The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

SUBJECT	Organisational Readiness for the Implementation of Revalidation
PRESENTED BY	Dr G Hunnam, Responsible Officer
WRITTEN BY	Dr K Sivakumar, Associate Medical Director
PURPOSE OF PAPER	For Information

EXECUTIVE SUMMARY

Revalidation is a process by which doctors in the UK will have their licence to practice renewed. The purpose of the revalidation is to assure the patients and public, employers and other healthcare professionals that licensed doctors are up to date and fit to practice. The General Medical Council has implemented the revalidation scheme from 3rd December 2012. The Responsible Officer is accountable for the quality assurance of the appraisal and Clinical Governance system in the Trust. The Queen Elizabeth Hospital King's Lynn Foundation Trust is committed to ensuring that a robust system of appraisal and revalidation are in place which meet the external standards set out by GMC, Medical Royal Colleges and Department of Health.

ORGANISATIONAL STRUCTURE AND POLICY

The Medical Director is the Trust's Responsible Officer. The Associate Medical Director has been appointed by the Trust to lead appraisal and revalidation. The Trust has developed a Medical Appraisal Policy to support revalidation and appraisal forms based on National Guidance. Information guidance for medical staff regarding appraisal and revalidation has been made available. A system has been developed to collect and maintain data on doctors with whom the Trust has the prescribed connection, and to monitor the appraisal. The Trust has purchased an electronic system from Equiniti 360 clinial.com to support appraisal, revalidation, job planning and 360 multisource feedback. Dedicated administration time has been identified to support appraisal and revalidation. Currently the Trust has prescribed connection for 200 medical staff. The Trust has already drafted a policy for remediation and re-skilling for medical staff. This draft has been approved by the BMA representative and is expected to be approved in the LNC meeting in April 2013. .

TRAINING

The Responsible Officer and Associate Medical Director have undergone responsible officer training and the Trust has provided revalidation ready appraisal training for 40 Consultants and 31 SAS doctors. Currently the Trust has a pool of 47 appraises distributed among all Divisions. It is envisaged some SAS doctors will become appraisers in the future. It is the Trust's intention to provide appraisers with regular top-up training in the future and a pool of appraisers will be maintained to meet the requirements. The Trust provides adequate study leave and funds for medical staff to attend meetings and attain CPD requirements.

QUALITY CONTROL
The Trust has adapted National Guidance and developed an evaluation system for appraisees and appraisers and also developed a self assessment tool for appraisers to monitor and improve quality of the appraisal process in the Trust.

INFORMATION SUPPORT
The Trust has developed an information checklist for medical staff to collect appropriate relevant supporting information for their appraisal. Activity data is provided by the Trust Information Department from the CHKS System and Theatre Information System. Continuous discussion is taking place with the Trust Information Department to improve the quality of the data in the future. Patient Safety, Complaint & Litigation and Audit Departments provide appropriate information to the medical staff before appraisals. Although the data quality in the Trust is improving we need to continue to drive to improve the data quality in the future.

ORGANISATIONAL GOVERNANCE
The Trust has a robust governance structure in place. A great deal of audit activity takes place in the Trust which is monitored by the Trust Audit Department. The Patient Safety Department actively monitor safety incidents and collect patient's safety data. 200 medical staff in the Trust have undergone 360° colleague and patient feedback which is essential for revalidation. This was carried out by 360° clinical.com, a private provider. The Trust has renewed the contract with 360 clinical.com to continue to provide 360 multisource feedback and support appraisal, revalidation, job planning and Responsible Officer Dashboard.

TRUST SCHEDULE FOR REVALIDATION
Year 0 (January 2013 to March 2013) - Medical Director and 3 Associate Medical Directors (4)
Year 1 (April 2013 – March 2014) – 39 medical staff
Year 2 (April 2014 – March 2015) – 77 medical staff
Year 3 (April 2015 – March 2016) – 78 medical staff
Year 4 (April 2016 – March 2017) - 2 medical staff
Year 5 (April 2017 – March 2018) - 0 medical staff
TOTAL = 200 medical staff

ESSENTIAL FUTURE RECOMMENDATIONS
1. Appoint and train new RO from 1st April 2013
2. The Trust needs to continue to drive and improve the quality of data provided for medical staff
3. The Trust needs to work with the BMA and local LNC to rectify Trust policy for reskilling and remediation in April
4. The Trust continues to work with PGMEC to provide the Deanery with relevant information (collective exit report and exceptional report) regarding doctors training in the Trust towards their revalidation
5. The Trust needs to adapt GMC Revalidation Governance Handbook Checklist and fulfil all the recommendations by the GMC (which is attached)

