



NHS England's National Report to Ministers on the Responsible Officer Regulations and Medical Revalidation, 2016/17

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Medical	Operations and Information	Specialised Commissioning
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Publications Gateway Reference:**07362**

Document Purpose	Report
Document Name	NHS England's National Report to Ministers on the Responsible Officer's Regulations and Medical Revalidation, 2016/17
Author	NHS England, Professional Standards team
Publication Date	27 October 2017
Target Audience	Foundation Trust CEs , Medical Directors, NHS Trust Board Chairs, NHS England Regional Directors, Directors of HR, NHS Trust CEs
Additional Circulation List	
Description	The National Report is a routine annual summary of the implementation and management of the Responsible Officer regulations as they relate to the healthcare organisations (821) and doctors (135,446) that connect to NHS England's National Medical Director
Cross Reference	Senior Responsible Owner's Report 2013/14, Senior Responsible Owner's Report 2014/15 & Senior Responsible Owners
Superseded Docs (if applicable)	N/A
Action Required	N/A
Timing / Deadlines (if applicable)	N/A
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Document Status

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Audit of the Implementation of the Medical Profession (Responsible Officer) Regulations (2010 and 2013 amendments)

NHS England's National Report to Ministers on the Responsible Officer Regulations and Medical Revalidation, 2016/17

Version number: 1.0

First published: 2016

Prepared by: Lynda Norton

Classification: (OFFICIAL)

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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1 Foreword

Medical revalidation provides doctors with a way to demonstrate their skills are up to date, that they are fit to practice in their chosen field and that they are able to provide a good level of care. It also gives confidence to patients and the public that doctors are being regularly checked by their employers and the General Medical Council.

NHS England published its first report on the implementation of medical revalidation in 2014 and since then has reported annually on the progress that has been made over this first ever cycle of revalidation. The point has now been reached where the great majority of doctors have experienced revalidation and for many this has brought a sense of pride through positive re-affirmation of their professional skills and standing.

At the beginning of this year Sir Keith Pearson published his review of revalidation which identified many areas of success and a growing confidence in the process that has been established over the past few years. His report rightly identifies areas where more progress is needed and challenges the NHS to demonstrate the value this change is bringing to the medical profession, the organisations in which we work and the patients we serve. NHS England continues to contribute to this work in partnership with the GMC alongside a range of stakeholders and colleagues in Scotland, Wales and Northern Ireland. An action plan has recently been published which addresses the Pearson report's recommendations and the actions taken by all to address these. The plan, published in July 2017, can be accessed via the following link:

<http://www.gmc-uk.org/news/31149.asp>

This report provides a rich source of data on the complexities of healthcare provision in England, not only within the NHS, but in the independent sector, voluntary sector, locum agencies and government bodies. As with previous reports, it also demonstrates an increase in the number of organisations designated under the Medical Profession (Responsible Officer) Regulations 2010 and subsequent amendments ('the Regulations'), as well as the number of doctors with prescribed connections to these organisations. At the core of successful revalidation is good systems of appraisal which support doctors to reflect on their practice informed by their learning, outcomes and feedback. As in previous years, appraisal rates continue to climb in all sectors.

Reflecting over the last five-year cycle, I would like to express my thanks to responsible officers, to patient groups and to other stakeholders for their dedication to medical revalidation since it was introduced. I hope that by continuing to work together, medical revalidation will remain an important and valuable contribution to improving the quality and safety of care for patients.

Dr Mike Prentice



Regional Medical Director (North)
Chair of the Professional Standards Oversight Group, NHS England

2. Executive summary

2.1 Context

Working jointly with revalidation teams based in NHS England's central and regional offices, all 821 of the organisations designated and required to appoint a responsible officer (RO) responded to the Annual Organisational Audit (AOA) this year.

The AOAs predecessor was the Organisational Readiness Self-Assessment (ORSA) which collected data from 2011 to 2013.

This is the first time the AOA, which is an element of the Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation, achieved a 100% response rate.

The data received from the AOA, covering the period from 1 April 2016 to 31 March 2017, is presented in this report. The findings, described in the 25 figures and tables provide evidence that systems are embedded, and operational, to assure that doctors are up to date and fit to practise.

The data also provides a level of assurance to patients and the public, who have a major interest in the consistency of the processes supporting medical revalidation; to doctors, ROs and the organisations in which they work; to higher-level ROs in regions, the General Medical Council (GMC) and ministers on the value that medical revalidation brings.

2.2 Key findings

The key findings from the 16/17 AOA, both from a national and regional perspective, include:

National:

- The number of designated bodies continues to increase, as seen in Figure 1, with 51 more than last year.
- The excellent level of engagement by ROs and their teams in the AOA exercise is evident in the number of survey responses received (100%).
- Although the number of doctors with a prescribed connection to a designated body continues to rise – 4,331 more than last year - the increase this year is not as high as last year's increase of 7,100.
- 96.6% of all designated bodies feel that their appraisers are being sufficiently supported in their role. This is an increase from last year.
- The number of ROs that have arrangements in place to access sufficient trained case investigators and case managers has increased from 92.2% to 93.2% over the last year.

- The number of bodies reporting that they are quality assuring their appraisals continues to rise from 95.2% (2014-15) to 96.9% (2015-16) and to 97.6% (2016-17).

North Region:

- 100% of the 148 designated bodies connected to NHS England North completed the Annual Organisational Audit in 16/17.
- The delivery of a programme of RO and medical appraisal leads networks: a quarterly programme of reviews within four geographies. The programme has continuously improved the process of sharing updates across the network of 148 designated bodies and, perhaps more importantly, increased the opportunities for calibration, sharing insights and the consideration of topical issues highlighted by the RO and their medical appraisal leadership team. 90% of ROs attended two or more networks during 2016/17.
- To maximise opportunities, the above programme was complemented by two 'RO and their teams' networking events in the early spring (one in the West and one in the East of the Pennines). Excellent feedback was received from those who attended with a high level of designated body participation.
- Delivery of the Regional Medical Appraisal programme - feedback from ROs and doctors who have had an appraisal demonstrates that they value both the programme and the skills of the cohort of regional medical appraisers.
- Consistent with the approach described above, the process for quality reviews involves two steps - an initial desktop review to consider the delivery of the RO function by all of the north's 148 designated bodies as well as other relevant information as appropriate, including:
 - participation at networks;
 - the relationship with ROs and their teams; and
 - information about the medical governance of the organisation provided, for example, by CQC
- The second step involves a programme of quality reviews, which within the focus of constructive enquiry, aims to clarify the relevant areas under review. The approach is to celebrate good practice and to support the development of a plan that empowers the designated body to address appropriate actions. The feedback received from designated bodies that have had a quality review visit remains positive and the impact is reflected in the almost universal delivery of their individual action plans.
- The most significant achievement in the north, facilitated by the above and other interactions, is the good relationship established with ROs and their teams. As a result, areas of weakness or ambiguity are shared; this is particularly demonstrated within the programme of networks where resources will share areas of uncertainty within a supported and constructive environment. This

demonstrates the effective blending of leadership and assurance roles and the utilisation, where possible, of the early identification of issues at a point when they are most easily and effectively addressed.

Midlands & East Region:

- 100% of the 250 designated bodies connected to Midlands and East completed the Annual Organisational Audit in 16/17.
- 33,332 doctors were connected through ROs to the Midlands and East Higher Level RO, a 3.6% increase from 15/16 and a 7.9% increase since 13/14.
- There was a 13% increase in the number of connected designated bodies.
- In Midlands and East, 60% of designated bodies (up from 55% last year) have less than 10 prescribed connections and thus account for only 1.25% of all the connected doctors within the region. In order to support these organisations the Midlands and East has established a new network for Small Designated Bodies.
- The percentage of trained doctors with a prescribed connection within Midlands and East who have completed a medical appraisal has increased this year to 91.3% (from 89.4% last year). The national rate is 90.7%. There continue to be cohorts of doctors with lower appraisal rates, particularly those employed on a temporary or short term basis – although the overall trend continues upward.
- The Midlands and East RO revalidated one doctor in 16/17 and expects to revalidate a further six in 17/18. In 18/19 this will increase to more than 80.
- Midlands and East have a high number of locum agencies connected at the regional level. All locum agencies connected via a Midlands and East RO have previously been reviewed. Higher Level RO Quality Reviews of locum agencies have been prioritised.
- Consistent application of the RO framework and sharing good practice was supported through the Annual Regional Revalidation Conference, mid-year sub-Regional Network meetings (held in three locations) and the seven Higher Level RO Quality Reviews carried out in 2016/17.
- 99.9% of designated bodies in Midlands and East reported that they were able to access sufficient trained case investigators and case managers compared to 94% last year. The national figure is 93.2%.
- The Midlands and East opened 10 new cases at the HLRO Performance Management Group and closed six in 16/17. One case involved a significant lookback exercise, led by Midlands and East but covering other regions.

London Region:

- There has been excellent engagement with ROs and their appraisal leads.
- The average total of attendees at each quarterly series of network meetings was 120, including ROs, appraisal leads, HR and clinical governance leads and revalidation managers.

- A European Clinics group for sharing good practice with responsible officers, managers, administrators of approximately 13 designated bodies providing healthcare to their respective national communities in London (e.g. Polish, Japanese, Lithuanian, and French) has been set up. London CQC inspectors attend to provide additional advice and support regarding compliance with their regulations.
- Working closely with designated bodies, the ROs and their appraisal and revalidation management teams through the Higher Level RO quality review visits (previously known as Independent Verification visits) the team has visited 83 designated bodies up to March 2017 and a planned programme is in place to visit all 236 all organisations by 2018/19.
- Since 2013 the London Higher Level RO has made 85 recommendations, of which there were 68 revalidation recommendations and 17 deferrals.
- There has been an increase in the appraisal rate to 98.6% from the previous year's rate of 96.5%, which is a trend noted by the four NHS England regions.
- A buddying system for the ROs to share best practice in the designated bodies, to work through areas of concern and areas in need of improvement has been put into practice.
- 100% of the 236 designated bodies in the London region submitted a completed annual organisational audit (AOA) for 2016/17.
- A total nationally of 268 attended RO training. Of these 230 were medical staff and 38 were in other non-medical roles, supporting the RO function. The continued development of the RO training programme is led by the south regional team with facilitator support from other regional teams.
- Collaborating and contributing to the three London Local Office "Lean" project work of the Once for London Group. This aims to streamline processes and promotes collaborative working across the region.
- The regional revalidation team have collaborated with the London local office teams who have introduced a Pan London Revalidation Discussion panel. This provides opportunity to discuss complex revalidation decisions, regional benchmarking and problem solving as well as sharing good practice across the three London local offices.
- The appraisal lead leadership and development days now run quarterly across the regions.
- The NHS England London Associate Medical Director has contributed to national guidance documents and work streams such as the responding to concerns work in progress and is also leading on the national locum and short term doctors work stream.

