

## Cover Sheet

Trust Board Meeting in Public: Wednesday 11 September 2024

TB2024.79

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**Title:** Responsible Officer's Annual Medical Appraisal and  
Revalidation Report 2023/24

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**Status:** For Information  
**History:** Annual Reporting

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**Board Lead:** Chief Medical Officer  
**Author:** Nicki Sullivan, Medical Revalidation and Job Planning  
Manager; Dr Anny Sykes, Director of Medical Workforce  
**Confidential:** No  
**Key Purpose:** Assurance, Performance

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## **Executive Summary**

1. This report is presented to the Trust Board for assurance that the statutory functions of the Responsible Officer are being appropriately and adequately discharged.
2. The Trust is reporting a slightly reduced compliance figure due to the impact of industrial action and the incorporation of the Medical Bank during the reporting period.

## **Recommendations**

3. The Trust Board is asked to:
  - Note that the report will be shared with the Tier 2 Responsible Officer at NHS England.
  - Note the Statement of Compliance (Appendix 1) confirms that the Trust, as a Designated Body, is in compliance with the Regulations. This will be signed by the OUH Chief Executive as required by NHS England.
  - Note the Statement of Compliance for Helen and Douglas House for which the Trust provides Responsible Officer Services (Appendix 2) confirms compliance with regulations. This will be signed by the Board of Helen and Douglas House as required by NHS England.

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## Responsible Officer's Annual Medical Appraisal and Revalidation Report 2023/24

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### 1. Purpose

- 1.1. This report is presented to the Trust Board to provide assurance that the statutory functions of the Responsible Officer are being appropriately fulfilled; to report on performance in relation to those functions; to update the Trust Board on progress since the 2022/23 annual report; to highlight current and future issues and to present action plans to mitigate potential risks.

### 2. Background

- 2.1. [More information on the background to revalidation can be found via this link.](#)
- 2.2. The last report was submitted to Trust Board for the year 2022/23 on 13<sup>th</sup> September 2023. This report covers the period 1<sup>st</sup> April 2023 – 31<sup>st</sup> March 2024.

### 3. Governance

- 3.1. The Responsible Officers for the period 1<sup>st</sup> April 2023 – 8<sup>th</sup> October 2023 (Dr Anny Sykes, Interim Chief Medical Officer) and 9<sup>th</sup> October 2023 – 31<sup>st</sup> March 2024 (Dr Andrew Brent, Chief Medical Officer) were appointed by the Trust Board on 1<sup>st</sup> July 2022 and 9<sup>th</sup> October 2023 respectively in line with statutory requirements. The Chief Medical Officer is supported by a team who managed 1886 doctors to complete the appraisal and revalidation processes during the reporting period.
- 3.2. Progress and compliance with the regulations is monitored by:
  - Monthly compliance reports supplied to Divisional and Directorate Management and personal action plans for those whose appraisals are overdue.
  - Submission of the quarterly reports and Annual Organisational Audit to NHS England. It should be noted that at the time of writing, due to the recovery from the Covid-19 pandemic, quarterly submissions and the Annual Organisational Audit are not currently required by NHS England or for the foreseeable future. No date has been set for when these will be reinstated.

- Comprehensive dashboards within SARD to enable Divisional management to access and review their own data and interrogate this in a number of ways to inform Divisional strategies.
  - A formal audit schedule for other activities such as the management of multi-source feedback.
- 3.3. The number of doctors with a prescribed connection to OUHFT has increased again from 1743 in the year 2022/23 to 1916 at the time of writing. This uplift has been caused by moving the Trust's Medical Bank away from NHSP to direct employment. The composition continues to shift towards Locally Employed Doctors and research post holders. The Trust is also responsible for appraising military doctors working at the hospital, dental surgeons and doctors in training posts who do not hold a national training number.
- 3.4. During the reporting period the Trust continued to provide external Responsible Officer services for 1 local hospice and thus has responsibility for oversight of their governance processes in relation to medical appraisal and revalidation.

#### **4. Policy and Guidance**

- 4.1. The Medical Appraisal and Revalidation Policy is reviewed regularly. The most recent review was in September 2017. The planned update in 2023 did not take place because of staffing shortages within the Revalidation Team and the need to focus on supporting incoming Bank doctors to comply with Trust requirements. This will now take place in 2024/25.

