Bradford Teaching Hospitals
NHS Foundation Trust

Meeting Title	Board of Directors		
Date	9 May 2019	Agenda item	Bo.5.19.45

ANNUAL REPORT ON MEDICAL APPRAISAL AND REVALIDATION 2018/19

Presented by	Dr Bryan Gill, Chief Medical Officer	
Author	Dr Ray Smith, Deputy Chief Medical Officer Jane Robson, Medical Revalidation Manager	
Lead Director	Dr Bryan Gill, Chief Medical Officer	
Purpose of the paper	Focused statement as to the purpose of the paper	
Key control	Identify if the paper is a key control for the Board Assurance Framework	
Action required	To note	
Previously discussed at/ informed by	Details of any consultation	
Previously approved at:	**Committee/Group**	**Date**
	Workforce Committee	24.04.19

Key Options, Issues and Risks

Medical Revalidation was launched in 2012 to strengthen the way in which doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

Since 2012 all Acute Trusts have been required to submit and Annual Organisational Audit to NHS England and to provide assurance that the organisation is compliant with the Responsible Officer Regulations.

This report outlines the Trust's performance for 2018/19 and provides assurance in relation to its compliance with Responsible Officer Regulations.

Analysis

At 31st March 2019, 383 doctors had a prescribed connection with the Trust. There were:

284 Consultant staff

28 Speciality doctor grades

71 Doctors with temporary or short-term contracts.

A total of 372 (97%) doctors completed their appraisal within the required timeframe. Of the remaining 11 doctors 9 had a legitimate reason for not completing their appraisal. For example, long term sickness or maternity leave. 2 doctors did not complete their appraisal within the appraisal year and did not have an approved reason. These individuals are being dealt with in accordance with GMC's rules for non-engagement.

Recommendation

This report outlines the Trust's performance for 2018/19 and provides assurance in relation to its compliance with Responsible Officer Regulations.

The Trust performance remains at a high level compared with peers, where the completed appraisal rate is 88% for the sector. The Committee are asked to note this report.

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Risk assessment						
Strategic Objective	**Appetite (G)**					
	Avoid	**Minimal**	**Cautious**	**Open**	**Seek**	**Mature**
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	**Low**		**Moderate**	**High**	**Significant**	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	☐	☒	☐
Is there any other national benchmarking data relevant to the content of this paper?	☒	☐	☐
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	☐	☒	☐

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	☐	☒
Quality implications	☐	☒
Resource implications	☐	☒
Legal/regulatory implications	☐	☒
Diversity and Inclusion implications	☐	☒
Performance Implications	☐	☒

Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant) ☐Risk Assessment Framework ☒Quality Governance Framework ☐Code of Governance ☐Annual Reporting Manual
Care Quality Commission Domain: Well Led
Care Quality Commission Fundamental Standard: Fit & Proper Staff
NHS Improvement Effective Use of Resources: People
Other (please state):

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Relevance to other Board of Director's Committee: (please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
☒	☐	☐	☐	☐	☐

1 PURPOSE/ AIM

Medical Revalidation was launched in 2012 to strengthen the way in which doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

Since 2012 all Acute Trusts have been required to submit and Annual Organisational Audit to NHS England and to provide assurance that the organisation is compliant with the Responsible Officer Regulations.

This report outlines the Trust's performance for 2018/19 and provides assurance in relation to its compliance with Responsible Officer Regulations.

2 BACKGROUND/CONTEXT

At 31st March 2019, 383 doctors had a prescribed connection with the Trust. There were:
284 Consultant staff
28 Speciality doctor grades
71 Doctors with temporary or short-term contracts.

A total of 372 (97%) doctors completed their appraisal within the required timeframe. Of the remaining 11 doctors 9 had a legitimate reason for not completing their appraisal. For example, long term sickness or maternity leave. 2 doctors did not complete their appraisal within the appraisal year and did not have an approved reason. These individuals are being dealt with in accordance with GMC's rules for non-engagement.

3 PROPOSAL

The Annual Organisational Audit for 2018/19 has been submitted to NHS England.