- This year a new NHS England London Higher Level RO/Regional Medical Director was appointed and he has reviewed governance structures supporting the London regional revalidation team.
- The NHS England London Associate Medical Director (Revalidation) and Regional Appraisal Lead is leading on a national locum and short term doctors work stream

South Region:

The NHS England South region revalidation team has 167 designated bodies with a prescribed connection and 114 ROs. Key achievements in 2016/17 include:

- An increase in the appraisal rate to 91.6% from the previous year's rate of 87.5%, for designated bodies in the south region. The 2016/17 rate in the south is above the national rate which is 90.7%.
- An average total of 120 attendees at each quarterly series of network meetings, including ROs, appraisal leads, human resources and clinical governance leads and revalidation managers.
- 100% of the 167 designated bodies in the south region submitted a completed annual organisational audit (AOA) for 2016/17.
- A total nationally of 268 attended responsible officer training. Of these 230 were medical staff and 38 were in other non-medical roles, supporting the RO function. The continued development of the RO training programme is led by the south regional team.
- Continued development of consistency across the south region local offices which achieved a 96% appraisal rate.
- Continued support from the south regional team for the local offices in their involvement in nationally lead work on the development of the Revalidation Management System (RMS) and the roll out of the Lightning ARC system for concerns and performance case management.
- Enabling national progress with work on responding to concerns about doctors, supporting ROs to take appropriate action. Including Work included the development of new guidance and organising a forthcoming national event.
- Extending patient and public involvement within the regional team's function and supporting designated bodies with patient and public involvement.
- Supporting the ongoing development of consistency and sharing good practice through quarterly network meetings held in three locations and the 24 Higher Level RO Quality Reviews carried out in 2016/17.

2.3 Conclusion and next steps

This report primarily presents the data gathered in the May 2017 AOA exercise and also demonstrates that substantial progress continues to be made in strengthening structures and provides assurance about the continuing sustainability of its processes.

The AOA is complemented by two other components of the FQA:

- a quarterly reporting process, giving information on the trends in designated body activity, particularly on rates of appraisal; and
- a quality review of the information submitted by designated bodies, which involves scrutiny of systems and site visits where appropriate.

The data provided by the audit enables NHS England revalidation teams to focus support where it is most needed. Improvements continue to be made in clinical governance and the quality of appraisals to support the recommendations.

The RO Regulations will support this quality improvement by ensuring the provision of processes to:

- monitor the quality of a doctor's performance;
- handle concerns about a doctor;
- undertake appropriate employment checks; and
- provide an effective appraisal system.

These therefore provide statutory reinforcement to clinical governance. This additional lever for continuous quality improvement, led by ROs, presents a major opportunity to gain additional benefits in quality of care for patients.

ROs are also well positioned to play a vital leadership role as the new models of care set out in the Five Year Forward View take shape. As senior doctors who hold the statutory duty to ensure the support and supervision of the medical profession, they will do so by safeguarding and promoting quality in the new service and by supporting and engaging doctors as they adapt to new ways of working. By these means ROs will reinforce the credibility of the new models of care, which in turn will support their sustainability.

This year's results confirm that processes supporting the mechanics of revalidation are well-established and functioning properly. The challenge for the coming years is to develop monitoring processes to prompt and confirm that there now follows an increasing focus on achieving improvements to quality and safety of care. To this end the Framework for Quality Assurance is being refreshed. Within this, the AOA will remain in its current format, but a number of new indicators will test the degree to which designated bodies are achieving increasing quality in the areas of governance, appraisal and responding to concerns.

3 Methodology

The AOA exercise was coordinated by NHS England's Professional Standards team in collaboration with the regional revalidation teams. Data collection took place between 3 April and 2 June 2017 using the end of year AOA questionnaire 2016-17 (appendix 1). The questionnaire was based on key indicators relating to the statutory responsibilities set out in the Medical Profession (Responsible Officer) Regulations 2010, the amendments of 2013 and the associated guidance.

ROs were invited to complete the questionnaire on behalf of their designated bodies. It was recommended that the ROs present the report to the organisation's board, appropriate governance or executive group, to ensure a corporate understanding of the current degree of progress and statutory responsibilities.

The AOA was gathered via an electronic form with results being automatically submitted to a central database. Regional revalidation teams targeted their efforts to optimise the number of submissions and assisted with basic data cleansing to ensure validity.

Every designated body has already received a bespoke report detailing their own submission, details of the average return from comparable sector organisations and the average of all responding designated bodies to allow them to benchmark their own position in England. NHS England regional teams also reported separately to their senior management teams on their respective local data. This report serves as a summary of all of the data, providing an England wide picture of the system.

Doctors on postgraduate training programmes, managed by Health Education England (HEE), are excluded from the AOA exercise as HEE conducts its own quality assurance review of its revalidation processes reporting to its Local Education and Training Boards through Annual Revalidation Returns, and HEE's level 2 RO provides an annual Quality Assurance report to the HEE Board and Audit Committee each October.

Doctors without a prescribed connection and those subject to the annual return process by the GMC are also not included.

This report has been produced with small number suppression; in order to ensure that public interest in the figures is met while protecting confidentiality.

A programme of quality review visits to designated bodies has been initiated by NHS England's regional teams. The priority in which the visits take place is informed by the data from the AOA and other elements of the framework. These visits enable learning, both for the designated bodies (on how they are doing in comparison with regional/national norms) and for the regional teams (in terms of sense-checking the data and identifying examples of good practice). The visits are undertaken (when appropriate) by an independent team that often includes a lay person representative.

4 Analysis of Data

The results of the AOA exercise are divided into the following sections, as in the AOA questionnaire:

Section 1: The Designated Body and Responsible Officer

Section 2: Appraisal

Section 3: Monitoring Performance and Responding to Concerns

Section 4: Recruitment and Engagement

The data shown throughout the report is the result of a self-assessment exercise by designated bodies; with the exception of minor errors, there has been no central external validation process. Explanatory notes and guidance were produced to help ensure organisations were able to interpret the questions correctly, but it is possible a designated body may have over- or under-stated its position.

Note that data presented from the AOA focuses on the number of responding designated bodies. The comparative data from previous exercises is based on the percentage of doctors covered by the designated bodies' responses. It is particularly useful to be aware of the difference in presentation of the data, and the impact this has upon interpretation. For example, a high number of designated bodies reporting a lack of organisational process for revalidation may appear worrying, yet the number of doctors connected to each of these organisations, and therefore affected by the poor arrangements, may be very small.

Analysis was conducted in-house by NHS England. Section 5 of the AOA questionnaire, which invites designated bodies to provide free-text comments is not included in this analysis but NHS England's regional teams have considered and, where appropriate, responded to the comments from their respective designated bodies during the desktop quality review exercise.

5 Section 1: the Designated Body and Responsible Officer

Section 1 of the self-assessment questionnaire records details of the designated body, including organisational type, and the numbers and types of doctors with a prescribed connection to the designated body.

The details of organisations completing the self-assessment exercise are presented in Figures 1 and 2.

Figure 1: The AOA and previous exercises (ORSA and interim ORSA) - responses and return rate by date

Exercise Date	Number of responses received	Number of responses expected	% Response rate	Total no. of prescribed connections covered by responses
Mar-11	507	562	90.2%	152,334 ¹
Sep-11	517	626	82.6%	-
Mar-12	654	691	94.6%	157,999 ¹
Sep-12	731	751	97.3%	-
Mar-13	621	642	96.7%	161,453 ¹
Mar-14	645	665	97.0%	117,391
Mar-15	731	733	99.7%	124,015
Mar-16	769	770	99.9%	131,115
Mar-17	821	821	100%	135, 446

1. Trainees included within this figure

At 31 March 2017 there were 821 registered designated bodies in England. All 821 (100%) completed the AOA.

The changing number of designated bodies, year on year, reflects both major changes in structure of the NHS and more minor fluctuations as the smaller organisations are created, merged or cease to operate. Hidden within these figures is the high turnover of designated bodies opening and closing.

Between April 2016 and March 2017 there was an increase of 52 in the total number of designated bodies. A full sectorial analysis is included in Figure 2.

NHS England's regional teams continue to receive regular enquiries from organisations regarding their status. The continuing growth in the number of designated bodies may reflect the awareness of individual doctors about their own prescribed connection as they near their revalidation recommendation date.

In line with the increase in designated bodies, there has also been an increase in prescribed connections of 4,331 doctors since the last AOA exercise.

Figure 2: The responses by exercise date and organisational type

Exercise Date	Primary Care Trust/NHS England	Acute hospital	Mental health	Special Health Authorities ³	Other NHS	Independent Non-NHS					Total
						Faculty	Hospice, Charity or voluntary sector ¹	Independent Healthcare provider	Locum Agency	Other Independent, Non-NHS ²	
Mar-11	153	157	50	N/A	33	3	29	63	5	5	507
Mar-12	151	170	42	N/A	51	4	66	113	17	28	654
Mar-13	27	160	50	N/A	39	7	83	159	35	46	621
Mar-14	27	158	43	4	45	6	96	166	47	53	645
Mar-15	32	156	42	5	38	6	97	226	73	56	731
Mar-16	20 ⁴	156	44	5	34	6	100	272	82	50	769
Mar-17	21	153	43	5	33	6	110	303	94	53	821

Figure 2 illustrates that whilst many sectors have seen a stabilisation in the numbers of designated bodies over recent years, the independent sector continues to grow. Non-NHS designated bodies have continued to engage with the AOA exercise for the fourth year running, resulting in a 100% return rate. This illustrates the value that NHS England regional teams are adding through building stronger relationships both at the networks and through their work with individual ROs.