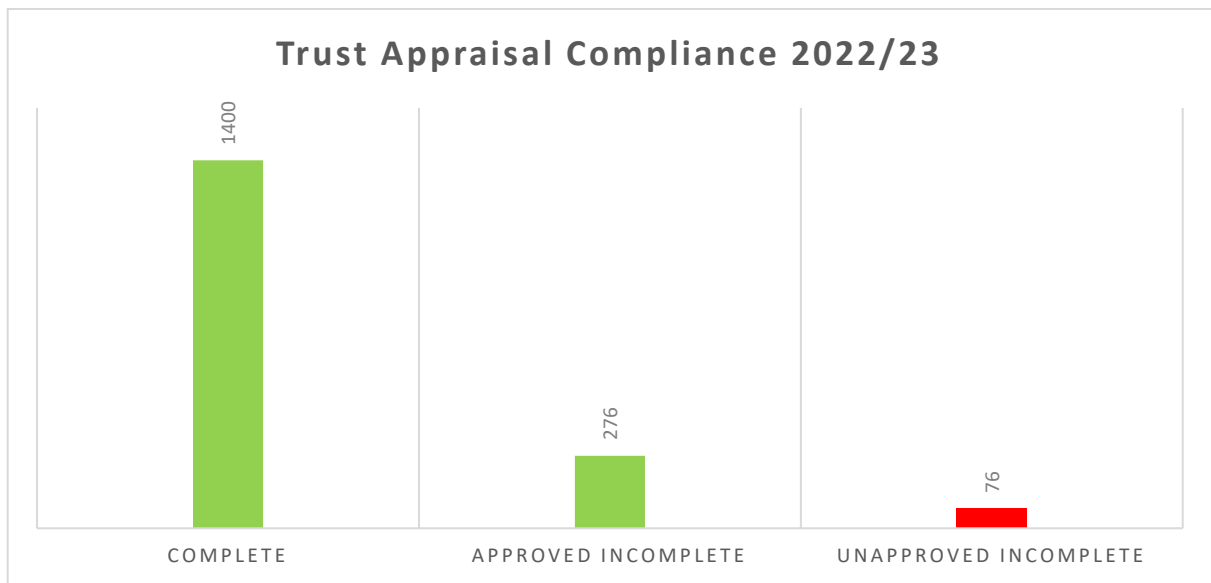
#### **5. Environmental Factors**

- 5.1. The effects of the pandemic continue to be felt within the appraisal and revalidation service. This has been exacerbated by knock on effects of industrial action and the increase in prescribed connections caused by the incorporation of the medical Bank.
- 5.1.1. Appraiser numbers have continued to decline due to retirements and the need to prioritise clinical sessions.
- 5.1.2. This, combined with a substantial uplift in the number of doctors needing to be appraised has resulted in a significant deficit of appraiser capacity.
- 5.2. More extensions to appraisal deadlines have been necessary due to the effects on availability of doctors and appraisers during periods of industrial action.

5.3. More deferrals to recommendation dates have needed to be considered due to the number of doctors joining the Trust as part of the Medical Bank. Historically these doctors have not been supported to meet the requirements and need significant intervention to enable them to present the required evidence.

## 6. Medical Appraisal

### Appraisal Performance Data



6.1. Approved incomplete includes appraisals missed for an acceptable reason eg: maternity leave or long-term sick leave. Unapproved incomplete relates to doctors whose appraisal has been missed without an acceptable reason being provided.

		Number of Prescribed Connections	1 Completed Appraisal	1a Completed Appraisal (Optional)	2 Approved incomplete or missed appraisal	3 Unapproved incomplete or missed appraisal
2.1.1	<b>Consultants</b> (Permanent employed consultant medical staff including honorary contract holders, NHS, hospices, and government /other public body staff. Academics with honorary clinical contracts will usually have their responsible officer in the NHS trust where they perform their clinical work.)	1219	1041	583	152	26
2.1.2	<b>Staff grade, associate specialist, specialty doctor</b> (Permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS, hospices, and government/other public body staff.)	62	49	28	11	2
2.1.3	<b>Doctors on Performers Lists</b> (For NHS England and the Armed Forces only; doctors on a medical or ophthalmic performers list. This includes all general practitioners (GPs) including principals, salaried and locum GPs.)	0	0	0	0	0
2.1.4	<b>Doctors with practising privileges</b> (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.)	6	3	1	0	3
2.1.5	<b>Temporary or short-term contract holders</b> (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)	3	2	1	0	1
2.1.6	<b>Other doctors with a prescribed connection to this designated body</b> (Depending on the type of designated body, this category may include responsible officers, locum doctors, and members of the faculties/professional bodies. It may also include some non-clinical management/leadership roles, research, civil service, doctors in wholly independent practice, other employed or contracted doctors not falling into the above categories, etc.)	594	482	336	75	37
Unallocated	<b>Medics without an AOA medic group</b> (Medics that have not been allocated an AOA medic group on SARD)	2	0	0	0	2
2.1.7	<b>Total</b>	1886	1577	949	238	71

