



# **NHS England's Professional Standards Report to Ministers, to include results from the 2018/19 Annual Organisational Audit.**

NHS England and NHS Improvement



# **Audit of the Implementation of the Medical Profession (Responsible Officer) Regulations (2010 and 2013 amendments)**

## **NHS England's Professional Standards Report to Ministers, to include results from the 2018/19 Annual Organisational Audit**

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**Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:**

Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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## 1 Foreword

NHS England's Professional Standards Team has reported annually on the implementation of medical revalidation since 2014. Each report has provided a rich source of data on the progress throughout the first five-year cycle.

It is pleasing to report that this trend of annual progress continues with the data published in this report. Medical revalidation is now implemented with the underpinning processes operating well. I would like to take this opportunity to express my thanks to responsible officers, patient groups, other stakeholders and to doctors themselves for their commitment to medical revalidation since its introduction.

It is now time to ensure that these processes improve care for patients in the way they were intended. This will come by ensuring ours is not one of simply enacting regulatory requirements but is based on using the regulations to stimulate high professional standards for the benefit of patient care.

The basis of this is as follows:

The responsible officer regulations require provision of processes to:

- monitor the quality of a doctor's performance;
- manage concerns about a doctor;
- undertake appropriate employment checks; and
- provide an effective appraisal system.

In other words, the processes underpinning revalidation go well beyond medical appraisal; they form a sound foundation framework for professional standards. The regulations are therefore a lever for responsible officers to use their leadership skills to promote high professional standards in their organisations.

Whilst medical revalidation aims to give confidence to the public that doctors are well supported and monitored and that there is a system for responding to concerns about a doctor's practice, this refreshed focus will help ensure the professional standards programme contributes to wider NHS developments including the Long Term Plan, GP Forward View and the NHS People Plan. It will also allow improved scope to make sure our efforts are well aligned with others in the regulatory arena such as the Care Quality Commission and the General Medical Council.

In this, and in future reports, we will reference additional activities to support the professional standards agenda. These will include developing the management of performance issues through the expansion of guidance and suitable metrics and supporting organisations to use the regulations to promote their own professional standards activities by revising the balance of our framework for quality assurance.

I hope that by working together, the work of the Professional Standards Team will continue to make an important and valuable contribution to improving the quality and safety of care for patients as well as enhancing accountability across healthcare.

**Dr Mike Prentice**



Regional Medical Director (North)  
NHS England

## 2 Executive Summary

### 2.1 Context

All 862 of the organisations designated and required to appoint a responsible officer (RO) responded to the Annual Organisational Audit (AOA) this year.

This is the third year running the AOA, which is an element of the Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation, achieved a 100% response rate.

The data received from the AOA, covering the period from 1 April 2018 to 31 March 2019, is presented in this report. The data also provides a level of assurance about the consistency of the appraisal process supporting medical revalidation to patients and the public; and to doctors, responsible officers and the organisations in which they work; to higher-level responsible officers in NHS England's regional teams, the General Medical Council (GMC) and ministers on the value that medical revalidation brings.

### 2.2 Key findings

The key findings from the 18/19 AOA, both from a national and regional perspective, include:

#### National:

- The number of designated bodies continues to increase, as seen in Figure 1, with 28 more than last year.
- The excellent level of engagement by responsible officers and their teams in the AOA exercise is evident in the number of survey responses received (100%) for the third consecutive year.
- The number of doctors with a prescribed connection to a designated body continues to rise – an increase of 4,151 since the last AOA exercise. However, this is a reduction of 706 doctors from last years increased number of 4,857.
- Figure 8a illustrates what is frequently termed the 'appraisal rate' in England. For 2016/17, a continued year on year increase was reported, from 88.2% in 2015/16 to 90.7%, to 91.3% in 2017/18 and to **91.5%** in 2018/19.
- The total number of doctors in England with a connection to an NHS body remains the same as last year at 87%.

#### North Region:

- 100% of the 147 designated bodies connected to the North region required to submit completed the AOA in 18/19
- The higher-level responsible officer (HLRO) of NHS England North region has responsibility for the responsible officers of 5 local office teams and 142 provider organisations in the region
- The make-up of designated bodies, accepting a small increase in number remains broadly the same with many providers having an NHS service focus

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- The HLROs of these local office teams and providers are subsequently responsible for 12,735 doctors in primary care and 23,002 doctors in secondary care and other sectors respectively
- The designated bodies cover a wide range of health sectors and the number of doctors per designated body ranges from 0 to 4431
- 59 designated bodies out of 143 representing 41.3% of designated bodies across the North region have less than or equal to 10 doctors
- Within the acute sector we have seen the merger of two acute trusts to form the largest designated body from the perspective of prescribed connections in their sector
- The North programme is responsible for arranging appraisals for all 107 doctors connected to the region. Of these, 103 are responsible officers. Appraisal uptake is 100%. 28 revalidation recommendations were submitted to the GMC
- We have had a successful year across the North to deliver our opportunities and responsibilities our programme has three components; Delivery and Leadership and Assurance;
- Reflections on the AOA exercise for 2018/19 confirms that the make-up of designated bodies, accepting a small increasing number remains broadly the same with the vast majority of providers having an NHS service focus.
- In our leadership role as a region we have led, on behalf of NHS England, the development and implementation (in association with colleagues and relevant stakeholders) guidance on supporting doctors who undertake a low volume of NHS General Practice clinical work.
- The team have undertaken 16 quality review visits to designated bodies in 2018/19. Some of the broad themes focused on at the visits include: Appraisal uptake & quality assurance, Collaboration with peer organisations and Information flows, Board engagement, Monitoring and responding to concerns, Recruitment, engagement & short-term contracts and locums
- Reports indicate increased appraisal uptake for the organisations visited and strengthened relationships with the senior leadership team and NHS England and Improvement
- Responsible officer networks are held regularly in 4 locations and are chaired by the lead medical director for professional standards in the North, provide the opportunity to share updates and benefit from contributions from the GMC Employee Liaison Officers and NHS Resolution.

### **Midlands & East Region:**

- 100% of the 266 designated bodies connected to Midlands and East region required to submit completed the AOA in 18/19.
- 35,703 doctors were connected through responsible officers to the Midlands and East HLRO, a 3% increase from 17/18.
- There was 8% increase in the overall number of connected designated bodies, up by 20 from the previous year.
- In Midlands and East, 65.4% of designated bodies (59.4% last year) have less than 10 prescribed connections accounting for a stable figure of 1.3% of all the connected doctors within the region. In order to support these organisations, the Midlands and East region provided opportunities for these groups to meet.
- The percentage of trained doctors with a prescribed connection within Midlands and East who have completed a medical appraisal has increased once again this year to 93.6% (92.5% last year and 91.3% the previous year.) The national rate is 91.5%.
- The Midlands and East HLRO made recommendations to the GMC for the revalidation of 34 doctors in 18/19.
- Midlands and East region continue to contain a high number of locum agencies connected at the regional level. HLRO Quality Reviews of locum agencies are prioritised via the national Locum Agency working group.
- Consistent application of the responsible officer framework and sharing good practice continues to be supported through the successful and well attended Annual Regional Revalidation Conference (over 200 delegates), mid-year sub-regional network meetings (held in three locations) and several HLRO Quality Reviews carried out in 2018/19.
- Regionally appointed responsible officer appraisers continue to be managed within the team and receive support and guidance from the Clinical Appraisal Lead.
- Newsletters were issued regularly throughout the year, pulling together national, regional and local items of interest together with specific items relating to network events.

