A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex G - Calibration, Consistency, Learning and Best Practice

Supporting responsible officers and designated bodies in providing assurance that they are discharging their statutory responsibilities.

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Description	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.
Cross Reference	The Medical Profession (Responsible Officers) Regulations, 2010 (as amended 2013) and the GMC (Licence to Practise and Revalidation) Regulations 2012
Superseded Docs (if applicable)	Replaces the Revalidation Support Team (RST) Organisational Readiness Self-Assessment (ORSA) process
Action Required	Designated Bodies to receive annual board reports on the implementation of revalidation and submit an annual statement of compliance to their higher level responsible officers. Responsible Officers to submit quarterly and annual returns to their higher level responsible officers in accordance with this guidance.
Timings / Deadline	**From April 2014**
Contact Details for further information	england.revalidation-pmo@nhs.net http://www.england.nhs.uk/revalidation/

Document Status

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Annex G – Calibration, Consistency, Learning and Best Practice

Introduction

A fundamental principle of medical revalidation is that the systems and processes in place in any given designated body meet nationally agreed standards of compliance, rigour and consistency. However, meeting such standards alone is not the only component of a comprehensive approach to quality assurance. This annex describes some of the mechanisms for driving consistency, whilst also sharing best practice, experience and improving the quality of the systems and mechanisms underpinning revalidation, ultimately leading to improving patient safety and quality of care. These include:

1. Responsible Officer Training;
2. Responsible Officer Networks – a Blueprint;
3. Quality Assurance of Medical Appraisers (QAMA);
4. Appraiser networks; and
5. Case investigator and case manager networks

1. Responsible Officer Training

There are agreed processes in place to ensure that the all responsible officers are trained to a single national standard, to drive consistency in their decision making. These processes include:

1.1. Agreed levels of competency for responsible officers

The competency levels for responsible officers are set out in the responsible officer regulations, GMC guidance and responsible officer guidance. It is summarised in the framework for quality assurance's core standards:

- A responsible officer must, at the time of appointment, be registered and licensed and must have been fully registered for the previous five years. This means they must have held a licence to practise from the time they were introduced on 3 December 2012. They must continue to be registered and licensed throughout the time that they hold the role of responsible officer.

- In England, responsible officers should also complete the nationally agreed introductory training programme for responsible officers as soon as possible after appointment. The e-learning package available for responsible officers through regional teams should be completed within one month of appointment, full attendance at the responsible officer training event is required within 12 months of appointment

Should the higher level responsible officer or GMC become aware of circumstances that would lead to a loss of confidence in a particular responsible officer or a designated body, recommendations from that responsible officer will not be accepted.

1.2. Introductory training for newly appointed responsible officers

NHS England south region co-ordinates training for newly appointed responsible officers. Details on both the training and a full list of dates and venues of responsible officer networks, including registration details, can be found on the NHS England website[1].

An e-learning package is available in advance of training; access details can be provided for all newly appointed responsible officers. This provides basic information on the role and responsibilities of the responsible officer and provides an understanding of the role and help in carrying out the duties in advance of the formal training.

The cost of the e-learning package includes up to 3 licenses for each designated body so that the newly appointed responsible officer and appropriate members of his or her team access the training. All costs relating to training are to be paid for by the designated body.

1.3. Consistent and high standards set for all responsible officer training

NHS England south and London regional revalidation teams have updated and consolidated the original training materials (developed by RST) to ensure that they are up to date. NHS England south region holds the master copy of the training and all NHS England responsible officer training uses these materials.

In order to drive a consistent approach to revalidation across the UK, ensuring systems and processes are shared, every responsible officer in England (and their teams) is welcome to attend NHS England's responsible officer training.

Throughout 2013/14 and 2014/15, a single training provider has been commissioned to provide the training. Consistency in the trainers carrying out the training is commissioned, with any changes being agreed with NHS England south regional revalidation team.

Training feedback forms are collected and amendments made to the training materials as appropriate. A member of the NHS England south regional revalidation team also attends each training event to ensure that the quality of training provision is maintained.

