

**BOARD PAPER - NHS ENGLAND**

**Title:** Medical Revalidation

**Clearance:** Sir Bruce Keogh, National Medical Director

**Purpose of paper:**

- To inform the Board of progress and risks regarding the implementation of the responsible officer regulations including the revalidation of doctors.

**Key issues and recommendations:**

The paper summarises the risks to successful implementation of revalidation in compliance with the regulations:

- The need to have adequate resources in place and the need to have personnel in place whilst a substantive team can be recruited;
- HMRC review of the model of engagement of medical appraisers;
- System weaknesses for secondary care locums;
- Low appraisal rates in secondary care; and
- The need to improve consistency across all designated bodies.

During the implementation of revalidation (to 31 March 2016), it is recommended that the board receive 6-monthly progress reports and a detailed annual report in accordance with the annual organisational audit process described herein (paragraph 15).

**Actions required by Board Members:**

- The Board is asked to note the progress on mitigating risks to successful implementation of revalidation.

## Introduction

1. Revalidation is a legal requirement which applies to all licensed doctors, listed on the General Medical Council (GMC) register, in both the public and independent sectors.<sup>1,2</sup>
2. The first revalidation cycle which commenced in December 2012 aims to have all doctors revalidated by March 2016, after which a new 5-year cycle of revalidation will begin and be repeated every 5 years.
3. Revalidation represents a significant investment for employers, commissioners and doctors and is expected to create the following benefits for the wider healthcare system:
  - i. improved public trust and confidence in doctors;
  - ii. improved patient safety;
  - iii. improved quality of care; and
  - iv. improved effectiveness and efficiency of systems and working practices.
4. Revalidation and its benefits link to NHS England scorecard priorities 1,2,6,7,8,10, specifically #7: Treating and caring for people in a safe environment and protecting them from avoidable harm. It also supports the mandate: The development of clinical leadership.
5. The Responsible Officer Regulations<sup>3</sup> designates categories of organisations (“designated bodies”). Designated bodies have a duty to nominate or appoint a responsible officer to ensure that all licensed medical practitioners who are employed by or contract with that organisation are safe to practise. There are approximately 800 designated bodies in England, including NHS England.
6. The Regulations prescribe formal connections between licenced medical practitioners and designated bodies so that a medical practitioner has a connection to only one designated body.
7. Responsible officers of designated bodies must ensure that all doctors connected to them:
  - i. Receive an annual medical appraisal<sup>4</sup>;
  - ii. Have the appropriate pre-engagement/employment background checks to ensure that they have qualifications and experience appropriate to the work performed;

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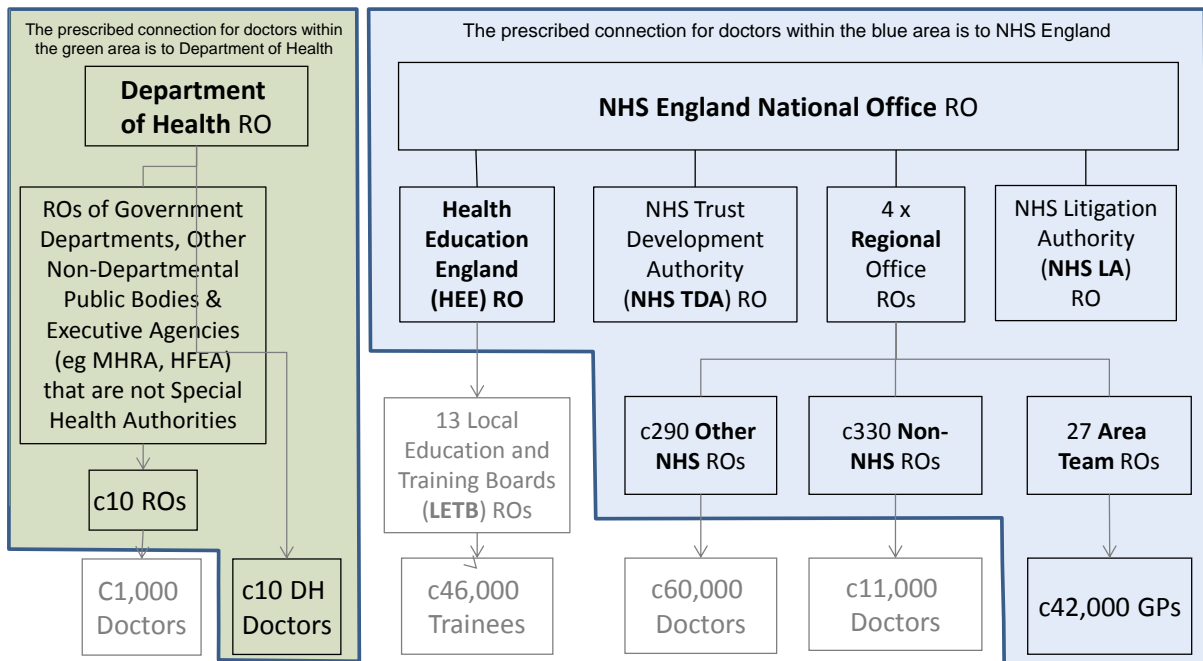
<sup>1</sup> <http://www.gmc-uk.org/doctors/licensing.asp>

<sup>2</sup> <http://www.gmc-uk.org/doctors/register/LRMP.asp>

<sup>3</sup> <http://www.legislation.gov.uk/uksi/2010/2841/made> and  
<http://www.legislation.gov.uk/uksi/2013/391/made>

<sup>4</sup> In accordance with GMC guidelines. NHS England Medical Appraisal Policy is published at:  
<http://www.england.nhs.uk/ourwork/qual-clin-lead/revalidation5/ma-pol/>

- iii. Have their conduct and performance monitored (and concerns responded to as appropriate); and
  - iv. Have a recommendation made to the GMC regarding their fitness to practise.
8. Over 99% of the circa 160,000 doctors in England have a link to NHS England through their responsible officer with the remaining 1,000 linking through to the Department of Health (see diagram below). About 25% of the doctors in England are connected directly to NHS England.



