

<b>Meeting Title</b>	Board of Directors		
<b>Date</b>	Thursday 13 <sup>th</sup> July	<b>Agenda item</b>	<b>Bo.7.23.31</b>

## ANNUAL REPORT ON MEDICAL APPRAISAL AND REVALIDATION 2022/23

<b>Presented by</b>	Dr Remi Akerele, Associate Medical Director, Professional Medical Standards.		
<b>Author</b>	Dr Remi Akerele, Associate Medical Director for Professional Medical Standards Noorzana Azam, Revalidation and Appraisal Officer		
<b>Lead Director</b>	Dr Ray Smith, Chief Medical Officer		
<b>Purpose of the paper</b>	To provide assurance on the position of Medical Appraisal and compliance with the Responsible Officer Regulations.		
<b>Key control</b>	Identify if the paper is a key control for the Board Assurance Framework		
<b>Action required</b>	For information		
<b>Previously discussed at/ informed by</b>	N/A		
<b>Previously approved at:</b>		<b>Date</b>	
	People Academy	05.07.2023	

### Key Options, Issues and Risks

All doctors in the United Kingdom have been subject to Medical Revalidation since 2012 as a means of regulation to ensure continual improvements in both patient safety and quality of care. Medical Revalidation also serves to enhance the confidence of the public in medical systems.

All Acute Trusts have therefore been required to submit an Annual Organisation Audit (AOA) to NHS England since 2012 as a means of providing assurance that the Trust/Organisation is compliant with Responsible Officer Regulations.

Mandatory AOA submission was temporarily suspended nationwide between 2020 and 2023 in view of the unprecedented pressures experienced by many Trusts as a result of the Covid-19 pandemic. Mandatory AOA submission will resume in 2023.

Statements of Compliance continued to be submitted as per NHSE guidance in 2021 and 2022.

This report provides assurance in relation to the Trust's compliance for 2022/23 with regards to Responsible Officer Regulations.

### Analysis

At 31<sup>st</sup> March 2023, 488 doctors had a prescribed connection with the Trust. This was comprised of:

340 Consultant staff

38 Specialty doctor grades

110 Doctors with temporary or short-term contracts

The appraisal process was formally restarted at BTHFT on 01/04/2021. A number of significant Trustwide challenges for the period 2021-22 relating to sustained pressure and unprecedented levels of sickness, combined with a new appraisal platform understandably impacted on our appraisal data for 2021-22.

Whilst multiple challenges have persisted, the period 2022-23 has reflected a significant improvement in our appraisal rate with a return to pre-pandemic levels of compliance with the appraisal process.

Changes in the employment preferences of Junior Doctors have impacted on our numbers of doctors with short term contracts with associated challenges relating to rates of appraisal in this group of doctors.

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The process of revalidation was also formally restarted on 1<sup>st</sup> April 2021 with similar associated challenges.

For the appraisal year 2022-23:

- 443 doctors (90.78%) received an Outcome Measure 1 (Completed appraisal)
- 43 doctors (8.81%) were allocated an Outcome Measure 2 (Approved Missed appraisal). This includes doctors on long-term sick leave, maternity leave, recent retirements and new connections at 31st March 2023 who have not been in post for a sufficient duration to have undertaken the appraisal process.

There were 2 (0.41%) Outcome Measure 3 appraisals (Unapproved Missed) for this period.

**Recommendation**

This report outlines the Trust's performance for 2022/23 and provides assurance in relation to its compliance with Responsible Officer Regulations.

Submission of an Annual Organisational Audit to NHS England was made optional by NHS England for the period 2020-2023 in recognition of the sustained pressures experienced by individual Trusts as a result of the pandemic. Bradford Teaching Hospitals did not submit reports in 2021 and 2022.

We have continued to submit Statements of Compliance to NHSE in November 2021 and 2022 in accordance with NHSE guidance.

The voluntary nature of AOA reporting nationwide has meant that NHS England have not generated comparative data for the purpose of benchmarking Acute Hospitals for this 3 year period.

Mandatory submission of AOA data will resume in 2023.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for our patients, delivered with kindness			g			
To deliver our financial plan and key performance targets			g			
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					

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<b>Explanation of variance from Board of Directors Agreed General risk appetite (G)</b>	
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<b>Benchmarking implications (see section 4 for details)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Risk Implications (see section 5 for details)</b>	<b>Yes</b>	<b>No</b>
High Level Risk Register and / or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS England: (please tick those that are relevant)</b>
<input type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain:</b> Choose an item.
<b>Care Quality Commission Fundamental Standard:</b> Choose an item.
<b>NHS England Effective Use of Resources:</b> Choose an item.
<b>Other (please state):</b>

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality & Patient Safety	Finance & Performance	Other (please state)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ANNUAL REPORT ON MEDICAL APPRAISAL AND REVALIDATION 2021/22

<b>1</b>	<b>PURPOSE/ AIM</b>
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All doctors in the United Kingdom have been subject to Medical Revalidation since 2012 as a means of regulation to ensure continual improvements in both patient safety and quality of care. Medical Revalidation also serves to enhance the confidence of the public in medical systems.

