

A model for peer review of the revalidation process within NHS England designated bodies

1. Introduction

- 1.1. NHS England became a statutory body on 1st April 2013, replacing strategic health authorities and primary care trusts, it was also defined as a designated body within The Medical Profession (Responsible Officers) Regulations 2010¹ and subsequent amendments 2013² (the Regulations). It is important that as one designated body, systems and process are consistent as far as possible and ROs are confident in these systems.
- 1.2. The Regulations describe the statutory responsibilities of designated bodies and their responsible officers. This peer review process is intended to support responsible officers in meeting these responsibilities. This paper has been developed specifically to provide designated bodies of NHS England (North) with a model of invited peer review of their revalidation recommendation process. This model can be adopted by designated bodies in other regions if found to be useful.
- 1.3. This peer review model was piloted and tested by three area teams in the north region during 2013/14. The evaluation of that pilot has informed changes and improvements to the process which were agreed by area team medical directors on 17th April 2014.

2. Background

- 2.1. Responsible officer (RO) networks are currently established and active across all regions, which provide the opportunity for improved consistency and convergence in a wider Responsible Officer setting. The national blueprint for RO networks (which can be found [here](#)) sets out the process by which this is achieved. A model of peer review to feed into a wider quality assurance process can enhance the RO network function and allow 1:1 focussed peer review and support, this could be particularly useful for the following:
 - 2.1.1. It is recognised that there is a variety of experience within the RO community and as new ROs are appointed, this review could contribute to a mentor/coaching process;
 - 2.1.2. ROs require additional support to close the gap in triangulation of the information provided in appraisal portfolios by doctors with a prescribed connection to them. Discussions with peers and challenging revalidation systems may assist in closing this gap.
- 2.2. On 1st April 2014, NHS England launched the Framework of Quality Assurance (FQA) for ROs and Revalidation. This framework was produced to provide assurance and oversight that designated bodies are discharging their statutory duties. It also provides the basis on which ROs and designated bodies are required to demonstrate that the appropriate resource and systems are in place, that they work effectively and that they meet the agreed national standards. The FQA and its annexes can be found at Annex A. The FQA is incorporated into this process through the inclusion of the Annual Organisational Audit (AOA) within the data packs for the peer review and the peer review acting as a form of independent verification (IV). Further information can be found throughout this model paper and the peer review

¹ <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

² <http://www.legislation.gov.uk/ukdsi/2013/391/contents/made>

process will be continually reviewed as the system matures to ensure it aligns fully with the FQA. To ensure it supports the development of the delivery of the RO function from a formative perspective.

3. Aims & Outcomes

- 3.1. The primary aim of this peer review process is to provide a developmental and learning opportunity for designated body ROs and their revalidation teams in the north region; providing an appraisal of their revalidation systems.
- 3.2. It is anticipated that a review conducted by peers will allow sharing of best practice to close the gaps highlighted above and move towards a consistent and 'tried and tested' model of an overarching recommendation process.
- 3.3. The process of peer review will be carried out by specialist teams of professional peers (ROs and their revalidation teams) who are, wherever possible and applicable, trained³ and fulfilling the same responsibilities as those they review. The review is undertaken by those who understand the issues and constraints and also enables assessments to be credible and to command the respect of those being reviewed.
- 3.4. By undertaking this peer review, the process will provide assurance to designated body ROs that the systems and processes they now have in place will enable them to fulfil their statutory responsibilities and are reasonably robust, also providing the same assurance to the higher level⁴ RO.
- 3.5. The process is underpinned by a collation of information, a face to face meeting and structured feedback, followed by wider discussion and consideration of recommendations at the designated body relevant board meeting.
- 3.6. This model could be adopted across all designated bodies of all sectors as a continued quality improvement process.

4. Guiding principles

The RO conducting the review will be referred to as the lead reviewer and the RO hosting the review will be referred to as the reviewee for ease of reference.

