

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: BOARD OF DIRECTORS MEETING – 27 JUNE 2014

SUBJECT: MEDICAL REVALIDATION

REPORT FROM: MEDICAL DIRECTOR'S REPORT

PURPOSE: REPORT TO THE BOARD OF DIRECTORS

CONTEXT:

The Responsible Officer is required to provide an annual report to the Trust board on progress with medical appraisal and revalidation and a statement of compliance must be signed by the Chairman or CEO of the Board and forwarded to NHS England by 31 August 2014.

SUMMARY:

Revalidation of doctors by the General Medical Council (GMC) commenced in December 2012.

This report is an overview of the processes to support the Responsible Officer in providing the required assurance thus discharging statutory responsibilities for the period 2013/2014.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

All objectives depend upon an appropriately licensed and revalidated medical workforce.

FINANCIAL IMPLICATIONS:

Financial strategy dependent on same medical workforce.

LEGAL IMPLICATIONS:

The RO is legally responsible to Parliament to ensure effective processes are in place to enable licensed doctors to apply for revalidation every 5 years.

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

Support from the RST, GMC and NHS England.

BOARD ACTION REQUIRED:

The statement of compliance must be signed by the Chairman or CEO of the Board and forwarded to NHS England by 31 August 2014.

CONSEQUENCES OF NOT TAKING ACTION:

MEDICAL REVALIDATION – EKHUFT

1. Executive summary

Successful annual appraisal is a pre-requisite of a doctor's license to practice. Trusts must be assured that their medical workforce prepares for successful revalidation and has systems and policies in place which mitigate risks in this process.

As at 31st March 2014, the number of doctors with whom EKHUFT has a prescribed connection is 478.

- Substantive consultants: 330
- Substantive staff grade, associate specialist or specialty doctors: 100
- Temporary or short term contract holders: 48

The number of doctors who completed an annual appraisal between 01/04/2013 and 31/03/2014 was 408.

- Substantive consultants: 302
- Substantive staff grade, associate specialist or specialty doctors: 85
- Temporary or short term contract holders: 21

Of the 70 doctors who did not complete an annual appraisal in this financial year, 26 were employed by EKHUFT throughout the period and the circumstances of their 'default' will be individually reviewed and addressed with them. If necessary this will be escalated to the GMC as non-engagement with the process of revalidation.

2. Purpose of the Paper

This report describes the systems provided within EKHUFT to support appraisal and revalidation and compliance with the Framework for the Quality Assurance (FQA) core standards. It seeks to highlight if any urgent remedial action is required.

3 Background

Licensing of medical practitioners took place in October 2009. Revalidation was introduced to EKHUFT in December 2012 with 20% of consultants and SAS doctors nominated for revalidation in the first year. EKHUFT introduced an e-Portfolio system (PReP) from Premier IT available to all consultants and SAS doctors from August 2012.

The system includes multi-source feedback (MSF) procured from Edgecumbe Health which was implemented following a successful pilot of 100 doctors in 2011.

Following approval by the Local Negotiating Committee and Medical Staff Committee, it was agreed that each doctor with a prescribed connection to EKHUFT would contribute £60 p.a. for the benefit of the systems and processes which enable their revalidation.

Prior to the introduction of revalidation in 2012, 7 roadshows were held to provide information about the enhanced system of appraisal and revalidation. 458 doctors attended.

114 consultants and 13 SAS doctors were trained in an accredited, 'strengthened appraisal' training programme. An additional 13 doctors will be trained on the 3rd of September 2014.

The Pilgrims Hospice and EKHUFT signed a service level agreement to provide revalidation recommendations for the 7 doctors employed by the hospice.

A Revalidation Working Group, chaired by the RO was set up in January 2012 and meets regularly.

The RO has previously updated the Board of Directors on progress with medical revalidation. The first report was submitted in July 2012 with further updates in February 2013 and October 2013.

For the most recent Annual Organisational Audit (AOA) questionnaire for 2013/2014, submitted to NHS England see **Appendix G**.