9. To ensure these connections are manageable, NHS England has a number of responsible officers:
- i. A first tier of 27 Responsible Officers within the area teams, responsible for c42,000 doctors in primary care;
  - ii. A second tier of 4 Responsible Officers at regional level, responsible for their area teams (27) and provider organisations including locum agencies (c620). The responsible officers of the connected provider organisations are in, turn responsible for their c70,000 doctors; and
  - iii. A third tier of the National Medical Director, responsible for regions (4), NHS Litigation Authority, NHS Trust Development Authority and Health Education England (which is responsible for c46,000 trainees).

## Recommendations

10. During the implementation of revalidation (to March 31, 2016), it is recommended that the Board receive 6-monthly progress reports and a detailed

annual report in accordance with the annual organisational audit process described herein (paragraph 15).

11. The Board is also asked to note the risks to successful implementation of revalidation in compliance with the regulations.

### **The Role of NHS England**

NHS England has the following primary roles:

- i. As a designated body under the regulations;
  - ii. Nationally and Regionally NHS England has connections with the responsible officers of other organisations. It therefore has a role in ensuring calibration of decision making and consistency of approach across all organisations connected to it (for GMC recommendations, appraisals and case investigations).
  - iii. Following a successful Health Gateway Review®, the role of senior responsible owner for revalidation, passed from the Department of Health to NHS England in October 2013. NHS England subsequently has a role as senior responsible owner to oversee the implementation of the revalidation in England.
12. Governance arrangements are in place to oversee progress for each of these roles<sup>5</sup> and risks are reported to the quality and clinical risk committee.

### **Summary of Progress**

13. Between December 2012 and December 2013, the GMC have received 26,631 recommendations from responsible officers regarding the revalidation of the doctors connected to them. Of these, 21,703 have had their licenses revalidated and 4,923 have been deferred (18% or 11% excluding doctors in training). Differing is a neutral act and is predominantly to give more time for the doctors to compile their evidence.
14. In the same period, 6,478 doctors with a prescribed connection to NHS England were revalidated with 1,030 deferrals (14%) and only 26 late recommendations.
15. A framework is being developed to provide assurance and oversight that designated bodies are discharging their statutory responsibilities. As part of this process, designated bodies will be asked to submit an annual board report and a statement of their compliance. The regional revalidation teams will coordinate independent verification processes which will be held at least once per revalidation cycle to verify reporting and identify good practice.

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<sup>5</sup> <http://www.england.nhs.uk/wp-content/uploads/2013/10/rev-gov-chrt.pdf>

## Risks and Issues

16. **Resources:** Whilst we are on track for revalidating 20% of doctors in 2013/14, the number of recommendations will double in the following two years, meaning 80% of doctors will need to be revalidated in 2014/15 and 2015/16. A business case has been submitted seeking sufficient permanent resources to meet our statutory duties under the Responsible Officer regulations and additional resources to support the increased demand during the next two years of implementation. The revalidation programme in NHS England is predominantly resourced with contracted and seconded personnel, so approval is being sought to ensure that personnel remain in place until a substantive team can be recruited (following funding approval).
17. **Model of engagement of medical appraisers:** NHS England contracts with circa 3,500 GPs to undertake 42,000 annual medical appraisals. The majority of appraisers are engaged as independent contractors. Discussions are underway with finance and legal colleagues regarding a risk that these arrangements may be viewed as employment contracts by HMRC. Interim contracts are in place until March 31 2014, however there is a need to have a permanent model agreed and implemented by April.
18. **Locums:** The implementation of the regulations for secondary care locums, which require some locum agencies to nominate or appoint responsible officers, is seen as a weakness in the system. Following the recommendations of a ministerial working group, pilots are underway to test improvements in governance by the NHS.
19. **Appraisal Rates:** In 2012/13, 75% of consultants and 61% of staff grade and associate specialist doctors in the acute hospital sector had an appraisal in 2012/13. This compares with 90% of GPs. In October, Sir Bruce Keogh wrote to all chief executives and medical directors of NHS acute hospitals regarding the low appraisal rates in secondary care<sup>6</sup>. Regional responsible officers also wrote to designated bodies requesting their expected trajectories for appraisal rates and assurance that this will be achieved. In some instances, corrective action plans were requested. The appraisal rates in secondary care are expected to improve considerably in 2013/14.

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<sup>6</sup> <http://www.england.nhs.uk/wp-content/uploads/2013/10/rev-bruce-lett.pdf>

20. ***Lack of consistency:*** There is a need to ensure that decision-making, systems and process are consistent across all sectors of healthcare provision, every part of the country and every grade of doctor. NHS England is working with key delivery partners and all 800 responsible officers in England to improve consistency and moving towards a common model of implementation.

21. **Actions required by Board Members:**

- The Board is asked to note the progress on mitigating risks to successful implementation of revalidation.

**Sir Bruce Keogh  
National Medical Director  
March 2014**