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Annex C

Annual Organisational Audit (AOA)

End of year questionnaire 2013-14

This questionnaire has been approved by the Return of Central Returns Steering Committee (ROCR) Licence number ROCR-OR-2127-005 MAND

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Annual Organisational Audit (AOA): End of year questionnaire 2013 - 2014

Revalidation is the process by which doctors in the UK will have their licence 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.

The annual organisational audit exercise is designed to help designated bodies in England provide assurance to responsible officers, boards, regulators, commissioners, higher level responsible officers[1] and other interested bodies that each designated body has effective systems in place which comply with the requirements of the responsible officer regulations.

The aims of the annual organisational audit exercise are to:

- gain an understanding of the progress that organisations have made during 2013/14
- provide a tool that helps responsible officers assure themselves and their boards/management bodies that the systems underpinning the recommendations they make to the General Medical Council (GMC) on doctors' fitness to practise, the arrangements for medical appraisal and responding to concerns, are in place;
- provide a mechanism for assuring NHS England (as the Senior Responsible Owner for medical revalidation in England), the England Revalidation Implementation Board (ERIB) and the GMC that systems for evaluating doctors' fitness to practice are in place, functioning, effective and consistent.

[1] For the purpose of this document the 'higher level responsible officer' is the responsible officer's own responsible officer who may be based at the regional or national office of the NHS England, Health Education England, the Department of Health or the Faculty of Medical Leadership and Management.

This AOA exercise is divided into four sections:

Section 1: The Designated Body and the Responsible Officer
Section 2: Appraisal
Section 3: Monitoring Performance and Responding to Concerns
Section 4: Recruitment and Engagement

The questionnaire should be completed by the responsible officer on behalf of the designated body, though this duty may be appropriately delegated. The questionnaire should be completed **during April and May 2014** for the year ending 31 March 2014. The deadline for submission is detailed in the accompanying email.

Whilst NHS England is a single designated body, for the purposes of this audit, the national and regional offices and each area team of NHS England should answer as a 'designated body' in their own right.

Following completion of this AOA exercise, designated bodies should produce an action plan to address the identified development needs. Board-level accountability for the quality and effectiveness of these systems is important and this report, along with the resulting action plan, should be presented to the board, or an equivalent governance or executive group, and should be included in an NHS organisation's quality account.

The audit process will also enable designated bodies to provide assurance that they are fulfilling their statutory obligations and their systems are sufficiently effective to support the responsible officer's recommendations.

For further information, references and resources see pages 4 and 5 below and www.england.nhs.uk/revalidation.

Sources used in preparing this document

1. The Medical Profession (Responsible Officers) Regulations 2010 (Her Majesty's Stationery Office, 2013)
2. The Medical Profession (Responsible Officers) (Amendment) Regulations 2013 (Her Majesty's Stationery Office, 2013)
3. The Medical Act 1983 (Her Majesty's Stationery Office, 1983)
4. *Maintaining High Professional Standards in the Modern NHS* (Department of Health, 2003)
5. The National Health Service (Performers Lists) (England) Regulations 2013
6. *The Role of the Responsible Officer: Closing the Gap in Medical Regulation, Responsible Officer Guidance* (Department of Health, 2010)
7. *Appraisal Guidance for Consultants* (Department of Health, 2001)
8. *Appraisal Guidance for General Practitioners* (Department of Health, 2004)
9. *Revalidation: A Statement of Intent* (GMC and others, 2010)
10. *Good Medical Practice* (GMC, 2013)
11. *Good Medical Practice Framework for Appraisal and Revalidation* (GMC, 2012)
12. *Good Medical Practice: Supplementary Guidance - Writing References* (GMC, 2007)
13. *Guidance on Colleague and Patient Questionnaires* (GMC, 2012)
14. *Supporting Information for Appraisal and Revalidation* (GMC, 2012)
15. *Effective Governance to Support Medical Revalidation: A Handbook for Boards and Governing Bodies* (GMC, 2013)
16. *Making Revalidation Recommendations: The GMC Responsible Officer Protocol – Guide for Responsible Officers* (GMC, 2012)
17. *The Medical Appraisal Guide* (NHS Revalidation Support Team, 2013)
18. *Quality Assurance of Medical Appraisers* (NHS Revalidation Support Team, 2013)
19. *Providing a Professional Appraisal* (NHS Revalidation Support Team, 2012)
20. *Information Management for Medical Appraisal and Revalidation in England* (NHS Revalidation Support Team, 2013)
21. *Supporting Doctors to Provide Safer Healthcare: Responding to Concerns about a Doctor's Practice* (NHS Revalidation Support Team, 2013)
22. *Guidance for Recruiting for the Delivery of Case Investigator Training* (NHS Revalidation Support Team, 2014)
23. *Guidance for Recruiting for the Delivery of Case Manager Training* (NHS Revalidation Support Team, 2014).

