

## Board of Directors (Public)

### Item 17

**Subject:** Revalidation Annual Report 2013-14  
**Date of meeting:** 27 January 2014  
**Prepared by:** Dr Glenn Russell, Medical Director  
**Presented by:** Dr Glenn Russell

**board  
report**

Data Quality Rating	BAF Ref	Level of Assurance (Full / Incomplete/ Concerned / Immediate Action)
Bronze	8	

### 1. Introduction

This paper is to provide the Board with assurance that the process and practice of revalidation for the year 2013-4 has met the standards required by the General Medical Council

### 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 has been 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<sup>1</sup> and it is expected 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; 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, and attends annual update meetings

#### **RO training 2013/4**

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 January 2, 2015.

The RO role is supported by a part time clerical officer in the education Department. During the last year support in pre-employment checks from the medical Staffing Department has been put in place. However, the split responsibilities between Departments means there is an increased likelihood of appraisal and revalidation data being missed.

For 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.

#### **Revalidation performance 2013/4**

The GMC maintains a list of medical staff with prescribed connection to the Trust on 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 2013/4 complied with the requirements of revalidation within the expected time frame. There were two deferrals –both middle grade doctors starting at the trust as their revalidation date was due. The deferral of these doctors for at least 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. It is important to understand that the Governance and requirements of revalidation are evolving, and indeed growing, such that the policy will need updating annually in the over the next 3 years.

**Medical appraisal** is key to 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 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 for a cardiothoracic practice.

A database of medical appraisals is maintained by the RO and any delays or missed appraisals followed up to completion.

### **Completion of Medical appraisals 2013/4**

The Trust was the designated body for 70 consultants in 2013-4. This does not include Deanery Trainees, who have the Deanery as their designated body. The Trust also acts as the designated body for a palliative care doctor from the Marie Curie Hospice in Liverpool. At the end of the September appraisal window 67 consultants had been appraised. The majority of these were completed in the Sept-December 2014 appraisal window. Three consultants had not been appraised and this was managed with a series of warnings by the Trust Appraisal Lead. Timescales have been agreed for the completion of the process by these individuals. Further delays will result in the risk of disciplinary sanction by the Trust.

### **The breakdown is as follows:**

Consultants and staff grades; completed/total

Respiratory 9/9

Radiology 5/5

Surgery 19/20

Cardiology 17/20 -1 not applicable as late starter

Anaesthesia 17/18 -1 new starter

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.

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

### **Appraisers and training**

The Trust has currently 16 trained medical appraisers-all of whom underwent training in 2012. Update training has been organised for January 2015. 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.

One consultant was involved in an investigation regarding a retained swab in 2013/4. No action was found necessary and the issue was appropriately considered in the appraisal document.

### **Whole Practice appraisals.**

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 2013/4 appraisal round, all consultants were contacted for feedback on their appraisals and no issues were identified. For 2014/5 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 6 monthly by the Clinical Quality committee. Consultant specific complications are discussed openly at monthly audit meetings.

All deaths are scrutinised independently in the Trust. This is via 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.

In January 2013, a consultant surgeon was placed on restricted practice for breach of the clinical effectiveness policy. The individual received a disciplinary sanction. Six months of supervised practice was managed in-house without the requirement for additional resource.

### **Referrals to the GMC**

Two consultants had GMC investigations in 2013-4, acting on concerns raised directly by patients. One is still under review and one complaint has been dismissed without fitness to practice concerns.

One consultant underwent an investigation as a result of concerns around a possible retained swab. The investigation did not find substandard clinical practice. However the consultant received a verbal warning about the quality of documentation

### **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. 100% of appointed medical staff completed identity, GMC, CRB, Occupational Health and reference checks. Two appointees are identified as having had a qualifications check but without documentary evidence of this. The matter is being investigated at present but is unlikely to be a significant risk. 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 a Revalidation and Remediation policy.

## **4. Summary**

There are no significant risks with the revalidation process within the Trust. However, the process could be improved by the following actions:

- A single Department should hold the responsibility for supporting the governance around appraisal and revalidation.
- Confusion and duplication can be a problem when Education holds appraisal and
- Medical Staffing supports pre-employment checks.
- It is likely that Revalidation support will sit with Medical Staffing from March 2015.
- The poor response for revalidation and appraisal data from previous employers is a national problem and will be fed back for consideration by the NHS Revalidation support Team.

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 2014/5 appraisal round and included in an updated Revalidation Policy.

## **5. Recommendations**

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