

TRUST BOARD**24th September 2015**

TITLE	Medical Appraisal and Revalidation
EXECUTIVE SUMMARY	This report provides an audit of compliance with the Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) for the period 1 st April 2014 to 31 st March 2015 at Ashford and St. Peter's Hospitals NHS Foundation Trust.
BOARD ASSURANCE (RISK)/ IMPLICATIONS	The report details the compliance with the RO Regulations and highlights any shortfalls with an action plan to address.
LINK TO SO / BAF	SO 1: Best Outcomes SO 2: Excellent Experience SO 3: Skilled/Motivated Teams
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.
EQUALITY AND DIVERSITY ISSUES	None identified
LEGAL ISSUES	The Trust, as a Designated Body, has the statutory requirement to comply with the Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).
The Trust Board is asked to:	Accept the report and approve the Statement of Compliance
Submitted by:	Dr David Fluck, Responsible Officer
Date:	22 nd September 2015
Decision:	For acceptance and approval

**ANNUAL BOARD REPORT
MEDICAL APPRAISAL AND REVALIDATION**

**Annual Audit of Compliance with the Medical Profession
(Responsible Officers) Regulations 2010 (as amended
2013) for the period 1st April 2014 to 31st March 2015**

**Dr David Fluck
Responsible Officer**

September 2015

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1. Executive summary

This report contains data surrounding the completion and sign off of appraisal and revalidation recommendations, as well as other Responsible Officer activities at Ashford and St. Peter's for the period 1st April 2014 to 31st March 2015.

NHS England has produced A Framework for Quality Assurance for Responsible Officers and Revalidation to ensure compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013), which includes a set of core standards. This report highlights where the Trust meets those standards and where there are shortfalls.

The table below sets out some of the key data:

No of doctors with a prescribed connection to ASPH @31 st March 2015	286
No of completed appraisals within the appraisal year – 1 st April 2014 to 31 st March 2015	200 (70%)
No of revalidation recommendations made between 1 st April 2014 to 31 st March 2015	139

An Independent Verification Visit of the Trust's medical appraisal and revalidation systems was carried out by NHS England on 3rd July 2015, the final report is awaited. However, the draft report concludes that whilst overall the Trust is achieving compliance with the requirements for Medical Appraisal and Revalidation, there are some areas for improvement. A key finding was a lack of capacity in managing the appraisal and revalidation processes within the Trust and this needed to expand. It has therefore been agreed to appoint a full-time dedicated Medical Appraisal and Revalidation Manager by December 2015.

In summary the main areas for improvement are:

- 77 missed or incomplete appraisals without prior approval from the Responsible Officer with no explanation captured.
- Insufficient capacity in the current Revalidation team to manage and administer fully the systems and processes for medical appraisal and revalidation.
- Lack of structured individual feedback to appraisers.
- Current systems are unable to provide all the data requested.

A Development/Action Plan to address the above is attached at Appendix F.

2. Purpose of the Paper

Revalidation is the process by which doctors in the UK have their license to practise renewed. The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.

Revalidation is based on effective systems of appraisal and governance/quality assurance which are designed to improve quality and safety and is effectively a by-product of these strengthened systems.

The purpose of this report is to assure the Board that the systems underpinning the recommendations that the Trust makes to the GMC on doctors' fitness to practise, including the arrangements for medical appraisal and responding to concerns, are in place, functioning, effective, consistent with those in other designated bodies and compliant with nationally agreed standards and that where there are any gaps or shortfalls in those systems, robust action plans are in place to achieve compliance with the regulations.

3. 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.

Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations¹ 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.

This is the second annual report.

