



Implementation of the Medical Profession
(Responsible Officer) Regulations (2010 and 2013
amendments)

Senior Responsible Owner's Report to ministers on
the implementation of the Responsible Officer
Regulations and medical revalidation, 2013/14

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Senior Responsible Owner's Report to Ministers on the implementation of the Responsible Officer Regulations and medical revalidation, 2013/14

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1 Foreword

I am pleased to present this report to ministers, to patients and the public, to doctors and to healthcare managers. It details the extent to which the profession and the organisations in which doctors work have engaged with the processes of clinical governance and quality assurance underlying medical revalidation.

The report shows a continuous increase in the number of doctors and organisations engaging in medical revalidation and a tightening of grip on those failing to comply with the new arrangements as set out in the Medical Profession (Responsible Officers) Regulations (2010) and the subsequent amendments of 2013. The implementation programme itself represents a hitherto unprecedented collaboration between the profession, healthcare management, regulators, patient groups and other stakeholders in a complex but robust process.

The very fact that implementation has been driven forward without major setback or adverse reaction from any of the stakeholders, is, of itself, a significant achievement. My thanks must go to the responsible officers at every level who have been so critical to the success of the programme, to the support teams at regions and nationally, to doctors and their organisations who have embraced the concepts and the processes wholeheartedly and to the patient groups and other stakeholder groups who have added so much to the programme, at every level.

This report is unique, in that it details the state of play of an England-wide implementation of a new set of systems and processes. It provides rich data on the complexities of healthcare provision, not only within the NHS, but also across England in the independent sector, voluntary sector, locum agencies and government bodies. As we move through the next two years of implementation, we will track and share our progress through similar audits supplemented by quarterly reporting.

I am grateful to all of you involved in the implementation of medical revalidation and hope that you share my pride in championing this crucial programme, which has the demonstration of improved patient care and safety at its very heart.



Mike Bewick

Senior Responsible Owner, Medical Revalidation, England
Deputy Medical Director, NHS England

2 Executive summary

2.1 Context

The first of its kind, this report has been derived from a national audit of implementation of the Medical Profession (Responsible Officer) Regulations (2010) and the amendments made to these of 2013 (frequently referred to as the 'Responsible Officer Regulations') by the Professional Standards team at NHS England, working directly to the Senior Responsible Owner (SRO) for the revalidation implementation programme, in collaboration with revalidation teams based at the regional offices of NHS England. Similar exercises have been undertaken in previous years (from 2011 onwards) but these had been designed to track organisational readiness for revalidation to commence (the Organisational Readiness Self-Assessment (ORSA) exercise). The audit exercise undertaken this year, the Annual Organisational Audit (AOA) forms a key part of the Framework of Quality Assurance (FQA), the SRO's overarching programme of quality assurance of the systems and processes underpinning medical revalidation (<http://www.england.nhs.uk/revalidation/ga/>). In contrast to previous *readiness* assessment exercises, the AOA seeks information from every designated body on the extent to which medical revalidation is now being *implemented*, at an operational level.

The data received from the AOA, covering the period from 1 April 2013 to 31 March 2014, is presented here. The findings, described in the 26 figures and tables, provide a rich source of data. The prime purpose of the AOA is to provide evidence that:

- systems are in place (and operational) to assure that doctors are up to date and fit to practise
- doctors have been assessed fairly and equitably, and
- where issues or concerns are identified they are tackled early.

The data from the audit is presented here to provide assurance to:

- patients and the public, who have a major interest in both progress and consistency of the implementation programme
- doctors, responsible officers and the organisations in which they work
- higher-level responsible officers at both regional and national levels
- the General Medical Council
- the Senior Responsible Owner for implementation of the programme
- ministers.

On the extent of progress that has been made in implementing the Responsible Officer Regulations and revalidation, throughout England.

2.2 Key findings

The audit provides assurance that revalidation remains a significant priority for those employing or contracting with doctors and responsible officers and that designated bodies are on track to meet the targets set (by the GMC) for the numbers of doctors to be revalidated each year.

The Senior Responsible Owner (SRO) for the implementation, Dr Mike Bewick, Deputy Medical Director, NHS England continues to oversee the team at NHS England and the

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regional offices to develop and strengthen the processes, working directly with responsible officers at the local level.

Key findings from the AOA are:

- The number of designated bodies continues to increase (allowing for the abolition of PCTS) as seen in Figure 1.
- There is a continuing level of positive engagement with the AOA survey (around 97%), reflecting level of engagement by responsible officers (Figure 1).
- The number of doctors with a reported prescribed connection to a designated body continues to rise (Figure 2).
- Responsible officers are on track or are ahead of schedule to complete recommendations on all doctors, demonstrating that responsible officers are managing the process well.
- There is an increase in the number of deferred recommendations on doctors. The underlying causes are not clear as yet. Doctors failing to engage or engage in a timely fashion may be the key factor, or the timing of the audit exercise may have had an impact. This issue will be explored in greater detail in next year's audit.
- Our regional teams are supporting responsible officers, both through regional responsible officer networks and on an individual basis. Regular responsible officer network events are being run every quarter, with good attendance reported at each event.
- The GMC's Employment Liaison Advisors are providing much valued support at the local level.
- 90% of doctors are connected to an NHS body (Figure 5a). However, more than half of the designated bodies in England are non-NHS (Figure 4).
- Almost 50% of the non-NHS doctors work in organisations without the staff structures in place in the more traditional healthcare providers (Figure 6a). Further work is needed over the coming year, to understand the specific issues facing this group of doctors and the organisations in which they work.
- Participation in medical appraisal has increased across the sectors, save for those doctors with practising privileges (Figure 15b). However appraisal for short-term contract holders continues to present difficulties. Further work is needed to address the particular challenges facing this group.
- From the data, it appears that, in general, organisations are not approving postponements for missed or incomplete appraisals (Figure 17). We believe that further work is required to understand this factor in greater detail. The risk of legal challenge to organisations and responsible officers by those doctors with a genuine reason for non-completion of a medical appraisal, whose recommendation has been put in question, is a concern. We will be emphasising the importance of agreeing

and approving postponements through the regional responsible officer networks or appraisal networks.

- Going forward, in addition to the further work outlined in the points above, we will focus our efforts on developing a better understanding of, and approach to, locum agencies and the doctors working for them and those working small designated bodies, whilst maintaining the momentum that we have generated throughout the implementation programme.

2.3 Conclusion and next steps

This report gives a full picture of the state of play following the first year of implementation of medical revalidation. It shows us where significant progress has been made and where we need to focus our efforts in taking the programme through to its conclusion in March 2016. The report primarily presents the data gathered in the AOA exercise of May 2014, which in turn is part of the Framework of Quality Assurance for revalidation. The AOA is complemented by two other components of the framework:

- a quarterly reporting process, giving rich information on the trends in designated bodies, particularly on rates of appraisal and allowing early intervention where designated bodies are shown to be lagging behind other designated bodies
- a process of validation of the information submitted by designated bodies, entailing scrutiny of systems and site visits by an independent team (which includes lay members) to provide assurance that the data submitted in the self-assessment is matched by observation and analysis of the systems in practice

The report tells us that the implementation programme for medical revalidation is on track and in line with the schedule as set out by the GMC. It tells us that the majority of doctors in England and the organisations, in which they work, are engaging well in the processes. Timescales are being met and there is very little in the way of adverse reaction on the part of the profession or their organisations. The rich dataset provided by the audit enables the national and regional implementation teams to focus the effort where it is most needed, whilst maintaining the progress made across the country as a whole. The data also provides insight into desirable modifications to future iterations of the audit questionnaire, to improve clarity. These areas are currently being addressed in preparation for the 15/16 audit.

3 Introduction

A major change to the way doctors in the United Kingdom are regulated began in November 2011, when the General Medical Council (GMC) issued doctors with licences to practise. These licences must now be renewed every five years in the process known as revalidation. Revalidation is underpinned by The Medical Profession (Responsible Officers) Regulations 2010. These Regulations, often referred to as the Responsible Officer Regulations, set out a radical change to the way in which doctors are regulated and managed in the UK. In effect, the Regulations require management systems in organisations engaging or contracting with doctors, who are connected through a series of annual appraisals and other information streams, to the regulatory processes of the GMC. This means that the day-to-day performance and behaviours of individual doctors are now being evaluated on a continuous basis, leading to a judgement being made as to their continuing fitness to practise, every five years.

The revalidation process involves introduction of a new role, the responsible officer, mandated to make a recommendation, usually on a five-yearly basis, on every doctor with a prescribed connection to the organisation. The prescribed connections of doctors are set out in the Regulations. The first responsible officers were introduced in January 2012 and the first doctors had their recommendations made on December 3, 2012. There are some doctors who are not connected to a responsible officer, given their specific working situation. The GMC has put in place a system of 'suitable persons', (senior doctors who have been through a GMC approval process), to act in a similar way to a responsible officer, but without a relationship to a specific designated body. As at July 31 2014, 863 doctors without a prescribed connection to a designated body were connected to a GMC approved suitable person. There are currently 20 suitable persons in England. In total, the GMC reports some 34,428 doctors without a connection (September 2014). The GMC's view is that many of these doctors are currently working abroad or have chosen to relinquish their license to practise for the time being.

As the new system was introduced, existing systems of governance and monitoring of performance were strengthened and new systems introduced. The systems generate data to be collected at a sufficiently detailed level to allow doctors to populate a portfolio, in support of their annual appraisal with a specifically trained appraiser. The outputs of these appraisals, over five years, are assessed (alongside information from other governance systems) by the responsible officer. The responsible officer evaluates the information from the various sources, using it as the basis of the recommendation they will make to the GMC, on the doctor's continuing fitness to practise.

The role of Senior Responsible Owner for the implementation programme was transferred from the Department of Health to Dr Mike Bewick, Deputy Medical Director, NHS England, in October 2013. The programme is now in its second year of a 3-year implementation schedule. In the first year, 20% of doctors had their recommendations made, this year the target is 40% and in the final year the remaining 40% are expected to go through the process.

Since the early days of planning for revalidation and system readiness, a system of monitoring and audit has been in place. At first the aim of this was to monitor the *readiness* of organisations to implement revalidation. The Organisational Readiness

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Self-Assessment exercise (ORSA) was used for this. This year the approach has changed and the Annual Organisational Audit (AOA) has been introduced, to enable monitoring of the extent and quality to which *implementation* is taking place. The data from AOA will be used to identify organisations needing help as well as those with highly effective systems, thereby driving consistency of approach, crucial to the integrity of the entire programme, across all sectors.

This year, following a Gateway Review prior to transfer of the SRO function, the implementation team based at NHS England and the regional teams developed a Framework of Quality Assurance for the programme. Key components of the framework are the AOA, along with a process of quarterly reporting and a system of independent verification. The first AOA exercise was conducted in May 2014 and this report presents the results from all organisations in England.

4 Methodology

The AOA exercise was coordinated by NHS England's Professional Standards team, in collaboration regional revalidation support teams. Data collection took place between May 1 and June 23 2014 using the Annual Organisational Audit (AOA) end of year questionnaire 2013-14 (appendix 1). The questionnaire was based on key indicators relating to the statutory responsibilities set out in the Medical Profession (Responsible Officer) Regulations 2010, the amendments of 2013 and the associated guidance. This exercise marks our transition from assessment of readiness to audit of implementation and progress.

Responsible officers were invited to complete the self-assessment on behalf of their designated bodies. Input was also sought from a range of staff including medical workforce or human resources teams, appraisal leads and clinical governance teams. It was recommended that the responsible officers present the report to the organisation's board, appropriate governance or executive group, to ensure a corporate understanding of the current degree of progress and the statutory responsibilities.

An electronic version of the AOA form was completed and submitted, the results being automatically downloaded to a central database. Regional revalidation teams targeted their efforts to optimise the number of submissions and assisted with basic data cleansing to ensure validity.

Preliminary results of the exercise were reported to the England Revalidation Implementation Board (ERIB) at its meeting on July 24 2014. Following this, each designated body received a bespoke report detailing their own submission, details of the average return from comparable sector organisations and the average of all responding designated bodies (n=645). Regions have also reported separately to their senior management teams on their respective local data.

