



## NHS England's National Report to Ministers on the Responsible Officer Regulations and Medical Revalidation, 2017/18

NHS England INFORMATION READER BOX		
<b>Directorate</b>		
<b>Medical</b>	Operations and Information	Specialised Commissioning
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<b>Publications Gateway Reference: 08533</b>		
<b>Document Purpose</b>	Report	
<b>Document Name</b>	NHS England's National Report to Ministers on the Responsible Officer Regulations and Medical Revalidation, 2017/18	
<b>Author</b>	NHS England, Professional Standards team	
<b>Publication Date</b>	26 October 2018	
<b>Target Audience</b>	Foundation Trust CEs , Medical Directors, NHS Trust Board Chairs, NHS England Regional Directors, Directors of HR, NHS Trust CEs	
<b>Additional Circulation List</b>		
<b>Description</b>	The National Report is an annual summary of the management of the Responsible Officer regulations that relate to 834 healthcare organisations and 140,303 doctors connected to NHS England's National Medical Director	
<b>Cross Reference</b>	Senior Responsible Owner's Report 2013/14, Senior Responsible Owner's Report 2014/15, Senior Responsible Owner's Report 2015/16 & NHS England's National Report to Ministers on the Responsible Officer Regulations and Medical Revalidation, 2016/17	
<b>Superseded Docs (if applicable)</b>	N/A	
<b>Action Required</b>	N/A	
<b>Timing / Deadlines (if applicable)</b>	N/A	
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<b>Document Status</b>		
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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, 2017/18**

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

On 5 July 2018 celebrations took place up and down the country to mark the NHS's 70<sup>th</sup> birthday. This significant occasion provided a perfect opportunity to reflect on how the NHS has continually evolved over the last 70 years and the many changes that have occurred since July 1948. While perhaps less likely to feature in the headlines, the introduction of medical revalidation in December 2012, has none the less been a significant development in the regulation of medical practice in England.

NHS England has produced annual reports on the implementation of medical revalidation since 2014. This latest report not only provides an opportunity to reflect on the important achievements over the last year. Following the successful implementation of revalidation, it also marks the second stage of an ongoing drive to improve accountability across the healthcare sector by supporting doctors to demonstrate that 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. Medical revalidation also aims to give confidence to the public that there is a system in place to safeguard and protect our patients where concerns about a doctor's practise or behaviour can be flagged and addressed; along with ensuring that doctors continue to develop their knowledge, learning and skills within their scope of work.

Last year, Sir Keith Pearson's review of revalidation identified many areas of success and a growing confidence in the process over the past few years. The report also identified areas where more progress is needed. NHS England is actively involved in shaping things through our contribution to this work, in partnership with the GMC and alongside a range of stakeholders and colleagues in Scotland, Wales and Northern Ireland.

The report can be accessed via the following link:

<https://gmcuk.wordpress.com/2017/01/12/taking-revalidation-forward/>

The move towards integrated care systems means we need to ensure that the systems and processes supporting medical revalidation are able to evolve with new ways of working. The findings of the latest survey suggest we now have a firm platform from which to support doctors to be agents for change and leaders of quality improvement. To achieve this, NHS England is working closely with partner organisations to develop consistent processes nationally and improved clinical governance for doctors and responsible officers across all sectors of the healthcare system. This includes guidance to support locums and doctors in short term placements and conflict of interest guidance for responsible officers.

As with its predecessors, this report continues to provide a rich source of data on the complexities of professional regulation 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 shows 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 are good appraisal systems which support doctors to reflect on their practice informed by their learning, outcomes and feedback. As in previous years, I am delighted that appraisal rates continue to climb in all sectors.

As we move through the second five-year cycle, I would like to express my thanks to responsible officers, patient groups, other stakeholders and to doctors themselves for their dedication to medical revalidation since it was first introduced. I hope that by working together, medical revalidation will continue to make an important and valuable contribution to improving the quality and safety of care for patients as well as enhancing accountability across healthcare.

**Dr Mike Prentice**

A handwritten signature in black ink that reads "Mike Prentice". The signature is written in a cursive, slightly slanted style.

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

## 2. Executive summary

### 2.1 Context

All 834 of the organisations designated and required to appoint a responsible officer (RO) responded to the Annual Organisational Audit (AOA) this year.

This is the second year running 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 2017 to 31 March 2018, is presented in this report. The findings, in the 25 figures and tables provide evidence that the governance systems and processes supporting medical revalidation are well embedded.

The data also provides a level of assurance about the consistency of the processes supporting medical revalidation to patients and the public; and to doctors, responsible officers and the organisations in which they work; to higher-level responsible officers in NHS England's regional teams, the General Medical Council (GMC) and ministers on the value that medical revalidation brings.

### 2.2 Key findings

The key findings from the 17/18 AOA, both from a national and regional perspective, include:

#### National:

- The number of designated bodies continues to increase, as seen in Figure 1, with 13 more than last year.
- The excellent level of engagement by responsible officers and their teams in the AOA exercise is evident in the number of survey responses received (100%) for the second consecutive year.
- The number of doctors with a prescribed connection to a designated body continues to rise – an increase of 4,857 this year. The increase for 2106/17 was 4,331.
- 96% of all designated bodies report that their appraisers are being sufficiently supported in their role. This is a slight decrease from last year's figure of 96.6%.
- The number of responsible officers with arrangements in place to access sufficient trained case investigators and case managers has decreased slightly from 93.2% last year to 92.9% this 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) to 97.6% (2016-17) and to 97.7% (2017-18).

### **North Region:**

- In this final year of the first cycle across the North appraisal uptake and participation at networks has progressed well, make up by sector remains stable, with an NHS focus, with independents remaining the smallest sector. The number of doctors in the acute sector have increased year on year, primary care has reduced slightly but remains stable. There has been a gradual increase in the number of designated bodies in the North achieving > 90% appraisal uptake over the past 5 years (now 80%), and over the first cycle this is a reassuring outcome.
- Since January as an interim action and from April formally, the regional revalidation programme has been hosted by the local office and provided the opportunity for an integration of the RO function delivery. This initiative is consistent with the continuous improvement programme and the integration of NHS England and Improvement as we progress opportunities for integration to drive development, professional leadership and resilience. For the new integrated team it has provided the opportunity to support individual development, peer review and skill mix and therefore overall effectiveness and professionalism.
- We have led a project to explore the medical governance and leadership requirements of the Five Year Forward View which culminated in the developmental of guidance signed off by the Professional Standards Oversight Group (PSOG) in the Spring, 'The Five Year Forward View and service redesign-implications for medical governance'. The project was prompted by an initial discussion within the NHS England RO network in the summer of 2017 and supported by a stakeholder event in London in December 2017 and by the Professional Standards Delivery Group (PSDG). Its intention is to support the leadership role and focus of NHS England and designated body ROs to ensure appropriate medical governance for their prescribed connections and across the local evolving system. For NHS England (North) we held a networking event in Bolton for ROs and their teams in March to launch the guidance in association with emerging ICSs sharing their insights and actions to-date. We plan a follow up national event in the autumn to share further insights from ICSs and recruit significant initiatives such as the RCGP project for GPs with an extended scope of work.
- Alongside the national recruitment of doctors from abroad, we have had the opportunity to work collaboratively with Health Education England (HEE) to support the introduction of the evolving Induction and Refresher Programme, retaining and supporting the return of doctors to practice. Our success is demonstrated by the relatively high percentage of doctors returning by the refresher route and we feel our information sheet for doctors who are planning to work abroad, as well as the advocacy of our appraisers and team has been instrumental in this. In addition the 'Retained Doctor Programme' is flourishing



and is a further valuable tool for retaining doctors who might otherwise choose to step out of clinical practice.

- On behalf of the Professional Standards team and in collaboration with the GPC, the RCGP and the GMC we have led the development of guidance for GPs undertaking a low volume of clinical practice. The focus of the guidance is to support and where appropriate reassure GPs that they can retain their required competencies and this is demonstrated by their provision of supporting information and their appraisal discussion, and where appropriate bespoke support from the RO and their team. The guidance was signed off in the late spring, and our collaboration is reflected in the GPC including the guidance on their website and its launch from their perspective was supported by a 'blog' by one of their senior executives.
- We have been the first region within NHS England to explore the development of indicators to explore the variation in deferrals by ROs when making a recommendation to the GMC. This project has been developed in collaboration with the GMC ELAs and has led to a review of deferrals by ROs within designated bodies with 100 or more prescribed connections for year 0 to 4 of the first cycle of medical revalidation. It has been well received by ROs who in light of their emerging confidence in the project requested that within each sector designated bodies be identified to support the opportunities of peer review and support. The GMC ELAs with the ROs are exploring the project's feedback and next steps will be considered in the coming year at the RO network.

### **Midlands & East Region:**

- 100% of the 249 designated bodies connected to Midlands and East completed the Annual Organisational Audit in 17/18.
- 34,692 doctors were connected through ROs to the Midlands and East Higher Level RO, a 4% increase from 16/17 and a 12% increase over the last four years.
- There was a minimal change in the overall number of connected designated bodies, down one (1). There were several Trust mergers as well as an offsetting small increase in the number of new designated bodies.
- In Midlands and East, 59.4% of designated bodies (essentially the same as 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 established a network for Small Designated Bodies which continues to meet.
- The percentage of trained doctors with a prescribed connection within Midlands and East who have completed a medical appraisal has increased once again this year to 92.5% (from 91.3% last year). The national rate is 91.3%.
- The Midlands and East Higher Level Responsible Officer made recommendations to the GMC for 43 doctors in 17/18.