¹ The Medical Profession (Responsible Officers) Regulations, 2010 as amended in 2013' and 'The General Medical Council (Licence to Practice and Revalidation) Regulations Order of Council 2012'

4. Governance Arrangements

Organisational Structures and Responsibilities:

There are six key roles which form the governance structure for Medical Appraisal and Revalidation within the Trust. These are:

The Trust Board

Responsible Officer – Dr David Fluck

Appraisal Lead – Dr Mick Imrie

Revalidation Lead* (2 days per week) – Kate Clarke

Revalidation Support Officer* (1 day per week) – Emma Alderman replaced by Karen Cooke (May 2015)

Workforce and OD Department

Roles and responsibilities of the above are as outlined in the Trust's Medical Appraisal and Revalidation Policy.

* These roles will be replaced with the appointment of a full-time Medical Appraisal and Revalidation Manager (Band 5) in post from December 2015.

Processes of Internal Assurance:

The Board receives a monthly report showing appraisal completion rates for doctors across the Trust and by Division.

The Board also receives this annual report.

A copy of the Annual Organisational Audit is submitted to IGAC.

NHS England South have requested us to provide a Quarterly Appraisal Report. We have not been able to comply with this request due to lack of resources. When available this will be submitted to the Board.

The Responsible Officer and Revalidation Lead meet fortnightly to review appraisals and to discuss revalidation recommendations. Prior to the Responsible Officer making a revalidation recommendation the Revalidation Lead reviews the doctor's last appraisal to ensure that the appraisal inputs and outputs meet the required standards. In line with the recommendations made by the Independent Verification Visit report, we are considering the use of a decision-making panel to discuss revalidation recommendations.

The Appraisal Lead and Revalidation Lead undertake quality assurance of the appraisal process on an annual basis by reviewing the Appraisal Summary and

PDPs of a random sample of appraisals. They also monitor feedback from appraisees on the quality of appraisals. The appointment of the Medical Appraisal and Revalidation Manager will provide the additional resource required to enable regular structured feedback to Medical Appraisers.

The Appraisal Lead and Revalidation Lead hold meetings twice yearly with medical appraisers for ongoing support and training.

The Revalidation Support Officer adds and removes doctors from the Trust's GMC Connect database on a monthly basis by running a starters and leavers report from ESR. This ensures that an accurate list of doctors with a prescribed connection to ASPH is maintained.

A monthly report showing those doctors whose appraisals are overdue or due within the next 3 months is provided to Divisional Service Managers/Specialty Leads, who are responsible for sending out reminders to individual doctors.

Doctors who are non-compliant with appraisal will receive regular electronic reminders from CRMS. Persistent offenders will receive a formal letter from the RO and will be subject to disciplinary action and referral to the GMC for non-engagement.

The Workforce and OD Department carry out pre-employment checks on all doctors with whom the Trust enters a contract of employment or for the provision of services. This includes obtaining a reference about the doctors' fitness to practise from their previous Responsible Officer.

Policy and Guidance

NHS England published A Framework for Quality Assurance for Responsible Officers and Revalidation (FQA) in April 2014. It is designed to assist Responsible Officers, in providing assurance to the Board that doctors working in their organisations remain up to date and fit to practise. This report complies with that guidance.

5. Medical Appraisal

a. Appraisal and Revalidation Performance Data

The table below contains details of numbers of doctors with a prescribed connection with ASPH on 31st March and completed appraisal rates for doctors by role/job title:

Job Title/Role	Number of Doctors	Completed Appraisals *
Permanent Consultants (incl. Honorary Contract Holders)	198	139
Permanent Staff Grade, Associate Specialist, Specialty Doctor (incl. Hospital Practitioners and Clinical Assistants)	64	49
Temporary or short-term contract holders (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc.)	24	12
Total	286	200

*A completed annual appraisal is one where the appraisal meeting took place between 1st April 2014 and 31st March 2015, for which the outputs have been signed off by the appraiser and appraisee.

Of the 86 who did not complete an annual appraisal between 1st April 2014 and 31st March 2015, 77 did not gain prior approval for deferral of appraisal from Dr David Fluck, the Trust's Responsible Officer.

b. Appraisers

There are 65 trained medical appraisers within the Trust. In 2014-15, 7 new appraisers were trained. The Appraisal Lead and Revalidation Lead hold 6 monthly meetings with medical appraisers for ongoing support and training. The agenda for these meetings is based on the latest information and guidance disseminated at Regional RO Network and Appraisal Leads' meetings, on the data gathered from appraisal quality assurance processes and from feedback from the medical appraisers themselves.

