

<b>Agenda Item</b>	<b>P1-080-18</b>	<b>Date: 23<sup>rd</sup> May 2018</b>						
<b>Subject /title</b>	<b>Annual Revalidation Report</b>							
<b>Author</b>	<b>Susan Birch, Medical Staffing Officer</b>							
<b>Responsible Director</b>	<b>Sheena Khanduri, Medical Director</b>							
<b>Executive summary and key issues for discussion</b>								
<p>As mandated by NHS England, this report informs the Trust Board about continued progress in developing Medical Appraisal and Medical Revalidation during the 2017/18 year, and sets out the plans for further development in 2018/19.</p> <p>The Board is requested:</p> <ol style="list-style-type: none"> <li>1. to consider the contents of this report, and that it will be shared, along with the annual audit, with the higher level responsible officer at NHS England, and to consider any actions required, and</li> <li>2. to review the 'statement of compliance' confirming that the organisation, as a designated body, is in compliance with the regulations and that areas of gaps that have been identified will be the focus of 2018/19 development plan.</li> </ol>								
<b>Strategic context and background papers (if relevant)</b>								
<b>Recommended Resolution</b>								
<p>The Board:</p> <ol style="list-style-type: none"> <li>1. <b>NOTES</b> the contents of this report, and that it will be shared, along with the annual audit, with the higher level responsible officer at NHS England, and to consider any actions required</li> <li>2. <b>APPROVES</b> and sign off a 'statement of compliance' confirming that the organisation, as a designated body, is in compliance with the regulations</li> <li>3. <b>NOTES</b> that areas of gaps that have been identified will be the focus of 2018/19 development plan.</li> </ol>								
<b>Risk and assurance</b>								
<b>Resource Implications</b>								
N/a								
<b>Key communication points (internal and external)</b>								
As per report								
<b>Freedom of Information Status</b>								
<p>FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.</p>	<p>Please tick the appropriate box below:</p> <table border="1"> <tr> <td><input checked="checked" type="checkbox"/></td> <td><b>A. This document is for full publication</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><b>B. This document includes FOI exempt information</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><b>C. This whole document is exempt under FOI</b></td> </tr> </table>		<input checked="checked" type="checkbox"/>	<b>A. This document is for full publication</b>	<input type="checkbox"/>	<b>B. This document includes FOI exempt information</b>	<input type="checkbox"/>	<b>C. This whole document is exempt under FOI</b>
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<input type="checkbox"/>	<b>C. This whole document is exempt under FOI</b>							



<b>Application Exemptions:</b> <ul style="list-style-type: none"> <li>• <b>Prejudice to effective conduct of public affairs</b></li> <li>• <b>Personal Information</b></li> <li>• <b>Info provided in confidence</b></li> <li>• <b>Commercial interests</b></li> <li>• <b>Info intended for future publication</b></li> </ul>	<b>IMPORTANT:</b>  If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.  Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.																					
<b>Equality &amp; Diversity impact assessment</b>																						
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 60%;">Are there concerns that the policy/service could have an adverse impact because of:</th> <th style="width: 20%;">Yes</th> <th style="width: 20%;">No</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td></td> <td style="text-align: center;"><b>x</b></td> </tr> <tr> <td>Disability</td> <td></td> <td style="text-align: center;"><b>x</b></td> </tr> <tr> <td>Gender</td> <td></td> <td style="text-align: center;"><b>x</b></td> </tr> <tr> <td>Ethnicity</td> <td></td> <td style="text-align: center;"><b>x</b></td> </tr> <tr> <td>Sexual Orientation</td> <td></td> <td style="text-align: center;"><b>x</b></td> </tr> <tr> <td>Religion / Belief</td> <td></td> <td style="text-align: center;"><b>x</b></td> </tr> </tbody> </table> <p>If YES to one or more of the above please add further detail and identify if full impact assessment is required.</p>		Are there concerns that the policy/service could have an adverse impact because of:	Yes	No	Age		<b>x</b>	Disability		<b>x</b>	Gender		<b>x</b>	Ethnicity		<b>x</b>	Sexual Orientation		<b>x</b>	Religion / Belief		<b>x</b>
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Sexual Orientation		<b>x</b>																				
Religion / Belief		<b>x</b>																				
<b>Next steps</b>																						
Submit the statement of compliance to NHS England.																						
<b>Appendices</b>																						

