**Board meeting date:** 31 July 2013  
**Agenda Item number:** 11.1  
**Enclosure:** 8

<table>
<thead>
<tr>
<th><strong>Report Title:</strong> Medical Director’s Revalidation Update</th>
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<tr>
<th><strong>Accountable Director:</strong></th>
<th>Dr Mark Weaver, Joint Medical Director/Responsible Officer</th>
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<tbody>
<tr>
<td><strong>Author (name &amp; title):</strong></td>
<td>Dr Mark Weaver, Joint Medical Director/Responsible Officer</td>
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<table>
<thead>
<tr>
<th><strong>Purpose of the report:</strong></th>
<th>To update the Board on the progress of Medical Revalidation within the DWMHPT since the last report in July 2012</th>
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<tr>
<th><strong>Action required from the Board</strong></th>
<th><strong>Decision / Approval</strong></th>
<th><strong>Gain assurance</strong></th>
<th><strong>Discussion</strong></th>
<th><strong>Information</strong></th>
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<tr>
<th><strong>What other Trust Committee or Group has considered the key elements of this report?</strong></th>
<th>Committee: None</th>
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<td><strong>Date reviewed:</strong></td>
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| **Key points or recommendations from Committee:** | |
|---------------------------------------------------| |

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<tr>
<th><strong>Strategic Objective(s) to which this paper relates:</strong></th>
<th><strong>High quality services</strong></th>
<th><strong>Inclusive partnerships</strong></th>
<th><strong>Leadership culture</strong></th>
<th><strong>Responsible workforce</strong></th>
<th><strong>Supporting strategies</strong></th>
<th><strong>Effective/efficient resources</strong></th>
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<th><strong>What impact or implications does this report have on any of the following:</strong></th>
<th><strong>Please give brief details:</strong></th>
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<tr>
<td>Quality &amp; standards (inc. CQC/NHSLA)</td>
<td>Standards of medical care/fitness to practice</td>
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<tr>
<td>Patient safety &amp; experience</td>
<td>Patient feedback, review of incidents and complaints is a central component of appraisal/Revalidation</td>
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<td>Financial (income, expenditure &amp; CIP)</td>
<td>Resource implications (administration and IT support)</td>
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<td>Performance</td>
<td>Activity and feedback on medical staff reviewed through appraisal</td>
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<td>Risk Register/Board Assurance Framework</td>
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<td>Patient &amp; Public Involvement</td>
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Introduction

This report provides an update to the Board on Medical Revalidation further to the initial paper presented to board on 25 July 2012.

Medical revalidation is a legislative requirement governing the competence of doctors outlined in the Good Medical Practice Framework for Appraisal and Revalidation (GMC March 2011). This assesses competence of medical practitioners across four domains:-

1. Knowledge, Skills and Performance
2. Safety and Quality
3. Communication Partnership and Teamwork
4. Maintaining Trust

The background to Revalidation was outlined in the previous paper presented to Board (July 2012). At the time of the submission of the previous paper, Revalidation was still in the planning stage but since 3 December 2012 it has become law.

This paper will outline the progress against plan for Medical Revalidation over the past twelve months; review the current status of Revalidation and recommendations to maintain the requirements for effective medical Revalidation.

Revalidation is the process by which doctors have to present a portfolio of documentation through annual appraisal in order to secure registration with the GMC every five years.

Summary of key points, issues and risks

Medical Revalidation Action Plan

The Medical Revalidation Action Plan as presented to Board in July 2012 is set out in appendix 1 and updated in appendix 2.

The key milestones in progressing revalidation have been as follows:-

A. Appointment of Responsible Officer

Following the retirement of the previous Medical Director who led on Revalidation, Joint medical Director appointment (Dr Gingell and Dr Weaver) was agreed by Board (August 2012). Subsequent to this, division of roles within the MD portfolio was confirmed by Board following discussion with the previous MD with the Responsible Officer role assigned to Dr Weaver (Board paper August 2012).

Duties of Responsible Officer are set out in GMC Responsible Officer Protocol (December 2012) – http://www.gmc-uk.org/static/documents/content/Responsible_Officer_Protocol.pdf
B. Appraiser Training

As part of the Revalidation process it is a requirement that all appraisers are trained to carry out "Revalidation ready appraisals". Top-up training sessions were held in September and October 2012 at which 26 doctors, Consultants and Associate Specialist’s attended. Some doctors had also attended Revalidation appraisal training from other sources such as the Royal College of Psychiatrists.

In December 2012, an application by the RO for a funding award from the Revalidation Support Team was successful and this enabled a Full Appraiser Training Day to be arranged in-house in January 2013. The organisation now has 24 active fully trained medical appraisers.