An action plan to ensure compliance with the Responsible Officer Regulations has been completed.

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4 BENCHMARKING IMPLICATIONS

383 doctors had a prescribed connection to the Trust on 31st March 2019. 372 (97%) of those doctors completed their appraisal within the required timescales. The average rate for acute trusts for 2017/18 was 88%.

5 RISK ASSESSMENT

There are no risks associated with this paper.

6 RECOMMENDATIONS

This report outlines the Trust's performance for 2018/19 and provides assurance in relation to its compliance with Responsible Officer Regulations.

The Trust performance remains at a high level compared with peers, where the completed appraisal rate is 88% for the sector. The Committee are asked to note this report.

7 Appendices

1. Executive Summary

Since the launch of medical revalidation in 2012 the Trust has had a statutory duty to support their Responsible Officer in discharging their duties under the Responsible Officer Regulations. *(The Medical Profession (Responsible Officer) Regulations, 2010 as amended in 2013 and The General Medical Council (License to Practice and Revalidation) Regulations Order of Council 2012).* It is expected that the Board will overseas compliance by:

- Monitoring the frequency and quality of medical appraisals within the organisation.
- Checking there are effective systems in place for monitoring the conduct and the performance of their doctors.
- Confirming that feedback from patients and colleagues is sought periodically so that their views can inform the appraisal and revalidation process for their doctors.
- Ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that the medical practitioners have qualifications and experience appropriate to the work performed.

Dr Bryan Gill, Chief Medical Officer has held the role of Responsible Officer (RO) for BTHFT since July 2015. The responsibility for the day to day support and monitoring of compliance against the legislation and continued progress against identified actions lies with the HR Department to facilitate consistency with HR practice across all staff groups.

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There are a total of 383 doctors with a prescribed connection to the RO in the Trust. 284 of these are Consultant staff, 28 are Speciality Doctor and 71 hold temporary or short-term contracts. Of this number 374 (97%) have completed their appraisal within the required timeframe. Of the remaining 11, 9 doctors had a legitimate reason for not completing their appraisal. 2 doctors did not complete their appraisal and did not have an approved reason. These individuals are being dealt with in accordance with GMC's rules for non-engagement.

The Annual Organisational Audit for 2018/19 has been submitted to NHS England. The AOA aims to provide the maximum guidance to responsible officers to enable them to fulfil their obligations. It focuses on what is happening in the organisation, the outcomes achieved, whilst assessing the designated body's organisational capacity to ensure a robust and consistent system of appraisal and revalidation.

2. Purpose of the Paper

The purpose of the paper is to provide the Workforce Committee with an annual update in relation compliance with Responsible Officer Regulations, together with an update on completed Medical Appraisals and Revalidations and to confirm the submission of the Annual Organisational Audit to NHS England.

3. Background

Medical Revalidation was launched in 2012 to strengthen the way in which doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

Since 2012 the Trust has been required to provide assurance that the organisation is compliant. Dr Bryan Gill, Chief Medical Officer took over the role of Responsible Officer (RO) for BTHFT in July 2015 following completion of the required training.

All organisations have a statutory requirement to support the Responsible Officer in discharging their duties and as such the Executive Team has oversight of the compliance status providing assurance through to the Quality and Safety Committee via the Trust Governance structure.

3.1 Definitions

A glossary of terms is provided in Appendix B.

4. Governance Arrangements

The Responsible Officer is supported by the Deputy Chief Medical Officer, Professional Medical Standards and the Medical Revalidation Manager.

There are robust mechanisms in place to facilitate effective communication between the RO, the Deputy Chief Medical Officer and the Divisional Clinical Directors to ensure relevant information

and required actions are shared and acted upon. Following the Trust's restructure in April 2019 Divisional Clinical Directors will be replaced by Medical Directors of Clinical Business Units

The Electronic Staff Database (ESR) in conjunction with regular downloads from the GMC Database is used to ensure that the baseline data identifying all doctors with a prescribed connection to the Trust is maintained and up to date. The list of doctors who hold an honorary contract with the Trust is also checked regularly to ensure accuracy.

