

Board of Directors (in Public) Item 5.5

Subject: Medical Revalidation Annual Report
Date of meeting: 31st January 2024
Presented by: Dr Raphael Perry - Medical Director
Purpose of report: For Assurance

BAF Ref	Impact on BAF
BAF 1	Assurance regarding doctors being able to practice. Impact on safety and reputation.

Level of assurance (please tick one) To be used when the content of the report provides evidence of assurance					
<input checked="" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Executive Summary

Revalidation continues to be a five-year cycle leading to a recommendation to the GMC that a doctor is fit to practice and retain their medical licence. The first five-year cycle completed in December 2017. All doctors who have LHCH as their designated body (DB) (their prescribed connection) have the Medical Director (Dr Raphael Perry) as their Responsible Officer. The Responsible Officer (RO) is the only individual who can make the recommendation for revalidation and relies on the following evidence:

- Evidence of regular satisfactory annual medical appraisal
- Peer and patient feedback at least once in any cycle
- No on-going 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 electronic online appraisal system, Allocate, enhances tracking of appraisals, and ensures timely completion. Mr Mohammed Zeinah is the recently appointed Appraisal lead replacing Dr Tim Fairbairn. The appraisal lead and continues to monitor progress of completion and feeds back to NHSE Revalidation Team (North). Also advises on any gaps in the requirements for revalidation.

There are no doctors who have failed to provide evidence for revalidation though three were deferred to allow more time to gather supporting evidence.

The Board of Directors is asked to note the assurance provided.

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 aimed to have all doctors through the appraisal for revalidation process in the first three years. By the end of that time period, all doctors registered with the GMC underwent revalidation. Since the first cycle, approximately one fifth of all our doctors 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.
- ensure 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, Dr Raphael Perry 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.

The RO also attends the quarterly Revalidation Team (north) RO network meetings. These meetings are hybrid face to face/virtual.

The RO meets three times a year with the GMC ELA addressing doctors' performance, quality, and regulatory updates.

The RO underwent satisfactory annual appraisal as in November 2022 including peer and patient feedback and was revalidated in December 2022.

Mr Mohammed Zeinah is the Trust's Appraisal lead and has undertaken appropriate training. He attends the quarterly regional Revalidation Team (north) network appraisal meetings. The appraisal lead, liaising with the RO, has the responsibility of ensuring all appraisals were completed on time and to a good standard.

The RO role is supported by the HR department (HR Business Partner and a Medical HR Advisor), the recruitment team undertake all pre-employment checks.

4. Revalidation Performance 2023

The GMC maintains a list of medical staff with a 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.

In early 2020, the GMC made changes to revalidation dates in response to the pandemic. This was in order to give doctors and responsible officers more time to be ready for revalidation and prioritise clinical care for patients. The appraisal system was changed to be more light touch and doctors could ask to defer or skip appraisal altogether for a year.

Doctors who were due to revalidate between 17 March 2020 and 16 March 2021 had their revalidation submission dates moved back by one year. Given the ongoing challenges that doctors are facing, The GMC decided to extend this approach to doctors who are due to revalidate between March and July 2021, if their dates haven't already been rescheduled. All doctors were able to revalidate with no significant delay and are now back on track.

The GMC continues with the structure appraisal introduced since the pandemic and modified in 2022. Much of the appraisal focuses on wellbeing and previously required data has been scaled down to make the process less onerous. The timing of appraisal windows can be extended at the RO's discretion.

All consultants and staff grades who were required to revalidate in 2022 complied with the requirements of revalidation within the expected time frame. Notwithstanding the effects of the pandemic the deferral of doctors is allowed for up to twelve months if there are difficulties in assembling appropriate supporting evidence (recent starters) or periods of significant sick leave. No LHCH doctors have been deferred for poor compliance. All non-deanery trainees have LHCH as their designated body for the period of their attachment.

Trainees employed by LHCH have an appraisal in line with their previous appraisal time frame and do not necessarily need or get an appraisal during the period the majority of consultant appraisals are carried out. If only at LHCH for a four- or six-month rotation period they may not require any appraisal. On arrival their need and time of appraisal is evaluated and communicated to their educational supervisor

4.1 Policy and Guidance

The Trust has an approved Medical Appraisal and Revalidation Policy. The governance and requirements of revalidation are evolving and growing. The policy was updated in August 2022 and passed through the relevant committees including the LNC, the next review date is October 2024.

4.2 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 has been extended since the pandemic is from September to March and covers the previous financial year. The aim is for the majority of appraisals to be scheduled for September to December. A number of appraisals are undertaken outside of this window are completed by April.

Doctors should have an appraisal no less than three months and no more than fifteen months since their last appraisal. They are not expected to have an appraisal during maternity or long-term sick leave.

The interval between April and June is the time required for the clinical audit department to generate the full raft of outcome data that is required as supporting evidence. An online database of medical appraisals is maintained by the RO, the appraisal lead and HR, any delays or missed appraisals are followed up to completion.

