



Revalidation Clinical Governance Policy

December 2021

1. Introduction

Supporting, enhancing and strengthening the process of appraisal for revalidation requires efficient clinical governance and quality improvement systems to be in place.

This document outlines the Faculty of Public Health (FPH) clinical governance policy for those members with a prescribed connection to FPH for the purpose of revalidation.

2. Background

This policy is based on the principals of joint GMC / NHS / System Regulators guidance [Effective clinical governance for the medical profession: A handbook for organisations employing, contracting or overseeing the practice of members](#). It relates to all the FPH functions linked to supporting the appraisal and revalidation of its connected members. The fundamental purpose of this policy is to support safe and effective public health practice, which is consistent with the core purpose of the FPH.

Because the FPH does not provide clinical services, this policy only relates to the role of the FPH as a Designated Body for GMC registrants and a provider of appraisals for UKPHR registrants.

The principles on which this policy is based are:

- Organisations create an environment which delivers effective clinical governance for its members
- Clinical governance processes for members are managed, and monitored to support continuous service improvement and safety
- Safeguards are in place to make sure clinical governance processes for members are fair and free from discrimination and bias

3. Principles

The FPH is a non-employer Designated Body / provider of appraisals. This means that many of the conventional ways of supporting clinical governance are not open to the FPH. The FPH seeks to maintain a triangulated knowledge of the practice of connected and associated members through a rigorous appraisal process and through self-reporting and through wider professional networks. Whilst members are, from time-to-time requested to make a Clinical Governance Declaration, the process is different from the one available to employing organisations. It requires a continued discussion with these members which is founded on a supportive and trust-based relationship.

Members will be supported if they find themselves in the situation of having to express legitimate concerns about the safety of the services in which they work.

The FPH will promote a process of continuous learning amongst all its members including those connected / associated for revalidation purposes. Further details are included in the FPH CPD policy. Additionally, the FPH will promote a process of continuous learning within its own internal processes.

This policy itself is intended to promote a continuous process of learning and improvement. This learning within the FPH will be shared with partner organisations including NHS England, the GMC and the informal group of Non-Employer Responsible Officer (NERO) group.

Safeguards are in place to make sure clinical governance processes for members are fair and free from discrimination and bias, as per the FPH Complaints Procedure.

The FPH is committed to ensuring fairness in relation to equality and diversity. The FPH Board policy is underpinned by ongoing work by the Workforce Standing Committee which includes the FPH role as a Designated Body. The reporting of activity, including complaints and concerns, to the Committee ensures that the actions of the RO are closely scrutinised.

The FPH will appoint a Lead Appraiser who will be responsible for ensuring that appraisers are trained and able to undertake appraisals to an appropriate standard. The Lead Appraiser will undertake annual audits of the adequacy of appraisal outputs and inputs.

The FPH will require that appraisals cover the full scope of practice, including all supporting information provided.

The FPH will ensure that the Medical Practice Information Transfer (MPIT) Form is demanded from a member's previous Designated Body upon registration with the FPH. The MPIT Form will be made available should a member's successor Designated Body request it.

The FPH has a responding to concerns procedure to ensure that the RO is supported in taking appropriate action if there are serious concerns about the safety of a member's practice.

4. Revalidation Management System

FPH will provide members with a prescribed connection to FPH with access to L2P, a Revalidation Management System (RMS), to securely share appraisal documentation and store appraisal summaries and supporting information.

The RMS also ensures that members undergo appraisal at the appropriate time and maintain a high standard of information governance.

A member's appraisal documentation can be accessed by the RO, the Lead Appraiser and the FPH Revalidation Team. All information disclosed as part of appraisal and revalidation is personal data or sensitive personal data and will be used by the RO and FPH only for purposes related to revalidation.

5. Clinical Governance Data

All members connected to FPH for revalidation are not employed by FPH and therefore the RO only has access to limited clinical governance information. To address this issue, the FPH requires connected members to sign a Clinical Governance Declaration. The form confirms that the member is not subject to certain procedures that may indicate a fitness to practice issue. The FPH will request the form upon registration to the revalidation service, and at each appraisal thereafter.

As such, FPH monitors the quality of individual performance, as well as team performance, through the evidence presented at annual appraisal, and responds directly to complaints.

FPH routinely monitors and reviews the GMC's monthly decisions circular which contains details of all fitness to practice actions taken in respect of UK registered doctors.

6. Oversight and scrutiny

The Board of FPH is liable for ensuring a clinical governance procedure is in place to protect the role and responsibilities of FPH as a non-employing Designated Body. Oversight and scrutiny is undertaken by the Workforce Standing Committee, which reports directly to the Board. One of the Lay Board members is tasked with overseeing the governance arrangements in relation to the Designated Body and revalidation roles of the FPH. They are supported in this role by the Registrar and the Responsible Officer.

The Governance of the FPH as a Designated Body is scrutinised through a process of regular reporting to the Workforce Standing Committee, quarterly reporting to NHS England and ongoing monitoring through a Lay Members of the FPH Board being tasked to scrutinise the appraisal and revalidation service.

To meet its duties as a Designated Body the FPH will appoint a Responsible Officer and provide them with adequate resources to undertake their role. Contingency arrangements will be made to ensure continuity were the RO to become unavailable.

The FPH Responsible Officer is responsible for the day-to-day implementation of the clinical governance of members with a prescribed connection to FPH , as well as the quality improvement and quality assurance of the FPH revalidation service. The whole system is subject to the scrutiny of the Workforce Standing Committee.

The FPH Responsible Officer will need to demonstrate yearly to the Registrar that they are competent in their role as RO. This will include an assessment of internal and external audit, a review of activities, proof of appropriate CPD and engagement in annual appraisal.

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