

# Small Designated Body Conference NHS England (North)

25/2/2015



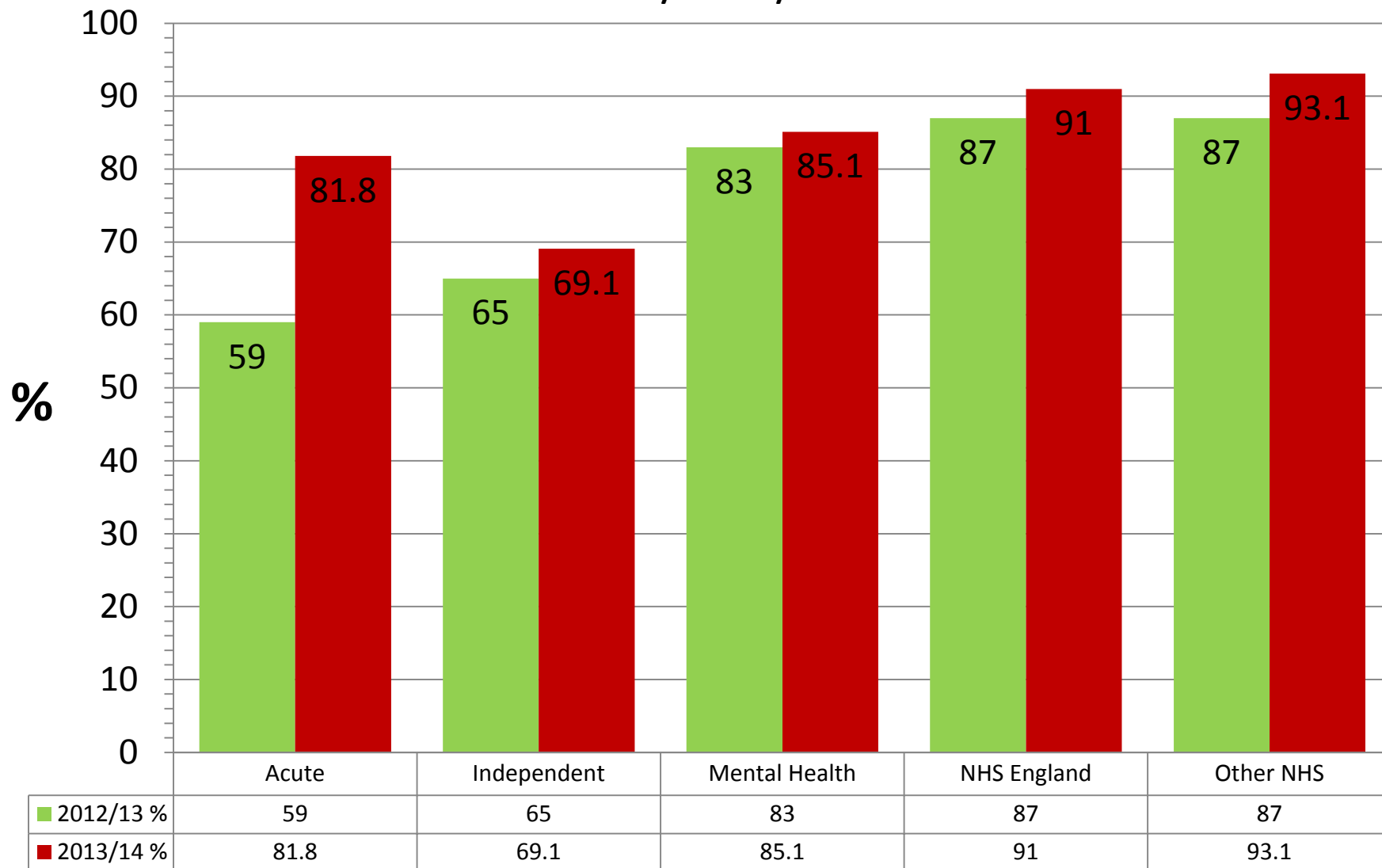




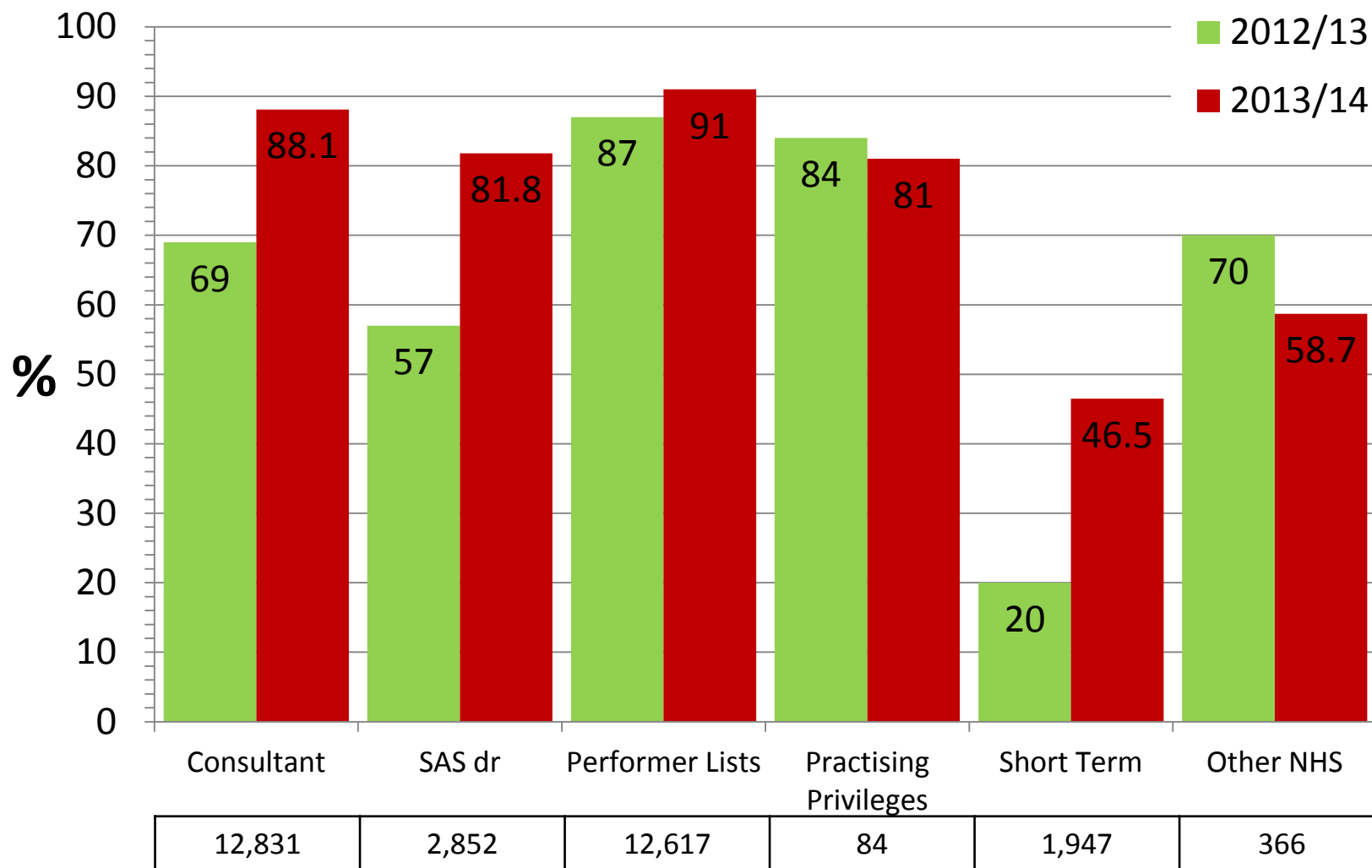




## Comparison of annual appraisal uptake by health sector across North Region 12/13 – 13/14



**Comparison of annual appraisal uptake by grade across North Region  
12/13 – 13/14**



Total number of Doctors for each grade

## Review of success

| Overall MA uptake for 13/14 | North 85.6% | England (84%) |
|-----------------------------|-------------|---------------|
| • Consultants               | 88%         | (86%)         |
| • SAS doctors               | 82%         | (79%)         |
| • GPs                       | 91%         | (92%)         |
| • <b>STC doctors</b>        | <b>47%</b>  | (54%)         |

