

Trust Board meeting		Date:	26 July 2017
Agenda item	Title	Executive Director lead and presenter	Report author
BD/17/096	A Framework of Quality Assurance for Responsible Officers and Revalidation, Annual Board Report and Statement of Compliance	Rebecca Eastley, Medical Director	Steve Arnott, Appraisal Lead Rachael Nutter, Revalidation Officer
This report is for:			
To Note the report			
To Approve the Statement of Compliance			
History			
A Framework of Quality Assurance for Responsible Officers and Revalidation, Annual Board Report and Statement of Compliance is required each year by NHS England.			
The following impacts have been identified and assessed within this report			
Equality			
Quality	X		
Privacy			
Executive summary of key issues			
<p>NHS England has developed 'The Framework of Quality Assurance for Responsible Officers and Revalidation' (FQA). The purpose of the framework is to support designated bodies and responsible officers in providing assurance that systems and processes are in place, identifying areas in which development will be required over the coming year and engaging Boards and management teams.</p> <p>All responsible officers have been asked by NHS England to present an annual report to their Board. Following this, a statement of compliance should then be signed off by the Chairman or Chief Executive Officer of the designated body's Board and submitted to the Higher-Level Responsible Officer by 29th September 2017.</p> <p>AWP has areas of good practice in relation to appraisal, monitoring performance and responding to concerns, and recruitment and engagement. We are well above national comparators in terms of medical appraisal for the last four years and we have continued to improve and push the parameter for excellence.</p>			
This report addresses these strategic priorities:			
We will deliver the best care		X	
We will support and develop our staff		X	
We will continually improve what we do		X	
We will use our resources wisely			
We will be future focussed			



A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D - Annual Board Report Template

1 Executive summary

The report summarises the arrangements in place to ensure appraisals for career grade doctors play a fundamental role in supporting and developing staff to provide high quality mental care. The purpose of the appraisal scheme is the setting of objectives, monitoring of achievement against agreed objectives and assessment of Trust values by evidencing behaviours.

AWP has areas of good practice in relation to appraisal, monitoring performance, responding to concerns and recruitment and engagement. This is implemented via the monthly Responsible Officer Advisory Group (ROAG), formally known as Decision Making Group (DMG) attended by the Responsible Officer (RO), Non-Executive Director, Deputy Medical Director, Director of Medical Education/Appraisal Lead, HR and Appraisal and Revalidation Officer. ROAG is a key element of the Trust's revalidation process with shared thinking and decision making. An independent external quality assurance visit by Solent NHS Trust took place in December 2016 with positive feedback and we are scheduled for a Higher Level Responsible Officer Quality Review (HLROQR) by NHS England in September 2017.

AWP has many areas of good practice, these include:

- Medical Appraisal Quality Assurance Group (MAQAG) with Board representation from a lay member.
- We have reviewed our Appraisal Policy and Appointment Process to thoroughly align them with NHS England standards.
- We have implemented routine quality assurance of revalidation appraisals using a nationally recognised scoring tool. We are implementing use of an additional quality assurance excellence tool.
- We have successfully implemented a bring forward system to allow revalidation appraisals be brought forward 4 months earlier to ensure any gaps in revalidation are covered and addressed before the appraisal due date. A pre revalidation support template is sent to the doctor which outlines all areas of good medical practice and revalidation gaps are identified. This process has reduced the need to defer revalidation recommendations due to insufficient evidence.
- We continue to routinely give structured feedback to appraisees and appraisers on their appraisal.
- We continue to use Deferral Action Plan and Doctors in Difficulty Action Plan for those doctors needing support.
- We run regular Appraiser Support Groups throughout the year and where possible on Trust Medical Advisory Group meeting days, to ensure appraisees and appraisers are kept up to date.
- Trust clinical and service objectives are required to be set annually and then define the job planning process that then directly links to appraisal.
- We have a quality improvement project (QIP) programme that is designed to engage substantive medical staff in regular QIPS and these will be evidenced in their appraisal. Involving many medical staff in QIP methodology.
- NHS England runs regular Regional Responsible Officer and Appraisal Leads Network Meetings which are attended by the Medical Director, Deputy Medical Director and Director of Medical Education.

