



Review of Readiness for Medical Revalidation

Individual Trust Feedback Report

South Eastern Health and Social Care Trust

December 2010

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1. The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulatory body for Northern Ireland. In its work RQIA encourages continuous improvement in the quality of services, through a planned programme of inspections and reviews.

RQIA was established as a Non Departmental Public Body in 2005 under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. The vision of RQIA is to be a driving force for positive change in health and social care in Northern Ireland through four core activities:

- Improving care: we encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care.
- Informing the population: we publicly report on the safety, quality and availability of health and social care.
- Safeguarding rights: we act to protect the rights of all people using health and social care services.
- Influencing policy: we influence policy and standards in health and social care.

2. Context for the review

On 16 November 2009, the General Medical Council (GMC) introduced arrangements through which every doctor wishing to remain in active practice in the United Kingdom is required to hold a licence to practice. In the future, all doctors will be required to undergo a process of revalidation if they wish to keep their licence to practice. Final decisions on the nature and timing of introduction of revalidation have not yet been taken. A GMC consultation on the way ahead closed on 4 June 2010.

The process of revalidation will involve each doctor collecting a portfolio of evidence over a five year cycle which will be reviewed at annual appraisal against standards set out by the GMC and relevant Royal Colleges.

In future, every doctor will be required to have a named responsible officer. The responsible officer will be a statutory position. Responsible officers will make revalidation recommendations to the GMC concerning doctors linked to their organisation. Following consultation, legislation has been enacted by the Northern Ireland Assembly allowing for the appointment of responsible officers by organisations in Northern Ireland by 1 October 2010.

To underpin the revalidation recommendations of responsible officers, each organisation will need robust systems of clinical governance and delivery of medical appraisal. The NHS revalidation support team (RST) has been developing guidance and tools to assist organisations in meeting the requirements of revalidation. To review the quality of the processes supporting revalidation, a specific tool, Assuring the Quality of Medical Appraisal for Revalidation (AQMAR), has been developed. This tool contains two sections; one to assess governance processes, and another to assess appraisal systems. RST recommends the use of evidence-based self- assessment by organisations, with external review every three years.

RQIA has been working with the GMC, RST, Quality Improvement Scotland (QIS) and Healthcare Inspectorate Wales (HIW) to pilot an approach to carrying out independent external review by healthcare regulators. The pilot in Northern Ireland includes the completion of self assessment AQMAR tools by the five health and social care (HSC) trusts, submission of evidence and validation visits to each trust. The pilot will be subject to evaluation by HIW to inform the future design of quality assurance processes.

This report has been prepared to provide feedback to the South Eastern HSC Trust on the findings of the review team in relation to the trust. RQIA will prepare an overview report on the state of readiness of systems in secondary care to support the introduction of revalidation of doctors in Northern Ireland.

3. Methodology

The methodology for the review comprised the following stages.

1. Completion by each HSC trust of two self - assessment questionnaires developed by the NHS revalidation support team:
 - clinical governance self-assessment tool
 - appraisal self-assessment tool
2. Submission of completed questionnaires together with supporting evidence to RQIA.
3. Validation visits to trusts involving:
 - meetings with trust teams responsible for systems
 - meetings with focus groups of appraisers
 - meetings with focus groups of appraisees
4. Sample audit of a small number of anonymous Part 4 appraisal forms and personal development plans.
5. Preparation of feedback reports for each trust.
6. Preparation of a report of the review findings across Northern Ireland.
7. Evaluation of the process by HIW.

4. Membership of the review team

The members of the review team who took part in validation visits to the South Eastern HSC Trust on Monday 7 June 2010 were:

Ms. Claire Hosie	Safety Governance and Risk Facilitator, NHS Tayside
Dr Martin Shelley	Clinical Lead, NHS Revalidation Support Team
Mr Niall McSperrin	Lay representative
Dr David Stewart	Medical Director / Head of Service Improvement, RQIA
Mr Hall Graham	Primary Care Advisor, RQIA
Angela Belshaw	Project Manager, RQIA
Louise Curran	Administration support
Chris Rooney	Administration support

5. Review of clinical governance systems

5.1 Organisational clinical governance systems

The South Eastern HSC Trust has established an integrated approach to governance which includes clinical and social care governance. The trust governance strategy and operational arrangements have recently been reviewed to ensure that they meet corporate requirements. A revised governance strategy is under development and a new committee structure has been put in place.

