



**Annual Organisational Audit  
(AOA)  
End of year questionnaire 2014-15**

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Medical	Operations Patients and Information
Nursing	Policy Commissioning Development
Finance	Human Resources
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<b>Author</b>	NHS England, Medical Revalidation Programme
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<b>Description</b>	The Framework of Quality Assurance (FQA) provides an overview of the elements defined in the Responsible Officer Regulations, along with a series of processes to support Responsible Officers and their Designated Bodies in providing the required assurance that they are discharging their respective statutory responsibilities.
<b>Cross Reference</b>	The Medical Profession (Responsible Officers) Regulations, 2010 (as amended 2013) and the GMC (Licence to Practise and Revalidation) Regulations 2012
<b>Superseded Docs (if applicable)</b>	A Framework of Quality Assurance for Responsible Officers and Revalidation, 4 April 2014
<b>Action Required</b>	Responsible Officers to submit an annual return to their higher level responsible officers in accordance with this guidance.
<b>Timings / Deadline</b>	<b>From April 2015</b>
<b>Contact Details for further information</b>	<a href="mailto:england.revalidation-pmo@nhs.net">england.revalidation-pmo@nhs.net</a> <a href="http://www.england.nhs.uk/revalidation/">http://www.england.nhs.uk/revalidation/</a>
<b>Document Status</b>	
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# **Annual Organisational Audit (AOA)**

## **End of year questionnaire 2014-15**

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Classification: OFFICIAL

**This questionnaire has been approved by the Review Return of Central Returns**

**Steering Committee (ROCR) Licence Number ROCR/OR/2127/005MAND**

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## 1 Introduction

The Framework of Quality Assurance (FQA) and the monitoring processes within it are designed to support all responsible officers in fulfilling their statutory duty, providing a means by which they can demonstrate the effectiveness of the systems they oversee. It has been carefully crafted to ensure that administrative burden is minimised, whilst still driving learning and sharing of best practice. Each element of the FQA process will feed in to a comprehensive report from the national-level responsible officer to Ministers and the public, capturing the state of play in implementing medical revalidation across the country.

The reporting processes are intended to be streamlined, coherent and integrated, ensuring that information is captured to contribute to local processes, whilst simultaneously providing the required assurance. The process will be reviewed and revised on a regular basis.

The AOA (Annex C) is a standardised template for all responsible officers to complete and return to their higher-level responsible officer. AOAs from all designated bodies will be collated to provide an overarching status report of implementation across England. Where small designated bodies are concerned, or where types of organisation are small in number, these will be appropriately grouped to ensure that data is not identifiable to the level of the individual.

The AOA has been simplified and shortened considerably from its predecessor, (ORSA), with a focus on what is happening, with what outcome, along with an assessment of the designated body's organisational capacity to ensure a robust consistent system of revalidation. Learning from the experience of ORSA, the AOA has been designed to reduce the administrative burden upon organisations and to be of maximum help to responsible officers in fulfilling their obligations.

The aims of the annual organisational audit exercise are to:

- gain an understanding of the progress that organisations have made during 2014/15;
- provide a tool that helps responsible officers assure themselves and their boards/management bodies that the systems underpinning the recommendations they make to the General Medical Council (GMC) on doctors' fitness to practise, the arrangements for medical appraisal and responding to concerns, are in place;
- provide a mechanism for assuring NHS England (as the Senior Responsible Owner for medical revalidation in England), the England Revalidation Implementation Board (ERIB) and the GMC that systems for evaluating doctors' fitness to practice are in place, functioning, effective and consistent.

This AOA exercise is divided into five sections:

Section 1: The Designated Body and the Responsible Officer

Section 2: Appraisal

Section 3: Monitoring Performance and Responding to Concerns

Section 4: Recruitment and Engagement

Section 5: Additional Comments

The questionnaire should be completed by the responsible officer on behalf of the designated body, though this duty may be appropriately delegated. The questionnaire should be completed **during April and May 2015** for the year ending 31 March 2015. The deadline for submission will be detailed in an email containing the link to the electronic version of the form, which will be sent after 30<sup>th</sup> March 2015.

Whilst NHS England is a single designated body, for the purpose of this audit, the national and regional offices of NHS England should answer as a 'designated body' in their own right. For the year 2014/15 the data will be collected by the former NHS England area team structure that was in existence for most of the period. Further guidance will be issued to regional teams in due course.

Following completion of this AOA exercise, designated bodies should:

- consider using the information gathered to produce a status report and to conduct a review of their organisations' developmental needs.
- complete a statement of compliance and submit it to NHS England by the 30<sup>th</sup> September 2015.

The audit process will also enable designated bodies to provide assurance that they are fulfilling their statutory obligations and their systems are sufficiently effective to support the responsible officer's recommendations.

