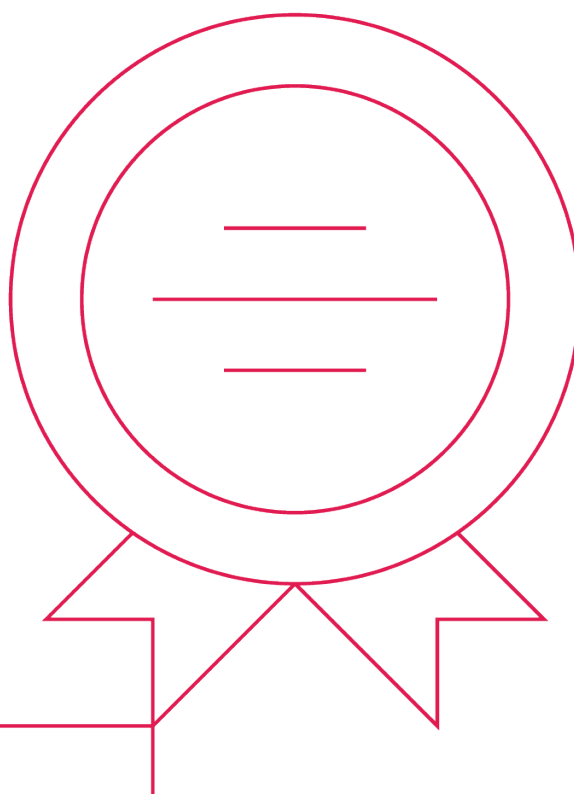


June 2019

Lay involvement in revalidation activities

Current examples of lay activities



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This [Annex 1 in the 2019 report, Lay involvement in revalidation activities] updates and replaces the 2017 version. It gives detailed examples of lay involvement in individual organisations and includes the new examples from the 2018 survey as well as others that were highlighted during the drafting of the 2019 report.

Detailed examples of lay involvement in revalidation by organisation

National Level

National Level	
General Medical Council	<p>The GMC involved lay representation in the design, development and implementation stages of revalidation and on its subsequent revalidation governance bodies. This included membership of the Revalidation Oversight Group that oversaw implementation of changes in response to the Taking Revalidation Forward review in 2018.</p> <p>The GMC continues to involve lay representation on an ad hoc basis, more recently as part of an advisory group that helped draft proposed revisions to patient feedback requirements for revalidation, on which they will publicly consult in 2019.</p> <p>The GMC continues to encourage lay involvement in the revalidation process through dedicated pages on their website, which contain examples of involvement and other relevant information involving-patients-in-revalidation.</p>
Directorate for Health & Social Care, Scotland	<p>There is lay representation on the Revalidation Delivery Board for Scotland (RDDBS). There is also lay membership on the panel examining the returns from Designated Bodies for the annual external review into medical revalidation and appraisal rates, conducted by NHS Education for Scotland (NES).</p>
DH Wales	<p>There is a lay member on the Welsh Revalidation and Delivery Board and the Revalidation and Appraisal Implementation Group.</p>
Revalidation Support Unit Wales Deanery	<p>The Unit involves lay representatives in Quality Assurance visits.</p>
DH Northern Ireland	<p>The Revalidation Delivery Board has a lay member.</p>
NIMDTA (Northern Ireland Medical & Dental Training Agency)	<p>The Agency has recruited lay representatives through open advertisement and interview. These individuals provide lay involvement on the Revalidation Operational Group, ARCP panels, Recruitment and Selection of doctors and dentists in training processes and Educational Monitoring Visits as part of Quality Management processes.</p>
Health Education England	<p>There are lay advisers involved in the overseeing of the sample of panels dealing with the full Annual Review of Competence Progression (ARCP) scope of practice reviews, which is the equivalent appraisal process. This is in addition to lay representation at designated body board level.</p>