¹ Hospices have their own sector category for 2014/15 & 2015/16, however they have been grouped together here for the purposes of comparison with AOA/ORSA data from previous years

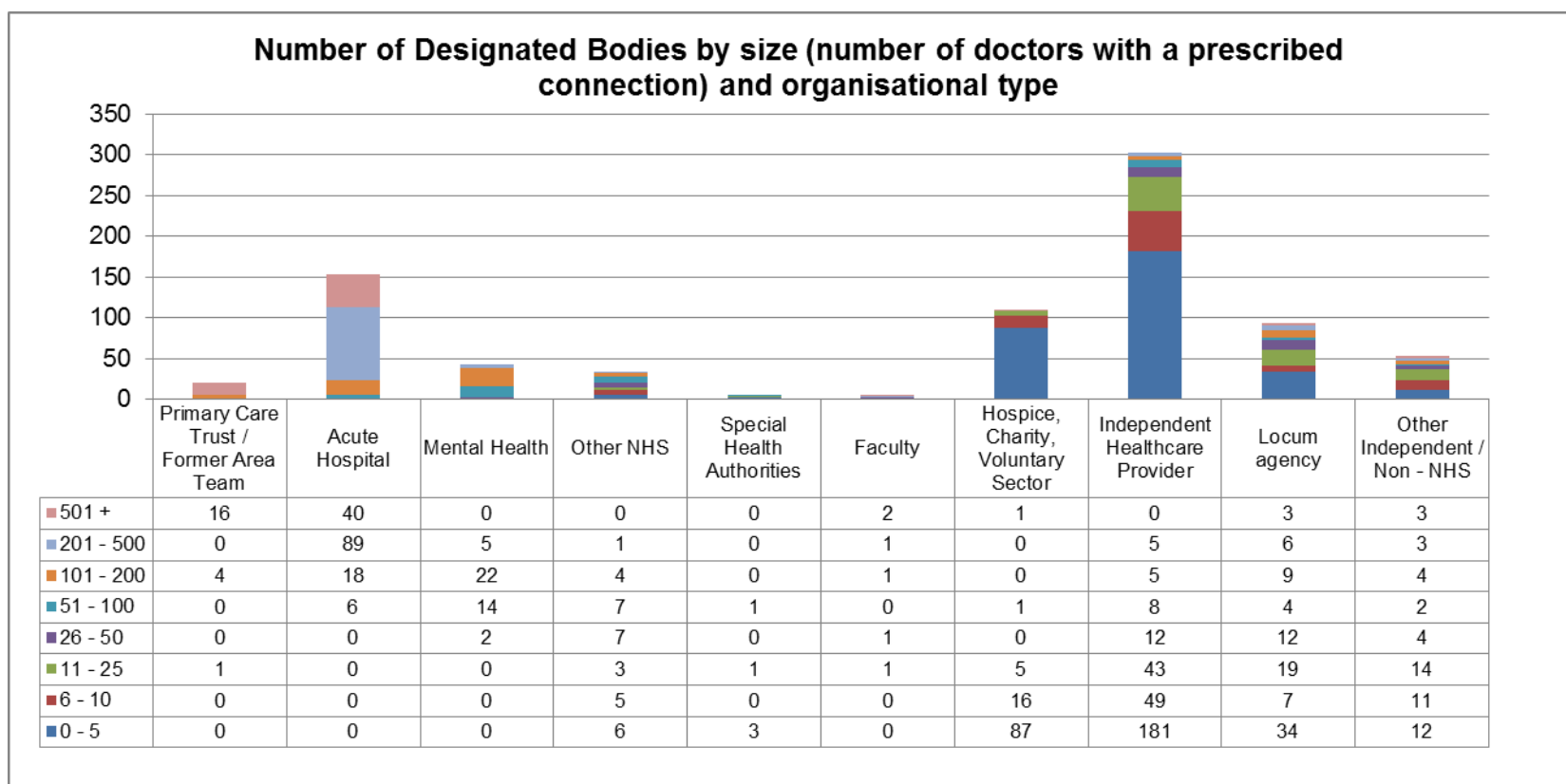
² Includes Academic, Armed Forces and Government Departments.

³ Included in different sectors previously.

⁴ Reduction due to change NHS England structure of local offices

5.1 The number of designated bodies

Figure 3: Number of designated bodies by size (number of doctors with a prescribed connection) and organisational type March 2017



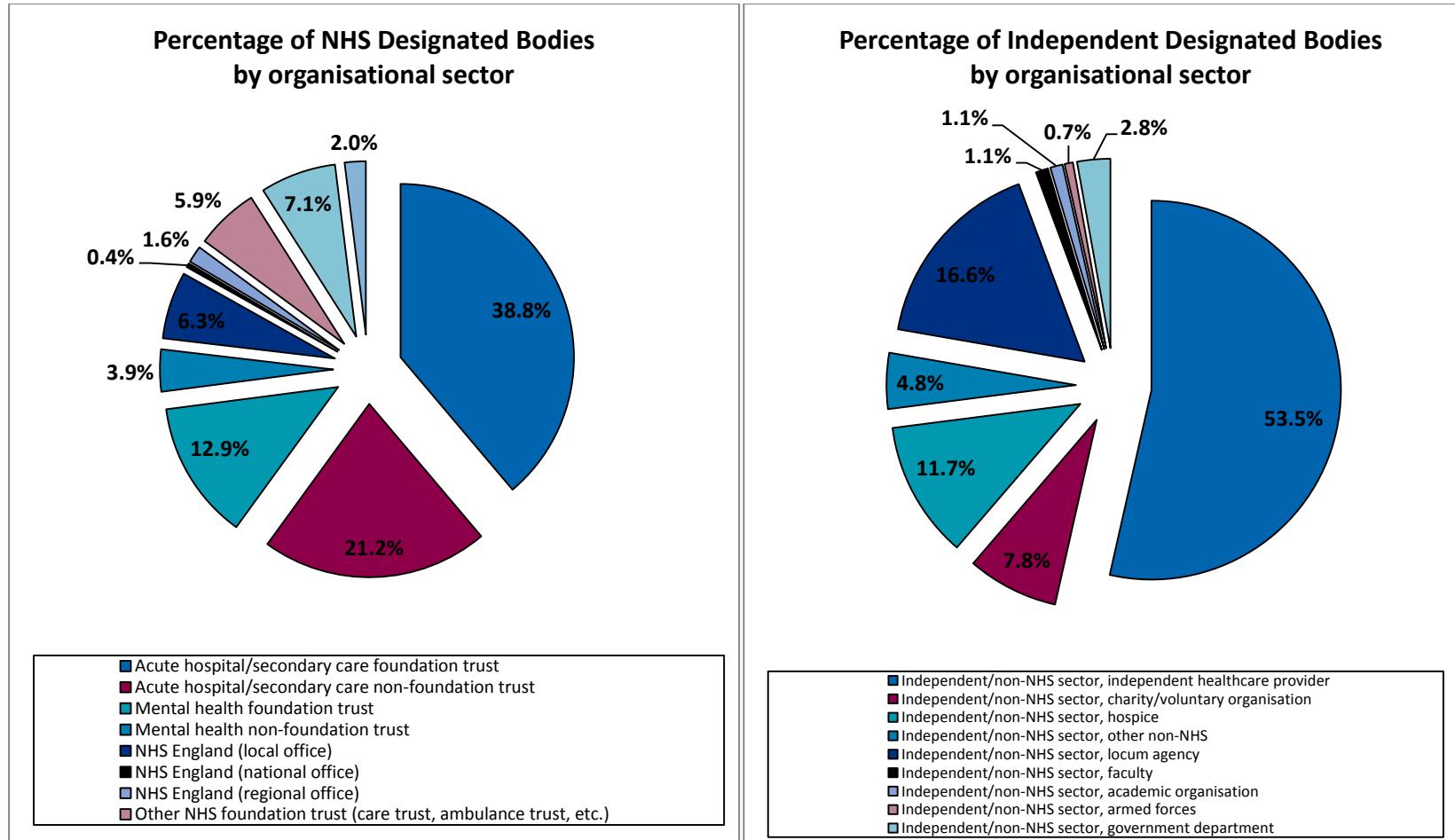
Primary Care Trust / Former Area Team includes NHS England

Other Independent / Non - NHS includes:- Academic Organisations, Armed Forces, Government Departments, and Other Non - NHS

Hospital, Charity, Voluntary Sector includes:- Charity/Voluntary Organisations, and Hospices

Source:- Annual Organisational Audit (AOA) - End of Year Questionnaire 2016/17

Figure 4: The number of designated bodies by organisational sector



5.2 Numbers of doctors

Figures 5a i & 5a ii show a detailed breakdown of the number of doctors across the different organisational types, as at 31 March 2017. Figures from previous returns are shown for comparison. Figure 5b gives a further detailed breakdown of doctors in the independent/non-NHS sector.

Figure 5a i: The numbers of doctors by organisational type

Organisational Type	Exercise Date	Total Designated Bodies	Consultant	Staff Grade, Associate Specialist, Specialty Doctor	GP	Practising Privileges	Temp or Short-term Contract Holder	Other	Total Doctors
Primary Care Trust / Former Area Team	Mar 11	153	293	191	43689	*	*	583	44756
	Mar 12	151	88	*	44554	*	27	61	44735
	Mar 13	27	8	*	41872	9	425	11	42325
	Mar 14	27	*	*	44088	*	*	155	44245
	Mar 15	32	*	*	44767	*	*	571	45345
	Mar 16	20	7	*	44839	*	*	576	45423
	Mar 17	21	*	*	45841	*	*	592	46436
Acute Hospital	Mar 11	157	33974	12524	78	*	*	1571	48147
	Mar 12	170	37118	9000	50	28	6620	335	53151
	Mar 13	160	36358	8061	11	*	7096	302	51829
	Mar 14	158	37023	7962	16	*	7477	353	52832
	Mar 15	156	38712	8488	34	50	8498	833	56615
	Mar 16	156	40677	9237	8	6	9998	565	60491
	Mar 17	153	41651	9342	7	9	10947	609	62565
Mental Health	Mar 11	50	3808	1508	10	*	*	233	5559
	Mar 12	42	3416	1178	66	*	215	56	4931
	Mar 13	50	4069	1484	*	*	322	53	5929
	Mar 14	43	3583	1168	*	*	329	35	5116
	Mar 15	42	3564	1079	*	*	374	44	5061
	Mar 16	44	3686	1108	*	7	399	42	5243
	Mar 17	43	3769	1100	*	*	474	31	5378
Other NHS	Mar 11	33	962	502	20	29	*	186	1699
	Mar 12	51	1050	504	14	*	187	583	2338
	Mar 13	39	840	434	*	*	111	556	1945
	Mar 14	49	1698	732	11	*	211	560	3212
	Mar 15	38	1331	601	*	*	204	35	2173
	Mar 16	34	1140	512	*	*	130	26	1812
	Mar 17	33	1109	494	12	*	152	23	1790
Special Health Authorities	Mar 11	*	*	*	*	*	*	*	*
	Mar 12	*	*	*	*	*	*	*	*
	Mar 13	*	*	*	*	*	*	*	*
	Mar 14	*	*	*	*	*	*	*	*
	Mar 15	*	44	11	*	*	*	23	79
	Mar 16	*	50	8	*	*	*	22	81
	Mar 17	*	50	8	*	*	*	19	77

Figure 5a ii: The numbers of doctors by organisational type continued

Organisational Type	Exercise Date	Total Designated Bodies	Consultant	Staff Grade, Associate Specialist, Specialty Doctor	GP	Practising Privileges	Temp or Short-term Contract Holder	Other	Total Doctors
Independent / Non - NHS	Mar 11	105	1149	1144	109	2515	*	1561	6478
	Mar 12	228	1324	1480	349	1910	2395	1941	9399
	Mar 13	330	2268	942	443	1760	3185	2487	11085
	Mar 14	368	2294	1063	604	1621	1696	4708	11986
	Mar 15	458	2260	944	498	1703	4376	4961	14742
	Mar 16	510	3729	727	494	1690	6016	5409	18065
	Mar 17	566	3521	1030	483	2366	6251	5549	19200
Total doctors	Mar 11	507	40186	15869	43906	2544	*	4141	106646
	Mar 12	654	42997	12167	45035	1938	9661	2983	114781
	Mar 13	621	43544	10921	42334	1770	11249	3415	113233
	Mar 14	645	44598	10927	44719	1623	9713	5811	117391
	Mar 15	731	45914	11123	45301	1753	13457	6467	124015
	Mar 16	769	49289	11593	45346	1703	16544	6640	131115
	Mar 17	821	50102	11974	46345	2377	17825	6823	135446

Figure 5a ii illustrates a further decrease since last year in the number of GPs connected to non-NHS organisational types.