Trainee doctors have been excluded from the AOA exercise. They are subject to an Annual Review of Competence Progression (ARCP) process and are generally not required to undertake annual appraisal. Trainees have a prescribed connection to a Local Education and Training Board (LETB). These boards have been conducting a similar audit process detailed here:

(<http://hee.nhs.uk/wp-content/blogs.dir/321/files/2014/10/13-Revalidation-Quality-Assurance-Report-AugSept-2014-v5.pdf>). Any trainees mistakenly included in AOA submissions have been removed.

5 Analysis of Data

The results of the AOA exercise are divided into the following sections, as in the AOA questionnaire:

Section 1: The Designated Body and Responsible Officer

Section 2: Appraisal

Section 3: Monitoring Performance and Responding to Concerns

Section 4: Recruitment and Engagement

The data shown throughout the report is that reported by the designated bodies. This is a self-assessment exercise. Whilst validation of the findings is taking place locally, there has been no central external validation process. Explanatory notes and guidance were produced to help to ensure that organisations were able to interpret the questions correctly, but it is possible that a designated body may have over- or under-stated its position.

Wherever possible, elements of the data submissions were checked against external sources. Whilst it is possible to detect and correct some noticeable errors in the data set, some designated bodies may have made mistakes in their submissions that we have not been able to identify.

Each figure relates to a single question posed in the AOA exercise.

Note that data presented from the AOA focuses on the number of responding designated bodies. The comparative data shown (to previous similar exercises (ORSA), described above) is based on the percentage of doctors covered by the designated bodies' responses. It is particularly useful to bear this difference in the way the figures are presented in mind when considering the data. For example, a high number of designated bodies reporting a lack of organisational process for revalidation may appear worrying, yet the number of doctors connected to each of these organisations, and therefore affected by the poor arrangements, may be very small.

6 Section 1: the Designated Body and Responsible Officer

Section 1 of the self-assessment questionnaire records details of the designated body, including organisational type, and the numbers and types of doctors with a prescribed connection to the designated body.

The details of organisations completing the self-assessment exercise are presented in Figures 1 and 2.

Figure 1: The AOA and previous exercises (ORSA) - responses and return rate by date

Exercise date	Number responses received	Number responses expected	% Response rate
Mar-11	507	562	90.2%
Sep-11	517	626	82.6%
Mar-12	654	691	94.6%
Sep-12	731	751	97.3%
Mar-13	621	642	96.7%
Mar-14	645	665	97.0%

As at 31 March 2014 we were aware of 665 designated bodies in England. Of these 645 (97%) responded to the AOA. The changing numbers of designated bodies, year on year, reflects both national changes in structure and smaller scale changes as the smaller organisations are created, merged or cease to operate. The decrease in the number of designated bodies between March 2013 and March 2014 is largely a result of the reorganisation of the NHS in April 2013, which saw the abolition of Primary Care Trusts, giving 124 fewer primary care organisations¹. This decrease has been offset somewhat by increases in other types of organisations, particularly in the independent and locum agency sectors. It is thought that this increase is not only due to the creation of new designated bodies but also to an increasing level of awareness of revalidation on the part of a number of bodies.

¹ Although NHS England is a single designated body, for the purpose of comparison with previous exercises each area team of NHS England is counted as if it were a separate designated body.

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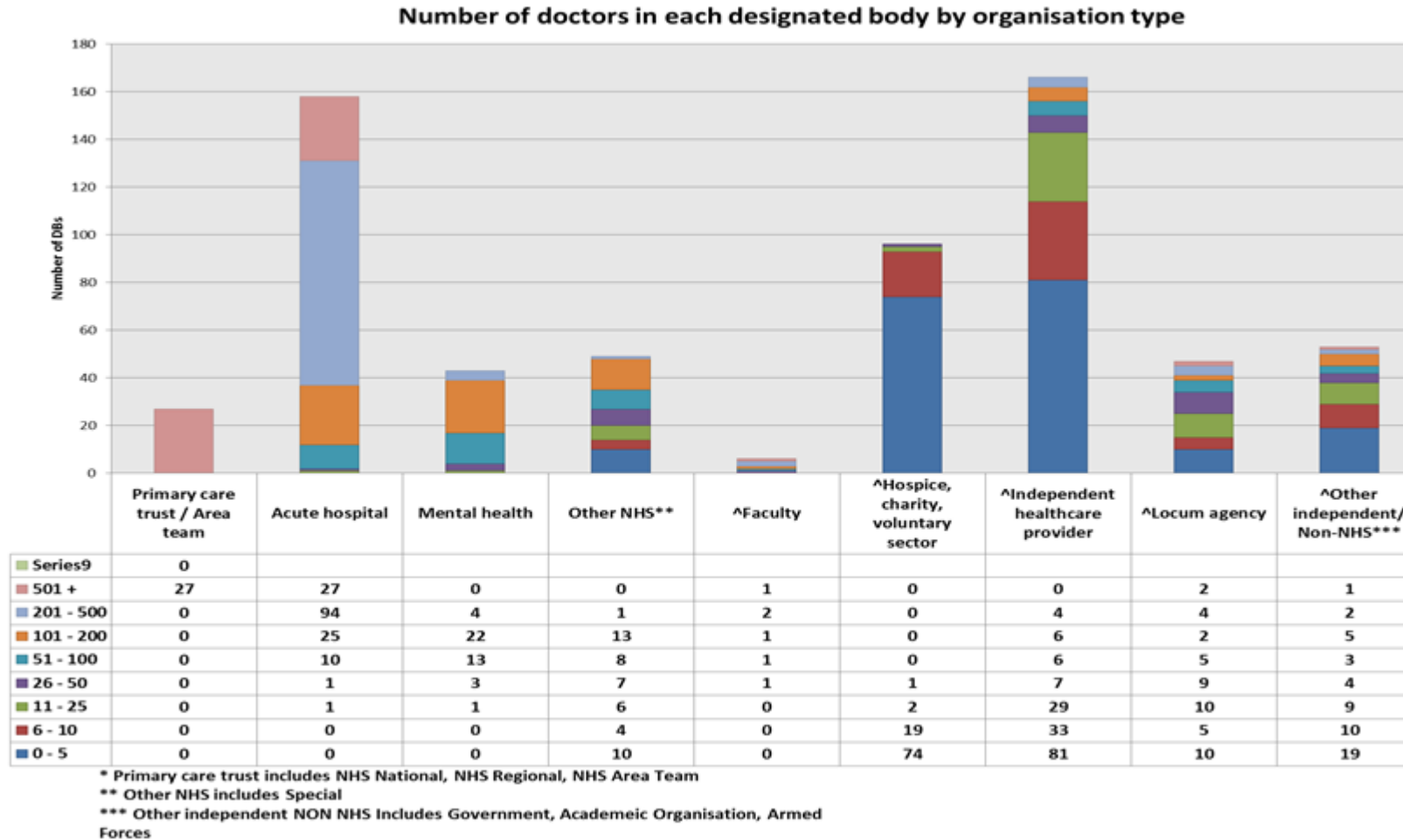
Figure 2: The responses by exercise date and organisational type

Exercise date	Primary care trust / Area team	Acute hospital	Mental health	Other NHS	Independent / Non-NHS					Total
					Faculty	Hospice, charity, voluntary sector	Independent healthcare provider	Locum agency	Other independent/ Non-NHS	
Mar 11	153	157	50	33	3	29	63	5	5	507
Sep 11	145	166	38	28	3	36	77	4	8	517
Mar 12	151	170	42	51	4	66	113	17	28	654
Sep 12	151	167	42	52	3	93	141	26	42	731
Mar 13	27	160	50	39	7	83	159	35	46	621
Mar-14	27	158	43	49	6	96	166	47	53	645

The data shows an increase in the rate of response from both locum agencies and from the voluntary sector, charities and hospices. These latter bodies are often small in terms of the numbers of doctors connected to them and face particular challenges of organisational process to support revalidation. The 2013/14 AOA return revealed a large number of designated bodies with a small number of connected doctors.

6.1 The number of designated bodies

Figure 3: Number of designated bodies by size (number of doctors with a prescribed connection) and organisational type March 2014



There are 265 designated bodies with 10 or fewer doctors, representing 41.0% of submissions. This represents an increase from last year's data, which showed 37.0% of responses were from designated bodies with fewer than 10 prescribed connections.

Figure 4: The number of designated bodies by organisational type

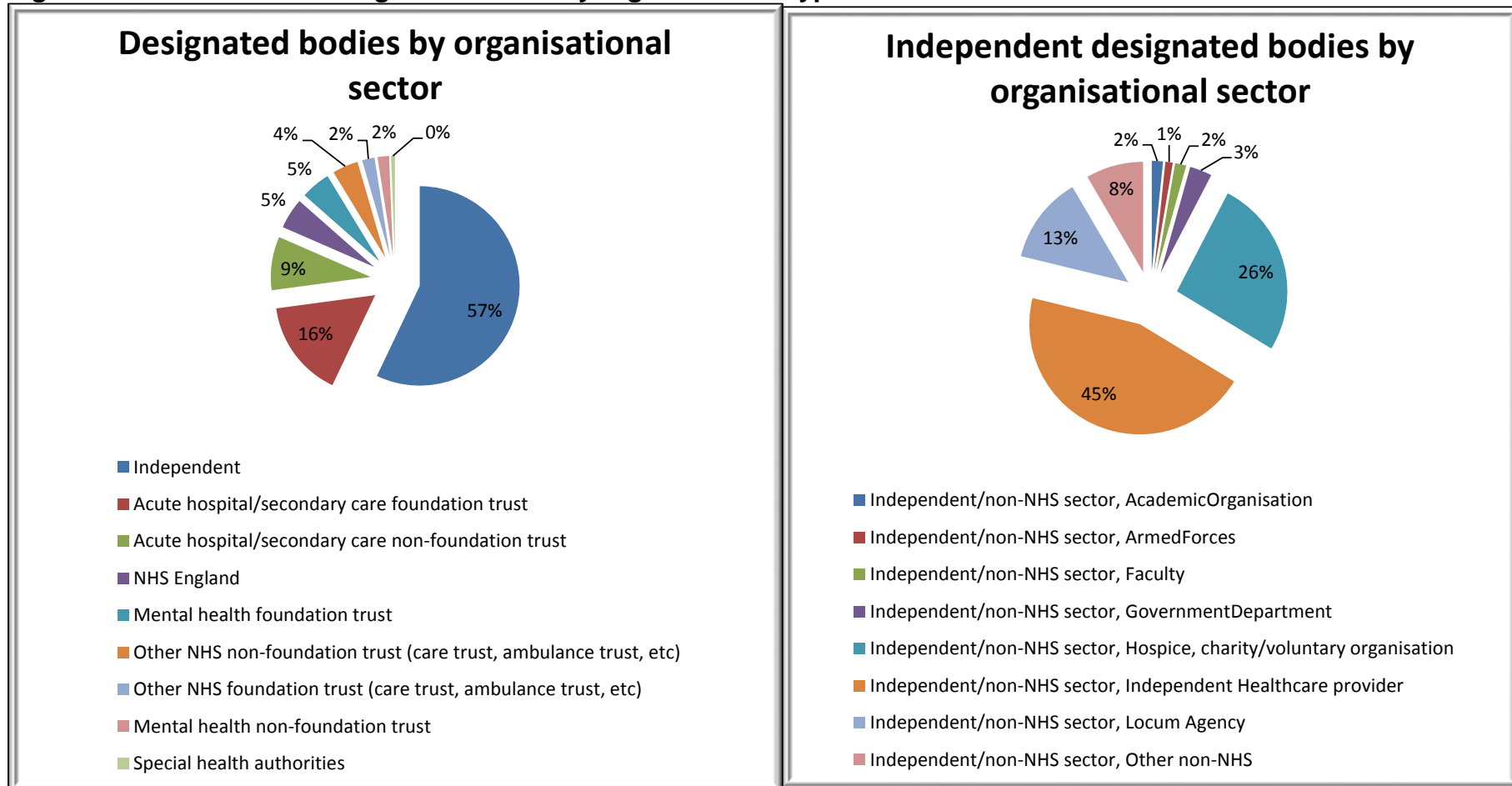


Figure 4 shows the number of designated bodies by organisational sector. 57% of designated bodies fall into the independent sector.

6.2 Numbers of doctors

Section 1 of AOA identifies details of the number and type of doctors who have a prescribed connection to the designated body. Figure 5a shows a detailed breakdown of the number of doctors across the different organisational types, as at 31 March 2014. Figures from previous returns are shown for comparison. Figure 5b gives a further detailed breakdown of doctors in the independent/non-NHS sector.