6.2. Category 1 is classed as:

A completed annual medical appraisal is one where either:

- a) all of the following three standards are met:

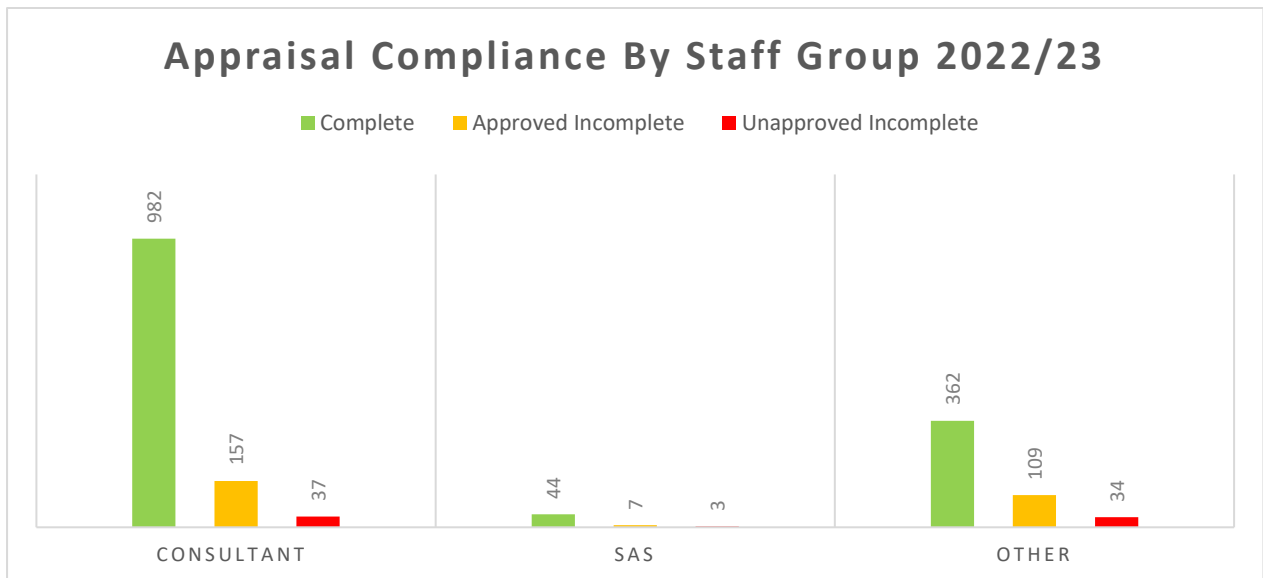
- i. the appraisal meeting has taken place in the three months preceding the agreed appraisal due date,
- ii. the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting,
- iii. the entire process occurred between 1 April and 31 March.

Or:

- b) the appraisal meeting took place in the appraisal year between 1 April and 31 March, and the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor, but one or more the three standards in a) has been missed. However the judgement of the responsible officer is that the appraisal has been satisfactorily completed to the standard required to support an effective revalidation recommendation.

6.3. Category 1a is classed as:

- i. The appraisal meeting has taken place in the three months preceding the agreed appraisal due date,
- ii. The outputs of the appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting,
- iii. The entire process occurred between 1 April and 31 March.



“Approved incomplete” includes appraisals missed for an acceptable reason eg: maternity leave or long-term sick leave.

Unapproved incomplete relates to doctors whose appraisal has been missed without an acceptable reason being provided.

“Other” comprises all doctors who are not in the national training scheme and are not SAS or Consultant grades.