24. *Responsible Officer Conflict of Interest or Appearance of Bias: Request to Appoint and Alternative Responsible Officer* (NHS Revalidation Support Team, 2014).
25. *Guide to Independent Sector Appraisal for Doctors Employed by the NHS and Who Have Practising Privileges at Independent Hospitals: Whole Practice Appraisal* (British Medical Association and Independent Healthcare Forum, 2004)
26. *Joint University and NHS Appraisal Scheme for Clinical Academic Staff* (Universities and Colleges Employers Association, 2002)
27. *Preparing for the Introduction of Medical Revalidation: a Guide for Independent Sector Leaders in England* (GMC and Independent Healthcare Advisory Services, 2011)
28. *How to Conduct a Local Performance Investigation* (National Clinical Assessment Service, 2010)
29. *Use of NHS Exclusion and Suspension from Work amongst Doctors and Dentists 2011/12* (National Clinical Assessment Service, 2011)
30. *Return to Practice Guidance* (Academy of Medical Royal Colleges, 2012)

1	**The Designated Body and the Responsible Officer**		
Designated Body			
1.1	**Name of designated body:** East Kent Hospitals NHS Foundation Trust		
	Address line 1 The Kent & Canterbury Hospital		
	Address line 2 Ethelbert Road		
	Address line 3		
	Address line 4		
	City Canterbury		
	County Kent	Postcode CT1 3NG	
	Responsible officer: Title Dr GMC registered first name Paul GMC reference number 2 6 5 3 1 2 5 Email pstevens@nhs.net	GMC registered last name Stevens Phone 01227 866424	
	Chief executive (or equivalent): Title Mr Email stuart.bain@nhs.net	First name Stuart	Last name Bain
	Medical Appraisal Lead: Title Dr Email nmartin1@nhs.net	First name Neil	Last name Martin

1.2	**Type/sector of designated body:** (tick one)	NHS England (national office)		
		NHS England (regional office)		
		NHS England (area team)		
		Acute hospital/secondary care foundation trust		✔
		Acute hospital/secondary care non-foundation trust		
		Mental health foundation trust		
		Mental health non-foundation trust		
		Other NHS foundation trust (care trust, ambulance trust, etc)		
		Other NHS non-foundation trust (care trust, ambulance trust, etc)		
		Special health authorities (Health Education England, NHS Litigation Authority, NHS Trust Development Authority, NHS Blood and Transplant, etc)		
		Local education and training board/deanery		
		Independent/non-NHS sector (tick one)	Independent healthcare provider	
			Locum agency	
			Faculty/professional body (FPH, FOM, FPM, IDF, etc)	
			Academic or research organisation	
			Government department, non-departmental public body or executive agency	
			Armed forces	
			Hospice, charity/voluntary sector organisation	
			Other non-NHS (please enter type)	

1.3	**The responsible officer's (higher level) responsible officer is based at:** [tick one] Each responsible officer has a responsible officer based at one of these organisations.	NHS England (North) region	
		NHS England (Midlands and East) region	
		NHS England (London) region	
		NHS England (South) region	✔
		Department of Health	
		NHS England (national office)	
		Health Education England – for local education and training boards only	
		Faculty of Medical Leadership and Management – for NHS England (national office) only	

1.4	**Number of doctors with whom the designated body has a prescribed connection as at 31 March 2014** The responsible officer should keep an accurate record of all doctors with whom the designated body has a prescribed connection and must be satisfied that the doctors have correctly identified their prescribed connection. Detailed advice on prescribed connections is contained in the responsible officer regulations and guidance and further advice can be obtained from the GMC and the higher level responsible officer. The categories below relate to current roles and job titles rather than qualifications or previous roles. The number of individual doctors in each category should be entered. Where a doctor has more than one role in the same designated body a decision should be made about which category they belong to based on the amount of work they do in each role. Each doctor should be included in only one category.	