### **London Region:**

- The NHS England and NHS Improvement London regional revalidation team has 246 designated bodies and 154 responsible officers (some responsible officers are responsible officer to more than one designated body). Of the 246 designated bodies in London, 206 (84%) are independent sector organisations and of the 34,760 doctors in London, three-quarters of them (26,131, 75%) work in the NHS, with the remainder working in the independent sector (data extracted from the 2018/19 AOA).
- The NHS England and NHS Improvement London regional revalidation team has undertaken 46 quality review visits to designated bodies in 2018/19 and 197 visits overall since 2014. Overall, the HLRO visits suggest that all organisations have implemented revalidation systems and processes. The HLRO visits have provided support to organisations, recognising and sharing good practice and helping designated bodies

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review their appraisal and revalidation processes. We have extended lay involvement in the above HLRO visits to designated bodies by including a lay representative on our visiting team to review patient and public involvement in the organisation's revalidation governance processes.

- The average total of attendees at each of the responsible officer and appraisal lead network meetings was 170, including responsible officers, appraisal leads, HR and clinical governance leads and revalidation managers. During 2018/19, themes and topics have included: Reflecting on significant events; Exploring the implications for clinicians involved in adverse events; Professionalism in Medicine - Evidence from Research and its application in Appraisal and Revalidation.
- Responsible officers of small designated bodies requested their own meeting to discuss topics relevant to their size such as responsible officer regulations, regulatory requirements and sharing of good practice. NHS England and NHS Improvement London worked with the Faculty of Medical Leadership and Management (FMLM) in delivering 2 small designated body networks in 2018/19. These events have continued into 2019/20.
- NHS England and NHS Improvement London worked with FMLM in delivering a learning set for locum agency responsible officers and managers to implement the guidance and share good practice standards between agencies. Three locum agency responsible officer networks took place in 2018/19 and they are currently under review for 2019/20.
- The 2018/19 appraisal rate for London responsible officers continues to remain high at 97.4% (154 RO's - 150 completed appraisals, 4 approved incomplete or missed appraisals).
- There has been excellent engagement of GPs in appraisal, with over 90.5% completed appraisals for GPs across London. There were 7576 completed appraisals, 604 exempted (7.2%) and only 189 missed (2.3%) appraisals.
- In 2018/19 the NHS England and NHS Improvement London HLRO has made 61 recommendations, of which 53 were revalidation recommendations and 8 deferrals.
- All the 246 designated bodies in the London region submitted a completed AOA in 2018/19.
- In 2018/19 a total of 162 people attended responsible officer training nationally of which 35 were from the London region.



### **South East Region:**

- The South East region has an appointed HLRO and two responsible officers. Each plays a pivotal role in assuring the quality of circa 24,000 doctors working in 134 organisations across all healthcare sectors in the region.
- The 2018/19 annual organisational audit completed at 31 March 2019 for the South East region recorded 79 completed appraisals, 1 approved incomplete or missed appraisal and 0 unapproved incomplete or missed appraisals
- The 2018/19 annual organisational audit completed at 31 March 2019 for the South East region recorded 80 responsible officers.
- During the 2018/19 appraisal year, the HLRO submitted 22 recommendations.
- The annual organisation audit completed at 31 March 2019 recorded 134 designated bodies in the South East region.
- The average appraisal rate for 2018/19 recorded in the annual audit for SE designated bodies was 92%. The previous year's audits were carried out pan-south however, the SE rate for 2018/19 represents an increase compared to the average rates for the south's designated bodies in the previous two appraisal years.
- Of the SE's 23,957 connected doctors, 31% are in primary care, 46% in the acute, mental health and other NHS organisations and, 23% in the independent/non-NHS sector.
- During the 2018/19 period the pan-south HLRO regional team organised and hosted network events in London (SE), Taunton (SW) and a pan-south region conference held in October in Reading.

### **South West Region:**

- The SW region has an appointed HLRO and two responsible officers. Each plays a pivotal role in assuring the quality of circa 13,000 doctors working in around 49 organisations across all healthcare sectors in the region.
- The annual assurance report covers the period 1 April 2018 to 31 March 2019.
- The 2018/19 annual organisational audit completed at 31 March 2019 for the South West region recorded 40 completed appraisals, 1 approved incomplete or missed appraisal and 0 unapproved, incomplete or missed appraisals.
- The 2018/19 annual organisational audit completed at 31 March 2019 for the South West region recorded 38 responsible officers.
- During the 2018/19 appraisal year, the HLRO submitted 12 recommendations.
- The annual organisation audit completed at 31 March 2019 recorded 49 designated bodies in the South West region.

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- The average appraisal rate for 2018/19 recorded in the annual audit for SW designated bodies was 89%. The previous year's audits were carried out pan-south however, the SW rate for 2018/19 represents a decrease compared to the average rates for the south's designated bodies in the previous two appraisal years.
- Of the SW's 12,753 connected doctors, 42% are in primary care, 56% in the acute, mental health and other NHS organisations and, 2% in the independent/non-NHS and other sectors.
- Along with colleagues in the other HLRO regional teams, the pan-south team HLRO regional team works closely with project managers in the central Professional Standards Team to deliver priorities set out in the national professional standards work plan.
- During the 2018/19 period the pan-south HLRO regional team organised and hosted network events in London (SE), Taunton (SW) and a pan-south region conference held in October in Reading.

### 2.3 Conclusion and next steps

This report presents the data gathered from the 18/19 AOA exercise and demonstrates that substantial progress in medical appraisal continues to be made.

The AOA is complemented by two other components of the FQA:

- a quarterly reporting process that provides information on the trends in designated body activity, particularly on rates of appraisal; and
- a quality review of the information submitted by designated bodies, which involves a study of systems and, where appropriate, visits to designated bodies.

The data provided by the audit enables NHS England revalidation teams to focus support where it is most needed. Improvements continue to be made in clinical governance and the quality of appraisals to support the recommendations.

The responsible officer Regulations supports this quality improvement by ensuring the provision of processes to:

- monitor the quality of a doctor's performance;
- manage concerns about a doctor;
- undertake appropriate employment checks; and
- provide an effective appraisal system.

By providing statutory reinforcement to clinical governance these regulations act as an additional lever for continuous quality improvement, led by responsible officers and benefits in quality of care for patients.

As senior doctors, responsible officers hold the statutory duty to ensure the support and supervision of the medical profession as well as being well positioned to play a vital leadership role in the changing landscape of the NHS, through safeguarding and promoting quality and engaging doctors as they adapt to new ways of working.

The processes supporting medical revalidation are well established and functioning as they should be. The challenge for the coming years is to continue to develop our monitoring processes with an emphasis on making sure they reach their maximum potential for encouraging professional standards to achieve improvements to quality and safety of care.

### 3 Methodology

The annual organisational audit (AOA) exercise was coordinated by NHS England's professional standards team in collaboration with the regional revalidation teams. Data collection took place between 1 April and 7 June 2019 using the end of year AOA questionnaire 2018-19 (appendix 1). The redesigned questionnaire, introduced for this year's exercise, was based on key indicators relating to the statutory responsibilities set out in the Medical Profession (Responsible Officer) Regulations 2010, the amendments of 2013 and the associated guidance.

Responsible officers were invited to complete the questionnaire on behalf of their designated bodies. It is recommended that responsible officers present the details of their completed AOA in a report to the organisation's board, appropriate governance or executive group, to ensure a corporate understanding of the current degree of progress and statutory responsibilities is received.

The AOA was gathered via an electronic form with results being automatically submitted to a central database. Regional revalidation teams targeted their efforts to optimise the number of submissions, followed by a data cleansing exercise to ensure its validity.

Each designated body has by now received a bespoke report detailing their own submission, details of the average return from comparable sector organisations and the average of all responding designated bodies. This allows organisations to benchmark their own position in England. NHS England regional teams also reported separately to their senior management teams on their respective local data.