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- Monthly review of all appraisal/revalidation checks with the RO and HR.
- Continue to achieve very high appraisal rates, not only in comparison with the same sector but all sectors, see table below:

	AWP %	Same Sector	All sectors
No. of doctors with whom the designated body has a prescribed connection on 31 March 2016 who had completed annual appraisal between 1 April 2016 – 31 March 2017	99%	Tbc on 31 st July 2017 by NHS England	Tbc on 31 st July 2017 by NHS England
No. of doctors with whom the designated body has a prescribed connection on 31 March 2016 who had completed annual appraisal between 1 April 2015 – 31 March 2016	97.64%	89.9%	88.1%
No. of doctors with whom the designated body has a prescribed connection on 31 March 2015 who had completed annual appraisal between 1 April 2014 – 31 March 2015	97.0%	88.9%	86.2%
No. of doctors with whom the designated body has a prescribed connection on 31 March 2014 who had completed annual appraisal between 1 April 2013 – 31 March 2014	94.7%	83.8%	87.3%

2 Purpose of the Paper

NHS England requires a statement of compliance (signed off by the Chief Executive or Chairman of the Board) which accompanies this Annual Board Report see Annex E, page 18.

3 Background

Medical revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

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

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'

- 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 and colleagues 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.

4 Governance Arrangements

[GMC Connect](#) is the system we use for the management of an accurate list of prescribed connections. This system details the individual doctor's submission date and allows the RO to electronically revalidate the individual following review of their appraisal portfolio. The list is monitored regularly to ensure it is up to date and correct and is managed by the Revalidation and Appraisal Officer.

Medical Appraisal Quality Assurance Group (MAQAG) was set up in February 2014 to have oversight of medical appraisal in support of medical revalidation within AWP Trust and to ensure that the core elements of effective governance of medical appraisal are in place.

An independent external quality assurance visit by Solent NHS Trust took place in December 2016 with positive feedback and we are scheduled for a Higher Level Responsible Officer Quality Review (HLROQR) by NHS England in autumn 2017.

MAQAG have ensured that following:

- Appraiser Support Workshops run throughout the year, providing advice, support and quality rating exercises,
- All revalidation appraisals are assessed against a nationally recognised scoring template for quality,
- Independent external auditing,
- Revised appointment process for new appraisers,
- Benchmarking of quality assurance of appraisal, appraiser review report, appraiser policy review.

5 Medical Appraisal

a. Appraisal and Revalidation Performance Data

The Appraisal process is supported by the Responsible Officer, Deputy Medical Director, Director of Medical Education/Appraisal Lead and Revalidation & Appraisal Officer.

The Trust has adopted an electronic system to organise career grade doctor's appraisal and revalidation process, PremierIT Revalidation e-Portfolio (PReP). The process is centrally managed bringing this into a joint timeline with job planning.

186 appraisals were undertaken during the appraisal cycle 2016/17 with 2 doctors not being appraised. One doctor was on long term sickness and remained off sick until after the cycle

had closed. The second doctor joined the Trust a month before the appraisal cycle deadline, a mini appraisal was scheduled and unfortunately the doctor was admitted in hospital for a period of long term sickness before the mini appraisal could take place. For the **third year** AWP has achieved **100%** of 'achievable' appraisals.

NHS England provides an Annual Organisational Audit (AOA) comparator report each year in July. This follows each Trust's submission of their end of year report in April/May. See the table below which shows AWP is achieving outstanding outcomes.