Figure 5b i: The breakdown of number of doctors, by organisational type, for independent / non-NHS designated bodies

Organisational Type	Exercise Date	Total Designated Bodies	Consultant	Staff Grade, Associate Specialist, Specialty Doctor	GP	Practising Privileges	Temporary or Short- term Contract Holder	Other	Total Doctors
Faculty	Mar 11	*	36	11	*	*	*	850	897
	Mar 12	*	36	11	*	*	*	876	923
	Mar 13	7	133	181	*	*	*	1003	1317
	Mar 14	6	193	103	*	*	*	1175	1471
	Mar 15	6	190	*	*	*	*	1170	1360
	Mar 16	6	210	*	*	*	*	1293	1505
	Mar 17	6	206	*	*	*	*	1371	1577
Hospice, Charity, Voluntary Sector	Mar 11	29	58	79	13	11	*	47	208
	Mar 12	66	110	188	*	24	10	50	383
	Mar 13	83	137	191	*	17	28	39	414
	Mar 14	96	136	189	*	*	22	49	402
	Mar 15	97	111	194	*	*	11	46	368
	Mar 16	100	116	212	*	27	34	36	425
	Mar 17	110	491	379	*	17	133	53	1073
Independent Healthcare Provider	Mar 11	63	574	503	96	2004	*	255	3432
	Mar 12	113	526	324	23	1881	48	195	2997
	Mar 13	159	917	350	6	1707	134	196	3310
	Mar 14	166	915	645	81	1563	38	179	3421
	Mar 15	226	873	626	12	1685	87	559	3842
	Mar 16	272	1246	455	9	1573	109	714	4106
	Mar 17	303	1092	561	8	2267	178	561	4667

Figure 5b ii: The breakdown of number of doctors, by organisational type, for independent / non-NHS designated bodies

Organisational Type	Exercise Date	Total Designated Bodies	Consultant	Staff Grade, Associate Specialist, Specialty Doctor	GP	Practising Privileges	Temporary or Short-term Contract Holder	Other	Total Doctors
Locum Agency	Mar 11	*	463	544	*	500	*	8	1515
	Mar 12	17	83	384	17	*	2098	70	2653
	Mar 13	35	101	163	*	*	2969	218	3451
	Mar 14	47	47	38	*	*	1354	2600	4039
	Mar 15	73	49	71	*	*	3959	2228	6310
	Mar 16	82	1171	7	*	22	5524	1357	8083
	Mar 17	94	771	37	10	*	5396	1533	7747
Other Independent / Non - NHS	Mar 11	*	18	7	*	*	*	401	426
	Mar 12	28	569	573	308	*	239	750	2443
	Mar 13	46	980	57	435	36	54	1031	2593
	Mar 14	53	1003	88	518	57	282	705	2653
	Mar 15	56	1037	53	482	13	319	958	2862
	Mar 16	50	986	53	483	66	349	2009	3946
	Mar 17	53	961	53	465	82	544	2031	4136
Total Independent / non NHS	Mar 11	105	1149	1144	109	2515	*	1561	6478
	Mar 12	228	1324	1480	349	1910	2395	1941	9399
	Mar 13	330	2268	942	443	1760	3185	2487	11085
	Mar 14	368	2294	1063	604	1621	1696	4708	11986
	Mar 15	458	2260	944	498	1703	4376	4961	14742
	Mar 16	510	3729	727	494	1690	6016	5409	18065
	Mar 17	566	3521	1030	483	2366	6251	5549	19200

For a fourth consecutive year the data illustrates an increase in the number of doctors connected to other independent / Non-NHS sector. However unlike previous years, the number of doctors connected to locum agencies has reduced.

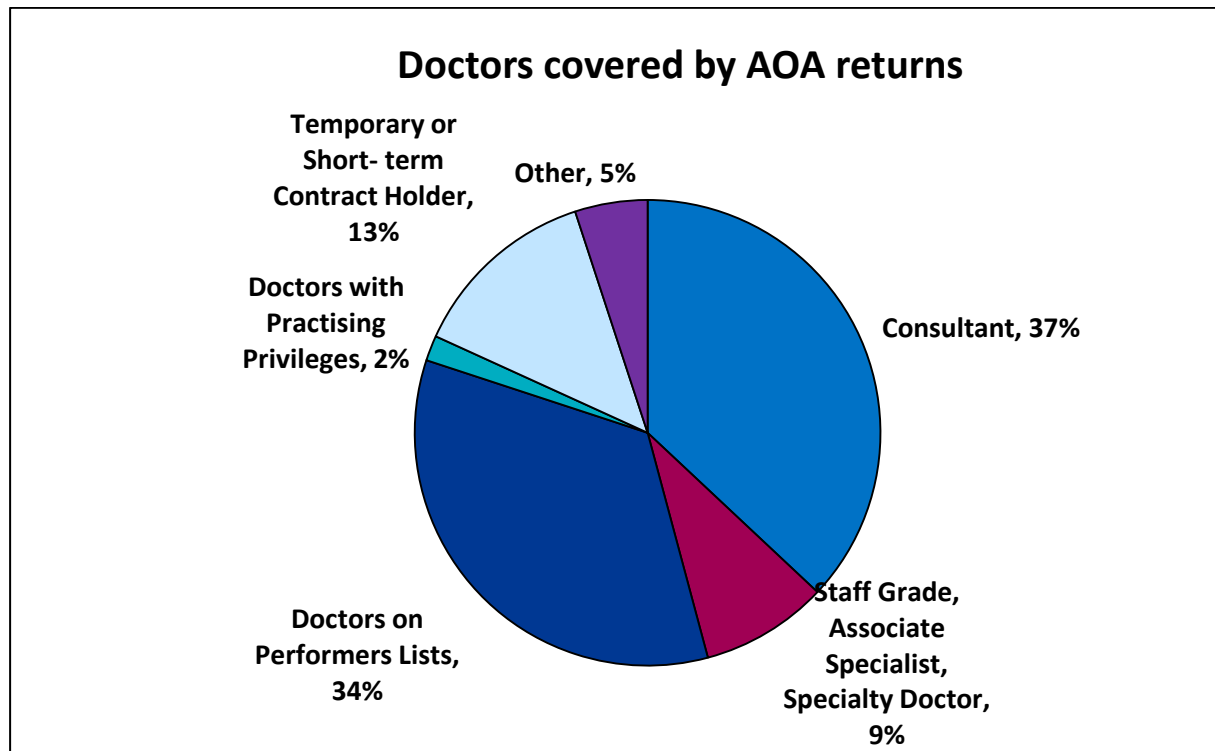
Figure 6a: The numbers of doctors with whom the designated body has a prescribed connection, by type of doctor

Organisational Type	Total number of Designated Bodies	Consultant	Staff Grade, Associate Specialist, Specialty Doctor	Doctors on Performers Lists	Doctors with Practising Privileges	Temporary or Short-term Contract Holder	Other	Total number of doctors	% Total doctors by sector
NHS England (national office)	1	*	*	*	*	*	15	15	*
NHS England (regional office)	4	*	*	*	*	*	499	499	*
NHS England (local office)	16	*	*	45841	*	*	78	45922	34%
Acute hospital/secondary care foundation trust	99	26270	5258	*	*	6452	456	38441	28%
Acute hospital/secondary care non-foundation trust	54	15381	4084	*	9	4495	153	24124	18%
Mental health foundation trust	33	2945	846	*	*	380	26	4200	*
Mental health non-foundation trust	10	824	254	*	*	94	*	1178	*
Other NHS foundation trust (care trust, ambulance trust, etc.)	15	841	327	12	*	135	*	1320	*
Other NHS non-foundation trust (care trust, ambulance trust, etc.)	18	268	167	*	*	17	18	470	*
Special health authorities	5	50	8	*	*	*	19	77	*
NHS - Total number of Designated Bodies	255	46581	10944	45862	11	11574	1274	116246	86%
Independent/non-NHS sector, independent healthcare provider	303	1092	561	8	2267	178	561	4667	*
Independent/non-NHS sector, charity/voluntary organisation	44	73	140	*	16	19	49	297	*
Independent/non-NHS sector, hospice	66	418	239	*	*	114	*	776	*
Independent/non-NHS sector, other non-NHS	27	94	44	11	25	509	1570	2253	*
Independent/non-NHS sector, locum agency	94	771	37	10	*	5396	1533	7747	*
Independent/non-NHS sector, faculty	6	206	*	*	*	*	1371	1577	*
Independent/non-NHS sector, academic organisation	6	*	*	*	*	*	182	190	*
Independent/non-NHS sector, armed forces	4	321	*	454	56	23	104	959	*
Independent/non-NHS sector, government department	16	544	*	*	*	11	175	734	*
Independent/non-NHS sector Total	566	3521	1030	483	2366	6251	5549	19200	14%
Total number of Designated Bodies	821	50102	11974	46345	2377	17825	6823	135446	100%

Figure 6a shows the number of each type of doctor with a prescribed connection to a designated body. The total number of doctors in England with a connection to an NHS body remains unchanged at 86%.

Figure 6b shows the percentage of doctors by doctor type covered by all AOA submissions received this year.

