



# A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1, July 2021

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## Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

### **Annual Organisational Audit (AOA):**

At the end of April 2021, Professor Stephen Powis wrote to Responsible Officers and Medical Directors in England letting them know that although the 2020/2021 AOA exercise had been stood down, organisations will still be able to report on their appraisal data and the impact of adopting the Appraisal 2020 model, for those organisations who have, in their annual Board report and Statement of Compliance.

### **Board Report template:**

Following the revision of the Board Report template in June 2019 to include the qualitative questions previously contained in the AOA, the template has been further updated this year to provide organisations with an opportunity to report on their appraisal data as described in the letter from Professor Stephen Powis.

A link to the letter is below:

<https://www.england.nhs.uk/coronavirus/publication/covid-19-and-professional-standards-activities-letter-from-professor-stephen-powis/>

The changes made to this year's template are as follows:

#### Section 2a – Effective Appraisal

Organisations can use this section to provide their appraisal information, including the challenges faced through either pausing or continuing appraisals throughout and the experience of using the Appraisal 2020 model if adopted as the default model.

## Section 2b – Appraisal Data

Organisations can provide high level appraisal data for the period 1 April 2020 – 31 March 2021 in the table provided. Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested is enough information to demonstrate compliance.

With these additional changes, the purpose of the Board Report template is to help the designated body review this area and demonstrate compliance with the responsible officer regulations. It simultaneously helps designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance.<sup>1</sup> This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). The intention is therefore to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. Bringing these two quality strands together has the benefits of avoiding duplication of recording and harnessing them into one overall approach.

The over-riding intention is to create a Board Report template that guides organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer,  
and
- c) act as evidence for CQC inspections.

<sup>1</sup> Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [[https://www.gmc-uk.org/-/media/documents/governance-handbook-2018\\_pdf-76395284.pdf](https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf)]

## Statement of Compliance:

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

## Designated Body Annual Board Report

### Section 1 – General:

The board / executive management team – [*delete as applicable*] of [*insert official name of DB*] can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: None

Comments: An appropriately trained medical practitioner is appointed as a responsible officer.

Action for next year: None

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Action from last year: None

Comments: Sufficient resources have been allocated.

Action for next year: None

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: None

Comments: Monitored on a monthly basis

Action for next year: None

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: Implement and audit new policy

Comments: Appraisal policy published January 2021 and due for review in 2024

Action for next year: None

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year NA

Comments: This has not been prioritised during the pandemic and is not a priority for the recovery. Consider during 2023/24

Action for next year: None

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: Monthly checked

Comments:

Action for next year: None

## Section 2a – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. For organisations that have adopted the Appraisal 2020 model, there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

Action from last year: None outstanding

Comments: The Trust has adopted the new model appraisal. We hold regular appraiser meetings to reflect on the changes and will carry out a formal audit to assess the impact of change in practice.

Action for next year: Audit of new model appraisal summary

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year:

Comments:

Action for next year:

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: Yes

Comments: Published January 2021 and due for review in 2024

Action for next year: None

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: None

Comments: The Trust holds regular "appraiser recruitment sessions" to ensure we have the necessary number of trained appraisers to carry out timely appraisal

Action for next year: Continue with update and recruitment into appraiser role

5. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers<sup>2</sup> or equivalent).

Action from last year: The 2019-2020 Audit showed some areas of improvement were required in some appraisal summary. The average score on the APSAT tool had marginally improved from the previous year

Comments: The Trust has adopted the New Appraisal model. We envisage greater need for descriptive narrative on the appraisal summary to enable successful revalidation.

Action for next year: Appraisal summary audit with the new Audit tool

<sup>2</sup> <http://www.england.nhs.uk/revalidation/ro/app-syst/>

- The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: Completed ASPAT Audit and presented to the appraisers meeting

Comments: Reported to Medical Workforce Board, People and Culture and Trust Board.

Action for next year: Audit with updated audit tool

## Section 2b – Appraisal Data

- The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

<b>Name of organisation:</b>	
<b>Total number of doctors with a prescribed connection as at 31 March 2021</b>	<b>594</b>
<b>Total number of appraisals undertaken between 1 April 2020 and 31 March 2021</b>	<b>450</b>
<b>Total number of appraisals not undertaken between 1 April 2020 and 31 March 2021</b>	<b>144</b>
<b>Total number of agreed exceptions</b>	<b>130</b>

## Section 3 – Recommendations to the GMC

- Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: None

Comments: Timely recommendations and deferrals are made.

Action for next year: None

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: None

Comments: Compliant

Action for next year: None

## Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year:

Comments: monthly clinical governance meetings are scheduled for all doctors with clinical commitments cancelled to facilitate attendance. Powerpoint summaries of trustwide meetings are circulated to these meetings.

Action for next year: None

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: None

Comments: The Trust holds an incident and complaints reporting system. Information on incidents and complaints is relayed to the appraisers and appraise ahead of the appraisal meeting.

Action for next year: None

3. There is a process established for responding to concerns about any licensed medical practitioner's<sup>1</sup> fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: None

Comments: Supporting doctors to provide safer healthcare responding to concerns about a doctor's practice due for review May 2024.

Action for next year: None

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.<sup>3</sup>

Action from last year: this will be more systematically considered at the Medical Workforce Board.

Comments: This is an area of shared responsibility between Workforce and Medical Governance. The process for escalating concerns is to follow due HR process. Medical Governance ensures that where concerns are expressed about a doctor's practice a safety net is implemented to protect patients. The Trust Appraisal policy details the appraiser's role in escalating or reporting concerns. The Responsible Officer has a close relationship with the Practitioners Performance Advice Service and access to Employment Law advice.

Action for next year: None

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.<sup>4</sup>

Action from last year: None

Comments: This is completed by the Revalidation Office

Action for next year: None

<sup>3</sup> This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

<sup>4</sup> The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: Fair to Refer action plan completed.  
Comments: the Trust's action plan has been shared with the GMC  
Action for next year: Consider an audit of medical disciplinary investigations but all our done under the supervision of the RO and CPO in any case.

## Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: The process rests with HR and is compliant  
Comments:  
Action for next year: None

## Section 6 – Summary of comments, and overall conclusion

North West Anglia NHSFT is compliant with all Responsible Officer regulations. The team is well resourced and extends to a more proactive approach such as co-ordination of Consultant mentoring.

GMC guidance is reviewed and applied including feedback on the Fair to Refer report as evidence of best practice.

NHSE permitted delays in medical appraisal during the pandemic but the Trust continued as this was viewed as an avenue for pastoral support. The most up to date software is used which includes a self-assessment of well-being.

Submitting this audit was not mandatory but the Trust submitted it regardless last year

Next year an audit of medical performance management could be undertaken to look for any improvements to be made.

**Overall conclusion: a successful year for the Revalidation Team.**



## Section 7 – Statement of Compliance:

The Board of North West Anglia NHSFT has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: North West Anglia NHSFT

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Role: \_\_\_\_\_

Date: \_\_\_\_\_

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This publication can be made available in a number of other formats on request.

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