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# A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

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## Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer,
- c) act as evidence for CQC inspections.

# Designated Body Annual Board Report

## Section 1 – General:

The board / executive management team – *[delete as applicable]* of *[insert official name of DB]* can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: None  
Comments: Dr Saquib Muhammad is an RO since 01/02/22  
Action for next year: Substantive medical director has been appointed and is expected to take over as RO in the near future.

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes  
Action from last year: None  
Comments: Operational Management is provided by the Medical Staffing & Revalidation Support Manager and Revalidation Support Officers. This is overseen by the medical directorate's business manager.  
Action for next year: None

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

Action from last year: None  
Comments: The Medical Staffing & Revalidation Support Manager and Officers ensures the list of prescribed connections is updated monthly.  
Action for next year: None

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: None  
Comments: Appraisal and Revalidation Policy is currently under review and due to be ratified in Spring 2024  
Action for next year: none

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year: Arrange peer review.

Comments: Neighbouring trust has been contacted.

Action for next year: To complete peer review.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: None

Comments: NHS Locums responsible to LPT as the Designated Body are provided with the same appraisal/revalidation process as for substantive doctors.

We do not provide appraisals for Agency Locums as they receive this through their agencies and have an external RO. We regularly review the Agency locums we engage to ensure they are linked to the Agency RO

Action for next year: None

## Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.<sup>1</sup>

Action from last year: None

Comments: : Information about the whole scope of practice is recorded in the e-appraisal system (SARD) and appraised by the appraiser. Information from external agencies is invited where required.

<sup>1</sup> For organisations that have adopted the Appraisal 2020 model (recently updated by the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet moved to the revised model may want to describe their plans in this respect.

Action for next year: None

7. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: None

Comments: N/A

Action for next year: None

8. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year:

Comments: The Trust Appraisal & Revalidation policy expires in March 2024; the policy is currently out for consultation and due to be approved by March 2024

Action for next year: To approve the policy by March 2024

9. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: To recruit more appraisers.

Comments: There are 31 appraisers, and 5 new appraisers are being inducted in the next couple of months

Action for next year: Continue with the recruitment of new appraisers.

10. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers<sup>2</sup> or equivalent).

Action from last year: Arrange training sessions.

Comments: In-house development sessions are provided for appraisers twice a year, the most recent held in November 2023. New appraisers were sent for external training

<sup>2</sup> <http://www.england.nhs.uk/revalidation/ro/app-syst/>

Action for next year: Arrange training sessions as required.

- The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: : Ensure finding are reported to the Strategic Workforce Group and quality assurance process is reviewed

Comments: There is a quality assurance lead for appraisals that reviews a selection of appraisals each month through assessment using the ASPAT tool (Appraisal Summary and PDP Audit Tool).

The Annual Report on Appraisal and Revalidation was submitted to Quality and Safety Committee June 2023.

Action for next year: None

## Section 2b – Appraisal Data

- The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

<b>Name of organisation:</b>	
<b>Total number of doctors with a prescribed connection as at 31 March 2023</b>	147
<b>Total number of appraisals undertaken between 1 April 2022 and 31 March 2023</b>	142
<b>Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023</b>	5
<b>Total number of agreed exceptions</b>	5

## Section 3 – Recommendations to the GMC

- Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: None



Comments: All recommendations within the last 12 months have been submitted on time. There has been 17 positive recommendations and 4 deferrals made in the last 12 months

Action for next year: None

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: None

Comments: All doctors are advised of the recommendation prior to submission on GMC Connect. Any deferral recommendations would be discussed with the doctor beforehand.

Action for next year: None

## Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: None

Comments: There is an Associate Medical Director post responsible for Medical Governance. The role encompasses appraisal and revalidation, and management of concerns with help from other Associate medical directors and clinical directors.

Action for next year: None

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: None

Comments: There is an automated system in place whereby reports on complaints, compliments and Sis is provided to all doctors for recording on their appraisal record.

Action for next year: None

3. There is a process established for responding to concerns about any licensed medical practitioner's<sup>1</sup> fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: None

Comments: Managing concerns about medical staff policy was adopted in July 2021; this expires in July 2024, the review of which has just commenced.

Action for next year: None

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.<sup>3</sup>

Action from last year:None

Comments: All concerns are reported to strategic workforce group as part of HR report

Action for next year: None

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.<sup>4</sup>

Action from last year:None

<sup>3</sup> This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

<sup>4</sup> The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:  
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

Comments: The Trust uses the MPIT (Medical Practice Information Template) for this purpose

Action for next year:None

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: None

Comments: There is a Trust policy on managing concerns about medical staff. The policy is intended to protect employees from unfair treatment regardless of their background

Action for next year: None

## Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: None

Comments: : Pre-employment checks are carried out on all doctors, including locums and short-term doctors by the Medical Staffing Department.

Action for next year:None

## Section 6 – Summary of comments, and overall conclusion

Policies governing medical appraisal and revalidation and managing concerns about medical practitioners are in date. They are due for renewal in 2024 and are out for consultation.

Neighbouring trust was contacted for peer review of the appraisal and revalidation system, and they agreed to carry it out. We will chase it and complete it this year.

**Overall conclusion:**

Medical appraisal and revalidation systems are well established in the Leicestershire partnership trust. We have a number of experienced appraisers who have been involved in appraisal process for some time. We have already inducted two new appraisers this year and another five are expected to join us within the next couple of months.

We have repeatedly discussed well-being agenda in our six-monthly developments sessions and our appraisals are more focused on practitioners' health and development. We have revised our quality assessment tool accordingly and our new tool reflects new appraisal guidance.

## Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: \_\_\_\_\_

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Role: \_\_\_\_\_

Date: \_\_\_\_\_

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