<b>2.1.1 Consultants</b>			
1041 Completed Appraisal (1)	583 Completed Appraisal (1a) (Optional)	152 Approved incomplete or missed appraisal (2)	26 Unapproved incomplete or missed appraisal (3)
<b>2.1.2 Staff grade, associate specialist, specialty doctor</b>			
49 Completed Appraisal (1)	28 Completed Appraisal (1a) (Optional)	11 Approved incomplete or missed appraisal (2)	2 Unapproved incomplete or missed appraisal (3)

2.1.4 Doctors with practising privileges			
3 Completed Appraisal (1)	1 Completed Appraisal (1a) (Optional)	0 Approved incomplete or missed appraisal (2)	3 Unapproved incomplete or missed appraisal (3)
2.1.5 Temporary or short-term contract holders			
2 Completed Appraisal (1)	1 Completed Appraisal (1a) (Optional)	0 Approved incomplete or missed appraisal (2)	1 Unapproved incomplete or missed appraisal (3)
2.1.6 Other doctors with a prescribed connection to this designated body			
482 Completed Appraisal (1)	336 Completed Appraisal (1a) (Optional)	75 Approved incomplete or missed appraisal (2)	37 Unapproved incomplete or missed appraisal (3)
Unallocated Medics without an AOA medic group			
0 Completed Appraisal (1)	0 Completed Appraisal (1a) (Optional)	0 Approved incomplete or missed appraisal (2)	2 Unapproved incomplete or missed appraisal (3)

## Analysis of Results

- 6.4. The Trust's overall compliance rate for the period was 96.2% This compares to 95.7% in 2022/23.
- 6.5. Compliance amongst medical staff groups varied from last year with the compliance rate for consultants improving. This gain was cancelled out overall by a rise in the number of doctors in the "other" category failing to comply. The majority of these were Locally Employed Doctors employed by the Bank. These doctors joined on 17<sup>th</sup> March 2023 and as the Trust was not provided with any appraisal information prior to the transfer there was insufficient time left in the reporting period to rectify this.
- 6.6. All of the 71 doctors with unapproved incomplete appraisals at 31 March 2023 have been contacted with personalised action plans to assist them to get back on track. At the time of writing this report 30 appraisals have been completed, 29 doctors have left the Trust, and 1 has been given an approved miss. Therefore 11 remain outstanding. This raises the overall compliance rate to 98.5% which is slightly down from 99.1% in 2022/23 but set against the backdrop of industrial action and the incorporation of the Medical Bank at the end of the reporting period, remains high when compared nationally.

## Audit of Missed Appraisals – Performance Management Framework

- 6.7. The Trust completes a summary of missed appraisals on a monthly basis with regular reports being submitted to Divisional Management for action.
- 6.8. Each summary reviews appraisals which are considered to be overdue for the period and follows up with the individuals concerned to ascertain the reasons for the delay. Where appropriate, action plans are developed for each doctor / appraiser to bring them back in line with their revalidation trajectory and to deal with any issues which have contributed to the delay.
- 6.9. A Performance Framework for Managing Medical Appraisals is employed. The key aims of the framework are to:
- 6.9.1. ensure all doctors are treated equally in relation to appraisal compliance



- 6.9.2. facilitate earlier intervention where it is ascertained a doctor needs support by reducing the time the doctor is able to remain non-compliant
  - 6.9.3. reduce “tacit acceptance” of non-compliance by escalating outliers more quickly and involving sources of support earlier.
- 6.10. Doctors whose appraisals are 90+ days overdue or have failed to comply with their action plan are also referred to their Divisional management for escalation to the CMO for consideration of disciplinary action. This has significantly reduced the number of doctors who remain non-compliant for appraisal for long periods of time and has allowed the team to give targeted support to doctors who are struggling. Interventions have included referrals to Occupational Health, personalised training and IT / administration support to enable doctors to complete their appraisals in a timely manner in order to reduce the need for deferral at the point of revalidation.