This report however serves as a summary of all the data to provide a picture of appraisal outcomes in England. It has been produced with a small number suppression; to ensure that public interest in the figures is met while protecting confidentiality.

Doctors on postgraduate training programmes, managed by Health Education England (HEE), are excluded from the AOA exercise as HEE conducts its own quality assurance review of its revalidation processes, reporting to its Local Education and Training Boards through Annual Revalidation Returns.

Doctors without a prescribed connection and those subject to the annual return process by the GMC are also not included.

A programme of quality review visits to designated bodies, where appropriate, has been initiated by NHS England's regional teams. The priority in which the visits take place is informed by the data from the AOA and other elements of the framework. The purpose of the visits is to enable learning, both for the designated bodies (on how they are doing in comparison with regional/national norms) and for the regional teams (in terms of sense-checking the data and identifying examples of good practice). An independent team that may include a lay person representative carry out the visits.

## 4 Analysis of Data

The results of the AOA exercise are divided into the following sections, as in the AOA questionnaire:

Section 1: The Designated Body and the Responsible Officer

Section 2: Appraisal

Section 3: Annual Board Report and Statement of Compliance

The data shown throughout the report is the result of a self-assessment exercise by designated bodies; except for minor errors, there has been no central external validation process. Explanatory notes and guidance were produced to help ensure organisations were able to interpret the questions correctly, to maximise consistency between designated bodies in interpreting and responding to the questions.

Note that data presented from the AOA focuses on the number of responding designated bodies. The comparative data from previous exercises is based on the percentage of doctors covered by the designated bodies' responses.

Analysis was conducted in-house by NHS England. **Section 3** of the questionnaire, which asks designated bodies to provide the date their last Annual Board Report and Statement of Compliance were signed off as well as **Section 4** inviting designated bodies to provide free-text comments, are not included in this analysis. NHS England's regional teams will however consider the replies and, where appropriate, will respond to the comments from their respective designated bodies during the desktop quality review exercise.

## 5 Section 1: The Designated Body and Responsible Officer

Section 1 of the self-assessment questionnaire records details of the designated body, including organisational type, and the numbers and types of doctors with a prescribed connection to the designated body.

The details of organisations completing the self-assessment exercise are presented in Figures 1 and 2.

**Figure 1: The AOA and previous exercises (ORSA and interim ORSA) - responses and return rate by date**

Exercise Date	Number of responses received	Number of responses expected	% Response rate	Total no. of prescribed connections covered by responses
Mar-12	654	691	94.6%	157,999 <sup>1</sup>
Sep-12	731	751	97.3%	-
Mar-13	621	642	96.7%	161,453 <sup>1</sup>
Mar-14	645	665	97.0%	117,391
Mar-15	731	733	99.7%	124,015
Mar-16	769	770	99.9%	131,115
Mar-17	821	821	100%	135,446
Mar-18	834	834	100%	140,303
Mar-19	862	862	100%	144,454

1. Trainees included within this figure

At 31 March 2019 there were 862 registered designated bodies in England. All 862 (100%) completed the AOA.

The changing number of designated bodies, year on year, reflects both major changes in the structure of the NHS and more minor fluctuations as the smaller organisations are created, merged or cease to operate. Hidden within these figures is the high turnover of designated bodies opening and closing.

Between April 2018 and March 2019 there has been a further increase of 28 in the total number of designated bodies in England. A full sectorial analysis is included in Figure 2.

In line with the increase in designated bodies, there has also been an increase in prescribed connections of 4,151 doctors since the last AOA exercise. However, this is a reduction of 706 doctors from last years increased number of 4,857.

Figure 2: The responses by exercise date and organisational type

Exercise Date	Primary Care Trust/NHS England	Acute hospital	Mental health	Special Health Authorities <sup>3</sup>	Other NHS	Independent Non-NHS					Total
						Faculty	Hospice, Charity or voluntary sector <sup>1</sup>	Independent Healthcare provider	Locum Agency	Other Independent, Non-NHS <sup>2</sup>	
Mar-12	151	170	42	N/A	51	4	66	113	17	28	654
Mar-13	27	160	50	N/A	39	7	83	159	35	46	621
Mar-14	27	158	43	4	45	6	96	166	47	53	645
Mar-15	32	156	42	5	38	6	97	226	73	56	731
Mar-16	20 <sup>4</sup>	156	44	5	34	6	100	272	82	50	769
Mar-17	21	153	43	5	33	6	110	303	94	53	821
Mar-18	22	149	42	5	33	7	110	322	87	57	834
<b>Mar - 19</b>	<b>25</b>	<b>148</b>	<b>40</b>	<b>4</b>	<b>33</b>	<b>6</b>	<b>114</b>	<b>338</b>	<b>93</b>	<b>61</b>	<b>862</b>

Figure 2 illustrates that whilst some sectors have seen a stabilisation in the numbers of designated bodies over recent years, the independent sector continues to grow. Non-NHS designated bodies have continued to engage with the AOA exercise for the sixth year running, resulting in a 100% return rate. This illustrates the value that NHS England regional teams are adding through building stronger relationships both at the networks and through their work with individual ROs.

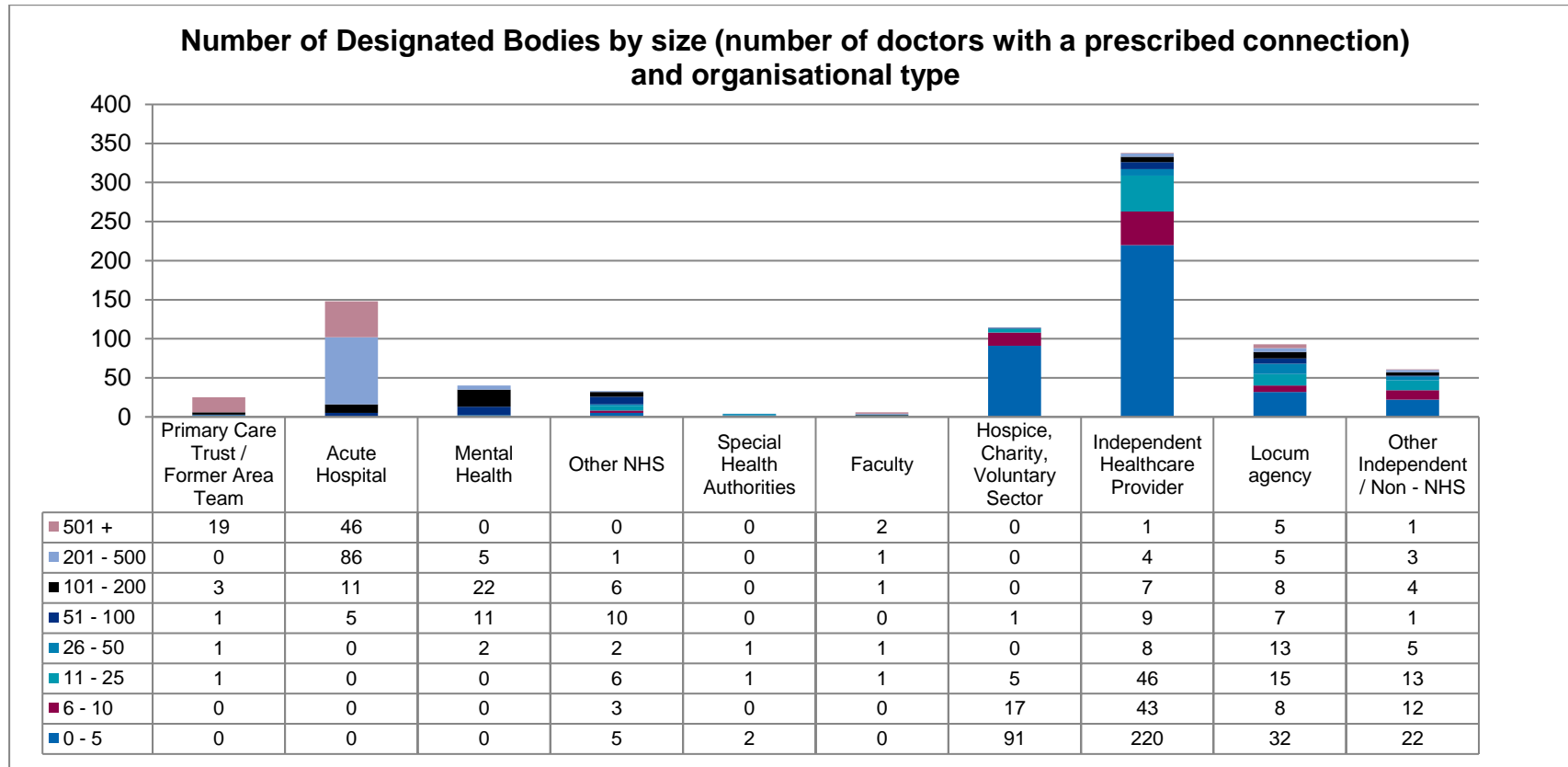
<sup>1</sup> Hospices have their own sector category for 2014/15 & 2015/16, however they have been grouped together here for the purposes of comparison with AOA/ORSA data from previous years