As a result, all Acute Trusts have been required to submit an Annual Organisation Audit (AOA) to NHS England since 2012 as a means of providing assurance that the Trust/Organisation is compliant with Responsible Officer Regulations. Submission of an AOA to NHS England (NHSE) was made optional for the periods 2019-20; 2020-21; 2021-22 to reflect the unprecedented and sustained clinical pressures relating to the Covid 19 pandemic in many regions.

BTHFT have continued to submit Statements of Compliance to the NHSE as per guidance in November

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2021 and 2022.

The optional nature of reporting in 2020; 2021 and 2022 means that there have been no comparative data to allow benchmarking against other Acute Trusts in England for this period.

Mandatory AOA submission will resume in 2023.

This report continues to provide assurance in relation to the Trust's compliance for the period 2022/2023 with regards to Responsible Officer Regulations and will form the basis for BTHFT's AOA submission for 2023.

## **2 BACKGROUND/CONTEXT**

At 31<sup>st</sup> March 2023, 488 doctors had a prescribed connection with the Trust. This was comprised of:

340 Consultant staff

38 Specialty doctor grades

110 Doctors with temporary or short-term contracts

The appraisal process was formally restarted at BTHFT on 01/04/2021. A number of significant Trustwide challenges for the period 2021-22 relating to sustained pressure and unprecedented levels of sickness, combined with a new appraisal platform understandably impacted on our appraisal data for 2021-22. Whilst multiple challenges have persisted, the period 2022-23 has reflected a return to pre-pandemic levels of compliance with the appraisal process as below:

For the appraisal year 2022-2023:

443 doctors (90.78%) received an Outcome Measure 1 (Completed appraisal)

43 doctors (8.81%) were allocated an Outcome Measure 2 (Approved Missed appraisal). This includes doctors on long-term sick leave, maternity leave, recent retirements and new connections at 31/03/23 who have not been in post for a sufficient duration to have undertaken the appraisal process.

There were 2 (0.41%) Outcome Measure 3 appraisals (Unapproved Missed) for this period.

There were 49 revalidation recommendations for the period 2022-23. This included 6 recommendations to defer revalidation based largely on insufficient evidence.

## **3 PROPOSAL**

In keeping with the NHSE and GMC decision to halt the appraisal process at the onset of the Covid-19 pandemic, submission of the Annual Organisation Audit has been voluntary for all Acute Trusts since 2020. Statements of Compliance have continued to be submitted to NHSE in November 2021 and November 2022 as per NHSE guidance.

Mandatory AOA submission will resume in 2023.

An action plan to ensure compliance with the Responsible Officer Regulations has been completed.

## **4 BENCHMARKING IMPLICATIONS**

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488 doctors had a prescribed connection to the Trust on 31<sup>st</sup> March 2023.

As above, submission of the Annual Organisation Audit to NHSE was made voluntary for the years 2020; 2021 and 2022 in recognition of sustained covid-related pressures in many Trusts nation-wide. Whilst BTHFT submitted a report on a voluntary basis in 2020, a report was not submitted in 2021 or 2022 given the sustained pressures on the Trust and its' impact on the appraisal process.

Statements of Compliance have continued to be submitted to the NHSE in November 2021 and 2022 as per NHSE guidance.

Due to the voluntary nature of reporting for all Acute Trusts in England since the onset of the Covid-19 pandemic, comparative data for local/regional Trusts has not been generated for the intervening period by the NHSE.

<b>5</b>	<b>RISK ASSESSMENT</b>
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There are no risks associated with this paper.

<b>6</b>	<b>RECOMMENDATIONS</b>
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This report outlines the Trust's performance for 2022/23 and provides continued assurance in relation to its compliance with Responsible Officer Regulations.

We are unable to compare the Trust performance with peers due to the optional/voluntary nature of Annual Organisational Audit reporting to NHSE for the period of the pandemic (2020 to 2023).

This is reflective of the NHSE/GMC's initial instruction to halt the appraisal and revalidation process for the same period, combined with the recognition that Covid-related pressures were sustained in a significant number of Acute Hospital Trusts in the intervening period.

<b>7</b>	<b>APPENDICES</b>
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## 1. Executive Summary

In keeping with Responsible Officer Regulations, the Trust has had a statutory duty to support the Responsible Officer in discharging their duties since 2012. (*The Medical Profession (Responsible Officer) Regulations, 2010 as amended in 2013 and The General Medical Council (License to Practice and Revalidation) Regulations Order of Council 2012*). It is expected that the Board will oversee compliance by:

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

Dr Raymond Smith, Chief Medical Officer has held the role of Responsible Officer (RO) for BTHFT since 1<sup>st</sup> January 2021. The responsibility for the day-to-day support and monitoring of compliance against the

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legislation and continued progress against identified actions lies with the HR Department to facilitate consistency with HR practice across all staff groups.

