



Review of Readiness for Medical Revalidation

Individual Trust Feedback Report

Belfast 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 Belfast 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 Belfast Trust on Tuesday 8 June 2010 and Friday 11 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.
Jim McIlroy	RQIA Observer
Louise Curran	Administration support, RQIA

5. Review of clinical governance systems

5.1 Organisational clinical governance systems

The Belfast HSC Trust has established an integrated model of governance. This is set out in the trust's assurance framework which describes the roles and relationships of the different governance elements. The assurance framework is currently under review to ensure it meets the requirements of the trust.

Strengths

- The trust's assurance framework sets out clear lines of accountability and terms of reference for its governance structures.
- The trust has established a patient and client safety group with formal subcommittees which include standards and guidelines and medicines management.
- There are clear lines of reporting accountability for doctors through clinical directors, to associate medical directors, to the medical director.
- All trust policies are subject to equality screening.
- There is annual scrutiny of aspects of clinical governance systems through controls assurance.
- Trust governance systems are subject to external scrutiny by RQIA. Junior doctor training is subject to review by the GMC.

Challenges

- A major challenge for the Belfast HSC Trust is the scale of operation of the organisation. At the time of the review visit, the trust reported that it had 653 consultants in post.

Recommendation

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

Strengths

- The trust has a range of information systems which can provide activity information at individual and specialty level.
- The trust has won the CHKS data quality award for Northern Ireland for the past two years.
- Complaints and incidents are all recorded on a central database.
- There is an information standardisation committee which examines the quality of all activity information and considers areas for development.
- Appraisees who work in theatres reported positively on the availability of information provided through the theatre management system.

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. Information is provided on request within service areas but is not provided centrally.
- There is no written protocol for the storage of appraisal information.
- Data on complaints and incidents are not routinely linked to an individual doctor and it is difficult to extract relevant information for appraisal.
- 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.
- Appraisees in some clinical areas reported that information provided on request, to support appraisal was not always accurate.

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.
4. The trust should develop a protocol for storage of records relating to appraisal.

5.3 Clinical risk management/patient safety systems

Strengths

- The trust has established clear structures and processes for clinical risk management. It is also taking forward action on patient safety which includes formation of a patient and client safety group.
- There is a risk management strategy and the trust risk evaluation procedure has recently been revised.
- There is an adverse incident reporting policy which is currently under review. Service groups receive reports on incident trends in their area.
- The trust has been taking forward a range of projects to promote patient safety, using safer patient initiative methodologies.
- The trust has processes to share learning arising from clinical negligence cases.

Challenges

- The trust does not have formal arrangements in place for provision of information to individual doctors on significant events, which can then be considered at appraisal. The names of individual doctors may not appear on incident report forms.
- 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. National systems do not always provide feedback to the trust on events which have been reported.

Recommendations

5. 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.
6. The trust should review its systems to determine the information on adverse incidents, which can be made available to individual doctors to inform the appraisal process.

5.4. Clinical audit systems

Strengths

- The trust has integrated clinical and social care audit support arrangements from six legacy trusts into a single audit department.
- A rolling audit programme has been developed for implementation across the trust.
- There are programmes of audit in place in service areas, and trust staff have participated in national and regional audits.

Challenges

- There is no agreed clinical audit strategy in place; however, at the time of the review visit, a strategy was being developed.
- There is no central mechanism for providing audit reports to doctors to use in appraisal.
- There are no monitoring arrangements in place to assess the effectiveness of clinical audit arrangements across the trust.
- There are no agreed mechanisms to address issues identified through clinical audit.

Note

The review team has found that, across trusts, robust systems for linking information on clinical audit into individual doctor appraisal 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 management of performance concerns about doctors, the Belfast HSC Trust follows regional guidance set out in Maintaining High Professional Standards within the HPSS (DHSSPS, November 2005). The trust appraisal policy states that:

'Issues or concerns may arise during appraisal. Many of these may be resolved through discussion or the provision of further information. If, as a result of the appraisal process the appraiser believes that the activities of the appraisee are such as to put patients at risk, the appraisal process should be stopped and action taken. If the situation is remedied then the appraisal process can continue'.

The trust is developing leadership and mentoring schemes to support doctors, which may facilitate the early identification of emerging performance concerns.

Strengths

- The trust has established a monthly doctors and dentists case review meeting, chaired by the medical director, to manage individual cases.
- The trust has arrangements in place, in line with regional guidance, for managing concerns about the performance of doctors.
- The trust whistle-blowing policy sets out the process for reporting of concerns and the support which the trust will provide to those reporting concerns.

Challenges

- There is no written procedure as to how trust appraisal arrangements support doctors who are subject to performance or disciplinary procedures.

Recommendations

7. The trust should indicate, in its appraisal policy, how the appraisal process supports doctors who are the subject of performance or disciplinary concerns.

5.6. Complaints management systems

Strengths

- The trust has a comprehensive policy and procedure for the management of complaints and compliments which has recently been reviewed.
- There is a trust complaints review committee. A one year pilot is taking place involving the operation of a complaints final review group, which provides assurance to the trust board that every effort has been made to resolve complaints.
- A complaints summary report is prepared to inform the trust about trends in complaints across the organisation.
- The trust policy on appraisal for medical practitioners lists complaints data, or a declaration of no complaints, as an essential requirement in the evidence presented to allow the appraisal to proceed.