# Network Attendance

## **Organisations with under 30 doctors**

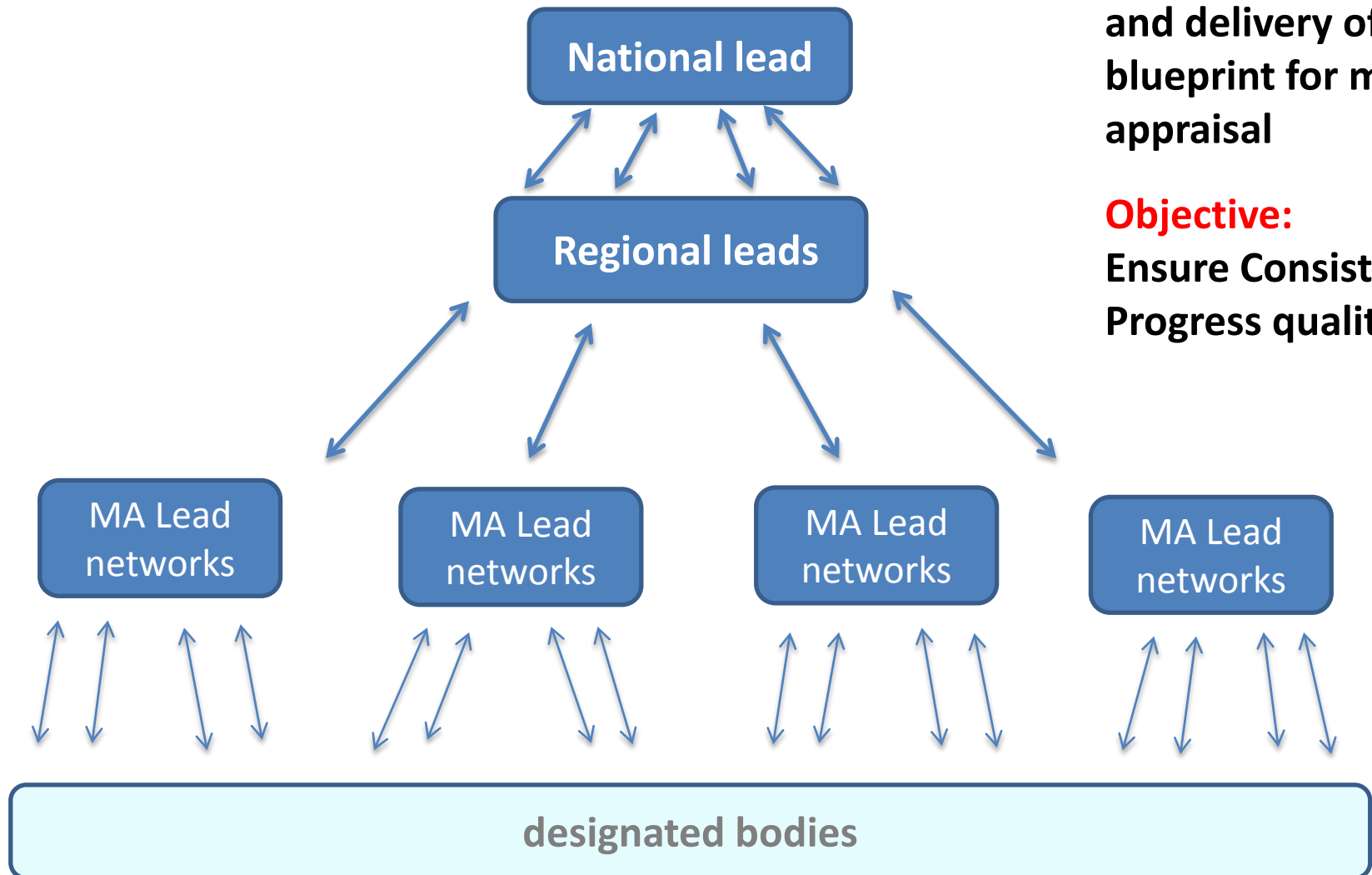
|                                  |         |     |
|----------------------------------|---------|-----|
| September 2014 Appraisal Network | (6/58)  | 10% |
| September 2014 RO Network        | (34/58) | 59% |
| December 2014 RO Conference      | (32/58) | 55% |

## **Organisations with over 30 doctors**

|                                  |         |     |
|----------------------------------|---------|-----|
| September 2014 Appraisal Network | (56/93) | 60% |
| September 2014 RO Network        | (51/93) | 54% |
| December 2014 RO Conference      | (63/93) | 68% |



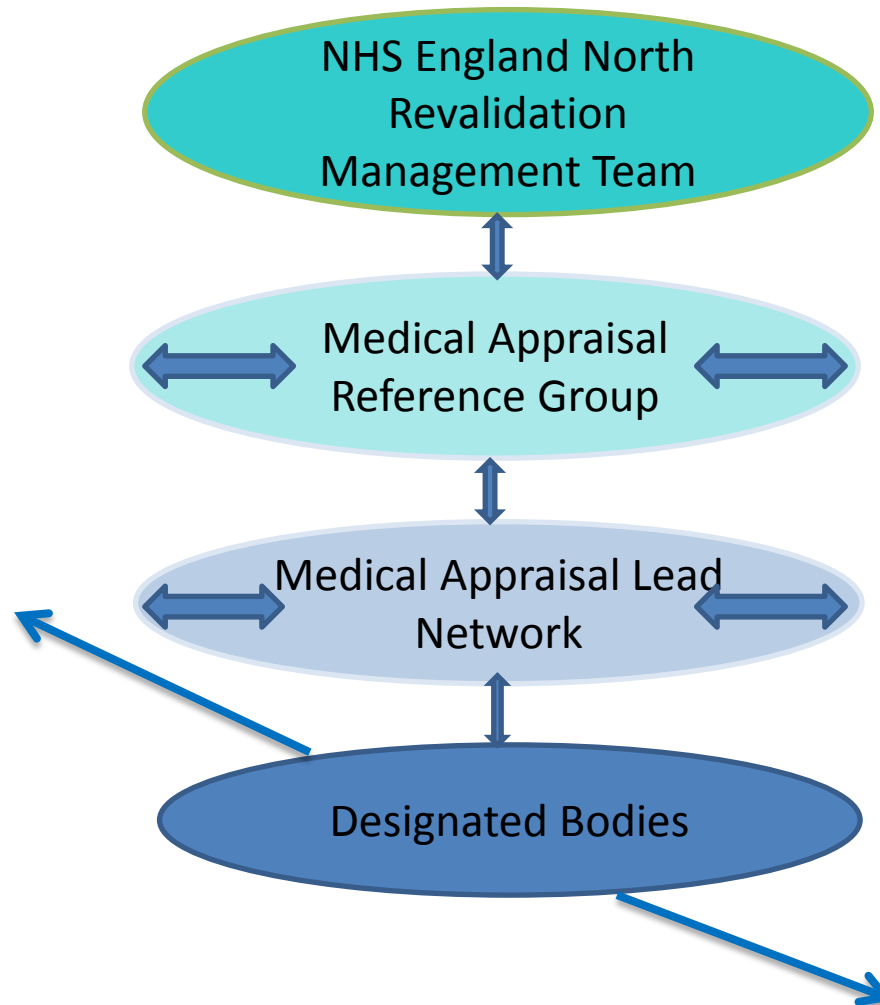
# Leadership / network arrangements for medical appraisal within the North



