

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

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Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020 but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer,
- c) act as evidence for CQC inspections.

Designated Body Annual Board Report

Section 1 – General:

The board / executive management team – *[delete as applicable]* of *[insert official name of DB]* can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: None
Comments: Dr Hamish McLure
Action for next year: None

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Action from last year: None
Comments: Yes
Action for next year: None

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

Action from last year: Maintain an accurate database of names on the system and pursue the mandatory training link
Comments: All appraisals are undertaken via our appraisal system hosted by SARD JV Ltd.
Action for next year: Maintain an accurate database of names on the system and pursue the mandatory training link

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: No action
Comments: Revalidation policy updated and signed off by the trust, review date October 2024
Action for next year: Review revalidation policy

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year: Schedule time to have the peer review meeting

Comments: Currently in talks with NHS Professionals to have reciprocal Peer review with them

Action for next year: Report results of per review

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: Continue to improve these processes

Comments: All locums and short term doctors are included in our usual welcome email which summarises, what they need to do, how to get access and use the appraisal system, who they need to ask for help and gives them details of training sessions they need to attend, together with links to useful information and guides. A new information sheet has been introduced and is sent out to individuals and CSUs for local induction and to encourage better engagement with the non training doctors

Action for next year: Continue to improve these processes

Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.¹

Action from last year: Continue to encourage MAG20 discussions and support doctors with the new appraisal system to increase completion rates

Comments:

¹ For organisations that have adopted the Appraisal 2020 model (recently updated by the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet moved to the revised model may want to describe their plans in this respect.

In the appraisal year 2022/23, LTHT was the Designated Body for 1616 doctors. The Designated Body is the organisation that a licenced doctor has a professional, educational or employment connection with that provides them with support for revalidation.

Of these 1616 doctors, 79 doctors were new starters to the trust whose start date was after August and who were not required to undertake an appraisal. An additional 33 doctors were unable to complete an appraisal due to mitigating circumstances. Of the remaining 1504 doctors, 1476 (98%) successfully completed their appraisal.

In addition to the doctors, LTHT also provided appraisal support for 57 dentists from the Leeds Dental Institute.

The number of doctors continues to rise and in 2022/23 cycle, we welcomed 260 new starters to the Trust of which 77 were consultants, 91 were SAS doctors and 92 other non training grade doctors

All of the doctors who are slow to engage with appraisal are contacted by the appraisal admin team, medical appraisal lead, CD in CSU or the RO as appropriate

We continue to promote the MAG20 approach for appraisal which includes questions around health and welfare. SARD have incorporated these questions into the appraisal form, together with a sliding scale of 1-10 to ask how individuals are feeling, from April 2023. SARD are developing a report to allow us to review this data, which will be used locally and will enable us to signpost individuals to our health and welfare information and support.

Action for next year: Produce some H&W data from the appraisal form

7. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: NA

Comments: NA

Action for next year: NA

8. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year:

Comments: Revalidation policy is due for review in October 2024.

Action for next year: Update policy

9. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year:

Comments: There are currently 252 medical appraisers in LTHT. All are required to attend two update workshops every three years in order to maintain their knowledge and skills. Appraiser attendance at these sessions is monitored and individuals who do not attend a sufficient number are contacted with dates of future sessions. LTHT ran eight appraisal update sessions using a remote format in 2022/23. Feedback from these sessions was good with excellent interaction and contributions from the attendees. In addition to appraiser update sessions, we delivered five new appraiser training sessions using a remote format.

We have seen a decrease in appraiser numbers, usually related to workload pressures, and are working with the CSUs to recruit more. We provide CSU level appraiser data which has highlighted the areas where more appraisers are required (see figure below) and enabled us to have conversations with CSUs about the need to train more appraisers or provide mutual aid.

Most appraisers appraise doctors within their own department but 63 of are happy to conduct appraisals for doctors who are outside of their own CSU.

We conducted a survey of our appraisers this year to enquire about difficulties with their role. Of the 60 who responded, the vast majority were comfortable with our processes and how the appraisal system works.

Action for next year: Work closely with CSUs to increase appraiser numbers

10. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers² or equivalent).

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

Action from last year: None

Comments: In addition to appraiser update sessions, we delivered five new appraiser training sessions using a remote format.