[1] http://www.england.nhs.net/revalidation/

2. Responsible Officer Networks – the Blueprint

In January 2013 this Blueprint was published to provide a structure for all responsible officer networks throughout England, to ensure that every responsible officer had access to a similarly formatted meeting at which they could calibrate their approach, thinking, decision-making and thresholds for intervention.

2.1 The Responsible Officer Network Blueprint

The responsible officer plays a pivotal role in assuring and improving the quality and safety of clinical care throughout every healthcare organisation in England. Whilst the responsible officer does have a key role in making revalidation recommendations on doctors' continuing fitness to practise in the roles in which they are employed, this is but a small part of the wider role in clinical governance, patient safety and quality improvement. Sitting astride the interface between medical regulatory process and organisational systems of clinical governance, responsible officers face a range of complex issues, which at times pose a challenge to even the most experienced of medical managers.

Networks for responsible officers are to provide:

- support to responsible officers taking on what at the time was a new role
- opportunities for responsible officers to agree approaches, working towards convergence of thinking on the role
- an environment in which responsible officers were able to compare the steps taken towards making a recommendation to the GMC with those of their responsible officer colleagues.

It is clear that responsible officers will play a major role in overall quality assurance of the systems underpinning revalidation across the entire system. It is also essential that the responsible officer function itself is similarly subject to robust quality assurance. To achieve this it is essential that all responsible officer networks are operated to a single, consistent model, to provide a framework within which convergence and consistency, both of approach and of decision-making can be achieved. Going forward, therefore, responsible officer networks will address all the wider aspects of the responsible officer role, rather than being restricted to the revalidation recommendation alone.

Quality assurance of the responsible officer function will be achieved through:

- active calibration of thresholds for intervention, decisions and recommendations, through sharing of experience and confidential case discussion
- improved information sharing and two-way communication
- generation and sharing of solutions and good practice
- processes of cross-sector peer review, buddying and mentoring

- continuing professional development
- access to regional and national insight and expertise
- practical support for individual responsible officers and their teams

The Responsible Officer Network Blueprint provides a specification, for each of the responsible officer networks (Appendix 1). All networks should follow this blueprint, to enable comparison and collaboration across geography and sector, whilst offering a wide choice of dates and venues to facilitate attendance for every responsible officer.

2.2 Attendance

Responsible officers are expected to attend and engage actively in four network meetings each year, at quarterly intervals. To provide patients, the public, colleagues and organisations with an assurance that the revalidation process is both rigorous and fair, NHS England has stipulated a minimum attendance and active engagement for each responsible officer at 75% of the quarterly meetings. Each regional team will run network meetings on a range of dates and venues, each quarter. Responsible officers are very welcome to attend network meetings in regions/areas other than their 'home patch'. Indeed this is positively encouraged to increase the level of cross-reference with approaches across the regions.

Active engagement in the responsible officer network enables the responsible officer to demonstrate that they are taking steps to ensure their approaches, thresholds, decisions and recommendations are consistent with those of their peers. Active participation should also fulfil the responsible officer's needs for continuing professional development. If the responsible officer chooses not to engage in network activities, he or she will need to demonstrate personal participation in equivalent learning, development, calibration and quality assurance activities.

2.3 Outputs

Issues arising from responsible officer network meetings should be fed into regional meetings of the revalidation teams, to Area Team medical directors meetings and, if appropriate, escalated to NHS England Responsible Officer Calibration Operational Network (ROCON) and NHS England Revalidation Programme Board (RPB) for national level information sharing and discussion.

The Responsible Officer Network Blueprint is provided in Appendix 1.