4.3 Completion of Medical Appraisals 2023

The Trust was the designated body for **102 consultants and 24 trust doctors** in 2023. Of the

trust doctors only **12** were due an appraisal during their attachment period. The Trust also acts as the designated body for a palliative care doctor from the Marie Curie Hospice in Liverpool. Deanery Trainees have the Deanery as their designated body and the postgraduate dean as their RO. The appraisal window generally runs from September to December but has been extended due to work pressures since the pandemic for both appraisees and appraisers.

To date **94 consultants (92%) and 11 trust doctors (91%)** have been appraised and fully signed off for 21/22 appraisal period. **1** doctor has had extended sick or maternity leave and have deferred their appraisal. Of the remainder there are **8** appraisals in progress following a meeting with the appraiser or are awaiting a meeting. All appraisals are monitored by the DMDs and the appraisal lead.

None of the doctors will breach the requirement for appraisal within fifteen months of their last appraisal. Timescales have been agreed for the completion of the process for the remaining individuals in line with GMC and revalidation guidance. Delays beyond April 2023 may result in the risk of disciplinary sanction by the Trust. This would not apply to trust doctors whose timing is governed by their attachment and previous appraisal outside the LHCH.

There has been one new consultant starter who has been appraised for the first time.

Meaningful appraisal of trust doctors cannot be undertaken during their first six months and this group is frequently delayed. A number of trust doctors rotate before the timescale of their appraisal. A very small proportion require revalidation during their time at LHCH. Work is being undertaken by the HR team to ensure the appropriate information is provided in order for the database to be used to its full potential. This remains on going.

The Trust completes the mandatory quarterly appraisal returns to the NHS North revalidation Team. The RO also completes the Annual organisational Audit when required and the annual Statement of Compliance to the Revalidation Office.

4.4 Appraisers and Training

The Trust has currently **49** trained medical appraisers all of whom have undergone training/refresher training since starting as appraisers. Training was undertaken in April 2019 as part of the clinical lead's development programme. A refresher update session was also held in October 2020 and a further update training was carried out in October 2021 and October 2022. 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. The trust follows the appraisal guidance on the number of times an appraiser appraises individuals.

4.5 Quality Assurance of appraisals including Involvement in serious untoward events

All appraisals are reviewed for content and completeness by the Responsible Officer and the appraisal lead. The online Medical Appraisal Document now used by the Trust (Allocate) supports all aspects of whole practice appraisal in line with the National Revalidation Support Team. It 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, 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/disciplinary procedures have reflected appropriately in the 2022/2023 appraisal document.

A quality review was carried out by the Higher-Level RO and team from NHSE Revalidation north in January 2020. This led to the establishment of an Appraisal Consistency Group running in tandem with the Job Planning Consistency Group.

Quality assurance of the appraisals is carried out by the RO and appraisal lead after each appraisal period and fed back to the Appraisal Consistency Group with areas of improvement in the narrative of the appraisal document.

The quarterly and annual reports to the revalidation team and the statements of compliance have not led to any negative feedback from the higher RO.

4.6 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/RO or Appraisal lead of any hospitals where this practice occurs. Whilst these documents are generally received, there can be delays at these hospitals. Appraisal will not be undertaken without either the documents being received or a sign off those consultants are not engaging in external practice.

In addition, additional roles such as educational supervisors or research and management roles are appraised.

For the 2022/2023 appraisal round, all relevant consultants will be contacted for feedback on their appraisals and any issues will be reported to RO and Appraisal lead. In the future this will be formalised using a standard 360 form. The results will be reviewed by the appraisal lead on completion and feedback given to appraisers.

4.7 Access, Security and Confidentiality

Individual appraisal documents are shared between appraiser, appraisee and the Responsible Officer. All documentation is visible on the Allocate system with appropriate access only. 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.

The Trust software from Allocate will allow in depth scrutiny of appraisal data if required.

4.8 Clinical Governance

Good 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.

There 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. Trust data requirements are reviewed by the Clinical Leads annually.

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.

4.9 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. The Trust has routinely collected detailed information on consultant performance. A more robust MRG system with the emphasis on

organisational learning is being developed.

One member of consultant staff have been on restricted practice in 2022/23. No trainees have been on restricted practice.

4.10 Referrals to the GMC

There were four GMC investigations in 2022/23 in relation to medical staff still employed by the Trust. These were all reported by an ex member of consultant staff involved in an employment tribunal. One referral has completed with no action and three are ongoing.

4.11 Recruitment and engagement background checks

100% of appointed medical staff completed identity, GMC, DBS (or appropriate police check), 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.

5. Summary

There are no significant risks with the revalidation process within the Trust. The outstanding appraisals are being monitored and will be completed within the time window and within the recommended time frame for annual appraisal.

The revalidation and appraisal processes have been improved during the pandemic and the appraisal content focussed on well-being. Revalidation dates and appraisal windows have been extended; LHCH doctors revalidated with no delays.

The Trust online appraisal and revalidation system is functioning satisfactorily and has improved the process, the systems are in line with the job planning software. This allows better tracking of the status of appraisal and easier access to supporting evidence.

6. Recommendations

The Board is asked to note this report as evidence that the Trust is compliant with the processes necessary for medical revalidation.