	IMPORTANT: ONLY DOCTORS WITH WHOM THE DESIGNATED BODY HAS A PRESCRIBED CONNECTION AS AT 31 MARCH 2014 SHOULD BE INCLUDED IN THIS SECTION. Please note that fields 1.4.1 – 1.4.7 are mandatory. **Where the answer is nil, please enter "0".**	
1.4.1	**Consultants** (permanent employed consultant medical staff including honorary contract holders, NHS, hospices, and government /other public body staff. Academics with honorary clinical contracts will usually have their responsible officer in the NHS trust where they perform their clinical work)	330
1.4.2	**Staff grade, associate specialist, specialty doctor** (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS, hospices, and government/other public body staff)	100
1.4.3	**Doctors on Performers Lists** (for NHS England area teams and the Armed Forces only; doctors on a medical or ophthalmic performers list. This includes all general practitioners (GPs) including principals, salaried and locum GPs)	0
1.4.4	**Doctors in training** (for local education and training boards/deaneries only; this includes doctors on national postgraduate training schemes. Doctors on independent schemes will usually have a prescribed connection to the employing trust and should not be counted under this heading)	
1.4.5	**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
1.4.6	**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)	48
1.4.7	**Other doctors with a prescribed connection to this designated body** (depending on the type of designated body, this category may include responsible officers, locum doctors, and members of faculties/professional bodies. It may also include some non-clinical management/leadership roles, research, civil service, doctors in wholly independent practice, other employed or contracted doctors not falling into the above categories, etc)	0
1.4.8	**TOTAL** (this cell will sum automatically 1.4.1 - 1.4.7)	**478**

Responsible Officer		
1.5	**A responsible officer has been nominated/appointed in compliance with the regulations** To answer 'Yes': • The responsible officer has been a medical practitioner fully registered under the Medical Act 1983 throughout the previous five years and continues to be fully registered whilst undertaking the role of responsible officer • There is evidence of formal nomination/appointment by board or executive of each organisation for which the responsible officer undertakes the role	☑ Yes ☐ No
1.6	**An alternative responsible officer has been nominated/appointed where a conflict of interest or appearance of bias has been agreed with the higher level responsible officer** Each designated body will have one responsible officer but the regulations allow for an alternative responsible officer to be nominated or appointed where a conflict of interest or appearance of bias exists between the responsible officer and a doctor with whom the designated body has a prescribed connection. This will cover the uncommon situations where close family or business relationships exist, or where there has been longstanding interpersonal animosity. In order to ensure consistent thresholds and a common approach to this, potential conflict of interest or appearance of bias should be agreed with the higher level responsible officer. An alternative responsible officer should then be nominated or appointed by the designated body and will require training and support in the same way as the first responsible officer. To ensure there is no conflict of interest or appearance of bias, the alternative responsible officer should be an external appointment and will usually be a current experienced responsible officer from the same region. Further guidance is available in *Responsible Officer Conflict of Interest or Appearance of Bias: Request to Appoint and Alternative Responsible Officer* (NHS Revalidation Support Team, 2014). To answer 'Yes': • Where potential conflict of interest or appearance of bias has been identified, advice has been sought from the higher level responsible officer • An alternative responsible officer is nominated or appointed in all situations where a conflict of interest or appearance of bias has been agreed with the higher level responsible officer To answer 'No': • A potential conflict of interest or appearance of bias has been identified, but an alternative responsible officer	☑ Yes ☐ No ☐ N/A

	has not been nominated/appointed To answer 'N/A': • No cases of conflict of interest or appearance of bias have been identified	
1.7	**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.** Each designated body must provide the responsible officer with sufficient funding and other resources necessary to fulfil their statutory responsibilities. This may include sufficient time to perform the role, administrative and management support, information management and training. The responsible officer may wish to delegate some of the duties of the role to an associate or deputy responsible officer. It is important that those people acting on behalf of the responsible officer only act within the scope of their authority. Where some or all of the functions are commissioned externally, the designated body must be satisfied that all statutory responsibilities are fulfilled. To answer 'Yes': • In the opinion of the responsible officer, sufficient funds, capacity and other resources have been provided to enable them to carry out the responsibilities of the role	☑ Yes ☐ No

