

Report to Trust Board

Date 29th September 2010

Agenda item no 9.3

Title	Medical re-validation
Author	Mr E J Neale
Responsible Director	Medical Director
Purpose	Information
Action required	For Information only
Executive Summary	Attached
Relevant CQC standard/ NHS Constitution pledge	Outcome 12, regulation 21 Outcome 16, regulation 10
Link to strategy/plans	Assurance on quality of medical staff
Impact assessment:	Improvement
- quality	
- financial/business	Largely opportunity costs to support appraisal. Some cost with setting up RO office
- equality/diversity	None
- risk	
- legal/statutory	Legal requirement
- sustainability	
Previous consultation/decision/discussion/	Update on report October 2009 and Medical Director's Report July 2010

Date: 21st September 2010

UPDATE ON REVALIDATION

Introduction

Shortly after coming to power the Coalition Government announced a review of the process for medical revalidation in order to ensure value for money. This review is not yet complete. In parallel the legislation required to put in place the statutory instruments required to support revalidation was also delayed by the General Election and then the summer recess of Parliament. It is, however, anticipated that all legislation to support revalidation will go before Parliament during the current session and although the process required of individual doctors for revalidation may change slightly, the processes required of the organisation are unlikely to and the following document summarises the requirements upon the Trust and individual doctors.

Responsible Officer

The Trust will be required to identify funding for the setting up of a Responsible Officer's office including, if needed, an electronic appraisal system and admin support, as described within the White Paper. The Trust is also required to appoint a Responsible Officer prior to 1st January 2011. It is generally accepted that the role will fall to the Medical Director. However, if it is delegated to another doctor, the post must be appointed in open competition. It is likely that the Responsible Officer will then require external assessment of their competencies, as well as to undergo training for the new role.

Appraisees

The Trust will maintain a list of all doctors employed within the Trust. All those on permanent contracts will be accountable to the Trust's Responsible Officer, whilst the situation for doctors in training grades and rotation is, as yet, unclear. All doctors holding joint contracts with other organisations will be required to identify a single Responsible Officer for the whole of their practice and that Responsible Officer will have to ensure effective communication of information regarding the doctor's practice from other organisations.

As I have already informed the Board, I believe our current medical appraisal system to be now outdated and we will therefore be required to implement a revised appraisal system in line with the requirements of good medical practice and revalidation. The initial suggestions from the revalidation support team were somewhat cumbersome and may be revised in the light of the government review of the revalidation process. Continuance of our current system, however, will not be an option.

Appraisers

The Trust has a number of trained medical appraisers in a number of specialties. Current practice is that an individual can seek appraisal by the appraiser of their choice. Under the new process it is anticipated that appraisal will be undertaken by a trained appraiser within the specialty of the individual or a closely related specialty. As a result, appraiser training will be required in order to ensure high quality appraisal. In addition it is anticipated that there will be sufficiently robust information systems in place to ensure that the quality of appraisal can be objectively reviewed.

Currently appraisal takes place on the anniversary of the Consultant's appointment. However, I believe that we will need to change to appraisal occurring within a particular quarter of the year, so that appraisal and job planning can be aligned for the effective development of meaningful personal objectives.

Conclusion

The process of revalidation for medical staff, although yet to be fully evaluated for cost effectiveness, is likely to begin by the 1st January 2011 with the appointment by each organisation of a Responsible Officer. The Responsible Officer will be accountable to the GMC for a professional assessment of a doctor's ability to continue to provide high quality, safe healthcare. It will be the responsibility of each Board to ensure that appropriate resources and processes are in place to support the Responsible Officer in delivering their role. For Bedford Hospital Trust I would propose that the vehicle for delivery of this process is service line management with each service line being led by an Associate Medical Director who will not only have management and clinical governance responsibilities as now, but also responsibilities for ensuring the provision of enhanced appraisal and revalidation through their service line. Discussions, thus far, on the requirements for service line management have alluded to this process.

E J NEALE FRCOG
Medical Director
20th September 2010