



Review of Readiness for Medical Revalidation

Individual Trust Feedback Report

Northern Health and Social Care Trust

December 2010

Contents

1.	The Regulation and Quality Improvement Authority	1
2.	Context for the review	2
3.	Methodology	3
4.	Membership of the review team	4
5.	Review of clinical governance systems	5-12
5.1	Organisational clinical governance systems	5
5.2	Information management systems	6
5.3	Clinical risk management/patient safety systems	7
5.4	Clinical audit systems	8
5.5	Reporting and managing performance concerns	9
5.6	Complaints management systems	10
5.7	Continuing professional development systems	11
5.8	Service development, workforce development and human resource management	12
6.	Review of appraisal arrangements	13-18
6.1	Organisational ethos	13
6.2	Appraiser selection, skills and training	15
6.3	Appraisal discussion	16
6.4	Systems and infrastructure	18
7.	Conclusions	19
8.	Summary of recommendations	20

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 Northern 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 the validation visit to the Northern Trust on Wednesday 9 June 2010 were:

Ms Claire Hosie	Safety Governance and Risk Facilitator, NHS Tayside
Mrs Mandy Collins	Deputy Chief Executive, Health Inspectorate Wales
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

5. Review of clinical governance systems

5.1 Organisational clinical governance systems

The Northern HSC Trust has developed an integrated governance strategy linking financial governance, risk management and clinical and social care governance. The strategy is supported by a comprehensive suite of policies which have been approved by the governance management board. The trust structure and the governance assurance framework were reviewed in 2009.

Strengths

- The trust integrated governance arrangements are regularly reviewed to ensure that they meet the emerging needs of the organisation.
- Trust structures have clearly defined lines of accountability.
- The trust has established a comprehensive monitoring system with a monthly report to the trust board, setting out progress against key clinical indicators as well as finance and activity.
- Internal audit undertakes an annual review of governance processes and systems in relation to core controls assurance standards.
- The trust has a service user feedback policy to ensure public involvement in governance arrangements.
- The trust is subject to external review and has developed action plans following RQIA governance reviews.
- Progress in relation to revalidation is considered at medical and dental professional forum meetings.
- All trust policies are subject to equality impact assessment. Equality screening training is provided for trust staff and guidance has been developed on how to carry out screening.

Challenges

- The trust will need to review its governance arrangements and documentation to reflect the establishment of the role of responsible officer.

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

In discussions with the review team, the trust recognises the need for robust information systems which can provide information at the individual doctor level, to support the responsible officer in the revalidation process. The trust does not have access to an integrated information system to support appraisal and revalidation and is working with DHSSPS and other trusts to address this

Strengths

- The trust has a regularly reviewed ICT strategy and action plan.
- There are ICT policies in place on data security with e-learning available for staff on the application of the policy.
- The trust DATIX system can supply information on complaints and incidents.
- The trust is rolling out a system, by directorate, to provide doctors with information on complaints, to support appraisal.
- The links between ICT and governance have been considered by the trust governance committee.

Challenges

- The trust has recognised the need to establish an integrated system to facilitate the responsible officer, appraisees and appraisers.
- The trust has not yet identified resources to commission activity reports for individual consultants, which could be used to support appraisal and job planning.
- Systems are not well developed to facilitate the provision of information to doctors at non-consultant level.
- The trust wishes to move to a position where appraiser and appraisee are systematically supplied with an agreed set of information to support appraisal.
- Appraisees advised the review team that information for appraisal was not easily accessible and 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 to clinicians from trust based systems, to inform the appraisal process.

5.3 Clinical risk management/patient safety systems

The trust has a comprehensive risk management policy which emphasises the importance of risk management in relation to all service users. This policy is supported by other policies such as an incident/near miss reporting policy and a patient safety framework.

Strengths

- Clearly set out arrangements and targets for patient safety improvements are in place.
- There are clear leadership and lines of accountability in relation to risk management and patient safety.
- Risk registers are present at service/directorate, corporate and trust levels and are regularly updated.
- The Northern HSC Trust register of top risks is reported to a variety of governance committees on a bi-monthly basis.
- A policy, standards and guidelines database has been created to track all national Institute for health and clinical excellence (NICE), national patient safety agency (NPSA) alerts and DHSSPS guidance/circulars.
- The safety alert broadcast (SABS) system has been set up to track progress on patient safety alerts and ensure action is taken.
- The trust has established an annual sharing excellence quality event.
- Systems are in place to monitor progress in relation to recommendations arising from previous reviews.

Challenges

- There is no agreed system to ensure that information which has been provided by staff in the trust to national registries such as drug reporting is also referred to trust incident systems.
- Appraisees advised the review team that learning from complaints and incidents was not always fed back to the individual doctor concerned.

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 Northern HSC Trust has established a clinical and social care audit and effectiveness strategy, which is designed to deliver an effective audit programme that has a positive effect on the care and quality of life of service users.