On 31<sup>st</sup> March 2023, 488 doctors had a prescribed GMC connection with the Trust. Of these, 340 were Consultant staff, 38 were Specialty Doctor grades and 110 were Doctors with temporary or short-term contracts.

On 31<sup>st</sup> March 2023, 443 (90.78%) doctors had received an Outcome Measure 1 (Completed appraisal) and 43 (8.81%) doctors were allocated an Outcome Measure 2 (Approved Missed). This includes doctors on extended sick leave, maternity leave, recent retirements and doctors with a very recent connection to BTHFT such that they would not have been in post long enough to have undergone the appraisal process. Reflected in this cohort of doctors receiving an Outcome Measure 2 is a higher proportion of recently connected bank and locum doctors as compared to pre-pandemic figures suggesting a change in employment preferences/patterns by Junior Doctors since the advent of the Covid-19 pandemic. 2 doctors (0.41%) were allocated an Outcome Measure 3 (Unapproved Missed Appraisal) for this period.

Mandatory AOA reporting was suspended at the start of the Covid-19 pandemic. BTHFT submitted an AOA for the period 2019 to 2020 on a voluntary basis to NHS England and NHS Improvement.

AOA submissions were not made in 2021 and 2022, however BTHFT has continued to submit Statements of Compliance to the NHSE as per guidance.

Due to the voluntary nature of reporting nationwide, the NHSE has not generated data to allow benchmarking between Acute Trusts since 2019. Out-with the pandemic, the AOA would normally provide the maximum guidance to responsible officers to enable them to fulfil their obligations. It focuses on what is happening in the organisation, the outcomes achieved, whilst assessing the designated body's organisational capacity to ensure a robust and consistent system of appraisal and revalidation.

Mandatory AOA submissions will be resuming in 2023.

## **2. Purpose of the Paper**

The purpose of the paper is to provide the People Academy with an annual update in relation to compliance with Responsible Officer Regulations. This is combined with an update on completed Medical Appraisals and Revalidations and to explain the rationale for submission of the Annual Organisational Audit to NHS England (out-with the context of the Covid-19 pandemic).

## **3. Background**

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

Out-with the Covid-19 pandemic, AOAs from all designated bodies are collated to provide an overarching status report of the responsible officer function across England.

Since 2012 the Trust has been required to provide assurance that the organisation is compliant. Dr Raymond Smith, Chief Medical Officer took over the role of Responsible Officer (RO) for BTHFT in January 2021 following completion of the required training.

All organisations have a statutory requirement to support the Responsible Officer in discharging their duties and as such the Executive Team has oversight of the compliance status providing assurance through to the Quality and Safety Committee via the Trust Governance structure.



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### 3.1 Definitions

A glossary of terms is provided in Appendix B.

In response to feedback from designated bodies, the categories for reporting of appraisal outcomes have been simplified to:

- Category 1 - A single figure of completed medical appraisals.
- Category 2 – No change ('approved missed' e.g. maternity, sickness).
- Category 3 – No change ('unapproved missed').

## 4. Governance Arrangements

The Responsible Officer is supported by the Associate Medical Director for Professional Medical Standards and the Medical Appraisal and Revalidation Officer.

There are robust mechanisms in place to facilitate effective communication between the RO, the Associate Medical Director for Professional Medical Standards, and the Divisional Clinical Directors to ensure relevant information and required actions are shared and acted upon. Following the introduction of new operational management structures in September 2022 into 3 service areas, Medical Directors of Clinical Business Units have been replaced by Clinical Directors of Clinical Service Units.

The Electronic Staff Database (ESR) in conjunction with regular downloads from the GMC Database is used to ensure that the baseline data identifying all doctors with a prescribed connection to the Trust is maintained and up to date. The list of doctors who hold an honorary contract with the Trust is also checked regularly to ensure accuracy.

Completed appraisal information is provided through our new appraisal platform – PReP hosted by Premier IT. Premier IT also hosts MSF360clinical, owned previously by Equiniti, which is our electronic revalidation management system (RMS).

Since 2017 the Trust has met the criteria to be exempt from providing quarterly returns and was asked to provide the NHS England with the necessary assurance via the North Regional Office quarterly by a brief email.

The criteria for exemption are below:

- 1) The DB has achieved > 90% appraisal uptake in the previous year as stated in the AOA.
- 2) The DB has < 1% non-managed incomplete or missed appraisal (those recorded as a "3" on section 2.1 on the AOA).
- 3) The DB engages with the RO and appraisal networks.
- 4) No concerns have been evidenced from an independent verification visit or any other source.

## 5. Medical Appraisal

The Associate Medical Director for Professional Medical Standards monitors the annual participation in appraisal and provides support, advice and guidance to both appraisee and appraiser where required.

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## Performance Data

Table 1 below illustrates the data for the period 1st April 2022 to 31st March 2023.

