

A Framework of Quality Assurance for Responsible Officers and Revalidation

**Annex D - Annual Board Report Template**

Version 4, April 2014

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| **NHS England INFORMATION READER BOX** |

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| **Directorate** | | | |
| **Medical** | Operations | | Patients and Information |
| Nursing | Policy | | Commissioning Development |
| Finance | Human Resources | |  |
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| **Author** | NHS England, Medical Revalidation Programme | | |
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| **Target Audience** | All Responsible Officers in England | | |
| **Additional Circulation List** | Foundation Trust CEs , NHS England Regional Directors, Medical Appraisal Leads, CEs of Designated Bodies in England, NHS England Area Directors, NHS Trust Board Chairs, Directors of HR, NHS Trust CEs, All NHS England Employees | | |
| **Description** | The Framework of Quality Assurance (FQA) provides an overview of the elements defined in the Responsible Officer Regulations, along with a series of processes to support Responsible Officers and their Designated Bodies in providing the required assurance that they are discharging their respective statutory responsibilities. | | |
| **Cross Reference** | The Medical Profession (Responsible Officers) Regulations, 2010 (as amended 2013) and the GMC (Licence to Practise and Revalidation) Regulations 2012 | | |
| **Superseded Docs**  (if applicable) | Replaces the Revalidation Support Team (RST) Organisational Readiness Self-Assessment (ORSA) process | | |
| **Action Required** | Designated Bodies to receive annual board reports on the implementation of revalidation and submit an annual statement of compliance to their higher level responsible officers. | | |
| **Timings / Deadline** | **From April 2014** | | |
| **Contact Details for further information** | [england.revalidation-pmo@nhs.net](mailto:england.revalidation-pmo@nhs.net)  [http://www. [www.england.nhs.net/revalidation/](http://www.england.nhs.net/revalidation/)](http://www.england.nhs.uk/ourwork/qual-clin-lead/revalidation/) | | |
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### Annex D – Annual Board Report Template

# Executive summary

*Includes the number of doctors with a prescribed connection and the number of completed appraisals within the appraisal year, as well as highlighting any issues and the action plan to respond to those issues*

# Purpose of the Paper

*Includes purpose of appraisal and revalidation and purpose of this report*

# Background

*Includes some background to reporting in Trust and previous reports*

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 Regulations[[1]](#footnote-1) and it is expected that provider boards / executive teams [delete as applicable] will oversee compliance by:

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

# Governance Arrangements

*Outline of organisational structures and responsibilities, including how progress is monitored monthly/quarterly*

*Process for maintaining accurate list of prescribed connections?*

*Process of internal assurance (what assurance can the board / executive have regarding compliance to regulations?)*

## Policy and Guidance

*Details of any new guidance that has been published or amendments to existing documentation.*

# Medical Appraisal

## Appraisal and Revalidation Performance Data

*Detailed activity levels of appraisal outputs in individual departments:*

* *Number of doctors*
* *Number of completed appraisals*
* *Number of doctors in remediation and disciplinary processes*

*Details of exceptions i.e. missed appraisals and reasons, incomplete appraisals etc. (See* **Annual Report Template Appendix A;** Audit of all missed or incomplete appraisals audit)

## Appraisers

*Count of appraiser, new appraiser training, further appraiser training support. Content of the training and how this was identified, appraiser network*

## Quality Assurance

*Outline of quality assurance processes:*

*For the appraisal portfolio:*

* *Review of appraisal folders to provide assurance that the appraisal inputs: the pre-appraisal declarations and supporting information provided is available and appropriate -by whom and sign offs*
* *Review of appraisal folders to provide assurance that the appraisal outputs: PDP, summary and sign offs are complete and to an appropriate standard -by whom and sign offs*
* *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 -by whom and sign offs*