4 Governance Arrangements

The RO is supported by an Appraisal Lead, Dr Neil Martin, who is responsible for ensuring appropriate processes are in place for effective appraisal and for the provision of the PReP system to enable the RO to make appropriate recommendations to the GMC.

The GMC provides an electronic portal (GMC Connect) which lists the names of doctors who have a 'prescribed connection' to this Trust. This list is compared with our electronic staff record (ESR) and corrections made on a monthly basis.

The RO has drafted the following policies which have been approved by the Clinical Management Board (CMB):

- Revalidation Policy – Review date February 2015
- Remediation Policy – Review date September 2014
- EKHUFT Strengthened Appraisal Policy – Review date June 2014 (Revised policy submitted on the 09.06.2014 to be included in the LNC on the 16.06.2014)

5 Medical Appraisal

Appraisal rates within individual divisions are highlighted below:

Division	Number of Doctors	Completed Appraisals	Doctors in remediation and disciplinary processes	Doctors undergoing MHPS investigation
Clinical Support Services	49	46	0	0
Corporate	2	2	0	0
Specialist Services	111	104	0	1
Surgical Services	205	161	2	5
UCLTC	111	95	0	2
TOTAL	478	408	2	8

For analysis of missed appraisals and the reason for incomplete appraisals see **Appendix A**.

A. Appraisers

Analysis of trained medical appraisers is highlighted below:

Division	Number of Doctors	Accredited Appraisers	Consultant Appraisers	SAS doctor Appraisers
Clinical Support Services	49	9	9	0
Corporate	2	0	0	0
Specialist Services	111	32	25	7
Surgical Services	205	53	46	7
UCLTC	111	35	34	1
TOTAL	478	129	114	15

Ethnicity	Medical Appraisers	% of Medical Appraisers
White	78	60.5%
BAME	44	34%
Not stated	7	5.5%
TOTAL	129	100%

Since 2012 the following accredited strengthened appraisal training programmes have taken place:

- 2012 – 7 training days across all sites
- 2013 – 1 training day at Kent & Canterbury Hospital
- 2014 – 4 training days across all sites

A further 14 doctors are scheduled to attend a training day on the 3rd of September 2014.

The aim of the accredited 'strengthened appraisal' training programme is:

- to develop understanding of the purpose of the appraisal and how it relates and supports other management and regulatory processes;
- to develop the skills to conduct an effective appraisal interview in particular dealing with difficult appraisals;
- to outline how to use 360 appraisal and give feedback appropriately;
- to develop effective communication skills;
- to upgrade skills in order to write a good PDP and appraisal summary in line with local and national guidelines;
- to be updated about requirements for portfolio and how to produce high quality appraisal documentation in line with GMC requirements.

In addition the Appraisal Lead, supported by Professor Kim Manley, has held 6 half day coaching sessions for trained medical appraisers (3 in 2013 and 3 in 2014). These sessions are

part of quality assurance and link medical appraisal to other systems of appraisal within EKHUFT for non-medical staff and the 'We Care Programme'.

B. Quality Assurance

Outline of quality assurance processes:

For the individual appraiser

- Appraisers are expected to attend an annual coaching session as part of their own individual CPD. As part of these sessions they receive their individual feedback from appraisees which is generated after each appraisal.
- Output forms will be audited at random using standard criteria and feedback offered both individually and generally to all appraisers.
- The performance of appraisers will be annually reviewed by the RO and Appraisal Lead and reported to the Revalidation Working Group.

For the organisation

- The timeliness of appraisal is audited with PReP and regularly reported to Divisional Medical Directors and reviewed by the Revalidation Working Group. The accuracy of this data is being refined.
- Through the coaching systems a Q&A list has been developed to clarify issues which will be distributed to all
- In the future any complaints, incidents or issues of conduct will be reviewed in the light of information help within recent appraisals.

An audit of completed appraisals was undertaken by two HR Business Partners in June 2014. 10% of all completed appraisals were randomly selected from different specialities and grades for purpose of this audit. In total 41 appraisals (10 from each division and 1 from hospice) were audited.

For quality assurance audit of appraisal inputs and outputs see **Appendix B**.