For further information, references and resources see pages 30-31 and [www.england.nhs.uk/revalidation](http://www.england.nhs.uk/revalidation)

## 2 Guidance for submission

Guidance for submission:

- Several questions require a 'Yes' or 'No' answer. In order to answer 'Yes', you must be able to answer 'Yes' to all of the statements listed under 'to answer 'Yes''

### 3 Section 1 – The Designated Body and the Responsible Officer

Section 1	The Designated Body and the Responsible Officer	
1.1	<b>Name of designated body:</b> Yorkshire Ambulance Services NHS Trust	
	Address line 1 Springhill 2	
	Address line 2 Brindley Way	
	Address line 3	
	Address line 4	
	City Wakefield	
	County	Postcode WF2 0XQ
	<b>Responsible officer:</b> Title ***** GMC registered first name ***** GMC registered last name ***** GMC reference number ***** Phone ***** Email *****	
	<b>Medical Director:</b> Title ***** GMC registered first name ***** GMC registered last name ***** GMC reference number ***** Phone ***** Email *****	
	<b>Clinical Appraisal Lead (if applicable):</b> Title ***** GMC registered first name ***** GMC registered last name ***** GMC reference number ***** Phone ***** Email *****	
	<b>Chief executive (or equivalent):</b> Title ***** First name ***** Last name ***** GMC reference number (if applicable) ***** Phone ***** Email *****	



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1.2	Type/sector of designated body: (tick one)	NHS	Acute hospital/secondary care foundation trust	<input type="checkbox"/>
			Acute hospital/secondary care non-foundation trust	<input type="checkbox"/>
			Mental health foundation trust	<input type="checkbox"/>
			Mental health non-foundation trust	<input type="checkbox"/>
			Other NHS foundation trust (care trust, ambulance trust, etc)	<input checked="" type="checkbox"/>
			Other NHS non-foundation trust (care trust, ambulance trust, etc)	<input type="checkbox"/>
			Special health authorities (NHS Litigation Authority, NHS Trust Development Authority, NHS Blood and Transplant, etc)	<input type="checkbox"/>
		NHS England	NHS England (area team at the start of the reporting period)	<input type="checkbox"/>
			NHS England (regional office)	<input type="checkbox"/>
			NHS England (national office)	<input type="checkbox"/>
		Independent / non-NHS sector (tick one)	Independent healthcare provider	<input type="checkbox"/>
			Locum agency	<input type="checkbox"/>
			Faculty/professional body (FPH, FOM, FPM, IDF, etc)	<input type="checkbox"/>
			Academic or research organisation	<input type="checkbox"/>
			Government department, non-departmental public body or executive agency	<input type="checkbox"/>
			Armed Forces	<input type="checkbox"/>
			Hospice	<input type="checkbox"/>
			Other charity/voluntary sector organisation	<input type="checkbox"/>
Other non-NHS (please enter type)	<input type="checkbox"/>			

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1.3	<b>The responsible officer's higher level responsible officer is based at:</b> [tick one]	NHS England North	<input checked="" type="checkbox"/>
		NHS England Midlands and East	<input type="checkbox"/>
		NHS England London	<input type="checkbox"/>
		NHS England South	<input type="checkbox"/>
		NHS England (National)	<input type="checkbox"/>
		Department of Health NHS	<input type="checkbox"/>
		Faculty of Medical Leadership and Management - for NHS England (national office) only	<input type="checkbox"/>
		A suitable person	<input type="checkbox"/>
1.4	<b>A responsible officer has been nominated/appointed in compliance with the regulations.</b>  To answer 'Yes': <ul style="list-style-type: none"> <li>The responsible officer has been a medical practitioner fully registered under the Medical Act 1983 throughout the previous five years and continues to be fully registered whilst undertaking the role of responsible officer.</li> <li>There is evidence of formal nomination/appointment by board or executive of each organisation for which the responsible officer undertakes the role.</li> </ul>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