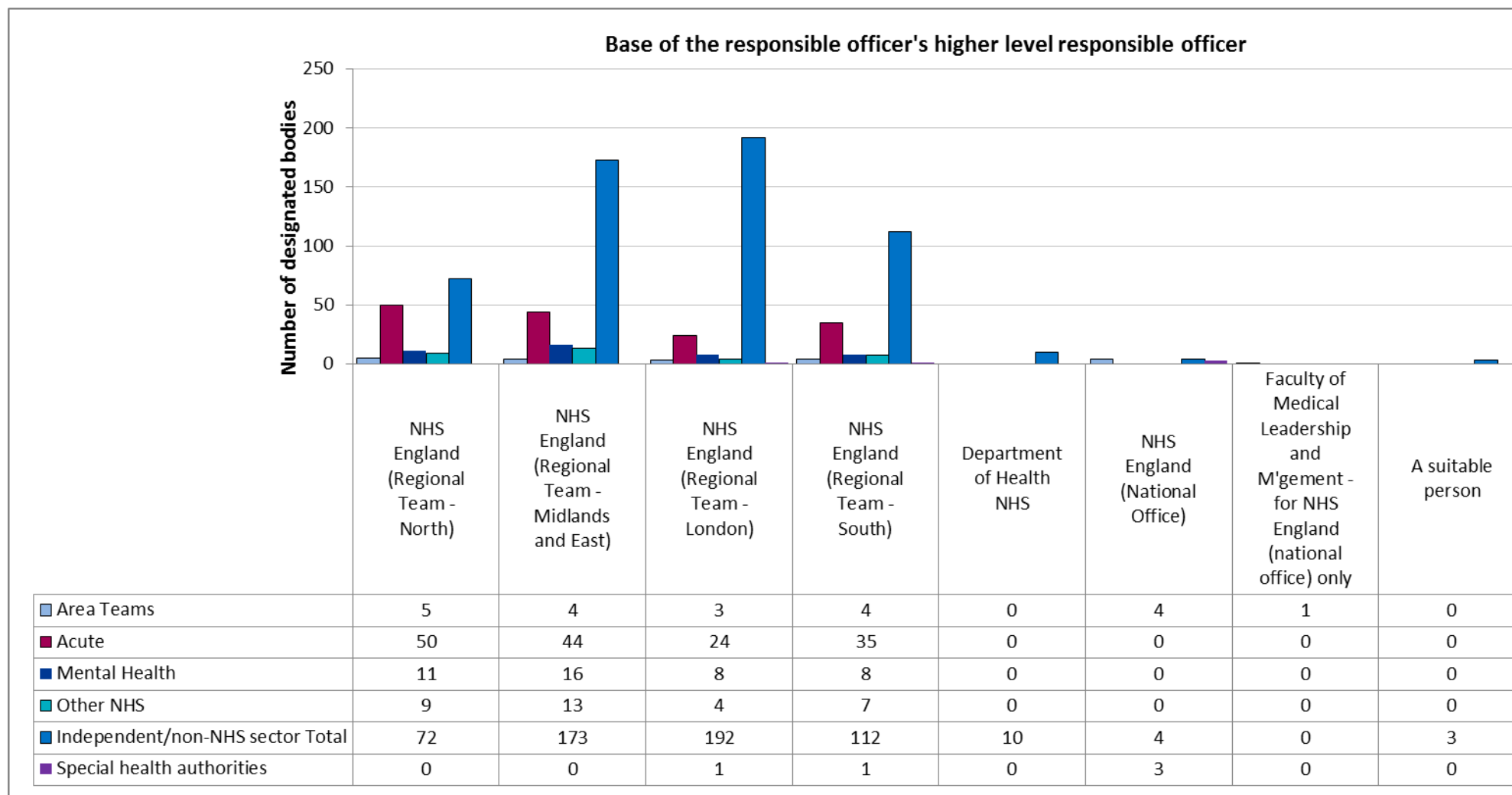
Figure 6b: The doctors covered by AOA March 2017 returns, by type



5.3 Higher level responsible officer connections

Each RO has a prescribed connection to a higher-level RO who is based at either regional or national level within NHS England, the Department of Health (CMO's office) or the Faculty of Medical Leadership and Management. Figure 7 shows the number of designated bodies connected to each higher level RO by sector.

Higher level ROs are responsible for conducting annual appraisals, making recommendations to the GMC and ensuring that each RO is up to date and fit to practise in all of the roles that they undertake as a doctor. Within NHS England the five higher level ROs have a team of colleagues that support this process, running RO and appraisal networks, conducting Higher Level RO Quality Reviews to be assured of systems in place and acting as a support mechanism for improving good healthcare systems for patients.

Figure 7: Number of designated bodies, by sector connected to each office

5.4 Responsible officers

It is essential to ensure doctors are supported in their medical revalidation that recommendations can be made and designated bodies are supported in fulfilling their statutory duties. This data illustrates that all 821 designated bodies responding to the AOA had nominated/appointed a RO on 31 March 2017.

Figure 8: The extent to which designated bodies are providing responsible officers with sufficient funds, capacity and other resources to enable them to carry out the role

Response		Yes	No	TOTAL
NHS England (national office)		1	0	1
NHS England (regional office)		4	0	4
NHS England (local office)		15	1	16
Acute hospital/secondary care foundation trust		93	6	99
Acute hospital/secondary care non-foundation trust		52	2	54
Mental health foundation trust		33	0	33
Mental health non-foundation trust		10	0	10
Other NHS foundation trust (care trust, ambulance trust, etc.)		14	1	15
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		18	0	18
Special health authorities		5	0	5
NHS sector Total		245	10	255
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	298	5	303
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	44	0	44
	<i>Independent/non-NHS sector, hospice</i>	66	0	66
	<i>Independent/non-NHS sector, other non-NHS</i>	26	1	27
	<i>Independent/non-NHS sector, locum agency</i>	92	2	94
	<i>Independent/non-NHS sector, faculty</i>	6	0	6
	<i>Independent/non-NHS sector, academic organisation</i>	6	0	6
	<i>Independent/non-NHS sector, armed forces</i>	3	1	4
	<i>Independent/non-NHS sector, government department</i>	15	1	16
	Independent/non-NHS sector Total	556	10	566
TOTAL NUMBER OF DESIGNATED BODIES		801	20	821

The majority (98%) of ROs believe their access to sufficient funds, capacity and other resources is appropriate and sufficient to deliver the duties as laid out in the Regulations and relevant guidance. This figure has not changed from last year. Regional revalidation teams will be using this data to facilitate discussions with those ROs reporting a lack of resource to understand the situation and helping to identify appropriate mechanisms of support.

Figure 9: The extent to which responsible officers are appropriately trained and remain up to date and fit to practise in the role of the responsible officer

Response		Yes	No	TOTAL
NHS England (national office)		1	0	1
NHS England (regional office)		4	0	4
NHS England (local office)		16	0	16
Acute hospital/secondary care foundation trust		98	1	99
Acute hospital/secondary care non-foundation trust		54	0	54
Mental health foundation trust		33	0	33
Mental health non-foundation trust		10	0	10
Other NHS foundation trust (care trust, ambulance trust, etc.)		15	0	15
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		18	0	18
Special health authorities		5	0	5
NHS sector Total		254	1	255
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	299	4	303
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	43	1	44
	<i>Independent/non-NHS sector, hospice</i>	66	0	66
	<i>Independent/non-NHS sector, other non-NHS</i>	27	0	27
	<i>Independent/non-NHS sector, locum agency</i>	93	1	94
	<i>Independent/non-NHS sector, faculty</i>	6	0	6
	<i>Independent/non-NHS sector, academic organisation</i>	6	0	6
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	15	1	16
	Independent/non-NHS sector Total	559	7	566
TOTAL NUMBER OF DESIGNATED BODIES		813	8	821

NHS England hosts quarterly training courses for all newly appointed ROs and their teams. Higher-level ROs and their teams work closely with designated bodies to ensure ROs attend a training event, which are rotated around the regions, as soon as possible.

Figure 10: The extent to which responsible officers ensure accurate records are kept of all relevant information, actions and decisions relating to their role

Response		Yes	No	TOTAL
NHS England (national office)		1	0	1
NHS England (regional office)		4	0	4
NHS England (local office)		16	0	16
Acute hospital/secondary care foundation trust		98	1	99
Acute hospital/secondary care non-foundation trust		54	0	54
Mental health foundation trust		33	0	33
Mental health non-foundation trust		10	0	10
Other NHS foundation trust (care trust, ambulance trust, etc.)		15	0	15
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		18	0	18
Special health authorities		5	0	5
NHS sector Total		254	1	255
non- independent / NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	300	3	272
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	44	0	44
	<i>Independent/non-NHS sector, hospice</i>	66	0	66
	<i>Independent/non-NHS sector, other non-NHS</i>	27	0	27
	<i>Independent/non-NHS sector, locum agency</i>	93	1	94
	<i>Independent/non-NHS sector, faculty</i>	6	0	6
	<i>Independent/non-NHS sector, academic organisation</i>	6	0	6
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	16	0	16
	Independent/non-NHS sector Total	562	4	566
TOTAL NUMBER OF DESIGNATED BODIES		816	5	821

Figure 10 illustrates that five designated bodies expressed a concern that the RO is not keeping sufficient records of their actions. Whilst not a large number, if systems are not in place some doctors may be unfairly exposed to risk if a concern arises. These designated bodies will be supported by regional teams to ensure this requirement of the regulations is met.

Figure 11: The extent to which responsible officers are ensuring that the designated body's medical revalidation policies and procedures are in accordance with equality and diversity legislation

Response		Yes	No	TOTAL
NHS England (national office)		1	0	1
NHS England (regional office)		4	0	4
NHS England (local office)		16	0	16
Acute hospital/secondary care foundation trust		99	0	99
Acute hospital/secondary care non-foundation trust		54	0	54
Mental health foundation trust		33	0	33
Mental health non-foundation trust		10	0	10
Other NHS foundation trust (care trust, ambulance trust, etc.)		15	0	15
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		18	0	18
Special health authorities		5	0	5
NHS sector Total		255	0	255
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	294	9	303
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	44	0	44
	<i>Independent/non-NHS sector, hospice</i>	64	2	66
	<i>Independent/non-NHS sector, other non-NHS</i>	27	0	27
	<i>Independent/non-NHS sector, locum agency</i>	92	2	94
	<i>Independent/non-NHS sector, faculty</i>	6	0	6
	<i>Independent/non-NHS sector, academic organisation</i>	6	0	6
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	16	0	16
	Independent/non-NHS sector Total	553	13	566
TOTAL NUMBER OF DESIGNATED BODIES		808	13	821

Figure 11 shows 98.4 % of designated bodies have assured themselves that policies and procedures pertaining to medical revalidation have been agreed in accordance with equality and diversity legislation.