Strengths

- The trust has clearly documented governance arrangements with established lines of accountability.
- The trust has carried out a recent review of its integrated approach to governance and has established a new streamlined committee structure including a governance assurance committee, a corporate control committee and a safety & quality committee.
- The trust has an equality scheme and an equal opportunities policy and is planning to carry out an equality impact assessment (EQIA) on its revised governance strategy.
- There is annual scrutiny of governance arrangements under the controls assurance system.
- The trust is subject to external review of governance systems including review by RQIA. An audit of clinical coding in relation to mortality has recently been carried out.

Challenges

- In relation to complaints and incidents, the trust has identified that there is a potential gap in information provided from independent sector providers who are in contract with the trust. The trust is awaiting advice on this issue from the HSC Board.

Recommendations

1. The trust should review its governance arrangements and documentation to reflect the establishment of the role of responsible officer from 1 October 2010.

5.2 Information management systems

The South Eastern HSC Trust recognises that the provision of accurate information to support appraisal will be an essential prerequisite for effective revalidation and that doctors need to have confidence in the information provided. Traditionally, information has been provided on request, but the trust advised the review team that its goal is to move to a system where doctors are provided with an agreed generic package of information to support appraisal, together with specialty specific information where appropriate.

Strengths

- The trust has well established patient administration systems (PAS) with clinical data benchmarked through CHKS.
- The DATIX system is used to record all complaints and incidents.
- ICT and records management systems are subject to ongoing monitoring through an annual controls assurance audit with substantive compliance having been achieved.

Challenges

- There is no agreed protocol as to what clinical, audit and incident related information will be provided from trust information systems to support appraisal. This has been identified as a high priority area for action within the trust's clinical appraisal/ revalidation action plan for 2011-12.
- The trust does not have an information management system to support the responsible officer and clinical directors in regular monitoring of the uptake of appraisal. The system would also need to facilitate the responsible officer, appraisers and doctors in completion and retention of appraisal records.

Recommendations

2. The trust should review its capability of introducing information technology solution/s to support the responsible officer, appraisers and appraisees in the management and delivery of appraisal.
3. The trust should develop a protocol setting out the information which will be provided from trust based systems, to clinicians, to inform the appraisal process.

5.3 Clinical risk management/patient safety systems

The South Eastern HSC Trust has a patient safety strategy and a risk management strategy in place. As part of the review of governance structures, lessons learned committee has replaced the previous complaints committee reflecting the culture of learning from events which the trust wants to embed across all services. Information on significant events can be provided to doctors on request, to inform appraisal discussions.

Strengths

- There is clear evidence of leadership in clinical risk management and patient safety by the chief executive and the senior management team, demonstrated in the structures established by the trust including the patient safety leadership committee.
- The trust has well established arrangements for risk management and incident reporting and has reviewed its arrangements to ensure effective learning from incidents takes place.

Challenges

- The trust has identified that it does not have formal arrangements in place for provision of information on significant events, to individual doctors, which can then be considered at appraisal. This has been included on the clinical appraisal / revalidation action plan for 2011/12.
- There is no system for the collation of information which has been provided by staff in the trust to national registries such as drug reaction reporting, and this has been added to the action plan.

Recommendations

4. The trust should carry out an audit of reporting arrangements to national and regional registries and patient safety reporting systems, to ensure that relevant information is also being forwarded to trust reporting systems.

5.4 Clinical audit systems

The South Eastern HSC Trust has established a multi-professional audit steering committee which is chaired by the clinical risk director. Each directorate has an audit coordinator / convenor who is a member of the steering committee. The steering committee reports to the quality and safety committee.

Strengths

- There is a structured approach to ensuring that audit takes place within directorates.
- A multi-professional audit steering committee has been established within the governance structures of the trust and carries out monitoring of the delivery of audit.
- The review team was provided with examples of good practice where, at monthly directorate audit meetings, attendees discuss clinical audits and reflect on learning from previous audits.

Challenges

- There is no trust wide clinical audit strategy. The multi-professional audit steering committee has been tasked with developing this as part of the clinical appraisal / revalidation action plan.
- There is no written description of the arrangements for providing audit information and reports to doctors, as part of their information for appraisal and revalidation and this issue has been added to the action plan.

Note

The review team has found that across trusts, robust systems for linking information on clinical audit into individual appraisal of doctors are generally not well developed. A recommendation will be made that this is taken forward at regional level.