### Strategic Objectives supported by this report

Investment in Liverpool		Maintaining organisational and financial sustainability	<b>x</b>
Continuous improvement and innovation in Chemotherapy services		Continuous improvement and innovation in Radiotherapy and Imaging services	<b>x</b>
Maintaining the Trust's position as the lead provider of non surgical oncology services for Merseyside and Cheshire	<b>x</b>	Development of Research capacity, capability and performance	
Improving Quality	<b>x</b>	Enabling strategies	

### Link to the NHS Constitution

<b>Patients</b>		<b>Staff</b>	
Access to health care		<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	
Nationally approved treatments, drugs and programmes		Fair pay and contracts, clear roles and responsibilities	
Respect, consent and confidentiality		<i>Being heard:</i> Involved and represented	
Informed choice		Able to raise grievances Able to make suggestions	
Involvement in your healthcare and in the NHS		Personal and professional development	<b>x</b>
Complaint and redress	<b>x</b>	Treated fairly and equally	



# **ANNUAL CCC BOARD REVALIDATION REPORT FOR 2017-18**

## **1. Executive summary**

This report is for the appraisal period 1st April 2017 to 31st March 2018.

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

The purpose of this report is to inform The Clatterbridge Cancer Centre NHS Foundation Trust Board of Directors about the steps taken to develop Medical Appraisal and support Medical Revalidation during the 2017/18 year and to set out the plans for further development in 2018/19.

## **3. Background**

Medical Revalidation was launched in 2012 to strengthen the way that 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.

Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations<sup>1</sup> and it is expected

that provider boards will oversee compliance by:

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

Each doctor has to revalidate their GMC registration once every five years. Over the period starting from the beginning of the 2013 calendar year, each doctor has been set a revalidation date, so that all doctors will have been through revalidation over the next five years. Once a doctor has been revalidated, a new five year cycle begins for that individual at the end of which they have to revalidate again. Thus, all doctors will revalidate every five years.

Medical Appraisal has been established at CCC for a number of years, but its format and delivery has had to be updated to comply with the requirements of the GMC for “strengthened” appraisal.

“Strengthened appraisal”, a new form of medical appraisal, is the cornerstone of Medical Revalidation (for the remainder of this document, this will be referred to as



“appraisal”). Revalidation of doctors requires satisfactory appraisal, according to this format, to be carried out each year.

All doctors registered by the GMC and holding a licence to practice medicine are required to have a Designated Body (DB) for the purposes of revalidation. CCC is such an organisation. Each DB must have in place an infrastructure that supports appraisal and revalidation, including the appointment of a Responsible Officer (RO). In the case of CCC, and most other Designated Bodies, this is the Medical Director.

When a doctor’s revalidation date, as set by the GMC, approaches, the RO is required to make one of the three following recommendations, based on whether or not the doctor has undergone satisfactory annual appraisal over the current revalidation cycle:

- Revalidate
- Defer revalidation – this recommendation is made when some further steps need to be taken to complete satisfactory appraisal or when the doctor is unable to progress the process at the present time due to, for example, maternity leave
- Record non-engagement – this recommendation may lead to suspension of the doctor from the Medical Register – please note that this is not a decision that is or should be left to the time of the Responsible Officer’s recommendation. Any such concerns will have been dealt with on an ongoing basis and only in the event that a doctor fails to engage after exhaustion of the Trust’s escalation process will a report be sent to GMC.

Failure to revalidate will ultimately result in removal of the doctor from the Medical Register.

All doctors employed by CCC are subject to revalidation and CCC is their DB with the following exceptions:

- Training grade doctors with a national training number (the Postgraduate Deanery is their Designated Body)
- Doctors carrying out sessional work at CCC whose main employment is at another NHS organisation and agency locums.

