



## **Review of Readiness for Medical Revalidation**

### **Individual Trust Feedback Report**

### **Western 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 Western HSC Trust on the findings of the review team in relation to the trust. RQIA will also 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 Western Trust on Tuesday 8th June 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 / Director of Service Improvement RQIA
Mr Hall Graham	Head of Primary Care, RQIA
Mrs Jacqui Murphy	Senior Project Manager, RQIA
Angela Belshaw	Project manager, RQIA
Louise Curran	Administration support, RQIA
Chris Rooney	Administration support, RQIA

## **5. Review of clinical governance systems**

### **5.1 Organisational clinical governance systems**

The Western HSC Trust has developed an integrated approach to governance which includes clinical and social care governance. In view of the priority given to ensuring that trust governance systems are effective, trust board members all sit on the trust governance committee. The trust has a patient safety programme and is currently developing a quality strategy. Quality and safety are standing items at trust board meetings.

#### **Strengths**

- The trust governance organisational structure has clear lines of accountability.
- The trust prepares a governance annual report, which describes progress in clinical and social care governance over the past year, and sets out key actions for the next year.
- A trust medical governance committee has been established. This is chaired by the medical director and provides strategic leadership for safe, high quality medical practice.
- Reporting arrangements to the governance committee, on progress made in relation to equality are in place.
- There is annual scrutiny of governance systems through the controls assurance process. This has recently been subject to independent review.
- Governance systems are subject to external review by RQIA.
- The trust recognises that effective appraisal and revalidation systems are core components of governance for the organisation.

#### **Challenges**

- The trust is awaiting the outcome of an independent review of controls assurance, to determine if any actions to strengthen governance arrangements are required.
- The trust needs to establish the position and role of the responsible officer within its governance arrangements. In line with recent legislation the post must be created by 1 October 2010.

#### **Recommendations**

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

## **5.2 Information management systems**

The Western HSC Trust has recognised the need for information systems both to support the delivery of appraisal, and to provide doctors with the evidence to bring to the appraisal discussion. The trust has invested in a locally developed system to manage planning and record keeping for appraisal and this is already showing significant benefits.

### **Strengths**

- The trust has established an information system to assist in the management of the appraisal process, which facilitates planning, documenting, and also provision of feedback.
- Reports on clinical activity can be provided on request for individual clinicians in acute specialties, to inform both appraisal and job planning processes. It is planned to provide this routinely for appraisers and appraisees from 2011.
- The trust has received positive feedback on the improving quality of its clinical coding, as doctors become more involved.
- Data on incidents and complaints can be made available to doctors from the trust DATIX system.
- It is planned to move towards a dashboard of information drawn from trust systems, which will be made available to doctors and appraisers to support the appraisal discussion. This will include information on clinical activity, incidents, complaints and clinical negligence cases.

### **Challenges**

- The provision of relevant information to individual doctors, working in specialties such as mental health where, at present, clinical information is not available from the Patient administration System (PAS). This is being considered by the trust, with implementation planned for 2011.

### **Recommendations**

2. 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 Western HSC Trust has a risk management strategy and a patient safety programme in place. Risk management systems are present across the organisation, along with corporate and directorate risk registers.

#### **Strengths**

- Patient safety and clinical risk management are clear priorities for the organisation, demonstrated by the commitment of the chair, chief executive and the senior management team.
- There are systems in place to share learning from incident reviews including the distribution of share to learn newsletters.
- Staff, on reporting a patient safety issue, receive an acknowledgement to ensure that they are aware that the issue is being considered.
- Action plans are developed following investigation of serious adverse incidents, with monitoring and sign off to ensure that actions have been implemented.
- A standards and guidelines database has been developed to ensure that action on implementation is taken forward.
- To inform doctors for their appraisal discussion, information about incidents can be provided from the DATIX system.

#### **Challenges**

- There is no routine system for the collation of information which has been provided by staff in the trust to national registries such as drug reaction reporting. In general, the trust considers that most reports will also be made to trust systems as well, but this has not been audited. There can also be limited feedback from national systems to the trust.

#### **Recommendations**

3. 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 Western HSC Trust has a professional audit strategy in place. The trust has sought to increase recognition of, and involvement in clinical audit, by establishing an annual audit symposium with presentations from different disciplines.

### **Strengths**

- An audit steering group has been established which reports to the quality and standards sub-committee.
- An annual report on professional audit is compiled which is brought to the trust governance committee.
- An audit of the quality of completed audits was carried out in 2008.
- The medical director considers involvement in audit during her oversight of appraisal Form 4s, and in her personal response will bring apparent lack of involvement to the attention of consultants.

### **Challenges**

- Clinical audits are frequently carried out at team level and it can be difficult to gauge involvement by individual clinicians during the appraisal process.