5.5 Reporting and managing performance concerns

In relation to reporting and managing performance concerns about doctors the South Eastern HSC Trust follows regional guidance set out in Maintaining High Professional Standards within the HPSS (DHSSPS, November 2005). The trust appraisal policy states that:

'Whether identified during the appraisal process or during the normal conduct of business, serious issues relating to the performance of individual doctors must be brought to the attention of the medical director and chief executive immediately. Should such matters come to light during an appraisal meeting, the meeting should be suspended until the identified problems have been resolved'.

The trust has initiated a review of its processes for ensuring and monitoring the appraisal and performance of medical staff as part of the clinical appraisal / revalidation action plan.

Strengths

- In line with regional guidance, the trust has arrangements in place for managing concerns about the performance of doctors.
- The trust has had positive experience of the involvement of the National Clinical Assessment Service (NCAS) in the management of performance concerns about doctors.

Challenges

- There is no written trust procedure for identifying and investigating potential impaired performance or remediation.
- There is no written guidance as to how the appraisal system supports doctors who are subject to performance or disciplinary procedures.
- There is no specific written description about the process for reporting concerns about individual doctors, although the trust does have a whistle blowing policy.

Recommendations

5. The trust should indicate, in its appraisal policy, how the appraisal process supports doctors who are the subject of performance or disciplinary concerns.
6. As part of its review of processes for ensuring and monitoring the appraisal and performance of medical staff, the trust should ensure that the distinct processes for job planning and appraisal are clearly defined.

5.6 Complaints management systems

The trust has well developed systems in place for the handling of complaints. The medical appraisal policy states that complaints and investigations are included among the principal areas for discussion during appraisal. Information about complaints can be made available and doctors receive copies of any complaints which relate to clinical quality.

Strengths

- There is a comprehensive trust policy on the management of complaints, which includes sections on involving lay people in complaints management. The policy also includes the handling of complaints relating to prison health for which the trust has responsibility.
- Complaints management is clearly established within the trust governance arrangements.
- The trust has established a lessons learned committee to replace the previous complaints committee, reflecting the goal of embedding a culture of learning from complaints and incidents.
- The trust publishes an annual report on its website, which sets out information about complaints received and learning which has been applied.
- There have been patient surveys carried out in directorates.

Challenges

- There is no formal procedure for the provision of information for appraisers and appraisees to consider, about complaints relating to doctors. This is being taken forward as an action in the clinical appraisal / revalidation action plan.

Recommendations

7. The trust should review its systems to determine the information which can be made available on complaints, to individual doctors, to inform the appraisal process.

5.7 Continuing professional development (CPD) systems

Strengths

- The trust has a consultant professional & study leave policy which sets out principles, entitlements and application processes.
- The trust has a learning and development strategy in place.

Challenges

- The trust does not have a specific strategy for CPD. The development of a strategy has been added to the trust action plan.
- There are no processes in place to provide assurance on the effectiveness of CPD systems, or that areas requiring development in CPD are addressed.

Note

The review team has found that, in general, at trust level, there are few systems in place across Northern Ireland to assure the quality of CPD being received by doctors. A recommendation will be made that this is considered at regional level.

5.8 Service development, workforce development, human resource management

Strengths

- Directorates within the South Eastern HSC Trust have service development strategies which are incorporated into a service development database.
- The trust has a human resources strategy and a learning and development strategy. The human resources strategy is subject to monitoring under controls assurance arrangements.
- The trust appraisal policy facilitates the provision of appraisal for locum doctors and for statements of satisfactory employment.

Challenges

- At present, job planning and appraisal discussions for doctors often take place at the same meeting and this may be difficult to sustain as appraisal is enhanced, and becomes part of a five year process to build evidence for revalidation. It can lead to lack of clarity about the two distinct roles.
- The responsible officer will, in future, need to obtain information on doctors from their previous employer, in relation to previous appraisal. The trust is reviewing how this can be established.
- At present the trust does not routinely receive exit reports from locum doctors or get feed back from locum agencies. This is being addressed through the trust action plan.

Recommendations

8. The trust should review its arrangements in relation to the employment of locum doctors, to consider requesting information relating to last appraisal and provision of exit reports from previous employers.

Note

The review team considers that the systems for gathering and sharing information with regard to locum doctors to support their future revalidation, will require to be strengthened and recommends that this is considered at regional level.

6. Review of appraisal systems

6.1 Organisational ethos

There is unequivocal commitment from the highest levels of the responsible organisation to deliver a quality assured system of appraisal, in support of revalidation, that is fully integrated with local clinical governance systems.

