

DATE OF MEETING	26 July 2016
REPORT FOR	Trust Board of Directors –Public
REPORT FROM	Lawrence Roberts, The Medical Director
CONTACT OFFICER	Natalie Hider, Medical Directorate Manager
SUBJECT	Annual Revalidation Report 2015/16
BACKGROUND DOCUMENT (IF ANY)	n/a
REPORT PREVIOUSLY CONSIDERED BY & DATE(S)	Trust Governance & Assurance Committee – 18 July 2016
EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NEEDED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)	<p>The Report provides an outline of the position regarding Revalidation & Appraisal and provides assurance that the Trust is complying with GMC requirements.</p> <p>The report contains the following:</p> <ol style="list-style-type: none"> 1. Appraisal and Revalidation Performance Data 2. Audit of missed/incomplete appraisals. 3. Quality assurance of appraisals. 4. Audit of revalidation recommendations. 5. Audit of concerns regarding doctors’ practice. 6. Audit of recruitment & engagement background checks.
HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	n/a
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	n/a
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	No
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	n/a
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	No
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY	n/a

DECISIONS OR ACTIONS PROPOSED?

WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE? **n/a**

THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S) AND COMPLIANCE WITH THE REGULATORY STANDARDS LISTED **n/a**

ACTION REQUIRED BY THE BOARD **Please note the attached report.**

Annual Revalidation/Appraisal Report 2015/16

1. Executive Summary

There were 357 doctors with a prescribed connection to NLaG as at 31 March 2016. The number of doctors with a prescribed connection to NLaG fluctuated throughout the year from 343 to 358. Between 1 April 2015 and 31 March 2016 347 doctors completed an appraisal.

The table below outlines the percentage of doctors with a prescribed connection to the Trust who have had an appraisal in the 2015/16 appraisal year.

	All clinicians	Position when mitigating circumstances taken into account
Medicine	80%	96%
Surgery & Critical Care	83%	96%
Women and Children's	96%	98%
Pathlink	100%	100%
Diagnostics	86%	100%
Community & Therapy	100%	100%
TRUSTWIDE	86%	97%

'Mitigating circumstances': An appraisal could not be completed for the current appraisal year for on of the following reasons; maternity leave, long term sick leave, sabbatical and doctors who have joined the Trust from abroad October 2016 onwards (therefore they have not had sufficient time in post to conduct a constructive appraisal).

2. Purpose of the Paper

From December 2012, the GMC implemented its mandatory requirement of appraisal and revalidation as a means of regulating licensed doctors. The mandatory requirement aims to provide confidence to patients that their doctors are up to date and fit to practise. Licensed doctors have to revalidate every five years, based upon the GMC's core guidance for doctors (Good Medical Practice).

In accordance with GMC guidelines every doctor should have an annual appraisal which covers the following four domains:

1. Knowledge, skills and performance.
2. Safety and quality.
3. Communication, partnership and teamwork.
4. Maintaining trust.

Every 5 years each doctor goes through the process of revalidation, whereby their appraisals are reviewed by the provider organisations Responsible Officer (RO). Upon satisfactory review of a doctors appraisals and supporting documentation the RO will submit a revalidation recommendation to the GMC.

Provider organisations have a statutory duty to support their RO's in discharging their duties under the Responsible Officer Regulations¹ and it is expected that executive teams will oversee compliance by:

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

The purpose of this report is to provide the Board with details of the Trusts final position in respect of Appraisal and Revalidation for the period April 2015 – March 2016, and to provide assurance that the Trust is complying with the GMC requirements regarding Appraisal and Revalidation.

3. Background

Throughout the 2015/16 appraisal year the Medical Directors Office has submitted quarterly reports to Trust Governance and Assurance Committee and NHS England in line with NHS England's requirements. Those reports provide assurance that the Responsible Officer is compliant with the duties under the Responsible Office Regulations.

4. Governance Arrangements

The Medical Directors Office are responsible for ensuring that all doctors with a prescribed connection to the Trust have an annual appraisal and go through the revalidation process when they are due for revalidation.

Within the reporting period (1.4.15-31.3.16) the Trust has procured a Revalidation Management System (RMS), supplied by MyL2P, 'My Licence to Practice'. The system supports the Appraisal and Revalidation process, making it largely automated to allow better monitoring and control of the process.