- Midlands and East have a high number of locum agencies connected at the regional level. Higher Level RO Quality Reviews of locum agencies continue to be prioritised via the national Locum Agency working group.
- Consistent application of the RO framework and sharing good practice continues to be supported through the Annual Regional Revalidation Conference, mid-year sub-Regional Network meetings (held in three locations) and the six Higher Level RO Quality Reviews carried out in 2017/18.
- 98.4% of designated bodies in Midlands and East reported that they were able to access sufficient trained case investigators and case managers compared to 99.9% last year and 94% the previous year. The national figure is 92.9%.
- Regionally appointed RO appraisers continue to be managed within the team and receive support and guidance from the Clinical Appraisal Lead.
- The Midlands and East opened eight new cases at the HLRO Performance Management Group and closed six in 17/18.
- Newsletters were issued regularly throughout the year, pulling together national, regional and local items of interest together with specific items relating to network events.

### **London Region:**

- The NHS England London region revalidation team has 247 designated bodies and 149 responsible officers (some ROs are ROs to more than one designated body). Of the 247 Designated Bodies in London, 207 (84%) are independent sector organisations and of the 33,901 doctors in London, three-quarters of them (24,978, 74%) work in the NHS, with the remainder working in the independent sector.
- The NHS England London HLRO Revalidation Team has undertaken 167 quality review visits to designated bodies this year and overall 231 since 2014. There is a planned accelerated programme to complete the remaining 80 visits by 2019. Overall, the HLRO visits suggest that all organisations have implemented revalidation systems and processes. The HLRO visits have provided support to organisations, recognising and sharing good practice and helping designated bodies review their appraisal and revalidation processes. We have extended lay involvement in the above HLRO visits to designated bodies by including a lay representative on our visiting team to review patient and public involvement in the organisation's revalidation governance processes.
- The average total of attendees at each quarterly series of London RO network meetings was 150, including ROs, appraisal leads, HR and clinical governance leads and revalidation managers. Themes of the meetings have included 'reflecting on significant events' and the implications for clinicians involved in adverse events, 'incident reporting and trainees' and a GMC session on supporting information for revalidation. The frequency of the RO meeting is under review and moving to two conference events and smaller network meetings.

- The national locum work stream led by Dr Ruth Chapman, NHS England London, co-produced with other NHS England regions two guidance documents for locums and locum organisations respectively. NHS London is working with FMLM in continuing a learning set for locum agency ROs and managers to implement the guidance and share good practice standards between agencies.
- ROs of small designated bodies requested their own meeting to discuss topics relevant to their size such as RO regulations, regulatory requirements and sharing of good practice. NHS England worked with the Faculty Medical Learning and Management FMLM to set up and run a learning programme for small designated bodies that continues in 2018/19.
- There has been excellent engagement of GPs with appraisal, with over 97% completed appraisals for GPs across London. There were 7,570 completed appraisals. 361 Exempted (4.4%) and only 141 missed (1.75%) appraisals. The 2017/18 appraisal rate for London ROs was 98.7% (150 ROs - 148 completed appraisals, 2 approved incomplete or missed appraisals)
- Since 2017 the London Higher Level RO has made 27 recommendations, of which 24 were revalidation recommendations and 3 deferrals to await additional information.
- All of the 247 designated bodies in the London region submitted a completed annual organisational audit (AOA) in 2017/18.
- A total of 149 people attended RO training nationally of which 40 were from the London region. The RO training programme has been refreshed and relaunched in 2017/18 and is coordinated by the south regional team with facilitator support from other regional teams.
- The regional revalidation team have collaborated with the London local office teams who have introduced a Pan London Revalidation Discussion panel. This provides an opportunity to discuss complex revalidation decisions, regional benchmarking and problem solving as well as sharing good practice across the three London local offices.

### **South Region:**

The NHS England South region revalidation team has 172 designated bodies with a prescribed connection and 113 ROs. Key achievements in 2017/18 include:

- An average total of 155 attendees at each network meeting across the south, including ROs, appraisal leads, human resources and clinical governance leads and revalidation managers.
- 100% of the 172 designated bodies in the south region submitted a completed annual organisational audit (AOA) for 2017/18.

- A national total of 148 attended responsible officer training. Of these 138 were medical staff and 10 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.
- Enabling national progress with work on responding to concerns about doctors, supporting responsible officers to take appropriate action. Work included the completion of new guidance and organising a national event.
- Continuing 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 three network meetings held in 2017/18 in three locations and 65 higher level responsible officer quality reviews carried out.
- Engagement with and commitment to the national appraisal workstream. Production of new training materials for appraisers; a series of videos focussed on quality improvement.
- Involvement in the national workstream focussed on locums and locum agencies. Co-ordination of higher level responsible officer quality reviews of locum agencies nationally to enable a consistent approach to agencies in all four regions.
- Involvement in the General Medical Council's project, Taking Revalidation Forward, following the publication of the Pearson Report in January 2017.

## 2.3 Conclusion and next steps

This report presents the data gathered from the 17/18 AOA exercise and demonstrates that substantial progress continues to be made in strengthening underpinning structures and processes.

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

- a quarterly reporting process that provides 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 a study of systems and, where appropriate, visits to designated bodies.

The data provided by the audit means NHS England revalidation teams can 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 responsible officer Regulations will support this quality improvement by ensuring the provision of processes to:

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

By providing statutory reinforcement to clinical governance these regulations act as an additional lever for continuous quality improvement, led by responsible officers and benefits in quality of care for patients.

'Next Steps on the NHS Five Year Forward View', published in March 2017, is NHS England's business plan for 2017/18 and 2018/19. It sets out a range of specific commitments for improving the NHS over this two year period. This paper focuses on current NHS performance and the progress we are making in addressing the following priorities identified in 'Next Steps':

As senior doctors, responsible officers hold the statutory duty to ensure the support and supervision of the medical profession as well as being well positioned to play a vital leadership role in the changing landscape of the NHS, through safeguarding and promoting quality and engaging doctors as they adapt to new ways of working.

This year's results confirm again that processes supporting medical revalidation are well-established and functioning as they should be. The challenge for the coming years is to continue to develop our monitoring processes with an emphasis on seeking assurance from organisations that they are meeting their statutory responsibilities and are achieving improvements to quality and safety of care.

### 3 Methodology

The annual organisational audit (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 8 June 2018 using the end of year AOA questionnaire 2017-18 (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.

Responsible officers were invited to complete the questionnaire on behalf of their designated bodies. It is recommended that responsible officers present the details of their completed AOA in a 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 is received.

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, followed by a data cleansing exercise to ensure its validity.

Each designated body has by now 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. This allows organisations 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 however serves as a summary of all of the data in order to provide an England wide picture of the system. It has been produced with a small number suppression; in order to ensure that public interest in the figures is met while protecting confidentiality.

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 higher level responsible officers 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.

A programme of quality review visits to designated bodies, where appropriate, 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. The purpose of the visits is to 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). An independent team that often includes a lay person representative carry out the visits.

## 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, to maximise consistency between designated bodies in interpreting and responding to the questions.

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 <sup>1</sup>
Sep-11	517	626	82.6%	-
Mar-12	654	691	94.6%	157,999 <sup>1</sup>
Sep-12	731	751	97.3%	-
Mar-13	621	642	96.7%	161,453 <sup>1</sup>
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
Mar-18	834	834	100%	140,303

1. Trainees included within this figure

At 31 March 2018 there were 834 registered designated bodies in England. All 834 (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 2017 and March 2018 there was an increase of 13 in the total number of designated bodies. This is a reduction in last year's increase of 52. A full sectorial analysis is included in Figure 2.

Although NHS England's regional teams continue to receive enquiries from organisations regarding their status, the reduction in the increase of designated bodies over the last year may indicate the beginning of reaching a steady state of new organisations being established.

In line with the increase in designated bodies, there has also been an increase in prescribed connections of 4,857 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 <sup>3</sup>	Other NHS	Independent Non-NHS					Total
						Faculty	Hospice, Charity or voluntary sector <sup>1</sup>	Independent Healthcare provider	Locum Agency	Other Independent, Non-NHS <sup>2</sup>	
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 <sup>4</sup>	156	44	5	34	6	100	272	82	50	769
Mar-17	21	153	43	5	33	6	110	303	94	53	821
<b>Mar-18</b>	<b>22</b>	<b>149</b>	<b>42</b>	<b>5</b>	<b>33</b>	<b>7</b>	<b>110</b>	<b>322</b>	<b>87</b>	<b>57</b>	<b>834</b>

Figure 2 illustrates that whilst some 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 fifth 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.

