

## Board of Directors – 25 September 2019 Medical Appraisal and Revalidation

### Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

### Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input checked="" type="checkbox"/>		

### Purpose of the Report

To update the Board on medical appraisals and revalidation. NHS England requires all Designated Bodies to produce annual reports.

The Trust is required to submit to the Board the appraisal and revalidation statistics, and the Annual Organisational Audit (AOA). **This must be signed off on behalf of the Board by the end of October.**

### Executive Summary – Key Points

2018-19 has seen the appraisal compliance target exceeded and an increase in the reported positive perception of the appraisal programme.

The percentage of deferrals has also decreased.

### Recommendation

The board is asked to accept this report, which will be shared with a higher level Responsible Officer and NHS England.

Author: Paul Whittle, Revalidation Specialist Adviser

Director Sponsor: Jim Taylor, Medical Director and Responsible Officer

Date: August 2019

## 1. Introduction and Background

The purpose of this paper is to provide assurance to the Board that appropriate arrangements exist to ensure a robust approach to the appraisal and revalidation of our medical staff. The report is a requirement of NHS England.

Separate reports will be produced by St Leonard's and St Catherine's Hospices, The Christchurch Group and The Schoen Clinic (whose staff transferred from The Retreat during the year), for whom the Trust acts as Designated Body.

Medical Revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

York Teaching Hospital NHS Foundation Trust has a statutory duty to support their Responsible Officer in discharging their duties under the Responsible Officer Regulations and it is expected that Boards will oversee compliance by:

- monitoring the frequency and quality of medical appraisals in their organisations;
- checking there are effective systems in place for monitoring the conduct and performance of their doctors;
- confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors; and
- Ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

The Trust is a Designated Body, as defined by The Medical Profession (Responsible Officers) Regulations 2010. For the period this report covers (1<sup>st</sup> April 2018 – 31<sup>st</sup> March 2019) the Trust substantively employed 515 doctors. The Trust also acts as Designated Body for St Leonard's and St Catherine's Hospices, The Schoen Clinic, and the Christchurch Group. The Trust receives an income for this.

The Trust is required to report to NHS England in June each year. The latest report is included in Appendix A.

The Trust's appraisal uptake rate for 2018-19 was **91%** against a target of **90%** and a sector average of 89.3%. 4.6% (21; sector average 2.8%) had no appraisal and no agreed reason within the reporting period (all have subsequently been followed up and appraised). See Appendix B for a detailed breakdown.

Regular workshops are held for new starters to ensure they understand the requirements. A Specialty Doctor has been trained as an appraiser with the specific remit of meeting new starters in York, to help them prepare for their first appraisal. A similar system has recently been put in place in Scarborough to build on the success of this approach.

## 2. Appraisers

NHS England suggests that doctors must not be appraised by the same appraiser for more than three years in a five year revalidation cycle. In exceptional circumstances a fourth appraisal may be allowed. To mitigate against this, York Teaching Hospital NHS Foundation Trust has trained over 90 of its senior medical personnel in enhanced appraisal, giving a ratio of approximately 1:6 appraisers to appraisees.

All of the doctors no longer in formal training and dentists within the Trust can request an appraisal from any trained appraiser, however consideration is being given to moving to NHS England's preferred method of allocation of appraisers. In some circumstances, for example where a doctor is under investigation, has received a sanction, or has missed their deadline due to the unavailability of their chosen appraiser, the Responsible Officer may already do this.

### 2.1 Quality Assurance

#### **Outline of quality assurance processes:**

*For the appraisal portfolio:*

- Approximately 1:3 appraisal portfolios and Input Forms are checked for quality by Medical Staffing.
- The Trust has used Premier IT's PReP system since revalidation was introduced in 2012 for managing appraisal and revalidation. Appraisees are offered training on this system in groups or 1 to 1. A system user guide is also available. A rolling programme of appraisal workshops was introduced in 2016 to enhance practitioners' understanding of the system, and provide guidance to aid their appraisal preparation.

