below.

Appendix 1 (continued)



The question of “were you able to collect the necessary supporting information from the organisation(s) where you work?” There has been an increase in 17/18 after a drop on the 16/17 cycle. This could be attributed to the NLMS system improving over the last year. There were fewer comments about NLMS in the verbatim comments from the free text section of the 17/18 feedback questionnaires.



The question of “Did the administrative support for the appraisal meet your needs?” There has been a steady increase since the first survey in 14/15 with it reaching a respectable 93.81% for the 17/18 cycle.

Examples of verbatim comments from the free text section of the feedback questionnaires from 17/18.

“Very detailed and thorough process. Very happy with the whole experience. I received extremely useful suggestions for my professional development plans.”

“I always look forward to Dr X appraising me as X is an excellent appraiser that is fair and challenges me appropriately. I have learnt so much from X and how to get the most from my appraisal.”

“I am very happy with the appraisal process in what is my first appraisal as a substantive consultant. I felt thoroughly supported found X advice really useful. Thank you very much.”

“Well prepared for the appraisal, had read everything, good balance of support and appropriate challenge for the future.”

“Regular reminders about the process were sent. Whenever I needed information for my revalidation, it was promptly provided.”

“Timely reminders from Appraisal team. Activity data, complication rates, complaint numbers not easy to source. I had to manipulate a large excel spreadsheet from Bluespier to get accurate operating numbers.”

“They were timely and were good at reminding me through reminder emails. They were also very quick with responding to my queries which is very much appreciated.”

“Still a lack of trust data on the work/outcomes of X. Not an appraisal department issue but impacts on process.”

Areas for improvement and themes from free text responses include:

- Access to clinical data – As a result of feedback it is identified that the provision of data is necessary to feed into the medical appraisal. As a result of previous feedback from April 2018 the appraisal and revalidation team will provide complaints/DATIX data to all doctors prior to the allocated appraisal month.
- Access to statutory and mandatory e learning system
- E platform- medical appraisal and revalidation management system

Annex E

Statement of Compliance

Designated Body Statement of Compliance

The board of Buckinghamshire Healthcare 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;

Comments: **Dr T Kenny**

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

Comments: **Yes. An accurate record is maintained by the Medical Appraisal & Revalidation Team on an excel database, regularly checked and monitored against the GMC Connect listing and Trust starters/leavers reports.**

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

Comments: **Yes. We maintain a Trust Approved Medical Appraiser list for appraisees to select a suitable appraiser from. The Medical Appraiser list is regularly updated and available on the intranet.**

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);

Comments: **Yes. Appraisers are all required to undertake training. We have a Quality Assurance Group to monitor and audit appraisal standards.**

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;

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

Comments: **Yes. We closely monitor annual medical appraisal completion and are committed to continually improving and developing our systems to ensure potential non-engagement is dealt with quickly and effectively.**

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;

Comments: **Yes. We have a system for monitoring the conduct and performance of our licensed medical practitioners. We have developed a process to provide doctors with information about complaints/DATIX for appraisal input.**

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

Comments: **Yes. Any concerns regarding fitness to practise are dealt with under our Maintaining High Professional Standards policies and procedures. A case tracker is held within Medical HR to monitor case progress.**

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;

Comments: **Yes. A transfer of information is requested by this Trust to other organisations on appointment of new doctors. Doctors are required to notify any other employers and make a probity declaration in their annual appraisal. We also require a private practice form to be completed with the annual appraisal, requiring other employers to notify any fitness to practise concerns.**

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

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

Comments: **Yes. We have rigorous pre-employment checks for licensed medical practitioners.**

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

Comments: **Yes. I confirm we have a Medical Appraisal and Revalidation Work Plan in place.**

Signed on behalf of the designated body

Name: Neil Macdonald

Signed: _____

Interim Chief Executive

Date

PUBLIC BOARD MEETING 25 JULY 2018

Details of the Paper

Title	Quality Accounts approval
Responsible Director	Chief Nurse / Director for Governance
Purpose of the paper	To seek the Board's endorsement of the approval of the Quality Accounts 17/18 under the Emergency powers in the standing orders.
Action / decision required	Endorse

IMPLICATIONS AND ISSUES TO WHICH THE PAPER RELATES (PLEASE MARK IN BOLD)

<i>Patient Quality</i>	<i>Financial Performance</i>	<i>Operational Performance</i>	<i>Strategy</i>	<i>Workforce performance</i>	<i>New or elevated risk</i>
<i>Legal</i>	Regulatory/ Compliance	<i>Public Engagement /Reputation</i>	<i>Equality & Diversity</i>	<i>Partnership Working</i>	<i>Information Technology / Property Services</i>

ANNUAL OBJECTIVE

Which Strategic Objective/s does this paper link to?
Quality

Please summarise the potential benefit or value arising from this paper:
Good governance.

RISK

Are there any specific risks associated with this paper? If so, please summarise here.	<i>Non-Financial Risk:</i> None
	<i>Financial Risk:</i> None

LINK TO CARE QUALITY COMMISSION ESSENTIAL STANDARDS OF SAFETY AND QUALITY

Which CQC standard/s does this paper relate to?	Good governance
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Author of paper: Liz Hollman

Presenter of Paper: Liz Hollman

Other committees / groups where this paper / item has been considered:
None

Date of Paper: 17 July 2018

Agenda item: 20

Enclosure no: TB2018/087

On the 29th June the Trust Chair, acting Chief Executive, NED Chair of the Audit Committee and NED Chair of the Quality and Clinical Governance Committee approved the final version of the Quality Accounts on behalf of the Board under the Emergency powers in the Standing Orders.

The Quality Accounts process was approved through Quality Committee and Audit Committee in January 2018. All Board members had an opportunity to review and comment on the draft Quality Accounts before they reached final draft stage.

Our Standing Orders require the Board to endorse this decision at a formal meeting.