3. **Quality Assurance of Medical Appraisers (QAMA);** Engagement, training and **assurance of medical appraisers in England and Quality Assurance of Medical Appraisers: Appendices (RST, 2014)**

Link: http://www.england.nhs.uk/revalidation/appraisers/

The guidance is aimed at responsible officers and those who are responsible for designing training and managing appraisal systems to support revalidation. It provides a practical framework for assuring the quality of the medical appraiser workforce including advice on:

- recruitment and selection of appraisers
- training of medical appraisers
- support and review of medical appraisers

The guidance outlines specifications for the engagement and training of medical appraisers and methods by which their performance in the role can be assured. This document is supported by a number of appendices, which are included in a separate document and provide a number of useful tools including:

QAMA, Appendix 1 Core elements of a specification for medical appraisal

QAMA, Appendix 2 Medical appraiser specification

QAMA, Appendix 3 Competency framework for medical appraisers

QAMA, Appendix 4 Medical appraiser competency self-assessment tool

QAMA, Appendix 5 Sample medical appraisal feedback questionnaire

QAMA, Appendix 6 Methods of assessment of medical appraisers

4. Appraisal Networks

There are 162,000 doctors in England working across approximately 800 designated bodies, all of whom require a medical appraisal each year. These appraisals are carried out by a community of an estimated 10,000 medical appraisers, each of whom has been trained to an agreed national standard. Assuring that a doctor will undergo a recognisably consistent and effective appraisal, regardless of the designated body to which they have a prescribed connection, is a significant challenge.

The model for responsible officer networking is proving to be an effective means of encouraging consistency and helping responsible officers to calibrate their decision-making. NHS England is therefore establishing similar appraiser networks at local, regional and national levels.

4.1. Clinical Appraisal Leads

Every designated body should consider the benefit of naming a clinical appraisal lead. The essence of the role is to:

- manage the medical appraiser workforce
- lead the implementation of the appraisal policy, and
- lead quality assurance of appraisal.

The NHS England structure currently identifies a position, accountable to each Medical Director (Responsible Officer) of either Deputy Director or Assistant Director with responsibility for revalidation. The clinical appraisal lead will account to the relevant responsible officer, through the relevant Deputy/Assistant Director, where appropriate.

4.2. All England Appraisal Network

During 2014/15, it is intended that a network for appraisal leads is established in parallel with the responsible officer networks. This will operate at national, regional and local levels, bringing together clinical appraisal leads from every designated body in England:

National appraisal network

This will be led by the NHS England national clinical appraisal lead. Core membership will comprise: the four NHS England regional clinical appraisal leads, and the clinical appraisal leads from other delivery partners including: NHS Litigation Authority (NHS LA), NHS Trust Development Authority (NHS TDA), Health Education England (HEE) and DH.

Members of this group will coordinate inputs from their respective networks to feed into the NHS England Revalidation Programme Board (through ROCON) and from there to the England Revalidation Implementation Board informing the UK revalidation implementation advisory board (A governance structure is available at http://www.england.nhs.uk/revalidation/).

Regional appraisal network

It is intended that there will be four regional appraisal networks, each led by a regional clinical appraisal lead. Core membership will comprise: the 27 regional area team clinical appraisal leads, the 300 or so non-NHS clinical appraisal leads and the approximately 250 other NHS clinical appraisal leads. Members of this group will coordinate inputs from their respective networks, and feed into the national appraisal network.

Local appraisal network

Individual clinical appraisal leads will be expected to organise local appraisal network meetings for their appraiser workforce. The arrangements for this will vary but principles will need to be established that are common to all. These will include agreement about expectations for attendance by appraisers, and agreement that the local appraisal network meeting will follow an agreed blueprint. It is expected that in many places these meetings will follow the same pattern that has evolved locally.

It may become necessary to consider what arrangements might be necessary to support appraisal network meetings in very small designated bodies, and whether, for example, it is possible for the local appraisal networks of larger designated bodies or area teams to open their doors to appraisers from smaller designated bodies.

4.3. Blueprint for Medical Appraiser Networks

It is suggested that appraisal network meetings will take the following format at local/regional meetings:

1. A two-way information sharing session, to include general updates and time for questions and answers. Slides and notes will be circulated to the network
2. A 'Bring and Borrow' session for clinical appraisal leads/appraisers, focussed on a specific topic each meeting, in which aspects handled well are presented (brought) and areas on which help and advice is sought are raised with the network (borrowed). Through this mechanism, appraisal best practice is identified and shared. All clinical appraisal leads should participate in this session bringing cases and enquiries when requested
3. Calibration/peer review of clinical appraisal lead/appraiser decision-making:

- a closed confidential forum for clinical appraisal leads/appraisers.
- calibration will be achieved by, for example scenario discussion and case discussion
- peer review will be achieved , for example, by structured review of an appraisal system, an audit of portfolios or appraisal output documentation.