*For the individual appraiser:*

- Medical Staffing reviews all Appraisal Output Forms, scoring these based on the eAppraisal system's integrated audit tool. This is then combined with anonymous feedback from appraisers, which is provided at the end of the appraisal process, and reported back to appraisers with any potential areas of improvement. Appraisers are encouraged to undertake between five and 10 appraisals per year in order to build and maintain their skills.
- The Trust's Medical Appraisal Policy has been updated to include the circumstances under which the appraiser role may be removed. This can include consistently poor feedback from appraisees, or an appraiser carrying out insufficient appraisals. It is now being negotiated with the JLNC
- The Trust holds annual appraiser update sessions which are mandatory for all trained appraisers. These sessions cover new developments with appraisal and GMC revalidation. They also provide networking opportunities for appraisers to discuss how their own appraisal standards can be developed, and include case studies of difficult situations, tackled in groups to share experience. These sessions commenced in early 2014 and have been beneficial in helping appraisers set their own standards, calibrate their decision making and produce tangible improvements to the quality of Output Forms.

An annual Appraisal Satisfaction survey (Appendix C) is sent out to all substantive doctors and dentists (who are subject to appraisal but not revalidation) employed by the Trust. These results inform the training and support provided by Medical Staffing.

The 2018-19 results showed an increase in positive responses to the following questions:

- Do you feel that you benefitted from this year's appraisal – 73% (previously 72%)
- Do you feel that appraisals benefit patients – 52% (previously 51%)

### 3. Revalidation

In 2018/19 the trust made 104 revalidation recommendations, all of which were accepted by the GMC. There were no non-engagement notifications. Appendix D gives details of the recommendation.

### 4. Conclusion

- The Trust's appraisal compliance rate has again exceeded the NHS England target.
- While the percentage of doctors who consider the appraisal process benefits patients has increased slightly, there is still a considerable number who don't.
- It is anticipated that local guidance, written to expand upon and clarify changes to national guidance, will ease the administrative burden by reducing the number of documents doctors are expected to provide.

### 5. Next Steps

- In order to reduce the number of late appraisals, more fairly distribute the workload, and provide for a more robust appraisal, the trust is consulting with doctors regarding moving to allocating appraisers. This is NHS England's preferred method.
- The Trust is recruiting a Senior Appraiser (which will form part of a current appraiser's role) to assist in overseeing the role of appraisers.
- More appraiser meetings will be held to share good practice and gain peer support.

### 6. Appendices

**Appendix A - Annual Organisational Audit**

**Appendix B - Audit of all late or incomplete appraisals**

**Appendix C - Results of annual appraisal satisfaction survey**

**Appendix D - Audit of revalidation recommendations**

**Appendix E - Statement of Compliance**

# Annual Organisational Audit 2018-19



**Annual Organisational Audit  
(AOA)  
End of year questionnaire 2018-19**

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NHS England INFORMATION READER BOX	
<b>Directorate</b>	
<b>Medical</b>	Commissioning Operations      Patients and Information
Nursing	Trans. & Corp. Ops.              Commissioning Strategy
Finance	
<b>Publications Gateway Reference:</b> 000182	
<b>Document Purpose</b>	Resources
<b>Document Name</b>	Annual Organisational Audit Annex C (end of year questionnaire)
<b>Author</b>	Lynda Norton
<b>Publication Date</b>	24 March 2019
<b>Target Audience</b>	Medical Directors, NHS England Regional Directors, GPs
<b>Additional Circulation List</b>	
<b>Description</b>	The AOA (Annex C of the Framework for Quality Assurance) is a standardised template for all responsible officers to complete and return to their higher level responsible officer via the Revalidation Management System. AOAs from all designated bodies will be collated to provide an overarching status report of progress across England.
<b>Cross Reference</b>	A Framework for Quality Assurance for Responsible Officers & Revalidation April 2014 Gateway ref 01142
<b>Superseded Docs (if applicable)</b>	2017/18 AOA cleared with Publications Gateway Reference 07760
<b>Action Required</b>	
<b>Timing / Deadlines (if applicable)</b>	
<b>Contact Details for further information</b>	Lynda Norton Professional Standards Team Quarry House Leeds LS2 7UE 0113 825 1463
<b>Document Status</b>	
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## **Annual Organisational Audit (AOA)**