*For the individual appraiser*

* *An annual record of the appraiser’s reflection on appropriate continuing professional development*
* *An annual record of the appraiser’s participation in appraisal calibration events such as reflection on ASG (Appraisal Support Group) meetings*
* *360 feedback from doctors for each individual 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*

(See **Annual Report Template, Appendix B;** Quality assurance audit of appraisal inputs and outputs)

## Access, security and confidentiality

*Outline of access and information governance issues to appraisal folders. Patient Identifiable data found in appraisal portfolios.*

*Any information management breaches with actions taken*

## Clinical Governance

*Outline of data for appraisal. Corporate data used for individual doctors to contribute to supporting information. What is provided to individuals for appraisal e.g. clinical incident and complaint database, record keeping audit, activity data?*

# Revalidation Recommendations

*Number of recommendations between April – March*

*Recommendations completed on time; not on time*

*Positive recommendations*

*Deferrals requests*

*Non engagement notifications*

*Reasons for all missed or late recommendations*

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

# Recruitment and engagement background checks

Including pre and post employment checks;

Checks on locums;

See **Annual Report Template Appendix E**

Audit of recruitment and engagement background

# Monitoring Performance

*Process by which the performance of all doctors is monitored.*

# Responding to Concerns and Remediation

*Resources and policy reference*

*Remediation programmes – numbers and types*

# Risk and Issues

*List risks and issues that are worthy of the board’s / executive team’s attention*

# Board / Executive Team [Delete as applicable] Reflections

*Include future developments*

# Corrective Actions, Improvement Plan and Next Steps

*Include future developments*

# Recommendations

*Ask board to accept report (noting it will be shared, along with the annual audit, with the higher level responsible officer) and to consider any needs/resources*

*To approve the ‘statement of compliance’ confirming that the organisation, as a designated body, is in compliance with the regulations*

**Annual Report Template Appendix A**

Audit of all missed or incomplete appraisals audit

|  |  |
| --- | --- |
| **Doctor factors (total)** | **Number** |
| Maternity leave during the majority of the ‘appraisal due window’ | Number |
| Sickness absence during the majority of the ‘appraisal due window’ | Number |
| Prolonged leave during the majority of the ‘appraisal due window’ | Number |
| Suspension during the majority of the ‘appraisal due window’ | Number |
| New starter within 3 month of appraisal due date | Number |
| New starter more than 3 months from appraisal due date | Number |
| Postponed due to incomplete portfolio/insufficient supporting information | Number |
| Appraisal outputs not signed off by doctor within 28 days | Number |
| Lack of time of doctor | Number |
| Lack of engagement of doctor | Number |
| Other doctor factors | Number |
| (describe) |  |
| **Appraiser factors** | **Number** |
| Unplanned absence of appraiser | Number |
| Appraisal outputs not signed off by appraiser within 28 days | Number |
| Lack of time of appraiser | Number |
| Other appraiser factors (describe) | Number |
| (describe) |  |
| **Organisational factors** | **Number** |
| Administration or management factors | Number |
| Failure of electronic information systems | Number |
| Insufficient numbers of trained appraisers | Number |
| Other organisational factors (describe) | Number |

**Annual Report Template Appendix B**

**Quality assurance audit of appraisal inputs and outputs**

|  |  |  |
| --- | --- | --- |
| Total number of appraisals completed | | Number |
|  | Number of appraisal portfolios sampled (to demonstrate adequate sample size) | Number of the sampled appraisal portfolios deemed to be acceptable against standards |
| Appraisal inputs | Number audited | Number acceptable |
| Scope of work: Has a full scope of practice been described? | Number | Number |
| Continuing Professional Development (CPD): Is CPD compliant with GMC requirements? | Number | Number |
| Quality improvement activity: Is quality improvement activity compliant with GMC requirements? | Number | Number |
| Patient feedback exercise: Has a patient feedback exercise been completed? | Yes/No | |
| Colleague feedback exercise: Has a colleague feedback exercise been completed? | Number | Number |
| Review of complaints: Have all complaints been included? | Number | Number |
| Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included? | Number | Number |
| Is there sufficient supporting information from all the doctor’s roles and places of work? | Number | Number |
| Is the portfolio sufficiently complete for the stage of the revalidation cycle (year 1 to year 4)?  Explanatory note:  For example   * 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? | Number | Number |
| Appraisal Outputs |  |  |
| Appraisal Summary | Number | Number |
| Appraiser Statements | Number | Number |
| PDP | Number | Number |