Challenges

- Complaints frequently do not name specific doctors and this makes it difficult to link them to appraisal systems.
- The trust does not currently have a central system to provide all complaints information to doctors, for use in appraisal. Available information relating to individual doctors is provided on request.

Recommendations

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

5.7. Continuing professional development (CPD) systems

Strengths

- The trust has a learning and development strategy which specifically references as a priority area: 'Support the further development of appraisal mechanisms for doctors and dentists, with the introduction of opportunities to undergo 360 degree feedback'.
- There is a framework for study leave arrangements for doctors, with protected time identified in medical job plans.
- There is a trust policy for interfacing with the pharmaceutical industry which provides CPD opportunities.

Challenges

- The trust does not have arrangements 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

- The trust has an agreed strategic framework set out in the document, The Belfast Way. This is being translated into strategic plans for specific services, such as the recently published consultation documents on the way forward for acute services in Belfast.
- There is a Human Resource (HR) Strategy for 2009-2012 and annual HR management plans.
- The trust has a recently developed registration and verification policy which sets out requirements for pre-employment and annual checks.
- The trust policy is to appraise locum doctors if they are working in the trust for more than three months.
- The trust has an HR forum and a monitoring report on HR quality standards

Challenges

- The responsible officer will, in future, need to obtain information on doctors from their previous employer in relation to previous appraisals. Systems need to be established between organisations to put this in place.
- At present the trust does not routinely provide or receive exit reports for all locum doctors.

Recommendations

9. 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 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 the trust is committed to deliver a high quality system of appraisal for doctors. Revalidation is a recognised priority in the trust corporate plan. The appraisal system is led by the medical director supported by associate medical directors, clinical directors and clinical leads. The trust aspires to being an early adopter site for revalidation and has participated in the Northern Ireland pilot relating to revalidation in secondary care, including testing of multi-source feedback.

Strengths

- A revalidation steering group has been established, chaired by the medical director with work streams on the appraisal process, appraisal information and the framework for the responsible officer function.
- An action planning approach has been established to take the trust through to the introduction of revalidation.
- The medical director distributes consultant e-bulletins which have provided information about developments in relation to revalidation and links to relevant websites.
- A database which will facilitate monitoring of appraisal delivery has been developed to support the appraisal process.
- There is time allocated in core programmed activities for all consultants to undergo appraisals.
- There is a written appraisal policy which sets out the trust process and identifies essential and desirable evidence to be provided.
- There is a trust harmonious working policy and equality is a mandatory component of personal development plans.
- A quality assurance audit of appraisal folders was carried out in 2007/08 with a further audit planned for the 2009/10 round.
- The trust has been subject to external assessment of the appraisal system by RQIA and an action plan was developed to take forward recommendations made.

Challenges

- An annual report on the appraisal system has not been presented to the trust board, although a presentation was made in April 2010 and a report is planned for the 2009/10 appraisal round.

- The size of the organisation can lead to delays in information flows. For example, the review team was advised by appraisers that some of the information held in relation to appraisal uptake is not always up to date.
- The 2007/08 audit of appraisal folders revealed gaps in the evidence and documentation provided.
- The trust has recognised the need to enhance links between clinical governance and revalidation systems. This is being taken forward through the revalidation steering group.

Recommendations

- 10.** The trust should plan to provide sufficient resources in terms of time, finance and administration to support the introduction of revalidation.
- 11.** The trust should establish a system for annual reporting on medical appraisal and revalidation, to the trust board.

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

- Appraisal responsibilities are reflected in job plans for appraisers, with time allocated for undertaking appraiser training and appraisals.
- Appraisers undertake initial appraiser training, with mandatory refresher training every three years.
- Appraiser training has been subject to evaluation, with participants generally reporting positively on their experience.
- A programme of appraiser workshops, to help prepare for revalidation, commenced in May 2010.
- The trust has a team of appraisers with significant experience in carrying out the role and in designing appraisal programmes.
- Appraisal training is kept under regular review to reflect new developments, including the introduction of revalidation and 360 degree assessment.
- The trust has participated in pilot approaches for revalidation and 360 degree assessment.
- The trust has carried out an audit of the appraisal process using a 10 per cent sample of consultants.

Challenges

- At present, the trust does not have a formal process for the recruitment of appraisers, with an agreed personnel specification. Expressions of interest are sought within service groups.
- Taking on the role of appraiser is not highly sought after among consultants.
- Although a programme of appraisee training is provided, the uptake is generally poor.
- There is no process in place for the evaluation of appraisers. A programme of evaluation is planned for the 2010/11 appraisal round, to identify needs of appraisers in their enhanced role for revalidation.