### **End of year questionnaire 2018-19**

Version number: 1.0

First published: 4 April 2014

Updated: 24 March 2015, 18 March 2016, 24 March 2017, 23 March 2018,

January 2019

Prepared by: Lynda Norton Project Manager for Quality Assurance, NHS England

Classification: OFFICIAL

**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 Introduction

The Annual Organisational Audit (AOA) is an element of the Framework of Quality Assurance (FQA) and is a standardised template for all responsible officers to complete and return to their higher level responsible officer. AOAs from all designated bodies will be collated to provide an overarching status report of the responsible officer function across England. Where small designated bodies are concerned, or where types of organisation are small, these will be appropriately grouped to ensure that data is not identifiable to the level of the individual.

As the first cycle of medical revalidation is now complete, it is the right time to update the FQA and its underpinning annexes. The update started by reviewing the AOA and taking account of the feedback received at the beginning of this work, we have produced a slimmed down questionnaire for responsible officers to complete for the 2018/19 exercise.

In response to feedback from designated bodies, we have simplified the categories of appraisals in the 2018/19 AOA to:

- Category 1 - a single figure of completed medical appraisals
- Category 1a – fully compliant appraisal figure (optional)
- Category 2 – no change ('approved missed' e.g. maternity, sickness)
- Category 3 – no change ('unapproved missed')

This slimmed down AOA concentrates primarily on the quantitative measures of previous AOAs, the numbers of doctors with a prescribed connection and their appraisal rates. As the systems and processes that support medical revalidation are established, the emphasis has moved to reporting on how these should be developed year on year through the newly revised Board report instead. The Board report is also a component of the FQA. In time, we expect to introduce suitable quantitative measures about the remaining components of the responsible officer function, for example responding to concerns, monitoring of performance and identity checks.

The AOA 2018/19 questionnaire is divided into four sections:

Section 1: The designated body and the responsible officer  
Section 2: Appraisal  
Section 3: Annual Board report and Statement of Compliance  
Section 4: Additional Comments

The questionnaire is to be completed by the responsible officer on behalf of the designated body for the year ending 31 March 2019. Inputting the information can be appropriately delegated. The completed questionnaire should be submitted before or by the deadline

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The final date for submission will be detailed in an email containing the link to the electronic version of the form, which will be sent after 31 March 2019.

Whilst NHS England is a single designated body, for this audit, the national, regional and local offices of NHS England should answer as a 'designated body' in their own right..

Following completion of this AOA exercise, designated bodies should:

- Consider using the information gathered to produce a status report and to conduct a review of their organisations' appraisal developmental needs.
- Complete their Board report and submit it to NHS England by 27 September 2019. The Board report template has also been revised as described above and now includes the annual statement of compliance. The new version will enable designated bodies to review and develop their systems and processes. It will also enable them to provide assurance that they are supporting patient care by fulfilling their statutory obligations in respect of the responsible officer function.

For further information, references and resources can be found at page 16 [www.england.nhs.uk/revalidation](http://www.england.nhs.uk/revalidation)

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## 2 Guidance for submission

Guidance for submission:

- A small number of questions require a 'Yes' or 'No' answer. To answer 'Yes', you must be able to answer 'Yes' to all the statements listed under 'to answer 'Yes''
- Please do not use this version of the questionnaire to submit your designated body's response.
- You will receive an email with an electronic link to a unique version of this form for your designated body.
- You should only use the link received from NHS England by email, as it is unique to your organisation.
- Once the link is opened, you will be presented with two buttons; one to download a blank copy of the AOA for reference, the second button will take you to the electronic form for submission.
- Submissions can only be received electronically via the link. Do not complete hardcopies or email copies of the document.
- The form must be completed in its entirety prior to submission; it cannot be part-completed and saved for later submission.
- Once the 'submit' button has been pressed, the information will be sent to a central database collated by NHS England.
- A copy of the completed submission will be automatically sent to the responsible officer.
- Please be advised that Questions 1.1-1.3 may have been automatically populated with information previously held on record by NHS England. The submitter is responsible for checking the information is correct and should update the information if and where required before submitting the form.