<sup>2</sup> Includes Academic, Armed Forces and Government Departments.

<sup>3</sup> Included in different sectors previously.

### 5.1 The number of designated bodies

Figure 3: Number of designated bodies by size (number of doctors with a prescribed connection) and organisational type March 2019



Primary Care Trust / Former Area Team includes NHS England

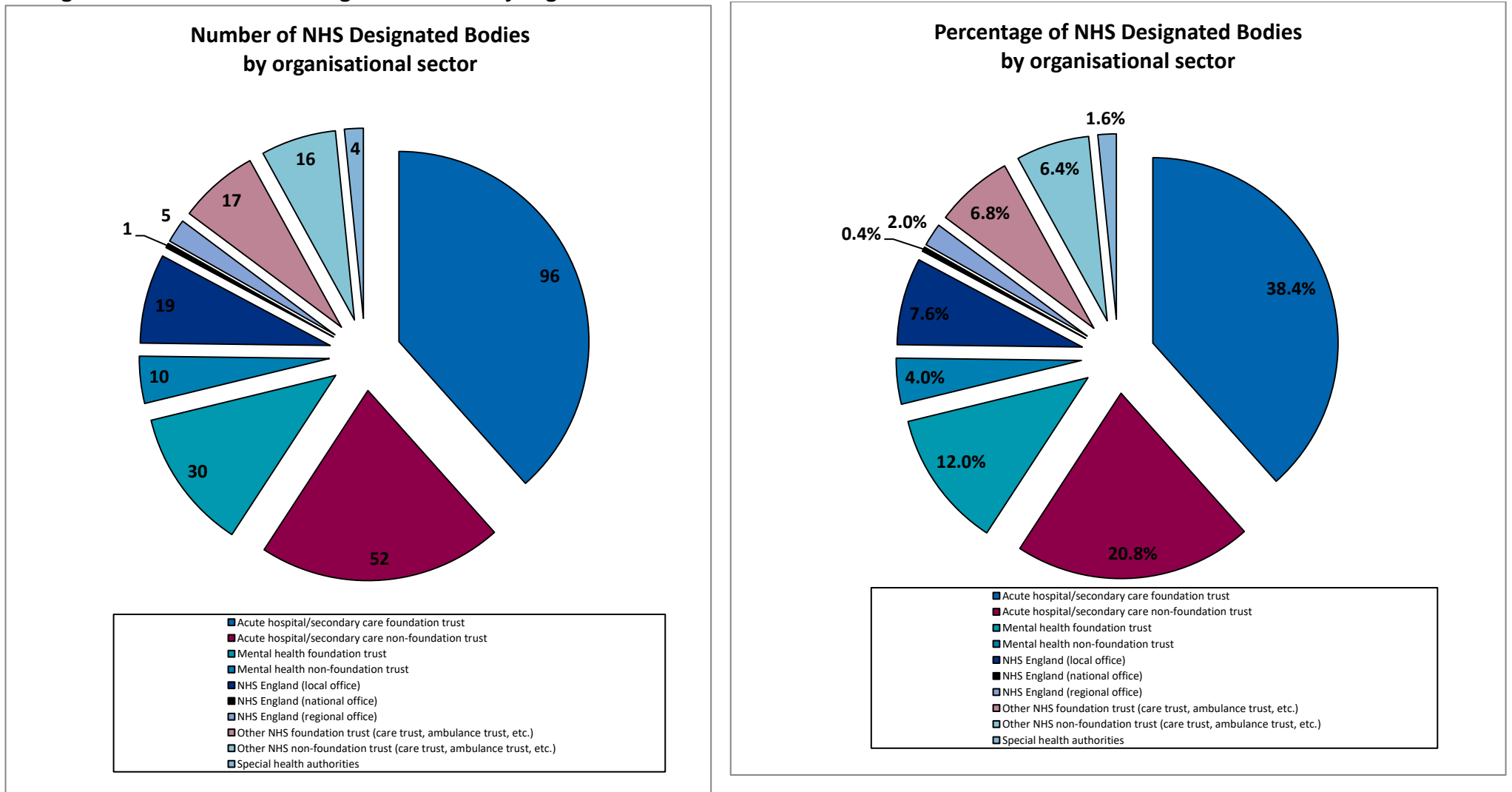
Other Independent / Non - NHS includes: Academic Organisations, Armed Forces, Government Departments, and Other Non – NHS

Hospital, Charity, Voluntary Sector includes: Charity/Voluntary Organisations, and Hospices

Source Annual Organisational Audit (AOA) - End of Year Questionnaire 2018/19



Figure 4: The number of designated bodies by organisational sector



## 5.2 Numbers of doctors

Figure 5a i shows a detailed breakdown of the number of doctors across the different organisations at 31 March 2019 (previous figures are for comparison).

Figure 5a i: The numbers of doctors by organisational type

Organisational Type	Exercise Date	Total Designated Bodies	Consultant	Staff Grade, Associate Specialist, Specialty Doctor	GP	Practising Privileges	Temporary or Short-term Contract Holder	Other	Total Doctors
Primary Care Trust / Former Area Team	Mar 12	151	88	5	44554	0	27	61	44735
	Mar 13	27	8	0	41872	9	425	11	42325
	Mar 14	27	0	2	44088	0	0	155	44245
	Mar 15	32	3	0	44767	0	4	571	45345
	Mar 16	20	7	1	44839	0	0	576	45423
	Mar 17	21	2	0	45841	0	1	592	46436
	Mar 18	22	1	1	46450	0	0	543	46995
	Mar 19	<b>25</b>	<b>4</b>	<b>0</b>	<b>46873</b>	<b>0</b>	<b>0</b>	<b>525</b>	<b>47402</b>
Acute Hospital	Mar 12	170	37118	9000	50	28	6620	335	53151
	Mar 13	160	36358	8061	11	1	7096	302	51829
	Mar 14	158	37023	7962	16	1	7477	353	52832
	Mar 15	156	38712	8488	34	50	8498	833	56615
	Mar 16	156	40677	9237	8	6	9998	565	60491
	Mar 17	153	41651	9342	7	9	10947	609	62565
	Mar 18	154	43702	9560	8	12	13386	721	67389
	Mar 19	<b>148</b>	<b>45255</b>	<b>10012</b>	<b>35</b>	<b>4</b>	<b>14694</b>	<b>974</b>	<b>70974</b>
Mental Health	Mar 12	42	3416	1178	66	0	215	56	4931
	Mar 13	50	4069	1484	1	0	322	53	5929
	Mar 14	43	3583	1168	0	1	329	35	5116
	Mar 15	42	3564	1079	0	0	374	44	5061
	Mar 16	44	3686	1108	1	7	399	42	5243
	Mar 17	43	3769	1100	2	2	474	31	5378
	Mar 18	42	3827	1125	3	2	536	59	5552
	Mar 19	<b>40</b>	<b>3763</b>	<b>1037</b>	<b>2</b>	<b>3</b>	<b>568</b>	<b>54</b>	<b>5427</b>