C. Register of Doctor’s with prescribed connection to DWMHT (the designated body)

As part of the Revalidation process, Responsible Officer and support team were required between July and September 2012 to create an account/log-in on behalf of the DWMHPT with “GMC Connect”. GMC Connect provides a list of all doctor’s currently working within the DWMHPT who have a “prescribed connection” with the organisation which is responsible through the RO for signing off their Revalidation.

Locum agency doctors are excluded from this list and Locum agencies have within the present process had to make their own Revalidation arrangements for their doctors. The prescribed list on GMC Connect includes substantively appointed doctors and Trust Locum staff. This is reviewed from time to time as doctor’s join or leave the organisation but essentially provides a list for which the Responsible Officer is required to make in the fullness of time, Revalidation recommendations.

D. Organisation of Doctor’s into Revalidation Years

As set out by the GMC the Revalidation process for doctors has been separated into three years (with the addition of year ‘0’ to cover Medical Directors and Responsible Officers. During year ‘0’ (January to March 2013), both Joint Medical Directors were successfully revalidated. The Responsible Officer (level 1) was revalidated by the Regional Responsible Officer (level 2). Year one of Medical Revalidation began in April 2013.

A submission was made by the Responsible Officer to the GMC prior to September 2012, identifying specifically which doctors would be due for Medical Revalidation in year one, two and three.

Year one was subdivided into 4 quarters. It is therefore clear, which doctors are due for Revalidation in each specific year and all have been notified by the GMC following the recommendation of the Responsible Officer.

Failure of the Responsible Officer to notify the GMC of a preferred Revalidation cycle for doctors within the organisation would have led to doctors being randomly allocated to quarters within year one and also years two and three.

According to GMC requirements, 20% of doctors were to come through Revalidation in year one, 40% in year two and 40% in year three.

Around 70 doctors have a prescribed connection with the DWMHPT for whom the Responsible Officer is responsible for Revalidation recommendations.
E. RO Training and Network

Prior to Revalidation the previous Medical Director and both Associate Medical Directors (Dr K Gingell and Dr Weaver) attended Responsible Officer Training, modules 1-3. Subsequent to appointment to the role of Responsible Officer, Dr Weaver attended modules 4, 5 and 6 of the RO training requirements in February 2013.

Dr Weaver as RO is also a member of the RO Network which now meets quarterly and will be the means through which updates/training occurs.

Guidance on Effective Governance to Support Medical Revalidation – Handbook for Boards and Governing Bodies has been produced (Appendix 3 - March 2013)

F. Medical Appraisal

As part of the Medical Appraiser Training the RST (Revalidation Support Team and GMC) recommend the use of the MAG (Medical Appraisal Guide) as a template. The Guide is an electronic means of recording Revalidation data and the headings are outlined for documentation of supporting information for appraisal and for the appraisal discussion. (MAG Form- information categories -appendix 3a).


All doctors have been instructed from this appraisal year 2013-14 that all appraisals will be exclusively completed using the MAG format. (Discussions have taken place at Consultant Away Days, SAS meetings and to all doctors approaching Revalidation date, email notifications have also been sent)

Requirements for medical appraisal can be broadly separated into inputs and outputs. Inputs are the responsibility of the appraisee leading to an appraisal discussion and outputs need to be signed off by the appraiser and the process signed off for Revalidation by the RO. (Appendix 4 – Inputs and Outputs)

G. Appraisal outcomes

These fall under three headings:

1. Revalidate
2. Defer – this is a neutral act and is usually relates to a doctor who has engaged with the process of appraisal but needs to defer in order to provide further information
3. Non Engagement – this can be linked to a performance process through HR and will prevent a doctors continued practice beyond their Revalidation date

H. ORSA Process

Every organisation that is required to carry out Revalidation has had to submit information as part of the ORSA (Organisational Readiness Self-Assessment). This is a detailed submission to the Revalidation Support Team which has taken place in September 2012 and March 2013.
The key components covered in this assessment were:- (full copy available on request)