### **Note**

The review team has found that, across trusts, 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 the reporting and management of performance concerns about doctors, the Western HSC Trust follows regional guidance set out in Maintaining High Professional Standards within the HPSS (DHSSPS, November 2005). The appraisal policy states that:

'When it becomes apparent during the appraisal process that there is a potentially serious performance, conduct or health issue that requires further discussion or examination, the appraiser must refer the matter immediately to the medical director to take appropriate action including informing the chief executive'.

### **Strengths**

- The medical director has developed a process for managing doctors in difficulty. This includes monthly meetings to oversee the process in relation to individual doctors.
- There is an agreed framework for handling concerns about doctors.
- The trust has had positive experience of using external expertise in resolution of issues relating to doctors in difficulty.

### **Challenges**

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

### **Recommendations**

4. 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**

At the time of the review, the Western HSC Trust was revising its policy for the management of complaints. An audit of complaints management was completed in 2009/10.

### **Strengths**

- The trust has established a complaints forum with representation across directorates.
- On request, information about complaints can be made available to doctors to inform appraisal.
- Lessons from complaints are disseminated through share to learn newsletters.
- In 2009, a survey of staff knowledge of and attitudes to the complaints process was carried out by the trust Complaints Department. This indicated that there was generally a good awareness of arrangements to handle complaints.

### **Challenges**

- Complaints provide an important but limited picture of doctors' relationships with patients, and there is a need to consider how to capture reflections of positive experience as well as complaints.
- Complaints relating to clinical services frequently do not refer to individual doctors, and so feedback to support appraisal can be limited.

### **Recommendations**

5. The trust should complete the review of 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**

The Western HSC Trust policy on appraisal requires doctors to provide essential evidence at appraisal that they have met relevant college or faculty criteria for CPD. They are also required to provide a record of the study leave/ CPD that they have attended.

### **Strengths**

- The medical director considers references to CPD and the content of personal development plans during her review of Form 3s and 4s. She will refer to identified gaps, in her personal reply to individual consultants.
- Meetings of appraisers consider if there are gaps in CPD emerging from appraisals, and how these should be addressed.

### **Challenges**

- The trust does not have a specific strategy on CPD or a written policy on procedures and entitlements for CPD.

### **Recommendations**

6. The trust should consider the development of a strategy for CPD, and should have a documented policy on approval procedures and entitlements.

### **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. The review team recommends that this is considered at regional level.

## **5.8 Service development, workforce development, human resource management**

### **Strengths**

- The trust has human resources strategies in place.
- The trust policy is that all locum or temporary doctors will be appraised if they are employed by or seconded to the trust for more than three months.
- There are documented check lists for completion prior to making locum and substantive medical appointments.
- The trust has assessment forms for locum appointments and end of placement reports. These forms are currently being revised.
- In its appraisal policy, the trust has clearly established that job planning and appraisal are distinct processes.

### **Challenges**

- In future, the responsible officer will need to obtain information on doctors from their previous employer in relation to previous appraisal. At present, there are no systems in place for this.

### **Recommendations**

7. 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 need to be strengthened. The review team 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 trust board, the chief executive and the senior management team to provide an effective system of appraisal, to support revalidation of doctors.

The medical director leads the appraisal process. Her personal commitment is demonstrated by her review of all Form 4s and PDPs followed by provision an individual letter to each consultant.

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

#### **Strengths**

- An annual appraisal report is submitted to the trust board. It sets out an action plan for the following year and reports on progress on actions from the previous year.
- An annual appraisal calendar has been developed, which sets out the timescale for relevant activities across the year.
- The trust has invested in the development of an information system to support the implementation of the appraisal process. This enables consultants to complete documentation on line and assists with cataloguing of evidence. It facilitates appraisers in planning appraisals, reviewing forms and completing documentation. It also helps the medical director to respond directly to each consultant.
- The trust appraisal policy has been equality screened.
- In 2009, a quality assurance audit of Form 4s was completed by a senior clinician. This resulted in a series of recommendations which are being taken forward as part of the trust annual appraisal action plan.
- The appraisal process is subject to external review by RQIA.

#### **Challenges**

- The annual appraisal report has identified a number of actions which will require additional resources. Plans are being prepared to take these forward at a time of very constrained resources.

## **Recommendations**

- 8.** 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 a personnel specification for appraisers and a job description has been developed and agreed.
- Divisional clinical directors and clinical leads have responsibilities for appraisal outlined in their job descriptions.
- The trust has established an in-house programme for appraisal training which, during focus groups, was welcomed by appraisees.
- A record of all appraisers is maintained, which includes details of when full or refresher training was last provided.
- Issues identified through an audit of Form 4s are being addressed.