Overall we achieved a completed appraisal rate (Category 1) of 90.78% with 8.81% being assigned Missed Approved appraisals (Category 2). The latter includes doctors on extended sick leave, maternity leave, recent retirements and doctors who were not as yet eligible for an appraisal having connected to BTHFT very recently.

2 doctors (0.41%) were assigned a Missed Unapproved Appraisal (Category 3) for the period 2022-23.



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**Table 1**

		<b>Number of prescribed connections</b>	<b>Completed appraisal</b>	<b>Approved incomplete or missed appraisal</b>	<b>Unapproved incomplete or missed appraisal</b>	<b>Total</b>
	Appraisal Outcome		1	2	3	
2.1.1	Consultants	340	328	10	2	340
2.1.2	Staff Grades/Associate Specialists	38	37	1	0	38
2.1.3	Doctors on performers list	0	0	0	0	0
2.1.4	Doctors with practising privileges	0	0	0	0	0
2.1.5	Temporary, short-term contracts	110	78	32	0	110
2.1.6	Other doctors with prescribed connection to this designated body	0	0	0	0	0
2.1.7	Total	488	443	43	2	488

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Table 2 indicates the same appraisal performance information for 2021/22 by Clinical Division.

**Table 2**

	Medicine	Surgery and Anaesthesia	Women and Children's	Core Central	Total
Number of prescribed connections	201	170	70	47	488
Completed appraisals	195	156	68	24	443
Category 1					
Approved incomplete or missed appraisal	5	13	2	23	43
Category 2					
Unapproved incomplete or missed appraisal	1	1	0	0	2
Category 3					

## 5.1. Timescales

The timescales for the completion of appraisals were amended in November 2015. Current rules state that appraisals should be completed between 9 and 12 months of their agreed appraisal date and before the end of the doctor's planned appraisal month. Historically the window was 9-15 months. Reporting has been simplified within the NHSE AOA document to reflect the overall number of completed appraisals (Category 1).

There was an overall appraisal completion rate (Category 1) of 90.78% despite sustained, multifactorial pressures throughout the Trust as we have exited the pandemic. This includes the impact of strike action by multiple medical and non-medical unions on non-essential (appraisal) activity.

There were 43 (8.8%) Missed Approved appraisals (Category 2). This group includes doctors on sick leave, maternity leave, recent retirements and very recent connections to BTHFT who have not been in post for a long enough period to undergo the appraisal process.

There were 2 (0.4%) Missed Unapproved appraisals (Category 3) for the period 2022-23.

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(Full definitions contained in Glossary Appendix B).

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## 6. Revalidation Recommendations

**Table 3: Revalidation Performance**

	<b>Submitted on time</b>	<b>Late Submission</b>
<b>Recommendations made</b>	49	0
<b>Deferrals made</b>	6	0

A total of 49 revalidation submissions were made for the period 2022 to 2023. Of these, 43 were positive recommendations for revalidation and 6 were recommendations for deferral. Where deferral recommendations have been submitted, this has largely been on the basis of insufficient evidence to support a positive recommendation. One doctor was deferred as a result of an interruption to practice due to extended sick leave. It should be stressed that deferral should not be viewed as a negative process and does not indicate a lack of engagement in the process.

There were no deferrals based on a doctor being subject to on-going processes.

## 7. Medical Appraisers

The Trust currently has 91 trained medical appraisers having trained and recruited 12 new appraisers in 2022-23. This brings our overall appraiser:appraisee ratio to 1:5.4 allowing for a more even distribution of the appraisal workload. Despite our significant appraiser recruitment, a combination of upcoming retirements and an overall increase in the number of connections to the Trust means that on-going programme of recruitment will be necessary in order to achieve the NHSE recommended Appraiser:Appraisee ratio of 1:4 in the future.

Local Appraiser Network Meetings have now resumed taking place bi-annually as an opportunity to disseminate information relating to changes in process/NHSE guidance, and to provide an opportunity to review progress with our new appraisal platform, PReP.

## 8. Quality Assurance

Appraisal and Revalidation Committee meetings have also now resumed following the pandemic chaired by the Associate Medical Director for Professional Medical Standards. The key objectives of the Group are:

- To review the appraisal system and the performance of appraisers to ensure that these conditions are met, and improvements are made where possible.
- To provide quality assurance of the appraisal process, including an assurance review of medical appraisers. This is an on-going review of the appraisal outputs for all medical appraisers to ensure that they are appropriately supported in calibrating their appraisal work, their development needs are being addressed and appraisals are being performed to the required standard.
- To make recommendations to the Responsible Officer on the appraisal system and the performance of appraisers.
- To plan training and support for appraisers.

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- To consider the appraisal process from the perspective of the appraisee to improve the quality of appraisal.

The Group will provide a report to the Trust Workforce and Education Committee that in turn reports to the Quality and Safety Sub-Committee of the Board of Directors; however, the Appraisal and Revalidation Group will report any immediate concerns directly to the RO whenever necessary.