In 2015/16, refresher training for medical appraisers who were trained in 2012/13 will be provided.

c. Quality Assurance

An outline of the quality assurance processes is provided below:

For the appraisal portfolio:

Prior to the Responsible Officer making a revalidation recommendation the Revalidation Lead reviews the doctor's last appraisal to provide assurance that:

- the appraisal inputs: the pre-appraisal declarations and supporting information provided is available and appropriate.
- the appraisal outputs: PDP, summary and sign offs are complete and to an appropriate standard.
- key items identified pre-appraisal as needing discussion during the appraisal are included in the appraisal outputs.

For the individual appraiser:

Appraisers complete an Annual Reflective Template which they include in their own appraisal portfolio and includes reflection on:

- continuing professional development for the medical appraiser role,
- the half-yearly Medical Appraiser Support Group meetings
- the feedback from the Appraisal Lead and Revalidation Lead on the annual review of their performance, obtained from the mandatory Evaluation forms completed by the appraisees at the end of the appraisal process and the quality assurance of the appraisal summaries and PDPs.

For the organisation:

Audit of the reasons for non-compliance with appraisal is required. The appointment of the Medical Appraisal and Revalidation Manager will enable the acquisition of the data in real-time.

System user feedback is provided by doctors by means of the Appraisal Evaluation forms and from medical appraisers via the Medical Appraiser Support Group.

(See **Annual Report Template, Appendix B**; Quality assurance audit of appraisal inputs and outputs)

d. Access, security and confidentiality

In order to manage, monitor and report on the appraisal process, access to appraisal folders is required by the Responsible Officer, the Appraisal Lead, the Revalidation Lead and the Revalidation Support Officer.

Documents uploaded to CRMS are transmitted and stored in encrypted form. However, because they are stored outside of the hospital network they must not contain any patient identifiable data. CRMS has an alert system in place which requires doctors to confirm that they are not uploading any Supporting Information containing patient identifiable data. This is verified by Revalidation Lead on

reviewing appraisals prior to sign off by the Responsible Officer and any patient identifiable data found, is immediately removed and the doctor informed.

e. Clinical Governance

Doctors are provided with access to the following corporate data as Supporting Information for their appraisal:

Statutory and Mandatory Training Status Report
 Risk Profile - detailing any incidents, complaints and claims
 Access to CHKS– containing activity and outcomes data
 Access to Equiniti 360 Clinical colleague and patient feedback tool

6. Revalidation Recommendations

Recommendations made between 1 st April 2014 to 31 st March 2015	Recommendations Completed		Positive Recommendations	Deferral Requests	Non-Engagement Notifications
	On time	Not on time			
139	137	135	93	46	0

Between 1st April 2014 and 31st March 2015, 139 revalidation recommendations were made. Of the 46 deferrals requested, 41 were due to insufficient supporting information and 5 were due to a local on-going process.

Of the doctors deferred in this period, all but 4 have since been revalidated and 3 have left the Trust. The 4 are expected to revalidate within the next few months.

See **Annual Report Appendix C**; Audit of revalidation recommendations

7. Recruitment and engagement background checks

All checks are carried out at pre-employment stage, including the requirement to obtain a reference from the doctor's last Responsible Officer. Data for agency and independent contractors is not recorded by the Trust. The appraisal outputs are not routinely enclosed with the RO reference but the doctor is requested to upload their previous appraisal and PDP onto CRMS for their next appraisal.

Since June 2014, the GMC have been given new statutory powers to check the English language competency of EU doctors. However local provisions for checking the language competency of doctors who were registered before this date are still required. Currently language competency is informally assessed at

interview. A policy has been circulated to all trusts by the NHS England South Revalidation Team. Consultation with relevant stakeholders at ASPH has taken place. The policy will be published shortly and managers trained in its implementation.