<sup>1</sup> 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

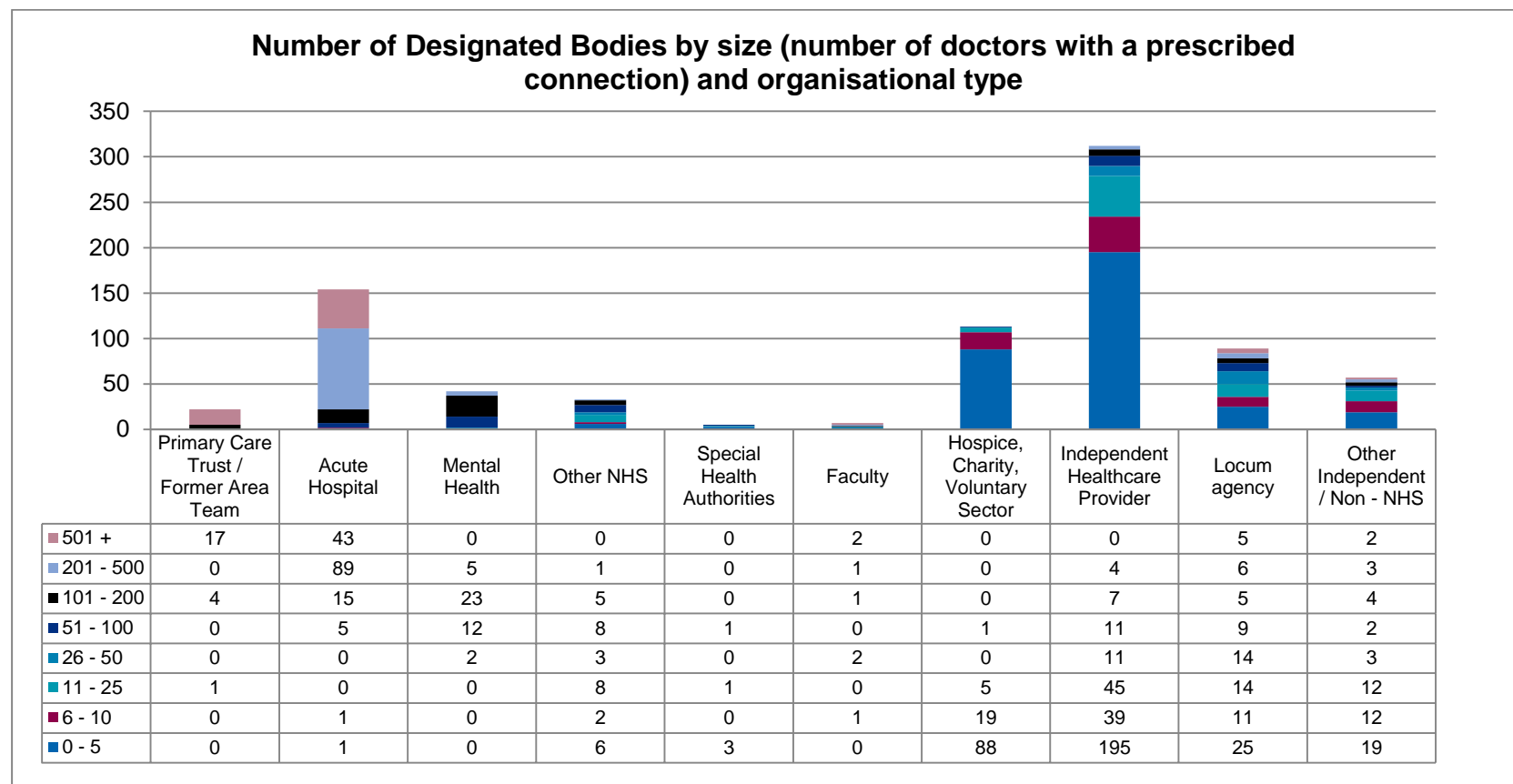
<sup>2</sup> Includes Academic, Armed Forces and Government Departments.

<sup>3</sup> Included in different sectors previously.

<sup>4</sup> 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 2018**



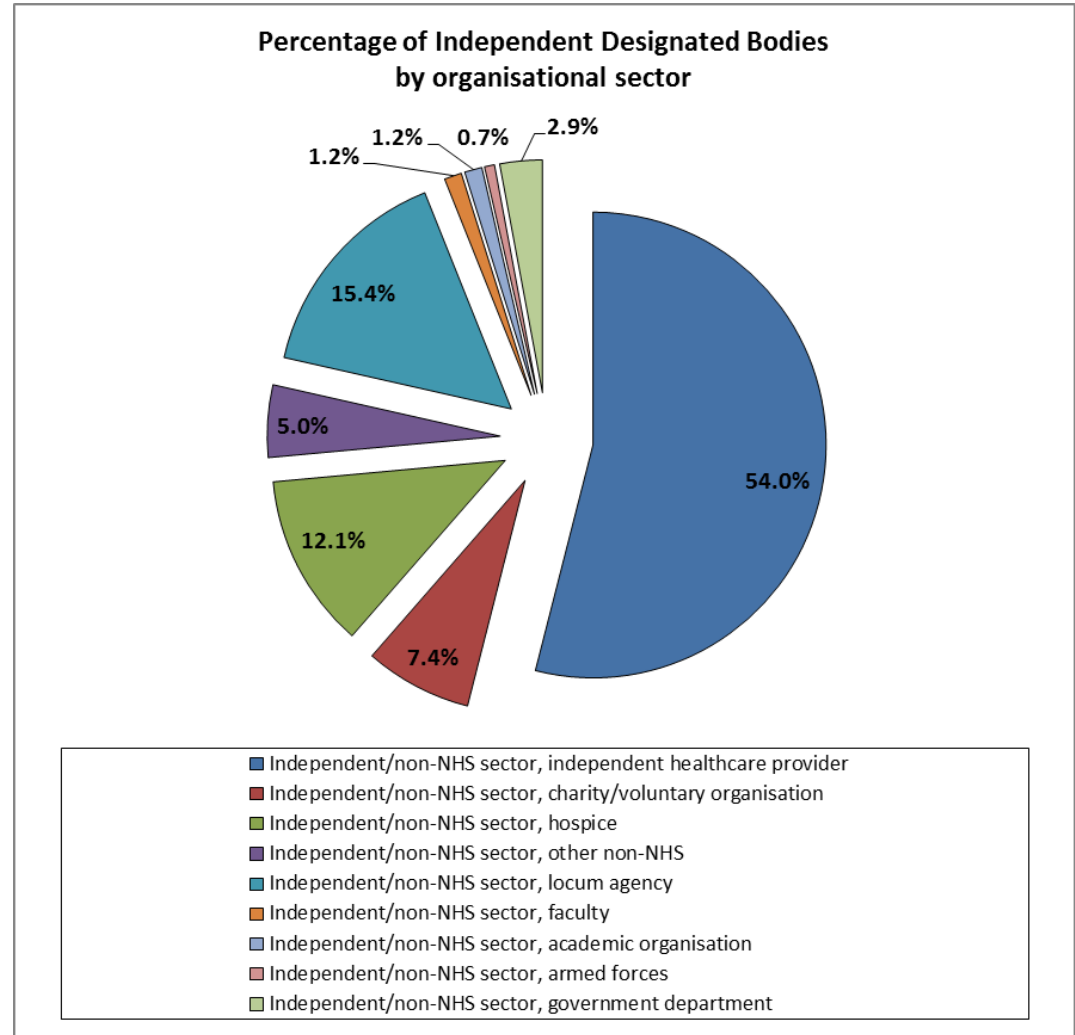
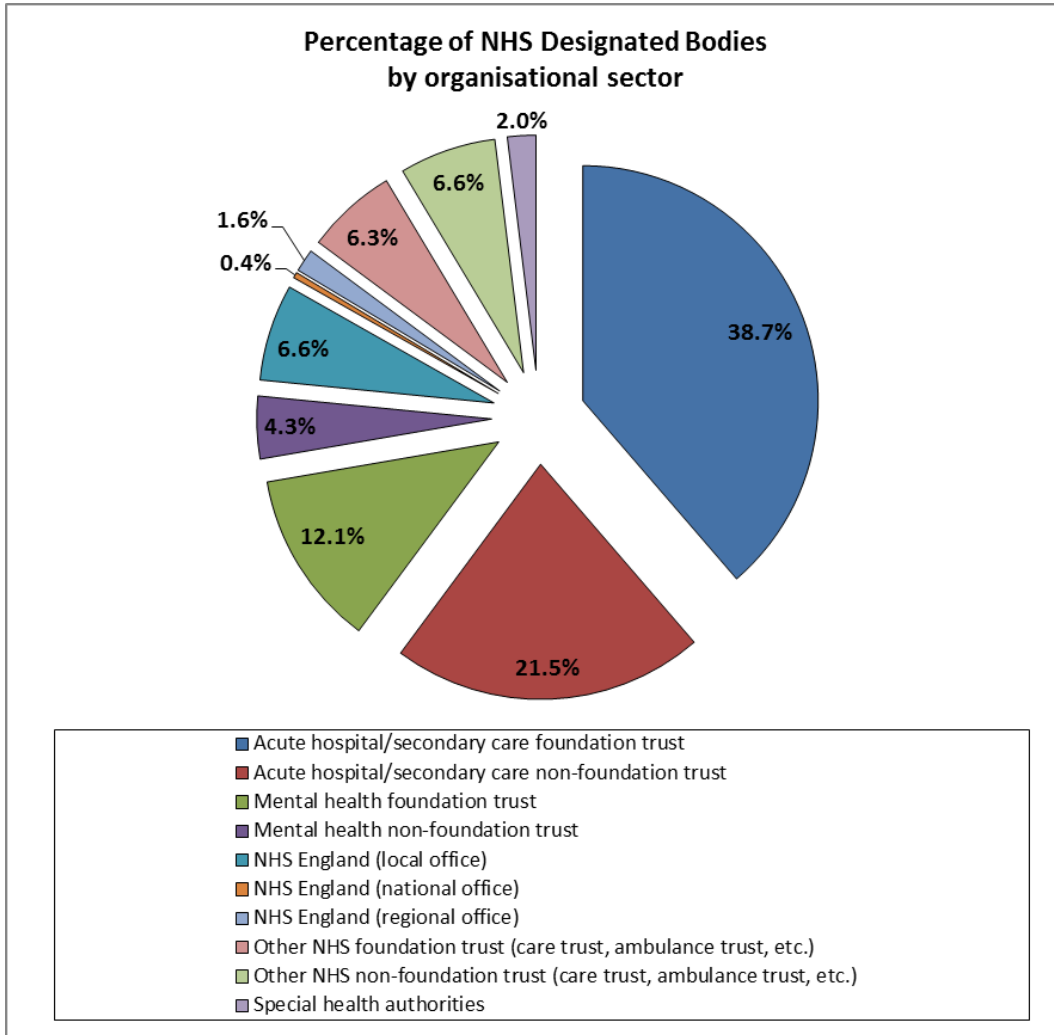
Primary Care Trust / Former Area Team includes NHS England