Doctors with a prescribed connection to the Trust have had access to MyL2P since December 2015 but use of the system for Appraisal became compulsory from 1 April 2016.

MyL2P supports oversight of the appraisal process by the Medical Directors Office as follows:

1.1 Manage appraisal and revalidation for all doctors within the Trust.

¹ The Medical Profession (Responsible Officers) Regulations, 2010 as amended in 2013' and 'The General Medical Council (Licence to Practise and Revalidation) Regulations Order of Council 2012'

- 1.2 Electronic database for past and current appraisals.
- 1.3 Allocation of doctors to appraisers.
- 1.4 Mitigate against this risk of doctors failing to revalidate.
- 1.5 Ensure a standardised and efficient process to streamline manual revalidation/appraisal processes.
- 1.6 Ensure a consistent and rigorous approach to monitoring and reporting on issues related to revalidation/appraisal in a proactive manner.
- 1.7 Allow the Trust to proactively manage the status of each doctor in real time, in an efficient manner using dashboard reporting.
- 1.8 Provide quality assurance mechanisms.

In order to ensure that all doctors with a prescribed connection to the Trust have a live account on MyL2P and are allocated an appraiser for the appraisal year, the Revalidation Assistant receives new starter notifications from recruitment and cross checks this information by running fortnightly checks on ESR for new-starters and leavers.

As a quality assurance measure a monthly revalidation meeting takes place between; the RO, the Appraisal Lead & the Revalidation Assistant in order to review Revalidation submissions before recommendations are made by the RO.

Policy and Guidance

A first draft of a new Medical Appraisal Procedure for the Trust in the process of being finalised and will be shared with relevant stakeholders in due course.

5. Medical Appraisal

a. Appraisal and Revalidation Performance Data

The MyL2P System allows the Medical Directors Office to report on the group position in respect of completed Appraisals and filter that information to provide detail at specialty level.

Business Group	Number of doctors with whom the DB was NLaG at end of March 31st 2016	Completed appraisal		Missed appraisal with mitigating reasoning		Missed appraisal with <u>no mitigating reasoning</u>	
Medicine	105	84	80.0%	18	17.1%	4	3.8%
Surgery & Critical Care	162	135	83.3%	22	13.6%	5	3.1%
Women & Children's	47	45	95.7%	1	2.1%	1	2.1%
Clinical Support Services	14	12	85.7%	2	14.3%	0	0.0%
Pathlink	22	22	100.0%	0	0.0%	0	0.0%
Community & Therapy	4	4	100.0%	0	0.0%	0	0.0%
Total	354	302	85.3%	43	12.1%	10	2.8%

Details of exceptions i.e. missed appraisals and reasons, incomplete appraisals etc. are outlined in **Appendix A**; Audit of all missed or incomplete appraisals audit.

b. Appraisers

The Medical Director's Office facilitated Revalidation Fit Appraiser Training which took place on 21 April 2016.

The training was provided by the Trust Appraisal Lead and supported by a Senior Appraiser.

As a consequence of that training the appraiser pool has increased to 69, which allows performance management of existing appraisers and integration of newly trained appraisers.

The Trust Appraisal Lead, Mr Ajay Chawla and Medical Directors Office have implemented an Appraisal Training Programme which runs throughout the year, the programme includes the following events:

- ½ day Training for appraisers who wish to become Revalidation Fit Appraisers and therefore can be allocated doctors for appraisal.
- Lunchtime updates for doctors (appraisees). Offering help and guidance on how to complete the appraisal forms and what information should be included.
- Lunchtime updates for Appraisers. Offering help and guidance to appraisers together with updates on appraisal requirements/processes.

c. Quality Assurance

The Revalidation Assistant:

- Review's appraisal folders to provide assurance that the appraisal inputs; the pre-appraisal declarations and supporting information, is available and appropriate.
- Review's appraisal folders to provide assurance that the appraisal outputs: PDP, summary and sign offs are complete.
- Discusses doctors due for revalidation at the Revalidation Meeting held with the RO & Appraisal Lead, and highlights any issues/concerns regarding appraisal paperwork.
- Collates feedback forms which are completed by Doctor's in order to review the standard of Appraisers.
- Provides Datix with appraisal dates in advance so that appropriate details can be provided to individual doctors for inclusion within their appraisal.