Figure 5a: The numbers of doctors by organisational type

Organisational Type	Exercise Date	Total Designated Bodies	Consultant	Staff Grade, Associate Specialist, Specialty Doctor	GP	Trainee	Practising Privileges	* Temporary or Short-term Contract Holder	Other	Total Doctors
Primary care trust / Area team	Mar 11	153	293	191	43,689	996	0	0	583	45,752
	Mar 12	151	88	5	44,554	435	0	27	61	45,170
	Mar 13	27	8	0	41,872	1,749	9	425	11	44,074
	Mar-14	27	0	2	44,088	0	0	0	155	44,245
Acute Hospital	Mar 11	157	33,974	12,524	78	5,194	0	0	1,571	53,341
	Mar 12	170	37,118	9,000	50	1,378	28	6,620	335	54,529
	Mar 13	160	36,358	8,061	11	158	1	7,096	302	51,987
	Mar-14	158	37,023	7,962	16	0	1	7,477	353	52,832
Mental Health	Mar 11	50	3,808	1,508	10	805	0	0	233	6,364
	Mar 12	42	3,416	1,178	66	198	0	215	56	5,129
	Mar 13	50	4,069	1,484	1	86	0	322	53	6,015
	Mar-14	43	3,583	1,168	0	0	1	329	35	5,116
Other NHS	Mar 11	33	962	502	20	5	29	0	186	1,704
	Mar 12	51	1,050	504	14	3	0	187	583	2,341
	Mar 13	39	840	434	4	0	0	111	556	1,945
	Mar-14	49	1,698	732	11	0	0	211	560	3,212
Independent / Non-NHS	Mar 11	105	1,149	1,144	109	168	2,515	0	1,561	6,646
	Mar 12	228	1,324	1,480	349	13	1,910	2,395	1,941	9,412
	Mar 13	330	2,268	942	443	22	1,760	3,185	2,487	11,107
	Mar-14	368	2,294	1,063	604	0	1,621	1,696	4,708	11,986
Total doctors	Mar 11	507	40,186	15,869	43,906	45,688	2,544	0	4,141	152,334
	Mar 12	654	42,997	12,167	45,035	43,218	1,938	9,661	2,983	157,999
	Mar 13	621	43,544	10,921	42,334	48,220	1,770	11,249	3,415	161,453
	Mar-14	645	44,598	10,927	44,719	0	1,623	9,713	5,811	117,391

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Figure 5b: The breakdown of number of doctors, by organisational type, for independent / non-NHS designated bodies

Organisational Type	Exercise Date	Total Designated Bodies	Consultant	Staff Grade, Associate Specialist, Specialty	GP	Trainee	Practising Privileges	* Temporary or Short-term Contract Holder	Other	Total Doctors
Faculty	Mar 11	3	36	11	0	0	0	0	850	897
	Mar 12	4	36	11	0	0	0	0	876	923
	Mar 13	7	133	181	0	0	0	0	1,003	1,317
	Mar 14	6	193	103	0	0	0	0	1,175	1,471
Hospice, Charity, Voluntary Sector	Mar 11	29	58	79	13	11	11	0	47	219
	Mar 12	66	110	188	1	4	24	10	50	387
	Mar 13	83	137	191	2	19	17	28	39	433
	Mar 14	96	136	189	5	0	1	22	49	402
Independent Healthcare Provider	Mar 11	63	574	503	96	7	2,004	0	255	3,439
	Mar 12	113	526	324	23	9	1,881	48	195	3,006
	Mar 13	159	917	350	6	3	1,707	134	196	3,313
	Mar 14	166	915	645	81	0	1,563	38	179	3,421
Locum Agency	Mar 11	5	463	544	0	150	500	0	8	1,665
	Mar 12	17	83	384	17	0	1	2,098	70	2,653
	Mar 13	35	101	163	0	0	0	2,969	218	3,451
	Mar 14	47	47	38	0	0	0	1,354	2,600	4,039
Other independent/ Non-NHS	Mar 11	5	18	7	0	0	0	0	401	426
	Mar 12	28	569	573	308	0	4	239	750	2,443
	Mar 13	46	980	57	435	0	36	54	1,031	2,593
	Mar 14	53	1,003	88	518	0	57	282	705	2,653
Total Independent / Non-NHS	Mar 11	105	1,149	1,144	109	168	2,515	0	1,561	6,646
	Mar 12	228	1,324	1,480	349	13	1,910	2,395	1,941	9,412
	Mar 13	330	2,268	942	443	22	1,760	3,185	2,487	11,107
	Mar 14	368	2,294	1,063	604	0	1,621	1,696	4,708	11,986

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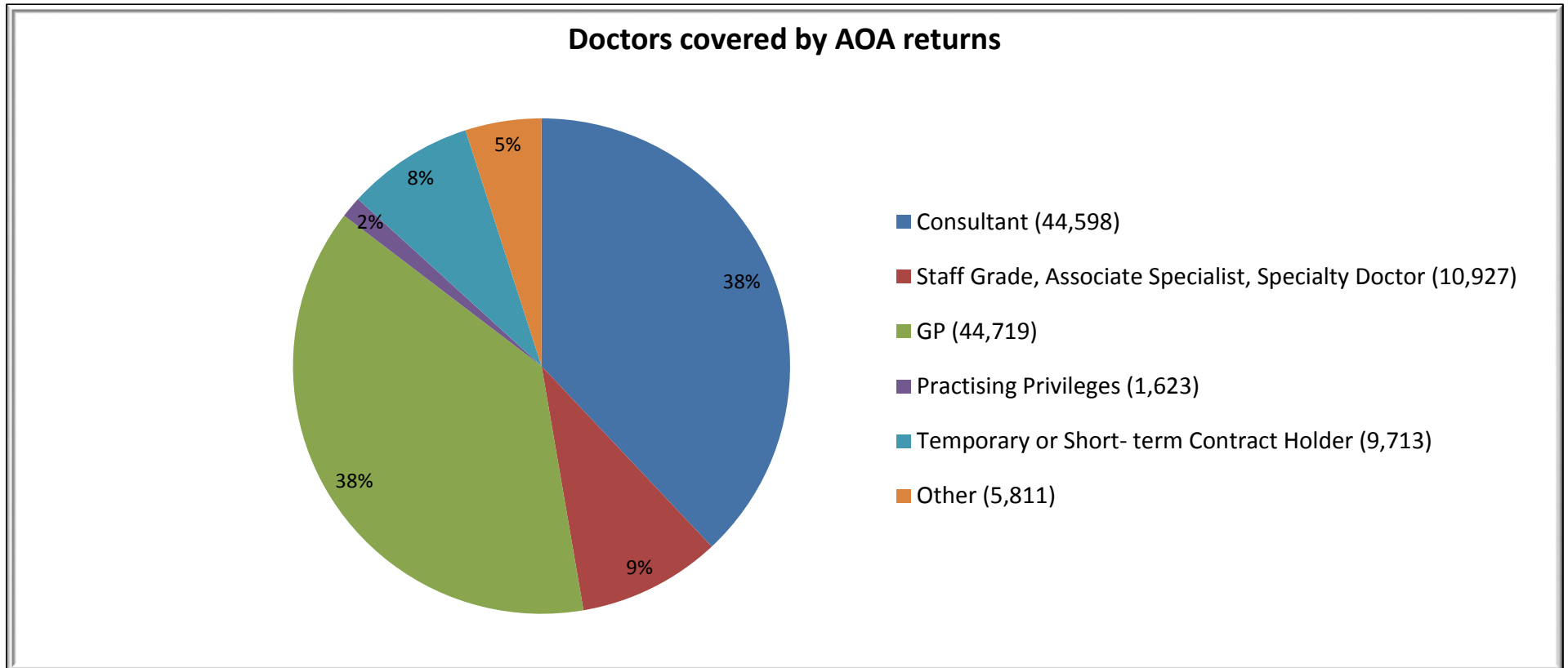
The data shows growing numbers and types of doctors connected to locum agencies, whilst the numbers working in other sectors remain relatively consistent. This may reflect increasing awareness of connections as the revalidation process progresses, in addition to changes within the framework arrangements for locum agencies.

Figure 6a: The numbers of doctors with whom the designated body has a prescribed connection, by type of doctor

Organisational Type	Total number of designated bodies	Consultant	Staff Grade, Associate Specialist, Specialty	Doctors on Performers Lists	Doctors in Training	Doctors with Practising Privileges	Temporary or Short-term Contract Holder	Other	Total Doctors	% Total Doctors by Sector
		NHS England	32	2	2	44,088	0	0	0	653
Acute Hospital	158	37,023	7,962	16	0	1	7,477	353	52,832	45.0%
Mental Health	43	3,583	1,168	0	0	1	329	35	5,116	4.4%
Other NHS	40	1,654	715	11	0	0	209	40	2,629	2.2%
Special health authorities	4	42	17	0	0	0	2	22	83	0.1%
Independent/non-NHS sector	368	2,294	1,063	604	0	1,621	1,696	4,708	11,986	10.2%
TOTAL NUMBER OF DESIGNATED BODIES	645	44,598	10,927	44,719	0	1,623	9,713	5,811	117,391	100.0%

Figure 6a shows the number of each type of doctor with a prescribed connection to a designated body. Almost 90% of all the doctors in England have a connection to an NHS body. Figure 6b shows the percentage of doctors by type covered by all AOA submissions.

Figure 6b: The doctors covered by AOA March 2014 returns, by type



6.3 Higher level responsible officer connections

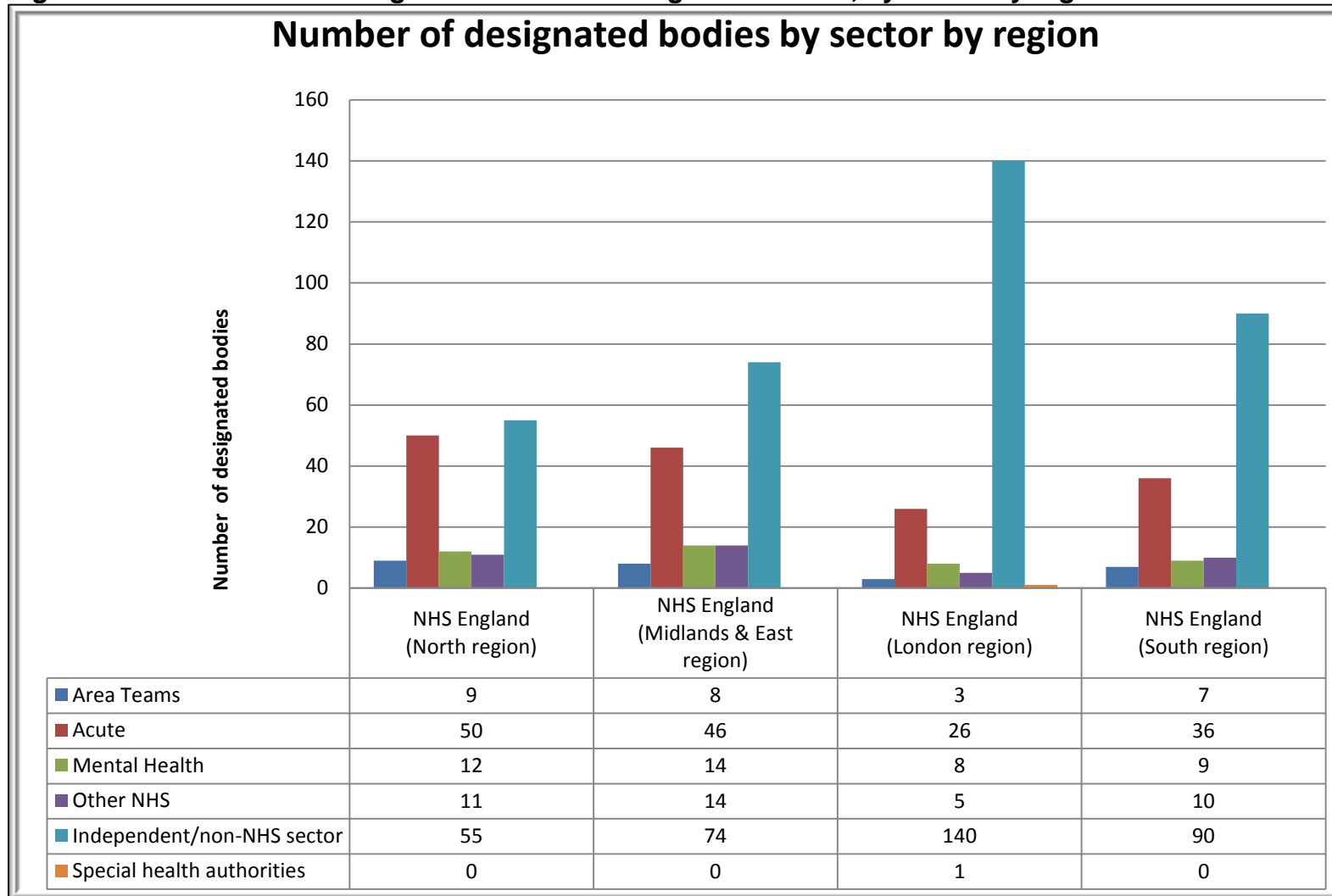
As a doctor, each responsible officer also relates to a responsible officer, known as a higher-level responsible officer. The relationships are shown in Figures 7a and 7b.

