

## Board of Directors (Public)

### Item 3.4

**Subject:** Revalidation Annual Report 2014-15  
**Date of meeting:** 16<sup>th</sup> January 2016  
**Prepared by:** Dr Raphael Perry, Medical Director  
**Presented by:** Dr Raphael Perry, Medical Director

BAF Ref	Impact on BAF Risk Rating
8	None

#### 1. Executive Summary

- Revalidation is now a five year cycle leading to a recommendation to the GMC that a doctor is fit to practice and retain their medical licence.
- The Responsible Officer (RO) is the only individual who can make the recommendation for revalidation and relies on the following evidence
  - o Evidence of regular satisfactory medical appraisal
  - o Peer and patient feedback at least once in any cycle
  - o No ongoing disciplinary procedures or GMC sanctions
- The trust has a robust medical appraisal system, an adequate number of trained appraisers and good culture of reflection on untoward events.
- The appraisal process has been delayed this year due to an imperative job planning round.
- An electronic online appraisal system would enhance tracking of appraisals and ensure timely completion.

#### 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.

The first Revalidation cycle was set at three years. Thus by the end of this time period, all doctors registered with the GMC will have undergone revalidation. Thus it is expected that, for the first cycle, approximately one third of all our doctors will revalidate each year.

Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations and it is expected that provider boards 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; and
- 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.

### **3. Revalidation Governance Arrangements**

The Medical Director is the Responsible Officer for the trust and has overall responsibility for the Governance processes and conduct of revalidation for Medical Staff at LHCH. The RO has undergone all the national required training requirements for the post, attends national annual update meetings and quarterly regional RO/appraisal lead meetings

#### **RO training 2014/15**

The RO has undertaken the following training.

1. February 27 2014 RO Northern Conference Leeds
2. July 1 2014 Responding to concerns meeting Manchester
3. September 4 RO conference Leeds

The RO underwent satisfactory annual appraisal as on September 24<sup>th</sup> 2014 and has next appraisal on January 25<sup>th</sup> 2016.

In 2013/4 the Deputy Medical Director took the role as appraisal lead, with the responsibility of ensuring all appraisals were completed on time and to a good standard. Now the Medical Director/RO performs this function. The RO role is supported by the HR department (one of the HR business partners and a Business Support Coordinator) who also carry out the pre-employment checks. Previously the role was split with education but now is consolidated in HR. This reduces the likelihood of appraisal and revalidation data being missed and will allow databases for job planning to be linked.

#### **Revalidation Performance 2014/15**

The GMC maintains a list of medical staff with a prescribed connection to the Trust on a the GMC connect website . The RO reviews this list weekly to ensure clinicians are on track to revalidate at the date set by the General Medical Council. Email warnings are given to all clinicians four months before the date of their revalidation. New permanent medical staff are required to inform the GMC that the Trust is their designated body for the purposes of Revalidation.

All consultants and staff grades who were required to revalidate in 2014/15 complied with the requirements of revalidation within the expected time frame. There were three deferrals; two middle grade doctors starting at the trust as their revalidation date was due and an overseas professor. The deferral of these doctors for six months allows them to be appraised during the tenure at the trust and also to complete multisource

feedback as appropriate.

## **Policy and Guidance**

The Trust has an approved Revalidation Policy. The governance and requirements of revalidation are evolving and growing. The policy has been updated in the last year and passed through the relevant committees including the LNC.

## **Medical Appraisal**

This is the cornerstone of the revalidation process, with annual appraisal now mandatory. Appraisal is conducted annually, using the GMC Medical Appraisal Guide. The appraisal window is from September to December and covers the previous financial year. The vast majority of appraisals are normally scheduled for September. However this year a formal round of job planning was mandated in September following an adverse report from MIAA. This delayed the appraisals to December.

The interval between April and December is the time required for the clinical audit department to generate the full raft of outcome data that is required as supporting evidence. A database of medical appraisals is maintained by the RO and any delays or missed appraisals followed up to completion.

## **Completion of Medical Appraisals 2014/5**

The Trust was the designated body for 72 consultants and 17 trust doctors in 2014/15. The Trust also acts as the designated body for a palliative care doctor from the Marie Curie Hospice in Liverpool; a visiting professor from Australia and a consultant from Clatterbridge Oncology Centre. This consultant requested an external RO due to a conflict of interest. Deanery Trainees have the Deanery as their designated body and the postgraduate dean as their RO.

At the end of the September appraisal window 59 consultants and 9 trust doctors had been appraised. The majority of these were completed in the November to December 2015 appraisal window. Extended timescales have been agreed for the completion of the process for the remaining individuals. Delays beyond January 2016 will result in the risk of disciplinary sanction by the Trust.

There have been five new consultant starters who cannot yet be appraised. One consultant is on maternity leave and two consultants have undertakings imposed by the GMC or are going disciplinary procedures.