Figure 12: 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

Response		Yes	No	TOTAL
NHS England (national office)		1	0	1
NHS England (regional office)		4	0	4
NHS England (local office)		16	0	16
Acute hospital/secondary care foundation trust		99	0	99
Acute hospital/secondary care non-foundation trust		54	0	54
Mental health foundation trust		33	0	33
Mental health non-foundation trust		10	0	10
Other NHS foundation trust (care trust, ambulance trust, etc.)		15	0	15
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		18	0	18
Special health authorities		5	0	5
NHS sector Total		255	0	255
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	298	5	303
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	44	0	44
	<i>Independent/non-NHS sector, hospice</i>	66	0	66
	<i>Independent/non-NHS sector, other non-NHS</i>	27	0	27
	<i>Independent/non-NHS sector, locum agency</i>	93	1	94
	<i>Independent/non-NHS sector, faculty</i>	6	0	6
	<i>Independent/non-NHS sector, academic organisation</i>	5	1	6
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	15	1	16
Independent/non-NHS sector Total		558	8	566
TOTAL NUMBER OF DESIGNATED BODIES		813	8	821

Figure 12 shows 99.02% of ROs were making timely recommendations to the GMC about the fitness to practise of doctors connected to them.

ROs are expected to adhere to the GMC timetable for every recommendation. Where mandatory timescales are not being met, higher-level ROs will work with the individual organisations directly to address process. The AOA does not allow for reporting of this differentiation of cause between delays being attributed to organisational process or an issue with the doctor to be made. Regional teams will work with the GMC and designated bodies reporting 'No' to this question to understand the reasons behind their response and to provide support where necessary.

Figure 13: The governance systems (including clinical governance where appropriate) are subject to external or independent review

Response		Yes	No	TOTAL
NHS England (national office)		1	0	1
NHS England (regional office)		3	1	4
NHS England (local office)		15	1	16
Acute hospital/secondary care foundation trust		99	0	99
Acute hospital/secondary care non-foundation trust		53	1	54
Mental health foundation trust		33	0	33
Mental health non-foundation trust		10	0	10
Other NHS foundation trust (care trust, ambulance trust, etc.)		15	0	15
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		18	0	18
Special health authorities		5	0	5
NHS sector Total		252	3	255
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	297	6	303
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	44	0	44
	<i>Independent/non-NHS sector, hospice</i>	66	0	66
	<i>Independent/non-NHS sector, other non-NHS</i>	25	2	27
	<i>Independent/non-NHS sector, locum agency</i>	92	2	94
	<i>Independent/non-NHS sector, faculty</i>	4	2	6
	<i>Independent/non-NHS sector, academic organisation</i>	5	1	6
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	12	4	16
	Independent/non-NHS sector Total	549	17	566
TOTAL NUMBER OF DESIGNATED BODIES		801	20	821

External reviews are a valuable tool, providing both challenge and assurance to the organisations. It is therefore encouraging that 97.6% of designated bodies have an external or independent review of their governance systems. This figure is a slight improvement from last year's figure of 96.7%

6 Section 2: Appraisal

Section 2 of the audit focussed on the details of designated bodies' medical appraisal systems. A foundation of revalidation is that doctors participate in annual medical appraisal. A high quality and consistent form of annual medical appraisal enables doctors to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in the GMC document Good Medical Practice. Appraisal must provide a safe environment to support doctors to consider, discuss and agree their own personal and professional development needs. Appraisal can also enhance the quality of doctors' professional work by ensuring that they are working productively and in line with the priorities and requirements of the organisation in which they practise.

Appraisal provides key information to the RO on the fitness to practise of each doctor and their commitment to remaining up to date. The recommendations that ROs make to the GMC on doctors' fitness to practise are made using outputs from appraisal and other information available to them from local clinical governance systems.

The term 'completed appraisal' used by the AOA audit is as follows:

“one where the appraisal meeting has taken place in the 3 months preceding the appraisal due date and the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting”.

Although appraisal dates for doctors vary throughout the year, AOA appraisal data is collected for activity between 1 April and 31 March. The appraisal rates are based on the following definitions:

- The total number of doctors with prescribed connections to the designated body (Question 2.1.7).
- The total number of those doctors with prescribed connections who have had an appraisal (Question 2.1.7.1a & 1b).
- The total number of those prescribed connections who had an approved missed or incomplete appraisal (Question 2.1.7.2), but where the RO has given approval for postponement or cancellation of the appraisal.
- The total number of those prescribed connections who had an unapproved missed or incomplete appraisal (Question 2.1.7.3), and the RO has not given approval to the postponement or cancellation of the appraisal.

Where a comparison with previous years' audits is presented categories 1a and 1b appraisals have been combined.

Figure 14: The extent to which there is a medical appraisal policy, with core content of which is compliant with national guidance, and ratified by the designated body's board (or an equivalent governance or executive group)

Response		Yes	No	TOTAL
NHS England (national office)		1	0	1
NHS England (regional office)		4	0	4
NHS England (local office)		16	0	16
Acute hospital/secondary care foundation trust		98	1	99
Acute hospital/secondary care non-foundation trust		54	0	54
Mental health foundation trust		33	0	33
Mental health non-foundation trust		10	0	10
Other NHS foundation trust (care trust, ambulance trust, etc.)		14	1	15
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		18	0	18
Special health authorities		5	0	5
NHS sector Total		253	2	255
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	294	9	303
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	43	1	44
	<i>Independent/non-NHS sector, hospice</i>	64	2	66
	<i>Independent/non-NHS sector, other non-NHS</i>	27	0	27
	<i>Independent/non-NHS sector, locum agency</i>	90	4	94
	<i>Independent/non-NHS sector, faculty</i>	5	1	6
	<i>Independent/non-NHS sector, academic organisation</i>	6	0	6
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	13	3	16
	Independent/non-NHS sector Total	546	20	566
TOTAL NUMBER OF DESIGNATED BODIES		799	22	821

Figure 14 shows the number of designated bodies confirming a medical appraisal policy with core content compliant with national guidance, and ratified by the board, is in place in their organisation.

In comparison to last year, the percentage of designated bodies reporting positively has improved and now 97.3% of designated bodies respond positively to this question. This is most likely due to the recent significant increase in the number of newly formed designated bodies who do not yet have in place all of the processes and protocols required. Regional teams are working to support them. Instances where NHS organisations are responding 'No' are being addressed as a matter of urgency.

Figure 15a: The numbers of doctors with whom the designated body has a prescribed connection on 31 March 2017 who had a completed annual appraisal between 1 April 2016 and 31 March 2017 (Category 1a & 1b)

Organisational Type	Total number of Designated Bodies	Appraisal Completed
Acute hospital/secondary care foundation trust	99	23883 90.9%
Acute hospital/secondary care non-foundation trust	54	14389 93.6%
Mental health foundation trust	33	2699 91.6%
NHS England (local office)	16	2 100.0%
Other NHS non-foundation trust (care trust, ambulance trust, etc.)	18	255 95.1%
Mental health non-foundation trust	10	777 94.3%
Other NHS foundation trust (care trust, ambulance trust, etc.)	15	772 91.8%
NHS England (regional office)	4	0 n/a
Special health authorities	5	50 100.0%
NHS England (national office)	1	0 n/a
NHS - Total number of Designated Bodies	255	42827 91.9%
Independent/non-NHS sector, independent healthcare provider	303	981 89.8%
Independent/non-NHS sector, charity/voluntary organisation	44	70 95.9%
Independent/non-NHS sector, hospice	66	402 96.2%
Independent/non-NHS sector, other non-NHS	27	90 95.7%
Independent/non-NHS sector, locum agency	94	629 81.6%
Independent/non-NHS sector, faculty	6	159 77.2%
Independent/non-NHS sector, academic organisation	6	1 50.0%
Independent/non-NHS sector, armed forces	4	299 93.1%
Independent/non-NHS sector, government department	16	504 92.6%
Independent/non NHS sector - Total number of Designated Bodies	566	3135 89.0%
Total number of Designated Bodies	821	45962 91.7%

Figure 15a illustrates what is frequently termed the 'appraisal rate' in England. For 2016/17, a continued year on year increase has been reported, from 88.2% in 15/16 to 91.7% for the last appraisal year.

Figure 15b overleaf shows the percentage of completed appraisals by doctor type. It is pleasing to see the data indicates a continued improvement in the number of completed appraisals.

Figure 15b: The percentage of completed appraisals by doctor type, comparison year on year

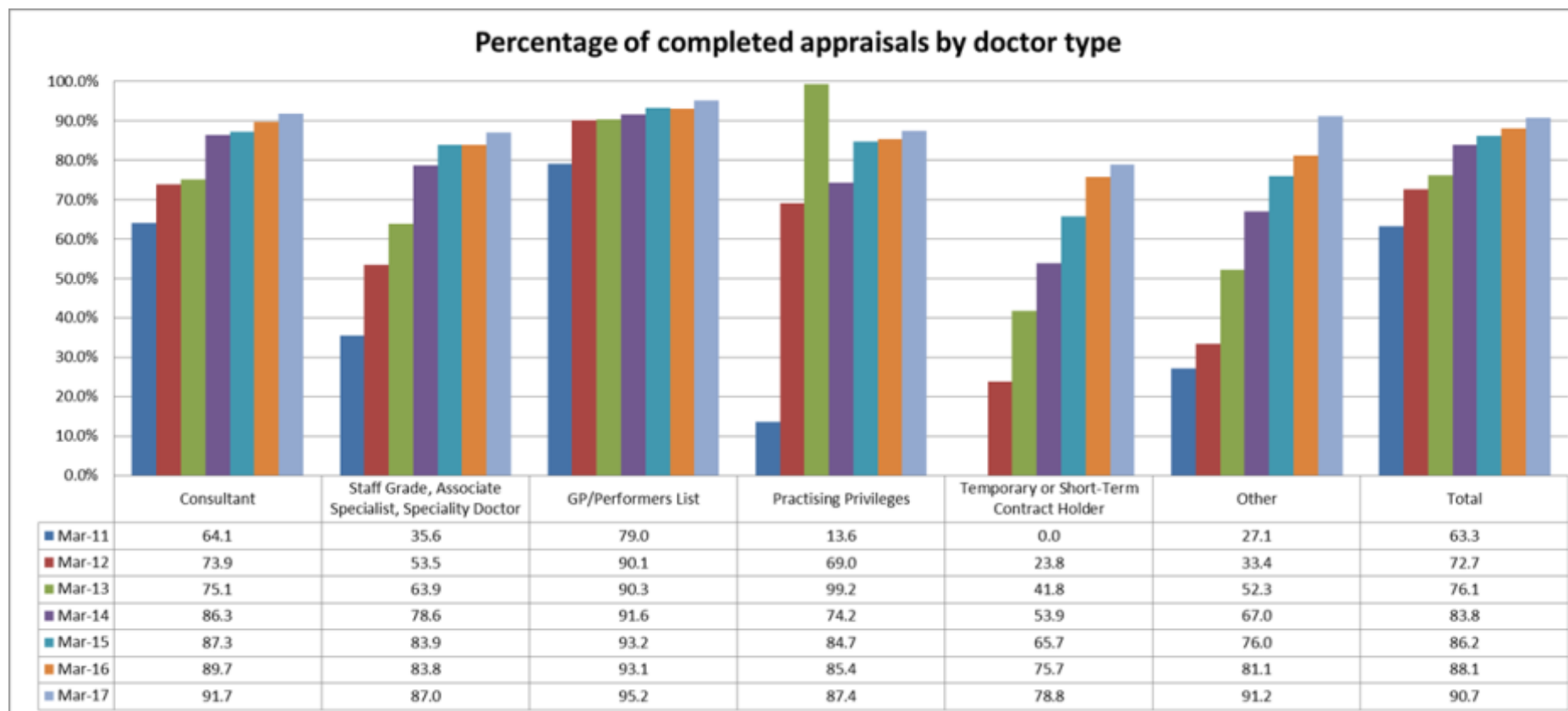


Figure 16: The extent to which all doctors with a missed or incomplete medical appraisal within a designated body have a recorded explanation & the extent to which an explanation was not recorded (Category 2 & 3)