**Support** leadership and delivery of the blueprint for medical appraisal

**Objective:**  
Ensure Consistency  
Progress quality

# For medical appraisal - communication and engagement – our actions



# TOOLS - Networks

- Blueprint

- 2 way



- Calibration



- Bring & borrow

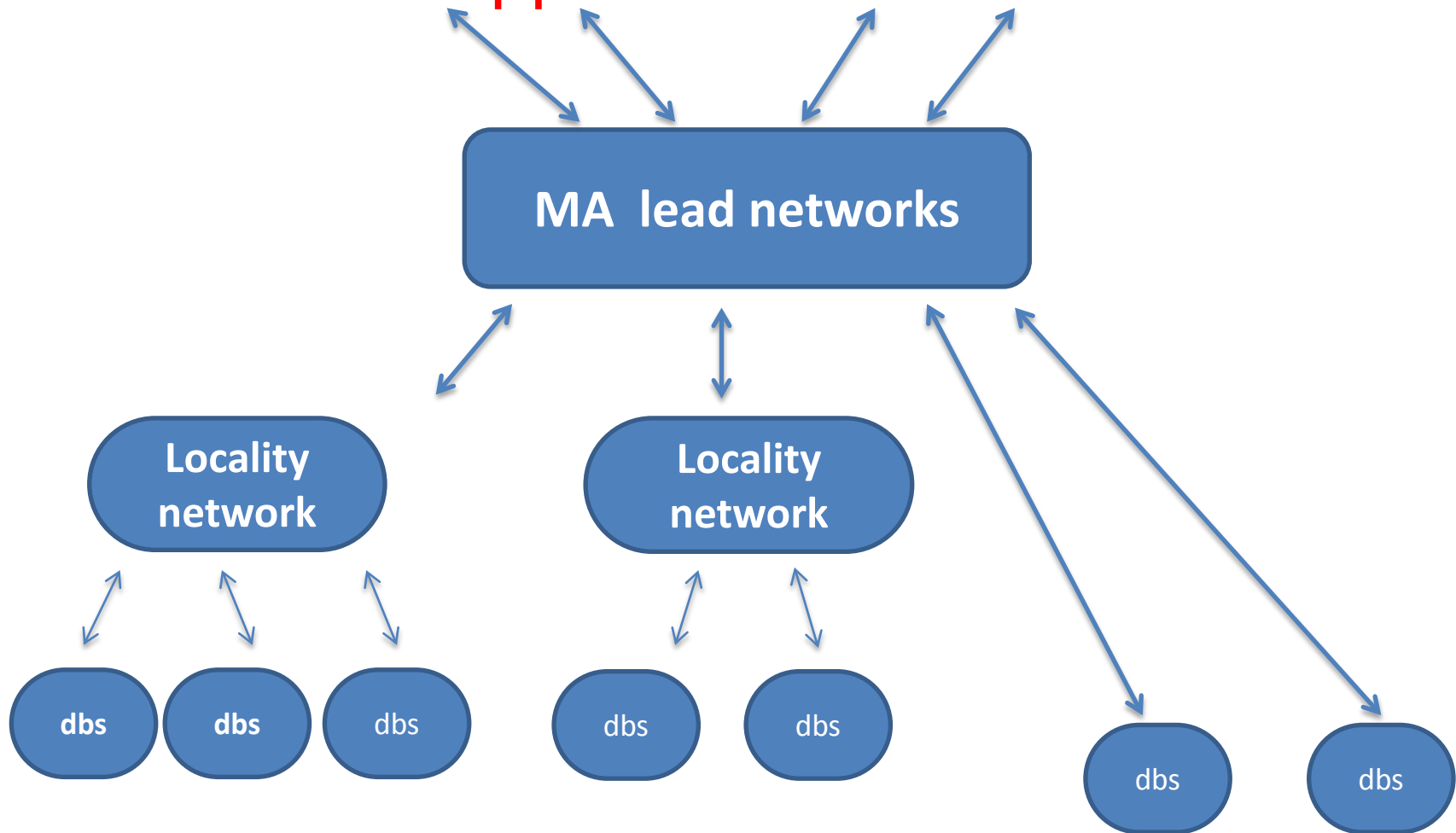


# Next steps

Opportunities to:

- enhance engagement (peer review)
- And via peer support
  - Share good practice
  - facilitate collaboration as appropriate
  - Progress delivery
  - blueprint + ?

# Leadership / network arrangements for medical appraisal within the North



**Enhance engagement / collaboration**



**facilitate delivery**

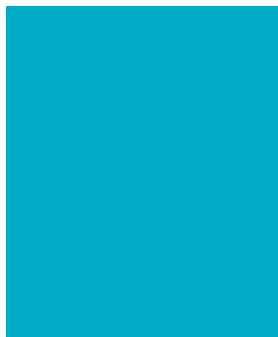
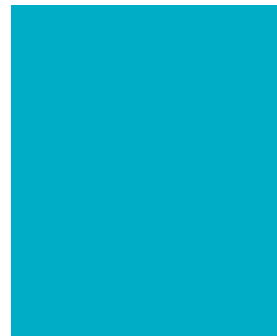
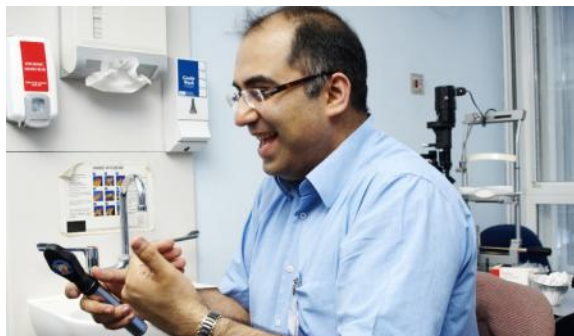


# Fitness for Purpose : Capacity and Resilience to deliver Revalidation

Debra King - Associate Medical Director for Appraisal and Revalidation

Wirral University Teaching Hospital

25<sup>th</sup> February 2015



## Introduction

- Definition of small DB?
- Annual Organisational Audit (AOA) Sept 2014
- Group work

## Definition of a Small Designated Body

- Less than 30 prescribed connections used as a arbitrary figure to produce comparison from AOA
- Many issues are specific to organisation type rather than size e.g. locum agencies

## RO appropriately trained, up to date & fit to practise in RO role

- 91% < 30 doctors
- 99% > 30 doctors
- Changes in personnel, Access to training?

## Governance Systems Externally / Independently Reviewed

- 89% < 30 doctors
- 95% > 30 doctors
- Is this a response to review by regulators e.g. CQC? Those organisation registered with CQC will be asked about medical staff appraisal and CQC have asked to see annual revalidation board reports on visits.



## Good Practice

**Small DBs were less likely to have areas of good practice than large ones.**

- **Appraisal**
  - 48% <30 doctors - 61% >30 doctors
- **Monitoring Performance and Responding to Concerns**
  - 48% <30 doctors - 54% >30 doctors
- **Recruitment and Engagement**
  - 43% <30 doctors - 48% >30 doctors

## DB Commissioned External Review

- 14% <30 doctors
- 29% >30 doctors
- This is independent external review of revalidation systems e.g. appraisal policy and processes and QA in organisations. It will enable the board to be assured and suggest improvements for organisations
- Collaboration Opportunity

## RTC policy is in place and compliant with National Guidance

- 79% < 30 doctors
- 95% > 30 doctors
- Could policies for similar organisations be shared?