1.8	**The responsible officer is appropriately trained and remains up to date and fit to practise in the role of responsible officer** To answer 'Yes': • Appropriate recognised introductory training has been undertaken • Appropriate ongoing training and development is undertaken in agreement with the responsible officer's appraiser • The responsible officer has made themselves known to the higher level responsible officer • The responsible officer is engaged in the regional responsible officer network • The responsible officer is actively involved in peer review for the purposes of calibrating their decision-making processes and organisational systems • The responsible officer has access to appropriate regional and national support • The responsible officer includes relevant supporting information relating to their responsible officer role in their appraisal and revalidation portfolio including the results of the Annual Organisational Audit and the resulting action plan	☑ Yes ☐ No
1.9	**The responsible officer ensures that accurate records are kept of all relevant information, actions and decisions relating to the responsible officer role.** The responsible officer records should include appraisal records, fitness to practise evaluations, investigation and management of concerns, processes relating to 'new starters', etc.	☑ Yes ☐ No
1.10	**The responsible officer ensures that the designated body's medical revalidation policies and procedures are in accordance with equality and diversity legislation.** To answer 'Yes': • An evaluation of the fairness of the organisation's policies has been performed (for example, an equality impact assessment).	☑ Yes ☐ No

1.11	**The responsible officer makes timely recommendations 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 the GMC Responsible Officer Protocol** To answer 'Yes': • The designated body's annual report contains explanations for all missed and late recommendations, and reasons for deferral submissions	☑ Yes ☐ No
1.12	**The governance systems (including clinical governance where appropriate) are subject to external or independent review.** Most designated bodies will be subject to external or independent review by a regulator. Designated bodies which are healthcare providers are subject to review by the national healthcare regulators (the Care Quality Commission or Monitor). Local education and training boards/deaneries are externally approved for training by the GMC. Where designated bodies will not be regulated or overseen by an external regulator (for example locum agencies and organisations which are not healthcare providers), an alternative external or independent review process should be agreed with the higher level responsible officer.	☑ Yes ☐ No

1.13	**The designated body has areas of practice that are considered to be good or excellent in relation to the elements of revalidation.** If you answer yes to any of the elements below, one of NHS England's regional leads may make contact to find out more detail:	
	• The designated body and the responsible officer	☐ Yes ☑ No
	• Appraisal	☐ Yes ☑ No
	• Monitoring performance and responding to concerns	☐ Yes ☑ No
	• Recruitment and engagement	☐ Yes ☑ No
	• Has the designated body commissioned an external QA review?	☐ Yes ☑ No

2	**Appraisal**	
	For doctors in training it has been agreed that revalidation recommendations will be based on the process of annual review of competence progression (ARCP). Therefore local education and training boards/deaneries should only complete section 2 for those doctors with whom they have a prescribed connection who are NOT doctors in training.	
Policy, Leadership and Governance		
2.1	**There is a medical appraisal policy, with core content which is compliant with national guidance, that has been ratified by the designated body's board (or an equivalent governance or executive group)** To answer 'Yes': • The policy is compliant with national guidance, such as *Good Medical Practice Framework for Appraisal and Revalidation* (GMC, 2013), *Supporting Information for Appraisal and Revalidation* (GMC, 2013), *Medical Appraisal Guide* (NHS Revalidation Support Team, 2013), *The Role of the Responsible Officer: Closing the Gap in Medical Regulation, Responsible Officer Guidance* (Department of Health, 2010), *Quality Assurance of Medical Appraisers* (NHS Revalidation Support Team, 2013). • The policy has been ratified by the designated body's board or an equivalent governance or executive group • The responsible officer ensures that: o There is a written protocol for the handling of information for appraisal and revalidation which complies with information governance, confidentiality and data protection requirements o There is a process for the allocation of appraisers and the scheduling of appraisals o No appraisals are carried out by an appraiser who is not trained to undertake the role o Steps are taken to ensure the objectivity of the appraisal o The appraiser submits the completed appraisal outputs within 28 days of the appraisal meeting o There is a process for quality assuring the inputs and outputs of appraisal to ensure that they comply with GMC requirements and other national guidance o Feedback is received from doctors on the appraisal process o Appraisals will be undertaken according to professional standards as laid out in *Providing a Professional Appraisal* (NHS Revalidation Support Team, 2012)	☑ Yes ☐ No

