

**Report to the Meeting of the
Portsmouth Hospitals NHS Trust
Board**

February 2013

Medical Appraisal and Implementation of Revalidation

For: Information

Background

The purpose of this report is to provide the Board of Directors with an overview of progress with Medical Revalidation. It will outline the link between Medical Appraisal and Revalidation and demonstrate how the change in legislation will improve quality and give reassurance that doctors are fit to practice.

This report will provide an update on The Trust's progress made in the previous year which is monitored nationally by the Organisational Readiness Self Assessment (ORSA). It will detail the work streams that are ongoing to ensure that organisational readiness is achieved and Revalidation will be successfully implemented in The Trust.

Report

Introduction

The plans for periodic revalidation of doctors in the UK have been under discussion for some time. As a result of The Shipman Inquiry, a broad review of medical regulation, a subsequent report (*Good Doctors, Safer Patients*) and a White Paper (*Trust, Assurance and Safety - The Regulation of Health Professionals in the 21st Century*), legislation was passed in 2008 granting the powers to establish revalidation.

The proposed revalidation process will be led by the General Medical Council (GMC) to regulate licensed doctors and give further assurance to patients and employers that doctors are up to date and fit to practice. A detailed annual appraisal, based on the GMC's core guidance 'Good Medical Practice', covering a large amount of key information on the doctor's performance, will be the foundation for revalidation, and only when a doctor has carried out a satisfactory 'revalidation ready appraisal' with a trained appraiser, will they be recommended by their Responsible Officer (RO) for revalidation. The Medical Profession (Responsible Officer) Regulations 2010 came into force on 1 January 2011. The regulations create the role of Responsible Officer and set out the requirements of the role and its functions, and also which bodies must appoint a

Responsible Officer. These regulations are currently being revised ready for when the structure of the NHS in England changes on 31st March 2013.

The Medical Director for PHT has been appointed as the RO for the Trust. The GMC will use the recommendations of the RO to complete the revalidation process for the Trust's senior medical workforce. For PHT, trainee doctor's revalidation is coordinated via the Wessex Deanery.

Organisational Readiness Self Assessment (ORSA)

In order for NHS South and the Department of Health to monitor the readiness of all organisations employing doctors (Designated Bodies) to implement revalidation, a self assessment tool (ORSA) is completed twice a year, with the most recent one submitted in October 2012. It is the information in the ORSA that determines the readiness of all organisations, and informs the decision of the Secretary of State on timescales for the implementation of revalidation.

Timescales

Summer 2012	Secretary of State assessed the readiness of all organisations employing doctors. This has informed a decision on when <i>The General Medical Council (License to Practice and Revalidation) Regulations 2012</i> will come into force
September 2012	Designated bodies informed the GMC which doctors (20-30% of senior doctors) will be revalidated in Year 1 (2013/2014)
December 2012	<i>The General Medical Council (License to Practice and Revalidation) Regulations 2012</i> will come into force
31st March 2013	Deadline for all Responsible Officers to themselves go through the Revalidation process
31st March 2014	At least 20 – 30% of doctor's in each designated body should have been revalidated
31st March 2015	A further 40% of doctors in each designated body should have been revalidated
31st March 2016	A further 30-40% of doctors in each designated body should have been revalidated
1st April 2016 - 31st March 2018	Any doctors who have not been through the process will revalidate by the end of March 2018

Recent progress & current work streams

The Medical Workforce Manager, Nicola Heyworth, supports revalidation as part of a wider role, and is supported by the Medical Workforce Assistant, Natasha Hobson. The Medical Appraisal Lead role is undertaken by Dr. Jonathan Harrison, Consultant Anaesthetist. PHT is now completely engaged with the RO Network, and there are regular meetings with the GMC Employer Liaison Advisor. Appraisers from the senior medical workforce are receiving relevant 'top up' training provided by the SHA. The Revalidation Readiness Group meets monthly, chaired by Simon Holmes. The following work streams are its priorities:

Policy for re-skilling, rehabilitation, remediation and targeted support- This ORSA indicator has not yet been achieved. There is currently work across the SHA area to develop a standardised policy that can be adapted locally. This is expected to be in place early 2013.

Development of a system to record data by doctor - The Revalidation Support Team (RST) has developed an RO Dashboard as a database to use for holding information such as complaints, Serious Incidents Requiring Investigation (SIRIs), in the first years of revalidation but it is anticipated that most organisations will require an IT system to hold this data in the future. PHT are working with the Learning Clinic to ensure this can be accessed through the Clinician Resource Management System (CRMS).

Multisource feedback - Colleague and patient feedback collection and reflection, is one element of supporting information required as part of each five-yearly revalidation cycle. PHT have a system for collecting colleague multi source feedback and work with a company called RMS to deliver this. Patient feedback provides more of a challenge and Nicola Heyworth is working with Sarah Balchin to ensure that there is a system in place for all senior doctors to use.

Summary

Apart from complying with national requirements, the strengthened appraisal process necessary for revalidation will help individuals reflect upon and improve their practice and therefore benefit patients and assure PHT that their doctors are fit to practice. The timescale for the implementation of revalidation is short and there are challenges to address in the next 6-12 months. Systems are in place to inform senior medical staff of the implications of revalidation and how the appraisal process will be changing to accommodate it. The Trust's medical staff are fully engaged in the process.

Recommendation

The Board is asked to note the information presented as an update on the progress made towards the implementation of revalidation.

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