Final Report

Higher Level Responsible Officer Quality Review Visit

Designated body:	Faculty of Public Health
Date:	Wednesday 20 November 2019
Venue:	Faculty of Public Health, 4 St Andrews Place, London NW1 4LB

Attendees		
Maxine Hastings	Regional Revalidation Lead	NHS England (London)
Dr Carol McGrath	Associate Medical Director (Revalidation) and Regional Appraisal Lead	NHS England (London)
Louisa Sanfey	Regional Revalidation Project Support Officer	NHS England (London)
Dr John Woodhouse	Responsible Officer and Medical Director	Faculty of Public Health
Dr Andrew Terrell	Appraisal Lead & Appraiser	Faculty of Public Health
Mr James Gore	CEO	Faculty of Public Health
Mr Julian Ryder	Director of Education, Standards & Advocacy	Faculty of Public Health
Ms Renja Salonen	Revalidation and Workforce Administrator	Faculty of Public Health
Ms Neda Hormozi	Lay Board Member	Faculty of Public Health
Dr Irfan Ghani	Appraiser	Faculty of Public Health
Ms Katie Dee (by telephone)	*Appraiser*	Faculty of Public Health
Dr Fiona Sim (by telephone)	*Appraiser*	Faculty of Public Health

Time	Agenda Item	Suggested Attendees
10:45	*NHS England Pre-Meet*	*NHS England visiting team*
11:00	Introductions and overview of Responsible Officer, Medical Director and Appraisal Lead responsibilities	Responsible Officer, Medical Director, Appraisal Lead, Revalidation Manager
11:30	Review of appraisal, revalidation and governance processes and systems	Responsible Officer, Medical Director, Appraisal Lead, Revalidation Manager
12:00	Review of HR processes	Responsible Officer, Medical Director, Appraisal Lead, Revalidation Manager, HR Manager
12:30	*BREAK*	
12:45	Meeting with Appraisers	Responsible Officer, Medical Director, Appraisal Lead, Revalidation Manager, Appraisers
13:15	Closing discussion and visit summary	Responsible Officer, Medical Director, Appraisal Lead, Revalidation Manager

HLRO Quality Review Visit Report

DESIGNATED BODY:	The Faculty of Public Health
RESPONSIBLE OFFICER:	Dr John Woodhouse
RO GMC Check	GMC No. 2959711 Full registration date: 01 Aug 1985 Registered with a licence to practise; this doctor is on the GP Register (from 31 Mar 2006) and on the Specialist Register (Public health medicine from 12 Jan 1996)
RO Appointed	2014
RO Training Dates	2014
RO Network Attendances	Dr Woodhouse has attended 15 out of 18 London RO Network Meetings held since he became RO and attended and contributed to a number of NHSE North RO sessions as well.

NHS England London Revalidation team would like to thank Dr Woodhouse, Responsible Officer, and his team for their hospitality and openness to discussion with the visiting team.

The visit was conducted on behalf of the Higher Level Responsible Officer (HLRO) Dr Vin Diwakar, to provide him with assurance that the responsible officer (RO) and designated body has appraisal and revalidation systems and processes in place in keeping with 'The Medical Profession (Responsible Officers) Regulations 2010, Amendments 2013'. The purpose of the visit was to identify and disseminate good practice, maintaining and

improving standards of quality and performance, and to provide the RO with support and advice on any appraisal and revalidation issues.

Prior to the visit we were provided with the following relevant policies and information documents as requested to help the panel prepare for the visit:

Annual Organisational Audit	✓
Statement of Compliance	✓
Annual Board report	✓
Quarterly report	✓
External Quality Assurance report (if available)	✓
Never Events Summary (if applicable)	**n/a**
Care Quality Commission Report (if available on CQC website)	**n/a**
Examples of appraisal summaries	✓
Examples of PDPs	✓
Appraisal and revalidation policy	✓
Relevant policies	✓

The Faculty of Public Health (FPH) is a public health association and a registered charity (No. 263894). It is the standard setting body for public health specialists within the United Kingdom, and advocates for public health nationally and globally.