The Trust is phasing out the use of non-framework agencies and has introduced a central booking system via Asclepius, who will verify the pre-employment checks for all agency doctors prior to placement. For doctors not booked through Asclepius, pre-employment checks are verified by the Divisions.

Asclepius will also provide robust Management Information on the number and duration of individual agency locum attachments. Currently this information is not captured centrally.

Annual Report Appendix E; Audit of recruitment and engagement background checks.

8. Monitoring Performance

Doctors' performance is monitored through a variety of mechanisms within the Trust, in addition to the appraisal process, including:

- the triangulation of data from incident reports, complaints and claims by the Chief of Patient Safety
- the review of Transfer of Information forms from other NHS organisations in which the doctor works by the Responsible Officer and Revalidation Lead
- Quarterly meetings with the GMC Employer Liaison Adviser
- Comparative data generated by CHKS (Comparative Health Knowledge Systems)
- Mortality reviews conducted on every inpatient death.

9. Responding to Concerns and Remediation

The process and procedures that the Trust follows in responding to concerns about a doctor are set out in the Conduct, Capability, Ill-health and Appeals Policies and Procedures for Practitioners (Doctors and Dentists) and complies with the requirements of Maintaining High Professional Standards in the NHS (HSC 2003/12).

An in-house two-day Case Investigator Training course has been commissioned from the NCAS (National Clinical Assessment Service) for September 2015. This will ensure that the Trust has a sufficient number of appropriately trained Case Investigators to carry out investigations into concerns raised about doctors.

As outlined in the Trust's Medical Appraisal and Revalidation Policy, the Trust

employs a variety of remediation mechanisms, with the aim of getting doctors back to full and unsupported medical practice. These range from informal agreements, coaching, reskilling through additional training and education, formal supervised clinical placements and supervised practice or adjustments to duties during a period of rehabilitation.

During the period 1st April 2014 to 31st March 2015, there were 12 doctors who had concerns highlighted about their practice. 2 consultants underwent formal remediation during this period.

See **Annual Report Appendix D**; Audit of concerns about a doctor's practice.

10. Risk and Issues

As highlighted in last year's report, the current Revalidation team lack the capacity necessary to manage and administer fully the systems and processes for medical revalidation and appraisal. The appointment of a dedicated full-time Medical Appraisal and Revalidation Manager is key to ensuring compliance with the regulations and this is a post in which a large number of other Trusts have invested order to manage, administer and monitor the processes involved. (N.B. Funding has been agreed to recruit to this post in September 2015).

11. Corrective Actions, Improvement Plan and Next Steps

The Development Plan at Appendix F contains details of the corrective actions, improvements and developments which are required to ensure future compliance with the regulations.

12. Recommendations

The Board is asked to accept this report, which will be shared, along with the Annual Organisational Audit, with the higher level Responsible Officer.

The Board is required to approve the "Statement of Compliance", attached at Appendix G, confirming that the organisation, as a designated body, is in compliance with the regulations.

Annual Report Appendix A

Audit of all missed or incomplete appraisals audit

Doctor factors (total)	86
Maternity leave during the majority of the 'appraisal due window'	1
Sickness absence during the majority of the 'appraisal due window'	1
Prolonged leave during the majority of the 'appraisal due window'	1
Suspension during the majority of the 'appraisal due window'	0
New starter within 3 month of appraisal due date ¹	3
New starter more than 3 months from appraisal due date ¹	0
Postponed due to incomplete portfolio/insufficient supporting information	Unavailable
Appraisal outputs not signed off by doctor within 28 days ²	69
Lack of time of doctor ¹	2
Lack of engagement of doctor	Unavailable
Other doctor factors	Unavailable
(describe)	
Appraiser factors	
Unplanned absence of appraiser ¹	1
Appraisal outputs not signed off by appraiser within 28 days ²	See below
Lack of time of appraiser	Unavailable
Other appraiser factors (describe)	Unavailable
(describe)	
Organisational factors	
Administration or management factors	0
Failure of electronic information systems	0
Insufficient numbers of trained appraisers	0
Other organisational factors (describe)	0

¹ Data captured only for those doctors where RO approved deferral of appraisal. ² CRMS report does not differentiate between whether appraiser or appraisee failed to sign off appraisal within 28 days of appraisal meeting. Figure provided is total number.