The Associate Medical Director for Professional Medical Standards formally assesses each appraisee portfolio, via the Appraisal Management System including appraisal outputs at the point of revalidation, thus every appraisee's documentation is quality assessed once during every revalidation cycle.

The most recent Internal Audit of the Trust's appraisal and revalidation process was completed in August 2022 by Audit Yorkshire. The overall assurance provided was "significant". The audit concluded that there were satisfactory controls in place to ensure that the doctors at the Trust received an extensive and thorough appraisal. Appraisals were appropriate and robust enough to enable the Responsible Officer to provide a recommendation on revalidation to the GMC. The audit identified 3 minor and 1 moderate recommendations all of which have now been addressed/actioned.

The last satisfaction survey using Survey Monkey was conducted during 2017/18 to assess the level of satisfaction with the Trust's appraisal process. 192 surveys were completed, and the results were very positive, with 99% of staff rating the process as good or very good. 76% of those who responded said that the appraisal process helped them reflect on their practice.

Comments from doctors following their appraisal included:

"The appraisal provided me with a really valuable opportunity to discuss future clinical and professional development plans".

"I found the process very helpful in terms of focusing my mind on this year's PDP challenges .....The appraisal process sharpened and challenged my thinking regarding the coming year in terms of keeping abreast with professional developments and future service developments both of which will enhance the quality of care and service to patients".

A further satisfaction survey will be planned in due course.

In December 2022, the Appraisal Audit Group chaired by the Chief Medical Officer with the Associate Medical Director for Professional Medical Standards, together with four volunteer appraisers reviewed a sample of the appraisals completed during 2022. The audit focused on the overall quality of our appraisal outputs (Output Forms) following an appraisal using a template based on the NHSE Appraisal Summary and PDP Audit Tool template (ASPAT). A report highlighting themes for learning and improvement for appraisers was presented to the Appraisal and Revalidation Committee in February 2023. Learning from the audit has been disseminated to all appraisers.

## 9. Access, Security and Confidentiality

No security issues have been identified during this period.

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## 10. Clinical Governance

A new Clinical Governance Framework was implemented within the Trust in 2014/15. Governance arrangements at specialty level will allow doctors to access relevant information in relation to their specialty and individual practice.

All doctors are able to obtain the supporting information they require for their annual appraisal through the Trust Incident Reporting System – DATIX and via other corporate processes such as compliments, complaints and claims. The Appraisal and Revalidation Officer provides each doctor with a report detailing any incident, claims and complaint recorded for them on the DATIX system in the previous 12 months for inclusion and discussion at their appraisal.

## 11. Recruitment and Engagement Background Checks

Pre and post-employment checks that are undertaken in BTHFT comply with the NHS Employment Checks Standards.

These standards simplify the legislative requirements for NHS organisations, outline the procedures that NHS Trusts should follow and give advice for good practice. The standard checks are:

- Verification of identity
- Verification of right to work in the UK
- DBS Check
- Employment history and reference checks
- Occupational health checks
- Registration and Qualification checks and monitoring of professional registration

Recruitment and engagement checks for doctors, including trainees, are managed through the Human Resources Department. An internal recruitment audit was undertaken in 2022 which provided High Assurance. This covered a random sample across all staff groups.

The review confirmed that there are policies and procedures in place to enable a rigorous and fair recruitment process. The policies and procedures for the recruitment and employment of staff at the Foundation Trust have been disseminated to and understood by all managers involved in the recruitment process.

The processes relating to the engagement of medical locums was audited in 2017 by Audit Yorkshire. The audit concluded that significant assurance was provided in all areas apart from the Trust's local induction arrangements which only provided limited assurance. An action plan has been in place to address this since this time. As above, an internal recruitment audit covering a random sample across all staff groups was completed in 2022 which provided High Assurance.

## 12. Monitoring Performance

The Disciplinary, Capability, Ill Health and Appeals Policy and Procedure for Doctors and Dentists was revised and re-issued in January 2023

## 13. Responding to Concerns and Remediation

In line with all staff, concerns about an individual doctor's practice may be raised through the Trust Raising Concerns at Work Policy or via the Trusts 'Disciplinary, Capability, Ill Health and Appeals Policy & Procedures if the behaviour of the doctor causes or has the potential to cause harm to a patient or other members of the public, staff or organisation. In addition, a concern will be raised if a doctor develops a pattern of making or repeating mistakes. In most cases minor concerns can be addressed through the normal continuing professional development or supervisory processes

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The Trust Remediation Policy was revised and re-issued in November 2020 and has been circulated, following consultation with the LNC.

For the period 2022 – 23, one doctor was investigated under Maintaining High Professional Standards for Medical and Dental Staff. The Board of Directors is notified if any doctor with a prescribed connection to the Trust is excluded from practice. Monthly updates are then provided to the Board for the duration of the exclusions.