FPH is a non-employer designated body. Members of FPM include both UK and international doctors. There are currently 120 connected doctors.

Responsible Officer (RO)

Dr Woodhouse trained and was appointed as RO in 2014 and has regularly attended RO Network events.

There is a formal agreement in place with the Faculty of Occupational Medicine to provide contingency for the RO in case of absence or conflict of interest. The RO has also built an informal peer network with other ROs for support and advice.

The RO confirmed that the FPH provides appropriate indemnity for his role.

The RO reported that the Board are supportive and responsive to requests. The RO is a Board Observer and attends the Workforce Sub-Committee which provides a quarterly report to the Board. There is lay scrutiny by a Lay Board member.

HR and Registration

Doctors must follow a registration process in order to connect with the designated body. If any doctor connects without having first registered, the Revalidation and Workforce Administrator checks the connection and disconnects if it is not appropriate. If there are any concerns or questions as to whether the connection is appropriate, the RO has a conversation with the doctor concerned.

The Revalidation and Workforce Administrator oversees the registration process. A form is sent requesting the doctor's appraisal and revalidation dates and their GMC number. The MPIT form is sent to the doctor's previous RO.

There are currently 4 Revalidation Subscribers who are not full members of the FPH but are connected to the designated body.

Only 1 of the connected doctors is currently seeing patients. The majority of connected doctors do not see patients.

The RO noted that there is typically a relatively short period between connection and the first appraisal date.

The visiting team recommended that the registration process could be formalised with systems put in place to ensure that checks are robust and provide assurance to the RO. It was recommended that doctors be asked to complete a Clinical Governance Declaration as part of the registration process. It was suggested that currently connected doctors could also be asked to complete the Clinical Governance Declaration as part of a process to update records. It was additionally recommended that any doctor who sees patients or has contact with the public should be asked to provide a copy of their DBS check.

Appraisal Lead and Appraisers

There are currently 12 Appraisers, doing an average of 9.4 appraisals per year, with the range being between 5 to 13 appraisals each per year. The FPH aim to recruit experienced Appraisers who have already been trained, but if necessary the FPH provides Miad training.

Some FPH Appraisers also provide appraisal services elsewhere. The Appraisal Lead noted that while he is able to gain a sense of their other work through informal conversation with the Appraiser, he does not routinely receive feedback or quality assurance from other organisations.

The Appraisal Lead reviews appraisal quality using the ASPAT tool. He noted that the average score is 47.1. This finding was consistent by a recent external review carried out

by Miad. The Appraisal Lead recently reviewed other tools such as Excellence but decided there would be no benefit to switching away from ASPAT. Dr McGrath noted that there is often a benefit in using new tools to bring in a new perspective.

There is an annual Appraiser Development Day which is generally well-attended. The Appraisers fed back that they find the event beneficial and well-organised. The Appraisal Lead reviews common themes across appraisals and identifies areas for further training or discussion. The Appraisal Lead is currently looking at ways to improve providing challenge to Appraisees. He noted that as coaching and mentoring are becoming a greater part of the Appraiser role, he plans to look at ways to include this topic at the next Appraiser Development Day in September 2020. Dr McGrath noted that this would support an improvement in making Appraisers more comfortable with challenge.

The L2P tool is used for Appraisees to complete a post-appraisal questionnaire, with a high response rate of 95%. The Appraisal Lead noted that responses are largely positive, with the most common issue raised being the cost of the process. Appraisers are provided with individual feedback.

The Appraisers fed back that they value working with the diverse pool of Appraisees. The fee received by Appraisers is lower than that provided by some other designated bodies, but the Appraisers felt that this was not an issue as they reported that they enjoy being able to give back to the FPH, they find the work interesting and gain satisfaction from helping people to think more widely about their development needs.

The Appraisers reported feeling well-supported by the Revalidation and Workforce Administrator and by the Appraisal Lead who they felt was welcoming of feedback. As a relatively new Appraiser, Dr Ghani considered that the Appraisal Lead and RO were readily available if support or advice were needed. The Appraisers reported that there is a focus on quality improvement and that appraisals were evidence-led with high quality of reflection compared to their experience of appraising for other organisations.