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These details are blanked out by NHS England

### 3 Section 1 – The Designated Body and the Responsible Officer

Section 1	The Designated Body and the Responsible Officer	
1.1	<b>Name of designated body:</b> York Teaching Hospital NHS Foundation Trust	
	<b>Head Office or Registered Office Address if applicable line 1</b> Wigginton Road	
	Address line 2	
	Address line 3	
	Address line 4	
	City York	
	County	Postcode YO31 8HE
	<b>Responsible officer:</b>	
	Title *****	
	GMC registered first name *****	GMC registered last name *****
	GMC reference number *****	Phone *****
	Email *****	
	<b>Medical Director:</b>	
	Title *****	No Medical Director <input type="checkbox"/>
GMC registered first name *****	GMC registered last name *****	
GMC reference number *****	Phone *****	
Email *****		
<b>Clinical Appraisal Lead:</b>		
Title *****	No Clinical Appraisal Lead <input type="checkbox"/>	
GMC registered first name *****	GMC registered last name *****	
GMC reference number *****	Phone *****	
Email *****		
<b>Chief executive (or equivalent):</b>		
Title *****		
First name *****	Last name *****	
GMC reference number (if applicable) *****	Phone *****	
Email *****		

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1.2	<b>Type/sector of designated body:</b> (tick one)	NHS	Acute hospital/secondary care foundation trust	<input checked="" type="checkbox"/>
			Acute hospital/secondary care non-foundation trust	<input type="checkbox"/>
			Mental health foundation trust	<input type="checkbox"/>
			Mental health non-foundation trust	<input type="checkbox"/>
			Other NHS foundation trust (care trust, ambulance trust, etc)	<input type="checkbox"/>
			Other NHS non-foundation trust (care trust, ambulance trust, etc)	<input type="checkbox"/>
			Special health authorities – NHS Litigation Authority, now NHS Resolution, NHS Improvement, NHS Blood and Transplant, etc)	<input type="checkbox"/>
				<input type="checkbox"/>
		NHS England	NHS England (Local office)	<input type="checkbox"/>
			NHS England (regional office)	<input type="checkbox"/>
			NHS England (national office)	<input type="checkbox"/>
		Independent / non-NHS sector (tick one)	Independent healthcare provider	<input type="checkbox"/>
			Locum agency	<input type="checkbox"/>
			Faculty/professional body (FPH, FOM, FPM, IDF, etc)	<input type="checkbox"/>
			Academic or research organisation	<input type="checkbox"/>
Government department, non-departmental public body or executive agency	<input type="checkbox"/>			
Armed Forces	<input type="checkbox"/>			
Hospice	<input type="checkbox"/>			
Charity/voluntary sector organisation	<input type="checkbox"/>			
Other non-NHS (please enter type)	<input type="checkbox"/>			

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1.3	The responsible officer's higher level responsible officer is based at: [tick one]	NHS England North	<input checked="" type="checkbox"/>
		NHS England Midlands and East	<input type="checkbox"/>
		NHS England London	<input type="checkbox"/>
		NHS England South East	<input type="checkbox"/>
		NHS England South West	<input type="checkbox"/>
		NHS England (National)	<input type="checkbox"/>
		Department of Health	<input type="checkbox"/>
		Faculty of Medical Leadership and Management - for NHS England (national office) only	<input type="checkbox"/>
		Other (Is a suitable person)	<input type="checkbox"/>
1.4	A responsible officer has been nominated/appointed in compliance with the regulations.  To answer 'Yes': <ul style="list-style-type: none"> <li>The responsible officer has been a medical practitioner fully registered under the Medical Act 1983 throughout the previous five years and continues to be fully registered whilst undertaking the role of responsible officer.</li> <li>The responsible officer has been formally nominated/appointed by the board or executive of the organisation.</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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#### 4 Section 2 – Appraisal