The database records each doctor's planned appraisal month and actual appraisal date in addition to the completion of multi-source feedback and the doctor's revalidation date. Completed appraisal information is provided through Equiniti an electronic revalidation management system (RMS).

Regular appraisal status reports are provided to the Clinical Divisions, to be included within the performance data they present to the Executive Team at their monthly Performance Meetings.

Since 2017 the Trust has met the criteria to be exempt from providing quarterly returns and was asked to provide the NHS England with the necessary assurance via the North Regional Office quarterly by a brief email.

The criteria for exemption are below:

1) The DB has achieved > 90% appraisal uptake in the previous year as stated in the AOA.
2) The DB has < 1% non-managed incomplete or missed appraisal (those recorded as a "3" on section 2.1 on the AOA).
3) The DB engages with the RO and appraisal networks.
4) No concerns have been evidenced from an independent verification visit or any other source.

5. Medical Appraisal

The Deputy Chief Medical Officer monitors the annual participation in appraisal and provides support, advice and guidance to both appraise and appraiser where required.

Medical appraisal compliance within Divisions is monitored and reported through the Divisional Performance Framework.

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Performance Data

An appraisal rate of 97% was achieved for 2018/19 for the 383 doctors with a prescribed connection to BTHFT. Table 1 below (extracted from the Annual Organisational Audit) illustrates the appraisal performance for 2018/19.

Table 1

		Number of prescribed connections	Completed appraisal	Completed appraisal *l	Approved incomplete or missed appraisal	Unapproved incomplete or missed appraisal	Total
			1a	1b	2	3	
2.1.1	Consultants	284	177	99	6	2	284
2.1.2	Staff Grades/Associate Specialists	28	12	15	1	0	28
2.1.3	Doctors on performers list	0	0	0	0	0	0
2.1.4	Doctors with practising privileges	0	0	0	0	0	0
2.1.5	Temporary, short-term contracts	0	0				
2.1.6	Other doctors with prescribed connection to this designated body	71	39	30	2	0	71
2.1.7	Total	383	228	144	9	2	383

Table 2 indicates the appraisal performance for 2018/19 by Clinical Division

Table 2

	Medicine	Surgery and Anaesthesia	Women and Children's	Core Central	Total
Number of prescribed connections	133	192	57	1	383
Completed appraisals 1a	76	123	29	0	228
Completed appraisal but outside **9-12** month range 1b	54	63	26	1	144
Approved incomplete or missed appraisal 2	3	4	2	0	9
Unapproved incomplete or missed appraisal 3	0	2	0	0	2

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Table 3: Audit of all missed or incomplete appraisals

Doctor Factors	
Maternity Leave during the majority of the “appraisal window”	**2**
Sickness absence during the majority of the “appraisal window”	**4**
Prolonged leave during the majority of the “appraisal window”	
Suspension during the majority of the “appraisal window”	
New starter within 3 months of appraisal due date	**3**
New starter more than 3 months from appraisal due date	
Postponed due to incomplete portfolio/insufficient supporting information	
Lack of time	**1**
Lack of engagement	**1**
Other doctor factors	
Retiring	
Appraiser factors	
Unplanned absence of appraiser	
Lack of time of appraiser	
Other appraiser factors	
Organisational factors	
Administration or management factors	
Failure of electronic information systems	
Insufficient number of trained appraisers	
Other organisational factors	
TOTAL	**11**

5.1 Timescales

The timescales for the completion of appraisals were amended in November 2015. The new rules state that appraisals must be completed between 9 and 12 months of their agreed appraisal date and before the end of the doctor's planned appraisal month. Historically the window was 9-15 months. This change has resulted in an increase in the number of appraisals categorised as 1b. (Full definitions contained in Glossary Appendix B) That is, they were completed within the appraisal year but outside the new 12 month timescale or outside the planned appraisal month.