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 2017/18

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 2018. 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	Temporary or Short-term Contract Holder	Other	Total Doctors
Primary Care Trust / Former Area Team	Mar 11	153	293	191	43689	0	0	583	44756
	Mar 12	151	88	5	44554	0	27	61	44735
	Mar 13	27	8	0	41872	9	425	11	42325
	Mar 14	27	0	2	44088	0	0	155	44245
	Mar 15	32	3	0	44767	0	4	571	45345
	Mar 16	20	7	1	44839	0	0	576	45423
	Mar 17	21	2	0	45841	0	1	592	46436
	Mar 18	<b>22</b>	<b>1</b>	<b>1</b>	<b>46450</b>	<b>0</b>	<b>0</b>	<b>543</b>	<b>46995</b>
Acute Hospital	Mar 11	157	33974	12524	78	0	0	1571	48147
	Mar 12	170	37118	9000	50	28	6620	335	53151
	Mar 13	160	36358	8061	11	1	7096	302	51829
	Mar 14	158	37023	7962	16	1	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
	Mar 18	<b>154</b>	<b>43702</b>	<b>9560</b>	<b>8</b>	<b>12</b>	<b>13386</b>	<b>721</b>	<b>67389</b>
Mental Health	Mar 11	50	3808	1508	10	0	0	233	5559
	Mar 12	42	3416	1178	66	0	215	56	4931
	Mar 13	50	4069	1484	1	0	322	53	5929
	Mar 14	43	3583	1168	0	1	329	35	5116
	Mar 15	42	3564	1079	0	0	374	44	5061
	Mar 16	44	3686	1108	1	7	399	42	5243
	Mar 17	43	3769	1100	2	2	474	31	5378
	Mar 18	<b>42</b>	<b>3827</b>	<b>1125</b>	<b>3</b>	<b>2</b>	<b>536</b>	<b>59</b>	<b>5552</b>

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	Temporary or Short-term Contract Holder	Other	Total Doctors
Other NHS	Mar 11	33	962	502	20	29	0	186	1699
	Mar 12	51	1050	504	14	0	187	583	2338
	Mar 13	39	840	434	4	0	111	556	1945
	Mar 14	49	1698	732	11	0	211	560	3212
	Mar 15	38	1331	601	2	0	204	35	2173
	Mar 16	34	1140	512	4	0	130	26	1812
	Mar 17	33	1109	494	12	0	152	23	1790
	Mar 18	<b>33</b>	<b>1146</b>	<b>493</b>	<b>7</b>	<b>0</b>	<b>146</b>	<b>24</b>	<b>1816</b>
Special Health Authorities	Mar 11	0	0	0	0	0	0	0	0
	Mar 12	0	0	0	0	0	0	0	0
	Mar 13	0	0	0	0	0	0	0	0
	Mar 14	0	0	0	0	0	0	0	0
	Mar 15	5	44	11	0	0	1	23	79
	Mar 16	5	50	8	0	0	1	22	81
	Mar 17	5	50	8	0	0	0	19	77
	Mar 18	<b>5</b>	<b>65</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>76</b>
Independent / Non - NHS	Mar 11	105	1149	1144	109	2515	0	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
	Mar 18	<b>578</b>	<b>2555</b>	<b>875</b>	<b>504</b>	<b>2181</b>	<b>7386</b>	<b>4974</b>	<b>18475</b>
Total doctors	Mar 11	507	40186	15869	43906	2544	0	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
	Mar 18	<b>834</b>	<b>51296</b>	<b>12060</b>	<b>46972</b>	<b>2195</b>	<b>21455</b>	<b>6325</b>	<b>140303</b>

Figure 5a ii illustrates a 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	3	36	11	0	0	0	850	897
	Mar 12	4	36	11	0	0	0	876	923
	Mar 13	7	133	181	0	0	0	1003	1317
	Mar 14	6	193	103	0	0	0	1175	1471
	Mar 15	6	190	0	0	0	0	1170	1360
	Mar 16	6	210	0	0	2	0	1293	1505
	Mar 17	6	206	0	0	0	0	1371	1577
	Mar 18	<b>7</b>	<b>293</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1356</b>	<b>1651</b>
Hospice, Charity, Voluntary Sector	Mar 11	29	58	79	13	11	0	47	208
	Mar 12	66	110	188	1	24	10	50	383
	Mar 13	83	137	191	2	17	28	39	414
	Mar 14	96	136	189	5	1	22	49	402
	Mar 15	97	111	194	1	5	11	46	368
	Mar 16	100	116	212	0	27	34	36	425
	Mar 17	110	491	379	0	17	133	53	1073
	Mar 18	<b>113</b>	<b>163</b>	<b>285</b>	<b>1</b>	<b>11</b>	<b>24</b>	<b>55</b>	<b>539</b>
Independent Healthcare Provider	Mar 11	63	574	503	96	2004	0	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
	Mar 18	<b>312</b>	<b>1168</b>	<b>553</b>	<b>34</b>	<b>2085</b>	<b>263</b>	<b>597</b>	<b>4700</b>

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	5	463	544	0	500	0	8	1515
	Mar 12	17	83	384	17	1	2098	70	2653
	Mar 13	35	101	163	0	0	2969	218	3451
	Mar 14	47	47	38	0	0	1354	2600	4039
	Mar 15	73	49	71	3	0	3959	2228	6310
	Mar 16	82	1171	7	2	22	5524	1357	8083
	Mar 17	94	771	37	10	0	5396	1533	7747
	Mar 18	<b>89</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7057</b>	<b>1452</b>	<b>8509</b>
Other Independent / Non - NHS	Mar 11	5	18	7	0	0	0	401	426
	Mar 12	28	569	573	308	4	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
	Mar 18	<b>57</b>	<b>931</b>	<b>35</b>	<b>469</b>	<b>85</b>	<b>42</b>	<b>1514</b>	<b>3076</b>
Total Independent / non NHS	Mar 11	105	1149	1144	109	2515	0	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
	Mar 18	<b>578</b>	<b>2555</b>	<b>875</b>	<b>504</b>	<b>2181</b>	<b>7386</b>	<b>4974</b>	<b>18475</b>

For the previous four consecutive years the data has shown an increase in the number of doctors connected to other independent / Non-NHS sector. However the data for this reporting year (17/18) illustrates a decrease in the number of doctor connections in this organisational type. Unlike last year where the number of doctors connected to locum agencies had reduced, the number this year has again increased.

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

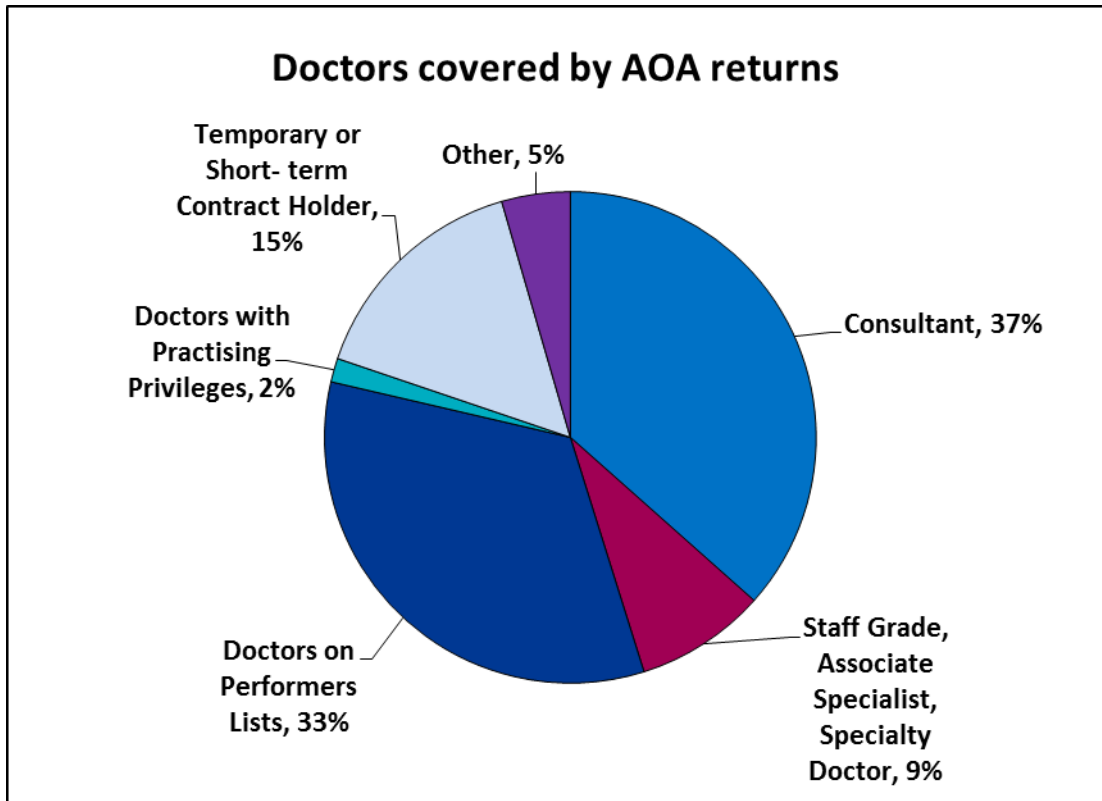
Organisational Type	Total number of Designated Bodies							Total number of doctors	% Total doctors by sector
		Consultant	Staff Grade, Associate Specialist, Specialty Doctor	Doctors on Performers Lists	Doctors with Practising Privileges	Temporary or Short-term Contract Holder	Other		
NHS England (national office)	1	0	0	0	0	0	14	14	0%
NHS England (regional office)	4	0	0	0	0	0	505	505	0%
NHS England (local office)	17	1	1	46450	0	0	24	46476	33%
Acute hospital/secondary care foundation trust	99	26315	5494	7	3	7485	610	39914	28%
Acute hospital/secondary care non-foundation trust	55	17387	4066	1	9	5901	111	27475	20%
Mental health foundation trust	31	2840	834	1	2	423	55	4155	3%
Mental health non-foundation trust	11	987	291	2	0	113	4	1397	1%
Other NHS foundation trust (care trust, ambulance trust, etc.)	16	875	357	0	0	128	6	1366	1%
Other NHS non-foundation trust (care trust, ambulance trust, etc.)	17	271	136	7	0	18	18	450	0%
Special health authorities	5	65	6	0	0	1	4	76	0%
<b>NHS - Total number of Designated Bodies</b>	<b>256</b>	<b>48741</b>	<b>11185</b>	<b>46468</b>	<b>14</b>	<b>14069</b>	<b>1351</b>	<b>121828</b>	<b>87%</b>
Independent/non-NHS sector, independent healthcare provider	312	1168	553	34	2085	263	597	4700	3%
Independent/non-NHS sector, charity/voluntary organisation	43	86	148	1	10	4	53	302	0%
Independent/non-NHS sector, hospice	70	77	137	0	1	20	2	237	0%
Independent/non-NHS sector, other non-NHS	29	64	31	9	26	0	1090	1220	1%
Independent/non-NHS sector, locum agency	89	0	0	0	0	7057	1452	8509	6%
Independent/non-NHS sector, faculty	7	293	2	0	0	0	1356	1651	1%
Independent/non-NHS sector, academic organisation	7	1	0	0	1	3	172	177	0%
Independent/non-NHS sector, armed forces	4	334	1	460	58	23	84	960	1%
Independent/non-NHS sector, government department	17	532	3	0	0	16	168	719	1%
<b>Independent/non-NHS sector Total</b>	<b>578</b>	<b>2555</b>	<b>875</b>	<b>504</b>	<b>2181</b>	<b>7386</b>	<b>4974</b>	<b>18475</b>	<b>13%</b>
<b>Total number of Designated Bodies</b>	<b>834</b>	<b>51296</b>	<b>12060</b>	<b>46972</b>	<b>2195</b>	<b>21455</b>	<b>6325</b>	<b>140303</b>	<b>100%</b>