It is essential that the appraisal networks cover each of these three elements so that clinical appraisal leads and appraisers throughout England are provided with similar opportunity to share, learn and calibrate both their approach and their decision-making.

5. Case Investigator and Case Manager networking - proposed

Following a national training programme for case investigators and case managers (approximately 1,200 and 550 respectively), there is an intention to establish local, regional and national networking arrangements for all those involved in the responding to concerns process, in parallel with the networking arrangements for responsible officers and clinical appraisal leads. The aim is to provide a regular opportunity for experiences and learning to be shared through face-to-face discussion; driving consistency of decision-making and thresholds for intervention and to ensure that individuals involved in these roles have the opportunity to connect and communicate widely.

5.1. England-wide networking opportunities

The current training materials will be reviewed during 2014/2015 and plans will be developed for a continued offering for case investigator and case manager training. As a result of the training a large resource library has been developed (held by NHS England) which provides a key resource for case investigators.

Many of those who have attended training have identified a willingness to support other designated bodies who do not have the capacity or resources to carry out investigations locally. A list of these investigators will held by NHS England regional revalidation teams and will provide a resource to designated bodies needing to identify a suitable case investigator or case manager.

Appendix 1 - Responsible Officer Network Blueprint

Network meetings

To be successful and retain credibility, these sessions will need:

- leadership: network meetings should be chaired by the regional responsible officer or deputy, who will provide visible and clear leadership;
- design and planning: all meetings should follow the nationally agreed format, described in this document;
- expertise: the networks should provide responsible officers with the opportunity to ask advice from a range of expert sources, depending upon subject matter, and may include the regional responsible officer, deputies and team, GMC employer liaison adviser, human resources expert, NCAS advise;
- wider engagement: depending on the topics to be covered the meeting may also include representatives of patients and the public;
- management and administrative support: including logistics, event management; and
- skilled facilitation: the peer review section of the meeting will require expert handling, ensuring that a confidential environment is created to allow responsible officers to share details of cases, their approach to resolving issues and the outcome.

Network events will be:

- held every 3 months, with dates set well in advance to ensure optimal attendance.
- located at easily accessible venues, given the local geography
- of at least 3 hours in duration
- chaired by the regional responsible officer or their deputy
- funded and supported by the regional responsible officer's team
- open for responsible officers and their deputies from all sectors
- open to responsible officers from other areas and regions as well as for responsible officers who connect to the Department of Health
- structured to enable the update section as open to all, but with the peer review section restricted to responsible officers, their deputies and those in decision-making roles
- supported by the NHS England national programme management office and regional revalidation team

It is expected that meetings will take the following format:

1. An information sharing session, to include general updates and time for questions and answers. Slides and notes will be circulated to the network
2. A 'Bring and Borrow' session for responsible officers, focussed on a specific topic each meeting, in which aspects handled well are presented (brought) and areas on which help and advice is sought are raised with the network (borrowed). Through this mechanism, responsible officer best practice is identified and shared. All responsible officers should participate in this session bringing cases and enquiries when requested
3. Calibration/peer review of responsible officer decision-making:
    - a closed confidential forum for responsible officers their deputies and those in decision-making roles.
    - notes of the emerging themes will be taken but no case-specific material will be retained
    - calibration will be achieved by the following network activities:
        - scenario discussion: scenarios are created which illustrate key areas for discussion and calibration
        - case discussion: presentation of a difficult case or issue by one of the responsible officers with a discussion of the options or the approach taken
        - peer review: a structured review by peers of an appraisal system, an audit of portfolios or recommendations (for example deferrals), case review (for example a case of non-engagement)

It is essential that the responsible officer networks cover each of these 3 elements - and that responsible officers in each region are provided with the opportunity to share, learn and calibrate both their approach and their decision-making.