#### **4. Governance Arrangements**

The Responsible Officer has access to GMC Connect which is used by Responsible Officers to make recommendations about doctors. GMC Connect contains a list of all doctors who have a prescribed connection to their designated body. The Responsible Officer has to submit revalidation recommendations when they are due

The prescribed list is kept up to date as doctors join or leave the Trust by the Responsible Officer / Medical Education and Revalidation Manager.



## **External Monitoring of Performance**

During the 2017-18 period, organisational performance has been monitored through the Annual Organisational Audit administered by the Regional Offices of NHS England who collect a standard dataset. CCC has participated in this audit and the quarterly returns on appraisal and revalidation that are also captured by NHS England.

### **5. Medical Appraisal**

The appraisee gathers evidence about their practice and reflects on this according to the appraisal format specified by the GMC. This has four domains: knowledge, skills and performance; safety and quality; communication, partnership and teamwork and maintaining trust. The evidence that the appraisee provides is at their discretion but should include details of their Continuing Professional Development (CPD) and, once in every 5 year cycle, should also include multisource feedback from colleagues and patients and a quality improvement activity.

The role of the appraiser is to ensure that sufficient information has been provided for an informed appraisal to take place, to challenge and support the reflection of the appraisee, to assess progress against the Personal Development Plan (PDP) set in their previous appraisal and to agree a PDP for the following year.

The appraiser has to sign off the following statements to complete the appraisal.

- An appraisal has taken place that reflects the whole of the doctor's scope of work and addresses the principles and values set out in Good Medical Practice.
- Appropriate supporting information has been presented in accordance with the Good Medical Practice Framework for appraisal and revalidation and this reflects the nature and scope of the doctor's work.
- A review that demonstrates progress against last year's personal development plan has taken place.
- An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year.
- No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise.

The appraisal document is recorded on the Trust's on line appraisal support system CRMS supplied by The Learning Clinic. This is a secure on line system that records appraisals, including their supporting information and outputs and makes these records visible, as required, by appraisers, the RO and the appraisal support team. All doctors for whom CCC is their DB have their appraisal records entered into this system.

Records of appraisals are tracked and recorded within the system.

The Trust has a contract with Equiniti 360 for Multisource 360 degree feedback from patients and colleagues. This is carried out by all doctors for whom CCC is their DB.



It is a GMC recommendation that no appraisee is appraised by the same appraiser for more than three years in succession. Also, to avoid collusion, “mutual” appraisals where two appraisers appraise each other in the same year are not permitted.

The CRMS system is used to capture this information and ensure the Trust is compliant in this.

Number of doctors with prescribed connection as at 31/3/2018 = 66.

This is a higher number than reported last year and is due to the inclusion of Haemato-Oncology medical staff from 1/7/2017.

The breakdown of appraisal activity is as follows:

66	Prescribed Connections at 31/3/2018
49	Completed Appraisals in year
7	Meetings held but appraisal not signed off
1	Outstanding (excused due to long term sickness)
9	Outstanding (not excused)

#### **a. Appraisers**

In order for the Trust to successfully implement strengthened appraisal, it was necessary to have appraisers trained according to the format stipulated by the Revalidation Support Team (RST).

The number of appraisers required was calculated according to the number of doctors we employ who fulfil the criteria for CCC to be their DB and taking into account the minimum / maximum number of appraisals each appraiser can carry out each year.

Prior to implementation of revalidation, existing appraisers trained under the previous appraisal system underwent “top-up” training. Since then new appraisers have been trained according to the format set out by the RST by the Medical Education and Revalidation Manager who underwent the necessary training to do this.

Further appraisers have been engaged recently to enable the ratio of appraisee / appraiser to be reduced and to ensure the Trust has a good number of trained appraisers to cover absences, leavers and those who decide to give up this additional activity. This will continue to be reviewed on an ongoing basis.