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 has slightly increased from 86% last year to 87% this year.

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 2018 returns, by type**

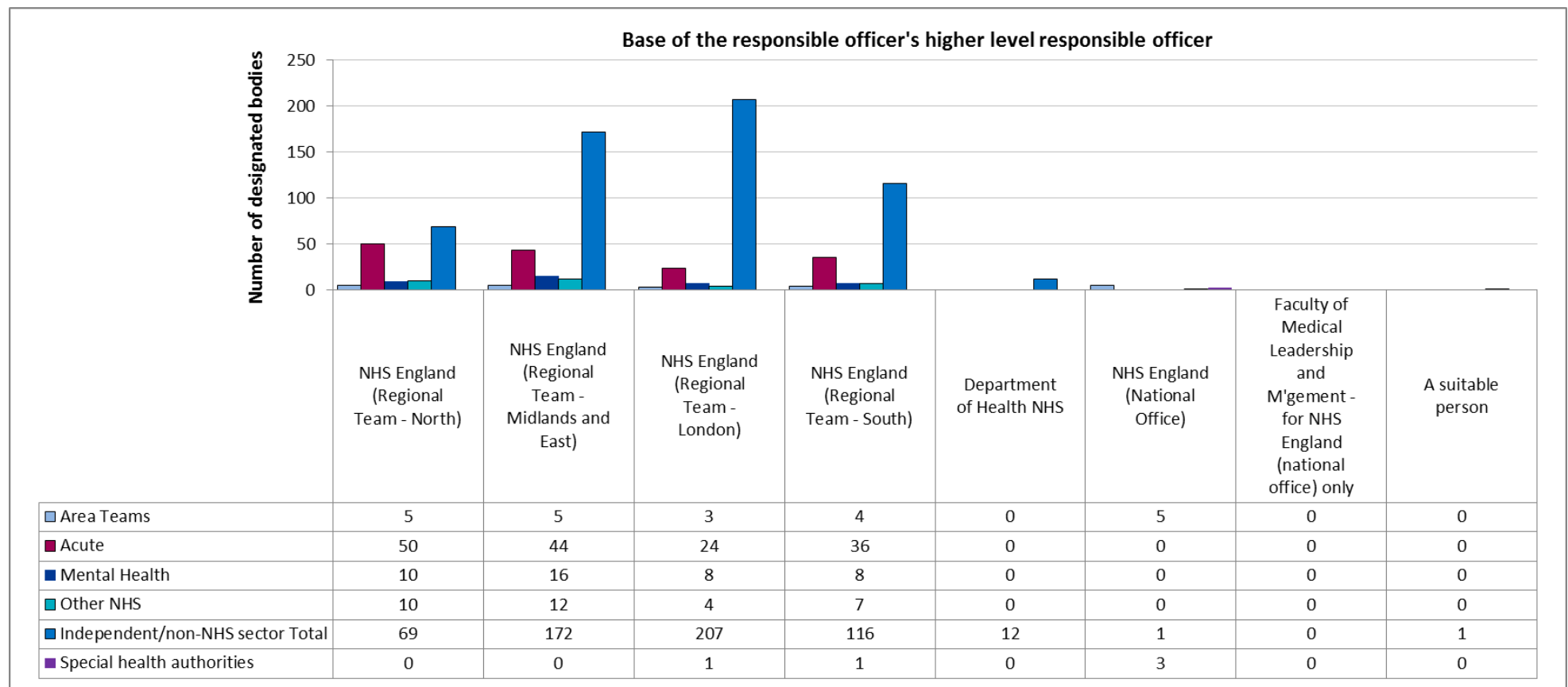


### 5.3 Higher level responsible officer connections

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, which can be a visit to individual designated bodies, to be assured of systems in place and to provide support to improve 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 834 designated bodies responding to the AOA had nominated/appointed a RO on 31 March 2018.

**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)		17	0	17
Acute hospital/secondary care foundation trust		97	2	99
Acute hospital/secondary care non-foundation trust		52	3	55
Mental health foundation trust		31	0	31
Mental health non-foundation trust		11	0	11
Other NHS foundation trust (care trust, ambulance trust, etc.)		15	1	16
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		17	0	17
Special health authorities		5	0	5
<b>NHS sector Total</b>		<b>250</b>	<b>6</b>	<b>256</b>
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	304	8	312
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	41	2	43
	<i>Independent/non-NHS sector, hospice</i>	70	0	70
	<i>Independent/non-NHS sector, other non-NHS</i>	29	0	29
	<i>Independent/non-NHS sector, locum agency</i>	87	2	89
	<i>Independent/non-NHS sector, faculty</i>	7	0	7
	<i>Independent/non-NHS sector, academic organisation</i>	7	0	7
	<i>Independent/non-NHS sector, armed forces</i>	3	1	4
	<i>Independent/non-NHS sector, government department</i>	16	1	17
<b>Independent/non-NHS sector Total</b>		<b>564</b>	<b>14</b>	<b>578</b>
<b>TOTAL NUMBER OF DESIGNATED BODIES</b>		<b>814</b>	<b>20</b>	<b>834</b>

The majority 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 again remained the same as last year. Regional revalidation teams will use this data to facilitate discussions with those ROs reporting a lack of resource to understand the situation and to help identify appropriate levels 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)		17	0	17
Acute hospital/secondary care foundation trust		98	1	99
Acute hospital/secondary care non-foundation trust		54	1	55
Mental health foundation trust		31	0	31
Mental health non-foundation trust		11	0	11
Other NHS foundation trust (care trust, ambulance trust, etc.)		16	0	16
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		15	2	17
Special health authorities		5	0	5
<b>NHS sector Total</b>		<b>252</b>	<b>4</b>	<b>256</b>
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	305	7	312
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	41	2	43
	<i>Independent/non-NHS sector, hospice</i>	70	0	70
	<i>Independent/non-NHS sector, other non-NHS</i>	29	0	29
	<i>Independent/non-NHS sector, locum agency</i>	88	1	89
	<i>Independent/non-NHS sector, faculty</i>	7	0	7
	<i>Independent/non-NHS sector, academic organisation</i>	7	0	7
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	16	1	17
<b>Independent/non-NHS sector Total</b>		<b>567</b>	<b>11</b>	<b>578</b>
<b>TOTAL NUMBER OF DESIGNATED BODIES</b>		<b>819</b>	<b>15</b>	<b>834</b>

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. The training provides a valuable opportunity for ROs to share ideas, expertise and best practice.