## DB can access sufficient Case Managers and Investigators

- 80% < 30 doctors
- 91% > 30 doctors

Opportunity for sharing resource (reducing cost)

## Workshop

- **GROUP 1** - Governance - What does this look like in relation to revalidation?
- **GROUP 2** - Quality Assurance of appraisal
- **GROUP 3** - Responding to concerns

Answer the following questions:

- How does our organisation deal with this?
- How can we collaborate to help similar organisations in this area?
- **ACTION PLAN**



# Plenary Feedback

# GMC support for Responsible Officers

NHS England small Designated Body Conference  
February 2015

Working with doctors Working for patients

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# The GMC is no longer...

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# GMC support

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## GMC support

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# What we'll be talking about today

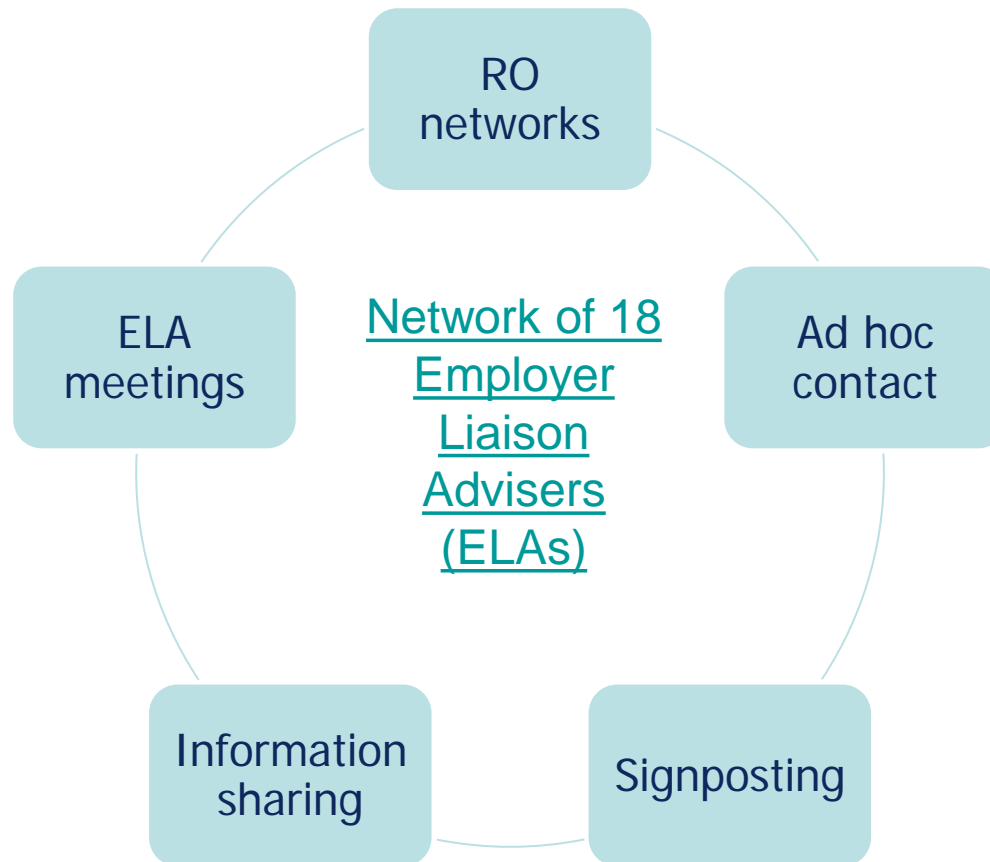
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- Employer Liaison Service
  - Non-engagement with revalidation
  - Fitness to practise concerns
  - Conflicts of interest
- Regional Liaison Service
  - Social media exercise
- Case studies

# Employer Liaison Service

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Enhance GMC support to Medical Directors and Responsible Officers



# What is non-engagement with revalidation?

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*A doctor is **not** engaging in revalidation where, in the absence of reasonable circumstances, they:*

- *do not participate in the local processes and systems that support revalidation on an ongoing basis*
  - *do not participate in the formal revalidation process.*
- 
- What are reasonable circumstances?
  - What does non-participation in local processes look like?
  - Check deferral criteria
  - Not a substitute for dealing with fitness to practise concerns
  - Non-engagement recommendation

## What should you do when a doctor doesn't engage?

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- Early discussion with ELA
- Robust escalation process and audit trail e.g. [NHS England policy on non-participation in appraisal](#)
- Full use of GMC escalation processes –
  - Non-engagement concern letter (Rev 6)
  - Confirming the effect of a non-engagement concern letter (Rev 9)
  - Doctor's revalidation date brought forward to 4 months hence
  - RO to make non-engagement recommendation
- If concerns are only identified once a doctor is under notice then a deferral *may* be more appropriate

## Dealing with fitness to practise concerns

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- Early discussion of concerns
- Sharing reports ahead of discussion does not constitute a referral
- Discuss GMC thresholds
- Advice on making a referral
- Ongoing monitoring of concerns not referred to GMC
- Openness with any doctors discussed

# Conflicts of interest

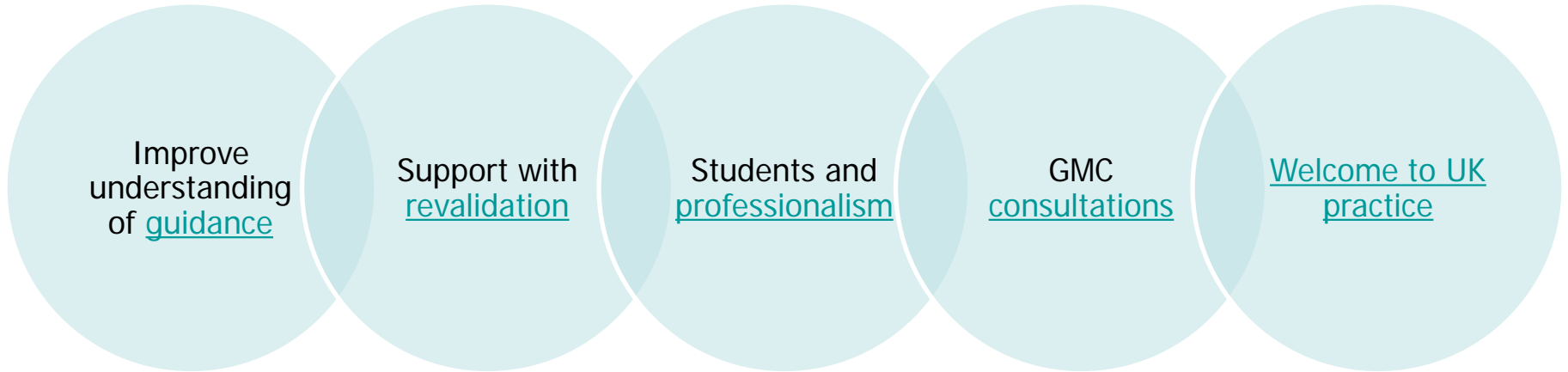
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- Points of note in GMC guidance –
  - Not confined to financial interests
  - Not always avoidable but should be declared and managed
  - If in doubt, act as though a conflict exists
- GMC guidance on conflicts of interest –
  - [Good Medical Practice \(2013\), paragraph 79](#)
  - [Leadership and management for all doctors \(2012\), paragraphs 89-92](#)
  - [Financial and commercial arrangements and conflicts of interest \(2013\), paragraphs 10-13](#)
- [DoH Guidance on the role of the responsible officer](#)