<table>
<thead>
<tr>
<th>Region</th>
<th>Midlands/East</th>
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<tbody>
<tr>
<td>Number of doctors with a prescribed connection as of 31 March 2013</td>
<td>69</td>
</tr>
<tr>
<td>Responsible Officer appointed</td>
<td>Yes</td>
</tr>
<tr>
<td>RO training completed</td>
<td>Yes</td>
</tr>
<tr>
<td>Regional Support Available to RO</td>
<td>Yes</td>
</tr>
<tr>
<td>Number of positive recommendations as of 31 March 2013</td>
<td>2</td>
</tr>
<tr>
<td>Medical Appraisal in place</td>
<td>Yes</td>
</tr>
<tr>
<td>Number of completed appraisals 2012/13</td>
<td>45*</td>
</tr>
<tr>
<td>Number of medical appraisers sufficient to needs</td>
<td>Yes</td>
</tr>
<tr>
<td>Number of active medical appraisers</td>
<td>24</td>
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*At time of ORSA submission

I. RO Network steps to year one success

The RST has issued recommendations through the RO Network to prepare the ground for a smooth path to Revalidation recommendations in year one. Nationally it is expected that 20% of all licensed doctors will pass through Revalidation in year one, circa 33,000.

The RO Network (May 2013) has recommended 5 Steps to good practice for Revalidation (*Appendix 5*

**Step 1:** Know who is due a recommendation  
**Step 2:** Make sure you have sufficient numbers of revalidation-trained appraisers  
**Step 3:** Communicate with your doctors regularly  
**Step 4:** Check the appraisal outputs  
**Step 5:** Remember to engage the disengaged

Currently the process within the DWMHPT covers all of the above by:-

- Knowing when each doctor in DWMHPT is due for Revalidation recommendation  
- Contacting doctor’s in advance of Revalidation date to arrange a face to face discussion to ensure all requirements are clear  
- Regular Revalidation updates (Away Days, SAS meetings, individual discussions, Teaching Programme

All doctors have received a copy of:-

- MAG guide and instruction for use  
- Copy of Appraisal Inputs and Outputs

- Instructions on six sources of information for appraisal  
  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

- Responsible Officer Checklist – (developed by our Revalidation Team – Appendix 6, the Regional RO Network have developed a similar tool).

J. SED and Governance

The Service Experience Desk and the Clinical Governance Department have been contacted to ensure that the Revalidation administrator is informed of any recorded incidents, complaints or compliments against doctors.

K. Connection with Job Planning

Revalidation focus’s on a specific doctor’s competencies across the domains of good clinical practice as outlined by the GMC. Although connected it is a separate process from Job Planning which focus’s on doctor’s specific requirements and objectives for their role within the organisation in which they work. Although separate the GMC advised that Job Planning and Revalidation be viewed as part of a continuous cycle due to some information overlap between the two processes.

The current Job Planning process and its link into appraisal/Revalidation is currently being reviewed by the Joint Medical Directors.

### Further detail (if required)

Summary points

1. Revalidation and appraisal has progressed in accordance with the plan set out in the paper of July 2012 presented to Board.
2. Revalidation within the DWMHPT is consistent with the steps to good practice as set out by the RST.
3. All substantive doctors within the DWMHPT have a designated Revalidation date.
4. All doctors who have reached their Revalidation date have been successfully Revalidated (2 in year O, and 3 to date in year one).
5. As the numbers of doctors approaching Revalidation increases, substantive Revalidation administrative support and will be essential as well as a reliable IT spreadsheet system to record annual appraisals and the supporting information required.

### Recommendation

The RST recommend that Revalidation being a high priority area in relation to quality of medical practice and continued registration of medical practitioners should be provided with full time administrative support (band 4/5). The responsibilities of this post are demanding and ongoing in
relation to maintaining regular and effective appraisal as well as a reliable and comprehensive record of all information relevant to annual appraisals.

Responsibilities also include planning in advance of Revalidation recommendations and ensuring required training is in place. At present the post is held in a temporary capacity and it is recommended that this is funded on a substantive basis to ensure that the Revalidation process remains effective through what will be more numerically demanding years two and three.

The RO has seen representatives of various organisations who have IT packages designed to help bring together all the components of Revalidation inputs, appraisals and outputs into a spreadsheet and many organisations have introduced such systems in order that a variety of complex information relating to doctors can be reviewed in a consistent fashion. This will also help others beyond the RO or Revalidation Administrator to participate and support the process as required. As the pace of Revalidation increases over years two and three it will be increasingly pressing to have a reliable data base – all those available are generally based on the MAG (Medical Appraisal Guide) format.

The RO will shortly be presenting a business case to MEXT on the various options available.

**Board action required**

- Report approval as an assurance/update that the Revalidation process within the Trust is meeting current requirements.
- To take the opportunity to raise any further questions in relation to Revalidation currently and future.
- To take note of the proposal which will shortly be presented to MEXT for dedicated substantive Revalidation Admin Support.
- To take note of the proposal for IT solutions to increase the robustness and consistency of the Revalidation process in the future