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Other NHS	Mar 12	51	1050	504	14	0	187	583	2338
	Mar 13	39	840	434	4	0	111	556	1945
	Mar 14	49	1698	732	11	0	211	560	3212
	Mar 15	38	1331	601	2	0	204	35	2173
	Mar 16	34	1140	512	4	0	130	26	1812
	Mar 17	33	1109	494	12	0	152	23	1790
	Mar 18	33	1146	493	7	0	146	24	1816
	Mar 19	<b>33</b>	<b>1346</b>	<b>575</b>	<b>2</b>	<b>0</b>	<b>161</b>	<b>17</b>	<b>2101</b>
Special Health Authorities	Mar 12	0	0	0	0	0	0	0	0
	Mar 13	0	0	0	0	0	0	0	0
	Mar 14	0	0	0	0	0	0	0	0
	Mar 15	5	44	11	0	0	1	23	79
	Mar 16	5	50	8	0	0	1	22	81
	Mar 17	5	50	8	0	0	0	19	77
	Mar 18	5	65	6	0	0	1	4	76
	Mar 19	<b>4</b>	<b>57</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>65</b>
Independent / Non - NHS	Mar 12	228	1324	1480	349	1910	2395	1941	9399
	Mar 13	330	2268	942	443	1760	3185	2487	11085
	Mar 14	368	2294	1063	604	1621	1696	4708	11986
	Mar 15	458	2260	944	498	1703	4376	4961	14742
	Mar 16	510	3729	727	494	1690	6016	5409	18065
	Mar 17	566	3521	1030	483	2366	6251	5549	19200
	Mar 18	578	2555	875	504	2181	7386	4974	18475
	Mar 19	<b>612</b>	<b>2752</b>	<b>913</b>	<b>510</b>	<b>1863</b>	<b>6890</b>	<b>5557</b>	<b>18485</b>
Total doctors	Mar 12	654	42997	12167	45035	1938	9661	2983	114781
	Mar 13	621	43544	10921	42334	1770	11249	3415	113233
	Mar 14	645	44598	10927	44719	1623	9713	5811	117391
	Mar 15	731	45914	11123	45301	1753	13457	6467	124015
	Mar 16	769	49289	11593	45346	1703	16544	6640	131115
	Mar 17	821	50102	11974	46345	2377	17825	6823	135446
	Mar 18	834	51296	12060	46972	2195	21455	6325	140303
	Mar 19	<b>862</b>	<b>53177</b>	<b>12543</b>	<b>47422</b>	<b>1870</b>	<b>22314</b>	<b>7128</b>	<b>144454</b>

**Figure 5b i: The breakdown of number of doctors, by organisational type, for independent / non-NHS designated bodies**

As with last year, the data for this reporting year illustrates a further decrease in the number of doctor connections in this organisational type. The data also illustrates a significantly low increase of the total number of doctors connected to locum agencies.

Organisational Type	Exercise Date	Total Designated Bodies	Consultant	Staff Grade, Associate Specialist, Specialty Doctor	GP	Practising Privileges	Temporary or Short-term Contract Holder	Other	Total Doctors
Faculty	Mar 12	4	36	11	0	0	0	876	923
	Mar 13	7	133	181	0	0	0	1003	1317
	Mar 14	6	193	103	0	0	0	1175	1471
	Mar 15	6	190	0	0	0	0	1170	1360
	Mar 16	6	210	0	0	2	0	1293	1505
	Mar 17	6	206	0	0	0	0	1371	1577
	Mar 18	7	293	2	0	0	0	1356	1651
	Mar 19	<b>6</b>	<b>328</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1338</b>	<b>1670</b>
Hospice, Charity, Voluntary Sector	Mar 12	66	110	188	1	24	10	50	383
	Mar 13	83	137	191	2	17	28	39	414
	Mar 14	96	136	189	5	1	22	49	402
	Mar 15	97	111	194	1	5	11	46	368
	Mar 16	100	116	212	0	27	34	36	425
	Mar 17	110	491	379	0	17	133	53	1073
	Mar 18	113	163	285	1	11	24	55	539
Mar 19	<b>114</b>	<b>158</b>	<b>297</b>	<b>0</b>	<b>9</b>	<b>32</b>	<b>47</b>	<b>543</b>	

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Independent Healthcare Provider	Mar 12	113	526	324	23	1881	48	195	2997
	Mar 13	159	917	350	6	1707	134	196	3310
	Mar 14	166	915	645	81	1563	38	179	3421
	Mar 15	226	873	626	12	1685	87	559	3842
	Mar 16	272	1246	455	9	1573	109	714	4106
	Mar 17	303	1092	561	8	2267	178	561	4667
	Mar 18	312	1168	553	34	2085	263	597	4700
	Mar 19	<b>338</b>	<b>1242</b>	<b>526</b>	<b>29</b>	<b>1841</b>	<b>892</b>	<b>686</b>	<b>5216</b>
Locum Agency	Mar 12	17	83	384	17	1	2098	70	2653
	Mar 13	35	101	163	0	0	2969	218	3451
	Mar 14	47	47	38	0	0	1354	2600	4039
	Mar 15	73	49	71	3	0	3959	2228	6310
	Mar 16	82	1171	7	2	22	5524	1357	8083
	Mar 17	94	771	37	10	0	5396	1533	7747
	Mar 18	89	0	0	0	0	7057	1452	8509
	Mar 19	<b>93</b>	<b>60</b>	<b>25</b>	<b>1</b>	<b>0</b>	<b>5930</b>	<b>2494</b>	<b>8510</b>
Other Independent / Non - NHS	Mar 12	28	569	573	308	4	239	750	2443
	Mar 13	46	980	57	435	36	54	1031	2593
	Mar 14	53	1003	88	518	57	282	705	2653
	Mar 15	56	1037	53	482	13	319	958	2862
	Mar 16	50	986	53	483	66	349	2009	3946
	Mar 17	53	961	53	465	82	544	2031	4136
	Mar 18	57	931	35	469	85	42	1514	3076
	Mar 19	<b>61</b>	<b>964</b>	<b>61</b>	<b>480</b>	<b>13</b>	<b>36</b>	<b>992</b>	<b>2546</b>
Total Independent / Non NHS	Mar 12	228	1324	1480	349	1910	2395	1941	9399
	Mar 13	330	2268	942	443	1760	3185	2487	11085
	Mar 14	368	2294	1063	604	1621	1696	4708	11986
	Mar 15	458	2260	944	498	1703	4376	4961	14742
	Mar 16	510	3729	727	494	1690	6016	5409	18065
	Mar 17	566	3521	1030	483	2366	6251	5549	19200
	Mar 18	578	2555	875	504	2181	7386	4974	18475
	Mar 19	<b>612</b>	<b>2752</b>	<b>913</b>	<b>510</b>	<b>1863</b>	<b>6890</b>	<b>5557</b>	<b>18485</b>