National level continued	
Public Health England	There are two lay representatives on the PHE Revalidation Steering Group which oversees and scrutinises processes to support the role of the RO in PHE. The two representatives are from PHE's Peoples' Panel and are competitively selected.
Academy of Medical Royal Colleges	<p>The Academy engages patients in different ways:</p> <ul style="list-style-type: none"> — Through the Academy Revalidation and Professional Development Committee. All the Royal Colleges and Faculties are represented on the Academy Committee as well as representatives from England, Scotland, Ireland and Wales, the GMC, NCAS, COPMED, NHS Employers and the independent sector plus three lay representatives (two independent and one Academy representative). The Committee discusses all aspects of revalidation such as remediation, quality of appraisals and CPD. The lay representatives contribute fully to all the discussions. — Through the Academy's Patient Feedback workstream, which has two lay representatives on its membership alongside Colleges, NHS England and the GMC. <p>And more widely through:</p> <ul style="list-style-type: none"> — The Academy's Stakeholder Reference Group which involves those who would be unable to attend meetings. This group receives regular updates with information on patient engagement opportunities including surveys, consultations, opportunities to join Academy Committees as patient/lay representatives, and meetings and events. Currently it consists mainly of patients/lay members from Royal Colleges, but it is planned to recruit more widely. — The Academy's Patient and Lay Committee which meets quarterly to give the patient view on different subjects, and regularly hosts speakers from external bodies to discuss issues relevant to the Academy's work. This involves patients/lay members of Royal Colleges. — An annual Patient Seminar, which is an opportunity to hold more detailed discussions and ensure a wider range of patients can be engaged.
Royal College of Psychiatrists (RCPsych)	There is a Revalidation and CPD Committee with two lay representatives, one carer and one service user who input into developing College policy on revalidation. This Committee links to the Colleges' Patients and Carers Committee which meets three times a year.
Royal College of Ophthalmologists (RCOphth)	Lay representatives, including service users, sit on the Education Committee and the Professional Standards Committee among others. Both these committees have input from the CPD Committee and Revalidation teams and allow for collaborative working.

National level continued

Royal College of Anaesthetists (RCoA)

There is a Revalidation Committee with lay membership, with ongoing work streams around issues such as patient feedback, returning to practice and remediation resources. The terms of reference for the Committee include developing and updating specialty guidance and contributing to national consultations.

Another important group at the RCoA is the CPD Board which has responsibility for the quality assurance of CPD approval across the specialty. It also includes lay representation and it is an independent group with terms of reference including the provision of a shared forum for all matters relating to CPD.

The **RCoA Lay Committee** was established in 1998 and provides an independent, non-clinical view across most of College activities. Members' roles include attending visits to hospitals under the **ACSA** accreditation scheme, to assess how the hospital experience might appear to a patient, contributing to the College responses to consultation documents and also contributing to question setting in the Primary exam, with a particular emphasis on doctor/patient communication.

Royal College of General Practitioners (RCGP)

There is patient representation on all relevant boards and committees since the College started developing revalidation proposals in 2009. A representative from the RCGP Patient and Carers Partnership Group (PCPG) is included on the College's Revalidation Working Group (RWG) and a member of RCGP Scotland's patient representative group, P3, is included on the Professional Development and Quality Programme Board – the programme area the RWG is accountable to. The PCPG also feeds into revalidation work informally.

The RCGP hosted patient representative workshops in July 2015 and July 2017 which help shape the RCGP Guide to Supporting Information for Appraisal and Revalidation, particularly the recommendation that GPs reflect on other sources of patient feedback on an annual basis, in addition to undertaking a GMC-compliant survey once per revalidation cycle. The findings of the 2017 workshop have fed into the Royal College of Physicians London patient feedback for revalidation project.

The RCGP has sought comment from PCPG representatives on revalidation resources, including the Guide to Supporting Information for Appraisal and Revalidation and RCGP's 'Myth busters: Addressing Common Misunderstandings about Appraisal and Revalidation.'