Annual Report Appendix B

Quality assurance audit of appraisal inputs and outputs

Total number of appraisals completed		200
	Number of appraisal portfolios sampled (to demonstrate adequate sample size)	Number of the sampled appraisal portfolios deemed to be adequate against standards
Appraisal inputs	20	16
Scope of work: Has a full scope of practice been described?	20	20
Continuing Professional Development (CPD): Is CPD compliant with GMC requirements?	20	19
Quality improvement activity: Is quality improvement activity compliant with GMC requirements?	20	20
Patient feedback exercise: Has a patient feedback exercise been completed?	19*	19
Colleague feedback exercise: Has a colleague feedback exercise been completed?	20	20
Review of complaints: Have all complaints been included?	20	16
Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included?	20	16
Is there sufficient supporting information from all the doctor's roles and places of work?	20	17
Is the portfolio sufficiently complete for the stage of the revalidation cycle (year 1 to year 4)? Explanatory note: For example <ul style="list-style-type: none"> • Has a patient and colleague feedback exercise been completed by year 3? • Is the portfolio complete after the appraisal which precedes the revalidation recommendation (year 5)? • Have all types of supporting information been included? 	20	16
Appraisal Outputs		
Appraisal Summary	20	17
Appraiser Statements	20	20
PDP	20	20

*Due to specialty not requiring patient feedback

Annual Report Appendix C

Audit of revalidation recommendations

Revalidation recommendations between 1 April 2014 to 31 March 2015	
Recommendations completed on time (within the GMC recommendation window)	137
Late recommendations (completed, but after the GMC recommendation window closed)	2
Missed recommendations (not completed)	0
TOTAL	139
Primary reason for all late/missed recommendations For any late or missed recommendations only one primary reason must be identified	
No responsible officer in post	N/A
New starter/new prescribed connection established within 2 weeks of revalidation due date	N/A
New starter/new prescribed connection established more than 2 weeks from revalidation due date	N/A
Unaware the doctor had a prescribed connection	N/A
Unaware of the doctor's revalidation due date	N/A
Administrative error	1
Responsible officer error	N/A
Inadequate resources or support for the responsible officer role	N/A
Other	1*
Describe other* – Doctor joined ASPH after revalidation date – revalidation recommendation should have been made by previous Trust	
TOTAL [sum of (late) + (missed)]	2

Annual Report Appendix D

Audit of concerns about a doctor's practice

Concerns about a doctor's practice	High level	Medium level	Low level	Total
Number of doctors with concerns about their practice in the last 12 months Explanatory note: Enter the total number of doctors with concerns in the last 12 months. It is recognised that there may be several types of concern but please record the primary concern	3	8	1	12
Capability concerns (as the primary category) in the last 12 months	2	2	0	4
Conduct concerns (as the primary category) in the last 12 months	1	6	1	8
Health concerns (as the primary category) in the last 12 months	0	0	0	0
Remediation/Reskilling/Retraining/Rehabilitation				
Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2015 who have undergone formal remediation between 1 April 2014 and 31 March 2015 <i>Formal remediation is a planned and managed programme of interventions or a single intervention e.g. coaching, retraining which is implemented as a consequence of a concern about a doctor's practice</i> <i>A doctor should be included here if they were undergoing remediation at any point during the year</i>				2
Consultants (permanent employed staff including honorary contract holders, NHS and other government /public body staff)				2
Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS and other government /public body staff)				0
General practitioner (for NHS England area teams only; doctors on a medical performers list, Armed Forces)				N/A
Trainee: doctor on national postgraduate training scheme (for local education and training boards only; doctors on national training programmes)				N/A
Doctors with practising privileges (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)				N/A
Temporary or short-term contract holders (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc) All DBs				0
Other (including all responsible officers, and doctors registered with a locum				0