## Regional Liaison Service

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Engagement with regional doctor groups, patient interests and other bodies



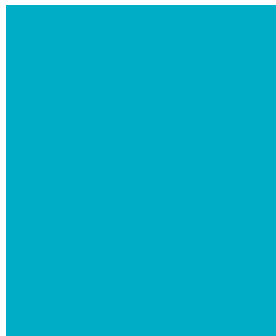
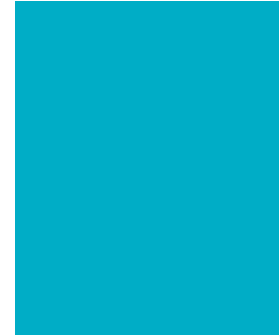
To find out who your Regional Liaison Adviser is visit [www.gmc-uk.org/rls\\_discover](http://www.gmc-uk.org/rls_discover)

# Small Designated Body Outsourcing and Conflicts of interest

Debra King - Associate Medical Director for Appraisal and  
Revalidation

Wirral University Teaching Hospital

25<sup>th</sup> February 2015





## Outsourcing

### The Role of the Responsible Officer (5.9)

*“If an organisation is designated to nominate or appoint a responsible officer, but thinks that it is not feasible to provide the function internally, the organisation may ask another body or appropriate person to provide the responsible officer function. Regulations 14 and 19 require designated bodies to provide the responsible officer with funds and other resources to carry out their statutory duties.”*

## Outsourcing

### The Role of the Responsible Officer (5.10)

*“Where organisations are making a charge for providing the responsible officer function to doctors they do not employ or contract with, these charges should be reasonable and related to the cost of providing the service.”*

## Conflicts of interest and appearance of bias

### The Role of the Responsible Officer (6)

*“In some circumstances, doctors will find there is a conflict of interest or appearance of bias with their appraiser or responsible officer.”*

*“If a conflict of interest or appearance of bias is identified between appraisee and appraiser, the responsible officer should be informed in writing, explaining the conflict and providing as much background information as is necessary and relevant.”*

*“If a conflict of interest or appearance of bias exists between a doctor and a responsible officer, the designated body should be informed in writing giving as much information as possible.”*

## Conflicts of interest and appearance of bias

### Examples

#### Personal relationships

- where there is or has been a personal relationship (marriage, partnership etc.) between a responsible officer and a doctor or where the two are related in any other way;
- where there is a financial or business relationship between a responsible officer and a doctor;
- instances where a third party is involved e.g. an affair or marriage breakdown;
- where there is a known and long-standing personal animosity between a responsible officer and a doctor.

## Conflicts of interest and appearance of bias

### Examples

#### Managerial or organisational roles

The different roles of managers and clinicians might create a situation where a conflict of interest or appearance of bias might need further consideration:

- a clinical director might be called on to comment on the clinical practice of their own responsible officer; or
- a responsible officer who is appraised by a medical chief executive might then have to make a fitness to practise recommendation in respect of the chief executive.

## Workshop

- **GROUP 1-** Outsourcing the RO Role – *How would you do this? What are costs? What are risks?*
- **GROUP 2-** Outsourcing HR Role - *How would you do this? What does it cover? What are risks?*
- **GROUP 3 –** RO for multiple organisations - *How do you understand and influence governance in organisation you are not based in fully employed by? What are risks?*
- **GROUP 4 –** Develop strategic plan focused on supporting quality of service linked to RO function - *How would you do this? What are risks?*
- **GROUP 5 –** Conflicts of interest - *Consider conflicts possible in groups 1-4.*
- **ACTION PLAN**

# Plenary Feedback

# Infrastructure For Responsible Officers

PA Twomey  
25/02/2015





# Infrastructure for the RO Function

|       |                                                                                                                                                                                           |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1.3 | The responsible officer has sufficient time to carry out the role including the training, support and quality assurance requirements                                                      |
| 1.1.4 | The designated body provides the responsible officer with sufficient funds, capacity and other resources to enable the responsible officer to carry out the responsibilities of the role. |
|       |                                                                                                                                                                                           |
| 1.1.6 | The responsible officer is appropriately trained and remains up to date and fit to practise in the role of responsible officer                                                            |
| 1.1.7 | The responsible officer is actively involved in peer review and networking for the purposes of calibrating decision-making and organisational systems and processes                       |

## IV visits

# FQA provides a steer

# Appraisers

C|s

## Policies, etc.

RO

## Medical Appraisal Clinical Lead

# Management Input

## Performance Resources

# Infrastructure for the RO Function

## Challenges

Variety of dbs

- size

- number of sites

Blurring of resource

- discrete team / integrated

Counting Apples and Pears?

- Similar titles / similar or different grades doing the same function?

# Infrastructure for the RO Function

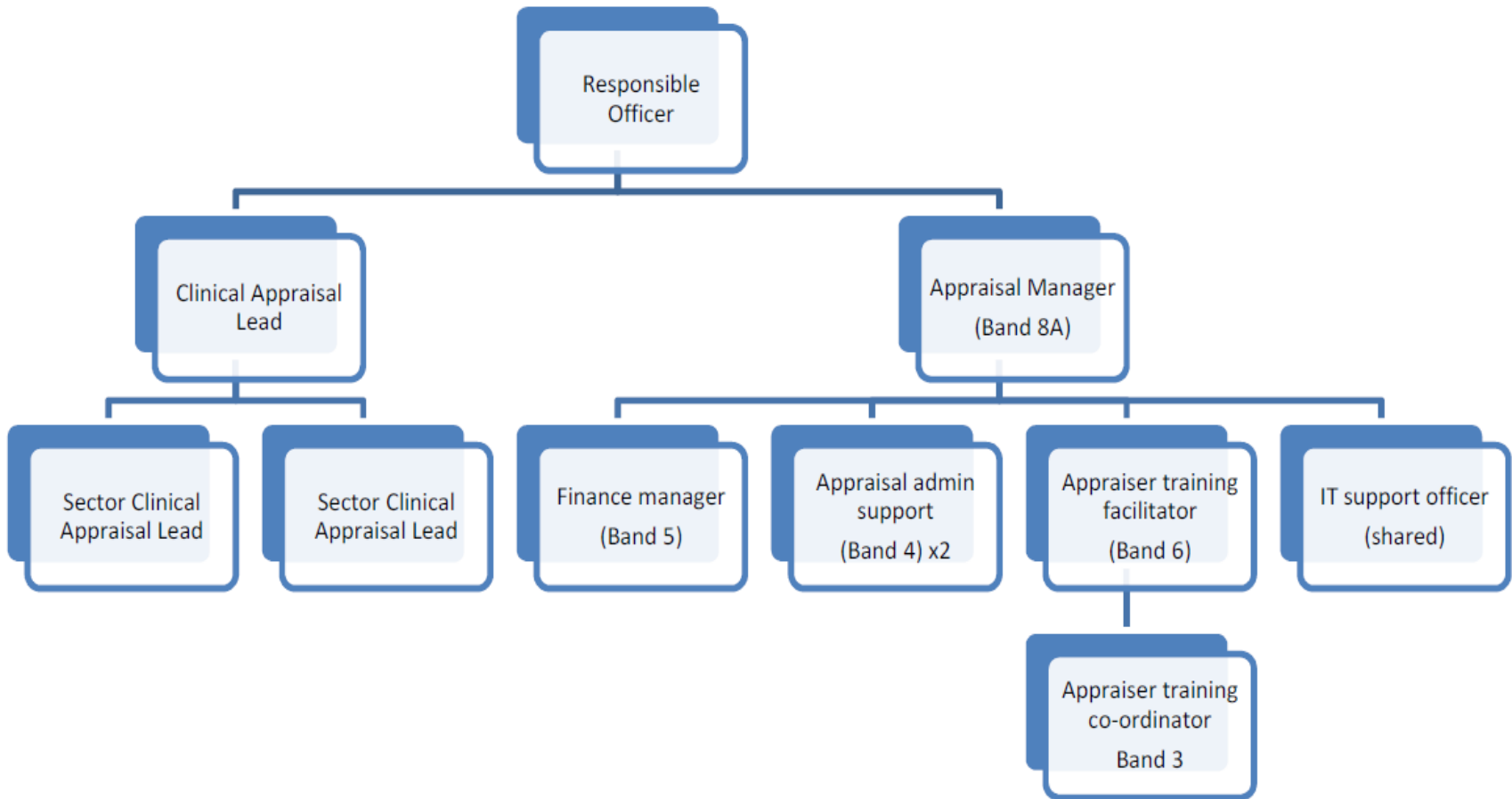
NHS England benchmarking for Medical Revalidation