	AWP %	Same Sector	All sectors
No. of doctors with whom the designated body has a prescribed connection on 31 March 2016 who had completed annual appraisal between 1 April 2016 – 31 March 2017	99%	Tbc on 31st July 2017 by NHS England	Tbc on 31st July 2017 by NHS England
No. of doctors with whom the designated body has a prescribed connection on 31 March 2016 who had completed annual appraisal between 1 April 2015 – 31 March 2016	97.64%	89.9%	88.1%
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No. of doctors with whom the designated body has a prescribed connection on 31 March 2014 who had completed annual appraisal between 1 April 2013 – 31 March 2014	94.7%	83.8%	87.3%

For details of exceptions i.e. missed appraisals and reasons see "**Annual Report Template Appendix A; Audit of all missed or incomplete appraisals audit**".

a. Appraisers

AWP currently has 36 appraisers to appraise 187 doctors. We are currently waiting on 5 doctors to undertake new appraiser training this year and 2 doctors to undertake a refresher course due to not appraising for several years and recently joining the Trust.

Appraiser Support Workshops run throughout the year, providing advice, support and quality rating exercises. It is a requirement for all appraisers to attend two workshops throughout the year to ensure practice is up to date and high quality. Due to low attendance at the workshops the Appraisal Lead combines an update for appraisees

and appraisers at the quarterly Trust Medical Advisory Group meetings as a way of capturing audience and keeping them updated.

The Medical Appraisal Quality Assurance Group (MAQAG) reviews the Appraiser Annual Report through its attendance at support workshops, number of appraisals appraised and quality assurance score and Nomination and Selection Process for Appraisers.

b. Quality Assurance

Members of the MAQAG review:

- Review appraisal folders to provide assurance that the appraisal inputs using national benchmarking tool: the pre-appraisal declarations and supporting information provided is appropriate and available.
- Review of appraisal folders to provide assurance that the appraisal outputs: personal development plan, summary and sign offs are complete and to an appropriate standard
- Review of appraisal outputs to provide assurance that any key items identified pre-appraisal as needing discussion during the appraisal are included in the appraisal outputs

For the individual appraiser:

- An annual record of the appraiser's reflection on his or her appropriate continuing professional development.
- An annual record of the appraiser's participation in appraisal calibration events such as reflection on appraisal network meetings.
- 360° feedback from doctors for each appraiser – how collected, reviewed, collated and fed back to the appraiser, how calibrated with the feedback for other appraisers?

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.

*Also see “**Annual Report Template, Appendix B**; Quality assurance audit of appraisal inputs and outputs” as an example of what could be carried out*

d. Access, Security and Confidentiality

The following is outlined in the Appraisal Policy for Consultants and Speciality and Associate Specialist Doctors – P084

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1. The detail of discussions during the appraisal interview is confidential to the appraisee and appraiser, apart from the sharing documentation as mentioned below or where concerns about performance arise.
2. AWP will keep all aspects of the appraisal process confidential in line with the Data Protection Act (1998). Appraisal documentation will only be read by designated members of the appraisal team and for the purpose of job planning will be available to relevant Medical Leads.
3. In circumstances where access to this information is required by other individuals, the doctor concerned will be informed and permission received before access is granted.
4. In exceptional circumstances, information may come to light during an appraisal, which in the interests of the welfare of the doctor or patient safety overrides the right to personal confidentiality. Should such an occurrence arise this will be referred to the Responsible Officer. Where there are performance concerns, reasonable effort should be used to seek consent from the person involved before breaking confidentiality.
5. Data stored relating to appraisals will be held securely within their PReP account. Access and use of data will adhere to the requirements of the Data Protection Act (1998). Access is limited to the PReP Officer, on occasions members of the MAQAG, Director of Medical Education, Deputy Medical Director and Medical Director & Responsible Officer for specified purposes - these include appraisal, revalidation, and internal/external quality assurance by the following bodies GMC.

e. Clinical governance

The following is outlined in the Appraisal Policy for Consultants and Speciality and Associate Specialist Doctors – P084

- a) Upload supporting information. To include all relevant reports developed by AWP in relation to their activity and performance, including previous personal development plans and CPD activity in accordance to R.C. Psych Guidelines. The GMC Good Medical Practice framework is mandatory for the process of appraisal whereas Royal College of Psychiatrists guidance, although recommended, remains optional. The doctor is obliged to include within their folder all information supplied by the Trust to them over the appraisal year, to ensure this is appraised and discussed. This key information includes specified, SUIs/significant events, complaints, performance & clinical outcomes information personalised for individual or relevant team. All documentation to be anonymised format.