Appraisal Rates			
2.2	**Number of doctors with whom the designated body has a prescribed connection on 31 March 2014 who had a completed annual appraisal between 1 April 2013 and 31 March 2014** A completed annual appraisal is one where the appraisal meeting has taken place between 9 and 15 months of the date of the last appraisal and the outputs of appraisal have been agreed and signed off by the appraiser and the doctor within 28 days of the appraisal meeting. The number of completed appraisals refers only to those doctors who have a prescribed connection with the designated body on 31 March 2014. Doctors who have had a completed appraisal but have left the designated body before 31 March 2014 should not be included in this number. The number of doctors in each category has been brought forward from those reported in question 1.4. The number of completed appraisals will therefore be less than or equal to the number of doctors in each category. For doctors in training it has been agreed that revalidation recommendations will be based on the process of annual review of competence progression (ARCP). Please therefore note that question 2.2.4 has been greyed out as this section is not applicable to doctors in training.		
	IMPORTANT: ONLY DOCTORS WITH WHOM THE DESIGNATED BODY HAS A PRESCRIBED CONNECTION AS AT 31 MARCH 2014 SHOULD BE INCLUDED IN THIS SECTION. Please note that fields 2.2.1 – 2.2.7 are mandatory. **Where the answer is nil, please enter "0".**	Number of Doctors	Completed Appraisals
2.2.1	**Consultants** (permanent employed consultant medical staff including honorary contract holders, NHS, hospices, and government /other public body staff. Academics with honorary clinical contracts will usually have their responsible officer in the NHS trust where they perform their clinical work)	330	302
2.2.2	**Staff grade, associate specialist, specialty doctor** (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS, hospices, and government/other public body staff)	100	85
2.2.3	**Doctors on Performers Lists** (for NHS England area teams and the Armed Forces only; doctors on a medical or ophthalmic performers list. This includes all general practitioners (GPs) including principals, salaried and locum GPs)	0	0

2.2.4	**Doctors in training** (not applicable)	N/A	N/A
2.2.5	**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	0
2.2.6	**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)	48	21
2.2.7	**Other doctors with a prescribed connection to this designated body** (depending on the type of designated body, this category may include responsible officers, locum doctors, and members of faculties/professional bodies. It may also include some non-clinical management/leadership roles, research, civil service, doctors in wholly independent practice, other employed or contracted doctors not falling into the above categories, etc)	0	0
2.2.8	**TOTAL** (this cell will sum automatically 2.2.1 – 2.2.7) The difference between the number of doctors and the number of completed appraisals is the number of missed or incomplete appraisals	**478**	**408**

2.3	**Every doctor with a prescribed connection to the designated body with a missed or incomplete medical appraisal has an explanation recorded** A missed or incomplete appraisal is an important occurrence which could indicate a problem with the designated body's appraisal system or non-engagement with appraisal by an individual doctor which will need to be followed up. Missed appraisals are those which were not performed or which were performed outside the 9 to 15 month window for 'annual appraisal'. In most cases where an appraisal is missed, there is a good explanation (for example, maternity leave, long term sickness absence, etc) and in these cases postponement of the annual appraisal can be approved by the responsible officer in advance. Incomplete appraisals are those where, for example, the appraisal discussion was not completed or where the personal development plan or appraisal summary have not been signed off within 28 days of the appraisal meeting. To answer 'Yes': • The designated body's annual report contains an audit of all missed or incomplete appraisals for the appraisal year 2013/14 including the explanations and agreed postponements • Recommendations and improvements from the audit are enacted	☑ Yes ☐ No
2.3.1	Number of doctors with a missed or incomplete appraisal for whom a postponement of appraisal was not approved in advance by the responsible officer	39

