

## **Airedale NHS Foundation Trust: Progress toward revalidation**

### **Responsible Officer's Update Report to Trust Board September 2012**

#### **National Overview and timescales for implementation**

The progress towards revalidation of doctors continues along the agreed timeframes. Following the national surveys of organisational readiness (ORSA) from all Designated Bodies (DBs), the Revalidation Support Team (RST) and GMC are positive about progress). It is likely that government will give final approval for revalidation as planned in December 2012. If so, the revalidation of doctors will commence early in 2013, with responsible officers (ROs), medical directors and other clinical leaders to be revalidated by April 2013, and all other doctors to be revalidated in the following 3 years, on a 5 yearly cycle. There is now a published GMC protocol for revalidation and clear national guidance for most aspects of the process, to inform ROs on how and when to make their recommendations.

There are 3 possible options for ROs when they provide recommendations to the GMC: 1) Recommendation; 2) Deferral (based on legitimate reasons for lack of data e.g. sabbatical, maternity leave etc), and 3) Failure to engage (despite a doctor having adequate opportunity to provide evidence to support revalidation). Any performance concerns should be raised and dealt with separate to the revalidation process. Any doctor currently in a GMC performance process will have their revalidation automatically deferred by the GMC.

The GMC will formally revalidate doctors, based on RO recommendations. All doctors will be given a specific date for revalidation in the next few months (ROs submitted a spreadsheet to the GMC allocating doctors to a specific year in the process).

All doctors in training will have an RO from the Deanery who will provide revalidation recommendations mainly based on current trainee annual assessments. Individual Trusts (via the Trust RO) will provide supporting information to Deaneries on the trainees working in their organisation to inform the Deaneries of any concerns, complaints, involvement in RCAs.

#### **Airedale NHSFT position**

Airedale NHSFT is a designated body (DB) with an RO in place (Dr Harold Hosker). We have taken part in the ORSA process and consistently achieved a green RAG rating (including the final ORSA in July this year). We are working to complete a full suite of policies (managing performance concerns, remediation), appraisal (achieving a higher proportion of doctors having annual appraisals, training of appraisers to the new 'top-up' standard for revalidation) and work with HR on recruitment.

The Trust APO unit has communicated regularly with the established medical staff via newsletters, emails, grand rounds, and individual meetings to ensure they are aware of all aspects of appraisal and revalidation.

The Medical Director and the RO work actively with the GMC and established our 'GMC connect' link with them. We have established our list of doctors for whom we have responsibility, and submitted our allocation of doctors for each revalidation period.

Harold Hosker has completed all RO training and is also a member of the national GMC RO network group which is working with the GMC to inform and develop the revalidation process.

We have introduced systems for the mandatory MSF (360 degree feedback) and patient's surveys using internal web-based systems (rather than costly commercially available tools with an attendant cost saving to the Trust).

We continue to carefully triangulate concerns from PALS, complaints, RCA's, SUI's and litigation / Coroner's concerns with other outcome data (e.g. Dr Foster COB) and colleague feedback to monitor the performance of individual doctors and teams.

### **The APO unit team**

The APO unit team includes Andrew Catto, Harold Hosker (2PA's), Ian Hargreaves (0.5 WTE), Susan Clark (0.5 WTE) and Alexis Brown (HR), with additional help from Philip Da Costa (in appraisal development) and Philip Wilkinson (IT). The team does an excellent job, but there is a need to maintain existing resources and we are monitoring the PA time for the RO as the revalidation process progresses. There are monthly performance meetings and twice monthly APO unit meetings, and 6 monthly meetings of the appraisals committee.

### **Appraisal**

Our appraisal process is being improved continually. We are working on increasing appraiser numbers, establishing top-up training for all appraisers, transferring to the RST electronic appraisal form, and using a Trust-designed database to store all information relating to revalidation, appraisal etc. Feedback to individual appraisers has been established and our appraisal policy is being updated. Work on a local 'how to handle performance concerns' and a remediation policy are progressing, along with a tracking spreadsheet for existing performance concerns.

### **Conclusion**

Revalidation remains a challenging exercise nationally, with many significant areas of policy under development (including remediation, revalidation in primary care, locums etc). Airedale is on track with the revalidation process to date: on-going efforts are needed to achieve revalidation smoothly for all our doctors and to maintain vigilance in terms of performance monitoring and managing those where performance concerns are identified and the minority who may fail to engage in the process.

I am indebted to all those mentioned above who form part of an enthusiastic, committed and supportive APO team.

*HH/IH/ September 2012*