Section 2		Appraisal					
2.1	IMPORTANT: Only doctors with whom the designated body has a prescribed connection at 31 March 2019 should be included. Where the answer is 'nil' please enter '0'.  See guidance notes on pages 12-14 for assistance completing this table	Number of Prescribed Connections	1 Completed Appraisal (1)	1a Completed Appraisal (Optional) (1a)	2 Approved Incomplete or missed appraisal (2)	3 Unapproved incomplete or missed appraisal (3)	Total
2.1.1	Consultants (permanent employed consultant medical staff including honorary contract holders, NHS, hospices, and government /other public body staff. Academics with honorary clinical contracts will usually have their responsible officer in the NHS trust where they perform their clinical work).	370	346	194	10	14	370
2.1.2	Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS, hospices, and government/other public body staff).	67	52	30	10	5	67
2.1.3	Doctors on Performers Lists (for NHS England and the Armed Forces only; doctors on a medical or ophthalmic performers list. This includes all general practitioners (GPs) including principals, salaried and locum GPs).	0	0	0	0	0	0
2.1.4	Doctors with practising privileges (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade).	0	0	0	0	0	0
2.1.5	Temporary or short-term contract holders (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc).	20	17	12	1	2	20
2.1.6	Other doctors with a prescribed connection to this designated body (depending on the type of designated body, this category may include responsible officers, locum doctors, and members of the faculties/professional bodies. It may also include some non-clinical management/leadership roles, research, civil service, doctors in wholly independent practice, other employed or contracted doctors not falling into the above categories, etc).	0	0	0	0	0	0
2.1.7	<b>TOTAL</b> (this cell will sum automatically 2.1.1 – 2.1.6).	457	415	236	21	21	457