2.4	**There is a mechanism for quality assuring an appropriate sample of the inputs and outputs of the medical appraisal process to ensure that they comply with GMC requirements and other national guidance, and the outcomes are recorded in the annual report template.** Quality assurance is an integral part of the role of the responsible officer. The standards for the inputs and outputs of appraisal are detailed in *Supporting Information for Appraisal and Revalidation* (GMC, 2012), *Good Medical Practice Framework for Appraisal and Revalidation* (GMC, 2012) and the *Medical Appraisal Guide* (NHS Revalidation Support Team, 2013) and the responsible officer must be assured that these standards are being met consistently. The methodology for quality assurance should be outlined in the designated body's appraisal policy and include a sampling process. Quality assurance activities can be undertaken by those acting on behalf of the responsible officer with appropriate delegated authority. To answer 'Yes': • The appraisal inputs comply with the requirements in *Supporting Information for Appraisal and Revalidation* (GMC, 2012) and *Good Medical Practice Framework for Appraisal and Revalidation* (GMC, 2012), which are: o Personal information o Scope and nature of work o Supporting information: 1. Continuing professional development 2. Quality improvement activity 3. Significant events 4. Feedback from colleagues 5. Feedback from patients 6. Review of complaints and compliments. o Review of last year's PDP; o Achievements, challenges and aspirations • The appraisal outputs comply with the requirements in the *Medical Appraisal Guide* (NHS Revalidation Support Team, 2013) which are: o Summary of appraisal o Appraiser's statement o Post-appraisal sign-off by doctor and appraiser	☑ Yes ☐ No

2.5	**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** It is important that issues and concerns about performance or conduct are addressed at the time they arise. The appraisal meeting is not usually the most appropriate setting for dealing with concerns and in most cases these are dealt with outside the appraisal process in a clinical governance setting. Learning by individuals from such events is an important part of resolving concerns and the appraisal meeting is usually the most appropriate setting to ensure this is planned and prioritised. In a small proportion of cases, the responsible officer may therefore wish to ensure certain key items of supporting information are included in the doctor's portfolio and discussed at appraisal so that development needs are identified and addressed. In these circumstances the responsible officer may require the doctor to include certain key items of supporting information in the portfolio for discussion at appraisal and may need to check in the appraisal summary that the discussion has taken place. The method of sharing key items of supporting information should be described in the appraisal policy. It is important that information is shared in compliance with principles of information governance and security. For further detail, see *Information Governance for Medical Appraisal and Revalidation in England* (NHS Revalidation Support Team, 2013). To answer 'Yes': • There is a written description within the appraisal policy of the process for ensuring that key items of supporting information are included in the doctor's portfolio and discussed at appraisal • There is a process in place to ensure that where a request has been made by the responsible officer to include a key item of supporting information in the appraisal portfolio, the appraisal portfolio and summary are checked after completion to ensure this has happened	☑ Yes ☐ No

Capacity and Capability		
2.6	**The number of trained medical appraisers is sufficient for the needs of the designated body** It is important that the designated body's appraiser workforce is sufficient to provide the number of appraisals needed each year. This assessment may depend on total number of doctors who have a prescribed connection, geographical spread, speciality spread, conflicts of interest and other factors. Depending on the needs of the designated body, doctors from a variety of backgrounds should be considered for the role of appraiser. This includes locums and salaried general practitioners in primary care settings and staff and associate specialist doctors in secondary care settings. An appropriate specialty mix is important though it is not possible for every doctor to have an appraiser from the same specialty. Appraisers should participate in an initial training programme before starting to perform appraisals. The training for medical appraisers should include: • Core appraisal skills and skills required to promote quality improvement and the professional development of the doctor • Skills relating to medical appraisal for revalidation and a clear understanding of how to apply professional judgement in appraisal • Skills that enable the doctor to be an effective appraiser in the setting within which they work, including both local context and any specialty specific elements. Further guidance on the recruitment and training of medical appraisers is available; see *Quality Assurance of Medical Appraisers* (NHS Revalidation Support Team, 2013). To answer 'Yes': • Appraisers are recruited and selected in accordance with national guidance • In the opinion of the responsible officer, the number of appropriately trained medical appraisers to doctors being appraised is between 1:5 and 1:20.[2] • In the opinion of the responsible officer, the number of trained appraisers is sufficient for the needs of the designated body	☑ Yes ☐ No

[2] This point may be disregarded for doctors in training.

