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# A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

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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.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

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 in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide 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,
- c) act as evidence for CQC inspections.

# Designated Body Annual Board Report

## Section 1 – General:

The Trust Board of Moorfields Eye Hospital NHS Foundation Trust can confirm that:

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

Yes, Miss Dilani Siriwardena is the RO.

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

A review of existing resources is currently underway.

There has been significant turnover of personnel in the Medical HR team and it has been identified that additional, dedicated resources to support revalidation and appraisal may be required. Currently Medical HR is amalgamated into existing HR/Recruitment officer roles which have significant portfolios. This is a concern that our current arrangements diverge from other Trusts that have, at least as a minimum, a dedicated appraisal and revalidation support officer.

The RO becomes vulnerable without proper resources as highlighted by advice received from the Regional NHS England team at the recent Higher Level RO Quality Review visit on 23 August 2023.

A review of the Clinical Lead Appraiser resource could also provide opportunity for an expanded portfolio of responsibilities to be undertaken to support quality appraisal and further QIPs to improve and refine processes.

**Action Plan: Review of HR functions and business case required as above.**

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

Yes

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

Yes, there is a Trust Appraisal and Revalidation Policy (due for review in March 2024).

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

Not a peer review but Higher-Level Responsible Officer Quality Review visit from NHS England on 23<sup>rd</sup> August 2023 which reviewed processes and governance. The tone of the meeting was positive, and we are awaiting output report to follow.

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.

Yes, locally employed doctors are given access to the PREP appraisal software and supported by the Director of the Fellowship programme.

## Section 2a – Effective Appraisal

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.<sup>1</sup>

Yes

7. Where in the question above this does not occur, there is full understanding of the reasons why and suitable action is taken.

Yes

<sup>1</sup> For organisations that have adopted the Appraisal 2020 model (recently updated by the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), 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 moved to the revised model may want to describe their plans in this respect.

8. 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).

Yes. Policy due for review in March 2024.

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

Yes, based on data submitted to the HLRO Visit for 2022/2023, the average number of appraisals per appraiser is 4.35 (248/57)

There is, however, the need to train new appraisers and ensure a more even distribution of appraisals amongst appraisers.

10. 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).

Yes, though the quarterly appraisal forums have not happened over the past 6-9 months as the Clinical Appraisal Lead resigned from the role.

Expressions of interest have been sought for new post holder and interviews taking place at the end of September 2023.

11. 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.

No, but the new Clinical Appraisal Lead(s) will conduct audit of appraisals and will be the initial focus of newly appointed postholder.

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

## Section 2b – Appraisal Data

1. 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 2023</b>	<b>329</b>
<b>Total number of appraisals undertaken between 1 April 2022 and 31 March 2023</b>	<b>269</b>
<b>Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023</b>	<b>81</b>
<b>Total number of agreed exceptions</b>	<b>1</b>

## Section 3 – Recommendations to the GMC

1. 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.

Between 1 April 2022 – 31 March 2023, there were 48 positive recommendations made and 12 deferrals.

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.

Recommendations are communicated to doctors upon completion of their required evidence for the onward positive recommendation for revalidation to be made, or where there is insufficient evidence to make a recommendation and therefore where a deferral is needed.

The main reasons for deferrals were:

- Missing appraisal activity over the 5-year revalidation period (effects of impact on appraisal processes during Covid-19 years)
- Peer and patient feedback not being completed



It should be noted that during this period there were further ongoing changes to the structure and processes for supporting appraisal and revalidation within the Medical HR team.

## Section 4 – Medical governance

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

Yes

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.

Yes, doctors are instructed to include all issues about clinical practice, activity and performance in appraisals.

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.

Yes, the Maintaining High Professional Standards policy is followed.

The Head of Medical HR is conducting a refresh on this policy to bring it up to date with current best practice methodologies, inclusive of 'Just Culture' principles.

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>

<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

Formal casework is reported to the Board and analysed to ensure fair application of processes and policies.

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>

Yes, using the GMC MPIT form.

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).

Yes. This will also be reviewed for any best practice improvement as part of the MHPS policy review as outlined above in 4.3

## 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.

NHS pre-employment checks guidance is followed in relation to the recruitment of all staff at the Trust.

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

**The Medical HR department has gone through a significant turnover of staff since January 2023, with not only the Head of Medical HR leaving but also the two team**

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>

members responsible for supporting the appraisal and revalidation function. The service has also been affected by the resignation of the Clinical Appraisal Lead.

There has consequently been a reduction in support and the appraisal rate has fallen from 78% (Board Report for 2022) to 69% in recent months. As of September 2023, this has now begun to recover and has risen to 75%.

At the time of writing a new RO has started effective of 1 September 2023 and three expressions of interest have been received to take over the Appraisal Lead role. This should strengthen the oversight of the processes going forward.

There is a continued focus on cleansing the appraisal software of doctors who have left the organisation and are potentially skewing the above rate, and there is steady improvement, but a significant amount of work to progress toward the agreed organisational KPI of a 90% appraisal rate.

It is noted at the start of this report that it is felt that dedicated and focused resource is needed within the Medical HR team for appraisal and revalidation, both for improvement of our appraisal and revalidation metrics but to reduce any vulnerability of the RO. This follows advice from the recent NHS England HLRO quality visit of a notable uptick in formal cases being brought against ROs.

## Section 7 – Statement of Compliance:

The Board Moorfields Eye Hospital NHS Foundation Trust 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: \_\_\_\_\_

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

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

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

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



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