Appraisal Process

The L2P toolkit is used for appraisals. Pre-appraisal discussions are usually offered to appraisees who are new to appraisal or L2P. These normally take place around 3 months prior to appraisal to allow time for the appraisee to address any issues.

There is a high rate of Technology Assisted Appraisals (around 20%) due to the proportion of overseas doctors. In the past 12 months there were 28 such ‘remote’ appraisals done via telecommunications. The Appraisers noted that face-to-face appraisal is preferred where possible, and that the FPH provides a room for this where available, but that where telecommunications technology has been used they have found it reliable and efficient.

Common issues faced around appraisal include the cost, as many connected doctors are on low incomes. The FPH policy is that appraisal is cost neutral and should provide value for money. Another common issue is illness and carer responsibilities of connected doctors, who tend to be an older demographic.

360 feedback is in the main provided by customers, as the majority of connected doctors do not see patients. The FPH are currently looking at ways to gather feedback from different sources to ensure that it is appropriately varied. There is an issue with commercially sensitive feedback being uploaded to the L2P system for appraisal, which then must be removed post-appraisal.

Revalidation Process

The FPH provides revalidation guidance to all doctors, not only the ones who are connected.

Doctors are not currently notified when they come under notice. The RO writes to doctors in case of positive recommendation. In case of deferral, the RO initially calls the doctor, then follows up with an email to provide an audit trail, setting out expectations and next steps, including the new submission date.

There is an informal policy that 2 in-house appraisals are required in order to revalidate, unless the RO has confidence in the doctor's previous appraisals from another organisation. The decision as to whether to accept previous appraisals is made via a judgement called based on knowledge of the other organisation. Deferral may also be made in cases of illness or personal circumstances.

Doctors receive a welcome pack at registration which includes policy documents and signposts them to the GMC for guidance around revalidation. It was recommended that the RO includes information about the revalidation process and his expectations within the welcome pack.

There are not typically any issues around non-engagement given that doctors pay the FPH for the appraisal and revalidation process, so it is to their benefit to engage. The FPH have a clear stance that non-engagement will not be tolerated.

Revalidation decisions are usually made by the RO alone and there is not currently a Responsible Officer Advisory Group. The RO is considering including information about revalidation decisions within the quarterly Workforce Sub-Committee report to the Board. Maxine Hastings urged further consideration around confidentiality and what data is appropriate to share with that audience.

Policies and Procedures

The RO noted that current policies are fit for purpose but are out-of-date and require review. A plan is in place for the RO and Director of Education, Standards & Advocacy to review policies together. Maxine Hastings advised that policies are the responsibility of the designated body rather than the RO, and that while it would be appropriate for the RO to review any updated policies once completed, they should initially be drafted by a representative of the designated body such as the Director of Education, Standards & Advocacy.

Managing Concerns

The FPH have had 3 serious issues in the past which were managed in accordance with guidance. The Remediation Policy is based on Practitioner Performance Advice (formerly the National Clinical Assessment Service, NCAS).

There is a small cohort of doctors with Approved Practice Settings (APS). The FPH plans to investigate outsourcing support for these doctors as they do not have resource internally.

The FPH do not have any trained Case Investigators and do not have the resources to provide investigation services as part of membership. Doctors are required to pay if an investigation is needed. If any doctor is unwilling or unable to pay the case would be referred to the GMC. If the investigation goes ahead, the FPH would approach the Faculty of Occupational Medicine who have 4 trained Case Investigators in-house.

Lay Representation

Ms Neda Hormozi, Lay Board Member has been involved with the FPH for around 2 and a half years. She views her role as a conduit to the Board for doctors.

Ms Hormozi has had input around the quality of Appraisers' reflections and quality of assessment. She noted that over the last few years quality has improved, with more alignment and specificity.

It was felt that communication could be improved around the various elements of the RO role to ensure that the Board are fully aware of their responsibilities, and to clarify chains of governance.