1.5	<p><b>Where a Conflict of Interest or Appearance of Bias has been identified and agreed with the higher level responsible officer; has an alternative responsible officer been appointed?</b></p> <p>(Please note that in The Medical Profession (Responsible Officers) Regulations 2010 (Her Majesty's Stationery Office, 2013), an alternative responsible officer is referred to as a second responsible officer)</p> <p>To answer 'Yes': The designated body has nominated an alternative responsible officer in all cases where there is a conflict of interest or appearance of bias between the responsible officer and a doctor with whom the designated body has a prescribed connection.</p> <p>To answer 'No': A potential conflict of interest or appearance of bias has been identified, but an alternative responsible officer has not been appointed.</p> <p>To answer 'N/a': No cases of conflict of interest or appearance of bias have been identified.</p> <p><u>Additional guidance</u></p> <p>Each designated body will have one responsible officer but the regulations allow for an alternative responsible officer to be nominated or appointed where a conflict of interest or appearance of bias exists between the responsible officer and a doctor with whom the designated body has a prescribed connection. This will cover the uncommon situations where close family or business relationships exist, or where there has been longstanding interpersonal animosity.</p> <p>In order to ensure consistent thresholds and a common approach to this, potential conflict of interest or appearance of bias should be agreed with the higher level responsible officer. An alternative responsible officer should then be nominated or appointed by the designated body and will require training and support in the same way as the first responsible officer. To ensure there is no conflict of interest or appearance of bias, the alternative responsible officer should be an external appointment and will usually be a current experienced responsible officer from the same region. Further guidance is available in <i>Responsible Officer Conflict of Interest or Appearance of Bias: Request to Appoint and Alternative Responsible Officer</i> (NHS Revalidation Support Team, 2014).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
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1.6	<p><b>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.</b></p> <p>Each designated body must provide the responsible officer with sufficient funding and other resources necessary to fulfil their statutory responsibilities. This may include sufficient time to perform the role, administrative and management support, information management and training. The responsible officer may wish to delegate some of the duties of the role to an associate or deputy responsible officer. It is important that those people acting on behalf of the responsible officer only act within the scope of their authority. Where some or all of the functions are commissioned externally, the designated body must be satisfied that all statutory responsibilities are fulfilled.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1.7	<p><b>The responsible officer is appropriately trained and remains up to date and fit to practise in the role of responsible officer.</b></p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> <li>• Appropriate recognised introductory training has been undertaken.</li> <li>• Appropriate ongoing training and development is undertaken in agreement with the responsible officer's appraiser.</li> <li>• The responsible officer has made themselves known to the higher level responsible officer.</li> <li>• The responsible officer is engaged in the regional responsible officer network.</li> <li>• The responsible officer is actively involved in peer review for the purposes of calibrating their decision-making processes and organisational systems.</li> <li>• The responsible officer includes relevant supporting information relating to their responsible officer role in their appraisal and revalidation portfolio including the results of the Annual Organisational Audit and the resulting action plan.</li> </ul>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

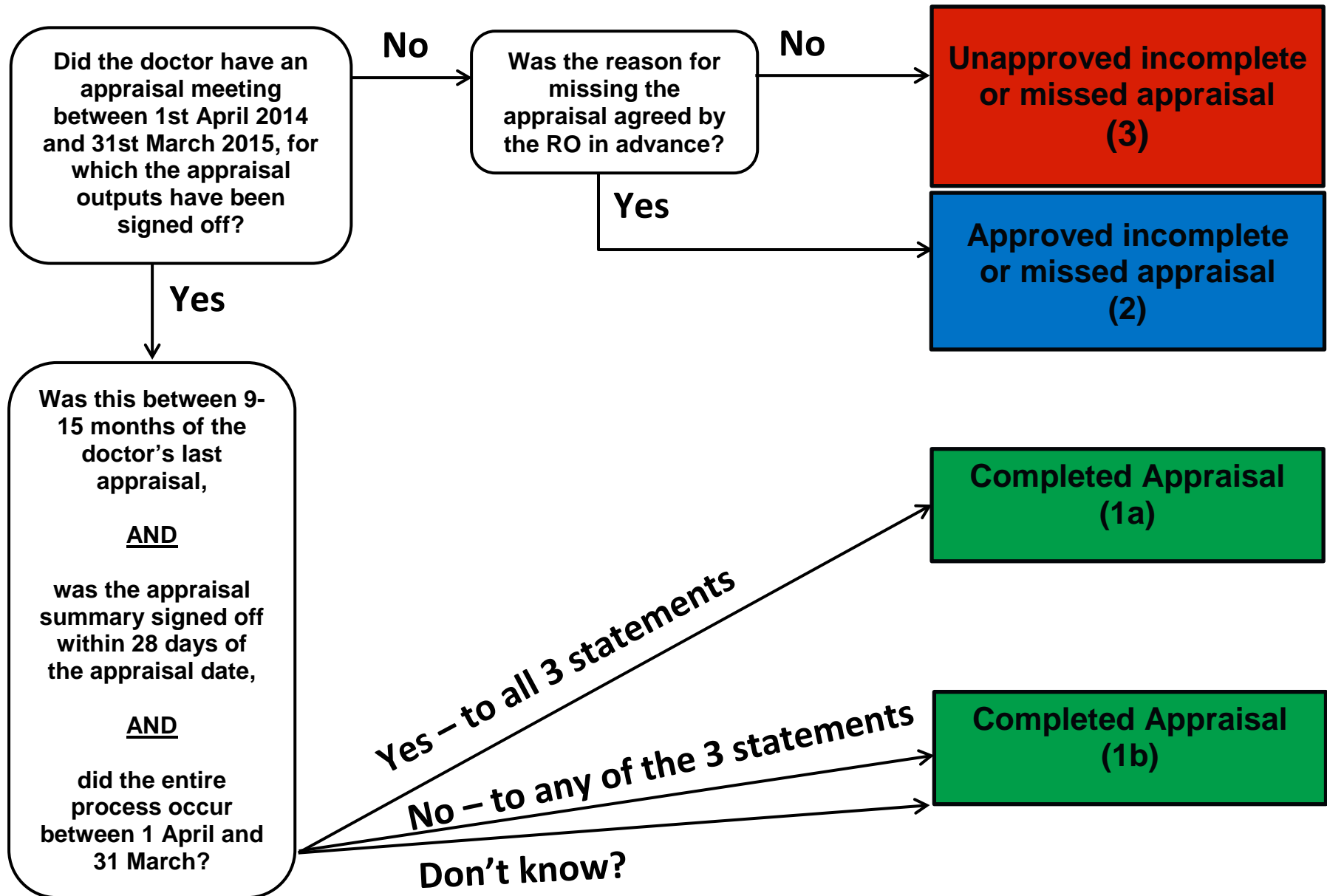
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<p>1.8</p>	<p><b>The responsible officer ensures that accurate records are kept of all relevant information, actions and decisions relating to the responsible officer role.</b></p> <p>The responsible officer records should include appraisal records, fitness to practise evaluations, investigation and management of concerns, processes relating to 'new starters', etc.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1.9</p>	<p><b>The responsible officer ensures that the designated body's medical revalidation policies and procedures are in accordance with equality and diversity legislation.</b></p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> <li>An evaluation of the fairness of the organisation's policies has been performed (for example, an equality impact assessment).</li> </ul>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1.10</p>	<p><b>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.</b></p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> <li>The designated body's board report contains explanations for all missed and late recommendations, and reasons for deferral submissions.</li> </ul>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1.11</p>	<p><b>The governance systems (including clinical governance where appropriate) are subject to external or independent review.</b></p> <p>Most designated bodies will be subject to external or independent review by a regulator. Designated bodies which are healthcare providers are subject to review by the national healthcare regulators (the Care Quality Commission or Monitor). Where designated bodies will not be regulated or overseen by an external regulator (for example locum agencies and organisations which are not healthcare providers), an alternative external or independent review process should be agreed with the higher level responsible officer.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