A database of non-Deanery trainees and appraisal dates has been established and is used to ensure this group all received an exit appraisal when employment ceases. Meaningful appraisal cannot be undertaken during their first six months and this group is frequently delayed. A very small proportion require revalidation during their time at LHCH

The Trust completes the mandatory quarterly appraisal returns to the NHS North revalidation Team.

## **Appraisers and Training**

The Trust has currently 19 trained medical appraisers all of whom have undergone training/refresher training since 2012. Further training has been organised for February

2016. In addition, new clinical leads receive training soon after appointment. There is comprehensive cross specialty representation, with appraisal where possible done by an appraiser in the same specialty.

One consultant asked for an alternative appraiser and this was accommodated

### **Quality Assurance of Appraisals Including Involvement in Serious Untoward Events**

All appraisals are reviewed for content and completeness by the Responsible Officer. The Medical Appraisal Document (MAG) used by the Trust is designed by the National Revalidation Support Team, and therefore includes the requirement for doctors to reflect on any complaints and to declare their involvement in investigations or serious untoward events. In addition, should the RO in his capacity as MD, may identify issues that he feels need to be discussed at an individual's appraisal. If this is the case then the appraisee and appraiser will be contacted, and following completion, the appraisal document will be reviewed to ensure this has occurred.

All consultants involved in investigations have reflected appropriately in the 2014/15 appraisal document.

### **Whole Practice Appraisal**

Inclusion of non-NHS practice performed outside the Trust needs to be included in the appraisal. The requirement also includes a governance sign off from the Medical Director of any hospitals where this practice occurs. Whilst these documents are generally received, there can be significant delays at these hospitals. In future rounds, appraisal will not be undertaken without either the documents being received or a sign off that consultants are not engaging in this Practice.

For the 2014/5 appraisal round, all consultants were contacted for feedback on their appraisals and no issues were identified. In the future this will be formalised using a standard 360 form. The results will be reviewed by the appraisal lead.

### **Access, Security and Confidentiality**

Individual appraisal documents are shared between appraiser, appraisee and the Responsible Officer via the Trust's secure intranet. They are then stored electronically on the Responsible Officer's PC which is necessarily password protected. Medical staff are fully aware of the requirement not to include patient identifiable data and this has not been an issue when documents have been reviewed.

### **Clinical Governance**

Good clinical governance is the foundation for Medical Appraisal and the Trust needs to ensure it has in place those processes required to ensure good medical practice.

As stated previously, the appraisal window for the Trust is from September to December, following the relevant financial year. The reason for this delay is the requirement for the provision to medical staff of comprehensive, risk adjusted outcome measure to be included in the appraisal document.

The data available provides comprehensive assurance of the performance of the individual clinician and is more detailed than that required in a non-specialist Trust. As well as mortality, details of complication rates are also included.

Details of any complaints over the relevant time period are sent to all medical staff, as are multisource feedback from patients and peers. This information is included in the appraisal document.

### **Monitoring Performance**

Whilst annual appraisal is an opportunity to review a doctor's performance, the Trust Governance systems allow closer scrutiny. Consultant risk adjusted mortality is reviewed six monthly by the Quality committee. Consultant specific complications are discussed openly at monthly audit meetings.

All deaths are scrutinised independently in the Trust. This is done by the Mortality Review Group that meets monthly. This focusses on system but also individual operator failures. Patterns of poor or unexpected performance are discussed with the Clinical lead and Medical Director if they become a concern to the Mortality Review group. Thus the Trust has routinely collected detailed information on consultant performance. A more robust MRG system with the emphasis on organisational learning is being developed.

In 2014/15 three consultant surgeons were placed on restricted practice for breach of the clinical effectiveness policy. This was managed in-house without the requirement for additional resource.

### **Referrals to the GMC**

Three consultants had GMC investigations in 2014/15 following an SUI or referral by the trust/patients. Two are still under review and one resolved with no fitness to practice issues.

### **Recruitment and Engagement Background Checks**

Audit in 2012/3 demonstrated significant gaps in pre-employment checks. This process was rectified for the 2013/4 cycle and the system continues satisfactorily in 2014/15. 100% of appointed medical staff completed identity, GMC, CRB, Occupational Health and reference checks. No issues have arisen. At the commencement of employment, a document is sent to the doctor's previous Responsible Officer, asking for appraisal history and evidence of performance problems in the past. The response to these requests is generally poor nationally and is no different here, and has been raised as an issue at the RO national meeting.

### **Responding to Concerns and Remediation**

The Trust has in place Revalidation and Remediation policies both of which have been updated this year.

## **4. Summary**

There are no significant risks with the revalidation process within the Trust. However, the process could be improved by developing an electronic online appraisal system in line with the job planning software. This would allow better tracking of the status of appraisal and easier access to supporting evidence.

The Trust needs to have a more vigorous process in place to ensure whole practice appraisal includes information from Private Hospitals. This will be actioned prior to the Next appraisal round and is included in the updated Revalidation Policy.

## **5. Recommendations**

The Board of Directors is asked to accept this report as evidence that the Trust is compliant with the processes necessary for medical revalidation and that the Quality Committee approved a statement of compliance for NHS England, confirming the above.