#### **14. Risks and Issues**

The Chief Medical Officer, Associate Medical Director for Professional Medical Standards, and Appraisal and Revalidation Officer meet on a monthly basis to review individual portfolios prior to revalidations and to highlight any issues. Any urgent concerns are reported to the RO directly when necessary.

The Appraisal and Revalidation Committee has agreed Terms of Reference and provides a report to the Workforce and Education Sub Committee.

The Trust Performance Management Framework and the Divisional Governance processes monitor appraisal rates enabling issues to be identified early and appropriate corrective action to be taken and escalated if required.

#### **15. Corrective Actions, Improvement Plan, Next steps**

Progress against the Action Plan (Appendix A) developed following the 2017 Annual Organisational Audit submission has been monitored through the Appraisal and Revalidation Group. All actions are now complete.

The Appraisal and Revalidation Policy has been updated to reflect the new NHS England guidance.

#### **16. Recommendations**

The Committee is asked to note:

- The Trust is compliant with the requirements of the Responsible Officer Regulations.
- The Annual Organisational Audit (AOA) was not submitted in 2022 due to the voluntary nature of reporting given the Covid-19 pandemic and NHSE guidance surrounding this.
- The suspension to mandatory reporting has meant that the NHSE has not generated comparative data for benchmarking against other Acute Trusts since 2019
- A Statement of Compliance was submitted to NHSE in November 2022 as per guidance.
- Mandatory AOA reporting for England will resume in 2023.

#### **Appendices**

Appendix A - Review of the Requirement of Responsible Officer Legislation and Associated Actions Required.

Appendix B – Glossary of Terms.

## Appendix A - Review of the Requirements of Responsible Officer Legislation and Associated Actions Required

(Items that are shaded grey are recommended and not mandatory)

	The Designated Body and the Responsible Officer	Compliant Yes/No	Action Required	Lead	Timescale	RAG Rating
Section 1						
1.4	A responsible officer has been nominated or appointed a responsible officer in compliance with the Responsible Officer Regulations. The responsible officer is a licensed doctor who has been licensed continuously for the previous five years and continues to be licensed throughout the time they hold the role of responsible officer.	Yes	Additional management resource required to design, implement and manage process to ensure RO can fulfil their legal requirement. <b>Comment:</b> The Medical Director, Dr Raymond Smith took over as responsible officer in January 2021. An Associate Medical Director for Professional Medical Standards – Dr Remi Akerele has been formally appointed. A Medical Appraisal and Revalidation Officer, Miss Noorzana Azam has also been appointed, who will work within the HR Department as part of the Medical Workforce Team.	Responsible Officer	Completed	
1.5	Where a conflict of interest or Appearance of Bias has been identified and agreed with the higher level responsible officer; has an alternative been appointed?	N/A	Reciprocal arrangements made with neighbouring RO.	Responsible Officer	Completed	



1.6	In the opinion of the responsible officer, sufficient funds, capacity and other resources have been provided by the designated body to enable them to carry out the responsibilities of the role.	Yes		Responsible Officer	Completed	
1.7	The responsible officer is appropriately trained and remains up to date and fit to practise in the role of Responsible officer.	Yes		Responsible Officer	2020	
1.8	The responsible officer ensures that accurate records are kept of all relevant information, actions and decisions relating to the responsible officer role.	Yes				
1.9	The responsible officer ensures that the designated body's medical revalidation policies and procedures are in accordance with equality and diversity legislation.	Yes				
1.10	The responsible officer makes timely recommendations to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and the GMC Responsible Officer Protocol.	Yes				
1.11	The governance systems (including clinical governance where appropriate) are subject to external or independent review.	Yes				

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1.12	The designated body has commissioned or undertaken an independent review* of its processes relating to appraisal and revalidation. (*including peer review, internal audit or an externally commissioned assessment)	Yes	Internal Audit completed by Audit Yorkshire. This provided significant assurance.  Local Appraisal Audit Group held in December 2022  Peer Review	Audit Yorkshire  Responsible Officer	August 2022  December 2022  June 2017	
<b>Section 2</b>	Appraisal					
2.2	Every doctor with a prescribed connection to the designated body with a missed or incomplete medical appraisal has an explanation recorded	Yes	Continual review	Appraisal and Revalidation Officer	Last update 31 <sup>st</sup> March 2023	
2.3	There is a medical appraisal policy, with core content which is compliant with national guidance, that has been ratified by the designated body's board (or an equivalent governance or executive group)	Yes	Policy updated April 2023	Associate Medical Director for Professional Medical Standards  Appraisal and Revalidation Officer	April 2023	
2.4	There is a mechanism for quality assuring an appropriate sample of the inputs and outputs of the medical appraisal process to ensure that they comply with GMC requirements and other national guidance, and the outcomes are recorded in the annual report template.	Yes	Audit Group's findings reported included in annual report	Associate Medical Director for Professional Medical Standards	May 2023	