Core Structure

Plus £810 per doctor

Remediation not included

# Infrastructure for the Med Appraisal office



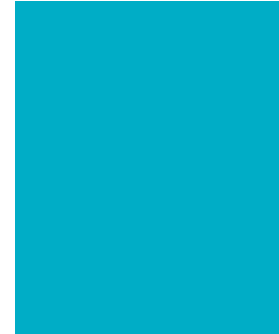
# Information Sharing/Communication



Debra King - Associate Medical Director for Appraisal and  
Revalidation

Wirral University Teaching Hospital

25<sup>th</sup> February 2015



## Introduction

### The Role of the Responsible Officer (32+33)

“Responsible officers will want to ensure themselves that the systems and processes that are in use by themselves and their staff that contain personal information comply with the principles of data protection and that appropriate auditable governance arrangements are in place to control access to the data and any transfers of that data.”

“This will be particularly important where the responsible officer is employed by a different organisation to that which holds the information about the doctor for example the responsible officer's responsible officer. The transfer of personal information by secure means is paramount. Responsible officers can get further information from the information governance officer in their organisation or the Information Commissioner's Office. “

## Logistics – Getting information about doctors

- **What** information do you want?
- **When** do you want the information?
- **How** will you get it?

Discuss in pairs!



## WHO DO YOU WANT INFORMATION FROM?

### The Role of the Responsible Officer (5.17)

Information will also be required from other organisations and individuals. These include:

- other employers, immediately past and present;
- all organisations in which the doctor works, including independent practice;
- commissioners of services where appropriate; and
- organisations and individuals who undertake appraisals of doctors.

## WHAT INFORMATION DO YOU WANT?

### The Role of the Responsible Officer (5.18)

The supporting information required will relate to concerns about the conduct or performance of individual doctors, and information from the individual's appraisals. Such information may include:

- information on the quality of the doctor's performance; (Language skills – spoken and written)
- information tailored to the minimum standards required by the relevant Medical Royal College for certification;
- feedback/letters from patients or colleagues;
- multi-source feedback;
- participation in clinical audit;
- training and CPD activity;
- records of complaints about the doctor; and the outcomes of such complaints.

## WHEN DO YOU WANT THE INFORMATION?

- Before employment
- During employment – **CONTINUOUS AND DOCUMENTED AT ANNUAL APPRAISAL!**

## HOW WILL YOU GET THE INFORMATION?

Governance systems and processes in the organisation :

- Incident reporting
- Complaints management
- Quality outcomes
- Activity
- Colleague and patient feedback

All in organisations appraisal policy and related policies for consistency of approach.

## HOW WILL YOU GET THE INFORMATION?

Outside the organisation:

- For whole practice appraisal all areas of work of the doctor need review and supporting information
- You have to have a process on ensuring communication between relevant organisations for appraisal e.g. Independent sector form
- Conversations maybe needed when concerns arise with other ROs etc.
- Medical Practice Information Transfer (MPIT) form

## Medical Practice Information Transfer (MPIT) form

This form is to support the appropriate transfer of information about a doctor's practice to and from the doctor's responsible officer and other medical professionals.

- Scenario 1 - Information of note about the doctor's medical practice for the responsible officer
- Scenario 2 - Handover information for the new responsible officer
- Scenario 3 - Notification of information relating to a doctor's practice from a doctor's responsible officer to other organisations where the doctor practises

## Summary

- Information should be managed according to appropriate governance systems. Data protection Act!!
- Keep the doctor informed of all information collected and what you are doing with it.
- Include all systems of information management in relevant organisational policies e.g. Appraisal Policy, Remediation Policy, Disciplinary Policy, Quality and Safety Processes.

**THANK YOU**

**QUESTIONS???**



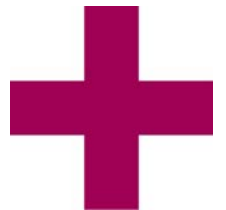
# A Framework of Quality Assurance for Responsible Officers and Revalidation

**Dr Paul Twomey**  
**February 2015**



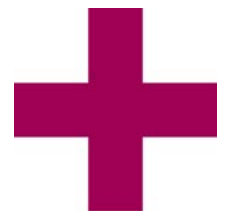
# Rationale

*Supporting responsible officers and designated bodies in providing assurance that they are discharging their statutory responsibilities.*



# Components of the framework

- Core standards
- Quarterly information template
- Annual organisational audit
- Annual board report template
- Statement of Compliance
- Independent verification
- Benchmarking, calibration and checking consistency, networks, etc.



# The Annual Board Report

The GMC, CQC, monitor and the TDA expect that the boards of the designated bodies should monitor their organisation's progress in implementing the Responsible Officer regulations.

A suggested board report template looking to support consistency - but there are opportunities for local flexibility.

It is not anticipated that designated bodies will routinely submit their annual board report to the higher level RO.

However in certain circumstances it maybe requested (part of Independent Verification process for e.g.).

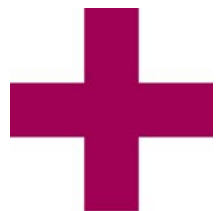


# Statement of compliance

Under the RO regulations, there is an obligation for designated bodies to provide support to their Responsible Officer.

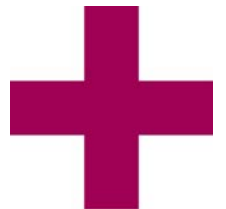
In demonstrating this support, the Chief Executive or Chairman is asked to sign a statement of the organisational compliance to support the RO.

This is submitted to the higher level RO.