Also see “Annual Report Template Appendix C; Audit of concerns about a doctor’s practice” as an example of what could be carried out.

6 Revalidation Recommendations

Between 1st April 2016 – 31st March 2017

- Recommendations 19
- Recommendations completed on time 19
- Positive recommendations 12
- Deferral requests, 6
- Non-engagement notifications, 1
- Reasons for all missed or late recommendations: N/A

Of those 6 revalidation deferrals, reasons included insufficient evidence due to long term sickness, incomplete Doctor 360 patient feedback exercise, private practice was not disclosed, appointment of a locum with insufficient evidence and quality of last appraisal did not meet the standards as set out in good medical practice (the latter is now addressed using pre revalidation support template and bringing forward the appraisal meeting by four months to address the gaps).

During this reporting period AWP submitted for the first time, on the advice of the GMC a non-engagement notification. A timeline of events demonstrated that every effort and support had been given to this doctor. The doctor went on to successfully reach a positive revalidation recommendation with a condensed due date of 2 years, instead of 5 years.

See “**Annual Report Template Appendix D**; Audit of revalidation recommendations” for an example of an audit that can be carried out in this area.

7 Recruitment and engagement background checks

The figures populated in Appendix E it is important to consider the context when looking at the figures. See examples below:

- RO name – for overseas doctors we would not have this information as this does not exist abroad.
- RO references are not obtained for overseas doctors as that does not exist abroad. They are also not obtained for doctors who have just left us/retired as we were their RO.
- 15 permanent doctors TUPE transferred to us. The HR files for these doctors were not sent across with 1 month of the transfer.
- It is the responsibility of the Agency to carry our pre-employment checks on agency doctors supplied to us. Confirmation of their pre-employment checks are sent to us in a CV pack. We carry out additional GMC checks and section 12/AC approval checks.
- Where a doctor is appointed and they were previously a doctor in training the last Responsible Officer will be the Deanery. In these cases the Deanery will not

complete the RO reference form. They will only supply the ARCP which is sometimes already supplied by the doctor. ARCPs are included in the figures.

8 Monitoring Performance

Our doctor's performance is managed through regular supervision and annual appraisals. We have introduced a new monthly supervision and assurance framework. The aim is to establish an accountability and assurance framework encompassing all doctors within AWP. There is an expectation that all doctors will have a minimum of 10 meetings per year, one of which can be the job planning meeting. Within these supervision sessions there is a review of the doctor's general health and wellbeing, the performance of the doctor and incidents/serious untoward incidents. There is also a discussion regarding aspirations and challenges and a review of the progress towards job plans and PDP objectives. The Trust has also introduced a Job Planning Policy.

9 Responding to Concerns and Remediation

The Trusts aim is to provide a fair and consistent procedure for addressing concerns about the conduct and capability of medical staff. A Conduct and Capability policy agreed in partnership with the BMA streamlines our current process and gives more guidance to localities on managing concerns locally. The policy also improves the reporting process to the Trust's Responsible Officer Advisor Group (ROAG). Concerns regarding a doctor's conduct, performance or practice are considered, reviewed and monitored by the ROAG, in support of Responsible Officer for Revalidation purposes. ROAG is supported with the presence and input of a Non-Executive director.

Our Remediation Policy provides a clear, formal framework to apply supervised and structured programmes for Remediation in order to address issues which arise in relation to a doctor's inability to perform, because of a shortfall in competency, skill, knowledge or understanding, to the required standard to enable the Responsible Officer (RO) to make a recommendation for Revalidation.

10 Risks and Issues

The Trust does have some complex HR cases involving Doctors and an Interim HR Business Partner supporting the medical staffing resource. This is an interim post presently until 31st July 2017.

11 Corrective Actions, Improvement Plan and Next Steps

A full Corporate Services review is currently being scoped toward reducing corporate expenditure, which will include all of HR. The Medics Online system has been purchased for implementation during 2017.