Figure 7a: The location of responsible officers' (higher-level) responsible officer (as at 31 March 2014)

Organisational Type	NHS England (North region)	NHS England (Midlands and East region)	NHS England (London region)	NHS England (South region)	Department of Health	NHS England (national office)	Faculty of Medical Leadership and Management	TOTAL
NHS England (national office)	0	0	0	0	0	0	1	1
NHS England (regional office)	0	0	0	0	0	4	0	4
NHS England (area team)	9	8	3	7	0	0	0	27
Acute hospital/secondary care foundation trust	39	26	14	23	0	0	0	102
Acute hospital/secondary care non-foundation trust	11	20	12	13	0	0	0	56
Mental health foundation trust	10	10	5	6	0	0	0	31
Mental health non-foundation trust	2	4	3	3	0	0	0	12
Other NHS foundation trust (care trust, ambulance trust, etc)	5	3	1	4	0	0	0	13
Other NHS non-foundation trust (care trust, ambulance trust, etc)	6	11	4	6	0	0	0	27
Special health authorities	0	0	1	0	0	3	0	4
Independent/non-NHS sector (breakdown below)	55	74	140	90	9	0	0	368
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	18	44	75	29	0	0	0	166
<i>Independent/non-NHS sector, Locum Agency</i>	3	2	38	4	0	0	0	47
<i>Independent/non-NHS sector, Faculty</i>	0	1	4	1	0	0	0	6
<i>Independent/non-NHS sector, Academic Organisation</i>	5	0	0	1	0	0	0	6
<i>Independent/non-NHS sector, Government Department</i>	0	1	2	1	8	0	0	12
<i>Independent/non-NHS sector, Armed Forces</i>	0	0	0	3	1	0	0	4
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	26	22	10	38	0	0	0	96
<i>Independent/non-NHS sector, Other non-NHS</i>	3	4	11	13	0	0	0	31
TOTAL NUMBER OF DESIGNATED BODIES	137	156	183	152	9	7	1	645

Each responsible officer's prescribed connection to a higher-level responsible officer is based at either regional or national level within NHS England, the Department of Health (CMO's office) or the Faculty of Medical Leadership and Management. Figure 7a indicates the numbers of designated bodies connected to each higher level responsible officer. Figure 7b shows the number of NHS England designated bodies by sector, by region.

Figure 7b: Number of NHS England connected designated bodies, by sector by region



6.4 Responsible officers

It is essential to ensure that doctors are supported in their revalidation, recommendations can be made and designated bodies are supported in fulfilling their statutory duties. The data illustrates that four of the 645 designated bodies responding to the AOA were without a responsible officer on 31 March 2014. Of the four designated bodies identified, all are based in the independent sector; two direct providers, one is locum agency and the other is a hospice. There are a number of reasons for the designated bodies recording that there is no responsible officer, including a gap in timing between a responsible officer leaving and the appointment of a replacement, the designated body being new or failing to comply. Regional teams will be working closely with these organisations to ensure that a responsible officer is in place at these designated bodies as soon as possible.

The data also shows that 164 of the 645 designated bodies responding to the AOA have had occasion to appoint an alternative responsible officer for one or more doctors because of a conflict of interest or appearance of bias between the existing responsible officer and the doctor. The evidence indicates that the agreed process and criteria for invoking it are working smoothly.

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Figure 8: The extent to which designated bodies are providing responsible officers with sufficient funds, capacity and other resources to enable them to carry out the role

Organisational Type	Total number of designated bodies	Yes	No
NHS England (national office)	1	1	0
NHS England (regional office)	4	4	0
NHS England (area team)	27	22	5
Acute hospital/secondary care foundation trust	102	100	2
Acute hospital/secondary care non-foundation trust	56	47	9
Mental health foundation trust	31	31	0
Mental health non-foundation trust	12	12	0
Other NHS foundation trust (care trust, ambulance trust, etc)	13	13	0
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	26	1
Special health authorities	4	4	0
Independent/non-NHS sector (breakdown below)	368	360	8
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	166	163	3
<i>Independent/non-NHS sector, Locum Agency</i>	47	47	0
<i>Independent/non-NHS sector, Faculty</i>	6	6	0
<i>Independent/non-NHS sector, Academic Organisation</i>	6	6	0
<i>Independent/non-NHS sector, Government Department</i>	12	11	1
<i>Independent/non-NHS sector, Armed Forces</i>	4	3	1
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	96	93	3
<i>Independent/non-NHS sector, Other non-NHS</i>	31	31	0
TOTAL NUMBER OF DESIGNATED BODIES	645	620	25

Figure 8 shows that the majority of responsible officers believe that their access to sufficient funds, capacity and other resources is appropriate and sufficient to deliver the duties as laid out in the Regulations and relevant guidance. Regional revalidation teams will be using this data to facilitate discussions with those responsible officers reporting a lack of resource to understand the situation and identify appropriate mechanisms to provide support.

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Figure 9: The extent to which responsible officers are appropriately trained and remain up to date and fit to practise in the role of the responsible officer

Organisational Type	Total number of designated bodies	Yes	No
NHS England (national office)	1	1	0
NHS England (regional office)	4	4	0
NHS England (area team)	27	27	0
Acute hospital/secondary care foundation trust	102	99	3
Acute hospital/secondary care non-foundation trust	56	55	1
Mental health foundation trust	31	31	0
Mental health non-foundation trust	12	12	0
Other NHS foundation trust (care trust, ambulance trust, etc)	13	13	0
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	25	2
Special health authorities	4	4	0
Independent/non-NHS sector (breakdown below)	368	353	15
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	166	159	7
<i>Independent/non-NHS sector, Locum Agency</i>	47	47	0
<i>Independent/non-NHS sector, Faculty</i>	6	6	0
<i>Independent/non-NHS sector, Academic Organisation</i>	6	6	0
<i>Independent/non-NHS sector, Government Department</i>	12	11	1
<i>Independent/non-NHS sector, Armed Forces</i>	4	4	0
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	96	91	5
<i>Independent/non-NHS sector, Other non-NHS</i>	31	29	2
TOTAL NUMBER OF DESIGNATED BODIES	645	624	21

Figure 9 indicates the extent to which responsible officers have been appropriately trained. NHS England runs a responsible officer training programme every quarter for all newly recruited responsible officers, with locations rotated amongst regions to ensure accessibility. The most recent responsible officer training programme, prior to the submission date for AOA returns (May 2014), was held in March 2014. Work undertaken by the regional teams indicates that some responsible officers in position may not have had the opportunity to attend training before the return was submitted. Higher-level responsible officers and their teams will work closely with the designated bodies responding negatively to this question to ensure that the responsible officer attends a training event as soon as possible.

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Figure 10: The extent to which responsible officers ensure that accurate records are kept of all relevant information, actions and decisions relating to their role

Organisational Type	Total number of designated bodies	Yes	No
NHS England (national office)	1	1	0
NHS England (regional office)	4	4	0
NHS England (area team)	27	27	0
Acute hospital/secondary care foundation trust	102	102	0
Acute hospital/secondary care non-foundation trust	56	56	0
Mental health foundation trust	31	31	0
Mental health non-foundation trust	12	12	0
Other NHS foundation trust (care trust, ambulance trust, etc)	13	13	0
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	27	0
Special health authorities	4	4	0
Independent/non-NHS sector (breakdown below)	368	362	6
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	166	163	3
<i>Independent/non-NHS sector, Locum Agency</i>	47	47	0
<i>Independent/non-NHS sector, Faculty</i>	6	6	0
<i>Independent/non-NHS sector, Academic Organisation</i>	6	6	0
<i>Independent/non-NHS sector, Government Department</i>	12	12	0
<i>Independent/non-NHS sector, Armed Forces</i>	4	4	0
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	96	93	3
<i>Independent/non-NHS sector, Other non-NHS</i>	31	31	0
TOTAL NUMBER OF DESIGNATED BODIES	645	639	6

Figure 10 illustrates the number of designated bodies expressing a concern that the responsible officer is not keeping sufficient records of their actions. Our intelligence from regional responsible officer networks leads us to believe that these tend to be small organisations requiring specific assistance to set up appropriate systems. Our plan is for these smaller designated bodies to be supported by regional teams, to ensure that this requirement of the regulations is met. A ‘buddy system’ with a similar organisation already fulfilling this requirement is proposed.

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Figure 11: The extent to which responsible officers are ensuring that the designated body's medical revalidation policies and procedures are in accordance with equality and diversity legislation

Organisational Type	Total number of designated bodies	Yes	No
NHS England (national office)	1	1	0
NHS England (regional office)	4	4	0
NHS England (area team)	27	27	0
Acute hospital/secondary care foundation trust	102	102	0
Acute hospital/secondary care non-foundation trust	56	54	2
Mental health foundation trust	31	31	0
Mental health non-foundation trust	12	12	0
Other NHS foundation trust (care trust, ambulance trust, etc)	13	13	0
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	26	1
Special health authorities	4	4	0
Independent/non-NHS sector (breakdown below)	368	345	23
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	166	155	11
<i>Independent/non-NHS sector, Locum Agency</i>	47	47	0
<i>Independent/non-NHS sector, Faculty</i>	6	5	1
<i>Independent/non-NHS sector, Academic Organisation</i>	6	6	0
<i>Independent/non-NHS sector, Government Department</i>	12	12	0
<i>Independent/non-NHS sector, Armed Forces</i>	4	4	0
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	96	85	11
<i>Independent/non-NHS sector, Other non-NHS</i>	31	31	0
TOTAL NUMBER OF DESIGNATED BODIES	645	619	26

Figure 11 shows that the majority of NHS designated bodies have assured themselves that policies and procedures pertaining to medical revalidation have been agreed in accordance with equality and diversity legislation. Only 6.2% of independent/non-NHS sector designated bodies were unable to respond positively to this question. Higher level responsible officers and regional teams are working with these organisations to ensure that policies and procedures are aligned with legislation, and that good practice is shared.

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Figure 12: The timeliness of the responsible officer’s recommendations to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body

Organisational Type	Total number of designated bodies	Yes	No
NHS England (national office)	1	1	0
NHS England (regional office)	4	4	0
NHS England (area team)	27	27	0
Acute hospital/secondary care foundation trust	102	100	2
Acute hospital/secondary care non-foundation trust	56	55	1
Mental health foundation trust	31	31	0
Mental health non-foundation trust	12	12	0
Other NHS foundation trust (care trust, ambulance trust, etc)	13	13	0
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	27	0
Special health authorities	4	4	0
Independent/non-NHS sector (breakdown below)	368	360	8
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	166	161	5
<i>Independent/non-NHS sector, Locum Agency</i>	47	47	0
<i>Independent/non-NHS sector, Faculty</i>	6	6	0
<i>Independent/non-NHS sector, Academic Organisation</i>	6	6	0
<i>Independent/non-NHS sector, Government Department</i>	12	12	0
<i>Independent/non-NHS sector, Armed Forces</i>	4	4	0
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	96	93	3
<i>Independent/non-NHS sector, Other non-NHS</i>	31	31	0
TOTAL NUMBER OF DESIGNATED BODIES	645	634	11

Figure 12 shows the responses to a question on the timeliness of the responsible officer’s recommendations to the GMC about the fitness to practise of doctors on their list. 98.3% of responsible officers were able to answer this question positively. Responsible officers are expected to adhere to the GMC timetable for every recommendation. Where mandatory timescales are not being met, higher-level responsible officers will work with the individual organisations directly to address process. The data show that 11 designated bodies reported instances where the responsible officer had not met the GMC timescales, of which 3 are based in the acute sector and 8 in the independent sector. At

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present we do not know whether these instances are based in behaviours or process of the individual doctor, for example, late submission of appraisal paperwork or a result of poor organisational process. Modification of the AOA for next year’s return should help to clarify this issue.