1.12	<b>The designated body has commissioned or undertaken an independent review* of its processes relating to appraisal and revalidation.</b> <b>(*including peer review, internal audit or an externally commissioned assessment)</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## 4 Section 2 – Appraisal

Section 2		Appraisal					
2.1	IMPORTANT: Only doctors with whom the designated body has a prescribed connection at 31 March 2015 should be included. Where the answer is 'nil' please enter '0'.  See guidance notes on pages 16-18 for assistance completing this table	Number of Prescribed Connections	1a Completed Appraisal (1a)	1b Completed Appraisal (1b)	2 Approved incomplete or missed appraisal (2)	3 Unapproved incomplete or missed appraisal (3)	Total
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).	0	0	0	0	0	0
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).	0	0	0	0	0	0
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	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).	0	0	0	0	0	0
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).	0	0	0	0	0	0
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).	1	1	0	0	0	1
2.1.7	<b>TOTAL</b> (this cell will sum automatically 2.1.1 – 2.1.6).	1	1	0	0	0	1





2.1

**Column - Number of Prescribed Connections:****Number of doctors with whom the designated body has a prescribed connection as at 31 March 2015**

The responsible officer should keep an accurate record of all doctors with whom the designated body has a prescribed connection and must be satisfied that the doctors have correctly identified their prescribed connection. Detailed advice on prescribed connections is contained in the responsible officer regulations and guidance and further advice can be obtained from the GMC and the higher level responsible officer. The categories of doctor relate to current roles and job titles rather than qualifications or previous roles. The number of individual doctors in each category should be entered in this column. Where a doctor has more than one role in the same designated body a decision should be made about which category they belong to, based on the amount of work they do in each role. Each doctor should be included in only one category.

**Column - Measure 1a Completed medical appraisal:**

*A Category 1a completed annual medical appraisal is one where the appraisal meeting has taken place between 9 and 15 months of the date of the last appraisal, 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.*

**Column - Measure 1b Completed medical appraisal:**

*A Category 1b completed annual medical appraisal is one in which 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 appraisal and the doctor, but one or more of the following apply:*

- a period of time of less than 9 months or greater than 15 months from the last appraisal has elapsed;
- the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor between 1 April and 28 April of the following appraisal year;
- the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor more than 28 days after the appraisal meeting.

*However, in the judgement of the responsible officer the appraisal has been satisfactorily completed to the standard required to support an effective revalidation recommendation.*

*Where the organisational information systems of the designated body do not permit the parameters of a Category 1a completed annual medical appraisal to be confirmed with confidence, the appraisal should be counted as a Category 1b completed annual medical appraisal.*

**Column - 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.*

**Column - 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 either a Category 1a or 1b 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.*

**Column Total:**

Total of columns 1a+1b+2+3. The total should be equal to that in the first column (Number of Prescribed Connections), the number of doctors with a prescribed connection to the designated body at 31 March 2015.