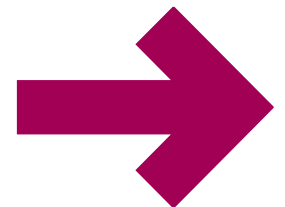
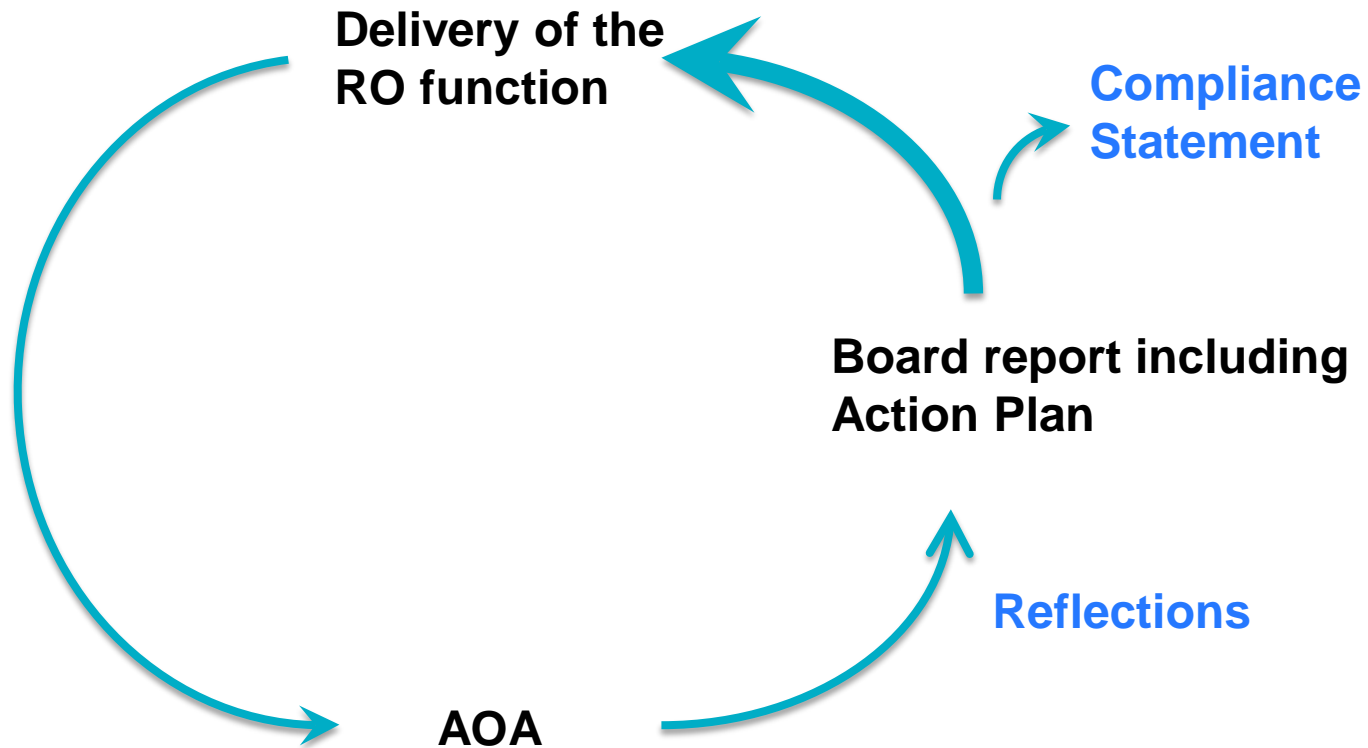


# The AOA

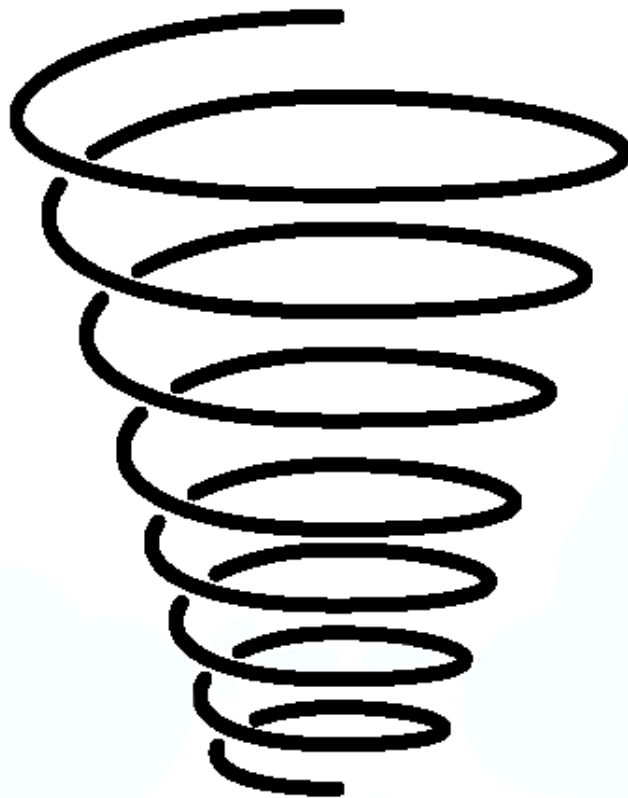
- The designated body & responsible officer
- Appraisal
- Monitoring performance & Responding to concerns
- Recruitment & Engagement



# Annual RO Function Cycle



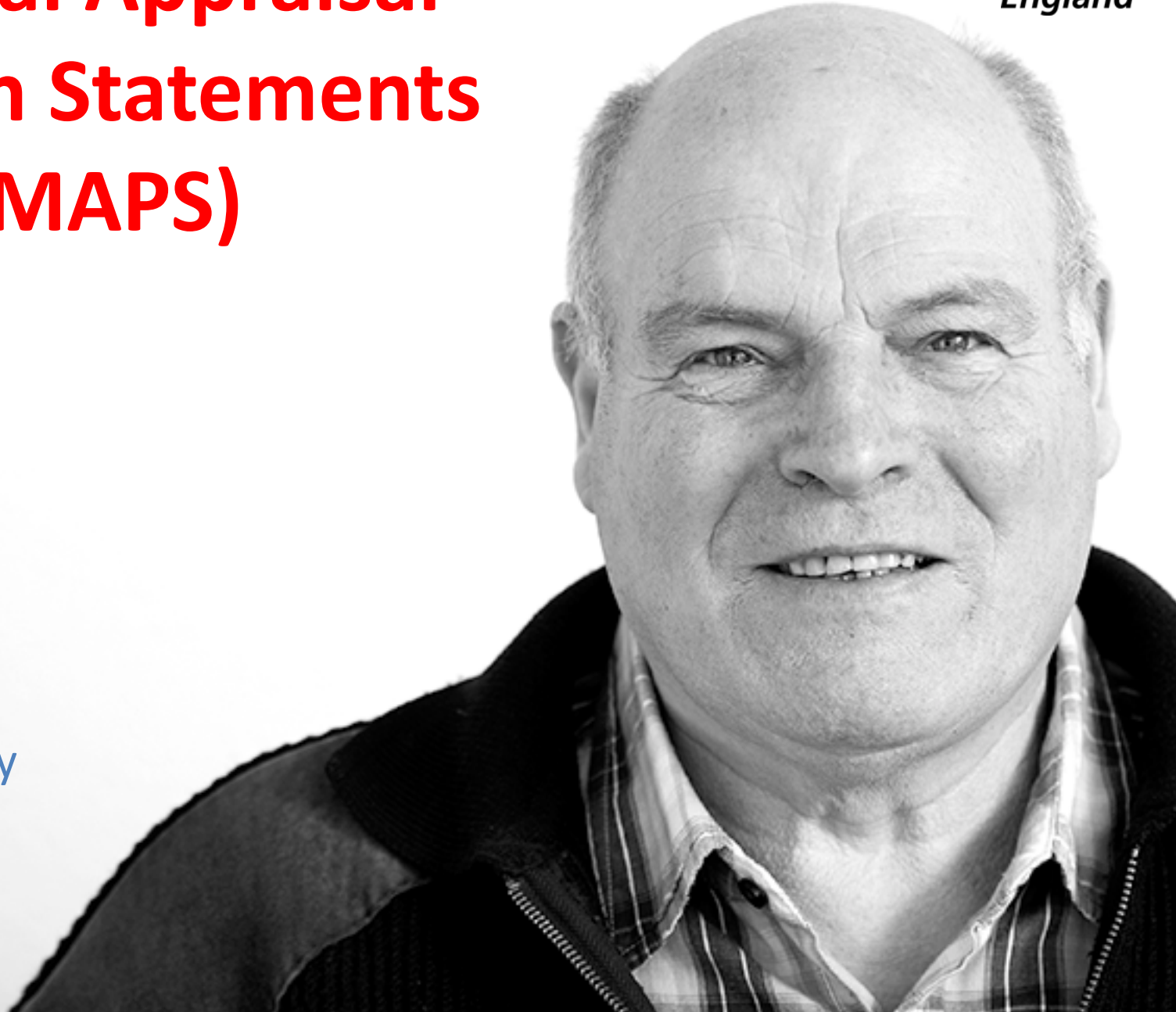
# Spiral of Development





# Medical Appraisal Position Statements (MAPS)

P A Twomey  
25/2/15



**Rationale** – Identify significant issue



generate appropriate current approach.

to support consistency + quality where there currently is not clarity (policy or guidance).