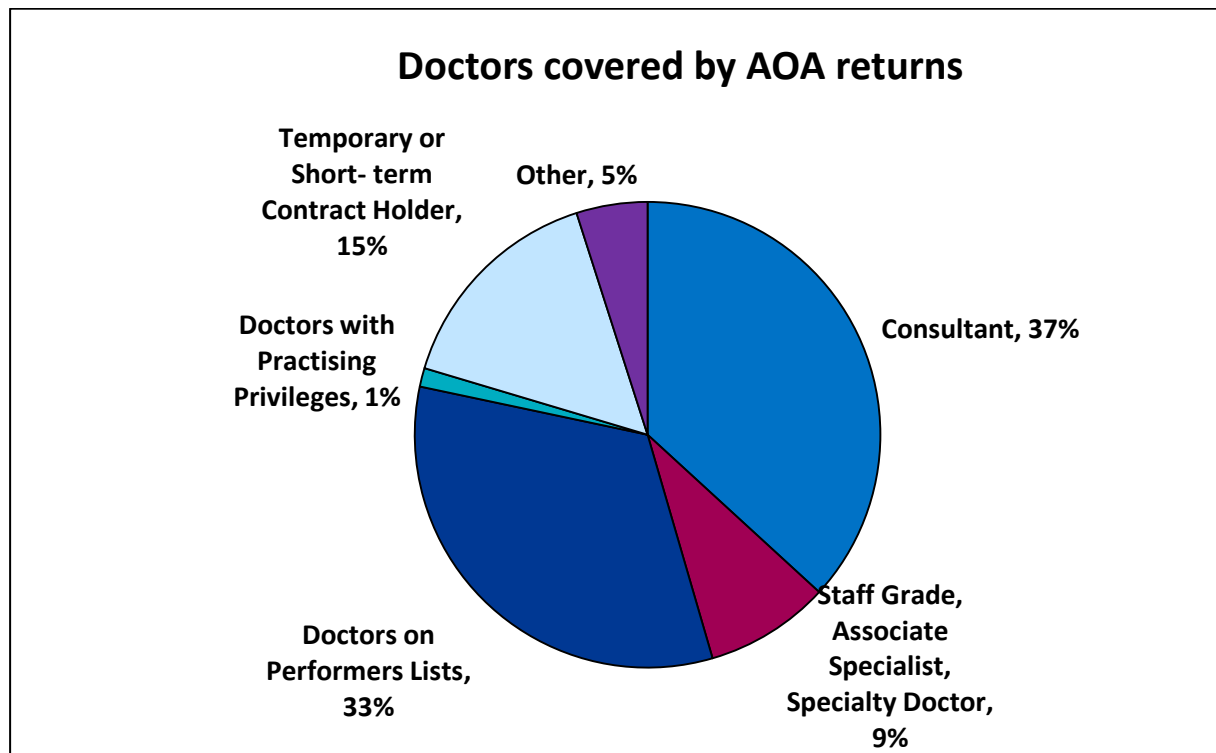
Figure 6a: The numbers of doctors with whom the designated body has a prescribed connection, by type of doctor

Organisational Type	Total number of Designated Bodies	Consultant	Staff Grade, Associate Specialist, Specialty Doctor	Doctors on Performers Lists	Doctors with Practising Privileges	Temporary or Short-term Contract Holder	Other	Total number of doctors	% Total doctors by sector
NHS England (national office)	1	0	0	0	0	0	18	18	0%
NHS England (regional office)	5	0	0	0	0	0	500	500	0%
NHS England (local office)	19	4	0	46873	0	0	7	46884	32%
Acute hospital/secondary care foundation trust	96	28190	5592	35	1	8870	689	43377	30%
Acute hospital/secondary care non-foundation trust	52	17065	4420	0	3	5824	285	27597	19%
Mental health foundation trust	30	2921	783	1	3	417	49	4174	3%
Mental health non-foundation trust	10	842	254	1	0	151	5	1253	1%
Other NHS foundation trust (care trust, ambulance trust, etc.)	17	1026	404	0	0	140	1	1571	1%
Other NHS non-foundation trust (care trust, ambulance trust, etc.)	16	320	171	2	0	21	16	530	0%
Special health authorities	4	57	6	0	0	1	1	65	0%
<b>NHS - Total number of Designated Bodies</b>	<b>250</b>	<b>50425</b>	<b>11630</b>	<b>46912</b>	<b>7</b>	<b>15424</b>	<b>1571</b>	<b>125969</b>	<b>87%</b>
Independent/non-NHS sector, independent healthcare provider	338	1242	526	29	1841	892	686	5216	4%
Independent/non-NHS sector, charity/voluntary organisation	39	78	159	0	9	12	42	300	0%
Independent/non-NHS sector, hospice	75	80	138	0	0	20	5	243	0%
Independent/non-NHS sector, other non-NHS	30	77	42	11	11	2	556	699	0%
Independent/non-NHS sector, locum agency	93	60	25	1	0	5930	2494	8510	6%
Independent/non-NHS sector, faculty	6	328	4	0	0	0	1338	1670	1%
Independent/non-NHS sector, academic organisation	9	3	16	0	1	0	166	186	0%
Independent/non-NHS sector, armed forces	4	348	1	469	0	15	143	976	1%
Independent/non-NHS sector, government department	18	536	2	0	1	19	127	685	0%
<b>Independent/non-NHS sector Total</b>	<b>612</b>	<b>2752</b>	<b>913</b>	<b>510</b>	<b>1863</b>	<b>6890</b>	<b>5557</b>	<b>18485</b>	<b>13%</b>
<b>Total number of Designated Bodies</b>	<b>862</b>	<b>53177</b>	<b>12543</b>	<b>47422</b>	<b>1870</b>	<b>22314</b>	<b>7128</b>	<b>144454</b>	<b>100%</b>

Figure 6a (page 22) shows the number of each type of doctor with a prescribed connection to a designated body. The total number of doctors in England with a connection to an NHS body remains the same as last year at 87%.

Figure 6b shows the percentage of doctors by doctor type covered by all AOA submissions received this year.