2.5	There is a process in place for the responsible officer to ensure that key items of information (such as specific complaints, significant events and outlying clinical outcomes) are included in the appraisal portfolio and discussed at the appraisal meeting, so that development needs are identified.	Yes	Doctors are provided with reports detailing their complaints, claims and incidents. Continual review by Appraisal and Revalidation Officer. Review during annual audit	Appraisal and Revalidation Officer	December 2022	
2.6	The responsible officer ensures that the designated body has access to sufficient numbers of trained appraisers to carry out annual medical appraisals for all doctors with whom it has a prescribed connection	Yes	12 new appraisers trained during 2022 - 23 bringing our overall appraiser total to 91  Rolling program of update training	Training provided by external company  Virtual meetings	January 2023  December 2022 to February 2023	
2.7	Medical appraisers are supported in their role to calibrate and quality assures their appraisal practice.	Yes	Four Appraiser Network Meetings are held each year. Attendance recorded	Associate Medical Director for Professional Medical Standards	Last update November 2022	
Section 3	Monitoring Performance and Responding to Concerns					
3.1	There is a system for monitoring the fitness to practise of doctors with whom the designated body has a prescribed connection.	Yes				
3.2	The responsible officer ensures that a responding to concerns policy is in place (which includes arrangements for investigation and intervention for capability, conduct, health, and fitness to practise Concerns) which is ratified by the designated body's board (or an equivalent governance or executive group).	Yes				

## Bradford Teaching Hospitals

3.3	The board (or an equivalent governance or executive group) receives an annual report detailing the number and type of concerns and their outcome.	No	The Board of Directors is notified if any doctor with a prescribed connection to the Trust is suspended from practice. Monthly updates are then provided to the Board for the duration of the suspension.	Chief Medical Officer		
3.4	The designated body has arrangements in place to access sufficient trained case investigators and case managers.	Yes	Case Investigator training scheduled to be delivered at BTHFT in October 2023.	Training provided by NCAS	Planned for October 2023	
<b>Section 4</b>	Recruitment and Engagement					
4.1	There is a process in place for obtaining relevant information when the designated body enters into a contract of employment or for the provision of services with doctors (including locums).	Yes	Locums employed directly by the Trust are subject to the same level of checks as non-locum staff.  New Direct Engagement process commenced 1st April 2016.			

Meeting Title	People Academy		
Date	5 <sup>th</sup> July 2023	Agenda item	PA.6.23.X

## Appendix B

### Glossary of Terms

#### Appraisal

Medical appraisal is the annual process of self-review supported by information that is set out by the GMC with evidence gathered from the full scope of a doctor's work. It includes reflection on achievements, challenges and lessons learnt in addition to proactively identifying learning needs and producing a Personal Development Plan (PDP).

#### Appraisal Categories

##### Measure 1 Completed Annual Medical Appraisal.

A *completed annual medical appraisal* is one where the appraisal meeting has taken place ideally in the three months preceding the agreed appraisal due date, the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting, and the entire process occurred between 1 April and 31 March. For doctors who have recently completed training, it should be noted that their final ACRP equates to an appraisal in this context.