CCC appointed a new Appraisal Medical Lead Dr Helen Innes during the year. In addition from 1 April 2018 the role of Education and Appraisal will be given a higher profile as part of the recent WOD reorganisation.



A training course for existing and new appraisers was held on 6 July 2017 with further one to one sessions held after this date for those unable to attend the July event.

Since her appointment in September 2017, Dr Innes and the Education and Revalidation Manager have worked to get better engagement with both appraisers and appraisees and to increase their understanding of the value and importance of Medical Appraisal.

In addition the Medical Education and Revalidation Team held a week of drop in sessions for all appraisees in order to answer queries / give demonstrations on CRMS etc. This was part of our planned strategy to increase compliance. These sessions will be repeated in the future to ensure compliance continues to increase.

During the 2017/18 year CCC has taken a number of measures as shown above to increase compliance with Medical Appraisal. CCC has ensured the focus of Medical Appraisal has been prioritised in order to address the poor appraisal rate reported in last year's annual report. Credit should be given to the appraisers at CCC who have managed to undertake their allocation of appraisals in a curtailed and intensive period to ensure that compliance has risen throughout the past year. Usually appraisees are notified of their allocated appraiser for the coming appraisal

## **b. Quality Assurance**

The Trust has adopted a formal system of appraisal quality assurance known as the EXCELLENCE tool

The Medical Education and Revalidation Manager quality assured completed appraisals prior to final sign off in all cases other than those where she had been the appraiser.

In one case the appraiser was asked to review the content of the appraisee's portfolio and supporting evidence which fell below that expected. She had documented the discussion that had taken place at the meeting in the appraisal summary however the appraisee had not adequately demonstrated they were keeping up to date and developing their practice given the scant information provided.

In a number of cases the appraisal portfolios contained patient identifiable information. The MW manager redacted these details but had to "un-submit" the portfolio to do so. In these cases the appraisee and appraiser were informed and asked to "sign off" the portfolio again.

## **c. Access, security and confidentiality**

Access to CRMS is via a password-protected website.

The detail of the discussions during the appraisal interview is confidential to the appraisee and appraiser apart from where concerns about performance arise. In this case the appraiser will bring this to the attention of the Responsible Officer.



When uploading information into the CRMS the appraisee is asked to declare that “this document does not contain any patient identifiable data”.

The Medical Education and Revalidation Manager carries out a check against the appraisal portfolio before final sign off of the appraisal.

#### **d. Clinical Governance**

Individual Consultant activity data is received and up loaded by the Medical Workforce team to the CRMS system

Individual doctors request data on complaints and SUIs for inclusion in their appraisal portfolio. The Responsible Officer receives copies of all complaints and SUIs as they arise throughout the appraisal year and checks that this has been included in the appraisal submission.

The introduction of the on-line DATIX system to the Trust means there is now a more robust system in place to assure this is accurately recorded in appraisal portfolios. This will allow for better reporting as per NHS England guidance (see Appendix B “Quality assurance audit of appraisal inputs and outputs”)

### **6. Revalidation Recommendations**

The Responsible Officer has access to GMC Connect which is used by Responsible Officers to make recommendations about doctors. GMC Connect contains a list of all who have a prescribed connection to their designated body The Responsible Officer has to submit revalidation recommendations when they are due

This is the fifth year of medical revalidation. In 2017/18 the figures are as follows

<b>Recommended for Revalidation</b>	<b>3*</b>
<b>Deferred</b>	<b>0</b>
<b>Non Engagement</b>	<b>0</b>

**\*This represents 100% of recommendations due in this period**

At this point no doctors have been reported to GMC as not being engaged.

The Appraisal Lead and Medical Education and Revalidation Manager has however written to individuals to highlight the need for them to participate in appraisal on an annual basis and the importance of demonstrating commitment over the whole of the 5 year revalidation cycle. Due to the changes in RO throughout the year none of these cases were formally reported to the RO.