Allocation of appraisers is still undertaken by the appraisal admin team with involvement from the CSU Appraisal Leads who have local knowledge of suitable pairings and can avoid potential conflicts. We seek their help with finding reasons why doctors are not completing their appraisals on time. Our Lead appraisers carry out our ASPAT audit, which was completed through SARD last year for the first time

Action for next year: None

11. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: None

Comments:

At LTHT this is done in a number of ways. Firstly, all appraisers are trained and regularly updated. Update sessions include a feedback exercise where appraisers collectively review their appraisal output forms. This gives them an opportunity to calibrate themselves and learn from others. In addition, appraisal documentation is reviewed at monthly revalidation panels and if there are issues with appraisal quality, then appraisers are contacted, issues discussed, and support provided. Finally, the ASPAT is used to assess 10-20% of appraisal documentation. In addition, we use this tool to audit the first three appraisals undertaken by every newly trained appraisers.

Total ASPATs Audited	Scored between 75% and 100%	Scored between 50% and 75%	Scored 49% or lower
205	70%	19%	11%

Where appraisal summaries are found to be of inadequate quality, the appraisers are contacted for a discussion and signposting to the next available appraiser update session.

Action for next year: None

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation:	
Total number of doctors with a prescribed connection as at 31 March	1616

2023	
Total number of appraisals undertaken between 1 April 2022 and 31 March 2023	1476
Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023	28
Total number of agreed exceptions	112

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: Robust process to ensure recommendations made on time

Comments: The Chief Medical Officer, RO, Medical Appraisal Lead and HR are invited to the monthly revalidation panels. This group assesses doctors who are 'under notice' to assess whether they have sufficient evidence to be recommended for revalidation. Where they have sufficient evidence, a positive recommendation is made to the GMC.

If the doctor doesn't have sufficient evidence and needs more time to collect that evidence, then their recommendation may be deferred.

On rare occasions, doctors do not engage with the appraisal process despite multiple interventions from the appraisal and departmental teams. In these cases, a non-engagement notification is made to the GMC. During the 2022/23 appraisal year, there were no Rev6 issued (failure to engage)

	2019-20	2020-21	2021-22	2022-23
Total revalidation recommendations	388	48	516	205
Positive Recommendations	354	47	400	153
Deferrals	34	1	115	52
Non Engagement	0	0	1	0

Action for next year: Continue to make recommendations on time

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: Reduce the number of deferrals by supporting doctors with new system where necessary.

Comments: We hold a monthly revalidation panel to review all doctors who are due to revalidate in 6 months time. The doctors are advised after this of our decision and the GMC is updated at this point, where the decisions are a positive recommendation or a deferral. The recommendations for all other doctors are made as soon as their information has been gathered which is monitored monthly and support given where needed. The exceptions to this are where we are chasing doctors for missing information i.e. feedback and this is taking longer than normal to collect, for these doctors we ensure a recommendation is made at least 2 weeks before the revalidation due date. To reduce the delay in MSF collection, completion of 360 feedback should now be started in year 3 of the revalidation cycle to further reduce our deferral rate. All revalidations were made on time in the 2022/23 season.

Action for next year: Try to improve the number of deferrals made

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: Continue to explore the NCIP feed into SARD

Comments: Assurance and performance in this area are reported elsewhere, overseen by the Chief Medical Officer (CMO) Key aspects of clinical governance for the Responsible Officer at LTHT are the collection and use of clinical information and systems to assist clinicians in their annual appraisal and more rarely to trigger the raising of concerns about a doctor's practice from our clinical risk management systems. Detailed discussions with the informatics team have identified the potential and the barriers to the provision of this information and work is on-going. The appraisee declaration form, does address some of these areas and we are also still in talks with the NCIP team (National Clinical Improvement Programme (NCIP) - Theatre Data Set: GDPR information and SARD teams to implement an automatic feed in to SARD of this data. We have

seen a marked increase of appraisee declaration forms as a result of including this as part of the appraisal check list on SARD.

Action for next year: Continue to explore the NCIP feed into SARD

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: As outlined above triangulation of information from these listed sources will be fed into the appraisal process via the Appraisee Assurance form. We will develop processes for collating this information with Trust governance systems

Comments: The approach taken in LTHT is to use existing routine systems to monitor the fitness to practise of all doctors. This includes

- Mortality and morbidity reviews
- Clinical governance forums and meetings in specialties
- Participation in national and local audits
- Quality Improvement Activity
- Whistleblowing systems
- Never Events

Clinical Directors hold responsibility for identifying and managing concerns about all aspects of all performance, escalating them where it is felt that they may be serious.