agency, members of faculties/professional bodies, some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc) All DBs	
TOTALS	2
Other Actions/Interventions	
Local Actions:	
Number of doctors who were suspended/excluded from practice between 1 April and 31 March: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included	0
Duration of suspension: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included Less than 1 week 1 week to 1 month 1 – 3 months 3 - 6 months 6 - 12 months	N/A
Number of doctors who have had local restrictions placed on their practice in the last 12 months?	2
GMC Actions: Number of doctors who:	
Were referred to the GMC between 1 April and 31 March	1
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 April and 31 March	7
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 April and 31 March	0
Had their registration/licence suspended by the GMC between 1 April and 31 March	0
Were erased from the GMC register between 1 April and 31 March	0
National Clinical Assessment Service actions:	
Number of doctors about whom NCAS has been contacted between 1 April and 31 March:	
For advice	10
For investigation	0
For assessment	0
Number of NCAS investigations performed	0
Number of NCAS assessments performed	0

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Annual Report Appendix E

Audit of recruitment and engagement background checks

Number of new doctors (including all new prescribed connections) who have commenced in last 12 months (including where appropriate locum doctors)																	
Permanent employed doctors																	19
Temporary employed doctors																	21
Locums brought in to the designated body through a locum agency																	Unavailable
Locums brought in to the designated body through 'Staff Bank' arrangements																	37
Doctors on Performers Lists																	0
Other																	Unavailable
Explanatory note: This includes independent contractors, doctors with practising privileges, etc. For membership organisations this includes new members, for locum agencies this includes doctors who have registered with the agency, etc																	
TOTAL																	77
For how many of these doctors was the following information available within 1 month of the doctor's starting date (numbers)																	
	Total	Identity check	Past GMC issues	GMC conditions or undertakings	On-going GMC/NCAS investigations	BDS	2 recent references	Name of last responsible officer	Reference from last responsible officer	Language competency	Local conditions or undertakings	Qualification check	Revalidation due date	Appraisal due date	Appraisal outputs	Unresolved performance concerns	
Permanent employed doctors	19	19	19	19	19	19	19	19	19	19	19	19	19	19	Un-avail-able	19	
Temporary employed doctors	21	21	21	21	21	21	21	21	21	21	21	21	21	21	Un-avail-able	21	
Locums brought in to the	Un-	Un-	Un-	Un-	Un-	Un-	Un-	Un-	Un-	Un-	Un-	Un-	Un-	Un-	Un-	Un-	

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designated body through a locum agency	avail able	avail able	avail able	avail able	availa ble	availa ble	avail able	availab le	avail able	availa ble	avail able	availa ble	availa ble	avail able	avail able	avail able
Locums brought in to the designated body through 'Staff Bank' arrangements	37	37	37	37	37	37	37	37	37	37	37	37	37	14	Un- avail able	37
Doctors on Performers Lists	N/A															
Other (independent contractors, practising privileges, members, registrants, etc)	Un- avail able	Un- avail able	Un- avail able	Un- avail able	Un- availa ble	Un- availa ble	Un- avail able	Un- availab le	Un- avail able	Un- availa ble	Un- avail able	Un- availa ble	Un- availa ble	Un- avail able	Un- avail able	Un- avail able
Total (these cells will sum automatically)	77	77	77	77	77	77	77	77	77	77	77	77	77	77	Un- avail able	77

For Providers – use of locum doctors:

Explanatory note: Number of locum sessions used (days) as a proportion of total medical establishment (days)

NB: this section may change as a result of the SCL Project

The total WTE headcount is included to show the proportion of the posts in each specialty that are covered by locum doctors