## **7. Recruitment and engagement background checks**

As a result of the merger of Haemato-Oncology in July 2107 the Medical Education and Revalidation Manager has obtained information from these doctors regarding their last appraisal and revalidation dates which has been input to the Trust's CRMS

Nationally the NHS jobs portal has been adapted to request information from applicants on their current / previous designated body / Responsible Officer.

## **8. Monitoring Performance**

Doctors' performance is measured through a variety of methods including, job planning, monthly 30 day mortality data, new and follow up patient workload reports , complaints, SULs, contribution to trust wide groups (e.g. SRGs (site reference groups) / TCC (Transforming cancer care design group etc.) and compliments.

## **9. Responding to Concerns and Remediation**

The Trust has had no instances of action requiring remediation

## **10. Risk and Issues**

Appraisal compliance rates in May 2017 were poor. In mitigation the Trust had experienced an unprecedented level of medical staff absence, and this was exacerbated by the introduction of a new EPR system during the previous year. As detailed above the Trust recognised this and put in place actions to address this failing.

Since the appointment of the Appraisal Medical Lead in September 2017 there are regular meetings with the Medical Education and Revalidation Manager. These have been used to proactively manage compliance and remind and chase appraisees and appraisers in danger of falling behind. As a result of this compliance rates have improved. However, the rates are still lower than would be considered appropriate. All doctors with a prescribed connection are required to undergo appraisal as part of the revalidation process.

## **11. Corrective Actions, Improvement Plan and Next Steps**

An action plan is being developed for 2018/9. This will focus on improving compliance rates by

- Improving engagement of doctors in the appraisal process
- Ensuring that appraisers have sufficient time within their job plans to conduct and write up appraisals in a timely fashion and to identify consultants who may wish to take up appraisal roles



In addition the plan will address the need to improve the quality of appraisal at CCC by:

- Improving development and peer review of appraisers
- Strengthen quality assurance processes
- Benchmarking CCC against other trusts and national standards

## **12. Recommendations**

The Board is requested:

- 1) to note the contents of this report, and that it will be shared, along with the annual audit, with the higher level responsible officer at NHS England, and to consider any actions required, and
- 2) to approve and sign off a 'statement of compliance' (sample attached), confirming that the organisation, as a designated body, is in compliance with the regulations and that areas of gaps that have been identified will be the focus of 2018/19 development plan.



## Annual Report Appendix A

Audit of all missed or incomplete appraisals audit

<b>Doctor factors (total)</b>	<b>Number</b>
Maternity leave during the majority of the 'appraisal due window'	0
Long Term Sickness absence during the majority of the 'appraisal due window'	1
Prolonged leave during the majority of the 'appraisal due window'	0
Suspension during the majority of the 'appraisal due window'	2
New starter within 3 month of appraisal due date	0
New starter more than 3 months from appraisal due date	2
Postponed due to incomplete portfolio/insufficient supporting information	0
Appraisal outputs not signed off by doctor within 28 days	28 (of 49 completed)
Lack of time of doctor	0
Lack of engagement of doctor	0
Other doctor factors	0
(describe)	
<b>Appraiser factors</b>	<b>Number</b>
Unplanned absence of appraiser	0
Appraisal outputs not signed off by appraiser within 28 days	n/a **
Lack of time of appraiser	0
Other appraiser factors (describe)	0
(describe)	** not able to give number as dependant on appraisee
<b>Organisational factors</b>	<b>Number</b>
Administration or management factors	0
Failure of electronic information systems	0
Insufficient numbers of trained appraisers	0
Other organisational factors (describe)	0