2.2	<p><b>Every doctor with a prescribed connection to the designated body with a missed or incomplete medical appraisal has an explanation recorded</b></p> <p>To answer Yes:</p> <ul style="list-style-type: none"> <li>The responsible officer ensures accurate records are kept of all relevant actions and decisions relating to the responsible officer role.</li> <li>The designated body's annual report contains an audit of all missed or incomplete appraisals (approved and unapproved) for the appraisal year 2014/15 including the explanations and agreed postponements.</li> <li>Recommendations and improvements from the audit are enacted.</li> </ul> <p><u>Additional guidance:</u> A missed or incomplete appraisal, whether approved or unapproved, is an important occurrence which could indicate a problem with the designated body's appraisal system or non-engagement with appraisal by an individual doctor which will need to be followed up.</p> <p><u>Measure 2: Approved incomplete or missed appraisal:</u> <i>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.</i></p> <p><u>Measure 3: Unapproved incomplete or missed appraisal:</u> <i>An Unapproved 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, 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.</i></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2.3	<p><b>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)</b></p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> <li>• The policy is compliant with national guidance, such as <i>Good Medical Practice Framework for Appraisal and Revalidation</i> (GMC, 2013), <i>Supporting Information for Appraisal and Revalidation</i> (GMC, 2012), <i>Medical Appraisal Guide</i> (NHS Revalidation Support Team, 2014), <i>The Role of the Responsible Officer: Closing the Gap in Medical Regulation, Responsible Officer Guidance</i> (Department of Health, 2010), <i>Quality Assurance of Medical Appraisers</i> (NHS Revalidation Support Team, 2014).</li> <li>• The policy has been ratified by the designated body's board or an equivalent governance or executive group.</li> </ul>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.4	<p><b>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.</b></p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> <li>• The appraisal inputs comply with the requirements in <i>Supporting Information for Appraisal and Revalidation</i> (GMC, 2012) and <i>Good Medical Practice Framework for Appraisal and Revalidation</i> (GMC, 2013), which are: <ul style="list-style-type: none"> <li>○ Personal information.</li> <li>○ Scope and nature of work.</li> <li>○ Supporting information: <ol style="list-style-type: none"> <li>1. Continuing professional development,</li> <li>2. Quality improvement activity,</li> <li>3. Significant events,</li> <li>4. Feedback from colleagues,</li> <li>5. Feedback from patients,</li> <li>6. Review of complaints and compliments.</li> </ol> </li> <li>○ Review of last year's PDP.</li> <li>○ Achievements, challenges and aspirations.</li> </ul> </li> <li>• The appraisal outputs comply with the requirements in the <i>Medical Appraisal Guide</i> (NHS Revalidation Support Team, 2014) which are: <ul style="list-style-type: none"> <li>○ Summary of appraisal,</li> <li>○ Appraiser's statement,</li> <li>○ Post-appraisal sign-off by doctor and appraiser.</li> </ul> </li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	<p><u>Additional guidance:</u> Quality assurance is an integral part of the role of the responsible officer. The standards for the inputs and outputs of appraisal are detailed in <i>Supporting Information for Appraisal and Revalidation</i> (GMC, 2012), <i>Good Medical Practice Framework for Appraisal and Revalidation</i> (GMC, 2013) and the <i>Medical Appraisal Guide</i> (NHS Revalidation Support Team, 2014) and the responsible officer must be assured that these standards are being met consistently. The methodology for quality assurance should be outlined in the designated body's appraisal policy and include a sampling process. Quality assurance activities can be undertaken by those acting on behalf of the responsible officer with appropriate delegated authority.</p>	
2.5	<p><b>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.</b></p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> <li>• There is a written description within the appraisal policy of the process for ensuring that key items of supporting information are included in the doctor's portfolio and discussed at appraisal.</li> <li>• There is a process in place to ensure that where a request has been made by the responsible officer to include a key item of supporting information in the appraisal portfolio, the appraisal portfolio and summary are checked after completion to ensure this has happened.</li> </ul> <p><u>Additional guidance:</u></p> <p>It is important that issues and concerns about performance or conduct are addressed at the time they arise. The appraisal meeting is not usually the most appropriate setting for dealing with concerns and in most cases these are dealt with outside the appraisal process in a clinical governance setting. Learning by individuals from such events is an important part of resolving concerns and the appraisal meeting is usually the most appropriate setting to ensure this is planned and prioritised.</p> <p>In a small proportion of cases, the responsible officer may therefore wish to ensure certain key items of supporting information are included in the doctor's portfolio and discussed at appraisal so that development needs are identified and addressed. In these circumstances the responsible officer may require the doctor to include certain key items of supporting information in the portfolio for discussion at appraisal and may need to check in the appraisal summary that the discussion has taken place. The method of sharing key items of supporting information should be described in the appraisal policy. It is important that information is shared in compliance with principles of information governance and security. For further detail, see <i>Information Management for Medical Appraisal and Revalidation in England</i> (NHS Revalidation Support Team, 2013).</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2.6	<p><b>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</b></p> <p>To answer 'Yes':</p> <p>The responsible officer ensures that:</p> <ul style="list-style-type: none"> <li>• Medical appraisers are recruited and selected in accordance with national guidance.</li> <li>• In the opinion of the responsible officer, the number of appropriately trained medical appraisers to doctors being appraised is between 1:5 and 1:20.</li> <li>• In the opinion of the responsible officer, the number of trained appraisers is sufficient for the needs of the designated body.</li> </ul> <p><u>Additional guidance:</u></p> <p>It is important that the designated body's appraiser workforce is sufficient to provide the number of appraisals needed each year. This assessment may depend on total number of doctors who have a prescribed connection, geographical spread, speciality spread, conflicts of interest and other factors. Depending on the needs of the designated body, doctors from a variety of backgrounds should be considered for the role of appraiser. This includes locums and salaried general practitioners in primary care settings and staff and associate specialist doctors in secondary care settings. An appropriate specialty mix is important though it is not possible for every doctor to have an appraiser from the same speciality.</p> <p>Appraisers should participate in an initial training programme before starting to perform appraisals. The training for medical appraisers should include:</p> <ul style="list-style-type: none"> <li>• Core appraisal skills and skills required to promote quality improvement and the professional development of the doctor</li> <li>• Skills relating to medical appraisal for revalidation and a clear understanding of how to apply professional judgement in appraisal</li> <li>• Skills that enable the doctor to be an effective appraiser in the setting within which they work, including both local context and any specialty specific elements.</li> </ul> <p>Further guidance on the recruitment and training of medical appraisers is available; see <i>Quality Assurance of Medical Appraisers</i> (NHS Revalidation Support Team, 2014).</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2.7	<p><b>Medical appraisers are supported in their role to calibrate and quality assure their appraisal practice.</b></p> <p>To answer 'Yes':</p> <p>The responsible officer ensures that:</p> <ul style="list-style-type: none"><li>• Medical appraisers have completed a suitable training programme, with core content compliant with national guidance (Quality Assurance of Medical Appraisers), including equality and diversity and information governance, before starting to perform appraisals.</li><li>• All appraisers have access to medical leadership and support.</li><li>• There is a system in place to obtain feedback on the appraisal process from doctors being appraised.</li><li>• 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).</li></ul> <p><u>Additional guidance:</u></p> <p>Further guidance on the support for medical appraisers is available in <i>Quality Assurance of Medical Appraisers</i> (NHS Revalidation Support Team, 2014).</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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## 5 Section 3 – Monitoring Performance and Responding to Concerns