Figure 13: The extent to which governance systems (including clinical governance where appropriate) in designated bodies are subject to external or independent review

Organisational Type	Total number of designated bodies	Yes	No
NHS England (national office)	1	1	0
NHS England (regional office)	4	1	3
NHS England (area team)	27	22	5
Acute hospital/secondary care foundation trust	102	100	2
Acute hospital/secondary care non-foundation trust	56	56	0
Mental health foundation trust	31	30	1
Mental health non-foundation trust	12	12	0
Other NHS foundation trust (care trust, ambulance trust, etc)	13	13	0
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	26	1
Special health authorities	4	4	0
Independent/non-NHS sector (breakdown below)	368	344	24
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	166	162	4
<i>Independent/non-NHS sector, Locum Agency</i>	47	46	1
<i>Independent/non-NHS sector, Faculty</i>	6	3	3
<i>Independent/non-NHS sector, Academic Organisation</i>	6	6	0
<i>Independent/non-NHS sector, Government Department</i>	12	6	6
<i>Independent/non-NHS sector, Armed Forces</i>	4	4	0
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	96	90	6
<i>Independent/non-NHS sector, Other non-NHS</i>	31	27	4
TOTAL NUMBER OF DESIGNATED BODIES	645	609	36

Figure 13 shows the number of designated bodies undertaking external or independent reviews of their governance systems. 94.4% of designated bodies were able to respond positively. This is a new process and it is encouraging to see the degree of take up so far in ensuring validation of governance systems, as these lie at the very core of the principles underlying the Regulations. Help and support is being offered to those organisations not yet undertaking external or independent review of their systems.

7 Section 2: Appraisal

Section 2 of the audit focussed on the details of designated bodies' medical appraisal systems. Effective appraisal is one of the cornerstones of medical revalidation, providing a key set of information to the responsible officer on the fitness to practise and commitment to remaining up to date, on the part of each doctor. Appraisal must provide a safe environment for personal development needs to be discussed and agreed. For many organisations the raised expectations of appraisal have necessitated a significant upgrading of the appraisal system in place, whilst for others it has meant development of a completely new system.

The term 'completed appraisal' was defined within ORSA and has continued to be used by AOA. It is:

“one where the appraisal meeting has taken place between 9 and 15 months of the date of the last appraisal and the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting”.

For the purposes of the AOA, an organisational appraisal year runs from 1 April until 31 March. It is important to note that appraisal rates have been calculated using some assumed information. Specific questions related to this calculation are:

- The total number of doctors with prescribed connections to the designated body (question 1.4.8)
- The total number of those doctors with prescribed connections who have had an appraisal (question 2.2.8)
- The total number of those prescribed connections who had an unapproved missed or incomplete appraisal (question 2.3.1)

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Figure 14: The extent to which there is a medical appraisal policy, with core content of which is compliant with national guidance, and ratified by the designated body's board (or an equivalent governance or executive group)

Organisational Type	Total number of designated bodies	Number of designated bodies		Number of doctors covered by response		% doctors covered by response	
		Yes	No	Yes	No	Yes	No
NHS England (national office)	1	1	0	9	0	100.0%	0.0%
NHS England (regional office)	4	4	0	491	0	100.0%	0.0%
NHS England (area team)	27	27	0	44,245	0	100.0%	0.0%
Acute hospital/secondary care foundation trust	102	92	10	28,235	3,138	90.0%	10.0%
Acute hospital/secondary care non-foundation trust	56	53	3	20,209	1,250	94.2%	5.8%
Mental health foundation trust	31	29	2	3,563	162	95.7%	4.3%
Mental health non-foundation trust	12	11	1	1,295	96	93.1%	6.9%
Other NHS foundation trust (care trust, ambulance trust, etc)	13	11	2	1,542	60	96.3%	3.7%
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	23	4	1,003	24	97.7%	2.3%
Special health authorities	4	4	0	83	0	100.0%	0.0%
Independent/non-NHS sector (breakdown below)	368	335	33	11161	825	93.1%	6.9%
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	166	150	16	3,179	242	92.9%	7.1%
<i>Independent/non-NHS sector, Locum Agency</i>	47	47	0	4,039	0	100.0%	0.0%
<i>Independent/non-NHS sector, Faculty</i>	6	5	1	944	527	64.2%	35.8%
<i>Independent/non-NHS sector, Academic Organisation</i>	6	6	0	54	0	100.0%	0.0%
<i>Independent/non-NHS sector, Government Department</i>	12	9	3	756	13	98.3%	1.7%
<i>Independent/non-NHS sector, Armed Forces</i>	4	4	0	891	0	100.0%	0.0%
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	96	85	11	375	27	93.3%	6.7%
<i>Independent/non-NHS sector, Other non-NHS</i>	31	29	2	923	16	98.3%	1.7%
TOTAL NUMBER OF DESIGNATED BODIES	645	590	55	111,836	5,555	95.3%	4.7%

Figure 14 shows the number of designated bodies confirming that a medical appraisal policy with core content compliant with national guidance, and ratified by the board, is in place in their organisation.

The AOA data appears to indicate that there has been a decline in the number of designated bodies with a medical appraisal policy in place, with both the core content as described in national guidance, and ratification by the board. A significant factor in this apparent decline is likely to be that the question in AOA is somewhat more stringent than has been the case in previous similar surveys (ORSA). Previously, the various requirements of a responsible officer in relation to the content of the policy were not

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detailed and ratification by the board was not required. The responses from this exercise are therefore are not fully comparable with those from previous years. That said, despite the more stringent requirement, 91.5% of designated bodies were able to respond positively. Higher-level responsible officers and their teams will work with the remaining designated bodies to ensure that policies are fit for purpose and consistent with the requirements.

Figure 15a: The numbers of doctors with whom the designated body has a prescribed connection on 31 March 2014 who had a completed annual appraisal between 1 April 2013 and 31 March 2014 (numbers in brackets show % of completed appraisals)

Organisational Type	Total number of designated bodies	Consultant	Staff Grade, Associate Specialist, Specialty Doctor	Doctors on Performers Lists	Doctors with Practising Privileges	Temporary or Short-term Contract Holder	Other	Total Doctors
NHS England (national office)	1	-	-	-	-	-	6 (66.7%)	6 (66.7%)
NHS England (regional office)	4	2 (100%)	-	-	-	-	447 (91.4%)	449 (91.4%)
NHS England (area team)	27	-	2 (100%)	40,407 (91.7%)	-	-	71 (45.8%)	40,480 (91.5%)
Acute hospital/secondary care foundation trust	102	19,124 (87.1%)	3,533 (78.2%)	3 (100%)	-	2,234 (46.8%)	58 (51.3%)	24,952 (79.5%)
Acute hospital/secondary care non-foundation trust	56	13,138 (87.2%)	2,577 (74.9%)	4 (30.8%)	-	1,584 (58.7%)	127 (52.9%)	17,430 (81.2%)
Mental health foundation trust	31	2,328 (88.9%)	723 (85.5%)	-	1 (100%)	157 (64.3%)	14 (87.5%)	3,223 (86.5%)
Mental health non-foundation trust	12	871 (90.3%)	265 (82.3%)	-	-	67 (78.8%)	12 (63.2%)	1,215 (87.3%)
Other NHS foundation trust (care trust, ambulance trust, etc)	13	924 (86.7%)	311 (84.5%)	-	-	124 (77%)	6 (85.7%)	1,365 (85.2%)
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	523 (88.9%)	307 (88.5%)	11 (100%)	-	26 (54.2%)	27 (81.8%)	894 (87%)
Special health authorities	4	29 (69%)	10 (58.8%)	-	-	1 (50%)	17 (77.3%)	57 (68.7%)
Independent/non-NHS sector (breakdown below)	368	1,568 (68.4%)	857 (80.6%)	543 (89.9%)	1,204 (74.3%)	1,041 (61.4%)	3,111 (66.1%)	8,324 (69.4%)
<i>Independent/non-NHS sector, Independent Healthcare prov</i>	166	645 (70.5%)	553 (85.7%)	75 (92.6%)	1,159 (74.2%)	20 (52.6%)	140 (78.2%)	2,592 (75.8%)
<i>Independent/non-NHS sector, Locum Agency</i>	47	28 (59.6%)	13 (34.2%)	-	-	804 (59.4%)	1,445 (55.6%)	2,290 (56.7%)
<i>Independent/non-NHS sector, Faculty</i>	6	154 (79.8%)	59 (57.3%)	-	-	-	863 (73.4%)	1,076 (73.1%)
<i>Independent/non-NHS sector, Academic Organisation</i>	6	3 (100%)	10 (90.9%)	-	4 (100%)	-	33 (91.7%)	50 (92.6%)
<i>Independent/non-NHS sector, Government Department</i>	12	320 (49.7%)	14 (56%)	-	-	11 (36.7%)	54 (77.1%)	399 (51.9%)
<i>Independent/non-NHS sector, Armed Forces</i>	4	201 (78.5%)	2 (66.7%)	463 (89.4%)	12 (100%)	2 (66.7%)	87 (87.9%)	767 (86.1%)
<i>Independent/non-NHS sector, Hospice, charity/voluntary or</i>	96	124 (91.2%)	163 (86.2%)	5 (100%)	1 (100%)	14 (63.6%)	35 (71.4%)	342 (85.1%)
<i>Independent/non-NHS sector, Other non-NHS</i>	31	93 (93%)	43 (87.8%)	-	28 (68.3%)	190 (76.3%)	454 (90.8%)	808 (86%)
TOTAL NUMBER OF DESIGNATED BODIES	645	38,507 (86.3%)	8,585 (78.6%)	40,968 (91.6%)	1,205 (74.2%)	5,234 (53.9%)	3,896 (67%)	98,395 (83.8%)

Figure 15a details the number of doctors categorised by type, who have completed an appraisal, by organisational type. The numbers in brackets refer to the percentage of the completed appraisals conducted, by organisational type.

Figure 15b: The percentage of completed appraisals by doctor type, comparison year on year