Locum use by specialty:	Total establishment in specialty (current approved WTE headcount)	Consultant: Overall number of locum days used	SAS doctors: Overall number of locum days used	Trainees (all grades): Overall number of locum days used	Total Overall number of locum days used
Surgery	108.86	1182	935	1158	3275
Medicine	126.46	2063	857	1589	4509
Psychiatry	0	0	0	0	0

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Obstetrics/Gynaecology	32.87	0	164	75	239
Accident and Emergency	48.05	173	2293	1079	3545
Anaesthetics	66.34	199	442	85	726
Radiology	21.49	546	1	40	587
Pathology	11.74	Unavailable	Unavailable	Unavailable	Unavailable
Other	112.13	288	790	243	1321
Total in designated body (This includes all doctors not just those with a prescribed connection)	527.71	4451	5482	4269	14202
Number of individual locum attachments by duration of attachment (each contract is a separate 'attachment' even if the same doctor fills more than one contract)	Total	Pre-employment checks completed (number)	Induction or orientation completed (number)	Exit reports completed (number)	Concerns reported to agency or responsible officer (number)
2 days or less	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
3 days to one week	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
1 week to 1 month	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
1-3 months	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
3-6 months	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
6-12 months	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
More than 12 months	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Total	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable

Ashford & St. Peter's Development Plan for Appraisal and Revalidation

Action Plan 2015-16

Requirement	Gap	Action	Responsible
The Designated Body and Responsible Officer			
The designated body provides the Responsible Officer with sufficient funds, capacity and other resources to enable the Responsible Officer to carry out the responsibilities of the role.	The current Revalidation team lack the capacity necessary to manage and administer fully the systems and processes for medical revalidation and appraisal. The appointment of a dedicated full-time Medical Appraisal and Revalidation Manager is key to ensuring compliance with the regulations and this is a post in which a large number of other Trusts have invested order to manage, administer and monitor the processes involved. (N.B. Funding has been agreed to recruit to this post in September 2015).	Appoint Medical Appraisal and Revalidation Manager – Band 5	Responsible Officer/Senior Medical Workforce Business Partner
	Currently the Responsible Officer makes revalidation decisions independently.	Set up a panel structure to support revalidation decision-making	Senior Medical Workforce Business Partner

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Requirement	Gap	Action	Responsible
The Responsible Officer provides a report the Designated Body's Board and the higher level Responsible Officer, on compliance with the RO Regulations and other statutory requirements	In addition to the Annual Organisational Audit and the Annual Board Report, NHS England have requested a quarterly report to the Higher Level Responsible Officer on appraisal completion rates, which has not been fulfilled in 2014-15 due to lack of capacity.	Complete quarterly reports	Medical Appraisal and Revalidation Manager
Appraisal			
The Responsible Officer ensures that every doctor participates in the annual medical appraisal process	77 doctors did not have an appraisal in the year 2014-15.	<p>Continue to provide monthly appraisal exception reports to Service Managers/Specialty Leads to send out reminders to doctors.</p> <p>Set up automatic notification process via email form CRMS for due and overdue appraisals.</p> <p>Issue letters on quarterly basis to doctors who fail to engage with appraisal.</p> <p>Instigate disciplinary procedures or refer to GMC for persistent non-engagement</p>	<p>Workforce Information Officer</p> <p>Medical Appraisal and Revalidation Manager</p> <p>Medical Appraisal and Revalidation Manager</p> <p>Responsible Officer</p>