Recommendations

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

Note

The review team has found that in trusts in Northern Ireland, systems to provide structured feedback to appraisers on their performance in the role 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

- An annual quality assurance audit is carried out across a number of appraisals, to test the conformity of core documentation and evidence provided.
- The trust appraisal policy sets out lists of essential and desirable evidence to be brought to the appraisal discussion. The appraisal should not go ahead if the essential evidence is not provided and appraisers advised that this was their practice.
- 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.
- There are arrangements in place, with Queen's University Belfast, for appraisal of joint appointments,.
- The trust has developed appraisal arrangements with NIMDTA for GPs who have a sessional commitment to the trust.
- The trust is planning to introduce an evaluation checklist, to set out the evidence to be presented against the requirements of revalidation.
- The trust policy is to rotate appraisers every three years which will reduce the risk of complacency.

Challenges

- Appraisal documentation in Northern Ireland does not reflect the new four domain approach to good medical practice, now established by the GMC.
- The annual quality assurance audit of documentation revealed areas where information was not provided on a consistent basis.
- The systems in place for doctors to bring information from their work in private practice are not formalised.

Sample audit of Form 4s

The trust submitted eight anonymised Form 4s. There was a standardised template for the personal development plan (PDP). While all sections had been completed there was variation in the quality of the submissions and not all had actions agreed. All appraisals had been signed off appropriately and had a completed PDP attached. There was evidence that two doctors had been involved in a 360 degree assessment exercise.

Recommendations

- 13.** The trust should consider providing guidance to appraisers on how to complete appraisal documentation which would include examples of good practice.
- 14.** The trust should ensure that the role of appraisers is reflected within their own appraisals.

Note

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, 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 across the trust.
- A revalidation steering group has been established to coordinate the introduction of revalidation.
- Appraisal summary forms are held centrally by the medical director's office.
- There has been a survey of appraisees, of their experience of the appraisal process; in relation to the 2007/08 round and this will be repeated in 2009/10.

Challenges

- Establishing robust systems to ensure that all doctors employed in the trust are participating in annual appraisal is a significant challenge.
- At 2 June 2010, the number of consultants who were recorded on a central database as having had an appraisal in the 2009/10 round was 390 which represents 63.1 per cent of employed consultants. From discussions with appraisers and appraisees this is likely to be an underestimate as there can be delays in the process leading to recording on the database. In 2008/09, a total of 70.5 per cent of consultants were recorded as being appraised.
- The central database recorded 73 consultants as not having been appraised in the last three years. They are being contacted to establish the circumstances and take appropriate action.
- There is no system to record the participation of specialty doctors in appraisal.
- There are no systems in place to record the participation of locums in appraisal.
- There is no survey process in place to record feedback from appraisers on the management of the process, although feedback has been received through the recently held appraiser workshop.

Recommendations

15. The trust should establish its arrangements for completion and recording of appraisal of specialty and locum 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 Belfast HSC Trust has established an integrated model of governance with clear lines of accountability and with policies and procedures in place. The review team found that the Belfast HSC Trust has made good progress in preparing for medical revalidation and enhanced appraisal.

The medical director has established a revalidation steering group and there is a clear structure of responsibility for appraisal. The trust has an experienced group of appraisers and has actively participated in regional pilots of appraisal documentation and multi source assessment for doctors. A recent workshop has been held to help prepare for revalidation, which was well attended by appraisers.

The review team recognises that the trust faces a significant challenge in establishing robust appraisal arrangements to support revalidation in view of the number of doctors employed across a range of different sites. A database has been established to support monitoring of appraisal but there can be delays in the process to record appraisals. At the time of the review visit, 63.1 per cent of consultants were recorded as having had an appraisal in the last round but from the feedback provide by appraisers to the review team this is likely to be an underestimate. There was no system in place to record involvement of specialty doctors. The medical director has initiated an audit to determine why a number of doctors have not engaged in appraisal.

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 trust has identified a programme of actions to be carried out to prepare for revalidation and has used the AQMAR assessment tool to identify further areas to be addressed.

The trust has successfully used Institute for Healthcare Improvement (IHI) methodology to roll out patient safety initiatives, starting with a limited number of pilot areas. The review team considers that this approach could be considered to develop a programme for roll out of

revalidation. Selected areas could be identified as possible initial applicants to be early adopter pilots.

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 develop a protocol for storage of records relating to appraisal.
- 5.** 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.
- 6.** The trust should review its systems to determine the information on adverse incidents, which can be made available to individual doctors to inform the appraisal process.
- 7.** The trust should indicate, in its appraisal policy, how the appraisal process supports doctors who are the subject of performance or disciplinary concerns.
- 8.** The trust should review its systems to determine the information on complaints, which can be made available to individual doctors, to inform the appraisal process.
- 9.** 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.
- 10.** The trust should plan to provide sufficient resources in terms of time, finance and administration to support the introduction of revalidation.
- 11.** The trust should establish a system for annual reporting on medical appraisal and revalidation, to the trust board.
- 12.** The trust should establish a documented procedure for the recruitment and selection of appraisers.
- 13.** The trust should consider providing guidance to appraisers on how to complete appraisal documentation which would include examples of good practice.

- 14.** The trust should ensure that the role of appraisers is reflected within their own appraisals.
- 15.** The trust should establish its arrangements for completion and recording of appraisal of specialty and locum doctors.