Section 3	Monitoring Performance and Responding to Concerns	
3.1	<p><b>There is a system for monitoring the fitness to practise of doctors with whom the designated body has a prescribed connection.</b></p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> <li>• Relevant information (including clinical outcomes, reports of external reviews of service for example Royal College reviews, governance reviews, Care Quality Commission reports, etc.) is collected to monitor the doctor's fitness to practise and is shared with the doctor for their portfolio.</li> <li>• Relevant information is shared with other organisations in which a doctor works, where necessary.</li> <li>• There is a system for linking complaints, significant events/clinical incidents/SUIs to individual doctors.</li> <li>• Where a doctor is subject to conditions imposed by, or undertakings agreed with the GMC, the responsible officer monitors compliance with those conditions or undertakings.</li> <li>• The responsible officer identifies any issues arising from this information, such as variations in individual performance, and ensures that the designated body takes steps to address such issues.</li> <li>• The quality of the data used to monitor individuals and teams is reviewed.</li> <li>• Advice is taken from GMC employer liaison advisers, National Clinical Assessment Service, local expert resources, specialty and Royal College advisers where appropriate.</li> </ul> <p><u>Additional guidance:</u></p> <p>Where detailed information can be collected which relates to the practice of an individual doctor, it is important to include it in the annual appraisal process. In many situations, due to the nature of the doctor's work, the collection of detailed information which relates directly to the practice of an individual doctor may not be possible. In these situations, team-based or service-level information should be monitored. The types of information available will be dependent on the setting and the role of the doctor and will include clinical outcome data, audit, complaints, significant events and patient safety issues. An explanation should be sought where an indication of outlying</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