The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

GMC REVALIDATION GOVERNANCE HANDBOOK CHECKLIST

List of Governance Questions

1. There is corporate or organisation-wide commitment to creating an environment that fosters good professional practice

How does your organisation:	✔	Your Views:
• Know that the governance systems supporting the provision of quality patient care and medical revalidation objectives is appropriately supported, managed and assured	✔	Yes
• Ensure the adequacy of resources to support all healthcare workers in fulfilling their professional responsibilities e.g. in relation to staff induction, appraisal, Continuing Professional Development (CPD) and revalidation of doctors?	✔	Yes
In what way:		
• Does the organisation's governance strategy proactively support the provision of quality patient care and medical revalidation objectives?	✔	Yes
• Might reporting around quality patient care and medical revalidation objectives to the board/governing body be improved?	✔	Yes
• How transparent are the board/governing body's governance activities?	✔	Fully transparent
• How does the board/governing body regularly review data relating to revalidation and clinical practice?	✔	The board currently receives regular updates on medical staff appraisal. In future this update will include appraisal, revalidation and number of doctors undergoing remediation.

2. Local governance is in place and monitored

How does your organisation ensure:	✔	Your views:
• All information systems for monitoring the conduct and performance of doctors working in your organisation are operating effectively?	Partial	We currently file in the individual HR file. We have purchased an electronic system to monitor in the future.
• The performance of locums, doctors in training and temporarily appointed doctors is monitored and reported in a way that contributes constructively in their revalidation?	Partial	From now HR representatives from each service line will feed back to the revalidation management officer about the locums within their service line.
• Pre-employment, and other pre-contract checks undertaken in-keeping with statutory and other requirements are comprehensive and accurate?	Partial	We are in the process of updating our pre-employment check list.
• Quality improvement activities undertaken have been beneficial?	✔	
• It can and does respond quickly when things go wrong?	✔	

3. Equality and diversity considerations are integrated into all of the organisation's medical revalidation policies and practices

How does your organisation:	✔	Your views:
• Ensure its policies and practices supporting medical revalidation are fair and non-discriminatory and comply with legal requirements?	✔	
• Keep up to date with equality and diversity issues and policies?	✔	
• Approach training in equality and diversity matters?	✔	
• How do your organisation's policies and practices supporting quality patient care and medical revalidation promote equality and diversity e.g. for people with protected characteristics?	✔	
• How does your organisation's board/governance hierarchy engage with equality and diversity issues and what benefits does this bring?	✔	

4. Ongoing compliance with regulatory requirements and standards creates an environment where professionals can flourish

In what ways does your organisation:	✔	Your views:
• Ensure ongoing familiarity with the organisational and professional responsibilities set down in regulations and guidance?	✔	
• Take patient and public views, complaints and compliments into account to support governance and quality improvement?	✔	
• Know the relevant data are collected and distributed to doctors, including for doctors working in a range of, or remote, practice settings, in a way that supports their revalidation?	✔	
• Monitor the quality of data supporting your RO in their role, including making revalidation recommendations to the GMC?	Partial	We have purchased an electronic system to improve the quality of data available to RO.
• What was the outcome of your last review of data needs to support quality improvement and monitoring?	Partial	We decided to purchase on-line system to manage appraisal and revalidation.

How does your organisation:		
• Ensure the identity, qualifications, references and experience of your doctors?	Yes	We are currently updating pre-employment checklist for doctors.
• Monitor the conduct and performance of doctors, including temporarily appointed doctors, locums and doctors in training and ensure any issues arising are addressed?	Partial	We have purchased an electronic system which enables us to monitor these areas.
• Manage admission to the performers list, if relevant?	-	
• Know that the arrangements to grant and monitor practising privileges for medical practitioners are robust?	-	

5. Medical appraisal takes place in accordance with GMC guidance and organisational requirements

	✔	Your views:
What is the practical effect of the integration of your organisation's appraisal policy with other governance arrangements?	✔	Up to date supportive information for appraisal
How does your organisation:		
• Know that all doctors requiring annual appraisal have participated?	✔	
• Manage the situation where doctors requiring appraisal have not been appraised?	✔	
• Know all doctors are familiar with your organisation's appraisal policy and system?	✔	
How does your organisation ensure:		
• The focus of appraisal is on the GMC's Good Medical Practice and other relevant guidance?	✔	Appraisal forms/appraisal policies are based on GMC Good Medical Practice and all relevant guidance and update from GMC circulated to all.
• Appraisers are appropriately trained to conduct appraisals?	✔	
• Adequate resources are available to support doctors' appraisal, revalidation and CPD?	✔	
• The quality and completeness of information supporting appraisal?	✔	

How does your organisation:	✔	Your views:
• Manage and monitor the performance of its appraisers in their role?	✔	Regular evaluation from appraisers /appraisees and use appraisers competency self-assessment tool
• Monitor the quality and robustness of appraisals and appraisal outputs?	✔	Audit appraisal output
• Review the annual appraisal process and put consequential learning into effect?	✔	
• Monitor the outcomes of doctors' participation in CPD?	✔	Recorded in the individual appraisal report
• How does your governance hierarchy oversee appraisal and consider whether it is delivering anticipated benefits?	Partial	In future regular report will be submitted to HR committee on appraisal and revalidation.