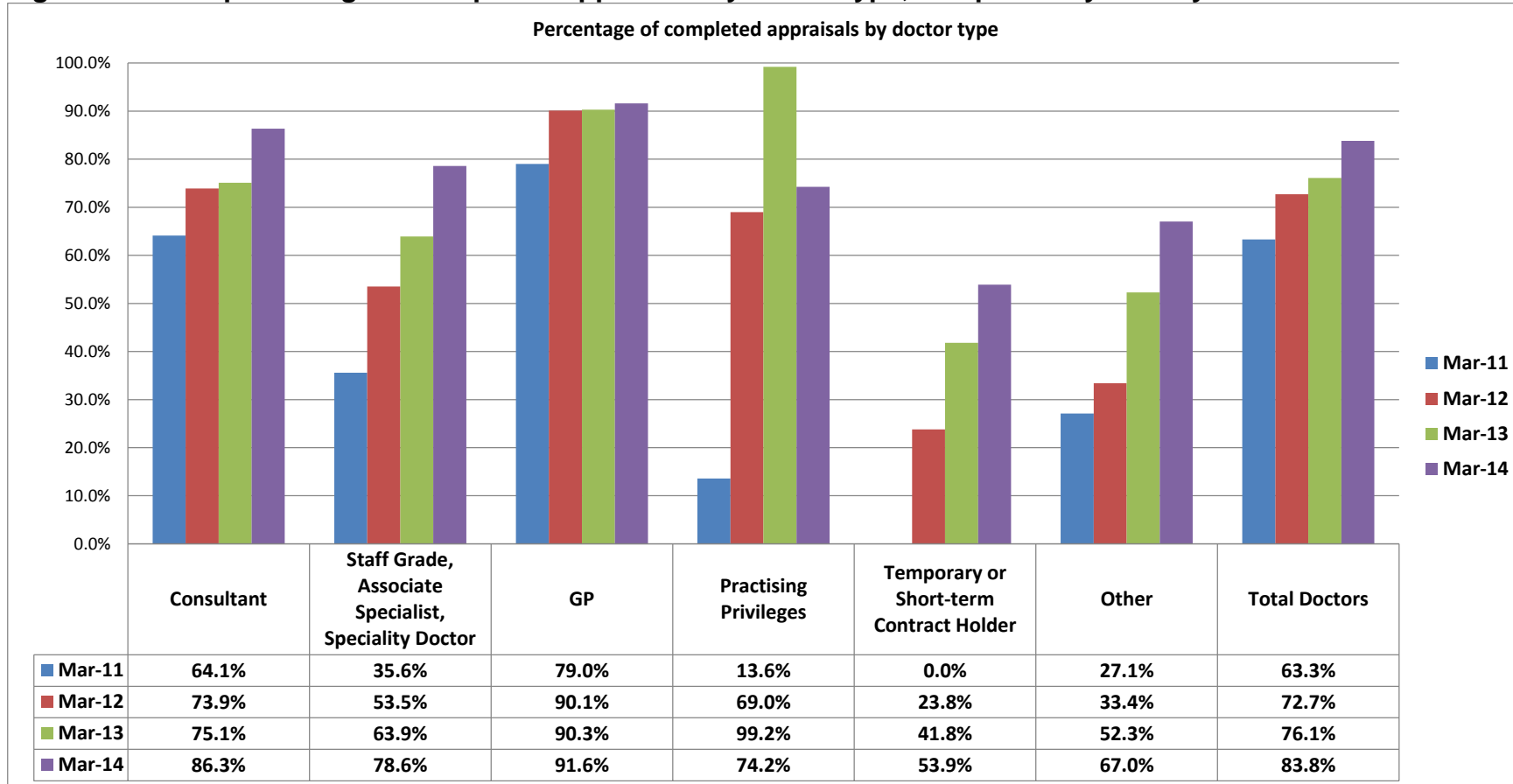


Figure 15b shows the percentage of completed appraisals by doctor type, compared with rates given by previous similar exercises. The data indicate a further improvement in the number of completed appraisals in all doctor types with the exception of doctors working under a ‘practising privileges’ arrangement. Having made local investigations into the possible reasons for this decline, we believe that this may be a have been data entry error on the part of the designated body, incorrectly declaring doctors with practicing privileges when they actually fall into another category. Revisions to the AOA questionnaire for next year will take this into account and we will ensure explicit detail of the category.

Figure 16: The extent to which all doctors with a missed or incomplete medical appraisal within a designated body have a recorded explanation

Organisational Type	Total number of designated bodies	Yes	No
NHS England (national office)	1	1	0
NHS England (regional office)	4	3	1
NHS England (area team)	27	22	5
Acute hospital/secondary care foundation trust	102	73	29
Acute hospital/secondary care non-foundation trust	56	42	14
Mental health foundation trust	31	26	5
Mental health non-foundation trust	12	11	1
Other NHS foundation trust (care trust, ambulance trust, etc)	13	12	1
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	26	1
Special health authorities	4	2	2
Independent/non-NHS sector (breakdown below)	368	330	38
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	166	150	16
<i>Independent/non-NHS sector, Locum Agency</i>	47	43	4
<i>Independent/non-NHS sector, Faculty</i>	6	4	2
<i>Independent/non-NHS sector, Academic Organisation</i>	6	5	1
<i>Independent/non-NHS sector, Government Department</i>	12	11	1
<i>Independent/non-NHS sector, Armed Forces</i>	4	2	2
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	96	87	9
<i>Independent/non-NHS sector, Other non-NHS</i>	31	28	3
TOTAL NUMBER OF DESIGNATED BODIES	645	548	97

Figure 16 shows the number of designated bodies declaring a recorded explanation for every missed appraisal during the 2013/14 appraisal cycle. Higher-level responsible officers and their teams are working with the designated bodies who did not respond positively to this question with an aim of achieving 100% recorded reasons for missed appraisals in the 2014/15 appraisal year.

Figure 17: The numbers of doctors with a missed or incomplete appraisal for whom a postponement of appraisal was not approved in advance by the responsible officer

Organisational Type	Total number of designated bodies	Number of doctors with a missed appraisal	% of doctors with missed appraisal by organisational type
NHS England (national office)	1	0	0.0%
NHS England (regional office)	4	24	4.9%
NHS England (area team)	27	846	1.9%
Acute hospital/secondary care foundation trust	102	2,126	6.8%
Acute hospital/secondary care non-foundation trust	56	2,250	10.5%
Mental health foundation trust	31	202	5.4%
Mental health non-foundation trust	12	80	5.8%
Other NHS foundation trust (care trust, ambulance trust, etc)	13	62	3.9%
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	69	6.7%
Special health authorities	4	0	0.0%
Independent/non-NHS sector (breakdown below)	368	1,192	9.9%
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	166	342	10.0%
<i>Independent/non-NHS sector, Locum Agency</i>	47	553	13.7%
<i>Independent/non-NHS sector, Faculty</i>	6	173	11.8%
<i>Independent/non-NHS sector, Academic Organisation</i>	6	0	0.0%
<i>Independent/non-NHS sector, Government Department</i>	12	3	0.4%
<i>Independent/non-NHS sector, Armed Forces</i>	4	82	9.2%
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	96	14	3.5%
<i>Independent/non-NHS sector, Other non-NHS</i>	31	25	2.7%
TOTAL NUMBER OF DESIGNATED BODIES	645	6,851	5.8%

Figure 17 shows that overall, for 5.8% of doctors who either missed their appraisal, or had not completed the process by March 31 2014; the reason for this failure was not recorded. This is significantly higher in the independent/non-NHS sector, where 9.9% of missed/incomplete appraisals were not explained. In both NHS and independent sectors, the numbers of missed or incomplete appraisals were greater in acute providers than in other types of organisation. Higher-level responsible officers and their teams are working with the identified designated bodies to understand the specific challenges and offer support. Future audits will also request the numbers of approved missed or incomplete appraisals.

Figure 18: The extent to which a mechanism for quality assurance of samples of inputs and outputs of the medical appraisal process are in place.

Organisational Type	Total number of designated bodies	Yes	No
NHS England (national office)	1	1	0
NHS England (regional office)	4	3	1
NHS England (area team)	27	27	0
Acute hospital/secondary care foundation trust	102	89	13
Acute hospital/secondary care non-foundation trust	56	53	3
Mental health foundation trust	31	29	2
Mental health non-foundation trust	12	12	0
Other NHS foundation trust (care trust, ambulance trust, etc)	13	13	0
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	25	2
Special health authorities	4	3	1
Independent/non-NHS sector	368	348	20
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	<i>166</i>	<i>155</i>	<i>11</i>
<i>Independent/non-NHS sector, Locum Agency</i>	<i>47</i>	<i>47</i>	<i>0</i>
<i>Independent/non-NHS sector, Faculty</i>	<i>6</i>	<i>5</i>	<i>1</i>
<i>Independent/non-NHS sector, Academic Organisation</i>	<i>6</i>	<i>6</i>	<i>0</i>
<i>Independent/non-NHS sector, Government Department</i>	<i>12</i>	<i>11</i>	<i>1</i>
<i>Independent/non-NHS sector, Armed Forces</i>	<i>4</i>	<i>3</i>	<i>1</i>
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	<i>96</i>	<i>93</i>	<i>3</i>
<i>Independent/non-NHS sector, Other non-NHS</i>	<i>31</i>	<i>28</i>	<i>3</i>
TOTAL NUMBER OF DESIGNATED BODIES	645	603	42

Figure 18 shows the number of designated bodies that have mechanisms in place for quality assuring a sample of appraisals by organisation type. A particular focus of NHS England's appraiser networks is to ensure that designated bodies comply with GMC requirements and other national guidance, and that outcomes are recorded in the annual report template. Higher-level responsible officers and their teams are working with designated bodies that are not yet compliant in this area, utilising peer support networks to share ideas for adoption.

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Figure 19: The extent to which there are processes in place for the responsible officer to ensure that key items of information are included in the appraisal

Organisational Type	Total number of designated bodies	Yes	No
NHS England (national office)	1	1	0
NHS England (regional office)	4	3	1
NHS England (area team)	27	25	2
Acute hospital/secondary care foundation trust	102	90	12
Acute hospital/secondary care non-foundation trust	56	49	7
Mental health foundation trust	31	30	1
Mental health non-foundation trust	12	10	2
Other NHS foundation trust (care trust, ambulance trust, etc)	13	10	3
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	20	7
Special health authorities	4	3	1
Independent/non-NHS sector (breakdown below)	368	346	22
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	<i>166</i>	<i>156</i>	<i>10</i>
<i>Independent/non-NHS sector, Locum Agency</i>	<i>47</i>	<i>45</i>	<i>2</i>
<i>Independent/non-NHS sector, Faculty</i>	<i>6</i>	<i>5</i>	<i>1</i>
<i>Independent/non-NHS sector, Academic Organisation</i>	<i>6</i>	<i>6</i>	<i>0</i>
<i>Independent/non-NHS sector, Government Department</i>	<i>12</i>	<i>11</i>	<i>1</i>
<i>Independent/non-NHS sector, Armed Forces</i>	<i>4</i>	<i>4</i>	<i>0</i>
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	<i>96</i>	<i>90</i>	<i>6</i>
<i>Independent/non-NHS sector, Other non-NHS</i>	<i>31</i>	<i>29</i>	<i>2</i>
TOTAL NUMBER OF DESIGNATED BODIES	645	587	58

Figure 19 shows the number of designated bodies with processes in place to assure the responsible officer that key information such as specific complaints, significant events and outlying clinical outcomes are included in the appraisal portfolio and discussed at the appraisal meeting, so that development needs are identified. Regional teams are working to cross-reference the negative responders to this question, with those who also responded negatively to conducting external audits or having a medical appraisal policy in place. It is likely that there is a correlation, given the common theme of quality assurance throughout these questions.

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Figure 20: The extent to which designated bodies report sufficient numbers of trained medical appraisers to meet the needs of the organisation

Organisational Type	Total number of designated bodies	Yes	No
NHS England (national office)	1	1	0
NHS England (regional office)	4	4	0
NHS England (area team)	27	26	1
Acute hospital/secondary care foundation trust	102	97	5
Acute hospital/secondary care non-foundation trust	56	54	2
Mental health foundation trust	31	31	0
Mental health non-foundation trust	12	12	0
Other NHS foundation trust (care trust, ambulance trust, etc)	13	13	0
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	27	0
Special health authorities	4	4	0
Independent/non-NHS sector (breakdown below)	368	358	10
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	<i>166</i>	<i>163</i>	<i>3</i>
<i>Independent/non-NHS sector, Locum Agency</i>	<i>47</i>	<i>47</i>	<i>0</i>
<i>Independent/non-NHS sector, Faculty</i>	<i>6</i>	<i>6</i>	<i>0</i>
<i>Independent/non-NHS sector, Academic Organisation</i>	<i>6</i>	<i>6</i>	<i>0</i>
<i>Independent/non-NHS sector, Government Department</i>	<i>12</i>	<i>12</i>	<i>0</i>
<i>Independent/non-NHS sector, Armed Forces</i>	<i>4</i>	<i>3</i>	<i>1</i>
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	<i>96</i>	<i>91</i>	<i>5</i>
<i>Independent/non-NHS sector, Other non-NHS</i>	<i>31</i>	<i>30</i>	<i>1</i>
TOTAL NUMBER OF DESIGNATED BODIES	645	627	18

Figure 20 shows the extent to which designated bodies have sufficient numbers of trained medical appraisers. It is encouraging to see that in the first year of NHS England, the engagement of primary care appraisers has been retained following the organisational restructuring in April 2013, with the number of area teams stating that they have sufficient numbers of trained medical appraisers currently almost 100%. The higher-level responsible officer has identified the particular area team who did not respond positively to this question and is working closely with it to understand and rectify the issues.