### **Appraisers**

- 6.11. The addition of nearly 100 doctors who were inherited as part of the incorporation of the Bank put the appraisal system under considerable strain. All Divisions reported a significant deficit of appraiser capacity at the end of the reporting period.
- 6.12. There are currently 198 trained available appraisers to deliver c2000 appraisals (doctors attached to the OUH via a prescribed connection and those who are revalidated elsewhere but appraised by OUH as part of a service level agreement). Of these 198, 12 are currently inactive (long term leave), 7 are exclusively appraising Physician Associates (not included in appraisal and revalidation totals) or are assigned as an external appraiser for 1 doctor only and 14 do not deliver 10 appraisals per annum by agreement. This gives a notional capacity of 1650 which is below that required. Approximately 250 doctors leave and join each year with a significant percentage of each requiring an appraisal whilst employed. This takes the total number of projected appraisals needed to c.2200 per annum which significantly exceeds current capacity. There is therefore a risk that the Trust will not be able to fulfil its contractual responsibilities to appraise doctors in a timely manner. As a result it may become necessary to defer doctors’ revalidation recommendations until such time as they can be appraised.
- 6.13. The appraiser cohort has continued to see a number of resignations from appraiser posts over the past 12 months. This has been driven by retirements from clinical practice and by the original need to reduce job plans to a maximum of 12 PAs during this reporting period.

- 6.14. 14 appraisers were trained during the period to which this report pertains. These are included in the figures noted above.
- 6.15. Support for Appraisers is diverse and ranges from official events such as Appraiser Network Events (held 3 times a year) to feedback reports for appraisers and 1:1s with the Revalidation Manager and Director of Medical Workforce.
- 6.16. The Great Appraiser event was not held in 2023 due to lack of funding. Future iterations of this very popular conference are dependent on financial support from outside the Trust which has not been possible to source and thus, at this time, there are no plans to hold future events.
- 6.17. The Revalidation Team actively support appraisers with challenging situations and provide bespoke assistance depending on the issue. Examples include advising on acceptable evidence for non-standard roles, assisting with non-compliant doctors and escalating more serious concerns that arise during the appraisal process to ensure a doctor receives the necessary support and intervention.
- 6.18. All of the above also supports the governance framework referred to earlier in this report.

### **Medical Appraisal Quality Assurance**

- 6.19. A number of quality assurance mechanisms are in use in relation to medical appraisal:
  - Each appraisal in a revalidation portfolio is checked for key items against the GMC's 5 domains and the Trust's local requirements. Discrepancies are notified to the doctor and, if necessary, an action plan prepared to rectify omissions to ensure a recommendation to revalidate can be made.
  - For appraisers, attendance at OUH Appraiser Networks and the OUH/NHSE Appraiser Conference (when it is held) is recorded. Those not attending at least one development activity year are followed up as appropriate.
  - All doctors now submit feedback on their appraisal experience as the final step in the appraisal process. This not only allows personalised reports for appraisers to be generated but also enables the Revalidation Team to create an overview of how doctors perceive the process and thus to target resources and communications more effectively.
  - A formal audit tool – ASPAT – is now available through SARD and a pilot has been undertaken. This has not yet been taken forward due to staffing shortage and other, more urgent, priorities.

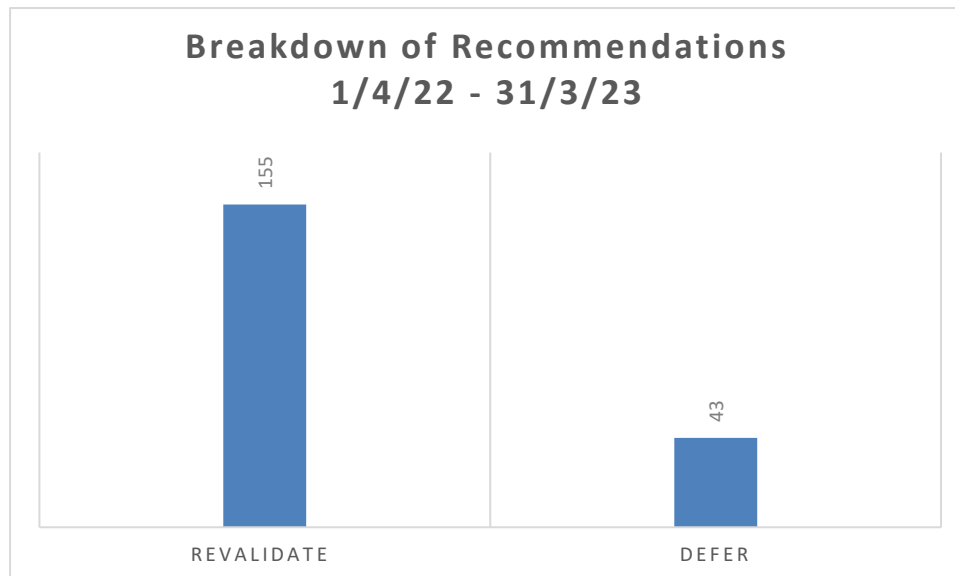
### Access, Security and Confidentiality