National level continued

<p>Royal College of Surgeons of Edinburgh (RCSEd)</p>	<p>The Director of Professional Affairs oversees appraisal and revalidation for the College and has a representative role on the Academy's Revalidation and Professional Development Committee. The Director reports to Hill Square Educational Trust quarterly which is the charity which facilitates the professional affairs of the College. The lay Regents of the College separately advise the President and Office Bearers.</p> <p>The day-to-day affairs are conducted by the public affairs and policy office based at the RCSEd Birmingham Regional Centre led by the head of the Birmingham Centre. A public affairs officer organises, attends and briefs the College Lay Advisory Group (LAG) on all relevant matters and seeks advice as necessary.</p> <p>The LAG is chaired by a RCSEd Vice President and has Council Members present, so broad opinions can be consolidated at the two weekly College Office Bearers' regular meetings.</p> <p>The LAG has been establishing its Lay Reference Network throughout the UK to allow regional, multicultural and diverse feedback to the LAG, the Birmingham Centre and the Professional Affairs Department in Edinburgh. Scotland, Wales and Northern Ireland are separately represented, and each has a strong membership.</p> <p>The Education Department deals with revalidation enquiries (which have been minimal) and the LAG is an important source of intelligence and support.</p> <p>Since 2017, the College has increased the LAG by 100% in size to represent the whole of the UK and this works in close association with its Healthcare Policy Group and other Advocacy Groups around the four nations of the UK. The new expanded format is currently a great success and is linking grass roots activity professionally with the countrywide lay advisors.</p>
<p>Royal College of Obstetricians and Gynaecologists (RCOG)</p>	<p>The RCOG Revalidation Committee was established in 2009 with lay representation. However, following the roll-out of revalidation, it was felt that the Revalidation Committee had served its purpose and a decision was then made to disband the Committee in March 2015. In its place a Revalidation Clinical Lead was appointed who would serve on a new UK Board, responsible for revalidation, and on a new Professional Development Committee which was formed in June 2015 with the remit to develop a new framework and recording system for CPD with a lay member from the RCOG Women's Network.</p> <p>The RCOG also published in February 2015, a Patient information leaflet on revalidation which explains about appraisal, colleague feedback and patient feedback, including how patients can give their feedback (Revalidation-How do I know my doctor is up to date?) The College is currently a partner in the Academy commissioned project around patient feedback in revalidation, led by the RCPL. Members of the Women's Network have been involved in the project's associated workshops.</p>

National level continued	
Royal College of Surgeons of England [RCS England]	<p>All revalidation discussions fall under the scope of RCS (England). Career and Professional Development Committee and any policy decisions relating to these discussions are further discussed and finally approved by the College Council. Both groups include lay/patient representation as each has members drawn from our Patient and Lay Group (PLG). These representatives discuss issues with the other members of the PLG and can contribute directly to the discussions and input the patient/lay voice.</p> <p>Further to this, any changes to documentation or new guidance relating to Revalidation are given for consultation to the PLG with opportunity to ask any questions and offer any feedback on draft documents prior to their publication.</p>
Royal College of Paediatrics and Child Health [RCPCH]	<p>The College oversees revalidation issues via its Officer for Professional Development and staff team who report in to the Education and Training Divisional Committee. The College has moved to a specific engagement model working closely with the RCPCH Children and Young People's Engagement Manager. The approach is based on seeking Children and Young Person (CYP) and/or Family representatives input on projects or consultations, choosing the right consultation model. For example, the College organised a focus group with Children and Young People and Family representatives to support the Academy's patient feedback project, which will be used to improve the RCPCH patient feedback tool for revalidation.</p>
The Federation of the Royal Colleges of Physicians of the UK	<p>The Federation is a working partnership between the three Physician Colleges. The Federation CPD Management and Policy Board has patient and lay representation and is chaired by the Federation of Medical Director for Revalidation and CPD. Board members are invited to contribute to discussions relating to both revalidation and CPD, to inform decision-making and influence policy and guidance.</p>
The Royal College of Physicians, London [RCPL]	<p>The College's Executive Board has patient and lay representation and is chaired by the Vice-President for Education and Training whose responsibility includes revalidation. Board members are invited to attend meetings and contribute to discussions. It receives minutes and relevant papers for comment.</p>
Faculty of Medical Leadership and Management [FMLM]	<p>The Faculty provides appraisal and revalidation guidance for doctors in leadership positions, as well as a revalidation helpdesk. It has a Revalidation and Appraisal Group, which has lay involvement.</p>
Faculty of Pharmaceutical Medicine [FPM]	<p>There are two lay representatives on the Faculty's Board which regularly discusses revalidation and appraisal. The Board oversees governance of the FPM Designated Body. Discussions are ongoing about how further lay input could add value to various aspects of revalidation.</p>



