

Subject:	Revalidation – Annual Report
Prepared by / Sponsored by / Presented by:	Simon Holmes, Medical Director
Purpose of paper	For approval
Key points for Trust Board members <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	Portsmouth Hospitals NHS Trust (PHT) has a Revalidation process that is compliant with national guidelines with governance and quality assurance. Board awareness of implications of revalidation.
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	For approval
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	
Consideration of legal issues (including Equality Impact Assessment)?	None
Consideration of Public and Patient Involvement and Communications Implications?	None

Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register	
Strategic Aim	Strategic Aim 1
BAF/Corporate Risk Register Reference (if applicable)	Not applicable
Risk Description	Not applicable
CQC Reference	Not applicable
Committees/Meetings at which paper has been approved: None	Date

Medical Revalidation – Trust Board Update and Annual Report

1. Introduction

Launched by GMC in December 2012.

Culmination of work between NHS employers, GMC, CQC, BMA and patient groups.

A previous paper presented to Board in September 2015. Revalidation numbers are provided to Board within the monthly Integrated Performance Report.

2. Process

PHT is a Designated Body for Revalidation and Simon Holmes is the Responsible Officer (RO). Revalidation for an individual doctor runs over a 5 year cycle. The process is reliant on a robust appraisal process and presentation of a portfolio of evidence of personal development. Within each 5 year cycle there must be evidence of annual appraisal along with a 360 degree patient review and a 360 degree colleague review. PHT has adopted the review template recommended by the GMC. Appraisal includes a review of all complaints and involvement in any significant clinical incidents. The whole Revalidation process was reviewed by the National revalidation team.

3. Update

On 5 June 2014 the Chief Executives of the General Medical Council (GMC), Care Quality Commission (CQC), Monitor and Trust Development Authority (TDA) wrote to Trust Chairs asking them to confirm that they were supporting the Revalidation process. They recommended that Board members should:

- Monitor the frequency and quality of medical appraisals
- Check there are effective systems for monitoring the conduct and performance of doctors
- Confirm that feedback from patients is sought periodically

NHS Revalidation Support Team established an Organisational Readiness Self-Assessment toolkit that allows Trusts to benchmark themselves.

NHS revalidation team have reviewed PHT as a Designated Body.

4. Position in Portsmouth Hospitals Trust

PHT is a designated body and the Responsible Officer (RO) was revalidated in March 2013.

- There are currently 532 doctors which have PHT as their designated body (DB).
- To date 379 doctors have successfully revalidated. There are 31 doctors left to revalidate until the end of the initial cycle which ends March 2018. The Medical Director is also due to revalidate again on 19th February 2018.
- 94 deferrals have been submitted mainly due to incomplete paperwork or the doctor being new to the UK or the hospital (77 people have been deferred once and 17 more than once).
- Deferral is regarded by the GMC as a neutral act with no implications to the doctor.

- No doctor has been referred as 'non-engagement' and thus at risk of loss of licence to practice by GMC.
- The number of doctors due to revalidate has slowly started to decline as we approach the end of the first 5 year cycle; however this will start to increase again from 1st April 2018.

In April / May 2016 PHT provided information in response to the NHS England Annual Organisational Audit. Details of the audit accompany this paper.

5. Senior doctor Appraisal

PHT has used an electronic system for monitoring consultant activity with regard to appraisal, job planning, annual and study leave and thus we have had an advantage over some organisations with regard to the process and organisation of revalidation. This is called CRMS and provides consultants with easy access to aspects of their administrative work confidentially but transparently and gives the Trust access to job plans, appraisal etc on a 'need to know' basis.

The PHT revalidation / appraisal team consists of:

- RO - Simon Holmes
- Trust Appraisal Lead – Mike Homer-Ward
- Appraisal leads within CSC's
- HR support – Caroline Man and Natasha Hobson

All PHT senior doctors use CRMS. Appraisal dates are monitored and recorded on CRMS. All appraisers are trained according to NHS Revalidation guidelines – these guidelines change and as a result of the recent recommendations about the flavour of appraisal we have amended our instructions to appraisers regarding the quality and depth of discussion that needs to take place and introduced the concept of a 'Trust values' based review.

PHT has a total of 127 doctors who are recognised as appraisers 108 of which are actively appraising. The Trust has arranged another session of New Medical Appraiser Training to be held on 23rd November 2016, we have capacity for 20 doctors to attend. 91 appraisers have received their annual update training in 2015/2016. Anyone who does not complete this update training will cease to be an appraiser. When revalidation commenced PHT had appraisal dates that were not split evenly over the year but centred around March (prior to pay progression sign-off). The appraisal team thus assigned appraisers and appraisal dates to consultants to facilitate the appraisal review and quality assurance and separated these over the 12 months of the year. This process was completed during 2014.

At appraisal each doctor is required to bring details of complaints, significant clinical events and potential litigation to be discussed. To facilitate this, the Trust has developed a spreadsheet for all senior doctors and this information is added to on a continuous basis. However it has now been recognised that the use of the Datix system would provide more comprehensive information.

As the designated body (DB), appraisal at PHT involves the entire medical practice of each individual and thus includes activities such as Private Practice, support for clubs (Rugby clubs etc) and anything that encompasses medical practice. To ensure all work, not just NHS practice is reviewed and discussed at appraisal the Scope or Practice section has been enhanced.

6. Quality assurance

Appraisal summaries and PDP's are available to the RO and Appraisal Lead for the Trust through CRMS and review of each appraisal takes place as part of Quality Assurance. There is a feedback audit to the appraisers from both the appraisees and also from the Trust Lead for appraisal to maintain and raise standards.

PHT has undergone an Independent Verification Visit on the Revalidation process from NHS England Revalidation Team and the findings from this were largely positive.

7. Further developments in appraisal for PHT

- Improvements in Consultant performance information
- Formal link to Trust values
- Link between appraisal and job planning – this has now been agreed and we are working with The Learning Clinic to make the forms live on CRMS.

8. Summary

PHT has an appraisal system that:

- Is regulated through CRMS which is familiar to senior hospital doctors
- Complies with national guidance with update training provided annually
- Takes account of patient complaints and significant clinical events
- Is a 'whole practice' appraisal.
- Has a Quality Assurance process and provides feedback to the appraisers.
- Is rated as "meeting all core standards, quality assured with some quality improvement" by NHS England Revalidation Team.