Strengths

- The review team felt that the formation of a clinical and social care audit and effectiveness committee as part of an overall audit and effectiveness strategy was an area of good practice.
- All appraisees are aware of the need to incorporate audit information into their appraisal.
- Update training for appraisers has highlighted the need for annual audits to be incorporated into appraisal.
- The trust audit and effectiveness quality improvement plan describes a large number of audits undertaken across all directorates in the trust.

Challenges

- There is a need to establish the level and nature of audit information which will be required to support revalidation.
- Clinical audits are frequently carried out at team level, and it can be difficult to gauge engage involvement by individual clinicians, to inform the appraisal process.

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 management of performance concerns about doctors, the Northern HSC Trust follows regional guidance set out in Maintaining High Professional Standards within the HPSS (DHSSPS, November 2005) and also NIMDTA guidance for doctors in difficulty. The trust appraisal policy states that:

'Where it becomes apparent during the appraisal process that there is a potentially serious performance issue which requires further discussion or examination, the matter must be referred by the appraiser immediately to the medical director and chief executive to take appropriate action. This may for example include referral to any support arrangements that may be in place'.

Strengths

- Arrangements are in place, in line with regional guidance, for managing concerns re underperforming doctors.
- The trust has capability and whistle blowing procedures in place.
- All medical staff are required to adhere to the trust capability, management of absence, drugs and alcohol and disciplinary policies.
- The trust has experience of using referral systems in relation to doctors in difficulty including the National Clinical Assessment Service (NCAS).

Challenges

- The trust has recognised that there are limited systems in place to provide assurance of the effectiveness in application of the trust whistle blowing policy.
- The trust appraisal policy is not explicit as to how appraisal process will be used to support doctors with identified underperformance issues.

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.

5.6. Complaints management systems

The Northern HSC Trust has established a user feedback and involvement committee and has a user feedback policy and procedure. When dealing with complaints the trust follows regional HSC complaints guidance.

The DATIX risk management system is used to capture all information to relating to complaints, incidents, inquests and claims.

Strengths

- The trust user feedback and involvement committee regularly reviews complaints to identify learning that can be shared.
- Information on complaints is discussed at directorate governance meetings, governance management board and the trust board.
- There is a rolling programme of complaints training for staff in the trust.
- Training on governance and complaints is provided at medical induction.
- The complaints department is rolling out the provision of an annual summary of complaints to individual doctors to support the appraisal process.

Challenges

- Individual doctors are frequently not referred to in complaints which relate to the services they provide, or the departments they work in.
- Appraisees informed the review team that feedback from complaints is not always being passed back to the doctor who was the subject of the complaint.
- The programme of roll out of the provision of information on complaints for appraisees and appraisers needs to be completed, and should include a notification of absence of complaints.

Recommendations

6. 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.
7. The trust should ensure that lessons learned from complaints and incidents are disseminated to all relevant staff.

5.7 Continuing professional development (CPD) systems

The Northern HSC Trust has a research and development policy. The trust prepares an annual organisation and development strategy which incorporates the training needs of many practitioners, but it is recognised that it does not cover all the requirements of medical practitioners.

Strengths

- Each clinical director is required to prepare a directorate report on appraisal and development needs for their directorate. This information is provided to the medical director and the operational director.
- The appraisal policy requires each individual doctor to develop a personal development plan.

Challenges

- The trust does not have an information system to track CPD and personal development plans of practitioners.
- There are no processes in place to provide assurance of the effectiveness of CPD for doctors.

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 a regional level.

5.8 Service development, workforce development, human resource management

The Northern HSC Trust has comprehensive human resources, operational development and recruitment and selection policies.

Strengths

- As part of reform and modernisation processes within the trust there are regular reviews of the human resources strategy.
- The trust appraisal policy facilitates the provision of appraisal for locum doctors in line with regional guidance issued in 2006.
- The trust policy recommends the use of exit interviews and use of a formal report for locum agencies at the end of temporary appointments.
- Within the trust human resources structure there is an assistant director for workforce governance.

Challenges

- The trust recognises that there is a need to include during pre-employment checks, information relating to date of last appraisal, PDP and any performance concerns.
- An assurance mechanism is not in place to ensure compliance with trust policy on exit interviews for locums.

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 recommend 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 trust has an appraisal policy which clearly outlines the purpose of appraisal and also the responsibilities of all staff involved in the appraisal process.

The review team found that the trust senior management team had a strong commitment to the delivery of effective appraisal and recognises the need for this to underpin the revalidation process.

The appraisal process is led by the medical director, supported by clinical directors and there is a clear pathway of accountability.

Strengths

- The trust appraisal policy has been recently reviewed.
- There is evidence of strong medical leadership to deliver an effective programme of appraisal to support revalidation.
- Appraisal responsibilities are reflected in the job descriptions of medical managers.
- The medical director prepares and submits an appraisal report to the trust board.
- The trust has previously carried out a self assessment in 2009 using the AQMAR tool to assess its state of readiness for revalidation and developed an action plan to implement actions identified to address issues.
- The trust had developed action plans following previous external reviews of appraisal by RQIA and performance against these is being monitored.