	<p>quality or practice is discovered. The information/data used for this purpose should be kept under review so that the most appropriate information is collected and the quality of the data (for example, coding accuracy) is improved.</p> <p>In primary care settings this type of information is not always routinely collected from general practitioners or practices and new arrangements may need to be put in place to ensure the responsible officer receives relevant fitness to practise information. In order to monitor the conduct and fitness to practise of trainees, arrangements will need to be agreed between the local education and training board and the trainee's clinical attachments to ensure relevant information is available in both settings.</p>	
3.2	<p><b>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).</b></p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> <li>A policy for responding to concerns, which complies with the responsible officer regulations, has been ratified by the designated body's board (or an equivalent governance or executive group).</li> </ul> <p><u>Additional guidance:</u></p> <p>It is the responsibility of the responsible officer to respond appropriately when unacceptable variation in individual practice is identified or when concerns exist about the fitness to practise of doctors with whom the designated body has a prescribed connection. The designated body should establish a procedure for initiating and managing investigations.</p> <p>National guidance is available in the following key documents:</p> <ul style="list-style-type: none"> <li><i>Supporting Doctors to Provide Safer Healthcare: Responding to Concerns about a Doctor's Practice</i> (NHS Revalidation Support Team, 2013).</li> <li><i>Maintaining High Professional Standards in the Modern NHS</i> (Department of Health, 2003).</li> <li>The National Health Service (Performers Lists) (England) Regulations 2013.</li> <li><i>How to Conduct a Local Performance Investigation</i> (National Clinical Assessment Service, 2010).</li> </ul> <p>The responsible officer regulations outline the following responsibilities:</p> <ul style="list-style-type: none"> <li>Ensuring that there are formal procedures in place for colleagues to raise concerns.</li> <li>Ensuring there is a process established for initiating and managing investigations of capability, conduct,</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	<p>health and fitness to practise concerns which complies with national guidance, such as <i>How to conduct a local performance investigation</i> (National Clinical Assessment Service, 2010).</p> <ul style="list-style-type: none"> <li>• Ensuring investigators are appropriately qualified.</li> <li>• Ensuring that there is an agreed mechanism for assessing the level of concern that takes into account the risk to patients.</li> <li>• Ensuring all relevant information is taken into account and that factors relating to capability, conduct, health and fitness to practise are considered.</li> <li>• Ensuring that there is a mechanism to seek advice from expert resources, including: GMC employer liaison advisers, the National Clinical Assessment Service, specialty and royal college advisers, regional networks, legal advisers, human resources staff and occupational health.</li> <li>• Taking any steps necessary to protect patients.</li> <li>• Where appropriate, referring a doctor to the GMC.</li> <li>• Where necessary, making a recommendation to the designated body that the doctor should be suspended or have conditions or restrictions placed on their practice.</li> <li>• Sharing relevant information relating to a doctor's fitness to practise with other parties, in particular the new responsible officer should the doctor change their prescribed connection.</li> <li>• Ensuring that a doctor who is subject to these procedures is kept informed about progress and that the doctor's comments are taken into account where appropriate.</li> <li>• Appropriate records are maintained by the responsible officer of all fitness to practise information</li> <li>• Ensuring that appropriate measures are taken to address concerns, including but not limited to:             <ul style="list-style-type: none"> <li>• Requiring the doctor to undergo training or retraining,</li> <li>• Offering rehabilitation services,</li> <li>• Providing opportunities to increase the doctor's work experience,</li> <li>• Addressing any systemic issues within the designated body which may contribute to the concerns identified.</li> </ul> </li> <li>• Ensuring that any necessary further monitoring of the doctor's conduct, performance or fitness to practise is carried out.</li> </ul>	
<p><b>3.3</b></p>	<p><b>The board (or an equivalent governance or executive group) receives an annual report detailing the number and type of concerns and their outcome.</b></p>	<p><input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p>

3.4	<p><b>The designated body has arrangements in place to access sufficient trained case investigators and case managers.</b></p> <p>To answer 'Yes':</p> <p>The responsible officer ensures that:</p> <ul style="list-style-type: none"><li>• Case investigators and case managers are recruited and selected in accordance with national guidance <i>Supporting Doctors to Provide Safer Healthcare, Responding to concerns about a Doctor's Practice</i> (NHS Revalidation Support Team, 2013).</li><li>• Case investigators and case managers have completed a suitable training programme, with essential core content (see guidance documents above).</li><li>• Personnel involved in responding to concerns have sufficient time to undertake their responsibilities</li><li>• Individuals (such as case investigators, case managers) and teams involved in responding to concerns participate in ongoing performance review and training/development activities, to include peer review and calibration (see guidance documents above).</li></ul> <p><u>Additional guidance</u></p> <p>The standards for training for case investigators and case managers are contained in <i>Guidance for Recruiting for the Delivery of Case Investigator Training</i> (NHS Revalidation Support Team, 2014) and <i>Guidance for Recruiting for the Delivery of Case Manager Training</i> (NHS Revalidation Support Team, 2014). Case investigators or case managers may be within the designated body or commissioned externally.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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## 6 Section 4 – Recruitment and Engagement