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2.1	<p><b>Column - Number of Prescribed Connections:</b>  <b>Number of doctors with whom the designated body has a prescribed connection as at 31 March 2019</b>                  The responsible officer should keep an accurate record of all doctors with whom the designated body has a prescribed connection and must be satisfied that the doctors have correctly identified their prescribed connection. Detailed advice on prescribed connections is contained in the responsible officer regulations and guidance and further advice can be obtained from the GMC and the higher level responsible officer. The categories of doctor relate to current roles and job titles rather than qualifications or previous roles. The number of individual doctors in each category should be entered in this column. Where a doctor has more than one role in the same designated body a decision should be made about which category they belong to, based on the amount of work they do in each role. Each doctor should be included in only one category. For a doctor who has recently completed training, if they have attained CCT, then they should be counted as a prescribed connection. If CCT has not yet been awarded, they should be counted as a prescribed connection within the LETB AOA return.</p> <p><b>Column - Measure 1 Completed medical appraisal:</b>                  A completed annual medical appraisal is one where either:                  a) All of the following three standards are met:                  i. the appraisal meeting has taken place in the three months preceding the agreed appraisal due date*,                  ii. the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting,                  iii. the entire process occurred between 1 April and 31 March.                  Or                  b) the appraisal meeting took place in the appraisal year between 1 April and 31 March, and the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor, but one or more of the three standards in a) has been missed. However, the judgement of the responsible officer is that the appraisal has been satisfactorily completed to the standard required to support an effective revalidation recommendation.</p> <p>For doctors who have recently completed training, it should be noted that their final ACRP equates to an appraisal in this context.</p> <p><b>Column - Measure 1a (Optional) Completed medical appraisal:</b>                  For designated bodies who wish to and can report this figure, this is the number of completed medical appraisals that meet all three standards defined in Measure 1 a) above. This figure is not reported nationally and is intended to inform the internal quality processes of the designated body.</p>	
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	<p><b>Column - Measure 2: Approved incomplete or missed appraisal:</b>                  An approved incomplete or missed annual medical appraisal is one where the appraisal has not been completed according to the parameters of a Category 1 completed annual medical appraisal, but the responsible officer has given approval to the postponement or cancellation of the appraisal. The designated body must be able to produce documentation in support of the decision to approve the postponement or cancellation of the appraisal for it to be counted as an Approved incomplete or missed annual medical appraisal.</p> <p><b>Column - Measure 3: Unapproved incomplete or missed appraisal:</b>                  An Unapproved incomplete or missed annual medical appraisal is one where the appraisal has not been completed according to the parameters of a Category 1 completed annual medical appraisal, and the responsible officer has not given approval to the postponement or cancellation of the appraisal.                  Where the organisational information systems of the designated body do not retain documentation in support of a decision to approve the postponement or cancellation of an appraisal, the appraisal should be counted as an Unapproved incomplete or missed annual medical appraisal.</p> <p><b>Column Total:</b>                  Total of columns 1+2+3. The total should be equal to that in the first column (Number of Prescribed Connections), the number of doctors with a prescribed connection to the designated body at 31 March 2019.</p> <p>* Appraisal due date:                  A doctor should have a set date by which their appraisal should normally take place every year (the 'appraisal due date'). The appraisal due date should remain the same each year unless changed by agreement with the doctor's responsible officer. Where a doctor does not have a clearly established appraisal due date, the next appraisal should take place by the last day of the twelfth month after the preceding appraisal. This should then by default become their appraisal due date from that point on. For a designated body which uses an 'appraisal month' for appraisal scheduling, a doctor's appraisal due date is the last day of their appraisal month.                  For more detail on setting a doctor's appraisal due date see the Medical Appraisal Logistics Handbook: (NHS England 2015).</p>	
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2.2	<p><b>Every doctor with a prescribed connection to the designated body with a missed or incomplete medical appraisal has an explanation recorded</b></p> <p>If all appraisals are in Categories 1, please answer N/A.</p> <p>To answer Yes:</p> <ul style="list-style-type: none"> <li>• The responsible officer ensures accurate records are kept of all relevant actions and decisions relating to the responsible officer role.</li> <li>• The designated body's annual report contains an audit of all missed or incomplete appraisals (approved and unapproved) for the appraisal year 2018/19 including the explanations and agreed postponements.</li> <li>• Recommendations and improvements from the audit are enacted.</li> </ul> <p><b>Additional guidance:</b> A missed or incomplete appraisal, whether approved or unapproved, is an important occurrence which could indicate a problem with the designated body's appraisal system or non-engagement with appraisal by an individual doctor which will need to be followed up.</p> <p><b>Measure 2: Approved incomplete or missed appraisal:</b> An <i>approved incomplete or missed annual medical appraisal</i> is one where the appraisal has not been completed according to the parameters of a <i>Category 1 completed annual medical appraisal</i>, but the responsible officer has given approval to the postponement or cancellation of the appraisal. The designated body must be able to produce documentation in support of the decision to approve the postponement or cancellation of the appraisal for it to be counted as an <i>Approved incomplete or missed annual medical appraisal</i>.</p> <p><b>Measure 3: Unapproved incomplete or missed appraisal:</b> An <i>Unapproved incomplete or missed annual medical appraisal</i> is one where the appraisal has not been completed according to the parameters of a <i>Category 1 completed annual medical appraisal</i>, and the responsible officer has not given approval to the postponement or cancellation of the appraisal. Where the organisational information systems of the designated body do not retain documentation in support of a decision to approve the postponement or cancellation of an appraisal, the appraisal should be counted as an <i>Unapproved incomplete or missed annual medical appraisal</i>.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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### 5 Section 3 – Annual Board Report and Statement of Compliance

<b>Section 3</b>		
3.	<p>The last Annual Board Report was signed off on: 03/10/2018</p> <p>The last Statement of Compliance was signed off on: 03/10/2018</p>	

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**6 Section 4 – Comments**

Section 4	Comments	
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## 7 Reference

### Sources used in preparing this document

1. The Medical Profession (Responsible Officers) Regulations 2010 (Her Majesty's Stationery Office, 2013)
2. The Medical Profession (Responsible Officers) (Amendment) Regulations 2013 (Her Majesty's Stationery Office, 2013)
3. The Medical Act 1983 (Her Majesty's Stationery Office, 1983)
4. The National Health Service (Performers Lists) (England) Regulations 2013
5. Revalidation: A Statement of Intent (GMC and others, 2010)
6. Guidance on Colleague and Patient Questionnaires (GMC, 2012)
7. Effective clinical governance for the medical profession: A handbook for organisations employing, contracting or overseeing the practice of doctors (GMC 2018)
8. The GMC protocol for making revalidation recommendations: Guidance for responsible officers and suitable persons (GMC, 2012, updated in 2014)
9. Providing a Professional Appraisal (NHS Revalidation Support Team, 2012)
10. Appraisal in the Independent Health Sector (British Medical Association and Independent Healthcare Advisory Services, 2012)
11. Joint University and NHS Appraisal Scheme for Clinical Academic Staff (Universities and Colleges Employers Association, 2002, updated in 2012)
12. Preparing for the Introduction of Medical Revalidation: a Guide for Independent Sector Leaders in England (GMC and Independent Healthcare Advisory Services, 2011, updated in 2012)
13. Medical Appraisal Logistics Handbook (NHS England, 2015)