### **Challenges**

- The trust does not have a formal process for the recruitment and selection of appraisers. Appraisers are identified by clinical directors or clinical leads.
- The trust does not have a process for evaluating appraisal skills, although it is planned to introduce this in the next year along with the establishment of appraiser peer support groups.
- There is no agreed process to identify the development needs of appraisers so that these can be addressed through their own PDPs.

### **Recommendation**

9. The trust should develop a documented procedure for the recruitment and selection of appraisers.

### **Note**

The review team has found that, generally, in trusts in Northern Ireland, systems to provide structured feedback to appraisers on their performance are not well developed. The review team will be making a regional recommendation 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

- In 2009, a trust audit of Form 4s was carried out and this led to a series of recommendations for improvement, which included a checklist of evidence to be assessed and recorded. A quality assurance checklist is now included as part of the annual trust report on appraisal.
- The trust is planning to introduce a programme of anonymised sampling of evidence portfolios.
- The trust appraisal policy sets out the procedure to be followed if information presented for appraisal is not sufficient.
- The trust appraisal policy sets out the procedure to be followed if concerns relating to patient safety or performance arise during the appraisal discussion.
- The medical director's review of Form 3s, Form 4s and PDPs can identify gaps in evidence presented and may lead to a request to review the evidence portfolio.

#### Challenges

- The trust audit of Form 4s revealed significant gaps in the documented evidence to support appraisal.
- At present, documentation for appraisal has not been updated to reflect the new GMC four domain approach to good medical practice.
- The move from annual appraisal towards appraisal as part of a five year ongoing approach towards revalidation has not yet been reflected in appraisal documentation.

#### 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 by both parties the quality of the submissions was variable. All appraisals had been signed off appropriately and had a completed PDP attached. Although no one in the sample provided had participated in a 360 degree appraisal exercise, there was evidence that this would be happening in the future.

## **Recommendations**

- 10.** The trust should consider providing guidance to appraisers on how to complete appraisal documentation, which would include evidence of good practice.
- 11.** 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.

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

## 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 is clear management responsibility for the appraisal system with implementation facilitated by the trust appraisal information system.
- Since 2007, there has been a significant increase in the number of consultants recorded as having had an appraisal. Fifty-three per cent of consultants undertook appraisal in 2007 which rose to 88 per cent by the close of the 2008 appraisal round. All consultants completed a PDP.
- The appraisal policy sets out the procedure to be followed if there is a disagreement that cannot be resolved at the appraisal meeting. In such situations a further meeting is to be convened involving the medical director.
- In February 2010, a pilot audit of feedback from appraises was carried out prior to planned roll out to all doctors in the trust. Generally, results were positive.

### Challenges

- The trust is carrying out a review of compliance with appraisal for non-consultant grade doctors, so it is not yet clear as to their level of engagement in the process.
- The trust has identified a need for additional administrative support for the appraisal process and a business case has been prepared.

### Recommendations

12. The trust should carry out an exception audit to identify reasons why appraisals were not completed by individual doctors.
13. The trust should review 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 review team found that the Western HSC Trust has made significant progress in preparing for medical revalidation and enhanced appraisal. The trust recognises the essential link between governance processes and revalidation and there was evidence of commitment from the trust board and the senior management team to ensure successful implementation of revalidation. The trust has invested in the development of an appraisal management IT system and this is already demonstrating significant benefit. It facilitates the medical director in providing personal feedback to each doctor following their appraisal.

There is strong medical leadership and lines of accountability for the appraisal system. There has been a significant increase in the number of consultants recorded as having engaged in appraisal from 53 per cent in 2007 to 88 per cent in 2008. However, information on appraisal of locums and non consultant grades was not available at the time of the review.

The trust has been examining approaches to standardise the provision of information to individual doctors to support appraisal. This includes clinical data and information on complaints and incidents.

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 Western 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 develop a protocol, setting out the information which will be provided to clinicians, from trust based systems, to inform the appraisal process.
- 3.** 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.
- 4.** The trust should indicate, in its appraisal policy, how the appraisal process supports doctors who are the subject of performance or disciplinary concerns.
- 5.** 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.
- 6.** The trust should consider the development of a strategy for CPD, and should have a documented policy on approval procedures and entitlements.
- 7.** 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.
- 8.** The trust should plan to provide sufficient resources in terms of time, finance and administration to support the introduction of revalidation.
- 9.** The trust should develop a documented procedure for the recruitment and selection of appraisers.
- 10.** The trust should consider providing guidance to appraisers on how to complete appraisal documentation, which would include examples of good practice.
- 11.** The trust should ensure that the role of appraisers is reflected within their own appraisals.
- 12.** The trust should carry out an exception audit to identify reasons why appraisals were not completed by individual doctors.

- 13.** The trust should establish its arrangements for completion and recording of appraisal of specialty and locum doctors.