

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

Introduction

The Responsible Officer Regulations describe the statutory responsibilities of designated bodies and their responsible officers. This peer review process is intended to support responsible officers and their teams in meeting these responsibilities. This paper has been developed specifically to provide designated bodies with a model of invited peer review of the processes which support delivery of the Responsible Officer regulations.

Background

Responsible officer (RO) networks are currently established and active across all regions, these provide the opportunity for improved consistency and convergence in a wider Responsible Officer setting. The national blueprint for RO networks 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:

- Recognising 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;
- 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
- Review of systems and processes which underpin revalidation
- Developing quality assurance processes
- Establishment/ development of designated body Appraiser Networks

Aims & Outcomes

The primary aim of this peer review process is to provide a developmental and learning opportunity for ROs and their revalidation teams; providing a review of their policies and an appraisal of their revalidation systems. 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.

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, trained¹ 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.

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 level² RO.

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.

¹ Training refers to any training conducted in line with revalidation implementation such as responsible officer training, appraisal training, case investigator and case manager training.

² For the purpose of this document, the higher level responsible officer is the responsible officer at the regional office of NHS England.

Guiding principles

The designated body conducting the review will be referred to as the lead reviewer and the designated body hosting the review will be referred to as the reviewee for ease of reference. Although peer review is for two (or more) organisations to share information a lead reviewer is suggested in order to chair the peer review and lead the process.

The process will adhere to the following overarching principles:

- an emphasis on being clinically led where possible, but not a necessity;
- peer on peer review;
- both a developmental approach and evolving into the wider Framework for Quality Assurance (<http://www.england.nhs.uk/revalidation/qa/>) and IV process;
- consistency in the delivery of the peer review;
- a focus on appraisal, revalidation and responding to concerns procedures contributing to the recommendation process; and
- a network to ensure responsible officers feel supported in the process and in their responsibilities.

If possible, where appropriate, the peer review, lasting no more than half a day, 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.

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. 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.

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 or more peer reviews – the review in their own designated body and the review they carry out in another designated body.

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 CPD and learning within their RO role, and review of systems. Section 5 of this paper describes the process and templates to be used.

The sharing of policies/ processes as well as any 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. medical appraisal lead, responsible officer, and/or national.

We would encourage each designated body to both host and conduct a minimum of one peer review in each revalidation 5-yearly cycle.

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.

The peer review process

- 1. Collation and sharing of information** - the peer review process consists of collation and sharing of data - to include; the last completed annual report including the AOA and other relevant information parties are comfortable to share, including appraisal, responding to concerns and remediation policies.
- 2. The peer review visit** - providing the opportunity for discussion, informal feedback and sharing of information between all equivalent roles within the revalidation team. On the day of the review the lead reviewer should follow the model agenda and suggested themes (Annex A), but should be open to wider discussions where they are raised and relevant.
- 3. Formal structured feedback** - including any recommendations from the lead reviewer to the reviewee.
- 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 regional team can be present to facilitate this meeting if required.
- 5. Wider discussion** - on the outcome of the yearly peer review cycle and agreement of recommendations at the RO networks. Reviewers will also be asked to note areas of immediate concern, further consideration or concern, or good practice

The Management Process

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

Feedback

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 B). The reviewee and lead reviewer can reference and include this document within their appraisal portfolio as evidence of CPD of their RO role.

Once all three (or more) 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.

Evaluation and Reporting

The outcome of the peer review will be reported to the higher level RO and summarised for the RO networks. 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.

Kerry Gardner
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February 2016

Annex A

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 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>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

Consider leadership of the Responsible Officer throughout	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 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 performer's list decision panel arrangements or equivalent?		

	<i>Consider any areas of concern in the set-up or management of these groups and how 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 <input type="checkbox"/> 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 B

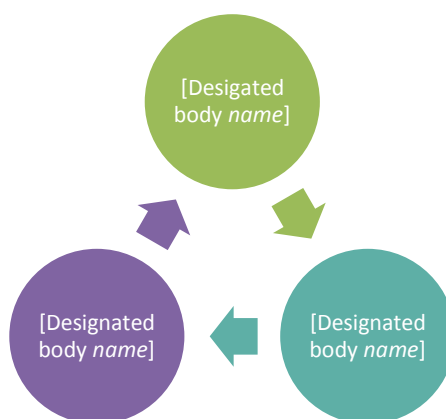
Send this completed template to the reviewee, cc'd to the regional revalidation team (england.revalidation-north@nhs.net/M&E/South/London), following the review meeting.

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

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 with the aim of supporting designated bodies and reducing inconsistencies in revalidation processes. Three (or more) designated bodies can partake in each phase, with one phase per year, and it is recommended every designated body undergoes a peer review at least once in the revalidation cycle. The process involves 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, the annual report and any other relevant information parties are comfortable to share.

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 Responsible Officer throughout	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 the RO, dealing with non-engagers/deferrals, templates and timings, how you triangulate information. 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 (or equivalent)? <i>Consider any areas of concern in the set-up or management of these groups and how 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	
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]*

- []