National level continued

RESTORE (REalist SynThesis of dOctor Remediation)	<p>RESTORE (REalist SynThesis of dOctor Remediation) is an evidence-based review that aims to identify why, how, in what contexts, for whom and to what extent remediation works for practising doctors, to support patient safety.</p> <p>This research has the following objectives:</p> <ul style="list-style-type: none">— To conduct a realist review of the literature to ascertain why, how, in what contexts, for whom and to what extent do remediation programmes for practising doctors work to restore patient safety— To provide recommendations on tailoring, implementation and design strategies to improve remediation interventions for doctors <p>The research study which is being led by the CAMERA team [Collaboration for the Advancement of Medical Education Research and Assessment] at the University of Plymouth in collaboration with the Universities of Oxford and Aberdeen, has involved lay representation from inception.</p>
Faculty of Sports and Exercise Medicine (FSEM)	<p>The Faculty has a lay member on their appraisal group. The lay member is also invited to attend and participate in the face to face training day.</p>
Royal College of Emergency Medicine (RCEM)	<p>Each member of the lay advisory group (LAG) sits on several committees — in this way the LAG can support the majority of the College's committees. The LAG reports to Council and the Chair of LAG sits on Council. The College's Sustainable and Working Practices Committee (SWP)'s remit includes developing a strategy for assisting emergency physicians with revalidation and remediation</p>
Faculty of Occupational Medicine (FOM)	<p>The Designated Body Sub-committee (DBSC) is constituted to provide oversight in relation to the FOM's role in revalidation and to support the FOM's Responsible Officer (RO) in her/his specific obligations under the Medical Profession Responsible Officer (RO) Regulations, 2010 and the Medical Profession [Responsible Officer] [Amendment] Regulations 2013 for its members who have a prescribed connection to the FOM for the purposes of revalidation. The DBSC is accountable to the Board of Trustees (the Board) of the FOM. The Chair of the DBSC is a lay representative.</p>

Regional level	
<p>Quality Review teams visiting designated bodies in NHS England regions and in Wales</p>	<p>The Higher-level RO Quality Reviews (previously called Independent Verification visits) have been in operation for over five years and there have been a substantial number of Quality Reviews visits in that period. The Quality Reviews are an ongoing process which is taking place in all the NHS England regions and in Wales. However, there is only lay involvement in NHS England South/South West, London and the North plus in Wales. There is no lay involvement in the reviews in NHS England Midlands & East region. There is lay involvement in the Educational Monitoring visits as part of Quality Management processes in the NIMDTA (Northern Ireland Medical & Dental Training Agency).</p> <p>The purpose of the reviews is to enable discussions to take place between the key members of a designated body (responsible officer plus others) and the regional team representing the higher-level RO to discuss:</p> <ul style="list-style-type: none"> — Compliance with the Responsible Officer Regulations (2010 and 2013) — Examples of good practice that could be shared more widely — Areas of challenge — Ways in which the designated body could be supported to develop further — Development of an agreed action plan for the designated body. <p>The lay participation in these visits is an excellent example of 'hands on' lay involvement in quality assuring the local revalidation processes and procedures by being part of the team that visits different designated bodies to check how the revalidation process is being managed locally. These can include visits to public and independent hospitals (large and small), locum agencies, clinics, telemedicine agencies and organisations responsible for GP revalidation. As part of the team, the lay representative participates in the meetings with a local RO, the Human Resource Team, and drop in sessions with some of the local appraisers and a group of doctors who are subject to the local revalidation process.</p> <p>Some visits also include talking to the complaints manager, health and safety officer and others who have specific roles in the local revalidation system. The lay representatives contribute freely to the discussions that take place with these groups and are part of team decision making when commenting on different aspects on whether the revalidation processes are being applied to a satisfactory standard.</p>



Regional level continued

Quality Review teams visiting designated bodies in NHS England regions and in Wales (cont.)

The 2016 University College London report on these revalidation QA visits described the patient and lay participation as having 'the public in the room'. It also said that 'Lay representation should become a standard practice, confirming that their role is important and should include their ability to comment widely on the performance of the organisation and not limit their role to patient feedback or PPI. This report was further confirmation of the important role that lay representatives can play in revalidation and is very good example of medical and lay representatives successfully working together.