##### Measure 2: Approved incomplete or missed appraisal:

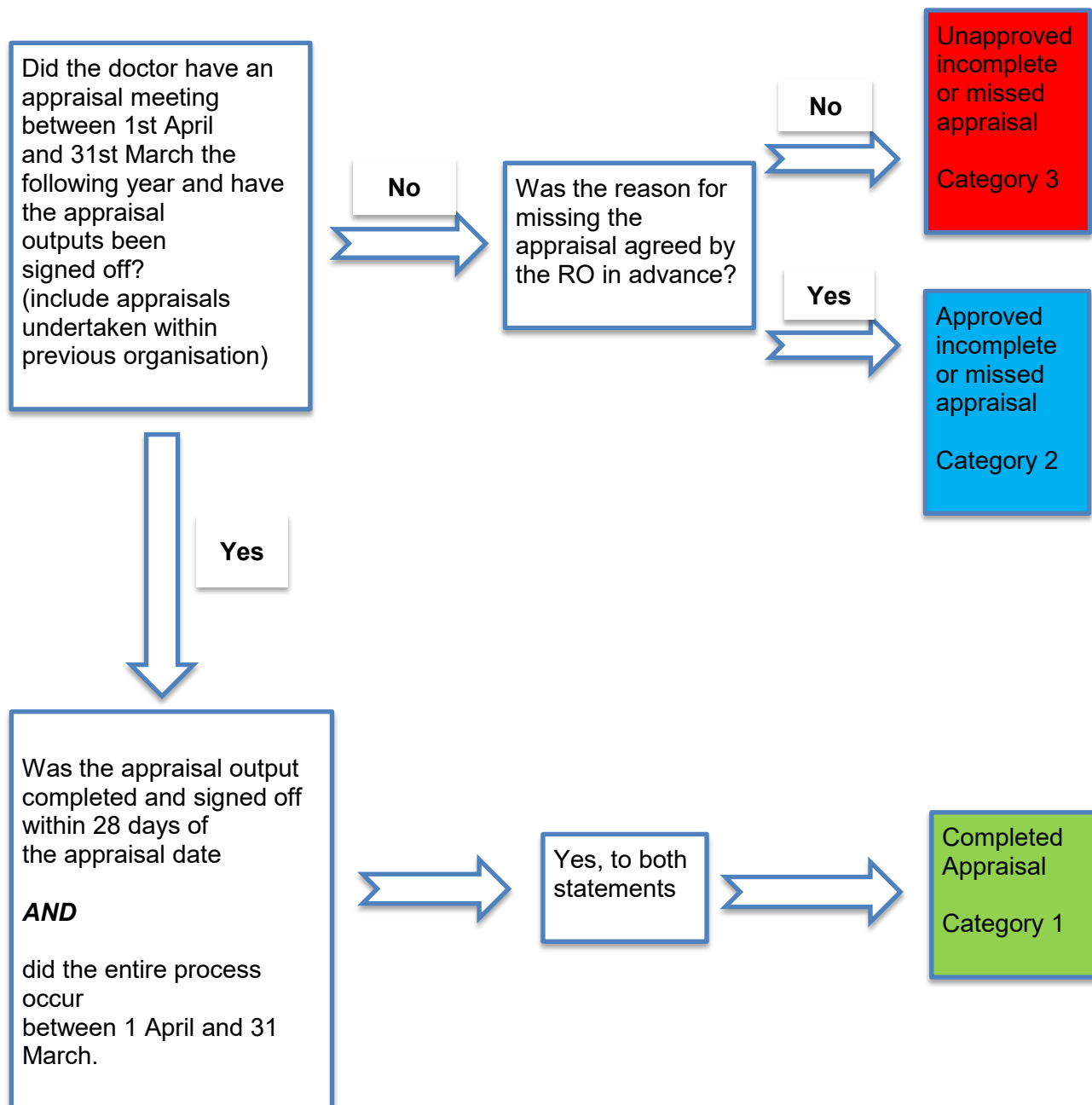
An *approved incomplete or missed annual medical appraisal* is one where the appraisal has not been completed according to the parameters of either a *Category 1a or 1b completed annual medical appraisal*, but the responsible officer has given approval to the postponement or cancellation of the appraisal. The designated body must be able to produce documentation in support of the decision to approve the postponement or cancellation of the appraisal in order for it to be counted as an *Approved incomplete or missed annual medical appraisal*.

##### Measure 3: Unapproved incomplete or missed appraisal:

An *Unapproved incomplete or missed annual medical appraisal* is one where the appraisal has not been completed according to the parameters of *Category 1 completed annual medical appraisal*, and the responsible officer has not given approval to the postponement or cancellation of the appraisal. Where the organisational information systems of the designated body do not retain documentation in support of a decision to approve the postponement or cancellation of an appraisal, the appraisal should be counted as an *Unapproved incomplete or missed annual medical appraisal*.

Meeting Title	People Academy		
Date	5 <sup>th</sup> July 2023	Agenda item	PA.6.23.X

### Appraisal Categories:



Meeting Title	People Academy		
Date	5 <sup>th</sup> July 2023	Agenda item	PA.6.23.X

### Designated body

Licensed doctors have a connection with one organisation that supports their regular appraisal and revalidation process. This organisation is referred to as the 'Designated Body'. All Designated Bodies have a duty to support the RO by providing adequate resources. There is a clear set of rules that determines which is a doctor's designated body.

### Prescribed connection

A prescribed connection is the name given to the link between the doctor and the RO. Having a prescribed connection ensures that the doctor will be supported with revalidation and that they can be assured that they are working within an environment conducive to continuously improving the services it offers to patients.

### Responsible Officer

The RO has a statutory role in medical regulation. The RO must be a senior, licensed doctor, formally appointed by the Board of Directors who is responsible for ensuring there are systems in place to enable doctors to be appraised annually and where there are concerns about a doctor's fitness to practice, they are appropriately investigated and managed, liaising with the General Medical Council (GMC) where necessary.

The RO is responsible for considering the evidence presented through the Trust's appraisal process and using this to make a recommendation to the GMC in relation to each doctor's revalidation. The GMC will then make the final decision. The RO can recommend one of the 3 options listed below:

- A recommendation that the doctor is up to date and fit to practise and should be revalidated
- A deferral as more time or more information is required in order to make an accurate recommendation
- A recommendation that the individual has not engaged with the appraisal process or any other system that would support their revalidation

### Revalidation

Doctors are required by law to hold a license if they wish to be a medical practitioner. Revalidation is the process by which all doctors renew their license. Every doctor must be able to demonstrate to the GMC that they have kept up with current medical practice and are fit to practise. All licensed doctors must be revalidated every 5 years as a condition of their license.