The Appraisal Lead:

- Offers support to newly trained appraisers as and when required.
- Facilitates appraiser training.

- Facilitates doctor information sessions in order to share updates on appraisal and revalidation requirements/processes.
- Supports the Medical Directors Office Manager and the Revalidation Assistant to drive forward progress and improvements in Trust Appraisal systems/process.

The Senior Appraisers:

- Support newly trained appraisers by sitting in on appraisal meetings.
- Support/facilitate the Annual Appraisal Training Programme.

Datix Team

- Provides individual doctors with details of complaints/claims raised against them for review and reflection within their appraisal.

Aims for the Future:

- Review of appraisal paperwork in advance of submission to appraiser in order to improve efficiency in the appraisal process.
- Facilitate quality assurance of appraisals by Senior Appraisers, to include the review of a number of appraisals on an annual basis.
- For the organisation:
 - Audit of timelines of process of appraisal by department.
 - System user feedback.
 - Review of lessons learned from any complaints.
 - Review of lessons learned from any significant events.

(Appendix B; Quality assurance audit of appraisal inputs and outputs) Not currently reporting as QA process of appraisals is new for 2016/17 appraisal year.

d. Access, security and confidentiality

Once completed by the doctor and Appraiser the appraisal documentation is saved by MyL2P which has appropriate confidentiality/security.

All reported data on the position regarding appraisal/revalidation for all doctors with a prescribed connection to the Trust, is also saved on a secure section of the Trust's h-drive.

e. Clinical Governance

The Datix Team provide appropriate complaints/SUI/claims information to individual doctors in advance of their appraisal due month to allow them the opportunity to review/reflect appropriately.

6. *Revalidation Recommendations*

See **Annual Report Template Appendix C**; Audit of revalidation recommendations

7. *Recruitment and engagement background checks*

Pre-employment background checks are currently dealt with by the Recruitment HUB.

Checks on locums are conducted by the supplying agency.

See **Annual Report Template Appendix E**

8. *Monitoring Performance*

The performance of all doctors is monitored by:

- Annual appraisals.
- Job planning reviews.

9. *Responding to Concerns and Remediation*

Where concerns are raised about doctors the RO will consider whether an internal investigation into that doctor's practise should take place. Where there is no GMC involvement at the outset, the RO will also consider whether the GMC should be notified of the concerns and the investigation.

Within the 2015/16 Appraisal period the Medical Director has appointed an Assistant to the Medical Director. This post supports the Medical Director in responding to concerns and remediation.

The Medical Directors Office continues to:

- Facilitate Case Manager training to ensure that the Trust has a number of dedicated case managers and that their approach to case management is consistent.
- Facilitate Case Investigator training to ensure consistency of approach where internal investigations are considered appropriate.

Appendix D; provides an audit of concerns for this reporting period.

10. *Risks and Issues*

The main risk in respect of appraisal and revalidation is non-engagement of doctors in the process, such that it affects their ability to revalidate and continue to practise as a doctor.

The Trust now has appropriate mechanisms in place to ensure that:

- All doctors have an account with MyL2P in order to facilitate their annual appraisal.
- All doctors are allocated an appraiser.
- Appropriate reminders are sent to doctors regarding their appraisal. These reminders are sent automatically by the MyL2P system.
- Oversight of the progress made with regard to a doctors appraisal can be monitored centrally via the MyL2P system.
- Doctors are reviewed and recommended for revalidation at the appropriate time.

Engagement in the appraisal process is improving and appropriate communication lines are in place to ensure that the importance of appraisal compliance remains at the forefront of doctors minds.

11. *Corrective Actions, Improvement Plan and Next Steps*

Plans for the future include the following:

- The development of an in-house 360 feedback programme.
- Implementation of a Trust Appraisal Procedure.
- Further Appraiser Training Programmes.
- A quarterly Appraisal Newsletter.

12. *Statement of Compliance*

The Statement of Compliance has been signed by the CEO and provides assurance to the Board that the Appraisal and Revalidation systems and processes that are in place are in line with guidance and requirements outlined by NHS England. Please see **Appendix F**.