**Annual Report Template Appendix C**

**Audit of revalidation recommendations**

|  |  |
| --- | --- |
| **Revalidation recommendations between 1 April 2013 to 31 March 2014** | |
| Recommendations completed on time (within the GMC recommendation window) | Number |
| Late recommendations (completed, but after the GMC recommendation window closed) | Number |
| Missed recommendations (not completed) | Number |
| TOTAL | Number |
| 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 | Number |
| New starter/new prescribed connection established within 2 weeks of revalidation due date | Number |
| New starter/new prescribed connection established more than 2 weeks from revalidation due date | Number |
| Unaware the doctor had a prescribed connection | Number |
| Unaware of the doctor’s revalidation due date | Number |
| Administrative error | Number |
| Responsible officer error | Number |
| Inadequate resources or support for the responsible officer role | Number |
| Other | Number |
| Describe other |  |
| TOTAL [sum of (late) + (missed)] | Number |

**Annual Report Template Appendix D**

**Audit of concerns about a doctor’s practice**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Concerns about a doctor’s practice** | **High level** | **Medium level** | **Low level** | **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 |  |  |  | Number |
| Capability concerns (as the primary category) in the last 12 months |  |  |  | Number |
| Conduct concerns (as the primary category) in the last 12 months |  |  |  | Number |
| Health concerns (as the primary category) in the last 12 months |  |  |  | Number |
| **Remediation/Reskilling/Retraining/Rehabilitation** | | | |  |
| Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2014 who have undergone formal remediation between 1 April 2013 and 31 March 2014 *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* | | | | Number |
| Consultants (permanent employed staff including honorary contract holders, NHS and other government /public body staff) | | | |  |
| 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) | | | | Number |
| General practitioner (for NHS England area teams only; doctors on a medical performers list, Armed Forces) | | | | Number |
| Trainee: doctor on national postgraduate training scheme (for local education and training boards only; doctors on national training programmes) | | | | Number |
| 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) | | | | Number |
| Temporary or short-term contract holders (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc) All DBs | | | | Number |
| 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 DBs | | | | Number |
| TOTALS | | | | Number |
| **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 | | | | Number |
| 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 | | | | Number |
| Number of doctors who have had local restrictions placed on their practice in the last 12 months? | | | | Number |
| GMC Actions:  Number of doctors who: | | | | Number |
| Were referred to the GMC between 1 April and 31 March | | | | Number |
| Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 April and 31 March | | | | Number |
| Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 April and 31 March | | | | Number |
| Had their registration/licence suspended by the GMC between 1 April and 31 March | | | | Number |
| Were erased from the GMC register between 1 April and 31 March | | | | Number |
| National Clinical Assessment Service actions: | | | | Number |
| Number of doctors about whom NCAS has been contacted between 1 April and 31 March: | | | |  |
| For advice | | | | Number |
| For investigation | | | | Number |
| For assessment | | | | Number |
| Number of NCAS investigations performed | | | | Number |
| Number of NCAS assessments performed | | | | Number |