6. Revalidation Recommendations

Table 4 Revalidation Performance

	Submitted on time	Submitted Late
Recommendations made	75	0
Deferrals made	9	0

Each doctor has their revalidation date set by the GMC. There were 75 revalidation recommendations made by the RO between 1st April 2018 and 31st March 2019, all of which were submitted to the GMC on time. 9 of the recommendations were for the doctor's revalidation to be deferral until they could provide further supporting information. Reasons for deferral included, long term sickness, a career break or having only recently joined the organisation. A deferral should not be viewed as a negative process and does not indicate a lack of engagement in the process.

7. Medical Appraisers

The Trust currently has 76 trained medical appraisers with a further 7 awaiting training. A new appraiser training day is scheduled to take place in June 2019. The Trust now has the capacity to achieve its ideal appraiser: appraisee ratio of 1:4.and has been successful in redistributing the workload more evenly amongst appraisers.

Two Appraiser Networking Meetings were held in June 2018 and one in November 2018. The meeting were chaired by Dr Ray Smith, Deputy Chief Medical Officer.

To date 56 appraisers have complete an online refresher training provided by TLE Myaid. This course is now available to all appraisers and will be offered on a rolling programme. Those appraisers who have completed the course have provided positive feedback.

8. Quality Assurance

The Appraisal and Revalidation Group meets twice a year and is chaired by the Deputy Chief medical Officer. The key objectives of the Group are:

- To review the appraisal system and the performance of appraisers to ensure that these conditions are met and improvements are made where possible.

- To provide quality assurance of the appraisal process, including an assurance review of medical appraisers. This is an on-going review of the appraisal outputs for all medical

appraisers to ensure that they are appropriately supported in calibrating their appraisal work, their development needs are being addressed and appraisals are being performed to the required standard.

- To make recommendations to the Responsible Officer on the appraisal system and the performance of appraisers.

- To plan training and support for appraisers.

- To consider the appraisal process from the perspective of the appraisee to improve the quality of appraisal.

The Group will provide a report to the Trust Workforce and Education Committee that in turn reports to the Quality and Safety Sub-Committee of the Board of Directors; however the Appraisal and Revalidation Group will report any immediate concerns directly to the RO whenever necessary.

The Deputy Chief Medical Officer, formally assessed each appraise portfolio, via the Appraisal Management System including appraisal outputs at the point of revalidation, thus every appraisee's documentation is quality assessment once during every revalidation cycle.

The most recent Internal Audit of the Trust's appraisal and revalidation process was completed in June 2016 by the West Yorkshire Audit Consortium. The overall assurance provided was "significant". The audit concluded that there were satisfactory controls in place to ensure that the doctors at the Trust received an extensive and thorough appraisal. Appraisals were appropriate and robust enough to enable the Responsible Officer to provide a recommendation on revalidation to the GMC. The minor management issues identified by the audit have been addressed.

A satisfaction survey using Survey Monkey was conducted during 2017/18 to assess the level of satisfaction with the Trust's appraisal process. 192 surveys were completed and the results were very positive, with 99% of staff rating the process as good or very good. 76% of those who responded said that the appraisal process helped them reflect on their practice.

Comments from doctors following their appraisal included:

"The appraisal provided me with a really valuable opportunity to discuss future clinical and professional development plans".

"I found the process very helpful in terms of focusing my mind on this year's PDP challenges ……The appraisal process sharpened and challenged my thinking regarding the coming year in terms of keeping abreast with professional developments and future service developments both of which will enhance the quality of care and service to patients".

In March 2019 the Appraisal Audit Group chaired by the Chief Medical Officer with the Deputy Chief Medical Officer, together with three volunteer appraisers reviewed a sample of the appraisals

completed during 2018/19. The Audit this year focussed on the quality of the Personal Development Plans produced at appraisals. A report highlighting themes for learning and improvement for both appraisers and appraisees will be presented to the Appraisal and Revalidation Group in June 2019 together with an action plan. This will then be shared at the Appraisers Network Meeting in June 2019.

9. Access, Security and Confidentiality

No security issues were identified during this period.

10. Clinical Governance

A new Clinical Governance Framework was implemented within the Trust in 2014/15. Governance arrangements at specialty level will allow doctors to access relevant information in relation to their specialty and individual practice.