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Requirement	Gap	Action	Responsible
The Responsible Officer ensures that every doctor with a missed or incomplete medical appraisal has an explanation recorded	Current systems are unable to provide the detail requested	Contact individual doctors by phone/email to ascertain reasons for missed or incomplete appraisals in real-time and log on RO dashboard.	Medical Appraisal and Revalidation Manager
There is a process in place for the Responsible Officer to ensure that key items of information (such as specific complaints, significant events and outlying clinical outcomes) are included in the appraisal portfolio and discussed at the appraisal meeting so that development needs are identified.	Risk Profile reports are not being routinely requested by the doctor from the ASPH Quality Department for inclusion in appraisal. Responsible Officer Transfer of Information forms are not being routinely sent by the doctor to private practice or other organisations in which they work	Currently the Revalidation Lead reviews the last appraisal of all doctors who are due for revalidation to ensure that all the appraisal inputs and outputs are in place prior to the Responsible Officer making a revalidation recommendation. Once the Medical Appraisal and Revalidation Manager is appointed, this process will be extended to all doctors' appraisals to ensure that all the required appraisal inputs and outputs are in place, prior to final sign-off.	Medical Appraisal and Revalidation Manager
The Responsible Officer ensures that the appraiser submits the completed appraisal outputs within 28 days of the appraisal meeting	Some appraisals are not being signed off within 28 days of the appraisal meeting by both the appraiser/doctor	Set up automatic notification process via email form CRMS for unsigned/overdue appraisals.	Medical Appraisal and Revalidation Manager

Paper 6.4

Requirement	Gap	Action	Responsible
The Responsible Officer ensures that a doctor should normally have no more than three consecutive appraisals with the same appraiser and must then have a period of at least three years before being appraised again by the same appraiser	Current practice is for appraisees to choose their own appraiser, who must be within specialty or the wider division and advise their DD.	Allocate appraisers to appraisees and plan for a 3 year rotation cycle of appraisers	Medical Appraisal and Revalidation Manager
The Responsible Officer ensures that 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)	Individual structured feedback is not provided to appraisers currently due to capacity of Appraisal Lead.	Provide structured written feedback to appraisers	Appraisal Lead/Medical Appraisal and Revalidation Manager
Recruitment and Engagement			
The Responsible Officer ensures that when entering into contracts of employment or contracts for the provision of services, the designated body has policies and procedures in place to ensure that doctors have sufficient knowledge of the English language for the work to be performed.	English language competency is currently informally assessed during interview. This process needs to be formalised across the Trust for all doctor recruitment.	Implement Policy and train managers in use.	Senior Medical Workforce Business Partner

Paper 6.4

Requirement	Gap	Action	Responsible
A system is in place to enable the annual audit of recruitment and engagement background checks	<p>There is no centrally held list of independent contractors to enable annual audit</p> <p>Data on the number of individual locum attachments by duration of attachment was not available in 2014-15.</p>	<p>Create and maintain a central list of independent contractors with details of all pre-employment checks undertaken</p> <p>In 2015-16, this information will be provided by Asclepius</p>	<p>Recruitment Manager</p> <p>Recruitment Manager/Workforce Information Manager</p>

Annual Report Appendix G

Designated Body Statement of Compliance

The board of Ashford & St. Peter's Hospitals NHS Foundation Trust can confirm that

- an AOA has been submitted,
- the organisation is compliant 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;

Yes

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

Yes

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

Yes

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 Appraisers² or equivalent);

There has been limited individual feedback to appraisers on the quality of appraisals they have completed. Going forward more structured individual feedback will be provided.

5. All licensed medical practitioners³ 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;

The appointment of a dedicated full-time Medical Appraisal and Revalidation Manager will make this process more effective.

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) and ensuring that information about these matters is provided for doctors to include at their appraisal;

Yes

² <http://www.england.nhs.uk/revalidation/ro/app-syst/>

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

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

Yes

8. There is a process for obtaining and sharing information of note about any licensed medical practitioner's fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where the licensed medical practitioner works;⁴

Yes

9. The appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that all licenced medical practitioners⁵ have qualifications and experience appropriate to the work performed;

Yes

10. A development plan is in place that ensures continual improvement and addresses any identified weaknesses or gaps in compliance.

Yes

Signed on behalf of the designated body:
Ashford & St. Peter's NHS Foundation Trust

Name: Aileen McLeish

Signed: _____

Role: Chairman

Date: _____

⁴ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>