13. *Recommendations*

The Board is asked to consider and accept this report.

Audit of all missed or incomplete appraisals audit

Doctor factors (total)	Number
Maternity leave during the majority of the 'appraisal due window'	4
Sickness absence during the majority of the 'appraisal due window'	2
Prolonged leave during the majority of the 'appraisal due window'	1
Suspension during the majority of the 'appraisal due window'	1
New starter recruited from abroad	35
Postponed due to incomplete portfolio/insufficient supporting information	0
Appraisal outputs not signed off by doctor within 28 days	0
Lack of time of doctor	0
Lack of engagement of doctor	0
Other doctor factors	10
Appraiser factors	Number
Unplanned absence of appraiser	0
Appraisal outputs not signed off by appraiser within 28 days	0
Lack of time of appraiser	0
Other appraiser factors (describe)	0
Organisational factors	Number
Administration or management factors	0
Failure of electronic information systems	0
Insufficient numbers of trained appraisers	0
Other organisational factors (describe)	0

NOT INCLUDED IN REPORT AS THE TRUST IS NOT CURRENTLY REPORTING IN THIS DETAIL

Appendix B

Quality assurance audit of appraisal inputs and outputs

Total number of appraisals completed	Number	
	Number of appraisal portfolios sampled (to demonstrate adequate sample size)	Number of the sampled appraisal portfolios deemed to be acceptable against standards
Appraisal inputs	NCR	NCR
Scope of work: Has a full scope of practice been described?	NCR	NCR
Continuing Professional Development (CPD): Is CPD compliant with GMC requirements?	NCR	NCR
Quality improvement activity: Is quality improvement activity compliant with GMC requirements?	NCR	NCR
Patient feedback exercise: Has a patient feedback exercise been completed?	NCR	
Colleague feedback exercise: Has a colleague feedback exercise been completed?	NCR	NCR
Review of complaints: Have all complaints been included?	NCR	NCR
Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included?	NCR	NCR
Is there sufficient supporting information from all the doctor's roles and places of work?	NCR	NCR
Is the portfolio sufficiently complete for the stage of the revalidation cycle (year 1 to year 4)? Explanatory note: For example <ul style="list-style-type: none"> • Has a patient and colleague feedback exercise been completed by year 3? • Is the portfolio complete after the appraisal which precedes the revalidation recommendation (year 5)? • Have all types of supporting information been included? 	NCR	NCR
Appraisal Outputs		
Appraisal Summary	NCR	NCR
Appraiser Statements	NCR	NCR
Personal Development Plan (PDP)	NCR	NCR

Audit of revalidation recommendations

Revalidation recommendations between 1 April 2015 to 31 March 2016	
Recommendations completed on time (within the GMC recommendation window)	95
Late recommendations (completed, but after the GMC recommendation window closed)	2
Missed recommendations (not completed)	0
TOTAL	97
Primary reason for all late/missed recommendations For any late or missed recommendations only one primary reason must be identified	
No responsible officer in post	0
New starter/new prescribed connection established within 2 weeks of revalidation due date	0
New starter/new prescribed connection established more than 2 weeks from revalidation due date	0
Unaware the doctor had a prescribed connection	0
Unaware of the doctor's revalidation due date	0
Administrative error	0
Responsible officer error	2
Inadequate resources or support for the responsible officer role	0
Other	0
TOTAL [sum of (late) + (missed)]	2