All doctors are able to obtain the supporting information they require for their annual appraisal through the Trust Incident Reporting System – DATIX and via other corporate processes such as compliments, complaints and claims. The Medical Revalidation Manager provides each doctor with a report detailing any incident, claims and complaint recorded for them on the DATIX system in the previous 12 months for inclusion and discussion at their appraisal.

11. Recruitment and Engagement Background Checks

Pre and post-employment checks that are undertaken in BTHFT comply with the NHS Employment Checks Standards.

These standards simplify the legislative requirements for NHS organisations, outline the procedures that NHS Trusts should follow and give advice for good practice. The standard checks are:

- Verification of identity
- Verification of right to work in the UK
- DBS Check
- Employment history and reference checks
- Occupational health checks
- Registration and Qualification checks and monitoring of professional registration

Recruitment and engagement checks for doctors, including trainees, are managed through the Human Resources Department. An internal audit of recruitment and pre-employment compliance checks was undertaken during 2018; the overall assurance given was ‘significant’. The review confirmed that there are policies and procedures in place to enable a rigorous and fair recruitment process. The policies and procedures for the recruitment and employment of staff at the Foundation Trust have been disseminated to, and were understood by managers involved in the recruitment process.

The processes relating to the engagement of medical locums was audited in 2017 by Audit Yorkshire. The audit concluded that significant assurance was provided in all areas apart from the

Trust's local induction arrangements which only provided limited assurance. An action plan is in place to address this.

12. Monitoring Performance

The Disciplinary, Capability, Ill Health and Appeals Policy and Procedure for Doctors and Dentists was revised and re-issued in February 2017.

13. Responding to Concerns and Remediation

In line with all staff, concerns about an individual doctor's practice may be raised through the Trust Raising Concerns at Work Policy or via the Trusts' Disciplinary, Capability, Ill Health and Appeals Policy & Procedures if the behaviour of the doctor causes, or has the potential to cause harm to a patient or other members of the public, staff or organisation. In addition a concern will be raised if a doctor develops a pattern of making or repeating mistakes. In most cases minor concerns can be addressed through the normal continuing professional development or supervisory processes.

The Trust Remediation Policy was formally approved in December 2017 and has been circulated, following consultation with the LNC.

During 2018/19 there was only 1 "Doctor in Difficulty" investigated under Maintaining High Professional Standards for Medical and Dental Staff. The Board of Directors is notified if any doctor with a prescribed connection to the Trust is excluded from practice. Monthly updates are then provided to the Board for the duration of the exclusions.

14. Risks and Issues

The Chief Medical Officer and Deputy Chief Medical Officer, and Medical Revalidation Manager meet on a monthly basis to review individual portfolios prior to revalidations and to highlight any issues. Any urgent concerns are reported to the RO directly when necessary.

The Appraisal and Revalidation Group has agreed Terms of Reference and meets each quarter providing a report to the Workforce and Education Sub Committee.

The Trust Performance Management Framework and the Divisional Governance processes monitor appraisal rates enabling issues to be identified early and appropriate corrective action to be taken and escalated if required.

15. Corrective Actions, Improvement Plan, Next steps

Progress against the Action Plan (Appendix A) developed following the 2017 Annual Organisational Audit submission has been monitored through the Appraisal and Revalidation Group. All actions are now complete.

The Appraisal and Revalidation Policy has been updated to reflect the new NHS England guidance.

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16. Recommendations

The Committee is asked to note:

- The Trust's Medical Appraisal Performance for 2018/19.
- The Trust is compliant with the requirements of the Responsible Officer Regulations.
- The Annual Organisational Audit has been submitted.

Appendices

Appendix A - Review of the Requirement of Responsible Officer Legislation and Associated Actions Required.

Appendix B – Glossary of Terms.