C. Access, security and confidentiality

Premier IT offers the following security assurances:

- A secure setting for sharing information with other organizations
- A system for corporate governance and a framework for legal compliance
- Assurance that important and confidential information is held securely
- Risk exposure management
- An established culture of security
- Protection of the company's assets, including shareholder and director interests

To date no breaches of information governance have been identified.

D. Clinical Governance

Supporting information for doctor's e-Portfolio can be obtained from the following internal systems:

- ESR - Mandatory training records
- Dr Foster – Individual performance data for consultants
- CHKS – Individual performance data for consultants

- Legal services - List of claims or legal cases
- Datix – List of complaints or clinical incidents
- e-JobPlan - Job planning system
- R&D database - Research activity
- Medical Education databases - Teaching activity
- Clinical Audit database - Audit records

The Trust is exploring the ability to automatically input information into PReP from sources including ESR and CHKS.

6. Revalidation Recommendations

The following recommendations have been made to the end of 30.03.2014 by the RO:

Recommendations	Number
Positive	117
Deferrals	11
Non Engagement	2
Missed or late	0
Total	130

For an audit of revalidation recommendations see **Appendix C**.

7. Recruitment and engagement background checks

For an audit of recruitment and engagement background see **Appendix D**.

8. Monitoring Performance

Systems of clinical governance are in place to monitor clinical performance of all doctors employed by EKHUFT. Patient safety is regarded as the highest priority and assessment of performance take place at multiple levels within the Trust.

9. Responding to Concerns and Remediation

Where concerns are raised about any doctors' performance (see **Appendix E**) they will be dealt with through appropriate HR processes under the overarching policy of Maintaining High Professional Standards. The Trust's approach to remediation is laid out in the Remediation Policy.

10. Risk and Issues

Risk registers are held at several levels within the Trust and the introduction of revalidation was recognized to pose a potential risk to EKHUFT if significant doctors were unable to revalidate. To date this has not been an issue.

At present the following issues are being addressed:

- Scope of practice.
- Sustaining effective appraisal linked to the 'We care Programme'.
- Linking data sources
- Audit of appraiser performance
- Appraisal and revalidation and of long term locums

11. Corrective Actions, Improvement Plan and Next Steps

Appraisal and revalidation should be seen as a continual process of reflection and improvement. It supports other aspects of clinical governance within the Trust. It should not be viewed as a process to 'weed out poor performance' rather as a tool to support enhanced clinical performance.

To this end the following plans are proposed.

- Closer links and measures of team development are established
- Development of the coaching sessions for all medical appraisers linked to the 'leadership programme'.
- Audit of the first revalidation cycle.

12. Recommendations

The Board of Directors is asked to note progress towards more effective medical appraisal and successful revalidation of prescribed doctors employed by EKHUFT and that the statement of compliance must be signed by the Chairman or CEO of the Board and forwarded to NHS England by 31 August 2014.

For designated body statement of compliance see **Appendix F**.

Appendix A

Audit of all missed or incomplete appraisals audit

Doctor factors	Number
Maternity leave during the majority of the 'appraisal due window'	1
Sickness absence during the majority of the 'appraisal due window'	0
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	12
New starter more than 3 months from appraisal due date	13
Postponed due to incomplete portfolio/insufficient supporting information	0
Appraisal outputs not signed off by doctor within 28 days	0
Lack of time of doctor	0
Lack of engagement of doctor	26
Appraisal in progress	13
Other doctor factors	3
Appraiser factors	
Unplanned absence of appraiser	0
Appraisal outputs not signed off by appraiser within 28 days	1
Lack of time of appraiser	0
Other appraiser factors	0
Organisational factors	
Administration or management factors	0
Failure of electronic information systems	0
Insufficient numbers of trained appraisers	0
Other organisational factors (describe)	0
TOTAL	70

Appendix B

Quality assurance audit of medical appraisal inputs and outputs – undertaken June 2014