Quality assurance audit of appraisal inputs and outputs

Total number of appraisals completed <b>49 to date (at 31/3/2018)</b>		Number
	Number of appraisal portfolios sampled (to demonstrate adequate sample size)	Number of the sampled appraisal portfolios deemed to be acceptable against standards
Appraisal inputs	49	49
Scope of work: Has a full scope of practice been described?	49	49
Continuing Professional Development (CPD): Is CPD compliant with GMC requirements?	49	49
Quality improvement activity: Is quality improvement activity compliant with GMC requirements?	49	49
Patient feedback exercise: Has a patient feedback exercise been completed?	Yes/No	
Colleague feedback exercise: Has a colleague feedback exercise been completed?	All doctors requiring a 360° have undertaken it in this year	
Review of complaints: Have all complaints been included?	This is still being discussed with the CGST team and will be reviewed over the next 12 months	
Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included?	Yes This is now supplied by the CGST team	
Is there sufficient supporting information from all the doctor's roles and places of work?	Yes	
Is the portfolio sufficiently complete for the stage of the revalidation cycle (year 1 to year 4)? Explanatory note: For example <ul style="list-style-type: none"> <li>Has a patient and colleague feedback exercise been completed by year 3?</li> <li>Is the portfolio complete after the appraisal which precedes the revalidation recommendation (year 5)?</li> <li>Have all types of supporting information been included?</li> </ul>	Yes  Yes  yes	
Appraisal Outputs		



Appraisal Summary	49	49
Appraiser Statements	49	49
PDP	49	49



**Audit of revalidation recommendations**

<b>Revalidation recommendations between 1 April 2013 to 31 March 2014</b>	
Recommendations completed on time (within the GMC recommendation window)	3
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
<b>TOTAL</b>	<b>3</b>
Primary reason for all late/missed recommendations For any late or missed recommendations only one primary reason must be identified	
No responsible officer in post	n/a
New starter/new prescribed connection established within 2 weeks of revalidation due date	n/a
New starter/new prescribed connection established more than 2 weeks from revalidation due date	n/a
Unaware the doctor had a prescribed connection	n/a
Unaware of the doctor's revalidation due date	n/a
Administrative error	n/a
Responsible officer error	n/a
Inadequate resources or support for the responsible officer role	n/a
Other	n/a
Describe other	
<b>TOTAL [sum of (late) + (missed)]</b>	<b>n/a</b>



**Audit of concerns about a doctor's practice**

<b>Concerns about a doctor's practice</b>	<b>High level</b>	<b>Medium level</b>	<b>Low level</b>	<b>Total</b>
Number of doctors with concerns about their practice in the last 12 months Explanatory note: Enter the total number of doctors with concerns in the last 12 months. It is recognised that there may be several types of concern but please record the primary concern	0	0	0	0
Capability concerns (as the primary category) in the last 12 months				0
Conduct concerns (as the primary category) in the last 12 months				0
Health concerns (as the primary category) in the last 12 months				0
<b>Remediation/Reskilling/Retraining/Rehabilitation</b>				
Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2017 who have undergone formal remediation between 1 April 2016 and 31 March 2017 <i>Formal remediation is a planned and managed programme of interventions or a single intervention e.g. coaching, retraining which is implemented as a consequence of a concern about a doctor's practice</i> <i>A doctor should be included here if they were undergoing remediation at any point during the year</i>				0
Consultants (permanent employed staff including honorary contract holders, NHS and other government /public body staff)				
Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS and other government /public body staff)				0
General practitioner (for NHS England area teams only; doctors on a medical performers list, Armed Forces)				0
Trainee: doctor on national postgraduate training scheme (for local education and training boards only; doctors on national training programmes)				0
Doctors with practising privileges (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)				0



Temporary or short-term contract holders (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc.) All DBs	0
Other (including all responsible officers, and doctors registered with a locum agency, members of faculties/professional bodies, some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc.) All DBs	0
<b>TOTALS</b>	<b>0</b>
<b>Other Actions/Interventions</b>	
Local Actions:	
Number of doctors who were suspended/excluded from practice between 1 April and 31 March: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included	2
Duration of suspension: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included Less than 1 week 1 week to 1 month 1 – 3 months 3 - 6 months 6 - 12 months	
Number of doctors who have had local restrictions placed on their practice in the last 12 months?	0
GMC Actions: Number of doctors who:	0
Were referred to the GMC between 1 April and 31 March	0
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 April and 31 March	0
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 April and 31 March	0
Had their registration/licence suspended by the GMC between 1 April and 31 March	0
Were erased from the GMC register between 1 April and 31 March	0
National Clinical Assessment Service actions:	0
Number of doctors about whom NCAS has been contacted between 1 April and 31 March:	
For advice	1