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Appendix A - Review of the Requirements of Responsible Officer Legislation and Associated Actions Required

(Items that are shaded grey are recommended and not mandatory)

	The Designated Body and the Responsible Officer	Compliant Yes/No	Action Required	Lead	Timescale	RAG Rating
Section 1						
1.4	A responsible officer has been nominated or appointed a responsible officer in compliance with the Responsible Officer Regulations. The responsible officer is a licensed doctor who has been licensed continuously for the previous five years and continues to be licensed throughout the time they hold the role of responsible officer.	Yes	Additional management resource required to design, implement and manage process to ensure RO can fulfil their legal requirement. **Comment**: The Medical Director, Dr Bryan Gill took over as responsible officer in July 2015. An Associate Medical Director, Professional Medical Standards – Dr Ray Smith has been formally appointed. A Medical Revalidation Manager, has also been appointed, who will work within the HR Department as part of the Medical Workforce Team.	Responsible Officer	Completed	
1.5	Where a conflict of interest or Appearance of Bias has been identified and agreed with the higher level responsible officer; has an alternative been appointed?	N/A	Reciprocal arrangements made with neighbouring RO.	Responsible Officer	Completed	
1.6	In the opinion of the responsible officer, sufficient funds, capacity and other resources have been provided by the designated body to enable them to carry out the responsibilities of the role.	Yes		Responsible Officer	Completed	

1.7	The responsible officer is appropriately trained and remains up to date and fit to practise in the role of Responsible officer.	Yes		Responsible Officer	July 2016	
1.8	The responsible officer ensures that accurate records are kept of all relevant information, actions and decisions relating to the responsible officer role.	Yes				
1.9	The responsible officer ensures that the designated body's medical revalidation policies and procedures are in accordance with equality and diversity legislation.	Yes				
1.10	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.	Yes				
1.11	The governance systems (including clinical governance where appropriate) are subject to external or independent review.	Yes				
1.12	The designated body has commissioned or undertaken an independent review* of its processes relating to appraisal and revalidation. (*including peer review, internal audit or an externally commissioned assessment)	Yes	Internal Audit completed .This provided significant assurance. New Appraisal Audit Group held in March 2017 Peer Review	West Yorkshire Audit Consortium Responsible Officer	June 2016 March 2017 June 2017	
Section 2	Appraisal					
2.2	Every doctor with a prescribed connection to the designated body with a missed or incomplete medical appraisal has an explanation recorded	Yes	Audit	Medical Revalidation Manager	April 2017	
2.3	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	Yes	Policy updated awaiting approval by LMC	Deputy Chief Medical Officer Medical Revalidation	May 17	

	equivalent governance or executive group)			Manager		
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.	Yes	Audit Group 's findings reported included in annual report	Deputy Chief Medical Officer	May 2017	
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.	Yes	Doctors are provided with reports detailing their complaints, claims and incidents. Reviewed during Audit	Medical Revalidation Manager	March 2017	
2.6	The responsible officer ensures that the designated body has access to sufficient numbers of trained appraisers to carry out annual medical appraisals for all doctors with whom it has a prescribed connection	Yes	3 new appraisers have been trained during this year making a total of 76. Rolling program of update training.	External company provided training Online training	July 16 ongoing	
2.7	Medical appraisers are supported in their role to calibrate and quality assures their appraisal practice.	Yes	Four Appraiser Network Meetings are held each year. Attendance recorded	Deputy Chief Medical Officer	May 2016 Nov 2016	
Section 3	Monitoring Performance and Responding to Concerns					
3.1	There is a system for monitoring the fitness to practise of doctors with whom the designated body has a prescribed connection.	Yes				
3.2	The responsible officer ensures that a responding to concerns policy is in place (which includes arrangements for investigation and intervention for capability, conduct, health, and fitness to practise Concerns) which is ratified by the designated body's board (or an equivalent governance or executive	Yes				

	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.	No	The Board of Directors is notified if any doctor with a prescribed connection to the Trust is suspended from practice. Monthly updates are then provided to the Board for the duration of the suspension.	Chief Medical Officer		
3.4	The designated body has arrangements in place to access sufficient trained case investigators and case managers.	Yes	Some staff had undergone training but it was felt that they would benefit from an update. The staff that require training have now been identified. Original course booked was cancelled. Awaiting NCAS course in the North to be rearranged.	Training provided by NCAS	2017	
Section 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 (including locums).	Yes	Locums employed directly by the Trust are subject to the same level of checks as non locum staff. New Direct Engagement process commenced 1st April 2016.			