**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)		17	0	17
Acute hospital/secondary care foundation trust		99	0	99
Acute hospital/secondary care non-foundation trust		54	1	55
Mental health foundation trust		31	0	31
Mental health non-foundation trust		11	0	11
Other NHS foundation trust (care trust, ambulance trust, etc.)		16	0	16
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		17	0	17
Special health authorities		5	0	5
<b>NHS sector Total</b>		<b>255</b>	<b>1</b>	<b>256</b>
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	307	5	272
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	42	1	43
	<i>Independent/non-NHS sector, hospice</i>	70	0	70
	<i>Independent/non-NHS sector, other non-NHS</i>	29	0	29
	<i>Independent/non-NHS sector, locum agency</i>	88	1	89
	<i>Independent/non-NHS sector, faculty</i>	7	0	7
	<i>Independent/non-NHS sector, academic organisation</i>	7	0	7
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	17	0	17
<b>Independent/non-NHS sector Total</b>		<b>571</b>	<b>7</b>	<b>578</b>
<b>TOTAL NUMBER OF DESIGNATED BODIES</b>		<b>826</b>	<b>8</b>	<b>834</b>

Figure 10 illustrates that eight designated bodies expressed a concern that the RO is not keeping sufficient records of their actions. Although this is not a large number, it is still an increase from last year's reported number of five. Where designated bodies do not have appropriate systems in place, it may unfairly expose some doctors to risk if a concern arises. This is a requirement of the regulations and these designated bodies will be supported by regional teams to ensure the requirement 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)		17	0	17
Acute hospital/secondary care foundation trust		99	0	99
Acute hospital/secondary care non-foundation trust		55	0	55
Mental health foundation trust		31	0	31
Mental health non-foundation trust		11	0	11
Other NHS foundation trust (care trust, ambulance trust, etc.)		16	0	16
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		17	0	17
Special health authorities		5	0	5
<b>NHS sector Total</b>		<b>256</b>	<b>0</b>	<b>256</b>
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	304	8	312
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	40	3	43
	<i>Independent/non-NHS sector, hospice</i>	69	1	70
	<i>Independent/non-NHS sector, other non-NHS</i>	27	2	29
	<i>Independent/non-NHS sector, locum agency</i>	87	2	89
	<i>Independent/non-NHS sector, faculty</i>	7	0	7
	<i>Independent/non-NHS sector, academic organisation</i>	7	0	7
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	17	0	17
<b>Independent/non-NHS sector Total</b>		<b>562</b>	<b>16</b>	<b>578</b>
<b>TOTAL NUMBER OF DESIGNATED BODIES</b>		<b>818</b>	<b>16</b>	<b>834</b>

Figure 11 shows 98% 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)		17	0	17
Acute hospital/secondary care foundation trust		99	0	99
Acute hospital/secondary care non-foundation trust		55	0	55
Mental health foundation trust		31	0	31
Mental health non-foundation trust		11	0	11
Other NHS foundation trust (care trust, ambulance trust, etc.)		16	0	16
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		17	0	17
Special health authorities		5	0	5
<b>NHS sector Total</b>		<b>256</b>	<b>0</b>	<b>256</b>
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	308	4	312
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	41	2	43
	<i>Independent/non-NHS sector, hospice</i>	70	0	70
	<i>Independent/non-NHS sector, other non-NHS</i>	29	0	29
	<i>Independent/non-NHS sector, locum agency</i>	88	1	89
	<i>Independent/non-NHS sector, faculty</i>	7	0	7
	<i>Independent/non-NHS sector, academic organisation</i>	6	1	7
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	17	0	17
<b>Independent/non-NHS sector Total</b>		<b>570</b>	<b>8</b>	<b>578</b>
<b>TOTAL NUMBER OF DESIGNATED BODIES</b>		<b>826</b>	<b>8</b>	<b>834</b>

Figure 12 shows 99.04% of ROs made timely recommendations to the GMC about the fitness to practise of doctors connected to them. This is a slight but extremely encouraging increase to last year's reported figure of 99.02%

ROs are expected to adhere to the GMC timetable for every recommendation. Where mandatory timescales are not being met, higher-level ROs will work directly with the individual organisations 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)		4	0	4
NHS England (local office)		16	1	17
Acute hospital/secondary care foundation trust		99	0	99
Acute hospital/secondary care non-foundation trust		55	0	55
Mental health foundation trust		31	0	31
Mental health non-foundation trust		11	0	11
Other NHS foundation trust (care trust, ambulance trust, etc.)		16	0	16
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		17	0	17
Special health authorities		5	0	5
<b>NHS sector Total</b>		<b>255</b>	<b>1</b>	<b>256</b>
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	308	4	312
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	43	0	43
	<i>Independent/non-NHS sector, hospice</i>	69	1	70
	<i>Independent/non-NHS sector, other non-NHS</i>	27	2	29
	<i>Independent/non-NHS sector, locum agency</i>	87	2	89
	<i>Independent/non-NHS sector, faculty</i>	7	0	7
	<i>Independent/non-NHS sector, academic organisation</i>	6	1	7
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	14	3	17
<b>Independent/non-NHS sector Total</b>		<b>565</b>	<b>13</b>	<b>578</b>
<b>TOTAL NUMBER OF DESIGNATED BODIES</b>		<b>820</b>	<b>14</b>	<b>834</b>

External reviews are a valuable tool, providing both challenge and assurance to the organisations. It is again encouraging to see that the number of designated bodies having an external or independent review of their governance systems has increased from 97.6% last year to 98.3% this year.



## 6 Section 2: Appraisal

Section 2 of the AOA 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:

*“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)		17	0	17
Acute hospital/secondary care foundation trust		99	0	99
Acute hospital/secondary care non-foundation trust		55	0	55
Mental health foundation trust		31	0	31
Mental health non-foundation trust		11	0	11
Other NHS foundation trust (care trust, ambulance trust, etc.)		16	0	16
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		16	1	17
Special health authorities		5	0	5
<b>NHS sector Total</b>		<b>255</b>	<b>1</b>	<b>256</b>
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	298	14	312
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	40	3	43
	<i>Independent/non-NHS sector, hospice</i>	69	1	70
	<i>Independent/non-NHS sector, other non-NHS</i>	28	1	29
	<i>Independent/non-NHS sector, locum agency</i>	88	1	89
	<i>Independent/non-NHS sector, faculty</i>	7	0	7
	<i>Independent/non-NHS sector, academic organisation</i>	6	1	7
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	15	2	17
<b>Independent/non-NHS sector Total</b>		<b>555</b>	<b>23</b>	<b>578</b>
<b>TOTAL NUMBER OF DESIGNATED BODIES</b>		<b>810</b>	<b>24</b>	<b>834</b>

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

The percentage of designated bodies reporting positively to this question has slightly reduced from 97.3% last year to 97.1% this year. This is most likely due to the 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 as a matter of urgency in instances where NHS organisations have responded 'No'.

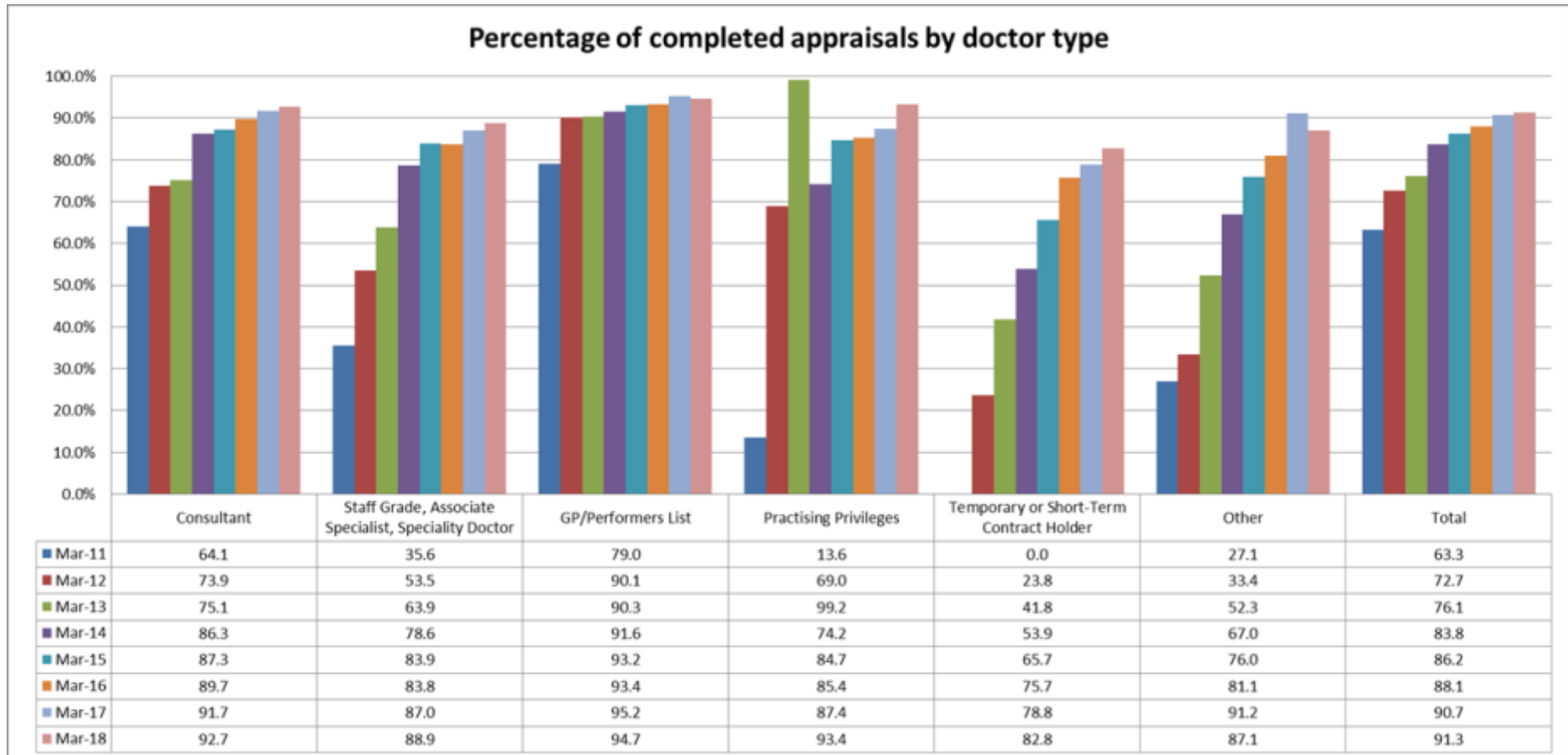
**Figure 15a: The numbers of doctors with whom the designated body has a prescribed connection on 31 March 2018 who had a completed annual appraisal between 1 April 2017 and 31 March 2018 (Category 1a & 1b)**