Higher Level Responsible Officer Advisory Groups in NHS England

NHS England South and London have established a Higher Level Responsible Officer Advisory Group (HLROAG) with lay involvement with the North and Midlands and East having different arrangements, details of which are set out below. A key objective of these advisory groups is to consider key items requiring decision-making to support the role of the Higher Level Responsible Officer (HLRO), including but not restricted to:

- Requests for advice regarding the appointment of alternative responsible officers due to a conflict of interest or appearance of bias
- Revalidation recommendations, particularly in complex situations
- Concerns regarding a responsible officer and the application of the Policy for Responding to Concerns for Responsible Officers with a prescribed connection but no organisational link to NHS England
- Complex issues related to appraisals for ROs
- Cases brought by responsible officers to the attention of the HLRO where broader discussion by the group would be beneficial
- Complaints to the HLRO
- Any other issues relevant to the role of the HLRO.

For the purpose of calibration across NHS England the cases and key decisions by the Groups are shared anonymously with the other regions through the Higher Level Responsible Officers Calibration Group (HLROCG) which meets quarterly. Any learning from other regions can be shared with the HLROCG at the next meeting. The quorum in the South requires a lay representative to be present at meetings. Lay members participate fully in the discussions on the individual cases on a confidential basis and can freely express views within the group on the way they think a problem could be resolved.

In the Midlands and East Region, they hold a monthly Revalidation Meeting which considers all aspects relating to revalidation i.e. looks at QA, appraisal rates, visit plans etc. apart from performance management which is dealt with by the Performance Management Group. This meets fortnightly to deal with the same issues as the HLROAG. Neither group has patient representation at present.

Regional level continued

<p>Higher Level Responsible Officer Advisory Groups in NHS England (cont.)</p>	<p>In NHS England North they have a Revalidation Committee which deals with general revalidation matters rather than a formal HLROAG. Instead performance issues are dealt with as part of the regular meetings between the HLRO, the MD lead for the RO function and the GMC Employer Liaison Adviser and, where appropriate cases, are fed into the HLRO Calibration Group in the normal way.</p> <p>The regional revalidation team provides leadership and support to the ROs which is thought felt to enable the early identification of concerns and their timely resolution. This is underpinned by the relationship with the ROs and with the GMC ELAs and other resources. There is no lay involvement in the Committee or the HLRO/ELA meetings. However, there is lay involvement in the Revalidation Oversight Group which covers GPs within one of the Local Offices.</p>
<p>Lay involvement in Local Decision-Making Group relating to concerns about ROs</p>	<p>NHS England has a framework which sets out processes for managing concerns about ROs who have a prescribed connection to the HLRO in the four regions of NHS England. The aim of the framework is to bring a consistent, fair, proportionate approach - in line with the regulations, when enacting changes or imposing sanction where necessary to improve patient safety and the quality of healthcare services.</p> <p>The Framework provides for the setting up of a Local Decision-Making Group which may include; CEO, Chair, HR Director, Lay person, Medical Director if different from RO and an external RO if not. The group should usually include at least three out of four of the above with the option for one to nominate a deputy. NCAS and the GMC ELA (may/could) be used in an advisory manner and informed of relevant investigations in line with the designated body's policy.</p>
<p>Involvement in RO training</p>	<p>A lay representative attends the two-day training course for ROs in NHS England South and on the second day gives a Power Point presentation on the benefits of PPI and facilitates a discussion on how it can be developed further.</p>

Local level

All NHS England Local Offices

<p>Involvement in Performance Advisory Groups and Performer List Decision Panels</p>	<p>Across NHS England (based in Local Offices) there is lay membership of Performance Advisory Groups (PAG) and Performer List Decision Panels (PLDP) both of which are linked to the revalidation processes in dealing with performance issues.</p> <p>The PAG is a repository of expertise provided by individuals with in-depth knowledge of performance procedures and professional standards and can provide advice on handling individual performance cases. The PAG's role is investigative and advisory. The PAG Objectives are as follows:</p> <ul style="list-style-type: none"> – To ensure that all concerns and all complaints that may raise a question as to their fitness for purpose related to a named primary care practitioner included on the performers list or on the pharmaceutical services list are considered, investigated where appropriate, and managed in the interest of patient safety and high standards of patient care. – To ensure that primary care practitioners whose performance, conduct or health has given cause for concern are supported to return to a satisfactory standard where possible. – To ensure a fair, open, consistent and non-discriminatory approach to the management of concerns. – To facilitate the resolution of concerns through appropriate agreed local action and support for improvement. <p>The primary role of the PLDP is to make decisions under the Performers lists regulations. This does not prevent the PLDP from taking any action that the PAG can take. The lay representative chairs the PDL.</p> <p>The PAG and PLDP enable the delivery of the governing principles of the Framework for managing performer concerns and in particular, 'it is important that every case is dealt with according to individual circumstances.'</p>
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NHS England (South & South West)