- 4.1. The process will adhere to the following overarching principles:
 - 4.1.1. an emphasis on being clinically led;
 - 4.1.2. peer on peer review;
 - 4.1.3. both a developmental approach and evolving into the wider FQA and IV process;
 - 4.1.4. consistency in the delivery of the peer review;
 - 4.1.5. a focus on appraisal, revalidation and responding to concerns procedures contributing to the recommendation process; and

³ Training refers to any training conducted in line with revalidation implementation such as responsible officer training, appraisal training, case investigator and case manager training.

⁴ For the purpose of this document, the higher level responsible officer is the responsible officer at the regional office of NHS England.

- 4.1.6. a network to ensure responsible officers feel supported in the process and in their responsibilities.
- 4.2. In addition to the overarching principles, the following are suggested to maximise positive outcomes of the process:
 - 4.2.1. If possible, where appropriate, the peer review should be incorporated into any suitable current process within designated bodies to prevent duplication of effort, and aligned to any new guidance or future requirements of reviews.
 - 4.2.2. The wider revalidation team's involvement in the reviews, in addition to ROs, will provide a valuable insight into the day to day management of the designated body's revalidation processes. Those in equivalent team roles may find benefit in having individual discussions relating to their roles and responsibilities within the recommendation process. The lead reviewer and reviewee should mutually decide the team conducting the review. Suggestions include Responsible Officer, Deputy Medical Director / Associate Director for Revalidation, Programme Manager, Project Support / Administration support, Case Investigators and Case Managers.
 - 4.2.3. In instances where designated bodies work closely with lay or patient representatives who have knowledge of revalidation, they are encouraged to involve them within this peer review to provide an external perspective. NHS England is developing guidance for lay involvement and this element of the peer review will be reviewed in 2015/16.
 - 4.2.4. To enable maximum cross-networking, it would be suggested that peer review is not a buddying two-way system but a continuous rolling programme. Each revalidation team and RO could then benefit from the learning of two peer reviews – the review in their own designated body and the review they carry out in another designated body.
 - 4.2.5. Each peer review would work to the same outline of questions / suggested themes to provide consistency in terms of evaluation of the overall process, however can include individual elements dependent on the need of the reviewee such as taking into account AOA responses and areas for improvement. As the system matures, aspects of individuality will be of most benefit to the reviewee. Section 5 of this paper describes the process and templates to be used.
 - 4.2.6. Following the peer review, structured feedback in the form of a reflective summary and any recommendations made by the lead reviewer should be submitted to the reviewee. This can be included within the appraisal portfolio of both ROs in reference to continued CPD and learning within their RO role, and review of systems. Section 5 of this paper describes the process and templates to be used.
 - 4.2.7. Recommendations which require specific or expert input, either on subject matter or wider than NHS England, shall be discussed at the relevant network i.e. appraisal, responsible officer, and/or national.
 - 4.2.8. All decisions on the recommendations provided by each peer review cycle will be taken jointly by designated body ROs to the RO networks.

- 4.2.9. A peer review is expected to last no longer than half a day.
- 4.2.10. It is envisaged that each designated body would both host and conduct a minimum of one peer review in each revalidation 5-yearly cycle.
- 4.2.11. It is not expected that costs to host or carry out a peer review would be substantial therefore designated bodies would consume their own costs in this regard.

5. The peer review process

5.1. The peer review process consists of the following five key stages:

5.1.1. Collation and sharing of data - to include:

- 5.1.1.1. The last completed annual report including the AOA; and where not included within the annual report, share the following;
- 5.1.1.2. Description of the quality assurance processes in place;
- 5.1.1.3. Learning log and incidents (incidents to include late recommendations);
- 5.1.1.4. Structure of team;
- 5.1.1.5. GMC statistics of revalidation submissions (available monthly on GMC website);
- 5.1.1.6. Annual report;
- 5.1.1.7. External Quality Assurance report, where applicable; and
- 5.1.1.8. Any previous peer review feedback report to demonstrate reflection.