Organisational Type	Total number of Designated Bodies	Appraisal Completed
Acute hospital/secondary care foundation trust	99	35241 88.3%
Acute hospital/secondary care non-foundation trust	55	24627 89.6%
Mental health foundation trust	31	3893 93.7%
NHS England (local office)	17	44031 94.7%
Other NHS non-foundation trust (care trust, ambulance trust, etc.)	17	419 93.1%
Mental health non-foundation trust	11	1309 93.7%
Other NHS foundation trust (care trust, ambulance trust, etc.)	16	1258 92.1%
NHS England (regional office)	4	498 98.6%
Special health authorities	5	75 98.7%
NHS England (national office)	1	14 100.0%
<b>NHS - Total number of Designated Bodies</b>	<b>256</b>	<b>111365 91.4%</b>
Independent/non-NHS sector, independent healthcare provider	312	4346 92.5%
Independent/non-NHS sector, charity/voluntary organisation	43	280 92.7%
Independent/non-NHS sector, hospice	70	217 91.6%
Independent/non-NHS sector, other non-NHS	29	1030 84.4%
Independent/non-NHS sector, locum agency	89	7582 89.1%
Independent/non-NHS sector, faculty	7	1546 93.6%
Independent/non-NHS sector, academic organisation	7	169 95.5%
Independent/non-NHS sector, armed forces	4	894 93.1%
Independent/non-NHS sector, government department	17	644 89.6%
Independent/non NHS sector - Total number of Designated Bodies	<b>578</b>	<b>16708 90.4%</b>
<b>Total number of Designated Bodies</b>	<b>834</b>	<b>128073 91.3%</b>

Figure 15a illustrates what is frequently termed the 'appraisal rate' in England. For 2016/17, a continued year on year increase was reported, from 88.2% in 15/16 to 90.7% and to 91.3% in 17/18.

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	3130 (7.8%)	1543 (3.9%)
Acute hospital/secondary care non-foundation trust	55	1492 (5.4%)	1356 (4.9%)
Mental health foundation trust	31	243 (5.8%)	19 (0.5%)
NHS England (local office)	17	2185 (4.7%)	260 (0.6%)
Other NHS non-foundation trust (care trust, ambulance trust, etc.)	17	31 (6.9%)	0 (0.0%)
Mental health non-foundation trust	11	71 (5.1%)	17 (1.2%)
Other NHS foundation trust (care trust, ambulance trust, etc.)	16	73 (5.3%)	35 (2.6%)
NHS England (regional office)	4	6 (1.2%)	1 (0.2%)
Special health authorities	5	1 (1.3%)	0 (0.0%)
NHS England (national office)	1	0 (0.0%)	0 (0.0%)
<b>NHS - Total number of Designated Bodies</b>	<b>256</b>	<b>7232 (5.9%)</b>	<b>3231 (2.7%)</b>
Independent/non-NHS sector, independent healthcare provider	312	276 (5.9%)	78 (1.7%)
Independent/non-NHS sector, charity/voluntary organisation	43	18 (6.0%)	4 (1.3%)
Independent/non-NHS sector, hospice	70	18 (7.6%)	2 (0.8%)
Independent/non-NHS sector, other non-NHS	29	183 (15.0%)	7 (0.6%)
Independent/non-NHS sector, locum agency	89	588 (6.9%)	339 (4.0%)
Independent/non-NHS sector, faculty	7	62 (3.8%)	43 (2.6%)
Independent/non-NHS sector, academic organisation	7	8 (4.5%)	0 (0.0%)
Independent/non-NHS sector, armed forces	4	60 (6.3%)	6 (0.6%)
Independent/non-NHS sector, government department	17	43 (6.0%)	32 (4.5%)
Independent/non NHS sector - Total number of Designated Bodies	<b>578</b>	<b>1256 (6.8%)</b>	<b>511 (2.8%)</b>
<b>Total number of Designated Bodies</b>	<b>834</b>	<b>8488 (6.0%)</b>	<b>3742 (2.7%)</b>

Figure 16 shows the number of doctors who had an incomplete or missed 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 incomplete or missed appraisal is 6.0% (2017-18).

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 3.3%, which has further decreased this year to 2.7%. 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)		17	0	17
Acute hospital/secondary care foundation trust		99	0	99
Acute hospital/secondary care non-foundation trust		54	1	55
Mental health foundation trust		31	0	31
Mental health non-foundation trust		11	0	11
Other NHS foundation trust (care trust, ambulance trust, etc.)		16	0	16
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		16	1	17
Special health authorities		5	0	5
<b>NHS sector Total</b>		<b>254</b>	<b>2</b>	<b>256</b>
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	300	12	312
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	41	2	43
	<i>Independent/non-NHS sector, hospice</i>	69	1	70
	<i>Independent/non-NHS sector, other non-NHS</i>	29	0	29
	<i>Independent/non-NHS sector, locum agency</i>	88	1	89
	<i>Independent/non-NHS sector, faculty</i>	7	0	7
	<i>Independent/non-NHS sector, academic organisation</i>	7	0	7
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	16	1	17
<b>Independent/non-NHS sector Total</b>		<b>561</b>	<b>17</b>	<b>578</b>
<b>TOTAL NUMBER OF DESIGNATED BODIES</b>		<b>815</b>	<b>19</b>	<b>834</b>

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) to 97.6% (2016-17) and to 97.7% (2017-18).

NHS England's lead appraiser networks have supported quality assurance of appraisal, which in turn have helped to drive this constant 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)		17	0	17
Acute hospital/secondary care foundation trust		98	1	99
Acute hospital/secondary care non-foundation trust		54	1	55
Mental health foundation trust		31	0	31
Mental health non-foundation trust		11	0	11
Other NHS foundation trust (care trust, ambulance trust, etc.)		15	1	16
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		16	1	17
Special health authorities		5	0	5
<b>NHS sector Total</b>		<b>252</b>	<b>4</b>	<b>256</b>
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	298	14	312
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	42	1	43
	<i>Independent/non-NHS sector, hospice</i>	69	1	70
	<i>Independent/non-NHS sector, other non-NHS</i>	27	2	29
	<i>Independent/non-NHS sector, locum agency</i>	88	1	89
	<i>Independent/non-NHS sector, faculty</i>	6	1	7
	<i>Independent/non-NHS sector, academic organisation</i>	7	0	7
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	16	1	17
<b>Independent/non-NHS sector Total</b>		<b>557</b>	<b>21</b>	<b>578</b>
<b>TOTAL NUMBER OF DESIGNATED BODIES</b>		<b>809</b>	<b>25</b>	<b>834</b>

Key items to be included in an appraisal portfolio include complaints, significant events and outlying clinical outcomes as these allow for a healthy 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 further reduced from 28 last year to 25 this year.



**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)		17	0	17
Acute hospital/secondary care foundation trust		99	0	99
Acute hospital/secondary care non-foundation trust		53	2	55
Mental health foundation trust		31	0	31
Mental health non-foundation trust		11	0	11
Other NHS foundation trust (care trust, ambulance trust, etc.)		15	1	16
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		16	1	17
Special health authorities		5	0	5
<b>NHS sector Total</b>		<b>252</b>	<b>4</b>	<b>256</b>
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	302	10	312
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	40	3	43
	<i>Independent/non-NHS sector, hospice</i>	69	1	70
	<i>Independent/non-NHS sector, other non-NHS</i>	29	0	29
	<i>Independent/non-NHS sector, locum agency</i>	88	1	89
	<i>Independent/non-NHS sector, faculty</i>	7	0	7
	<i>Independent/non-NHS sector, academic organisation</i>	7	0	7
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	16	1	17
<b>Independent/non-NHS sector Total</b>		<b>562</b>	<b>16</b>	<b>578</b>
<b>TOTAL NUMBER OF DESIGNATED BODIES</b>		<b>814</b>	<b>20</b>	<b>834</b>

Figure 19 shows nearly each 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.

Although the figure of 97.6% this year has slightly dropped from both the 16/17 and 15/16 figure of 98%, the reported outcome remains consistently good. Regional teams will nevertheless include 'No' answers in this area as a parameter to note when reviewing which designated bodies may need additional support in the forthcoming year.

**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)		17	0	17
Acute hospital/secondary care foundation trust		97	2	99
Acute hospital/secondary care non-foundation trust		52	3	55
Mental health foundation trust		31	0	31
Mental health non-foundation trust		11	0	11
Other NHS foundation trust (care trust, ambulance trust, etc.)		16	0	16
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		16	1	17
Special health authorities		5	0	5
<b>NHS sector Total</b>		<b>250</b>	<b>6</b>	<b>256</b>
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	294	18	312
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	39	4	43
	<i>Independent/non-NHS sector, hospice</i>	69	1	70
	<i>Independent/non-NHS sector, other non-NHS</i>	29	0	29
	<i>Independent/non-NHS sector, locum agency</i>	87	2	89
	<i>Independent/non-NHS sector, faculty</i>	7	0	7
	<i>Independent/non-NHS sector, academic organisation</i>	7	0	7
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	15	2	17
<b>Independent/non-NHS sector Total</b>		<b>551</b>	<b>27</b>	<b>578</b>
<b>TOTAL NUMBER OF DESIGNATED BODIES</b>		<b>801</b>	<b>33</b>	<b>834</b>

Figure 20 indicates 96% of all designated bodies feel their appraisers are being sufficiently supported in their role. This is a slight decrease from last year of 96.6% and may be attributable and overall the outcome on this measure remains good. Regional teams will nevertheless include 'No' answers in this area as a parameter of note when reviewing which designated bodies may need additional support in the forthcoming year.