<p>Members of Appraiser appointment panels – South Central</p>	<p>In NHS England South Central a lay representative has been included in the appointment panels for new appraisers. The lay representative participates fully in asking interviewees questions and in the decision-making discussions in relation to the appointment.</p>
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NHS England (South & South West) continued

<p>Reviewing revalidation documentation — Phyllis Tuckwell Hospice</p>	<p>Phyllis Tuckwell Hospice Care (which covers West Surrey and part of North East Hampshire) has a trained lay representative as part of their revalidation decision making group. Following review of the doctor's appraisal portfolio the three group members through a robust discussion eliminate the risk of bias and blind spots. They then go on to reach a consensus decision before recommendation is agreed.</p>
<p>Governor appointed as Lay representative for revalidation — Western Sussex NHS Foundation Trust</p>	<p>The lay revalidation representative is their Lead Governor, elected as a Public Governor who represents and reports to the Council of Governors on the progress of medical revalidation of doctors at West Sussex Hospitals Foundation Trust. The Lay representative's participation is through the Medical Appraisal and Revalidation Group (MARG), which meets quarterly to review all aspects of appraisal and revalidation. The Group comprises the delegated RO, project manager, several appraisers and report to the Medical Director (the formal RO).</p> <p>The lay representative is also a volunteer at Worthing hospital and a member of the Membership and Engagement Committee, whose responsibility it is to ensure that the Trust has enough public members across its constituencies and through them engage on Trust issues. Both roles and through public meetings of the governors provide significant interaction with the patient perspective and issues, which adds to the lay representative's ability to contribute to the MARG. The Trust's Revalidation policy has recently been updated to reflect the wider perspective of patients through their peer review process, patient experience and engagement committee and the patient advice and liaison service.</p>
<p>Involvement in Appraisal meetings — Royal Air Force</p>	<p>The lay representative attends quarterly assurance working group meetings and quarterly Revalidation and Appraisal Action Group meetings (when revalidation recommendations are discussed and finalised by the RO). This is in addition to the provision of external view on matters as required.</p>
<p>Revalidation Steering Group — North Bristol NHS Trust</p>	<p>North Bristol NHS Trust include a lay representative on its revalidation steering group to provide challenge.</p>
<p>Revalidation Action Group — South Central</p>	<p>The Revalidation Action Group which includes lay representation was created by South Central to cover GP's appraisals across the counties of Oxfordshire, Berkshire, Buckinghamshire, Bath and North-East Somerset, Gloucestershire, Swindon and Wiltshire.</p> <p>The group consider appraiser recommendations in relation to fulfilment of Good Medical Practice criteria in portfolios of evidence provided by individual doctors for appraisal and revalidation and make recommendations to the RO. The group's quorum requires a lay member to be present. The lay member was recruited from the pool of lay representatives in the Health Education England Thames Valley.</p>