For investigation	0
For assessment	0
Number of NCAS investigations performed	0
Number of NCAS assessments performed	0





# **A Framework of Quality Assurance for Responsible Officers and Revalidation**

## **Annex E - Statement of Compliance**



## Statement of Compliance

Version number: 2.0

First published: 4 April 2014

Updated: 22 June 2015

Prepared by: Gary Cooper, Project Manager for Quality Assurance, NHS England

Classification: OFFICIAL

Publications Gateway Reference: 03432

**NB:** The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.



## Designated Body Statement of Compliance

The board / executive management team of The Clatterbridge Cancer Centre NHS Foundation Trust can confirm that

- an AOA has been submitted,
- the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013)
- and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

Yes

2. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained;

Yes

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

Yes. However, the action plan for 2018/19 will address the need for appraisers to have sufficient time in job plans to execute their responsibility in a timely fashions

4. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers<sup>1</sup> or equivalent);

No. In the past appraiser forums were held to update appraisers and share good practice. Other than a training event for new and existing appraisers held in July 2017, such forums have not been held in the last year The action plan in place for 2018/19 includes a plan to resurrect these, starting in June 2018.

5. All licensed medical practitioners<sup>2</sup> either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;

Yes. A monthly Trust Management Group report is produced and reasons for non-compliance are highlighted. All individual doctors who have not been up to date with their annual appraisal have been contacted via e-mail / letter and in some cases face to face meetings to emphasise the importance of them complying and the risk to their medical licence of not doing so.

<sup>1</sup> <http://www.england.nhs.uk/revalidation/ro/app-syst/>

<sup>2</sup> Doctors with a prescribed connection to the designated body on the date of reporting.



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6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners<sup>1</sup> (which includes, but is not limited to, monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues) and ensuring that information about these matters is provided for doctors to include at their appraisal;

Yes. The Medical Revalidation Team receive clinical activity data / feedback on student and trainee teaching and details of incidents reported through DATIX for individual doctors and upload this into each appraisal portfolio in the CRMS system. There is a process led by the Medical Revalidation Manager for doctors to obtain a 360° appraisal feedback during their revalidation cycle. The action plan in place for 2018/9 includes plans for information on mortality data, complaints and MHPS data to be sent to the Medical Revalidation Team and to be uploaded to individual portfolios

7. There is a process established for responding to concerns about any licensed medical practitioners<sup>1</sup> fitness to practise;

Yes. All concerns related to a licenced medical doctor are investigated in the first place through MHPS. Information is shared with the GMC ELO and the help of NCAS is used as appropriate.

8. There is a process for obtaining and sharing information of note about any licensed medical practitioner's fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where the licensed medical practitioner works;<sup>3</sup>

Yes. This is done for all new medical staff employed by the Trust. If a locum is engaged we ask for details from the agency. There is a process for issuing honorary contracts for doctors working in CCC who have a prescribed connection to other Designated Bodies. The action plan in place for 2018/9 includes plans to strengthen ongoing communication with other trusts? .

9. The appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that all licenced medical practitioners<sup>4</sup> have qualifications and experience appropriate to the work performed;

Yes

10. A development plan is in place that ensures continual improvement and addresses any identified weaknesses or gaps in compliance.

<sup>3</sup> The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:  
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>



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Yes. An action plan is in place for 2018/9. This will concentrate on further raising compliance by improving engagement of doctors, ensuring that current appraisers have sufficient time to conduct appraisals and targeting individuals who might be interested in taking on the medical appraiser role. It also addresses the need to improve the development and peer review of appraisers, strengthen quality assurance and to benchmark CCC against other Trusts and national standards. .

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body:

**The Clatterbridge Cancer Centre NHS Foundation Trust**

Name: Ann Farrar

Signed: \_ \_ \_ \_ \_

Role: Chief Executive

Date: 10 May 2018