Figure 21a: The extent to which medical appraisers are supported in their role to calibrate and assure the quality of their appraisal practice

Organisational Type	Total number of designated bodies	Yes	No
NHS England (national office)	1	1	0
NHS England (regional office)	4	4	0
NHS England (area team)	27	27	0
Acute hospital/secondary care foundation trust	102	91	11
Acute hospital/secondary care non-foundation trust	56	50	6
Mental health foundation trust	31	29	2
Mental health non-foundation trust	12	11	1
Other NHS foundation trust (care trust, ambulance trust, etc)	13	11	2
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	23	4
Special health authorities	4	3	1
Independent/non-NHS sector (breakdown below)	368	341	27
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	<i>166</i>	<i>149</i>	<i>17</i>
<i>Independent/non-NHS sector, Locum Agency</i>	<i>47</i>	<i>47</i>	<i>0</i>
<i>Independent/non-NHS sector, Faculty</i>	<i>6</i>	<i>6</i>	<i>0</i>
<i>Independent/non-NHS sector, Academic Organisation</i>	<i>6</i>	<i>6</i>	<i>0</i>
<i>Independent/non-NHS sector, Government Department</i>	<i>12</i>	<i>12</i>	<i>0</i>
<i>Independent/non-NHS sector, Armed Forces</i>	<i>4</i>	<i>3</i>	<i>1</i>
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	<i>96</i>	<i>88</i>	<i>8</i>
<i>Independent/non-NHS sector, Other non-NHS</i>	<i>31</i>	<i>30</i>	<i>1</i>
TOTAL NUMBER OF DESIGNATED BODIES	645	591	54

Figure 21a shows a further measure of progress within designated bodies. It is disappointing to see that 8.4% of designated bodies report that their appraisers are supported in neither calibration nor quality assurance. The 8.4% of all designated bodies comprises 12.0% of acute sector organisations and 8.0% of independent/non-NHS. Efforts are being focused on these organisations to arrange peer support from similar bodies with successful processes in place. Work is also underway to launch medical appraiser networks in each region to support appraisers from all sectors and thus improve the rates of compliance in this area.

Figure 21b: The percentage of doctors covered by returns where appraisers are supported in their role

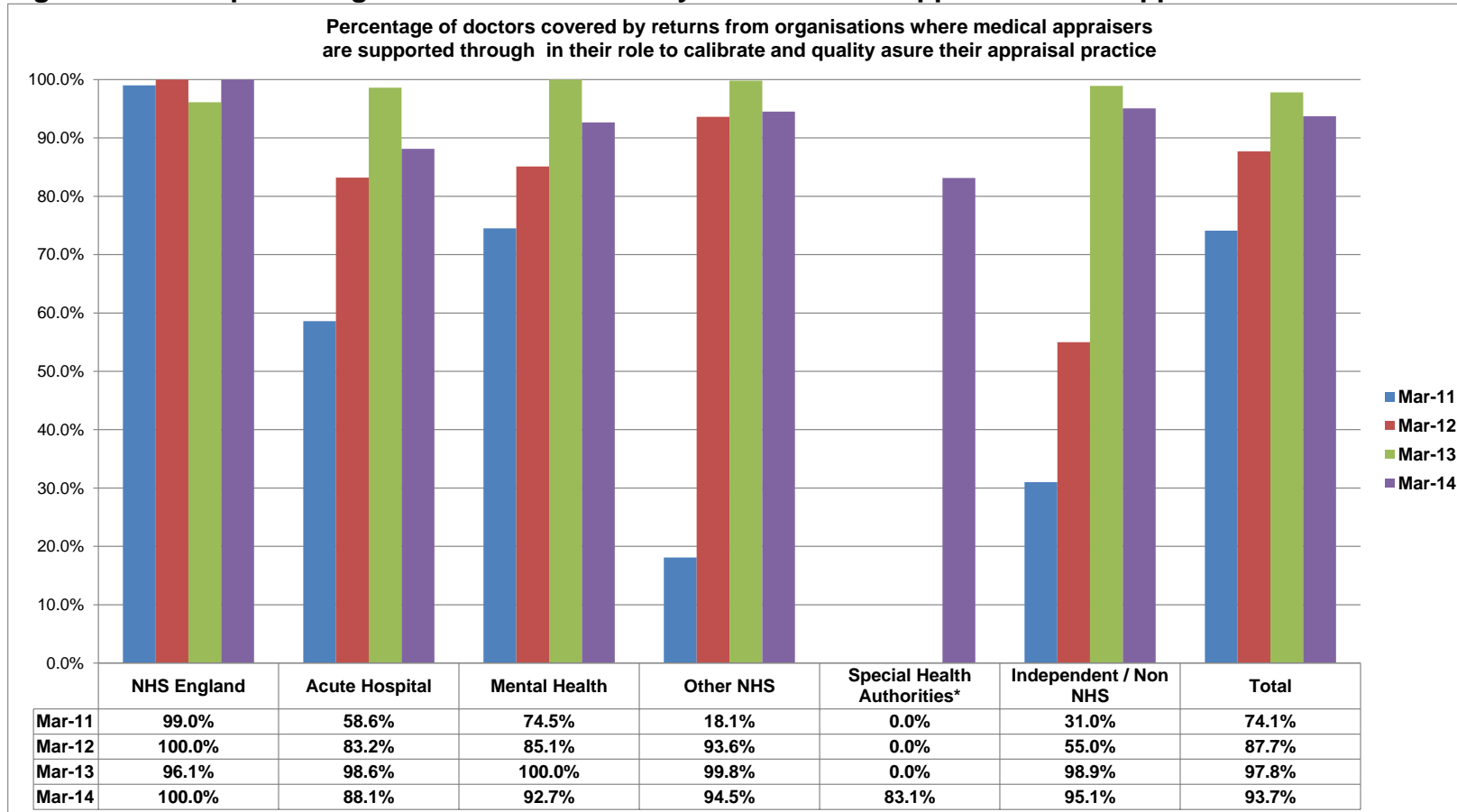


Figure 21b shows the percentage of doctors in designated bodies reporting appraisers supported in their role, in comparison with data from previous three exercises. NHS England has declared that all of its appraisers are supported. Across all other sectors however there has been a decline in declarations of access to support. Work is currently underway to establish robust appraiser networks across the system to improve the support to appraisers, providing opportunities for calibration and quality assurance.

8 Section 3: Monitoring Performance and Responding to Concerns

This section reports on how well the performance of doctors is managed, the extent to which designated bodies have processes and systems in place to do this, and the degree to which responses are made, should a concern regarding a doctor be raised. All designated bodies, regardless of size, should have access to the appropriate governance systems necessary to ensure effective management of all doctors' performance.

Figure 22: The extent to which there is a responding to concerns policy in place, with core content which is compliant with national guidance, which is ratified by the designated body's board (or an equivalent governance or executive group)

Organisational Type	Total number of designated bodies	Yes	No	Number of doctors covered by DB responses		% doctors covered by response	
				Yes	No	Yes	No
NHS England (national office)	1	1	0	9	0	100.0%	0.0%
NHS England (regional office)	4	4	0	491	0	100.0%	0.0%
NHS England (area team)	27	27	0	44,245	0	100.0%	0.0%
Acute hospital/secondary care foundation trust	102	96	6	30,313	1,060	96.6%	3.4%
Acute hospital/secondary care non-foundation trust	56	54	2	20,524	935	95.6%	4.4%
Mental health foundation trust	31	29	2	3,438	287	92.3%	7.7%
Mental health non-foundation trust	12	10	2	1,081	310	77.7%	22.3%
Other NHS foundation trust (care trust, ambulance trust, etc)	13	11	2	1,307	295	81.6%	18.4%
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	26	1	1,010	17	98.3%	1.7%
Special health authorities	4	3	1	69	14	83.1%	16.9%
Independent/non-NHS sector (breakdown below)	368	330	38	10,658	1,328	88.9%	11.1%
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	166	154	12	3,165	256	92.5%	7.5%
<i>Independent/non-NHS sector, Locum Agency</i>	47	47	0	4,039	0	100.0%	0.0%
<i>Independent/non-NHS sector, Faculty</i>	6	4	2	865	606	58.8%	41.2%
<i>Independent/non-NHS sector, Academic Organisation</i>	6	6	0	54	0	100.0%	0.0%
<i>Independent/non-NHS sector, Government Department</i>	12	10	2	768	1	99.9%	0.1%
<i>Independent/non-NHS sector, Armed Forces</i>	4	3	1	522	369	58.6%	41.4%
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	96	79	17	345	57	85.8%	14.2%
<i>Independent/non-NHS sector, Other non-NHS</i>	31	27	4	900	39	95.8%	4.2%
TOTAL NUMBER OF DESIGNATED BODIES	645	591	54	113,145	4,246	96.4%	3.6%

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Figure 23a: The extent to which systems for monitoring the fitness to practise of doctors with whom the designated body has a prescribed connection are in place

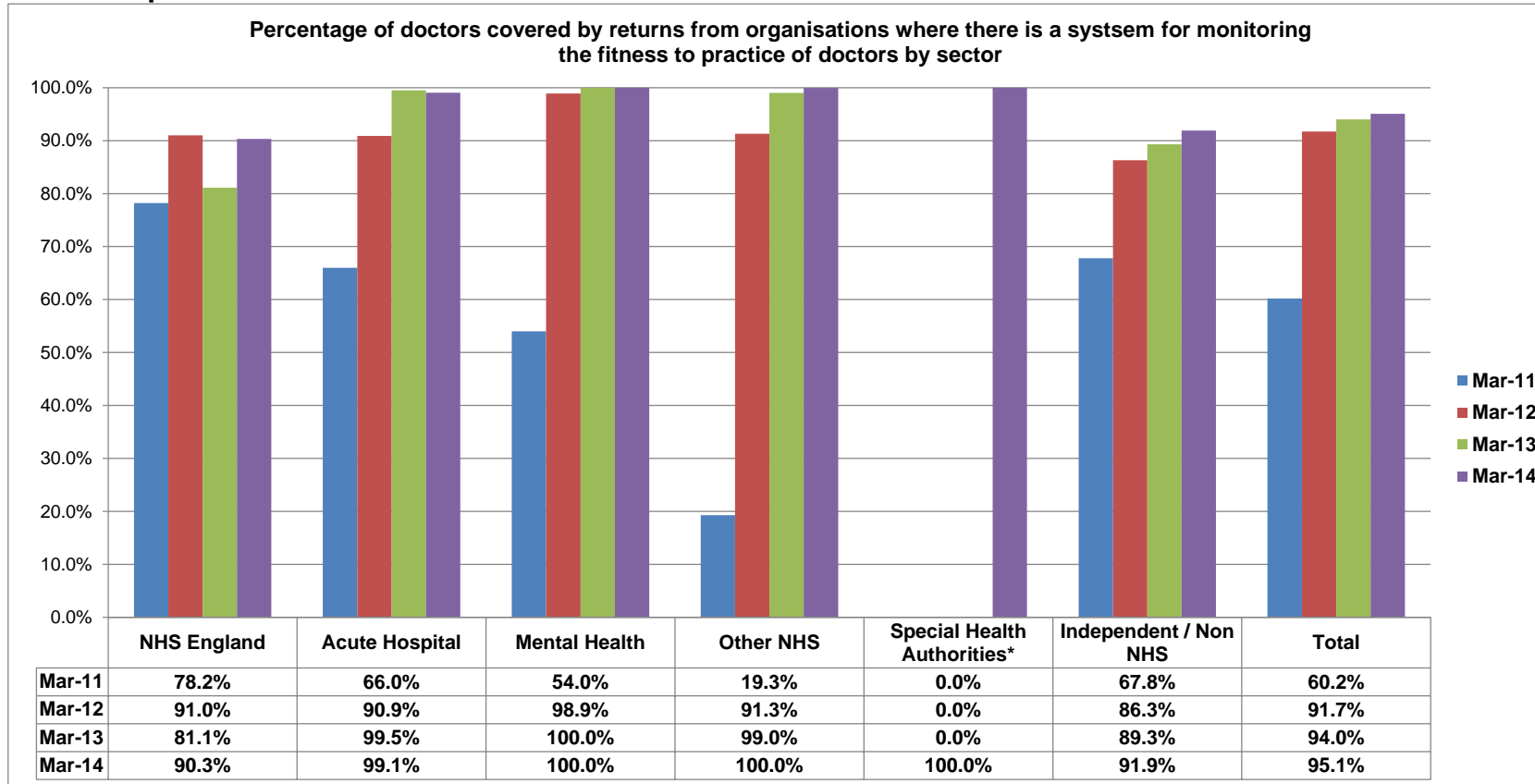
Organisational Type	Total number of designated bodies	Yes	No	Number of doctors covered by DB responses		% doctors covered by response	
				Yes	No	Yes	No
NHS England (national office)	1	1	0	9	0	100.0%	0.0%
NHS England (regional office)	4	4	0	491	0	100.0%	0.0%
NHS England (area team)	27	25	2	39,919	4,326	90.2%	9.8%
Acute hospital/secondary care foundation trust	102	100	2	30,877	496	98.4%	1.6%
Acute hospital/secondary care non-foundation trust	56	56	0	21,459	0	100.0%	0.0%
Mental health foundation trust	31	31	0	3,725	0	100.0%	0.0%
Mental health non-foundation trust	12	12	0	1,391	0	100.0%	0.0%
Other NHS foundation trust (care trust, ambulance trust, etc)	13	13	0	1,602	0	100.0%	0.0%
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	26	1	1,026	1	99.9%	0.1%
Special health authorities	4	4	0	83	0	100.0%	0.0%
Independent/non-NHS sector (breakdown below)	368	359	9	11,017	969	91.9%	8.1%
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	166	164	2	3,418	3	99.9%	0.1%
<i>Independent/non-NHS sector, Locum Agency</i>	47	47	0	4,039	0	100.0%	0.0%
<i>Independent/non-NHS sector, Faculty</i>	6	5	1	1,175	296	79.9%	20.1%
<i>Independent/non-NHS sector, Academic Organisation</i>	6	6	0	54	0	100.0%	0.0%
<i>Independent/non-NHS sector, Government Department</i>	12	10	2	107	662	13.9%	86.1%
<i>Independent/non-NHS sector, Armed Forces</i>	4	4	0	891	0	100.0%	0.0%
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	96	94	2	398	4	99.0%	1.0%
<i>Independent/non-NHS sector, Other non-NHS</i>	31	29	2	935	4	99.6%	0.4%
TOTAL NUMBER OF DESIGNATED BODIES	645	631	14	111,599	5,792	95.1%	4.9%