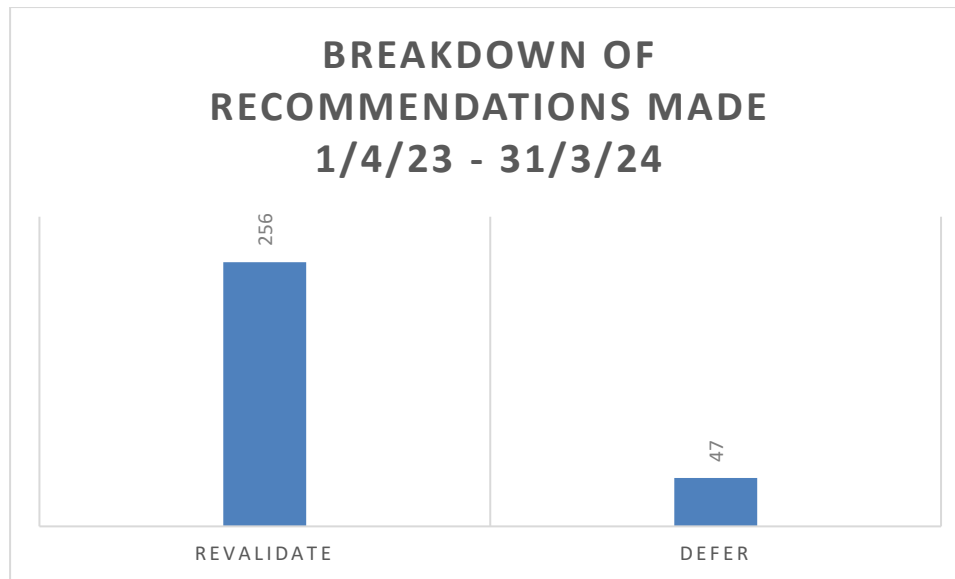
- 6.20. Completed appraisal forms comprise part of a doctor's revalidation portfolio. This information is securely held within the Trust's appraisal management system which complies with all data security and protection requirements. The tender process contained a rigorous security check which was overseen by colleagues from both the IM&T and Information Governance teams. The winning bidder was able to supply written assurances that all statutory and NHS IT security requirements are met by their system and also that they have robust processes in place to identify and prevent any threats from hacking, spyware etc.
- 6.21. Doctors are advised both verbally by their appraiser and in writing via Trust policies and notifications within the appraisal system that any material containing patient identifiable data which they wish to submit as evidence must be redacted prior to doing so.

## 7. Medical Revalidation

### Medical Revalidation Performance Data

- 7.1. During the period 11/4/23 – 31/3/24, 303 recommendations were made. This is an increase from the 198 made in the period 1/4/22 – 31/3/23
- 7.2. No recommendations were missed.
- 7.3. The following table shows the breakdown of recommendations made.





### Analysis of results

- 7.4. The overall deferral rate for the period was 18.36% which is down from 21.72% in 2022/23.
- 7.5. The main reasons for requesting a deferral (additional time to complete the requirements) were:
- 7.5.1. Inability to collect patient feedback.
  - 7.5.2. Delays to submission of the final appraisal caused by clinical pressures.
  - 7.5.3. Illness of both doctors and appraisers.
  - 7.5.4. A number of doctors joining the Trust with limited or no appraisal history.

### Recruitment and Engagement Background Checks

- 7.6. The Medical Staffing Team in HR is responsible for ensuring that all necessary pre and post-recruitment checks are completed in full and for taking any required action, including dealing with start dates or withdrawing offers of employment, where the responses to these checks are not satisfactory. Checks include but are not limited to:
- 7.6.1. Identity check
  - 7.6.2. Qualification check
  - 7.6.3. GMC Conditions / Undertakings and past history
  - 7.6.4. Ongoing GMC / MPTS / NCAS investigations
  - 7.6.5. Disclosure and Barring Service (DBS) check
  - 7.6.6. Appraisal History
  - 7.6.7. Employment References

- 7.6.8. Language Competency (either via PLAB or addresses at interview)
- 7.7. These checks apply to both permanent, fixed term and locum staff. For doctors appointed through a locum agency, the agency is responsible for the majority of these checks, but assurance is always sought that there are no issues at the time of booking.