The review team found that there was strong commitment from the chief executive and senior management team of the South Eastern HSC Trust to establishing systems to underpin revalidation. The appraisal system is led by the medical director supported by clinical directors.

The trust took an active part in the Northern Ireland pilot relating to revalidation in secondary care in 2009 which included testing of multi-source feedback and information collection.

Strengths

- The trust has established a dynamic action planning process to take forward appraisal and revalidation. Achievement against timescales set is monitored by the safety and quality committee.
- A template for collection of annual directorate summaries in relation to appraisal has been developed.
- The trust has a defined financial allowance for study leave for doctors over a three year cycle.
- There is designated programmed activity (PA) time for appraisers to complete appraisals.
- The trust has a written appraisal policy and procedure.
- There is a trust intranet medical education site maintained by the associate medical director/director of medical education.
- An independent external review of appraisal forms 3 & 4 was carried out on November 2008. This led to the development of good practice guidelines for completion of appraisal forms and personal development plans (PDPs). A further review is planned for later in 2010.

Challenges

- The trust has not recently prepared an annual report on the appraisal process for presentation to the trust board but one was in preparation at the time of the review visit.
- The trust has not carried out an equality impact assessment of its appraisal policy and procedure.

Recommendations

- 9.** The trust should plan to provide sufficient resources in terms of time, finance and administration to support the introduction of revalidation.

6.2 Appraiser selection, skills and training

The responsible organisation has a process for selection of appraisers. Appraisers undertake initial training and their skills are reviewed and developed.

Strengths

- The trust has developed an appraisal personnel specification for use during recruitment of clinical managers.
- An audit has taken place of all current appraisers in the trust in relation to whether they meet this specification.
- A medical professional forum is being established which will include clinical managers and delegated appraisers and will discuss issues relating to appraisal and revalidation.
- New appraisers are expected to undertake clinical appraisal training organised by the Beeches Management Centre and this has been audited.
- There is annual update training for all appraisers. Appraisers advised the review team that there were opportunities for them to attend training to meet their perceived needs.
- The medical director has developed a discussion template of issues to be discussed during the appraisal of clinical leaders. This should lead to consideration of any development issues to be included in the appraiser's PDP.

Challenges

- The trust has not established a formal process for the selection of appraisers.
- There is no formal process to provide feedback to appraisers on their performance in the role as an appraiser, or for periodic evaluation of appraiser skills.

Recommendation

- 10.** The trust should establish a documented procedure for the recruitment and selection of appraisers.

Note

The review team has found that in trusts, the systems to provide assurance on the performance of appraisers and also feedback on that performance are generally not well developed. A regional recommendation will be made in this regard.

6.3 Appraisal discussion

The appraisal is informed by a portfolio of verifiable supporting information that reflects the whole breadth of the doctor's practice and informs objective evaluation of its quality. The discussion includes challenge, encourages reflection and generates a personal development plan (PDP) for the year ahead.

Strengths

- The trust has carried out an anonymous sampling exercise of appraisal forms 3 & 4 and PDPs and it is planned to repeat this.
- There is written guidance in the trust appraisal policy as to the procedure to follow if patient safety or performance concerns arise during the appraisal discussion.
- Review of the sample of anonymised PDPs indicated evidence of a focused discussion.

Challenges

- There is no process to sample appraisal portfolios.
- Systems for doctors to bring information from their work in private practice and outside the trust are not formalised.
- There is no clarity on what a doctor will be expected to bring to the appraisal discussion to inform the revalidation process. The trust is awaiting guidance on this from the GMC/Royal Colleges following the GMC consultation exercise.
- The current trust appraisal policy does not give explicit guidance on what procedure to follow if the evidence submitted is not sufficient.
- As yet, there are no systems in place to evaluate accumulating portfolios of evidence over a five year cycle so that weaknesses can be identified at an early stage. The trust is considering this as part of its action plan.
- Appraisees advised the review team that while they supported the concept of appraisal, they felt that it could become a tick box exercise and they questioned the value of developing PDPs.

Sample audit of Form 4's

The trust submitted seven anonymised Form 4s. There was a standardised template for the personal development plan (PDP). All sections had been comprehensively completed by both parties. This is evidence that all have been complying with trust guidance. All appraisals had been signed of appropriately and had a completed PDP attached. There was evidence that five doctors had been involved in a 360 degree appraisal exercise.