Figure 23a shows the numbers of designated bodies declaring that there are systems for monitoring fitness to practise of doctors in place. The Responsible Officer Regulations specify that this is a fundamental element of the governance systems underpinning revalidation. Only 2.2% of designated bodies remain unable to respond positively to this question. More than two thirds of the organisations identified are from the independent sector and our experience thus far has been that these designated bodies are

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small. Two of the designated bodies without systems are governmental bodies. These have been identified to the higher-level responsible officers for action. A further two are area teams, and their response is being investigated at a local level, as all area teams work within the same framework and discrepancies are unlikely. It may be that the negative response refers to the stage of implementation of the electronic system for monitoring responding to concerns across NHS England, at the time of the audit. The new system, part of the Revalidation Management System currently being implemented throughout NHS England, will ensure that standard, consistent processes are in place across area teams, regional and national offices. Regional teams are working with designated bodies elsewhere to ensure that robust systems for monitoring fitness to practise of connected doctors are in place and functioning effectively.

Figure 23b: The percentage of doctors covered by returns from organisations where there is a system for monitoring the fitness to practise of doctors



*Special Health Authorities not applicable in Mar 11/12/13

Figure 23b shows comparable results for the introduction of systems for monitoring fitness to practise from the previous three years. With the exception of the acute sector which is showing a decrease of 0.4% in the introduction of systems since last year, all sectors are reporting an increase in the introduction of relevant processes, in comparison to the situation 12 months ago.

Figure 24: The extent to which the board (or an equivalent governance or executive group) is provided with an annual report detailing the number and type of concerns and their outcome

Organisational Type	Total number of designated bodies	Yes	No
NHS England (national office)	1	0	1
NHS England (regional office)	4	0	4
NHS England (area team)	27	27	0
Acute hospital/secondary care foundation trust	102	86	16
Acute hospital/secondary care non-foundation trust	56	48	8
Mental health foundation trust	31	28	3
Mental health non-foundation trust	12	11	1
Other NHS foundation trust (care trust, ambulance trust, etc)	13	9	4
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	24	3
Special health authorities	4	4	0
Independent/non-NHS sector (breakdown below)	368	341	27
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	<i>166</i>	<i>155</i>	<i>11</i>
<i>Independent/non-NHS sector, Locum Agency</i>	<i>47</i>	<i>47</i>	<i>0</i>
<i>Independent/non-NHS sector, Faculty</i>	<i>6</i>	<i>6</i>	<i>0</i>
<i>Independent/non-NHS sector, Academic Organisation</i>	<i>6</i>	<i>6</i>	<i>0</i>
<i>Independent/non-NHS sector, Government Department</i>	<i>12</i>	<i>10</i>	<i>2</i>
<i>Independent/non-NHS sector, Armed Forces</i>	<i>4</i>	<i>4</i>	<i>0</i>
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	<i>96</i>	<i>84</i>	<i>12</i>
<i>Independent/non-NHS sector, Other non-NHS</i>	<i>31</i>	<i>29</i>	<i>2</i>
TOTAL NUMBER OF DESIGNATED BODIES	645	578	67

Figure 24 shows the number of designated bodies able to confirm that their board receives an annual report regarding the numbers of doctors involved in concerns within the organisation, the type of concern and the outcome of investigation. Only 89.6% of designated bodies answer positively to this question. Negative responses may well be due to the timing of appropriate board meetings and other process issues. NHS England's Professional Standards team will be taking forward further work on this topic to

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ensure consistency and will contact those organisations not currently preparing a report to offer support in improving their processes.

Figure 25: The extent to which designated bodies have arrangements in place to access sufficient trained case investigators and case managers

Organisational Type	Total number of designated bodies	Yes	No
NHS England (national office)	1	1	0
NHS England (regional office)	4	4	0
NHS England (area team)	27	23	4
Acute hospital/secondary care foundation trust	102	90	12
Acute hospital/secondary care non-foundation trust	56	46	10
Mental health foundation trust	31	29	2
Mental health non-foundation trust	12	11	1
Other NHS foundation trust (care trust, ambulance trust, etc)	13	12	1
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	20	7
Special health authorities	4	3	1
Independent/non-NHS sector (breakdown below)	368	313	55
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	166	138	28
<i>Independent/non-NHS sector, Locum Agency</i>	47	45	2
<i>Independent/non-NHS sector, Faculty</i>	6	6	0
<i>Independent/non-NHS sector, Academic Organisation</i>	6	6	0
<i>Independent/non-NHS sector, Government Department</i>	12	9	3
<i>Independent/non-NHS sector, Armed Forces</i>	4	4	0
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	96	80	16
<i>Independent/non-NHS sector, Other non-NHS</i>	31	25	6
TOTAL NUMBER OF DESIGNATED BODIES	645	552	93

Figure 25 shows the number of designated bodies able to confirm sufficient access to trained case investigators and case managers. Despite a substantial programme of training last year, which saw more than 1500 case investigators and case managers trained to the nationally agreed standard, some 14.4% of designated bodies declared that they were unable to respond positively. NHS England has now made arrangements with the National Clinical Assessment Service (NCAS) to run a further programme of training throughout autumn/winter 2014. Regional revalidation teams will ensure that all designated bodies are notified of this training, focussing particularly on those who responded negatively in this area.

9 Section 4: Recruitment and Engagement

Figure 26: The extent to which designated bodies have a process in place for obtaining relevant information when entering into a contract of employment for the provision of services with doctors

Organisational Type	Total number of designated bodies	Yes	No
NHS England (national office)	1	1	0
NHS England (regional office)	4	4	0
NHS England (area team)	27	27	0
Acute hospital/secondary care foundation trust	102	101	1
Acute hospital/secondary care non-foundation trust	56	56	0
Mental health foundation trust	31	30	1
Mental health non-foundation trust	12	12	0
Other NHS foundation trust (care trust, ambulance trust, etc)	13	13	0
Other NHS non-foundation trust (care trust, ambulance trust, etc)	27	26	1
Special health authorities	4	4	0
Independent/non-NHS sector (breakdown below)	368	357	11
<i>Independent/non-NHS sector, Independent Healthcare provider</i>	166	164	2
<i>Independent/non-NHS sector, Locum Agency</i>	47	47	0
<i>Independent/non-NHS sector, Faculty</i>	6	2	4
<i>Independent/non-NHS sector, Academic Organisation</i>	6	6	0
<i>Independent/non-NHS sector, Government Department</i>	12	10	2
<i>Independent/non-NHS sector, Armed Forces</i>	4	4	0
<i>Independent/non-NHS sector, Hospice, charity/voluntary organisation</i>	96	93	3
<i>Independent/non-NHS sector, Other non-NHS</i>	31	31	0
TOTAL NUMBER OF DESIGNATED BODIES	645	631	14

Figure 26 shows the number of designated bodies with processes in place to ensure that the responsible officer receive relevant information on a doctor's revalidation at the beginning of an employment relationship. Only 2.2% of designated bodies said that they did not have a process in place, representing 14 organisations, 11 of which were based in the independent/non-NHS sector. It is encouraging to see that designated bodies are ensuring doctors that contract with them have their identity and credentials appropriately checked.

10 Using the Data

The Framework of Quality Assurance for implementation of the programme for medical revalidation provides a rich source of data, on designated bodies in England. The emerging information from both the AOA and other elements of the FQA help to form a picture of implementation of revalidation in each designated body. Teams at NHS England regions and within the Professional Standards team nationally triangulate the AOA with other information from and relevant to the individual organisation. This means that where designated bodies are experiencing challenges in aspects of achieving compliance, support may be offered by the relevant agency. The data also highlights outliers, which regional teams are interested to understand, particularly where these identify exemplars that can be shared across the country.

Regional teams have instigated (or are in the process of so doing) programmes of local visits to designated bodies. Data emerging from the AOA and other elements of the framework inform the priority in which the visits take place. The programmes of visits allow learning, both for the designated bodies (on how they are doing in comparison with regional/national norms) and for the regional teams (in terms of sense-checking the data). This is the first year of collecting the full spread of data encompassed by FQA. It is envisaged that as the data builds over the coming years, the profile of each designated body will be richly populated, informative and will form the basis of an intervention or action plan for the relevant organisation's board and the immediate line of accountability. This year's information has prompted intervention and action on the part of the regional offices, which has already helped organisations and strengthened their ability to meet their statutory duties.

11 Conclusion

The Annual Organisational Audit (AOA), part of the overarching Framework of Quality Assurance that applies to all designated bodies in England, provides a rich and unique source of intelligence on the implementation of medical revalidation, across every sector. The Framework of Quality Assurance has been designed primarily to provide evidence to patients and the public, to doctors, to senior managers of healthcare organisations and to Ministers, all of whom who have a major interest in the progress and consistency of the implementation programme for medical revalidation, as well as to myself as Senior Responsible Owner for the programme, that progress is being maintained and that timescales are being met.

Some specific points arise from the data:

- Whilst there are areas of improvement evident from the data, the AOA exercise has provided clarity on the areas requiring further focus from the national and regional support teams for revalidation
- The data collected by the AOA exercise has inevitably been impacted by organisational change, implementation of national policy and varying stages of implementation of national electronic systems. Nevertheless, it constitutes a valuable baseline for future comparator reports, in addition to providing a rich source of intelligence on which we can plan our activity and support throughout the coming year.

Quarterly reporting, monitoring appraisal rates and recommendation numbers will provide an on-going emerging picture of progress and will help to ensure that we are able to track our progress towards the GMC target for doctors' recommendations, meeting the nationally agreed quality standards, over the coming year.

To further strengthen our approach to achieve consistency of both process and decision-making, the structure and function of Responsible Officer Regional Networks are now being revised in the light of the AOA data. In this way we will ensure the on-going fitness for purpose of the networks, their effectiveness in terms of calibration of approach and decision-making, building on the existing strong ethic of learning and collaboration. Based on the model of responsible officer networks, which has proved to be both successful and valued, a network of medical appraisers has now also been established and is functioning increasingly effectively at national, regional and local levels.

We look forward to acting on the information gained from the AOA exercise and to embedding the implementation of medical revalidation still further. Collecting data in a consistent, structured approach, as demonstrated by this exercise, will enable us to drill deeper into the factors and levers underlying the processes in designated bodies, thereby better placing us to provide support to them as they strive to improve quality of care and patient safety, year on year.

Appendix 1



Appendix 1 - AOA
Questionnaire 2013-1