5.1.2. The peer review visit, which provides the opportunity for discussion, informal feedback and sharing of information between all equivalent roles within the revalidation team.

5.1.3. Formal structured feedback including any recommendations from the lead reviewer to the reviewee.

5.1.4. An evaluation meeting between all designated bodies involved in the cycle to consider recommendations on improvements/changes to the peer review process and challenges or inconsistencies within designated body systems. The designated body hosting the peer review will produce a paper capturing this information for discussion at the designated bodies' relevant board meeting and at RO networks. Representatives from the north regional team can be present to facilitate this meeting if required.

5.1.5. Wider discussion on the outcome of the yearly peer review cycle and agreement of recommendations at the RO networks.

5.2. The reviewers will be asked to consider the themes of:

- 5.2.1. Appraisal and recommendations
- 5.2.2. Performance
- 5.2.3. Other team processes

5.2.4. General

5.2.5. Checklist of additional questions

Leadership of the responsible officer should be considered throughout.

- 5.3. Reviewers will also be asked to note areas of immediate concern, further consideration or concern, or good practice
- 5.4. On the day of the review the lead reviewer should follow the model agenda and suggested themes, but should be open to wider discussions where they are raised and relevant.
- 5.5. A template agenda and format for the review can be found at Annex B.

6. The Management Process

- 6.1. Regional revalidation teams will assist in the matching process and share this model paper and relevant templates.
- 6.2. Designated bodies involved in the cycle will arrange peer review dates and inform the regional office.
- 6.3. Designated bodies will ensure a variety of skill mix is included within the review teams to maximise the benefits of the review.
- 6.4. The reviewee will provide the reviewer with the data packs (as referred to at 5.1.1) no later than 4 weeks ahead of the planned review to allow time to consider any distinct focus for the review.
- 6.5. The review meeting will be conducted formally to include:
 - 6.5.1. Welcome and introductions
 - 6.5.2. Review and discussion of pre-visit information, evidence and analysis
 - 6.5.3. 1:1 discussion opportunities with equivalent roles
 - 6.5.4. Break for consideration and summing up key issues
 - 6.5.5. Informal feedback presented to responsible officer and team
 - 6.5.6. Q&A

7. Feedback

- 7.1. Following informal feedback on the day of the review, a structured feedback report and any associated recommendations will be sent to the reviewee and a copy forwarded to the regional revalidation team (template provided at Annex C). The reviewee and lead reviewer can reference and include this document within their appraisal portfolio as evidence of CPD of their RO role.
- 7.2. Once all three peer review sessions have taken place within the cycle and feedback reports have been completed, the regional revalidation team can assist the designated body to arrange an evaluation meeting to discuss the broad themes and recommendations. Attendees will include all those involved in the review and at least one member of the regional revalidation team (to include at least one of the following; Regional Medical Director, Regional Revalidation & Appraisal Clinical Lead, Programme Manager, Project

Support Officer). This meeting will allow any factual inaccuracies within individual reports to be corrected by partners and allow the regional revalidation team to meet with the designated bodies and share their experiences.

7.3. A recommendations paper (headlines for this paper provided at Annex D) will be drafted by the regional revalidation team for the next appropriate RO network meeting. This meeting will allow consensus to be agreed where there are differing opinions on a consistent process.

8. Evaluation and Reporting

8.1. Reviewers and those being reviewed will be asked for feedback about the peer review process and this will be incorporated into the recommendations paper.

8.2. The outcome of the peer review will be reported to the higher level RO and summarised for the RO networks (via the recommendations paper).

8.3. In the interests of continuing improvement, the regional revalidation team will also disseminate good practice via the responsible officer networks and use feedback to inform changes to the peer review process as and when required.