Audit of concerns about a doctor's practice

Concerns about a doctor's practice	High level ²	Medium level ²	Low level ²	Total
Number of doctors with concerns about their practice in the last 12 months Explanatory note: Enter the total number of doctors with concerns in the last 12 months. It is recognised that there may be several types of concern but please record the primary concern	NCR	NCR	NCR	6
Capability concerns (as the primary category) in the last 12 months	NCR	NCR	NCR	5
Conduct concerns (as the primary category) in the last 12 months	NCR	NCR	NCR	1
Health concerns (as the primary category) in the last 12 months	0	0	0	0
Remediation/Reskilling/Retraining/Rehabilitation				
Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2014 who have undergone formal remediation between 1 April 2013 and 31 March 2014 <i>Formal remediation is a planned and managed programme of interventions or a single intervention e.g. coaching, retraining which is implemented as a consequence of a concern about a doctor's practice</i> <i>A doctor should be included here if they were undergoing remediation at any point during the year</i>				1
Consultants (permanent employed staff including honorary contract holders, NHS and other government /public body staff)				1
Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS and other government /public body staff)				0
General practitioner (for NHS England area teams only; doctors on a medical performers list, Armed Forces)				0
Trainee: doctor on national postgraduate training scheme (for local education and training boards only; doctors on national training programmes)				0
Doctors with practising privileges (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)				0
Temporary or short-term contract holders (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical				0

² http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/rst_gauging_concern_level_2013.pdf

research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc) All Designated Bodies	
Other (including all responsible officers, and doctors registered with a locum agency, members of faculties/professional bodies, some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc) All Designated Bodies	0
TOTALS	1
Other Actions/Interventions	
Local Actions:	0
Number of doctors who were suspended/excluded from practice between 1 April and 31 March: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included	1
Duration of suspension: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included	
Less than 1 week	0
1 week to 1 month	0
1 – 3 months	1
3 - 6 months	0
6 - 12 months	0
Number of doctors who have had local restrictions placed on their practice in the last 12 months?	3
GMC Actions:	
Number of doctors who:	
Were referred by the designated body to the GMC between 1 April and 31 March	2
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 April and 31 March	1
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 April and 31 March	0
Had their registration/licence suspended by the GMC between 1 April and 31 March	0
Were erased from the GMC register between 1 April and 31 March	0
National Clinical Assessment Service actions:	
Number of doctors about whom the National Clinical Advisory Service (NCAS) has been contacted between 1 April and 31 March for advice or for assessment	4
Number of NCAS assessments performed	0

***NCR – Not currently recorded**

Audit of Recruitment & Engagement Background Checks

APPENDIX E

Number of new doctors (including all new prescribed connections) who have commenced in last 12 months (including where appropriate locum doctors)	
Permanent employed doctors	19
Temporary employed doctors	210
Locums brought in to the designated body through a locum agency	0
Locums brought in to the designated body through 'Staff Bank' arrangements	42
Doctors on Performers Lists	0
Other	0
Explanatory note: This includes independent contractors, doctors with practising privileges, etc. For membership organisations this includes new members, for locum agencies this includes doctors who have registered with the agency, etc	
TOTAL	271

For how many of these doctors was the following information available within 1 month of the doctor's starting date (numbers)**

	Total	Identity check	Past GMC issues	GMC conditions or undertakings	On-going GMC/NCAS investigations	Disclosure and Barring Service (DBS)	2 recent references	Name of last responsible officer	Reference from last responsible officer	Language competency	Local conditions or undertakings	Qualification check	Revalidation due date	Appraisal due date	Appraisal outputs	Unresolved performance concerns
Permanent employed doctors	19	19	NCR	NCR	NCR	19	19	NCR	NCR	19	NCR	0	NCR	NCR	NCR	NCR
Temporary employed doctors	214	214	NCR	NCR	NCR	214	214	NCR	NCR	0	NCR	0	NCR	NCR	NCR	NCR
Locums brought in to the designated body through a locum agency	0	0	0	0	0	0	0	0	0	0	NCR	0	0	0	0	NCR
Locums brought in to the designated body through	72	72	NCR	NCR	NCR	72	72	NCR	NCR	0	NCR	0	NCR	NCR	NCR	NCR

'Staff Bank' arrangements																
Doctors on Performers Lists	NCR															
Other (independent contractors, practising privileges, members, registrants, etc)	NCR															
Total	330	330	NCR	NCR	NCR	330	330	NCR	NCR	0	NCR	0	NCR	NCR	NCR	NCR

For Providers of healthcare i.e. hospital trusts – use of locum doctors:

Explanatory note: Number of locum sessions used (days) as a proportion of total medical establishment (days)

The total WTE headcount is included to show the proportion of the posts in each specialty that are covered by locum doctors