Organisational Type	Total number of Designated Bodies	Approved Incomplete or missed appraisal		Unapproved Incomplete or missed appraisal	
Acute hospital/secondary care foundation trust	99	1195	4.5%	1192	4.5%
Acute hospital/secondary care non-foundation trust	54	539	3.5%	453	2.9%
Mental health foundation trust	33	230	7.8%	16	0.5%
NHS England (local office)	16	0	0.0%	0	0.0%
Other NHS non-foundation trust (care trust, ambulance trust, etc.)	18	11	4.1%	2	0.7%
Mental health non-foundation trust	10	36	4.4%	11	1.3%
Other NHS foundation trust (care trust, ambulance trust, etc.)	15	60	7.1%	9	1.1%
NHS England (regional office)	4	0	n/a	0	n/a
Special health authorities	5	0	0.0%	0	0.0%
NHS England (national office)	1	0	n/a	0	n/a
NHS - Total number of Designated Bodies	255	2071	4.4%	1683	3.6%
Independent/non-NHS sector, independent healthcare provider	303	89	8.2%	22	2.0%
Independent/non-NHS sector, charity/voluntary organisation	44	2	2.7%	1	1.4%
Independent/non-NHS sector, hospice	66	9	2.2%	7	1.7%
Independent/non-NHS sector, other non-NHS	27	4	4.3%	0	0.0%
Independent/non-NHS sector, locum agency	94	137	17.8%	5	0.6%
Independent/non-NHS sector, faculty	6	14	6.8%	33	16.0%
Independent/non-NHS sector, academic organisation	6	0	0.0%	1	50.0%
Independent/non-NHS sector, armed forces	4	13	4.0%	9	2.8%
Independent/non-NHS sector, government department	16	37	6.8%	3	0.6%
Independent/non NHS sector - Total number of Designated Bodies	566	305	8.7%	81	2.3%
Total number of Designated Bodies	821	2376	4.7%	1764	3.5%

Figure 16 shows the number of doctors who had a missed or incomplete medical appraisal as a percentage of total prescribed connections within each sector and across the programme as a whole. Those reported as approved incomplete or missed appraisals are predominantly doctors likely to be on maternity leave or sabbatical from their organisation, or perhaps sick leave. Therefore there will always be a proportion of doctors in this category. Designated bodies are challenged to ensure those that fall into this category have a genuine, unavoidable reason for having an approved miss and that organisational shortfalls do not result in doctors missing appraisal. The numbers of doctors reporting an 'approved missed or incomplete' appraisal has continued to reduce from 7.8% (2014-15) to 7.0 % (2015-16) to 4.7% (2016-17).

ROs should always determine why a doctor missed or failed to complete their appraisal. Consequently the number of unapproved incomplete or missed appraisal should be zero. Last year this figure was calculated at 4.8%, which has further decreased this year to 3.5%. It is encouraging that ROs are increasingly improving their systems for managing appraisal and understanding why some doctors may have difficulty in completing appraisals. It is promising that this number has further reduced. It is likely that these 'unapproved missed or incomplete' appraisals are partly due to the large numbers of 'new' prescribed connections joining the system in the last year. Upon learning that they have a prescribed connection at short notice, many just weeks before their revalidation date, some are not as prepared for the appraisal process as might be expected and subsequently fail to participate within the timeframe required. The increase may also be attributable to continuing improvements in accuracy of reporting systems within designated bodies and an increasingly honest approach to sharing their true status with regional teams in order to engage support where it is required. Both of these are welcome and contribute to the view that engagement in appraisal and the revalidation process continues to increase.

Through close analysis of AOA returns, regional teams have already begun targeting specific support to those designated bodies that have reported above average unapproved missed or incomplete appraisals.

Figure 17: The extent to which a mechanism for quality assurance of samples of inputs and outputs of the medical appraisal process are in place.

Response		Yes	No	TOTAL
NHS England (national office)		1	0	1
NHS England (regional office)		4	0	4
NHS England (local office)		16	0	16
Acute hospital/secondary care foundation trust		97	2	99
Acute hospital/secondary care non-foundation trust		54	0	54
Mental health foundation trust		33	0	33
Mental health non-foundation trust		10	0	10
Other NHS foundation trust (care trust, ambulance trust, etc.)		15	0	15
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		18	0	18
Special health authorities		5	0	5
NHS sector Total		253	2	255
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	292	11	303
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	42	2	44
	<i>Independent/non-NHS sector, hospice</i>	64	2	66
	<i>Independent/non-NHS sector, other non-NHS</i>	27	0	27
	<i>Independent/non-NHS sector, locum agency</i>	93	1	94
	<i>Independent/non-NHS sector, faculty</i>	6	0	6
	<i>Independent/non-NHS sector, academic organisation</i>	6	0	6
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	14	2	16
Independent/non-NHS sector Total		548	18	566
TOTAL NUMBER OF DESIGNATED BODIES		801	20	821

Ensuring doctors receive a valuable appraisal that helps them improve the care they give is important. Quality assurance of appraisals helps to improve the experience for doctors and appraisers making appraisal more valuable and valued. It is encouraging to see the number of bodies reporting that they are quality assuring their appraisals continues to rise from 95.2% (2014-15) to 96.9% (2015-16) and to 97.6% (2016-17). NHS England's lead appraiser networks have supported quality assurance of appraisal and helped to drive this improvement.

Figure 18: The extent to which there are processes in place for the responsible officer to ensure key items of information are included in the appraisal

Response		Yes	No	TOTAL
NHS England (national office)		1	0	1
NHS England (regional office)		4	0	4
NHS England (local office)		16	0	16
Acute hospital/secondary care foundation trust		97	2	99
Acute hospital/secondary care non-foundation trust		52	2	54
Mental health foundation trust		32	1	33
Mental health non-foundation trust		10	0	10
Other NHS foundation trust (care trust, ambulance trust, etc.)		14	1	15
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		18	0	18
Special health authorities		5	0	5
NHS sector Total		249	6	255
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	291	12	303
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	41	3	44
	<i>Independent/non-NHS sector, hospice</i>	64	2	66
	<i>Independent/non-NHS sector, other non-NHS</i>	25	2	27
	<i>Independent/non-NHS sector, locum agency</i>	92	2	94
	<i>Independent/non-NHS sector, faculty</i>	5	1	6
	<i>Independent/non-NHS sector, academic organisation</i>	6	0	6
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	16	0	16
	Independent/non-NHS sector Total	544	22	566
TOTAL NUMBER OF DESIGNATED BODIES		793	28	821

Key items to be included in an appraisal portfolio include complaints, significant events and outlying clinical outcomes as these allow for a robust discussion during the appraisal meeting and often leading to development being identified.

The number of designated bodies without appropriate processes in place in the independent/non-NHS sector has reduced from 35 to 28.

Figure 19: The extent to which designated bodies report sufficient numbers of trained medical appraisers to meet the needs of the organisation

Response		Yes	No	TOTAL
NHS England (national office)		1	0	1
NHS England (regional office)		4	0	4
NHS England (local office)		16	0	16
Acute hospital/secondary care foundation trust		98	1	99
Acute hospital/secondary care non-foundation trust		54	0	54
Mental health foundation trust		33	0	33
Mental health non-foundation trust		10	0	10
Other NHS foundation trust (care trust, ambulance trust, etc.)		15	0	15
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		18	0	18
Special health authorities		5	0	5
NHS sector Total		254	1	255
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	295	8	303
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	42	2	44
	<i>Independent/non-NHS sector, hospice</i>	66	0	66
	<i>Independent/non-NHS sector, other non-NHS</i>	27	0	27
	<i>Independent/non-NHS sector, locum agency</i>	92	2	94
	<i>Independent/non-NHS sector, faculty</i>	6	0	6
	<i>Independent/non-NHS sector, academic organisation</i>	5	1	6
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	15	1	16
	Independent/non-NHS sector Total	552	14	566
TOTAL NUMBER OF DESIGNATED BODIES		806	15	821

Figure 19 shows nearly every designated body is assured they have access to sufficient suitable medical appraisers, either within their organisation or via a formal agreement with a supporting partner.

This continues to be a very positive response and the figure of 98% remains the same as last year, which indicates a steady state position.

Figure 20: The extent to which medical appraisers are supported in their role to calibrate and assure the quality of their appraisal practice

Response		Yes	No	TOTAL
NHS England (national office)		1	0	1
NHS England (regional office)		4	0	4
NHS England (local office)		16	0	16
Acute hospital/secondary care foundation trust		96	3	99
Acute hospital/secondary care non-foundation trust		52	2	54
Mental health foundation trust		33	0	33
Mental health non-foundation trust		10	0	10
Other NHS foundation trust (care trust, ambulance trust, etc.)		15	0	15
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		17	1	18
Special health authorities		5	0	5
NHS sector Total		249	6	255
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	292	11	303
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	42	2	44
	<i>Independent/non-NHS sector, hospice</i>	64	2	66
	<i>Independent/non-NHS sector, other non-NHS</i>	26	1	27
	<i>Independent/non-NHS sector, locum agency</i>	92	2	94
	<i>Independent/non-NHS sector, faculty</i>	6	0	6
	<i>Independent/non-NHS sector, academic organisation</i>	5	1	6
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	13	3	16
Independent/non-NHS sector Total		544	22	566
TOTAL NUMBER OF DESIGNATED BODIES		793	28	821

Figure 20 indicates 96.6% of all designated bodies feel their appraisers are being sufficiently supported in their role. This is an increase from last year and is most likely attributable to the continuing quarterly appraiser networks run by NHS England, which all lead appraisers are invited to join and encouraged to deliver themselves at a local level.