Recommendations

Trust Board accepts the Annual Report (noting it will be shared, along with the annual audit, with the higher level responsible officer) and to consider any needs/resources.

The board approves and signs off the [statement of compliance](#) confirming that AWP, as a designated body, is in compliance with the regulations. This is also submitted annually to the higher level responsible officer.

12 Reporting with small numbers

When completing appendices A-E, please note:

It is recommended that the submission of this report to your organisation's Board takes into account whether the contents should be treated as confidential annexe with an appropriately controlled distribution. Any further publication or dissemination of the report should take into account whether this will identify individuals or make them potentially more identifiable. In such cases, it would be appropriate to provide a summary of the findings that removes or reduces these issues. Organisations with small numbers of relevant staff should take particular note of this issue.

13 Annual Report Template Appendix A – Audit of all missed or incomplete appraisals

Doctor factors (total)	2
Maternity leave during the majority of the 'appraisal due window'	
Sickness absence during the majority of the 'appraisal due window'	1
Prolonged leave during the majority of the 'appraisal due window'	
Suspension during the majority of the 'appraisal due window'	
New starter within 3 month of appraisal due date	
New starter more than 3 months from appraisal due date	
Postponed due to incomplete portfolio/insufficient supporting information	
Appraisal outputs not signed off by doctor within 28 days	
Lack of time of doctor	
Lack of engagement of doctor	
Other doctor factors	1*
*Joined within 1 month of cycle ending, mini appraisal scheduled but was admitted into hospital until after cycle ended.	
Appraiser factors	0
Unplanned absence of appraiser	
Appraisal outputs not signed off by appraiser within 28 days	
Lack of time of appraiser	
Other appraiser factors (describe)	
(describe)	
Organisational factors	0
Administration or management factors	
Failure of electronic information systems	
Insufficient numbers of trained appraisers	
Other organisational factors (describe)	

14 Annual Report Template Appendix B – Quality assurance of appraisal inputs and outputs

Total number of appraisals completed		186
	Number of appraisal portfolios sampled (to demonstrate adequate sample size)	Number of the sampled appraisal portfolios deemed to be acceptable against standards
Appraisal inputs		
Scope of work: Has a full scope of practice been described?	18	17
Continuing Professional Development (CPD): Is CPD compliant with GMC requirements?	18	17
Quality improvement activity: Is quality improvement activity compliant with GMC requirements?	yes	yes
Patient feedback exercise: Has a patient feedback exercise been completed?	yes	
Colleague feedback exercise: Has a colleague feedback exercise been completed?	18	18
Review of complaints: Have all complaints been included?	18	Yes where applicable
Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included?	18	Yes where applicable
Is there sufficient supporting information from all the doctor's roles and places of work?	18	17
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? 	18	17
Appraisal Outputs		
Appraisal Summary	18	18
Appraiser Statements	18	18
Personal Development Plan (PDP)	18	18

15 Annual Report Template Appendix C – 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		1	2	3
Capability concerns (as the primary category) in the last 12 months				0
Conduct concerns (as the primary category) in the last 12 months		1	2	3
Health concerns (as the primary category) in the last 12 months			7	7
Remediation/Reskilling/Retraining/Rehabilitation				
Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2017 who have undergone formal remediation between 1 April 2016 and 31 March 2017. 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 A doctor should be included here if they were undergoing remediation at any point during the year				0
Consultants (permanent employed staff including honorary contract holders, NHS and other government /public body staff)				0
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 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

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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	0
Other Actions/Interventions	
Local Actions:	
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	0
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 1 week to 1 month 1 – 3 months 3 - 6 months 6 - 12 months	0
Number of doctors who have had local restrictions placed on their practice in the last 12 months?	1
GMC Actions:	
Number of doctors who:	
Were referred by the designated body to the GMC between 1 April and 31 March	0
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 April and 31 March	0
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