Challenges

- The trust recognises the need for an information system to support the delivery of appraisal and revalidation.
- The current financial environment will create challenges in identifying resources to deliver an enhanced appraisal system to support revalidation.

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

- Appraisers in the trust are selected on the basis of a job description and personnel specification.
- All medical managers have appraisal as part of their job description.
- Appraisers have initial training with the Beeches Management Centre and have access to update training provided jointly by Beeches and trust.
- The content of appraisal training is subject to regular review by a senior medical manager. It is to be updated to support enhanced appraisal to support revalidation.
- Evaluations of training are carried out in each education cycle.
- A pilot feedback survey has been carried out on appraiser performance.
- The trust plans to establish meetings of appraisers in 2010.

Challenges

- Appraisers advised the review team that their perception was that initial training concentrated too much on what appraisal was and not enough on the skills required. They considered that it would be useful to establish a process to identify their ongoing learning needs.
- Appraisees advised the review team that they were not aware of appraiser training opportunities and felt this would be very useful
- Systems have not been developed for the evaluation of appraiser skills and performance

Recommendations

- 10.** The trust should review training provided for both appraisers and appraisees.
- 11.** The trust should further develop a peer support process for 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 policy sets out the standard of information that is required to inform the appraisal discussion.
- Sampling of form 4s is planned to take place in summer 2010.
- The trust has participated in a regional pilot to consider the provision of information for appraisal against the new four GMC domains of good practice.
- Systems are in place to manage non-engagement in the appraisal process.
- The appraisal policy sets out arrangements to respond to performance/other issues identified during an appraisal.
- The trust has participated in a regional pilot of multi source feedback (MSF).

Challenges

- Appraisers reported that they had appraised doctors outside their speciality but there were mixed views as to how successful this was.
- During focus groups, some doctors described experience with MSF and felt that they would need further training in this area.
- Appraisees and appraisers both raised concerns about the development of a meaningful PDP. Attendance at courses may be limited by finance and it can be sometimes difficult to combine a doctor's personal objectives with those of the directorate/trust.
- Appraisers and appraisees felt that the provision of information to support appraisal was difficult, but that the steps that the trust was taking was making the process easier.
- There is a need to ensure that the role of the appraiser is reflected within their own appraisal and PDP.

Sample audit of Form 4s

The trust submitted 11 anonymised Form 4s. There was a standardised template for the personal development plan (PDP). While all sections had been completed not all had actions agreed and there was variation in the quality of submissions. All appraisals had been signed off appropriately and nine had a completed PDP attached. There was evidence that two doctors had been involved in a 360 degree appraisal exercise.

Recommendations

- 12.** 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.
- 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 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.

In the Northern HSC Trust, in the year January 2008 to December 2008 the numbers of doctors who needed to be appraised were:

- consultants 179
- locum consultants 7
- SAS doctors 63

In the Northern Trust, in the year 2008/2009 the numbers of doctors who have had a completed appraisal were:

- consultants 173
- locum consultants 7
- SAS doctors 56

Strengths

- The trust demonstrated exemplary performance in the large proportion of consultants who had been appraised. For those not appraised there are documented reasons and any outstanding appraisals have been rescheduled
- The trust has a robust appraisal policy with guidance on dealing with difficulties arising during the appraisal discussion.
- A pilot study of the views of appraisees has been carried out and a full survey is planned for 2010.

Challenges

- The trust recognises the need to establish an information system to support the delivery of its appraisal arrangements.
- At present there is no dedicated administrative support for the appraisal process

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 Northern HSC Trust has made good progress in preparing for medical revalidation and enhanced appraisal. The trust has a revalidation action plan, which has been developed following self assessment using the AQMAR tool and the review team would encourage the trust to use this dynamic action plan approach, to take forward their preparations for revalidation.

The Northern HSC Trust demonstrated exemplary performance in the uptake of appraisal. One hundred and seventy-three out of 179 substantive consultants and all locum consultants had completed appraisal during the 2008-2009 round. Fifty-six out of 63 staff and associate specialist (SAS) doctors had completed appraisal. Information was available as to the reasons why doctors had not completed appraisal.

The trust is rolling out arrangements for the provision of information to support the appraisal system and wishes to move to arrangements where both appraiser and appraisee are provided with an agreed set of information in advance of appraisal. The trust has recognised the need to establish an integrated information system to support the responsible officer in the delivery of appraisal and revalidation.

The review team found that there is a need to strengthen systems for supporting appraisers and providing them with feedback on their performance in the role.

The medical director presents an annual report to the trust board, with an action plan for the following year. 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 Northern 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 to clinicians from trust based systems, 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.** 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.
- 7.** The trust should ensure that lessons learned from complaints and incidents are disseminated to all relevant staff.
- 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 review training provided for both appraisers and appraises.
- 11.** The trust should further develop a peer support process for appraisers.
- 12.** 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.
- 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.