**Figure 6b: The doctors covered by AOA March 2019 returns, by type**



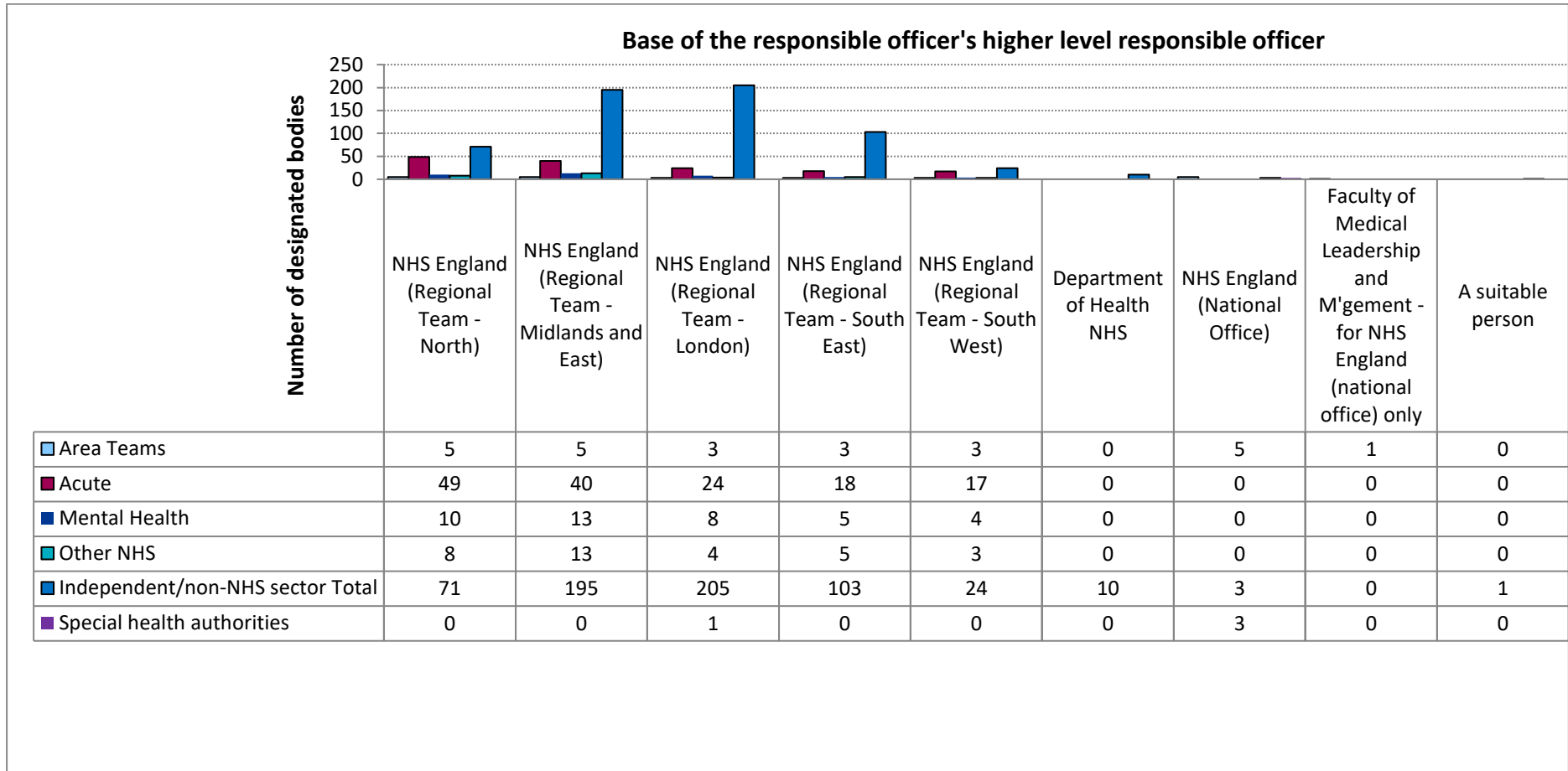
### 5.3 Higher level responsible officer (HLRO) connections

Each responsible officer has a prescribed connection to a HLRO who is based at either regional or national level within NHS England, the Department of Health (CMO's office) or the Faculty of Medical Leadership and Management. Figure 7 below shows the number of designated bodies connected to each HLRO by sector.

HLROs are responsible for conducting annual appraisals, making recommendations to the GMC and ensuring that each responsible officer is up to date and fit to practise in all the roles they undertake as a doctor. Within NHS England the five HLROs have a team of colleagues that support this process, running responsible officer and appraisal networks as well as conducting HLRO quality reviews. The purpose of reviews is to provide assurance to the HLRO that systems are in place and are working effectively as well as providing support where appropriate to organisations to improve healthcare for patients. Reviews can take place through an email communication, by a telephone conversation with the responsible officer or by arranging a visit to the individual organisation.



Figure 7: Number of designated bodies, by sector connected to each office



## 6 Section 2: Appraisal

Section 2 of the AOA focussed on the details of designated bodies' medical appraisal systems. A foundation of revalidation is that doctors participate in annual medical appraisal. A high quality and consistent form of annual medical appraisal enables doctors to discuss their practice and performance with their appraiser to demonstrate that they continue to meet the principles and values set out in the GMC document Good Medical Practice. Appraisal must provide a safe environment to support doctors to consider, discuss and agree their own personal and professional development needs. Appraisal can also enhance the quality of doctors' professional work by ensuring that they are working productively and in line with the priorities and requirements of the organisation in which they practise.

Appraisal provides key information to the responsible officer on the fitness to practise of each doctor and their commitment to remaining up to date. The recommendations that responsible officer make to the GMC on doctors' fitness to practise are made using outputs from appraisal and other information available to them from local clinical governance systems.

The term 'completed appraisal' used by the AOA audit is as follows:

*"Where the appraisal meeting has taken place in the 3 months preceding the appraisal due date and the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting".*

Although appraisal dates for doctors vary throughout the year, AOA appraisal data is collected for activity between 1 April and 31 March. The appraisal rates are based on the following definitions:

- The total number of doctors with prescribed connections to the designated body (Question 2.1.7).
- The total number of those doctors with prescribed connections who have had an appraisal (Question 2.1.7.1).
- The total number of those prescribed connections who had an approved missed or incomplete appraisal (Question 2.1.7.2), but where the responsible officer has given approval for postponement or cancellation of the appraisal.
- The total number of those prescribed connections who had an unapproved missed or incomplete appraisal (Question 2.1.7.3), and the responsible officer has not given approval to the postponement or cancellation of the appraisal.

**Figure 8a: The numbers of doctors with whom the designated body has a prescribed connection on 31 March 2019 who had a completed annual appraisal between 1 April 2018 and 31 March 2019.**

Organisational Type	Total number of Designated Bodies	Appraisal completed	
Acute hospital/secondary care foundation trust	96	38722	89.3%
Acute hospital/secondary care non-foundation trust	52	24736	89.6%
Mental health foundation trust	30	3864	92.6%
NHS England (local office)	19	44625	95.2%
Other NHS non-foundation trust (care trust, ambulance trust, etc.)	16	504	95.1%
Mental health non-foundation trust	10	1141	91.1%
Other NHS foundation trust (care trust, ambulance trust, etc.)	17	1428	90.9%
NHS England (regional office)	5	494	98.8%
Special health authorities	4	60	92.3%
NHS England (national office)	1	18	100%
<b>NHS - Total number of Designated Bodies</b>	<b>250</b>	<b>115592</b>	<b>91.8%</b>
Independent/non-NHS sector, independent healthcare provider	338	4841	92.8%
Independent/non-NHS sector, charity/voluntary organisation	39	280	93.3%
Independent/non-NHS sector, hospice	75	222	91.4%
Independent/non-NHS sector, other non-NHS	30	644	92.1%
Independent/non-NHS sector, locum agency	93	7344	86.3%
Independent/non-NHS sector, faculty	6	1564	93.7%
Independent/non-NHS sector, academic organisation	9	182	97.8%
Independent/non-NHS sector, armed forces	4	920	94.3%
Independent/non-NHS sector, government department	18	627	91.5%
Independent/non NHS sector - Total number of Designated Bodies	<b>612</b>	<b>16624</b>	<b>89.9%</b>
<b>Total number of Designated Bodies</b>	<b>862</b>	<b>132216</b>	<b>91.5%</b>

Figure 8a illustrates what is frequently termed the 'appraisal rate' in England. For 2016/17, a continued year on year increase was reported, from 88.2% in 2015/16 to 90.7%, to 91.3% in 2017/18 and to **91.5%** in 2018/19.

It is pleasing to see the data indicates a continued improvement in the number of completed appraisals.