**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 | | | | | | | | | | | | | | | | | | | Number | | |
| Temporary employed doctors | | | | | | | | | | | | | | | | | | | Number | | |
| Locums brought in to the designated body through a locum agency | | | | | | | | | | | | | | | | | | | Number | | |
| Locums brought in to the designated body through ‘Staff Bank’ arrangements | | | | | | | | | | | | | | | | | | | Number | | |
| Doctors on Performers Lists | | | | | | | | | | | | | | | | | | | Number | | |
| Other  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 | | | | | | | | | | | | | | | | | | | Number | | |
| TOTAL | | | | | | | | | | | | | | | | | | | Number | | |
| 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 | BDS | 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 |  |  |  |  |  |  |  | |  |  | |  |  | |  |  |  | | |  |  |
| Temporary employed doctors |  |  |  |  |  |  |  | |  |  | |  |  | |  |  |  | | |  |  |
| Locums brought in to the designated body through a locum agency |  |  |  |  |  |  |  | |  |  | |  |  | |  |  |  | | |  |  |
| Locums brought in to the designated body through ‘Staff Bank’ arrangements |  |  |  |  |  |  |  | |  |  | |  |  | |  |  |  | | |  |  |
| Doctors on Performers Lists |  |  |  |  |  |  |  | |  |  | |  |  | |  |  |  | | |  |  |
| Other  (independent contractors, practising privileges, members, registrants, etc) |  |  |  |  |  |  |  | |  |  | |  |  | |  |  |  | | |  |  |
| Total (these cells will sum automatically) |  |  |  |  |  |  |  | |  |  | |  |  | |  |  |  | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | |
| For Providers – use of locum doctors:  Explanatory note: Number of locum sessions used (days) as a proportion of total medical establishment (days)  NB: this section may change as a result of the SCL Project  The total WTE headcount is included to show the proportion of the posts in each specialty that are covered by locum doctors | | | | | | | | | | | | | | | | | | | | | |
| Locum use by specialty: | | | | Total establishment in specialty (current approved WTE headcount) | | | | Consultant:  Overall number of locum days used | | | SAS doctors: Overall number of locum days used | | | Trainees (all grades): Overall number of locum days used | | | | Total Overall number of locum days used | | | |
| Surgery | | | |  | | | |  | | |  | | |  | | | |  | | | |
| Medicine | | | |  | | | |  | | |  | | |  | | | |  | | | |
| Psychiatry | | | |  | | | |  | | |  | | |  | | | |  | | | |
| Obstetrics/Gynaecology | | | |  | | | |  | | |  | | |  | | | |  | | | |
| Accident and Emergency | | | |  | | | |  | | |  | | |  | | | |  | | | |
| Anaesthetics | | | |  | | | |  | | |  | | |  | | | |  | | | |
| Radiology | | | |  | | | |  | | |  | | |  | | | |  | | | |
| Pathology | | | |  | | | |  | | |  | | |  | | | |  | | | |
| Other | | | |  | | | |  | | |  | | |  | | | |  | | | |
| Total in designated body (This includes all doctors not just those with a prescribed connection) | | | |  | | | |  | | |  | | |  | | | |  | | | |
| Number of individual locum attachments by duration of attachment (each contract is a separate ‘attachment’ even if the same doctor fills more than one contract) | | | | Total | | | | Pre-employment checks completed (number) | | | Induction or orientation completed (number) | | | Exit reports completed (number) | | | | Concerns reported to agency or responsible officer (number) | | | |
| 2 days or less | | | |  | | | |  | | |  | | |  | | | |  | | | |
| 3 days to one week | | | |  | | | |  | | |  | | |  | | | |  | | | |
| 1 week to 1 month | | | |  | | | |  | | |  | | |  | | | |  | | | |
| 1-3 months | | | |  | | | |  | | |  | | |  | | | |  | | | |
| 3-6 months | | | |  | | | |  | | |  | | |  | | | |  | | | |
| 6-12 months | | | |  | | | |  | | |  | | |  | | | |  | | | |
| More than 12 months | | | |  | | | |  | | |  | | |  | | | |  | | | |
| Total | | | |  | | | |  | | |  | | |  | | | |  | | | |

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’ [↑](#footnote-ref-1)