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Appendix B

Glossary of Terms

Appraisal
Medical appraisal is the annual process of self-review supported by information that is set out by the GMC with evidence gathered from the full scope of a doctor's work. It includes reflection on achievements, challenges and lessons learnt in addition to proactively identifying learning needs and producing a Personal Development Plan (PDP).

Appraisal Categories

Measure 1 Completed Annual Medical Appraisal. This category is sub divided into:

1a *completed annual medical appraisal* is one where the appraisal meeting has taken place in the three months preceding the agreed appraisal due date*, the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting, and the entire process occurred between 1 April and 31 March. For doctors who have recently completed training, it should be noted that their final ACRP equates to an appraisal in this context.

1b *completed annual medical appraisal* is one in which the appraisal meeting took place in the appraisal year between 1 April and 31 March, and the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor, but one or more of the following apply: - the appraisal did not take place in the window of three months preceding the appraisal due date; - the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor between 1 April and 28 April of the following appraisal year; - the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor more than 28 days after the appraisal meeting. However, in the judgement of the responsible officer the appraisal has been satisfactorily completed to the standard required to support an effective revalidation recommendation. Where the organisational information systems of the designated body do not permit the parameters of a *Category 1a completed annual medical appraisal* to be confirmed with confidence, the appraisal should be counted as a *Category 1b* ***completed annual medical appraisal***.

Measure 2: Approved incomplete or missed appraisal:
An a*pproved incomplete or missed annual medical appraisal* is one where the appraisal has not been completed according to the parameters of either a *Category 1a or 1b completed annual medical appraisal*, but the responsible officer has given approval to the postponement or cancellation of the appraisal. The designated body must be able to produce documentation in support of the decision to approve the postponement or cancellation of the appraisal in order for it to be counted as an *Approved incomplete or missed annual medical appraisal*.

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Measure 3: Unapproved incomplete or missed appraisal:

An *Unapproved incomplete or missed annual medical appraisal* is one where the appraisal has not been completed according to the parameters of either a *Category 1a or 1b completed annual medical appraisal*, and the responsible officer has not given approval to the postponement or cancellation of the appraisal. Where the organisational information systems of the designated body do not retain documentation in support of a decision to approve the postponement or cancellation of an appraisal, the appraisal should be counted as an *Unapproved incomplete or missed annual medical appraisal*.