16 Annual Report Template Appendix D – Audit of revalidation recommendations

Revalidation recommendations between 1 April 2016 to 31 March 2017	
Recommendations completed on time (within the GMC recommendation window)	19
Late recommendations (completed, but after the GMC recommendation window closed)	
Missed recommendations (not completed)	
TOTAL	19
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	
New starter/new prescribed connection established within 2 weeks of revalidation due date	
New starter/new prescribed connection established more than 2 weeks from revalidation due date	
Unaware the doctor had a prescribed connection	
Unaware of the doctor's revalidation due date	
Administrative error	
Responsible officer error	
Inadequate resources or support for the responsible officer role	
Other	
Describe other	
TOTAL [sum of (late) + (missed)]	0

17 Annual Report Template Appendix E – Audit of recruitment and engagement background checks

Number of new doctors (including all new prescribed connections) who have commenced in last 12 months (including where appropriate locum doctors)																
Permanent employed doctors															25	
Temporary employed doctors															12	
Locums brought in to the designated body through a locum agency															27	
Locums brought in to the designated body through 'Staff Bank' arrangements															3	
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															65	
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	25	10	0	0	0	10	10	10	6	0	0	10	25	24	18	0
Temporary employed doctors	12	12	0	0	0	12	12	7	1	0	0	12	12	5	4	0

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Locums brought in to the designated body through a locum agency	27	0	0	0	0	0	0	27	0	0	0	0	0	0	0	0
Locums brought in to the designated body through 'Staff Bank' arrangements	3	3	0	0	0	3	3	3	0	0	0	3	3	1	1	0
Doctors on Performers Lists	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other (independent contractors, practising privileges, members, registrants, etc)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	65	25	0	0	0	25	25	47	7	0	0	25	65	30	23	0



A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex E - Statement of Compliance

18 Designated Body Statement of Compliance

The board of Avon and Wiltshire Mental Health *Partnership NHS Trust* can confirm that

- an AOA has been submitted,
- the organisation is compliant 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;

Yes

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

Yes, via GMC Connect

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

Yes which is regularly reviewed by our Medical Appraisal Quality Assurance Group and Responsible Officer Advisory Group

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 Appraisers³ or equivalent);

Yes. Peer support and training groups are in place for appraisers, along with a system of quality assurance using the nationally recognised Appraisal QA benchmarking tool.

5. All licensed medical practitioners⁴ 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;

Yes, we have attained a medical appraisal rate of 99% for the last cycle 2016/17. Over the last 3 years we have achieved 100% of achievable appraisals, the remaining were not in the workplace due to sickness and maternity leave.

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) and ensuring that information about these matters is provided for doctors to include at their appraisal;

Yes a system is in place via the monthly Responsible Officer Advisory Group which includes the Medical Director, Medical Personnel & Appraisal Lead.

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

³ <http://www.england.nhs.uk/revalidation/ro/app-syst/>

² Doctors with a prescribed connection to the designated body on the date of reporting.

Yes the Responsible Officer Advisory Group has developed a system for responding to concerns.

- 8. There is a process for obtaining and sharing information of note about any licensed medical practitioner’s fitness to practise between this organisation’s responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where the licensed medical practitioner works;⁵

Yes via exit reports and Medical Practice Information Transfer (MPIT) forms. When no RO is identified on exit, and significant concerns are outstanding, we have the information to our GMC liaison.

- 9. The appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that all licenced medical practitioners⁶ have qualifications and experience appropriate to the work performed;

Yes.

- 10. A development plan is in place that ensures continual improvement and addresses any identified weaknesses or gaps in compliance.

Ongoing development plan in respect of improving appraisal quality assurance and responding to concerns. An independent external quality assurance visit was undertaken in December 2016 by Solent NHS Trust which provided us reassurance we were doing well. A Higher Level Responsible Officer Quality Review (HLROQR) with NHS England is taking place in the autumn n2017. .

Signed on behalf of the designated body

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

Official name of designated body: Avon & Wiltshire Mental Health Partnership NHS Trust

Name: Hayley Richards

Signed: _____

Role: Chief Executive

Date: _____

⁵ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>