### **Monitoring Performance, Responding to Concerns and Remediation**

- 7.8. Concerns about a doctor's performance are managed under the Trust's Performance Management Procedure for Medical Staff. Issues are generally dealt with by Divisional Management unless it is felt that the problem is serious enough to be escalated to the Chief Medical Officer and / or the Chief People Officer and a formal process entered into.
- 7.9. Quarterly Medical Concerns meetings are held between Chief Medical Officer and the Chief People Officer to manage these more serious cases. Where appropriate a Non-Executive Director is assigned to each case to monitor compliance with process and ensure a timely resolution. A report on exclusions and involvement in such processes is presented periodically to the Trust Board for information. An annual report summarising such investigations is also submitted to the Trust Board.
- 7.10. The Responsible Officer and members of the Revalidation Team meet with the GMC's Employer Liaison Advisor quarterly to discuss cases which may be, or have been, escalated to the GMC by the RO, or have been referred to the GMC via other routes.
- 7.11. Concerns may be raised as part of appraisal. The Trust Medical Appraisal and Revalidation policy includes an appendix detailing the processes to be followed in such an eventuality.

## **8. Risks and Issues**

### **Appraiser Capacity**

- 8.1. The single largest threat to the appraisal process outside of the pressure of clinical services remains the difficulty of the recruitment and retention of appraisers. At present the Trust spends around £4k per annum on training which keeps the number of appraisers static. Work is underway to source more appraisers from the University to support the growing number of clinical academics requiring medical appraisal and revalidation.
- 8.2. The Revalidation Team have also suffered from difficulties in recruiting to the administration role in the team. This role has been intermittently vacant during the reporting period, meaning that some development work has had

to be put on hold. The post is now subject to the financial restrictions on recruitment so will remain vacant for the foreseeable future.

## 9. Action Plan

### Review of 2022/23 Action Plan

Objective	Actions	Expected Outcome	Outcome
Peer review of systems and processes	Carried forward from previous plan		In progress – suitable partner sourced. Agenda in negotiation.
Resolve the issue of appraiser capacity through both short and long term strategies	Revised options to be presented to TME and implemented once agreed	Risk to appraisal and revalidation compliance reduced. Less pressure on appraisers to undertake short notice appraisals Better retention of appraisers.	Not achieved during the reporting period. See paragraphs above. Initiatives implemented since the reporting period (see below) have resulted in appraisers being allocated to all doctors requiring them at the time this paper was finalised for presentation to the Board.
Refine quality assurance (ASPAT) and begin using results	Use data to formulate learning points, update strategies and address issues identified	Higher quality appraisal summaries and more accountable appraisers	Paused – due to staff shortages and increase in prescribed connection numbers

**Proposed 2024/25 Action Plan**

<b>Objective</b>	<b>Actions</b>	<b>Expected Outcome</b>	<b>Outcome</b>
Peer review of systems and processes	Carried forward from previous plan	Peer review completed. Recommendations shared.	Update in next report
Implement a number of processes to improve appraiser capacity	12 PA cap on job plans temporarily removed for appraiser activity. Process for enabling honorary contract holders to appraise more doctors in progress. Possibility of implementing a "pay per appraisal" system via the bank.	The risk to the Trust of not being able to comply with its contractual obligations is mitigated. Doctors are appraised in a timely and supportive manner. Pressure on appraisers is reduced.	Update in next report
Fully implement ASPAT	QA 10-20% of appraisal summaries and use data to inform a range of support materials and activities	More support for appraisers Higher quality summaries Early intervention for appraisers requiring support	Dependant on staffing
Review Appraisal Policy	Ensure all updates to statute, contract and local requirements are included and that the policy remains current and supportive	Updated reference source to ensure all doctors are aware of their responsibilities and have the most up to date information available to support them	In Progress – confirmed in next report
Implement Appraisal and Revalidation for Physician Associates	Ensure the Trust is compliant with GMC requirements for this group	Quality assured system for Physician Associates which mirrors the Medical Appraisal process	Update in the next report – dependant on GMC updates



## 10. Recommendations

10.1. The Trust Board is asked to:

- Note that the report will be shared with the Tier 2 Responsible Officer at NHS England.
- Note the Statement of Compliance (Appendix 1) confirms that the Trust, as a Designated Body, is in compliance with the Regulations. This will be signed by the OUH Chief Executive as required by NHS England.
- Note the Statement of Compliance for Helen and Douglas House for which the Trust provides Responsible Officer Services (Appendix 2), confirms compliance with regulations. This will be signed by the Board of Helen and Douglas House as required by NHS England.