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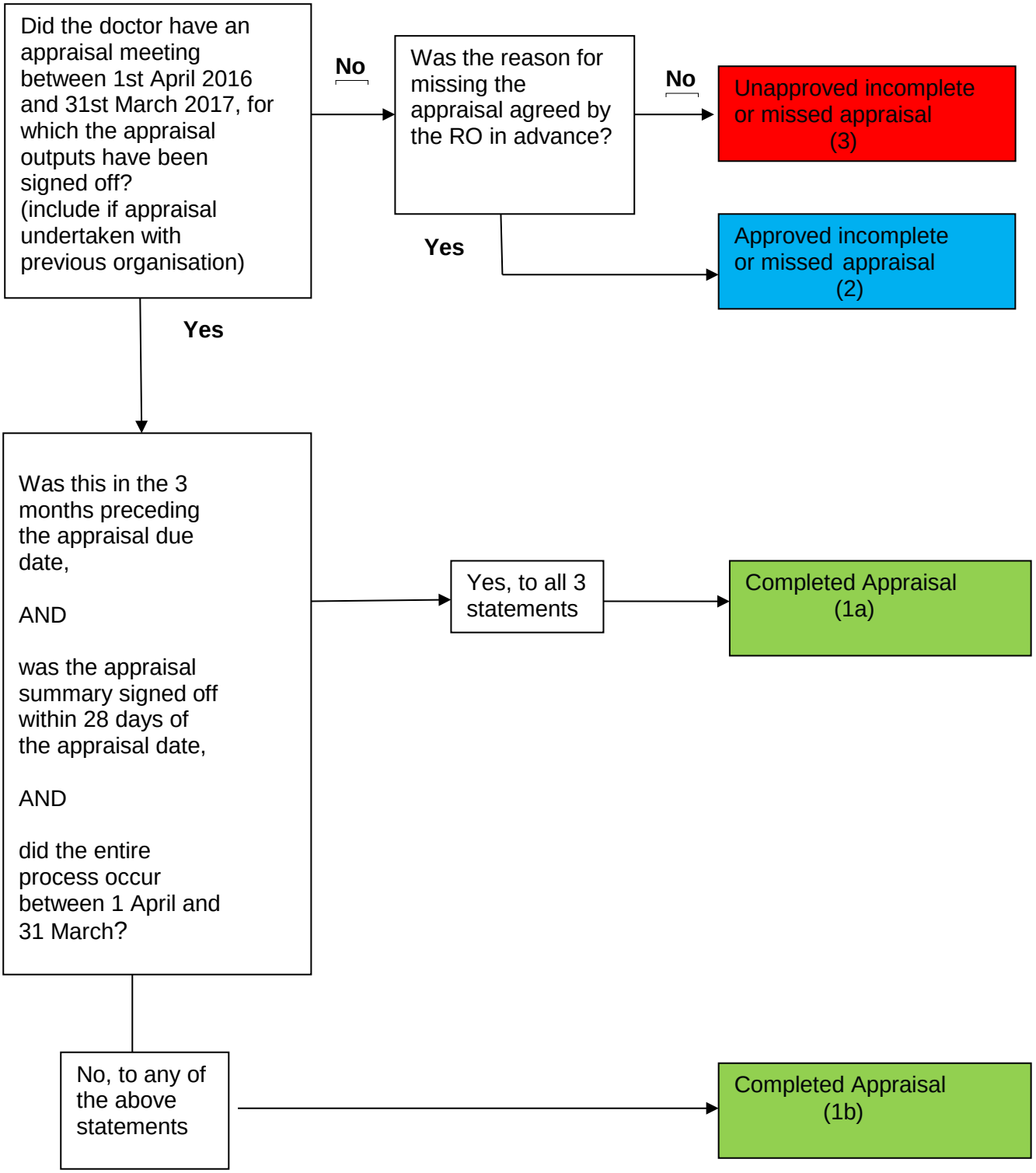
NHS England Appraisal Categories



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Designated body
Licensed doctors have a connection with one organisation that supports their regular appraisal and revalidation process. This organisation is referred to as the 'Designated Body'. All Designated Bodies have a duty to support the RO by providing adequate resources. There is a clear set of rules that determines which is a doctor's designated body.

Prescribed connection
A prescribed connection is the name given to the link between the doctor and the RO. Having a prescribed connection ensures that the doctor will be supported with revalidation and that they can be assured that they are working within an environment conducive to continuously improving the services it offers to patients.

Responsible Officer
The RO has a statutory role in medical regulation. The RO must be a senior, licensed doctor, formally appointed by the Board of Directors who is responsible for ensuring there are systems in place to enable doctors to be appraised annually and where there are concerns about a doctor's fitness to practice they are appropriately investigated and managed, liaising with the General Medical Council (GMC) where necessary.

The RO is responsible for considering the evidence presented through the Trust's appraisal process and using this to make a recommendation to the GMC in relation to each doctor's revalidation. The GMC will then make the final decision. The RO can recommend one of the 3 options listed below:

- A recommendation that the doctor is up to date and fit to practise and should be revalidated
- A deferral as more time or more information is required in order to make an accurate recommendation
- A recommendation that the individual has not engaged with the appraisal process or any other system that would support their revalidation

Revalidation
Doctors are required by law to hold a license if they wish to be a medical practitioner. Revalidation is the process by which all doctors renew their license. Every doctor must be able to demonstrate to the GMC that they have kept up with current medical practice and are fit to practise. All licensed doctors must be revalidated every 5 years as a condition of their license.