**Figure 8b: The extent to which all doctors with a missed or incomplete medical appraisal within a designated body have a recorded explanation & the extent to which an explanation was not recorded (Category 2 & 3)**

Organisational Type	Total number of Designated Bodies	Approved Incomplete or missed appraisal (number & percentage)	Unapproved Incomplete or missed appraisal (number & percentage)
Acute hospital/secondary care foundation trust	96	3437 7.9%	1218 2.8%
Acute hospital/secondary care non-foundation trust	52	1852 6.7%	1009 3.7%
Mental health foundation trust	30	263 6.3%	47 1.1%
NHS England (local office)	19	1979 4.2%	280 0.6%
Other NHS non-foundation trust (care trust, ambulance trust, etc.)	16	23 4.3%	3 0.6%
Mental health non-foundation trust	10	102 8.1%	10 0.8%
Other NHS foundation trust (care trust, ambulance trust, etc.)	17	58 3.7%	85 5.4%
NHS England (regional office)	5	6 1.2%	0 0.0%
Special health authorities	4	4 6.2%	1 1.5%
NHS England (national office)	1	0 0.0%	0 0.0%
<b>NHS - Total number of Designated Bodies</b>	<b>250</b>	<b>7724 6.1%</b>	<b>2653 2.1%</b>
Independent/non-NHS sector, independent healthcare provider	338	291 5.6%	84 1.6%
Independent/non-NHS sector, charity/voluntary organisation	39	15 5.0%	5 1.7%
Independent/non-NHS sector, hospice	75	17 7.0%	4 1.6%
Independent/non-NHS sector, other non-NHS	30	51 7.3%	4 0.6%
Independent/non-NHS sector, locum agency	93	924 10.9%	242 2.8%
Independent/non-NHS sector, faculty	6	88 5.3%	18 1.1%
Independent/non-NHS sector, academic organisation	9	3 1.6%	1 0.5%
Independent/non-NHS sector, armed forces	4	45 4.6%	11 1.1%
Independent/non-NHS sector, government department	18	46 6.7%	12 1.8%
Independent/non NHS sector - Total number of Designated Bodies	<b>612</b>	<b>1480 8.0%</b>	<b>381 2.1%</b>
<b>Total number of Designated Bodies</b>	<b>862</b>	<b>9204 6.4%</b>	<b>3034 2.1%</b>

Figure 8b shows the number of doctors who had an incomplete or missed medical appraisal as a percentage of total prescribed connections within each sector and across the programme. Those reported as approved incomplete or missed appraisals are predominantly doctors likely to be on maternity leave or sabbatical from their organisation, or perhaps sick leave, which means there will always be a proportion of doctors in this category. Designated bodies are challenged to ensure those that fall into this category have a genuine, unavoidable reason for having an approved miss and that organisational shortfalls do not result in doctors missing appraisal. The numbers of doctors reporting an approved incomplete or missed appraisal has increased slightly from 6.0% last year (2017-18) to 6.4% in 2018 -19.

Responsible officers should always determine why a doctor missed or failed to complete their appraisal. Consequently, the number of unapproved incomplete or missed appraisal should be zero. Last year this figure was calculated at 2.7%, which has further decreased this year to 2.1%.

It is encouraging that responsible officers are increasingly improving their systems for managing appraisal and understanding why some doctors may have difficulty in completing appraisals. It is promising that this number has further reduced. It is likely that these 'unapproved missed or incomplete' appraisals are partly due to the large numbers of 'new' prescribed connections joining the system in the last year. Learning that they have a prescribed connection at short notice, many doctors may be just weeks before their revalidation date, some are not as prepared for the appraisal process as might be expected and subsequently fail to participate within the timeframe required. The figure may also be attributable to continuing improvements in accuracy of reporting systems within designated bodies and an increasingly honest approach to sharing their true status with regional teams to engage support where it is required. Both are welcome and contribute to the view that engagement in appraisal and the revalidation process continues to increase.

Through close analysis of AOA returns, regional teams have already begun targeting specific support to those designated bodies that have reported above average unapproved missed or incomplete appraisals. Ensuring doctors receive a valuable appraisal that helps them improve the care they give to patients as well as making a difference to their personal and professional development is important.

## 7 Section 3: Professional Standards – the wider programme

As the completion of the first five-year cycle of revalidation has passed and both medical revalidation and the process for doctors annual appraisals are successfully embedded, the professional standards programme has moved from set up phase to a delivery phase of continuous improvement, strengthening of governance processes, improving safety for patients, better support to doctors and to raise quality by equipping responsible officers, and all doctors, to be agents for quality and leaders of change.

In this last reporting year of the AOA (1 April 2018 – 31 March 2019), the professional standards programme has successfully published guidance on specific pieces of work with a limited lifespan and with defined outcomes. These are outlined below. They do not however represent the totality of professional standards work undertaken by NHS England.

### 3.1 Framework for Quality Assurance (FQA)

In 2018-19 we have taken steps to streamline the FQA so that it services the new focus of maximising professional standards and broadens out from a simple focus on regulation and appraisal. This means that in future the FQA will support organisations to conduct their own internal review on an iterative basis. It will also progressively broaden the focus from appraisal statistics to include other important markers of the professional standards activities, including monitoring of performance, responding to concerns, and processes around identity and credentials verification. The intention is that the regulations will increasingly be a lever for improving professional standards and not simply an end in themselves.

### 3.2 Medical Appraisal

The start of the 2018/19 new appraisal year was significant as it marked the end of the first cycle of revalidation and the start of the second. Our data confirms that doctors now have improved access to appraisal to support them in their professional lives and provide better care for patients. The challenge is to ensure that appraisal also fulfils its function to support the professional development of the doctor and does not just tick a regulatory box.

To this end, 2018-19 saw the release of materials to support a ‘soft re-boot’ of appraisal, with an emphasis on the professional development impact and where possible a streamlining of the preparation for appraisal so that the professional benefit clearly outweighs the paperwork requirements.

On the value of appraisal, we published a report on the feedback received by GPs in England about their appraisal in June 2019. This provides reassuring evidence that GPs in England are finding their appraisal a valuable professional exercise.

The link to the report on NHS England’s website is below:

<https://www.england.nhs.uk/medical-revalidation/appraisers/medical-appraisal-gp-feedback/>

### 3.3 Information flows, including locum doctors and those working in short term placements

Doctors in both primary and secondary care who locum or work within health organisations for short-term placements often do not have easy access to systems or structures in place to support their continuing professional development, appraisal, revalidation, and governance. To support locum doctors and those working in short term placements, NHS England published the following guidance in October 2018:

- Supporting locums and doctors in short-term placements
- Supporting organisations engaging with locums and doctors in short term placements

The link to both sets of guidance on NHS England's website is below:

<https://www.england.nhs.uk/medical-revalidation/doctors/locum-ad/>

This work speaks to the wider issue of effective, proportionate, transparent and safe transfer of information between responsible officers and organisations about doctors' practice. On the basis that the peripatetic and often transient nature that locum working brings these issues to the fore, moving forward in this area for locum doctors has clear and beneficial implications for the rest of the system.

The link to the information flows guidance on NHS England's website is below:

<https://www.england.nhs.uk/medical-revalidation/ro/info-flows/>

### **3.4 Responding to concerns about medical practice**

The NHS England document, 'A practical guide for responding to concerns about medical practice' was published, after a period of sharing and discussion. It sets the direction for a change in the conversation between an organisation and a doctor when a concern arises, with the intent to address issues at an earlier stage so that professionalism is encouraged, maximum learning is achieved, and more concerns are resolved without unnecessary recourse to legal mechanisms.

The link to the guide on NHS England's website is below:

<https://www.england.nhs.uk/?s=responding+to+concerns+about+medical+practice>

### **3.5 Putting guidance into practice**

A national network event was held on 12 March 2019 for over a hundred responsible officers and members of their team. It was designed to support the sharing of insights and good practice by colleagues as they have implemented guidance introduced in the first cycle of medical revalidation. The event provided an opportunity for teams to show good examples of implementation and to report positive experiences.

## Appendix 1

The PDF version of the 2018/19 AOA can be accessed on NHS England's website via the following link:

<https://www.england.nhs.uk/publication/annual-organisational-audit-annex-c-end-of-year-questionnaire/>