2.7	**Medical appraisers are supported in their role to calibrate and quality assure their appraisal practice** Further guidance on the support for medical appraisers is available in *Quality Assurance of Medical Appraisers* (NHS Revalidation Support Team, 2013). To answer 'Yes': • As a minimum, support arrangements for appraisers should include access to: o Leadership and advice on all aspects of the appraisal process from a named individual (for example, the appraisal lead) o Training and professional development activities to improve appraiser skills o Regular assurance groups / peer support networks with calibration of professional judgements and opportunity to discuss handling the difficult areas of appraisal in an anonymised and confidential environment o Annual review of performance in the role of appraiser, including feedback from appraisees and suggestions for inclusion in their personal development plan to address their development needs o Specialty-specific support, where necessary	☑ Yes ☐ No

3	**Monitoring Performance and Responding to Concerns**	
Policy, Leadership and Governance		
3.1	**There is a system for monitoring the fitness to practise of doctors with whom the designated body has a prescribed connection** Where detailed information can be collected which relates to the practice of an individual doctor, it is important to include it in the annual appraisal process. In many situations, due to the nature of the doctor's work, the collection of detailed information which relates directly to the practice of an individual doctor may not be possible. In these situations, team-based or service-level information should be monitored. The types of information available will be dependent on the setting and the role of the doctor and will include clinical outcome data, audit, complaints, significant events and patient safety issues. An explanation should be sought where an indication of outlying quality or practice is discovered. The information/data used for this purpose should be kept under review so that the most appropriate information is collected and the quality of the data (for example, coding accuracy) is improved. In primary care settings this type of information is not always routinely collected from general practitioners or practices and new arrangements may need to be put in place to ensure the responsible officer receives relevant fitness to practise information. In order to monitor the conduct and fitness to practise of trainees, arrangements will need to be agreed between the local education and training board/deanery and the trainee's clinical attachments to ensure relevant information is available in both settings. To answer 'Yes': • Relevant information (including clinical outcomes, reports of external reviews of service for example Royal College reviews, governance reviews, Care Quality Commission reports, etc) is collected to monitor the doctor's fitness to practise and is shared with the doctor for their portfolio • Relevant information is shared with other organisations in which a doctor works where necessary • There is a system for linking complaints, significant events/clinical incidents/SUIs to individual doctors • Where a doctor is subject to conditions imposed by, or undertakings agreed with the GMC, the responsible officer monitors compliance with those conditions or undertakings	☑ Yes ☐ No

	• The responsible officer identifies any issues arising from this information, such as variations in individual performance, and ensures that the designated body takes steps to address such issues • The quality of the data used to monitor individuals and teams is reviewed • Advice is taken from GMC employer liaison advisers, National Clinical Assessment Service, local expert resources, specialty and Royal College advisers where appropriate	
3.2	**There is a responding to concerns policy in place, with core content which is compliant with national guidance, which is ratified by the designated body's board (or an equivalent governance or executive group)** It is the responsibility of the responsible officer to respond appropriately when unacceptable variation in individual practice is identified or when concerns exist about the fitness to practise of doctors with whom the designated body has a prescribed connection. The designated body should establish a procedure for initiating and managing investigations. National guidance is available in the following key documents: • *Supporting Doctors to Provide Safer Healthcare: Responding to Concerns about a Doctor's Practice* (NHS Revalidation Support Team, 2013) • *Maintaining High Professional Standards in the Modern NHS* (Department of Health, 2003) • The National Health Service (Performers Lists) (England) Regulations 2013 • *How to Conduct a Local Performance Investigation* (National Clinical Assessment Service, 2010) The responsible officer regulations outline the following responsibilities: • Ensuring that there are formal procedures in place for colleagues to raise concerns • Ensuring there is a process established for initiating and managing investigations of capability, conduct, health and fitness to practise concerns which complies with national guidance, such as *How to conduct a local performance investigation* (National Clinical Assessment Service, 2010) • Ensuring investigators are appropriately qualified • Ensuring that there is an agreed mechanism for assessing the level of concern that takes into account the risk to patients • Ensuring all relevant information is taken into account and that factors relating to capability, conduct, health and fitness to practise are considered • Ensuring that there is a mechanism to seek advice from expert resources, including: GMC employer liaison	☑ Yes ☐ No