## 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. This year all bodies in the NHS sector have reported they have an appropriate responding to concerns policy in place, which is excellent progress.

Figure 22 shows the numbers of designated bodies declaring there are systems for monitoring fitness to practise of doctors in place. 98.8% of doctors are covered by designated bodies who answered 'Yes' in this year's return compared to 96.9% last year.

While this is excellent progress, regional teams will continue to focus attention on designated bodies reporting 'No' to this question, to provide help and support 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	Number of doctors covered by DB responses		% doctors covered by response	
					Yes	No	Yes	No
NHS England (national office)		1	0	1	14	0	100.0%	0.0%
NHS England (regional office)		4	0	4	505	0	100.0%	0.0%
NHS England (local office)		17	0	17	46476	0	100.0%	0.0%
Acute hospital/secondary care foundation trust		99	0	99	39914	0	100.0%	0.0%
Acute hospital/secondary care non-foundation trust		55	0	55	27475	0	100.0%	0.0%
Mental health foundation trust		31	0	31	4155	0	100.0%	0.0%
Mental health non-foundation trust		11	0	11	1397	0	100.0%	0.0%
Other NHS foundation trust (care trust, ambulance trust, etc.)		16	0	16	1366	0	100.0%	0.0%
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		17	0	17	450	0	100.0%	0.0%
Special health authorities		5	0	5	76	0	100.0%	0.0%
<b>NHS sector Total</b>		<b>256</b>	<b>0</b>	<b>256</b>	<b>121828</b>	<b>0</b>	100.0%	0.0%
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	302	10	312	4698	2	100.0%	0.0%
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	41	2	43	299	3	99.0%	1.0%
	<i>Independent/non-NHS sector, hospice</i>	70	0	70	237	0	100.0%	0.0%
	<i>Independent/non-NHS sector, other non-NHS</i>	29	0	29	1220	0	100.0%	0.0%
	<i>Independent/non-NHS sector, locum agency</i>	88	1	89	8482	27	99.7%	0.3%
	<i>Independent/non-NHS sector, faculty</i>	7	0	7	1651	0	100.0%	0.0%
	<i>Independent/non-NHS sector, academic organisation</i>	7	0	7	177	0	100.0%	0.0%
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4	960	0	100.0%	0.0%
	<i>Independent/non-NHS sector, government department</i>	16	1	17	155	564	21.6%	78.4%
<b>Independent/non-NHS sector Total</b>		<b>564</b>	<b>14</b>	<b>578</b>	<b>17879</b>	<b>596</b>	96.8%	3.2%
<b>TOTAL NUMBER OF DESIGNATED BODIES</b>		<b>820</b>	<b>14</b>	<b>834</b>	<b>139707</b>	<b>596</b>	99.6%	0.4%

**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	14	0	100.0%	0.0%
NHS England (regional office)		4	0	4	505	0	100.0%	0.0%
NHS England (local office)		17	0	17	46476	0	100.0%	0.0%
Acute hospital/secondary care foundation trust		99	0	99	39914	0	100.0%	0.0%
Acute hospital/secondary care non-foundation trust		55	0	55	27475	0	100.0%	0.0%
Mental health foundation trust		31	0	31	4155	0	100.0%	0.0%
Mental health non-foundation trust		11	0	11	1397	0	100.0%	0.0%
Other NHS foundation trust (care trust, ambulance trust, etc.)		16	0	16	1366	0	100.0%	0.0%
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		17	0	17	450	0	100.0%	0.0%
Special health authorities		5	0	5	76	0	100.0%	0.0%
<b>NHS sector Total</b>		<b>256</b>	<b>0</b>	<b>256</b>	<b>121828</b>	<b>0</b>	100.0%	0.0%
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	307	5	312	4698	2	100.0%	0.0%
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	41	2	43	299	3	99.0%	1.0%
	<i>Independent/non-NHS sector, hospice</i>	70	0	70	237	0	100.0%	0.0%
	<i>Independent/non-NHS sector, other non-NHS</i>	29	0	29	1220	0	100.0%	0.0%
	<i>Independent/non-NHS sector, locum agency</i>	87	2	89	8482	27	99.7%	0.3%
	<i>Independent/non-NHS sector, faculty</i>	7	0	7	1651	0	100.0%	0.0%
	<i>Independent/non-NHS sector, academic organisation</i>	7	0	7	177	0	100.0%	0.0%
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4	960	0	100.0%	0.0%
	<i>Independent/non-NHS sector, government department</i>	16	1	17	155	564	21.6%	78.4%
<b>Independent/non-NHS sector Total</b>		<b>568</b>	<b>10</b>	<b>578</b>	<b>17879</b>	<b>596</b>	96.8%	3.2%
<b>TOTAL NUMBER OF DESIGNATED BODIES</b>		<b>824</b>	<b>10</b>	<b>834</b>	<b>139707</b>	<b>596</b>	99.6%	0.4%

**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	1	17
Acute hospital/secondary care foundation trust		99	0	99
Acute hospital/secondary care non-foundation trust		54	1	55
Mental health foundation trust		31	0	31
Mental health non-foundation trust		11	0	11
Other NHS foundation trust (care trust, ambulance trust, etc.)		16	0	16
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		17	0	17
Special health authorities		5	0	5
<b>NHS sector Total</b>		<b>254</b>	<b>2</b>	<b>256</b>
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	304	8	312
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	42	1	43
	<i>Independent/non-NHS sector, hospice</i>	70	0	70
	<i>Independent/non-NHS sector, other non-NHS</i>	28	1	29
	<i>Independent/non-NHS sector, locum agency</i>	87	2	89
	<i>Independent/non-NHS sector, faculty</i>	7	0	7
	<i>Independent/non-NHS sector, academic organisation</i>	6	1	7
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	16	1	17
<b>Independent/non-NHS sector Total</b>		<b>564</b>	<b>14</b>	<b>578</b>
<b>TOTAL NUMBER OF DESIGNATED BODIES</b>		<b>818</b>	<b>16</b>	<b>834</b>

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 2016-17, 97.7% of designated body's boards were provided with an annual report detailing the number and type of concerns and their outcome.

It is encouraging there has been a further increase to 98% in the number of organisations formally reporting on concerns that have been raised. The number of organisations not reporting on the concerns that have arisen has reduced from 19 last year to 16 in 2017-18. However, this figure still requires exploring further.

**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)		17	0	17
Acute hospital/secondary care foundation trust		96	3	99
Acute hospital/secondary care non-foundation trust		53	2	55
Mental health foundation trust		31	0	31
Mental health non-foundation trust		11	0	11
Other NHS foundation trust (care trust, ambulance trust, etc.)		16	0	16
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		15	2	17
Special health authorities		5	0	5
<b>NHS sector Total</b>		<b>249</b>	<b>7</b>	<b>256</b>
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	277	35	312
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	38	5	43
	<i>Independent/non-NHS sector, hospice</i>	67	3	70
	<i>Independent/non-NHS sector, other non-NHS</i>	27	2	29
	<i>Independent/non-NHS sector, locum agency</i>	86	3	89
	<i>Independent/non-NHS sector, faculty</i>	7	0	7
	<i>Independent/non-NHS sector, academic organisation</i>	6	1	7
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	14	3	17
<b>Independent/non-NHS sector Total</b>		<b>526</b>	<b>52</b>	<b>578</b>
<b>TOTAL NUMBER OF DESIGNATED BODIES</b>		<b>775</b>	<b>59</b>	<b>834</b>

Figure 24 shows the number of designated bodies able to confirm sufficient access to trained case investigators and case managers. The number of ROs with arrangements in place to access sufficient trained case investigators and case managers has slightly decreased from 93.2% to 92.9% 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 12 to 7 organisations but has increased from 44 to 52 within the independent sector. The latter figure requires further exploring to understand why the number of designated bodies within the independent sector has slightly increased.

The National Clinical Assessment Service (NCAS) continue to run a comprehensive training programme for both case investigators and case managers. NCAS also run regular workshops on conducting investigations.

## 8 Section 4: Recruitment and Engagement

**Figure 25: 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)		17	0	17
Acute hospital/secondary care foundation trust		99	0	99
Acute hospital/secondary care non-foundation trust		55	0	55
Mental health foundation trust		31	0	31
Mental health non-foundation trust		11	0	11
Other NHS foundation trust (care trust, ambulance trust, etc.)		16	0	16
Other NHS non-foundation trust (care trust, ambulance trust, etc.)		16	1	17
Special health authorities		5	0	5
<b>NHS sector Total</b>		<b>255</b>	<b>1</b>	<b>256</b>
Independent / non-NHS sector	<i>Independent/non-NHS sector, independent healthcare provider</i>	305	7	312
	<i>Independent/non-NHS sector, charity/voluntary organisation</i>	41	2	43
	<i>Independent/non-NHS sector, hospice</i>	70	0	70
	<i>Independent/non-NHS sector, other non-NHS</i>	29	0	29
	<i>Independent/non-NHS sector, locum agency</i>	88	1	89
	<i>Independent/non-NHS sector, faculty</i>	6	1	7
	<i>Independent/non-NHS sector, academic organisation</i>	7	0	7
	<i>Independent/non-NHS sector, armed forces</i>	4	0	4
	<i>Independent/non-NHS sector, government department</i>	16	1	17
<b>Independent/non-NHS sector Total</b>		<b>566</b>	<b>12</b>	<b>578</b>
<b>TOTAL NUMBER OF DESIGNATED BODIES</b>		<b>821</b>	<b>13</b>	<b>834</b>

Although the overall number of designated bodies that do not think they have adequate processes in place at the point of employment remains low, the figure has increased from last year.



## Appendix 1

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