Action for next year: As outlined above triangulation of information from these listed sources will be fed into the appraisal process via the Appraisee Assurance form. We will develop processes for collating this information with Trust governance systems

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: We will continue to follow our agreed policies and procedures

Comments: The Trust's approach to identifying and responding to concerns is covered by the Principles for Responding to Concerns and the Guidance and Principles for Remediation

Action for next year: We will continue to follow our agreed policies and procedures

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.³

Action from last year: To continue with trust processes

Comments: The table below contains data regarding the numbers of doctors at risk during 2022/23 that required formal action by the GMC, or by the Trust internally, where there was an outcome other than "case closed with no further action"

Doctors at Risk - Categorisation and Level of Concern

	Low Risk	Moderate Risk	High risk	Totals
Conduct	8	6	3	17
Capability	1	0	0	4
Health	2	0	1	3
Totals	11	6	4	21

Action for next year: To continue with trust processes

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other

³ This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

places, and b) doctors connected elsewhere but who also work in our organisation.⁴

Action from last year: Continue to monitor compliance

Comments: External requests for information are subject to initial review by the appraisal and revalidation administration team, and the relevant Clinical Director is contacted for information about involvement in incidents, complaints and investigations. The request is reviewed by the RO before signature and release.

The RO contacts the relevant RO with any concerns over practice that may impact on that organisation

For doctors connected elsewhere, including doctors in training, initial contact and exchange of relevant information is arranged as needed.

Transfer of Information Requests are no longer provided as routine – trainees entering the organisation are now being requested to provide the last ARCP outcome form for assurance purposes

Action for next year: Continue to monitor compliance

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: None

Comments: All processes for responding to concerns are managed according to our Trust Policy (Disciplinary and Capability Procedures for Medical and Dental Staff) which is consistent with MHPS. We have trained Case Investigators and Case Managers to ensure appropriate processes. Issues around potential bias and discrimination are considered by our Senior Team before any formal process is commenced

Action for next year: None

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

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

Action from last year: We will continue to monitor compliance

Comments: All doctors employed by LTHT are subject to the NHS mandatory pre-employment recruitment checks prior to appointment, including locum doctors.

In April 2014, a new category of fitness to practise impairment 'not having the necessary knowledge of English' was introduced by the GMC, requiring Trusts to ensure that doctors have sufficient knowledge of the English language necessary for their work to be performed in a safe and competent manner. The pre-employment checks carried out on all doctors provide this assurance at LTHT.

Action for next year: We will continue to monitor compliance

Section 6 – Summary of comments, and overall conclusion

- **Please use the Comments Box to detail the following:**
General review of actions since last Board report:
- We have refreshed our Doctors Information Board appraisal and revalidation reference information, and relocated it to our new padlet information board. Information is in one place and easily accessible from a single link in emails. It can be accessed on or off site, and use of the padlet has removed the necessity to send information in attachments to emails.
- We have re-introduced the process of realigning doctors appraisal dates which had been paused with appraisal during the pandemic. This process ensures doctors have the correct number of appraisals prior to their revalidation date with the final appraisal 4-6 months before their recommendation for revalidation. This helps to ensure that we have time to support doctors to complete their appraisal portfolio before their 5 yearly revalidation date.
- The Trust Robotics team are providing support to improve inefficient manual administration tasks, such as adding appraisal records to ESR and assigning appraisers.
- We have used a report from our online appraisal toolkit, SARD, to provide CSUs with a monthly update on appraisal completion rates.
- We have introduced an appraisal Q&A sheet for CSUs to hand out at local inductions. This is also attached to our welcome email sent to new starters.
- Established a working group with NHS Professionals who undertake appraisal on our behalf for our gateway doctors.
- We have worked with the SARD team to develop a new appraisal system for Physician Associates and we are one of the first trusts to pilot it. Implementation started in July 2023. Anaesthesia Associates have slightly different requirements and will use our existing appraisal system starting from the 2024/25 appraisal year.
-

Actions still outstanding:

- The planned work to have an automatic link for mandatory training on SARD to ESR is no longer viable, due to the costs of this integration being too high, so we will not be progressing this.
- We have been unable to carry out an annual peer review, due to not being able to get in touch with Durham & Darlington trust. We are now talking with NHSP who have agreed to undertake this.
- Still in talks with NCIP team (National Clinical Improvement Programme (NCIP))
- Theatre Data Set: GDPR information and SARD teams to implement an automatic feed in to SARD of this data. With a view to rolling this out nationally.

Current Issues:

- Appraisers resigning and the interest in this seems to be declining

New Actions:

- Appraisal systems and processes will be in place for Physician Associates and Anaesthesia Associates in time for the introduction of regulation in 2024.
- H&W questions added to appraisal form on SARD system , to capture H&W conversations, reporting functionality should be available by Autumn 2023
- Hold an External Peer Review
- Drive high completion rates
- More appraisers required

Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists))]

Official name of designated body: _ _ _ _ _

Name: _ _ _ _ _

Signed: _ _ _ _ _

Role: _ _ _ _ _

Date: _ _ _ _ _

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This publication can be made available in a number of other formats on request.

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Publication reference: PR1844