

Board of Directors (in Public) Item 5.5

Subject: Medical Revalidation Annual Report
Date of meeting: 28th January 2025
Prepared by: Steph Donnelly – Medical HR Manager
Presented by: Mr Manoj Kuduvalli - Medical Director
Purpose of report: To Note

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) <i>To be used when the content of the report provides evidence of assurance</i>			
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

- 1.1 This report is presented to the Trust Board to provide assurance that the statutory functions of the Responsible Officer are being appropriately fulfilled; to report on performance in relation to those functions; to update the Trust Board on progress since the 2022/23 annual report and to demonstrate commitment to continual quality improvement in the delivery of professional standards.

2. Background

- 2.1 Medical Revalidation was designed 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.

2.2 The last report was submitted to Trust Board in January 2024 for the year 2022/23. This report covers the period 1st April 2023 to 31st March 2024.

3. Governance Arrangements

3.1 The Medical Director, Mr Manoj Kuduvali, is the Responsible Officer (RO) for the Trust and has overall responsibility for the governance processes and conduct of Medical Appraisal and Revalidation for Medical Staff at LHCH.

3.2 Mr Mohamed Zeinah is the Trust's Medical Appraisal Lead. Liaising with the RO, the Medical Appraisal Lead has the responsibility of ensuring all appraisals are completed on time and to a good standard.

3.3 The RO and Medical Appraisal Lead are supported by the Medical HR Team (Medical HR Manager and a Medical HR Officer) with the monitoring of appraisal and revalidation processes during the reporting period. The Trust's Recruitment and Resourcing Team undertake all pre-employment checks for medical appointments.

3.4 Progress and compliance with the appraisal and revalidation regulations is monitored through:

- Monthly compliance reports supplied to Divisional Management teams.
- Personal action plans for those whose appraisals are overdue due to mitigating circumstances.
- Introduction of restrictions for clinicians who demonstrate persistent non-engagement with the process, with consideration of disciplinary action if necessary.
- Submission of the annual organisational audit to NHS England.

4. Policy and Guidance

4.1 The Medical Appraisal and Revalidation Policy was last reviewed in October 2022 and ratified through the Trust's Local Negotiating Committee. A review of the policy is currently underway to consider recommendations received following a Medical

Appraisal and Revalidation Assurance visit from NHS England in November 2024.

5. Medical Appraisal

Compliance

- 5.1 The Trust was the designated body for 104 consultants and 29 trust doctors in the reporting period. The Trust's overall compliance rate for 2022/23 was **100%**.

To date 86 consultants (**81.13%**) and 22 trust doctors (**78.5%**) have been appraised and fully signed off for the 2023/24 appraisal period. **1** doctor has had extended sick leave and has deferred their appraisal. **1** doctor has been excluded from duty during an ongoing MHPS investigation. Of the remainder there are **6** appraisals in progress following a meeting with the appraiser or are awaiting a meeting.

- 5.2 The Trust completes a summary of outstanding appraisals on a monthly basis with regular reports being submitted to Divisional Management Teams for action. Each summary, reviews appraisals which are considered to be overdue for the period and follow up will take place with the individuals concerned to ascertain the reasons for the delay. Where appropriate, action plans are developed for each doctor / appraiser to bring them back in line with their revalidation trajectory and to deal with any issues which have contributed to the delay.
- 5.3 Doctors whose appraisals are significantly overdue or have failed to comply with their action plan will be referred for escalation to the Medical Director for consideration of enacting restrictions to unplanned extra-contractual duties. Where there is evidence of persistent non-engagement, consideration of disciplinary action may apply if necessary. This approach appears to have reduced the number of doctors who remain non-compliant for appraisals for long periods of time.
- 5.4 Following discussions with the Trust's senior leadership team, changes were identified for the timeframes of appraisals to facilitate improved integration between the appraisal and job planning process. The previous appraisal window of September to March, has been amended to April to November. The new timeframes will aid the process by ensuring appraisals are approved ahead of job planning thus helping inform the job plan. Additionally, the revised timeframes will ensure that job planning meetings are held in good time and job plans signed off ahead of Divisional and Trust annual plan submissions for the year to come.

Appraisers

- 5.5 The Trust currently has **48** trained medical appraisers all of whom have undergone training/refresher training since starting as appraisers. Refresher training was held in October 2022. In addition, new clinical leads receive training soon after appointment.
- 5.6 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.

