

Trust Board – 27th September 2012

Agenda item: 2.1

Surrey and Sussex 
Healthcare NHS Trust

APPRAISAL AND REVALIDATION OF DOCTORS WHERE ARE WE?

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Job Title: Responsible Officer for GMC Revalidation

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Putting people first
Delivering excellent, accessible healthcare



An Associated University Hospital of
Brighton and Sussex Medical School

What is the Purpose of Revalidation?

- **Above all else for patient safety**
- **To make sure the doctor the doctor is up to date and fit to practise**
- **Nothing to do with Shipman**

The doctor must be participating in an annual appraisal process which has Good Medical Practice as its focus and which covers all of their medical practice

The doctor must have completed at least one of these appraisals, which has been signed off by the doctor and their appraiser

The doctor must have demonstrated, through appraisal, that they have collected and reflected on the information as outlined in the GMC's guidance Supporting information for appraisal and revalidation

Information Flows

- **Whole of a doctor's scope of work**
- **Doctors take personal responsibility**
- **Organisations take responsibility, led by the responsible officer**

What's Going On?

- Increasing confidence
- ORSA
- Business case and detailed planning
- Communication with doctors giving reality for doctors
- Systems assessment gives confidence
- Certain groups of doctors
- SAS and trust grade
- Locums (in all sectors)
- Doctors-in-training
- Clinical academics
- www.revalidationsupport.nhs.uk

What do the Regulations Say?

Regulation 11;

“ ... take account of all available information relating to the medical practitioner’s fitness to practise in the work carried out by the practitioner for the designated body, and for any other body ”

Responsible officer's professional responsibility (1)

- **Satisfied that appraisals have covered the full scope of a doctor's work**
- **Satisfied that the portfolio contains the required supporting information**
- **May need access to the completed portfolios**

Responsible officer's professional responsibility (2)

“Establish a reliable process for information sharing when a doctor works in more than one organisation”

“When a doctor moves to a new designated body...information needs to be available to the new [RO] as soon as possible. This will usually involve a formal request for information from the previous [RO]”

Information will need to be available to the [RO] [about] responding to concerns issues from all the organisations in which the doctor works

Doctors in training to inform the ARCP (Annual review of competence progression) process

www.revalidationsupport.nhs.uk

Responsible officer's professional responsibility (3)

- **Communicate recommendation to GMC using “GMC connect”**
- **Communicate any fitness to practise issues using existing processes**
- **Information to support quality assurance**
- **Information to inform your level 2 responsible officer**

Responsible officer's professional responsibility (4)

- **Comply with relevant legislation including**
- **RO regulations**
- **Data Protection Act**
- **Freedom of Information Act**
- **NHS Code of confidentiality**
- **Good Medical Practice**
- **Records Management: NHS Code of Practice**
- **Patient safety MUST be overriding consideration**

Responsible officer's professional responsibility (5)

- You will need to assure yourselves that transfer of information is secure and that auditable governance arrangements are in place to control access to information and control transfer of information
- Doctors are entitled to view information held about them in clinical governance or responsible officer systems and they may *request that information is amended*
- www.revalidationsupport.nhs.uk

Doctor's Professional Responsibility

- Supporting information for appraisal
- Six types of supporting information
- Whole of scope of work
- All complaints and significant events
- All information “presented .. at appraisal should be retained by the doctor and made available to the responsible officer on request”

Appraiser's Professional Responsibility

- **Outputs of appraisal**
- **Personal development plan**
- **Appraisal summary of discussion**
- **Appraiser statements and comments**
- **Outputs agreed by doctor and the appraiser (or RO aware and needs to understand reasons for any disagreement)**
- **“no information relating to the doctor... is retained by the appraiser”**

Current Situation

148 Consultants - 23.6 % of total appraised as
of 31st August

59 SAS doctors - 23.7 % of total appraised as
of 31st August

What Has Happened Over The Last Year?

- Established a faculty of 40 trained appraisers
- 360 degree feedback 
- Up to date MAG electronic appraisal form on Trust Intranet 
- No longer any paperwork trail. Doctors receive a certificate of appraisal from PGEC.
- Appraisals stored electronically on secure site
- Top up training for appraisers at end of October
- Spreadsheet of all doctors with a prescribed connection to the Trust
- All appraisal dates are updated onto OLM and are available to SHA or CQC for inspection
- Produced a medical appraisal policy

GMC Compliance

- **Established a GMC connect account**
- **Submitted the completed spreadsheets with revalidation dates for all doctors with a prescribed connection to the Trust.**
- **20% of all doctors should be recommended for revalidation April 2013-April 2014**
- **40% April 2014-2015**
- **40% April 2015-2016**
- **5 year cycle thereafter**
- **Minimum requirement is an up to date quality assured appraisal but I have suggested at least 2 appraisals**

Difficulties Experienced

- **Non engagement by doctors has required repeated personal approach**
- **Perception that should not need to do an appraisal**
- **Find 360 degree feedback boring**
- **Appraisal date drift**
- **Locum doctors**
- **Appraisal is perceived to be a threat**
- **Apathy for a PDP**
- **Don't understand what reflection is**

Summary and Conclusions

- Trust is on course to comply with revalidation framework
- ORSA green
- The message is getting through
- MAG form easy to use
- Non engagement in a minority of doctors who will sharply realise that their licence to practice could be withdrawn
- Actively encouraging doctors, especially SAS doctors to have a PDP which they can be proud of which embraces ambition and improved quality of service in the Trust for delivery of safe patient healthcare