Total number of appraisals completed		Number
	Number of appraisal portfolios sampled (to demonstrate adequate sample size)	Number of the sampled appraisal portfolios deemed to be acceptable against standards
Appraisal inputs	41	41
Scope of work: Has a full scope of practice been described?	41	41
Continuing Professional Development (CPD): Is CPD compliant with GMC requirements?	41	41
Quality improvement activity: Is quality improvement activity compliant with GMC requirements?	41	41
Patient feedback exercise: Has a patient feedback exercise been completed?	41	31 yes
Colleague feedback exercise: Has a colleague feedback exercise been completed?	41	29 yes
Review of complaints: Have all complaints been included?	41	41
Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included?	41	41
Is there sufficient supporting information from all the doctor's roles and places of work?	41	41
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? 	41	41
Appraisal Outputs		
Appraisal Summary	41	41
Appraiser Statements	41	41
PDP	41	39

Appendix C

Audit of revalidation recommendations

Revalidation recommendations between 1 April 2013 to 31 March 2014	
Recommendations completed on time (within the GMC recommendation window)	130
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	130
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	0
New starter/new prescribed connection established within 2 weeks of revalidation due date	0
New starter/new prescribed connection established more than 2 weeks from revalidation due date	0
Unaware the doctor had a prescribed connection	0
Unaware of the doctor's revalidation due date	0
Administrative error	0
Responsible officer error	0
Inadequate resources or support for the responsible officer role	0
Other	0
Describe other	0
TOTAL [sum of (late) + (missed)]	0

Appendix D

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															26	
Temporary employed doctors															320	
Locums brought in to the designated body through a locum agency															293	
Locums brought in to the designated body through ‘Staff Bank’ arrangements (Zero hours locums)															26	
Doctors on Performers Lists															0	
Other (including honorary contracts)															11	
TOTAL															Number 676	
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	DBS	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
Permanent employed doctors	26	26	26	26	26	26	26	26	0	26	26	26	26	26	0	26
Temporary employed doctors	320	320	320	320	320	320	320	320	0	320	320	320	320	320	0	320
Locums brought in to the designated body through a locum agency	293	293	293	293	293	293	293	293	0	293	293	293	0	293	0	293
Locums brought in to the designated body through ‘Staff Bank’ arrangements	26	26	26	26	26	26	26	26	0	26	26	26	26	26	0	26

Doctors on Performers Lists	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other (including honorary contracts)	11	11	11	11	11	11	11	11	0	11	11	11	11	11	0	11
Total (these cells will sum automatically)	676	676	676	676	676	676	676	676	0	676	676	676	383	676	0	676

Appendix E

Audit of concerns about a doctor's practice

Concerns about a doctor's practice	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	9
Capability concerns (as the primary category) in the last 12 months	3
Conduct concerns (as the primary category) in the last 12 months	5
Health concerns (as the primary category) in the last 12 months	1
Remediation/Reskilling/Retraining/Rehabilitation	
Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2014 who have undergone formal remediation between 1 April 2013 and 31 March 2014	
Consultants (permanent employed staff including honorary contract holders, NHS and other government /public body staff)	1
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)	0
Trainee: doctor on national postgraduate training scheme (for local education and training boards only; doctors on national training programmes)	0
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)	0
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 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	0
TOTALS	1
Other Actions/Interventions	
Local Actions:	0
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	0

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	
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	9
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 April and 31 March	1
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	12
For investigation	0
For assessment	0
Number of NCAS investigations performed	0
Number of NCAS assessments performed	0

Appendix F

Designated Body Statement of Compliance

The Board of Directors of East Kent Hospitals University Foundation Trust has carried out and submitted an annual organisational audit (AOA) of its compliance 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;

Comments:

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

Comments:

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

Comments:

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 Appraisers or equivalent);

Comments:

5. All licensed medical practitioners¹ 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;

Comments:

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, ensuring that information about these is provided for doctors to include at their appraisal;

Comments:

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

Comments:

¹ Doctors with a prescribed connection to the designated body on the date of reporting.

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

Comments:

9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners² have qualifications and experience appropriate to the work performed; and

Comments:

10. A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

Comments:

Signed on behalf of the designated body

Name: _____

Signed: _____

[Chief Executive or Chairman a board member]

Date: _____

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