Section 4	Recruitment and Engagement	
4.1	<p><b>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).</b></p> <p>In situations where the doctor has moved to a new designated body without a contract of employment, or for the provision of services (for example, through membership of a faculty) the information needs to be available to the new responsible officer as soon as possible after the prescribed connection commences. This will usually involve a formal request for information from the previous responsible officer.</p> <p><u>Additional guidance</u></p> <p>The regulations give explicit responsibilities to the responsible officer when a designated body enters into a contract of employment or for the provision of services with a doctor. These responsibilities are to ensure the doctor is sufficiently qualified and experienced to carry out the role. All new doctors are covered under this duty even if the doctor’s prescribed connection remains with another designated body. This applies to locum agency contracts and also to the granting of practising privileges by independent health providers.</p> <p>The prospective responsible officer must:</p> <ul style="list-style-type: none"> <li>• Ensure doctors have qualifications and experience appropriate to the work to be performed,</li> <li>• Ensure that appropriate references are obtained and checked,</li> <li>• Take any steps necessary to verify the identity of doctors,</li> <li>• Ensure that doctors have sufficient knowledge of the English language for the work to be performed, and</li> <li>• For NHS England regional teams, manage admission to the medical performers list in accordance with the regulations.</li> </ul> <p>It is also important that the following information is available:</p> <ul style="list-style-type: none"> <li>• GMC information: fitness to practise investigations, conditions or restrictions, revalidation due date,</li> <li>• Disclosure and Barring Service check (although delays may prevent these being available to the responsible officer before the starting date in every case), and</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	<ul style="list-style-type: none"><li>• Gender and ethnicity data (to monitor fairness and equality; providing this information is not mandatory). It may be helpful to obtain a structured reference from the current responsible officer which complies with GMC guidance on writing references and includes relevant factual information relating to:<ul style="list-style-type: none"><li>• The doctor's competence, performance or conduct,</li><li>• Appraisal dates in the current revalidation cycle, and,</li><li>• Local fitness to practise investigations, local conditions or restrictions on the doctor's practice, unresolved fitness to practise concerns.</li></ul></li></ul> <p>See <i>Good Medical Practice: Supplementary Guidance: Writing References</i> (GMC, 2007) and paragraph 19 of <i>Good Medical Practice</i> (GMC, 2013) for further details.</p>	
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## 7 Section 5 – Comments

Section 5	Comments	
5.1	Only one doctor has a prescribed connection with Yorkshire Ambulance Service NHS Trust at the present time. An appraisal policy needs to be developed for this doctor's involvement with YAS. This will be developed in 2015/16.	

## 8 Reference

### Sources used in preparing this document

1. The Medical Profession (Responsible Officers) Regulations 2010 (Her Majesty's Stationery Office, 2013)
2. The Medical Profession (Responsible Officers) (Amendment) Regulations 2013 (Her Majesty's Stationery Office, 2013)
3. The Medical Act 1983 (Her Majesty's Stationery Office, 1983)
4. *Maintaining High Professional Standards in the Modern NHS* (Department of Health, 2003)
5. The National Health Service (Performers Lists) (England) Regulations 2013
6. *The Role of the Responsible Officer: Closing the Gap in Medical Regulation, Responsible Officer Guidance* (Department of Health, 2010)
7. *Appraisal Guidance for Consultants* (Department of Health, 2001)
8. *Appraisal Guidance for General Practitioners* (Department of Health, 2004)
9. *Revalidation: A Statement of Intent* (GMC and others, 2010)
10. *Good Medical Practice* (GMC, 2013)
11. *Good Medical Practice Framework for Appraisal and Revalidation* (GMC, 2013)
12. *Good Medical Practice: Supplementary Guidance - Writing References* (GMC, 2012)
13. *Guidance on Colleague and Patient Questionnaires* (GMC, 2012)
14. *Supporting Information for Appraisal and Revalidation* (GMC, 2012)
15. *Effective Governance to Support Medical Revalidation: A Handbook for Boards and Governing Bodies* (GMC, 2013)
16. *Making Revalidation Recommendations: The GMC Responsible Officer Protocol – Guide for Responsible Officers* (GMC, 2012)
17. *The Medical Appraisal Guide* (NHS Revalidation Support Team, 2014)
18. *Quality Assurance of Medical Appraisers* (NHS Revalidation Support Team, 2014)
19. *Providing a Professional Appraisal* (NHS Revalidation Support Team, 2012)
20. *Information Management for Medical Appraisal and Revalidation in England* (NHS Revalidation Support Team, 2013)
21. *Supporting Doctors to Provide Safer Healthcare: Responding to Concerns about a Doctor's Practice* (NHS Revalidation Support Team, 2013)
22. *Guidance for Recruiting for the Delivery of Case Investigator Training* (NHS Revalidation Support Team, 2014)
23. *Guidance for Recruiting for the Delivery of Case Manager Training* (NHS Revalidation Support Team, 2014).
24. *Responsible Officer Conflict of Interest or Appearance of Bias: Request to Appoint and Alternative Responsible Officer* (NHS Revalidation Support Team, 2014).
25. *Guide to Independent Sector Appraisal for Doctors Employed by the NHS and Who Have Practising Privileges at Independent Hospitals: Whole Practice Appraisal* (British Medical Association and Independent Healthcare Forum, 2004)
26. *Joint University and NHS Appraisal Scheme for Clinical Academic Staff* (Universities and Colleges Employers Association, 2002)
27. *Preparing for the Introduction of Medical Revalidation: a Guide for Independent Sector Leaders in England* (GMC and Independent Healthcare Advisory Services, 2011)

28. *How to Conduct a Local Performance Investigation* (National Clinical Assessment Service, 2010)
29. *Use of NHS Exclusion and Suspension from Work amongst Doctors and Dentists 2011/12* (National Clinical Assessment Service, 2011)
30. *Return to Practice Guidance* (Academy of Medical Royal Colleges, 2012)