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16.12.14

Annex A

A model for peer review of the revalidation process within NHS England
Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation

All FQA documents are available at: - <http://www.england.nhs.uk/revalidation/qa/>

Annex B

For the reviewer team to utilise as a template on the day of the peer review

A model for peer review of the revalidation process within NHS England

Agenda and Format of the review

Reminder of Aims & Expected Outcomes

1. A developmental and learning opportunity; provide an appraisal of the revalidation system
2. Allow sharing of best practice and move towards a consistent and 'tried and tested' model of an overarching recommendation process.
3. Review undertaken by those who understand the issues and constraints
4. Provide assurance to area team ROs of the systems they have in place
5. Underpinned by a collation of information, a face to face meeting, informal and structured feedback and consideration of recommendations at the RO networks
6. As the system matures it is envisaged that additional elements and wider clinical governance and assurance may be incorporated as ROs feel necessary

Review meeting agenda	
1	Welcome and introductions
2	Review and discussion of pre-visit information, evidence and analysis – <i>data provided by the reviewee to the reviewer as set out under 5.1.1 of the model paper</i> <i>(see template for completion below)</i>
3	1:1 discussion opportunities with equivalent roles <i>(see template for completion below)</i>
4	Break for consideration and summing up key issues
5	Informal feedback presented to responsible officer and team
6	Q&A

The review team should consider the following key themes at agenda item 2 & 3 but also be open to wider discussions where they are raised and relevant

	Areas to consider and discuss	Comments
Consider leadership of the Responsible Officer throughout	Appraisal and recommendations	
	Describe your appraisal and revalidation process. <i>Including the review of a doctor's portfolio, liaison with the RO, dealing with non-engagers/deferrals, templates and timings, how you triangulate information</i> <i>Consider discussing cases particularly where complex</i>	
	How do you use appraisal to drive quality improvement?	
	Describe your quality assurance process.	
	Consider recommendation data - breakdown of figures and reasons for decisions	
	Other information highlighted from collation of data or during the peer review visit	
	Performance	
	Describe your process for managing concerns? <i>Including how you triangulate information</i> <i>Consider discussing cases particularly where complex</i>	
	Describe your performance advisory group and performers list decision panel arrangements? <i>Consider any areas of concern in the set-up or</i>	

	<i>management of these groups and how you this is mitigated if appropriate</i>	
	Other information highlighted from collation of data or during the peer review visit	
	Other team processes	
	Discuss significant events and learning log	
	Other information highlighted from collation of data or during the peer review visit	
	General	
	<p>Elements of function to consider:</p> <ul style="list-style-type: none"> - inclusion of doctors on the performers list (where applicable) - process for appointment of doctors to the organisation and employment checks 	
	Engagement in professional development / clinical governance and medical appraisal programmes	
	Any areas of immediate concern that require further consideration	
	Good practice which could benefit all designated bodies	
	Strengths and weaknesses (if relevant)	
Checklist		

Additional questions	Tick ✓ if Yes	Comments if relevant
Is succession planning for the responsible officer and relevant team members in place?		
Is there a local mechanism in place for patient & public involvement in processes for revalidation?		
Do case investigators and case managers undertake quality assurance of their roles and receive feedback on their performance?		
Is there a process for triangulation of information – for both appraisal and concerns?		

Annex C

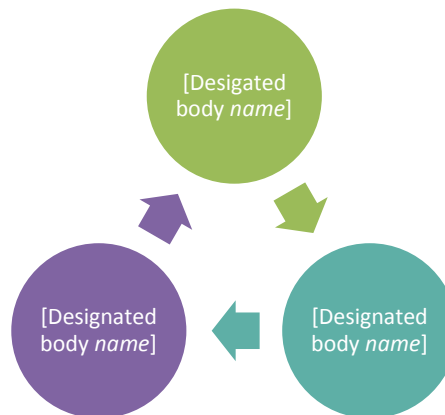
Send this completed template to the reviewee, cc'd to the regional revalidation team (england.revalidation-north@nhs.net), following the review meeting.