- 5.7 Feedback was received from the NHS England during the assurance visit in November, that the Trust's ratio of appraisers per doctor is very high. A recommendation was made for us to review this going forward and this is being considered as part of the overall policy and process review.
- 5.8 The Medical Appraisal Lead and Medical HR Team are available to support appraisers with challenging situations and provide advice depending on the issue. Examples include advising on acceptable evidence for non-standard roles, assisting with non-compliant doctors and escalating more serious concerns that arise during the appraisal process to ensure a doctor receives the necessary support and intervention.

6. Medical Appraisal Quality Assurance

- 6.1 All doctors submit feedback on their appraisal experience as the final step in the appraisal process on Allocate. This not only allows personalised reports for appraisers to be generated but also enables the Medical HR Team to create an overview of how doctors perceive the process and help to target resources and communications more effectively.
- 6.2 NHS England recommends that 20% of appraisals should be quality assured. This will be adhered to moving forward by the RO and Medical Appraisal Lead in accordance with NHS England quality assurance guidance.
- 6.3 Should the RO identify issues that need to be discussed at an individual's appraisal, the appraisee and appraiser will be contacted, and following completion, the appraisal document will be reviewed to ensure this has occurred.

7. Medical Revalidation Recommendations

- 7.1 During the reporting period the following number of recommendations and deferrals were made:
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| • Number of recommendations | 28 |
| • Number of positive recommendations | 28 |
| • Number of deferrals made | 7 (5 doctors) |
| • Number of non-engagement referrals | 0 |
| • Number of doctors who did not revalidate | 0 |
- 7.2 The number of deferrals for the reporting period is an improvement from the report for 2022/23.

8. Access, Security and Confidentiality

- 8.1 Completed appraisal forms comprise part of a doctor's revalidation portfolio. This information is securely held within the Trust's appraisal management system which complies with all data security and protection requirements.
- 8.2 Medical staff are fully aware of the requirement not to include patient identifiable data, and this has not presented as an issue when documents have been reviewed.

9. Clinical Governance

- 9.1 Comprehensive clinical governance information 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 of comprehensive, risk adjusted outcome measures to be included in the Medical Appraisal document.
- 9.2 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.
- 9.3 Details of any complaints over the relevant time period are sent to all medical staff, as is multisource feedback from patients and peers. This information is included in the appraisal document.

10. Monitoring Performance, Responding to Concerns and Remediation

- 10.1 Concerns about a doctor's performance are managed under the Trust's Local MHPS Policy for Medical Staff. Issues are generally dealt with by Divisional Management unless it is felt that the problem is serious enough to be escalated to the Medical Director and/ or the Chief People Officer and a formal process entered into. Where appropriate a Non-Executive Director is assigned to each case to monitor compliance with process and ensure a timely resolution.
- 10.2 A report on exclusions and involvement in such processes is presented periodically to the Trust Board for information. An annual report summarising such investigations is also submitted to the Trust Board.
- 10.3 The RO meets with the GMC's Employer Liaison Advisor quarterly to discuss cases which may be, or have been, escalated to the GMC by the RO, or have been referred to the GMC via other routes. No referrals to the GMC were made in the reporting period.
- 10.4 Concerns may be raised as part of the appraisal process. The Trust Medical Appraisal and Revalidation policy includes detail on the processes to be followed in such an eventuality.

11. Recruitment and Engagement Background Checks

- 11.1 The Recruitment and Resourcing Team in HR is responsible for ensuring that all necessary pre and post-recruitment checks are completed in full and for taking any required action, including dealing with start dates or withdrawing offers of employment, where the responses to these checks are not satisfactory. These checks apply to both permanent, fixed term and locum staff.
- 11.2 Checks include but are not limited to:
 - Identity check
 - Qualification check
 - GMC Conditions / Undertakings and past history

- Ongoing GMC / MPTS / PPA investigations
- Disclosure and Barring Service (DBS) check
- Employment References
- Language Competency (either via PLAB or addresses at interview)

11.3 During the reporting period, 27 doctors were recruited by the Trust, with 100% of doctors having completed pre-employment checks ahead of their start date.

12. Summary

12.1 There are no significant risks associated with the Medical Appraisal and Revalidation process within the Trust. Outstanding appraisals will continue to be closely monitored and the measures implemented to address non-engagement with the appraisal process are proving effective.

Additionally the recommendations from the NHS England Assurance Visit, combined with the collaboration between the RO, Medical Appraisal Lead, and the Medical HR team provides confidence that the Medical Appraisal and Revalidation process will continue to strengthen and improve.

13. Recommendations

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