	advisers, the National Clinical Assessment Service, specialty and royal college advisers, regional networks, legal advisers, human resources staff and occupational health • Taking any steps necessary to protect patients • Where appropriate, referring a doctor to the GMC • Where necessary, making a recommendation to the designated body that the doctor should be suspended or have conditions or restrictions placed on their practice • Sharing relevant information relating to a doctor's fitness to practise with other parties, in particular the new responsible officer should the doctor change their prescribed connection • Ensuring that a doctor who is subject to these procedures is kept informed about progress and that the doctor's comments are taken into account where appropriate • Appropriate records are maintained by the responsible officer of all fitness to practise information • Ensuring that appropriate measures are taken to address concerns, including but not limited to: o Requiring the doctor to undergo training or retraining o Offering rehabilitation services o Providing opportunities to increase the doctor's work experience o Addressing any systemic issues within the designated body which may contribute to the concerns identified • Ensuring that any necessary further monitoring of the doctor's conduct, performance or fitness to practise is carried out. To answer 'Yes': • A policy for responding to concerns, which complies with the responsible officer regulations, has been ratified by the designated body's board (or an equivalent governance or executive group)	
3.3	**The board (or an equivalent governance or executive group) receives an annual report detailing the number and type of concerns and their outcome.**	☑ Yes ☐ No

Capacity and Capability		
3.4	**The designated body has arrangements in place to access sufficient trained case investigators and case managers** The standards for training for case investigators and case managers are contained in *Guidance for Recruiting for the Delivery of Case Investigator Training* (NHS Revalidation Support Team, 2014) and *Guidance for Recruiting for the Delivery of Case Manager Training* (NHS Revalidation Support Team, 2014). Case investigators or case managers may be within the designated body or commissioned externally. To answer 'Yes': • Case investigators and case managers are recruited and selected in accordance with national guidance *Supporting Doctors to Provide Safer Healthcare, Responding to concerns about a Doctor's Practice* (NHS Revalidation Support Team, 2013) • Case investigators and case managers have completed a suitable training programme, with essential core content (see guidance documents above) • Personnel involved in responding to concerns have sufficient time to undertake their responsibilities • Individuals (such as case investigators, case managers) and teams involved in responding to concerns participate in ongoing performance review and training/development activities, to include peer review and calibration (see guidance documents above)	☑ Yes ☐ No

4	**Recruitment and Engagement**	
4.1	**There is a process in place for obtaining relevant information when the designated body enters into a contract of employment or for the provision of services with doctors** The regulations give explicit responsibilities to the responsible officer when a designated body enters into a contract of employment or for the provision of services with a doctor. These responsibilities are to ensure the doctor is sufficiently qualified and experienced to carry out the role. All new doctors are covered under this duty even if the doctor's prescribed connection remains with another designated body. This applies to locum agency contracts and also to the granting of practising privileges by independent health providers. The prospective responsible officer must: • Ensure doctors have qualifications and experience appropriate to the work to be performed • Ensure that appropriate references are obtained and checked • Take any steps necessary to verify the identity of doctors • Ensure that doctors have sufficient knowledge of the English language for the work to be performed • For NHS England area teams, manage admission to the medical performers list in accordance with the regulations. It is also important that the following information is available: • GMC information: fitness to practise investigations, conditions or restrictions, revalidation due date; • Disclosure and Barring Service check (although delays may prevent these being available to the responsible officer before the starting date in every case), and • Gender and ethnicity data (to monitor fairness and equality; providing this information is not mandatory). It may be helpful to obtain a structured reference from the current responsible officer which complies with GMC guidance on writing references and includes relevant factual information relating to: • The doctor's competence, performance or conduct • Appraisal dates in the current revalidation cycle, and • Local fitness to practise investigations, local conditions or restrictions on the doctor's practice, unresolved	☑ Yes ☐ No

	fitness to practise concerns See *Good Medical Practice: Supplementary Guidance: Writing References* (GMC, 2007) and paragraph 19 of *Good Medical Practice* (GMC, 2013) for further details. In situations where the doctor has moved to a new designated body without a contract of employment, or for the provision of services (for example, through membership of a faculty) the information needs to be available to the new responsible officer as soon as possible after the prescribed connection commences. This will usually involve a formal request for information from the previous responsible officer.	

Please now return to page 1 of the form to submit your return.