Locum use by specialty:	Total establishment in specialty (current approved WTE headcount) - Total no of Locums used between 15/16	Consultant: Overall number of locum hours used	SAS doctors: Overall number of locum hours used	Trainees (all grades): Overall number of locum hours used	Total Overall number of locum hours used
Surgery	173.54	NCR	NCR	NCR	NCR
Medicine	167.01	NCR	NCR	NCR	NCR
Psychiatry	7.00	NCR	NCR	NCR	NCR
Obstetrics/Gynaecology	46.46	NCR	NCR	NCR	NCR
Anaesthetics (DPoW)	67.25	NCR	NCR	NCR	NCR
Radiology	21.70	NCR	NCR	NCR	NCR
Pathology	22.97	NCR	NCR	NCR	NCR

Other	53.39	NCR	NCR	NCR	NCR
Total in designated body (This includes all doctors not just those with a prescribed connection)					
Number of individual locum attachments by duration of attachment (each contract is a separate 'attachment' even if the same doctor fills more than one contract)	Total	Pre-employment checks completed (number)	Induction or orientation completed (number)	Exit reports completed (number)	Concerns reported to agency or responsible officer (number)
2 days or less	NCR	NCR	NCR	NCR	NCR
3 days to one week	NCR	NCR	NCR	NCR	NCR
1 week to 1 month	NCR	NCR	NCR	NCR	NCR
1-3 months	NCR	NCR	NCR	NCR	NCR
3-6 months	NCR	NCR	NCR	NCR	NCR
6-12 months	NCR	NCR	NCR	NCR	NCR
More than 12 months	NCR	NCR	NCR	NCR	NCR
Total	NCR	NCR	NCR	NCR	NCR

NCR – Not Currently Recorded

Appendix F – Statement of Compliance

Designated Body Statement of Compliance

The Executive management team of Northern Lincolnshire & Goole Hospitals NHS Foundation Trust has carried out and submitted an annual organisational audit (AOA) of its compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

Comments: The Medical Director, Mr Lawrence Roberts is the nominated RO. Mr Roberts has completed RO Training.

2. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained;

Comments: Confirmed. This list is maintained by the Revalidation Assistant in the Medical Directors Office with support of MyL2P.

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

Comments: Confirmed. Appraiser Training has recently been provided to a cohort of Appraisers. If appropriate training has not been undertaken, a doctor cannot act as a Medical Appraiser.

4. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent);

Comments: Confirmed. Appropriate training is facilitated by the Medical Directors Office, and feedback on appraisers is collated by the Revalidation Assistant.

5. All licensed medical practitioners³ either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;

Comments: Confirmed. The Medical Directors Office has communicated to all doctors the requirement to complete an annual appraisal using MyL2P which uses the MAG Form as a template. Reasons for failing to have an annual appraisal are recorded & reported using the quarterly and annual revalidation reports.

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners¹, which includes [but is not limited to] monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues, ensuring that information about these is provided for doctors to include at their appraisal;

Comments: Conduct & performance is reviewed at the Annual Appraisal Meeting. A system whereby doctors are provided with relevant complaints/claims information in advance of their appraisal due month has been implemented with support of the Datix administration team.

7. There is a process established for responding to concerns about any licensed medical practitioners¹ fitness to practise;

Comments: Currently concerns are dealt with under the Maintaining High Professional Standards Policy. The Medical Directors Office has in hand the drafting of a Remediation Policy which will work in conjunction with and support the Maintaining High Professional Standards Policy. Furthermore, the Medical Director has appointed an Assistant to the Medical Director who supports and facilitates appropriate responses to concerns raised about a doctors fitness to practise.

8. There is a process for obtaining and sharing information of note about any licensed medical practitioners' fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work;

Comments: This is dealt with by the RO via the Revalidation Assistant.

³ Doctors with a prescribed connection to the designated body on the date of reporting.

Comments: GMC registration is checked at the time of employment.

10.A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

Comments: Compliance with NHS England's Regulations is maintained. The Medical Directors Office in conjunction with the Appraisal Lead continues to develop systems and processes to improve appraisal processes at the Trust.

Signed on behalf of the designated body

Name: Karen Jackson
Chief Executive Officer

Signed: 

Date: --20/7/16--

⁴ Doctors with a prescribed connection to the designated body on the date of reporting.