The Lay Board Member raised the question of harassment and asked whether professions should be doing more to tackle this issue. The FPH is currently looking at the curriculum including around the use and abuse of power. Dr McGrath noted that part of the HLRO

role is around providing a forum to consider ways to improve work cultures and that this is an active discussion.

Summary and Recommendations

Areas of good practice and suggested areas for development are outlined below:

Examples of good practice
The RO is knowledgeable and engaged, displaying a high quality of thinking around the challenges and responsibilities of his role. He consults regularly with peers and colleagues and remains open to new ideas.
There is a high quality standard across the appraisal and revalidation processes. The team of Appraisers are highly committed, led by a forward-thinking Appraisal Lead.
There is impressive teamwork in evidence. The Revalidation and Workforce Administrator provides efficient support to the RO. The visiting team were impressed that the CEO & Lay Board Member attended the meeting, demonstrating a commitment to supporting the RO role at Board level.
Documents provided were comprehensive and of a high standard.

Suggested areas for development
HR and Registration Recommendation to formalise the registration process and implement systems to ensure that checks are robust and provide assurance to the RO. Recommendation that doctors be asked to complete a Clinical Governance Declaration as part of the registration process. Suggestion that currently connected doctors could be asked to complete the Clinical Governance Declaration as part of a process to update records. Recommendation that any doctor who sees patients or has contact with the public should be asked to provide a copy of their DBS check.

Policies and Procedures Recommendation that a representative of the designated body should update policy documents for the RO to review.
Board Suggestion to review communication around the various elements of the RO role to ensure that the Board are fully aware of their responsibilities, and to clarify chains of governance.
Revalidation Recommendation to include information about the revalidation process and the RO's expectations within the welcome pack for all new connected doctors.

References:

ASPAT Tool. The Appraisal Summary and PDP Audit Tool (ASPAT), Annex J (routine appraiser assurance tools) of the revised NHS England Medical Appraisal Policy https://www.england.nhs.uk/medical-revalidation/appraisers/aspat-notes/

NHS England Medical Appraisal Policy: https://www.england.nhs.uk/revalidation/appraisers/app-pol/

Quality assurance of appraisal: guidance notes (NHS England 2016) (Annex J for QA): https://www.england.nhs.uk/revalidation/appraisers/qa-guidance-notes/

Medical appraisal guide (MAG) model appraisal form: https://www.england.nhs.uk/revalidation/appraisers/mag-mod/

Doctor's Medical Appraisal Checklist embedded within the MAG form but also found as a separate document here: https://www.england.nhs.uk/revalidation/doctors/doctors-medical-appraisal-checklist/

Improving the inputs to medical appraisal (NHS England 2016): https://www.england.nhs.uk/revalidation/appraisers/improving-the-inputs-to-medical-appraisal/

Information flows to support medical governance and responsible officer statutory function (2016): https://www.england.nhs.uk/revalidation/ro/info-flows/Medical appraisal logistics handbookhttps://www.england.nhs.uk/revalidation/ro/ma-handbook/

Medical appraisal logistics handbook: https://www.england.nhs.uk/revalidation/ro/ma-handbook/

Appraisal skills training videos: https://www.england.nhs.uk/revalidation/appraisers/video-workshops/ https://www.youtube.com/playlist?list=PL6IQwMACXkj1zbMA27JZs9SgPXOuwgPWm

HEE appraiser workshop resources: https://www.england.nhs.uk/revalidation/appraisers/meetings/hee-resources/

Sir Keith Pearson's independent report, Taking revalidation forward: Improving the process of relicensing for doctors (pdf).

GMC website http://www.gmc-uk.org/doctors/revalidation/9610.asp

NHS England, Conflict of Interest or Appearance of Bias Policy (14th August 2018) https://www.england.nhs.uk/publication/responsible-officer-conflict-of-interest-or-appearance-of-bias/

Framework for Managing Performer Concerns: https://www.england.nhs.uk/wp-content/uploads/2017/04/framework-managing-performer-concerns-v3.pdf