Classification: Official

Publication reference: PR1844



# A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

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## Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer,
- c) act as evidence for CQC inspections.

# Designated Body Annual Board Report

## Section 1 – General:

The board of Oxford University Hospitals NHS Foundation Trust can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Yes :
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2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes :
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3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Yes
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4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Yes
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5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

A peer review is now planned for later in 2024. It was delayed due to the effects of industrial action and clinical pressures.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Yes:

:

## Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.<sup>1</sup>

Yes

7. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

n/a

:

<sup>1</sup> For organisations that have adopted the Appraisal 2020 model (recently updated by the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet moved to the revised model may want to describe their plans in this respect.

8. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Yes

9. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Not at present but an action plan is in place to rectify this

10. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers<sup>2</sup> or equivalent).

Yes

:

<sup>2</sup> <http://www.england.nhs.uk/revalidation/ro/app-syst/>

- The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Yes

## Section 2b – Appraisal Data

- The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

<b>Name of organisation:</b>	
<b>Total number of doctors with a prescribed connection as at 31 March 2024</b>	<b>1886</b>
<b>Total number of appraisals undertaken between 1 April 2023 and 31 March 2024</b>	<b>1577</b>
<b>Total number of appraisals not undertaken between 1 April 2023 and 31 March 2024</b>	<b>71</b>
<b>Total number of agreed exceptions</b>	<b>238</b>

## Section 3 – Recommendations to the GMC

- Timely recommendations are made 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 responsible officer protocol.

Yes

:

- Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the



recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Yes

:

## Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Yes

:

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Yes

:

3. There is a process established for responding to concerns about any licensed medical practitioner's<sup>1</sup> fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Yes

:

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and

outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.<sup>3</sup>

Yes

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.<sup>4</sup>

Yes

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Yes

## Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Yes

<sup>3</sup> This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

<sup>4</sup> The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:  
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

## ction 6 – Summary of comments, and overall conclusion

Please see action plan in the attached report which details this information.

## Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

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

Official name of designated body: Oxford University Hospitals NHS Foundation Trust \_

Name: Professor Meghana Pandit

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

Role: Chief Executive

Date: \_\_\_\_\_

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# A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

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## Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer,
- c) act as evidence for CQC inspections.



# Designated Body Annual Board Report

## Section 1 – General:

The board of Helen and Douglas House can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Yes :
----------

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes :
----------

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

Yes
-----

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Yes
-----

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

A peer review is now planned for later in 2024. It was delayed due to the effects of industrial action and clinical pressures.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Yes:  
:

## Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.<sup>1</sup>

Yes

7. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

n/a  
:

<sup>1</sup> For organisations that have adopted the Appraisal 2020 model (recently updated by the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet moved to the revised model may want to describe their plans in this respect.

8. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Yes

9. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Yes

10. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers<sup>2</sup> or equivalent).

Yes

:

<sup>2</sup> <http://www.england.nhs.uk/revalidation/ro/app-syst/>

- The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Yes

## Section 2b – Appraisal Data

- The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

<b>Name of organisation:</b>	
<b>Total number of doctors with a prescribed connection as at 31 March 2024</b>	2
<b>Total number of appraisals undertaken between 1 April 2023 and 31 March 2024</b>	2
<b>Total number of appraisals not undertaken between 1 April 2023 and 31 March 2024</b>	0
<b>Total number of agreed exceptions</b>	0

## Section 3 – Recommendations to the GMC

- Timely recommendations are made 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 responsible officer protocol.

Yes  
:

- Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the

recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Yes

:

## Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Yes

:

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Yes

:

3. There is a process established for responding to concerns about any licensed medical practitioner's<sup>1</sup> fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Yes

:

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and

outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.<sup>3</sup>

Yes

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.<sup>4</sup>

Yes

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Yes

## Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Yes

<sup>3</sup> This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

<sup>4</sup> The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:  
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

## ction 6 – Summary of comments, and overall conclusion

Please see action plan in the attached report which details this information.

## Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

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

Official name of designated body: Helen and Douglas House

Name:

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

Role:

Date: \_\_\_\_\_



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