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## Annual Report Template Appendix B

Audit of all late or incomplete appraisals (note the reason for late appraisals has not previously been recorded)

<b>Doctor factors (total 42)</b>	<b>Number</b>
Maternity leave during the majority of the 'appraisal due window'	4
Sickness absence during the majority of the 'appraisal due window'	2
Prolonged leave during the majority of the 'appraisal due window'	0
Suspension during the majority of the 'appraisal due window'	0
New starter within 3 month of appraisal due ate	7
New starter more than 3 months from appraisal due date	0
Postponed due to incomplete portfolio/insufficient supporting information	
Appraisal outputs not signed off by doctor within 28 days	8
Lack of time of doctor	0
Lack of engagement of doctor	21*
Other doctor factors	0
*These doctors did not provide reason for not engaging	
<b>Appraiser factors</b>	<b>0</b>
Unplanned absence of appraiser	0
<b>Appraisal outputs not signed off by appraiser within 28 days</b>	0
<b>Lack of time of appraiser</b>	0
Other appraiser factors (describe)	0
(describe)	
<b>Organisational factors</b>	<b>0</b>
<b>Administration or management factors</b>	0
Failure of electronic information systems	0
Insufficient numbers of trained appraisers	0
Other organisational factors (describe)	0



Annual Report Template Appendix C

Results of annual appraisal satisfaction survey

## Appraisee Survey - 2018

Each year Medical Staffing sends out an online survey invitation to all users of the appraisal system (approximately 530). The results are summarised in the annual Appraisal and Revalidation Board Report, and used to inform the appraisal and revalidation programme.

Arguably the key questions in the report are “I feel that I benefitted from this year's appraisal”, and “I feel that appraisals benefit patients”.

The 2018-19 results showed an increase of positive responses to the following questions:

- ‘Do you feel that you benefitted from this year's appraisal?’ – 73% (previously 72%)
- ‘Do you feel that appraisals benefit patients?’ – 52% (previously 51%)

The most valuable part of the appraisal process this year was

	COLLECTING THE EVIDENCE	REFLECTING	THE DISCUSSION WITH MY APPRAISER	MY PDP	MY PATIENT FEEDBACK	MY COLLEAGUE FEEDBACK	TOTAL	WEIGHTED AVERAGE
(no label)	7.27% 4	18.18% 10	61.82% 34	1.82% 1	3.64% 2	7.27% 4	55	2.98

The information provided to me about appraisal that I found MOST valuable was:

	HELPED ME REFLECT ON MY PRACTICE	MADE ME THINK ABOUT MY FUTURE AND WHE I NEED TO DO TO PREPARE	MADE ME REALISE I'M DOING A GOOD JOB	DIDN'T REALLY ADD VALUE / WAS A TICK BOX EXCERCISE	HELPED ME UNDERSTAND GMC REQUIREMENTS	NONE OF THE ABOVE	TOTAL	WEIGHTED AVERAGE
(no label)	31.48% 17	27.78% 15	20.37% 11	14.81% 8	3.70% 2	1.85% 1	54	2.37

To be a valued and trusted partner within our care system delivering safe effective care to the population we serve.



Do you feel that you benefitted from this year's appraisal?:

	STONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	TOTAL	WEIGHTED AVERAGE
(no label)	11.76% 6	60.78% 31	11.76% 6	5.88% 3	9.80% 5	51	2.41

Do you feel that appraisal benefit patients?:

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	PLEASE IGNORE	TOTAL	WEIGHTED AVERAGE
(no label)	8.00% 4	44.00% 22	36.00% 18	8.00% 4	4.00% 2	50	2.56

How long did it take to complete your appraisal portfolio / Input Form?