Recommendations

- 11.** The trust should consider including examination of a sample of portfolios of evidence as part of its process of quality assurance of the appraisal process.
- 12.** The trust should ensure that the role of appraisers is reflected within their own appraisals.

Notes

The review team considers that at regional level there is an urgent need to review appraisal documentation to meet the requirements for the four domains of good medical practice and to support the process of revalidation.

The review team also considers that there should be guidance issued on the provision of information from private practice and other non-trust work which should be brought to the appraisal discussion in the context of revalidation.

6.4 Systems and infrastructure

The management of the appraisal system is effective and ensures that all doctors linked to the responsible organisation are appraised annually.

Strengths

- There are clear lines of accountability for the appraisal system within the trust and these are documented in the appraisal policy.
- An audit of resources available to appraisers has been carried out.
- The trust has a protocol for sharing information with other employers.

Challenges

- At 27 April 2010, of 229 doctors (excluding doctors in training) 56 per cent had their annual appraisal completed, 26 per cent were in progress and 18 per cent were outstanding of which five per cent are on long term absence.
- The trust has identified that it does not have written procedures to manage potential conflicts of interest between appraisers and appraisees and this is being addressed through the action plan.
- There has not been a survey eliciting the views of appraisees as to their experience of the appraisal system and this has been added to the action plan.
- The trust is reviewing arrangements for secure storage of information in relation to appraisal.

Recommendations

- 13.** The trust should carry out an exception audit to identify reasons why appraisals were not completed by individual doctors.

7. Conclusions

The aim of this review was to carry out an assessment of the current state of readiness of secondary care trusts in Northern Ireland in relation to the introduction of revalidation of doctors. The review focused on the systems for governance and appraisal, which will be essential to support responsible officers in making recommendations to the GMC, on the revalidation of individual doctors.

The review team found that the South Eastern HSC Trust has made good progress in preparing for medical revalidation and enhanced appraisal with evidence of commitment from the chief executive and senior management team. The trust has recently reviewed its governance arrangements and has established an integrated system of governance.

At the time of completion of the self assessment, 82 per cent of appraisals of doctors (excluding doctors in training) for the last appraisal round were completed, or in progress.

There is strong medical leadership and clear lines of accountability for the appraisal system with measures in place to monitor the quality of documentation and engagement in appraisal. The trust has established a dynamic action planning process to prepare for revalidation which has now included actions identified following the trust self assessment using the AQMAR tools. The trust has commissioned an external audit of appraisal forms and this led to the development of good practice guidelines.

The trust has identified the need to standardise the provision of information to individual doctors to support appraisal. The review team has recommended that the trust considers the provision of IT enabling solutions to support the role of the responsible officer in appraisal and revalidation and to support appraisers and appraisees in gathering and recording evidence.

The review team concludes that, on completion of the actions set out in the trust action plan for revalidation and the recommendations of this report, the South Eastern HSC Trust could consider application to be an early adopter site for revalidation.

8. Summary of Recommendations

- 1.** The trust should review its governance arrangements and documentation to reflect the establishment of the role of responsible officer from 1 October 2010.
- 2.** The trust should review its capability of introducing information technology solution/s to support the responsible officer, appraisers and appraises in the management and delivery of appraisal.
- 3.** The trust should develop a protocol setting out the information which will be provided from trust based systems, to clinicians to inform the appraisal process.
- 4.** The trust should carry out an audit of reporting arrangements to national and regional registries and patient safety reporting systems, to ensure that relevant information is also being forwarded to trust reporting systems.
- 5.** The trust should indicate, in its appraisal policy, how the appraisal process supports doctors who are the subject of performance or disciplinary concerns.
- 6.** As part of its review of processes for ensuring and monitoring the appraisal and performance of medical staff, the trust should ensure that the distinct processes for job planning and appraisal are clearly defined.
- 7.** The trust should review its systems to determine the information which can be made available on complaints to individual doctors to inform the appraisal process.
- 8.** The trust should review its arrangements in relation to the employment of locum doctors, to consider requesting information relating to last appraisal and provision of exit reports from previous employers.
- 9.** The trust should plan to provide sufficient resources in terms of time, finance and administration to support the introduction of revalidation.
- 10.** The trust should establish a documented procedure for the recruitment and selection of appraisers.
- 11.** The trust should consider including examination of a sample of portfolios of evidence as part of its process of quality assurance of the appraisal process.
- 12.** The trust should ensure that the role of appraisers is reflected within their own appraisals.

13. The trust should carry out an exception audit to identify reasons why appraisals were not completed by individual doctors.