A model for peer review of the revalidation process within NHS England

Report template for structured feedback – for designated body reviewer to submit to designated body reviewee

Peer Review of *[enter designated body]*'s
Appraisal & Revalidation Processes by *[enter designated body]*
[date]

This peer review process has been implemented across the north region with the aim of supporting designated bodies and reducing inconsistencies in revalidation processes. Three designated bodies will partake in each phase, with one phase per year, and every designated body will undergo a peer review at least once in the revalidation cycle. It was agreed the process would involve a review and sharing of good practice, making recommendations to the reviewee and the wider regional revalidation team on areas for improvement/opportunities for consistency. Below is a chart which represents this peer review cycle.



[Enter reviewee designated body] provided *[enter reviewer designated body]* with a pack of pre-visit information which consisted of the following:

- The last completed annual report including the AOA; and where not included within the annual report, share the following;
- Description of the quality assurance processes in place;
- Learning log and incidents (incidents to include late recommendations);
- Structure of Team;
- GMC statistics of revalidation submissions (available monthly on GMC website); and
- Annual report;
- External Quality Assurance report, where applicable; and
- Any previous peer review feedback report to demonstrate reflection.
- [...enter any additional information]

This information was reviewed by [enter reviewer designated body] prior to the review and key themes were collated for further discussion.

In attendance at the review:

- [name, role, designated body]
- [Suggestions include: Responsible Officer, Deputy Medical Director / Associate Director for Revalidation, Programme Manager, Project Support / Administration support, case investigators and case managers]

The agenda from the review:

- [A template is provided within the peer review model paper. Designated bodies can be flexible with timings and detail depending on the focus of the review]

The completed templates for consideration by the reviewee are below:

Consider leadership of the	Areas to consider and discuss	Comments
	Appraisal and recommendations	
	Describe your appraisal and revalidation process. <i>Including the review of a doctor's portfolio, liaison with</i>	

	<p><i>the RO, dealing with non-engagers/deferrals, templates and timings, how you triangulate information</i></p> <p><i>Consider discussing cases particularly where complex</i></p>	
	<p>How do you use appraisal to drive quality improvement?</p>	
	<p>Describe your quality assurance process.</p>	
	<p>Consider recommendation data - breakdown of figures and reasons for decisions</p>	
	<p>Other information highlighted from collation of data or during the peer review visit</p>	
	<p>Performance</p>	
	<p>Describe your process for managing concerns?</p> <p><i>Including how you triangulate information</i></p> <p><i>Consider discussing cases particularly where complex</i></p>	
	<p>Describe your performance advisory group and performers list decision panel arrangements?</p> <p><i>Consider any areas of concern in the set-up or management of these groups and how this is mitigated if appropriate</i></p>	
	<p>Other information highlighted from collation of data or during the peer review visit</p>	
	<p>Other team processes</p>	

	Discuss significant events and learning log	
	Other information highlighted from collation of data or during the peer review visit	
	General	
	Any areas of immediate concern that require further consideration	
	Good practice which could benefit all area teams	
	Strengths and weaknesses (if relevant)	
Checklist		
Additional questions	Tick ✓ if Yes	Comments if relevant
Is succession planning for the responsible officer and relevant team members in place?		
Is there a local mechanism in place for patient & public involvement in processes for revalidation?		
Do case investigators and case managers undertake quality assurance of their roles and receive feedback on their performance?		
Is there a process for triangulation of information – for both appraisal and concerns?		

Summary

Good practice which could benefit all designated bodies

- []

Areas for consideration

- []

Areas for NHS England to address

- []

Learning taken by *[enter reviewer designated body]*

- []

Annex D

For use by regional revalidation teams following evaluation meeting

A model for peer review of the revalidation process within NHS England

Headlines to include in recommendations papers to RO networks

1. Background
2. Key Discussion Points
3. Recommendations to consider
 - a. Changes to the peer review process
 - b. Alignment of processes for consistency
4. Detailed information – rationale behind the recommendations