7 Section 3: Monitoring Performance and Responding to Concerns

This section of the AOA questions designated bodies on how sophisticated the systems are for performance managing doctors, how individual doctors' performance is monitored and how a concern is responded to. Having access to the appropriate governance systems necessary to ensure effective management of all doctors' performance is a significant element of the Regulations. All designated bodies regardless of how few prescribed connections they may have should ensure robust systems are in place in case of any issues. Reporting tables in this section therefore report the numbers of doctors covered by a response to demonstrate the coverage of these systems.

Figure 21 reports another year on year increase in designated bodies ensuring that a formal responding to concerns policy is in place for doctors connected to the organisation. Only two bodies in the NHS sector now report they do not have an appropriate responding to concerns policy in place. This is encouraging as eight NHS organisations were in a similar position last year.

Figure 22 shows the numbers of designated bodies declaring there are systems for monitoring fitness to practise of doctors in place. 97.6% of doctors were covered by designated bodies who answered 'Yes' to this in last year's return compared to 96.9% this year, a very slight decrease. However, the total number of doctors working in organisations that have systems for monitoring the fitness to practise of doctors has increased from 128,224 to 131,219, an increase of 2,995 doctors.

Regional teams will continue to focus attention on designated bodies reporting 'No' to this question, to ensure robust systems for monitoring fitness to practise of connected doctors are in place and functioning effectively across healthcare.

Figure 21: The extent to which there is a responding to concerns policy in place, with core content which is compliant with national guidance, which is ratified by the designated body's board (or an equivalent governance or executive group)

Response		Yes	No	TOTAL
NHS England (national office)		1	0	1
NHS England (regional office)		4	0	4
NHS England (local office)		15	1	16
Acute hospital/secondary care foundation trust		99	0	99
Acute hospital/secondary care non-foundation trust		54	0	54
Mental health foundation trust		33	0	33
Mental health non-foundation trust		10	0	10
Other NHS foundation trust (care trust, ambulance trust, etc.)		14	1	15
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		18	0	18
Special health authorities		5	0	5
NHS sector Total		253	2	255
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	294	9	303
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	44	0	44
	<i>Independent/non-NHS sector, hospice</i>	66	0	66
	<i>Independent/non-NHS sector, other non-NHS</i>	27	0	27
	<i>Independent/non-NHS sector, locum agency</i>	93	1	94
	<i>Independent/non-NHS sector, faculty</i>	6	0	6
	<i>Independent/non-NHS sector, academic organisation</i>	6	0	6
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	15	1	16
Independent/non-NHS sector Total		555	11	566
TOTAL NUMBER OF DESIGNATED BODIES		808	13	821

Number of doctors covered by DB responses	
Yes	No
15	0
499	0
45922	0
36020	2421
22906	1218
4200	0
1178	0
1320	0
470	0
77	0
112607	3639
4664	3
297	0
776	0
2253	0
7747	0
1577	0
184	6
959	0
155	579
18612	588
131219	4227

% doctors covered by response	
Yes	No
100.0%	0.0%
100.0%	0.0%
100.0%	0.0%
93.7%	6.3%
95.0%	5.0%
100.0%	0.0%
100.0%	0.0%
100.0%	0.0%
100.0%	0.0%
100.0%	0.0%
96.9%	3.1%
99.9%	0.1%
100.0%	0.0%
100.0%	0.0%
100.0%	0.0%
100.0%	0.0%
96.8%	3.2%
100.0%	0.0%
21.1%	78.9%
96.9%	3.1%
96.9%	3.1%

Figure 22: The extent to which systems for monitoring the fitness to practise of doctors with whom the designated body has a prescribed connection are in place

Response		Yes	No	TOTAL	Number of doctors covered by DB responses		% doctors covered by response	
					Yes	No	Yes	No
NHS England (national office)		1	0	1	15	0	100.0%	0.0%
NHS England (regional office)		4	0	4	499	0	100.0%	0.0%
NHS England (local office)		16	0	16	45922	0	100.0%	0.0%
Acute hospital/secondary care foundation trust		95	4	99	36020	2421	93.7%	6.3%
Acute hospital/secondary care non-foundation trust		53	1	54	22906	1218	95.0%	5.0%
Mental health foundation trust		33	0	33	4200	0	100.0%	0.0%
Mental health non-foundation trust		10	0	10	1178	0	100.0%	0.0%
Other NHS foundation trust (care trust, ambulance trust, etc.)		15	0	15	1320	0	100.0%	0.0%
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		18	0	18	470	0	100.0%	0.0%
Special health authorities		5	0	5	77	0	100.0%	0.0%
NHS sector Total		250	5	255	112607	3639	96.9%	3.1%
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	299	4	303	4664	3	99.9%	0.1%
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	44	0	44	297	0	100.0%	0.0%
	<i>Independent/non-NHS sector, hospice</i>	66	0	66	776	0	100.0%	0.0%
	<i>Independent/non-NHS sector, other non-NHS</i>	27	0	27	2253	0	100.0%	0.0%
	<i>Independent/non-NHS sector, locum agency</i>	93	1	94	7747	0	100.0%	0.0%
	<i>Independent/non-NHS sector, faculty</i>	6	0	6	1577	0	100.0%	0.0%
	<i>Independent/non-NHS sector, academic organisation</i>	5	1	6	184	6	96.8%	3.2%
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4	959	0	100.0%	0.0%
	<i>Independent/non-NHS sector, government department</i>	15	1	16	155	579	21.1%	78.9%
Independent/non-NHS sector Total		559	7	566	18612	588	96.9%	3.1%
TOTAL NUMBER OF DESIGNATED BODIES		809	12	821	131219	4227	96.9%	3.1%

Figure 23: The extent to which the board (or an equivalent governance or executive group) is provided with an annual report detailing the number and type of concerns and their outcome

Response		Yes	No	TOTAL
NHS England (national office)		1	0	1
NHS England (regional office)		4	0	4
NHS England (local office)		16	0	16
Acute hospital/secondary care foundation trust		99	0	99
Acute hospital/secondary care non-foundation trust		53	1	54
Mental health foundation trust		33	0	33
Mental health non-foundation trust		10	0	10
Other NHS foundation trust (care trust, ambulance trust, etc.)		15	0	15
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		17	1	18
Special health authorities		5	0	5
NHS sector Total		253	2	255
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	293	10	303
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	43	1	44
	<i>Independent/non-NHS sector, hospice</i>	66	0	66
	<i>Independent/non-NHS sector, other non-NHS</i>	26	1	27
	<i>Independent/non-NHS sector, locum agency</i>	92	2	94
	<i>Independent/non-NHS sector, faculty</i>	6	0	6
	<i>Independent/non-NHS sector, academic organisation</i>	5	1	6
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	14	2	16
	Independent/non-NHS sector Total	549	17	566
TOTAL NUMBER OF DESIGNATED BODIES		802	19	821

Figure 23 illustrates an increase compared to previous years with designated bodies realising the importance of citing their boards on types of concerns within the organisation. In 2015-16, 97.3% of designated body's boards were provided with an annual report detailing the number and type of concerns and their outcome

Several notable failures in the NHS (Mid Staffordshire Foundation Trust, Southern Health Foundation Trust and more recently the Ian Paterson case) have highlighted the importance of ensuring concerns are investigated and properly escalated to the Board or highest level management. It is encouraging there has been a further increase in the number of organisations (from 97.4% to 97.7%) formally reporting on concerns that have been raised. While that may be expected in small organisations with flat organisational structures the fact that a number of NHS organisations report they do not report on the concerns that have arisen should be addressed.

Figure 24: The extent to which designated bodies have arrangements in place to access sufficient trained case investigators and case managers

Response		Yes	No	TOTAL
NHS England (national office)		1	0	1
NHS England (regional office)		4	0	4
NHS England (local office)		16	0	16
Acute hospital/secondary care foundation trust		93	6	99
Acute hospital/secondary care non-foundation trust		51	3	54
Mental health foundation trust		33	0	33
Mental health non-foundation trust		10	0	10
Other NHS foundation trust (care trust, ambulance trust, etc.)		14	1	15
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		16	2	18
Special health authorities		5	0	5
NHS sector Total		243	12	255
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	280	23	303
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	42	2	44
	<i>Independent/non-NHS sector, hospice</i>	55	11	66
	<i>Independent/non-NHS sector, other non-NHS</i>	24	3	27
	<i>Independent/non-NHS sector, locum agency</i>	91	3	94
	<i>Independent/non-NHS sector, faculty</i>	6	0	6
	<i>Independent/non-NHS sector, academic organisation</i>	5	1	6
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	15	1	16
	Independent/non-NHS sector Total	522	44	566
TOTAL NUMBER OF DESIGNATED BODIES		765	56	821

Figure 24 shows the number of designated bodies able to confirm sufficient access to trained case investigators and case managers. Given the backdrop of increasing numbers of designated bodies, it is encouraging to see the number of ROs that have arrangements in place to access sufficient trained case investigators and case managers has increased from 92.2% to 93.2% over the last year. The number of designated bodies that do not have access to sufficient trained investigators or case managers within the NHS has fallen from 13 to 12 organisations and from 47 to 44 within the independent sector.

The National Clinical Assessment Service (NCAS) continue to run a comprehensive training programme for both case investigators and case managers, these courses continue to be in high demand which indicates demand for the services of case investigators and case managers may be on the increase.

8 Section 4: Recruitment and Engagement

Figure 25: The extent to which designated bodies have a process in place for obtaining relevant information when entering into a contract of employment for the provision of services with doctors

Response		Yes	No	TOTAL
NHS England (national office)		1	0	1
NHS England (regional office)		4	0	4
NHS England (local office)		16	0	16
Acute hospital/secondary care foundation trust		98	1	99
Acute hospital/secondary care non-foundation trust		54	0	54
Mental health foundation trust		33	0	33
Mental health non-foundation trust		10	0	10
Other NHS foundation trust (care trust, ambulance trust, etc.)		15	0	15
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		18	0	18
Special health authorities		5	0	5
NHS sector Total		254	1	255
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	298	5	303
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	44	0	44
	<i>Independent/non-NHS sector, hospice</i>	66	0	66
	<i>Independent/non-NHS sector, other non-NHS</i>	27	0	27
	<i>Independent/non-NHS sector, locum agency</i>	93	1	94
	<i>Independent/non-NHS sector, faculty</i>	6	0	6
	<i>Independent/non-NHS sector, academic organisation</i>	5	1	6
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	16	0	16
	Independent/non-NHS sector Total	559	7	566
TOTAL NUMBER OF DESIGNATED BODIES		813	8	821

It is encouraging to see the overall number of designated bodies that do not think they have adequate processes in place at the point of employment has further decreased again this year.

Appendix 1

<https://www.england.nhs.uk/publication/annual-organisational-audit-annex-c-end-of-year-questionnaire/>