NHS England [South & South West] continued

Attendance at appraiser training courses — Southern Health Foundation Trust	In Southern Health, a lay representative attends and contributes to the appraisal training courses and the appraisers' network meetings.
Oversight Role — Berkshire Healthcare NHS Foundation Trust	<p>The lay representative has an honorary contract with the trust and provides oversight of the medical appraisal process through engagement with the trust appraiser forums and advising the Appraisal Lead and Responsible Officer.</p> <p>The lay representative brings experience from lay roles as Board Member Healthwatch West Berkshire, a lay Associate Oxford AHSN, member of the Suicide Prevention forum, lead volunteer with a homeless shelter, Chair of a patient group of a medical centre, Member Patient Experience Oversight Group, Thames Valley and Milton Keynes and lay representative on the West Berkshire Health and Wellbeing Board sub group on Patient and Public Engagement. Additionally, their understanding of medical appraisals enriches these roles and provides a broader insight into health and wellbeing and patient safety from a clinician's perspective.</p>
Involvement in a Panel that provides scrutiny — East Sussex Healthcare	East Sussex Healthcare has a Medical Revalidation Advisory Panel (MRAP) which acts as a scrutiny panel that checks appraisal outputs and provides support to the RO in relation to recommendations, quality assurance, recruitment and discharge of appraisers, remediation processes and the RO transfer forms for doctors leaving the Trust. They also attend internal medical appraiser training.
Involvement in Oversight Committee — Oxford University Hospitals Foundation Trust	There is a lay member who sits on the Medical Revalidation Committee which has an oversight of revalidation within the Trust following attendance at the Learning Together programme.
Member of the RO Advisory Group — Avon and Wiltshire Mental Health Partnership	A lay member has been recruited from the non-Executive body to become a full member of the RO Advisory Group, which meets monthly.
Attendance at RO meetings — Great Western Hospital NHS Trust	There are two lay governors who attend the monthly Revalidation and Appraisal meetings and provide oversight to policy development, and the whole appraisal process. They have also been invited to attend some of the appraiser network meetings.
Involvement in Quality Assurance/RO meetings and the appointment of appraisers — Kent Community Health NHS Foundation Trust	The lay member is involved in quality assuring appraisals and attends and actively participates in the Medical revalidation meeting supporting the RO with making revalidation recommendations, development and ratification of the Medical appraisal and Revalidation policy. The lay member is also involved in the appointment of new appraisers.
Representation on Appraisal Panels — Royal Navy	There is lay representation on appraisal panels for junior doctors and on the RO Advisory Board.
Involvement in Quality Assurance - Torbay and South Devon NHS Foundation Trust	There is lay involvement in Quality assurance of medical appraisers and other activities organised by the medical revalidation team.

NHS England [South & South West] continued

<p>British Army</p>	<p>The lay representative is a member of the Responsible Officer Advisory Group (ROAG), which formally advises the RO on revalidation decisions and on casework involving doctors in difficulty.</p> <p>Their attendance at ROAG is mandated within the Terms of Reference of the group. The revalidation processes within the British Army operates on the basis that in recent times they have had a number of service persons treated in the field and within deployed primary and secondary care facilities on overseas military operations.</p> <p>This includes having to deal with patients who have suffered life changing injuries, often requiring the use of advanced prosthetics. Therefore, when seeking to appoint an appropriate lay representative they have sought to ensure that the individual has a clear and personal understanding of the issues raised by this and understand the environment in which Army doctors practise within such operations.</p> <p>The lay representative's contribution and insight is invaluable in assisting the Responsible Officer and is a greatly valued as a source of advice, common sense and clarity when dealing with matters under consideration including decisions on difficult case.</p>
<p>Involvement in ROAG including being Chair — Cornwall Partnership NHS Foundation Trust</p>	<p>Lay involvement in the recruitment of doctors, the Responsible Officer Advisory Group and the processes for responding to concerns about doctors. The Advisory Group is chaired by a Trust governor.</p>
<p>Lay Representative on Medical Appraisal Revalidation Support Group — North Devon Healthcare Trust</p>	<p>The Trust Medical Appraisal Revalidation Support Group, which meets monthly, has had lay representation for two years and focuses on appraisal, quality assurance and revalidation concerns for those not under a performance review.</p>
<p>Non- Executive involvement in Medical Appraisal and Revalidation Group — Yeovil District Hospital NHS foundation Trust</p>	<p>A Non-Executive Director (lay) sits on the Trust Medical Appraisal & Revalidation Group to provide oversight.</p>
<p>Membership of the Revalidation Governance Committee — Royal Bournemouth & Christchurch Hospitals</p>	<p>A public governor sits on our revalidation governance committee. The committee assures that processes are robust and being undertaken by suitably qualified staff. Strategy and policy are also ratified by this group. In recruiting Lay Governors expressions of interest were sought from public governors and role description was provided and all interested parties met with the medical director. The governors then elected representatives to roles.</p>
<p>Salisbury NHS Foundation Trust</p>	<p>Lay involvement in the recruitment of doctors, review of appraisal outputs and quality assurance of medical appraiser. A Lay member was also involved in producing the board statement explaining appraisal and revalidation which is on Trust internet page including information about how patients are involved in the process.</p>