**Origin** – All England Medical Appraisal network- national + regional clinical leads and management support.

**Evolution** – Share for comment to support the emerging thinking.

Enable the MAPS to be developed further

## Context:

- May contribute to policy and guidance
- Governance clearly described within each MAP
- Audience all designated bodies
- However interest/ relevance may vary

## Three categories:

- Logistics
- Appraisers
- Supporting

# Logistics

- **Running Total 11**
- Appraisal vehicles for doctors connected to NHS England
- Career breaks
- Guidelines for the deferral of a revalidation recommendation
- Handling late sign off of appraisal
- Postponement of appraisal
- Scheduling medical appraisals
- Appraisal of drs who temporarily exit training
- Technology assisted appraisal
- Interrupting appraisal
- Timing first patient feedback after change in role
- Allocating SPA time within job plan for appraisers in secondary/mental/community health sectors

# Appraisers

- Routine appraiser assurance review



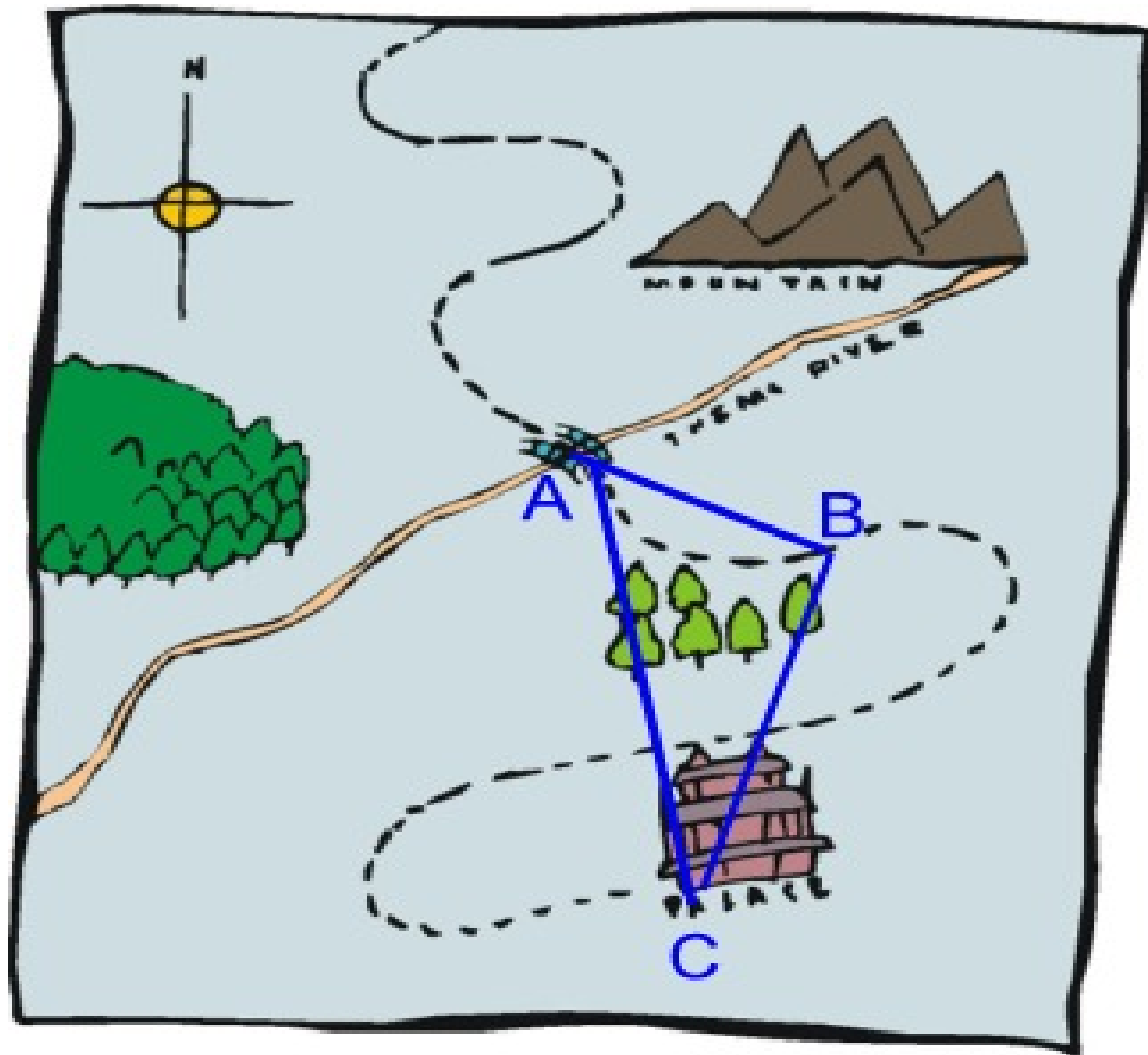
**Supporting  
information**

- **Running Total 15**
- Inclusion of key information at appraisal
- Information about practice and supervision in non-training posts for doctors connected to Local Education and Training Boards
- Sharing information to support appraisal
- Demonstration of safeguarding competence by GPs
- Amplification of CPD credits in primary care
- Principles for training of doctors with a prescribed connection to NHS England
- Patient feedback in non-standard situations
- Quality improvement information for general practitioners
- Scope of work and appropriate supporting information for a General Practitioner
- Incorporating locally generated supporting information into medical appraisal
- Supporting information for medical appraisal: the role of the designated body
- Assessing supporting information for appraisal in the context of the volume of a doctor's work
- Principles for assessing a doctor's supporting information
- Principles of CPD for revalidation
- Spreadsheet of SI vs Scope of work

CAUTION  
HEAVY  
FOG







## Summary

- Flexible, dynamic and interactive vehicle
- For issues where there is not established clarity
- Support consistency and quality
- Inform policy and guidance
- Hear and now view – whilst system understanding/ clarity established

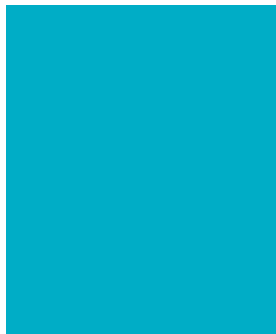
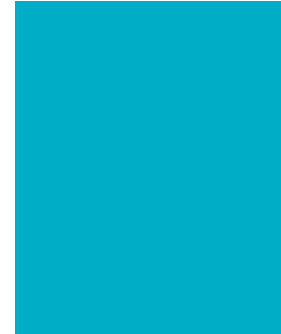
# PDP for Small Designated Bodies



Debra King - Associate Medical Director for Appraisal and  
Revalidation

Wirral University Teaching Hospital

25<sup>th</sup> February 2015



## **SMART AND AGREED!!!!!!**

### **ALL SMALL DESIGNATED BODIES WILL COLLABORATE TO SHARE LEARNING**

- Database with contact information will be sent to all small DBs ROs by NHS England
- A volunteer lead small DB RO will be identified
- ROs will find a “buddy”
- RO networks – small DB RO lead will host “small DB section” – Small DBs must still join main network meeting

**TIME TO COMPLETE = 3 months (by 1/6/15)???**