	UPTO 3 HOURS	3-6 HOURS	6-12 HOURS	12-18 HOURS	OVER 18 HOURS	TOTAL	WEIGHTED AVERAGE
(no label)	6.00% 3	22.00% 11	42.00% 21	16.00% 8	14.00% 7	50	3.10

Did your appraiser seem to understand their role?:

	1 NOT AT ALL USEFUL	2	3	4	5	6	7	8	9	10 VERY USEFUL	TOTAL
(no label)	3.92% 2	0.00% 0	3.92% 2	1.96% 1	9.80% 5	5.88% 3	21.57% 11	31.37% 16	7.84% 4	13.73% 7	51

To be a valued and trusted partner within our care system delivering safe effective care to the population we serve.



### How useful did you find the appraisal meeting?:

	1 NOT AT ALL USEFUL	2	3	4	5	6	7	8	9	10 VERY USEFUL	TOTAL
(no label)	3.92% 2	0.00% 0	3.92% 2	1.96% 1	9.80% 5	5.88% 3	21.57% 11	31.37% 16	7.84% 4	13.73% 7	51



## Annual Report Template Appendix D

### Audit of revalidation recommendations

<b>Revalidation recommendations between 1 April 2018 to 31 March 2019</b>	
Recommendations completed on time (within the GMC recommendation window)	102
Revalidation recommendation	84
Deferral recommendation	21
Non-engagement recommendation	0
Late recommendations (completed, but after the GMC recommendation window closed)	2
Missed recommendations (not completed)	0
<b>TOTAL</b>	<b>104</b>
Primary reason for all late/missed recommendations For any late or missed recommendations only one primary reason must be identified	
No responsible officer in post	0
New starter/new prescribed connection established within 2 weeks of revalidation due date	0
New starter/new prescribed connection established more than 2 weeks from revalidation due date	0
Unaware the doctor had a prescribed connection	0
Unaware of the doctor's revalidation due date	0
Administrative error	2
Responsible officer error	0
Inadequate resources or support for the responsible officer role	0
Other (difficulty contacting doctor)	0
Describe other	
<b>TOTAL [sum of (late) + (missed)]</b>	<b>2</b>

**Appendix E - Statement of Compliance**



# **A Framework of Quality Assurance for Responsible Officers and Revalidation**

## **Annex E - Statement of Compliance**

## **Statement of Compliance**

Version number: 2.0

First published: 4 April 2014

Updated: 22 June 2015

Prepared by: Gary Cooper, Project Manager for Quality Assurance, NHS England

Classification: OFFICIAL

Publications Gateway Reference: 03432

**NB:** The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.





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## Designated Body Statement of Compliance

The board / of York Teaching Hospital NHS Foundation Trust can confirm that

- an AOA has been submitted,
- the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013)
- and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

Yes/No [delete as applicable]

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

Comments:

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

Comments:

4. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers<sup>1</sup> or equivalent);

Comments:

5. All licensed medical practitioners<sup>2</sup> either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;

Comments:

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners<sup>1</sup> (which includes, but is not limited to, monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues) and ensuring that information about these matters is provided for doctors to include at their appraisal;

Comments:

7. There is a process established for responding to concerns about any licensed medical practitioners<sup>1</sup> fitness to practise;

Comments:

8. There is a process for obtaining and sharing information of note about any licensed medical practitioner's fitness to practise between this organisation's

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<sup>1</sup> <http://www.england.nhs.uk/revalidation/ro/app-syst/>

<sup>2</sup> Doctors with a prescribed connection to the designated body on the date of reporting.

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**responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where the licensed medical practitioner works;<sup>3</sup>**

Comments:

**9. The appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that all licenced medical practitioners<sup>4</sup> have qualifications and experience appropriate to the work performed;**

Comments:

**10. A development plan is in place that ensures continual improvement and addresses any identified weaknesses or gaps in compliance.**

Comments:

Signed on behalf of the designated body

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

Official name of designated body: \_York Teaching Hospital NHS Foundation Trust

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

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

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

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

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<sup>3</sup> The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:  
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>