NHS England (South & South West) continued

<p>Involvement in appraisal Updating sessions – Brighton and Sussex University Hospitals</p>	<p>The Trust are introducing lay involvement into their revalidation appraisal updating sessions.</p>
<p>Involvement in Appraisal & Quality Assurance – Gloucestershire Hospitals NHS Foundation Trust</p>	<p>There are two appointed lay representatives who are involved in recruitment of appraisers and appraisal lead, attending appraiser support groups and steering group. There are plans for them to sit in on an appraisal and review appraisal outputs as part of Quality Assurance Process.</p>
<p>Involvement in Appraisal workshops and reviews of revalidation policies and procedures – Sussex Community NHS Foundation Trust</p>	<p>The Trust lay representative is also a Public Governor and has been invited to attend the Trust's six monthly appraiser development workshops and contribute to the development and review of local appraisal and revalidation policies, processes and procedures. The Trust have also produced a lay representative role description which describes the role as providing an 'independent voice', contributing to governance issues and quality assurance processes that ensure revalidation is working effectively.</p>

NHS England (Midland and the East of England)

<p>Membership of the Revalidation Governance Committee - Royal Bournemouth & Christchurch Hospitals</p>	<p>NUH has a Medical Appraisal and Revalidation Advisory Group [MARAG] which aims to maintain and develop the Trust's medical appraisal and revalidation systems and NUH has a Medical Appraisal and Revalidation Advisory Group [MARAG] which aims to maintain and develop the Trust's medical appraisal and revalidation systems and processes. The group is directly accountable to the RO, and the membership includes eight specialty Lead Appraisers who oversee and support the appraiser faculty of 120 appraisers, as well as representatives from clinical academics, Heads of Service, LNC, SAS doctors and a PPI member.</p> <p>The PPI member was recruited and appointed following an advert in the Trust newsletter. The PPI member is a retired person and brings experience from the business world [including performance management]. The PPI input is very useful, particularly around policy regarding patient MSF. The PPI member has a Job Description which says their role is to:</p> <ul style="list-style-type: none"> — Oversee and ensure that NUH medical appraisal and revalidation processes remain focused on improving the quality and safety of care provided to patients, and increasing public trust and confidence in the organisation — Provide MARAG with guidance on its approach to creating and updating the Medical Appraisal and revalidation policy and procedure documents, ensuring they are consistent with the needs and views of patients/carers and the wider local community — Assist MARAG in understanding the perspectives of patients and public, including identifying other potential opportunities/roles for patients and the public to be effectively involved in appraisal and revalidation processes — Assist MARAG in appointing new Lead Appraisers as necessary.
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NHS England (Midland and the East of England) continued

<p>Attendance at RO Committee — Milton Keynes University Hospital</p>	<p>The RO committee meets monthly. Its membership consists of 4 doctors, HR representative, MD office and lay member. One of the roles is to look at appraisal not assured by the appraisal summary which means they will 'drill down' into the appraisal documents to gain assurance of the content. The committee starts to look at documents at least 3-4 months before the due date for revalidation.</p>
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NHS England (London)

<p>South London and Maudsley Mental Health Trust Revalidation Advisory Group</p>	<p>South London and Maudsley is a Mental Health Trust that employs approx. 350 with prescribed connections who are based in 90 different locations across 8 London Boroughs plus a small number of doctors in Jersey and Germany. The purpose of the Group is to provide oversight and scrutiny of the process by which consultants and SAS level doctors are appraised and revalidated thereby supporting the Responsible Officer (RO) in ensuring high standards of medical practice. The frequency of meetings is monthly.</p>
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NHS England (North)

<p>Yorkshire and Humber Office Assurance and Oversight Group for Managing Performers Concerns</p>	<p>The group provides support to the Principal RO from the perspective of assurance and oversight for the delivery of the Framework for Managing Performer Concerns and the actions of the Performance Advisory Group (PAG) and Performers' List Decision Panel (PLDP). The membership includes PLDP Lay Chairs and the Lay PAG members plus Local Health Professionals.</p>
<p>Involvement in the Good Medical Practice group – Cumbria Partnership NHS Foundation Trust</p>	<p>There are three lay people are members on the Good Medical Practice Group', which assists the RO in making decisions around revalidation, including handling performance concerns and the oversight of appraisal, including the QA of appraisals</p>

Academy of Medical Royal Colleges

10 Dallington Street
London
EC1V 0DB
United Kingdom

Telephone: +44 (0)20 7490 6810
Email: academy@aomrc.org.uk
Website: aomrc.org.uk

Registered Charity Number:
1056565

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