

FACULTY OF MEDICAL LEADERSHIP AND MANAGEMENT (FMLM) ARRANGEMENTS FOR REVALIDATION AND APPRAISAL AND FOR ACTING ON CONCERNS

PURPOSE

1. The purpose of this guidance is to set out the arrangements for meeting the requirements for revalidation of doctors with a Prescribed Connection (as defined below) to the Faculty of Medical Leadership and Management (FMLM), for the annual medical appraisal of these doctors (and other doctors for whom the FMLM provides appraisal services), and to describe the FMLM policy for acting on concerns raised in respect to these doctors.

SCOPE

2. This guidance applies to all doctors who have a Prescribed Connection to the FMLM, and hence to the Faculty Responsible Officer (RO), as defined and determined below, and employees and others engaged by the FMLM who have a role in revalidation and appraisal.

LEGAL FRAMEWORK

3. Since 3 Dec 2012, in order to retain their licence to practise, all doctors practising in the UK have been required to undergo revalidation (usually every five years) as determined by the Regulator for doctors, the General Medical Council (GMC). The FMLM is a Designated Body (DB) as defined in the enabling [Medical Profession \(Responsible Officers\) Regulations 2010](#) and is specifically named as a DB in the [Medical Profession \(Responsible Officers\) \(Amendment\) Regulations 2013](#).

4. As a DB, the FMLM has a number of legal responsibilities that must be complied with. The FMLM is a UK-wide body, with a unique role, but follows the legislation as it applies to DBs with their principal office in England, and NHS England policy. The responsibilities of a DB are shown on the NHS England website: <http://www.england.nhs.uk/revalidation/emp-bod-hr/what-to-do/>.

GOVERNANCE STRUCTURE AND REPORTING

5. The Board of the FMLM has the responsibility for appointing a Responsible Officer (RO) and for providing the necessary resources for the RO to undertake his or her legal responsibilities in respect to revalidation and appraisal. This includes paid time for the RO to attend training and for the RO to have available capacity to attend three RO network or similar meetings annually. The Board have also appointed a Deputy Medical Director (DMD) whose duties include supporting the RO as FMLM lead for revalidation and appraisal, and a Revalidation and Appraisal Manager, whose responsibilities are detailed at para 12 below.

6. The Board has appointed the FMLM Medical Director as RO. The current FMLM RO is also named as a Suitable Person, as defined by the GMC¹, in order to provide revalidation services for a small number of doctors in unique medical roles who do not have a Prescribed Connection to the FMLM (or indeed any other DB). Whereas there are some differences between an RO and a Suitable Person, for the purposes of this guidance meeting the responsibilities of the FMLM RO should be considered to include the role as a Suitable Person.

7. The RO is to confirm with their medical indemnity organisation that they are indemnified for the medical aspects of their work as RO, and as a Suitable Person. The FMLM is also required to have indemnity arrangements for all its activities, including indemnity in respect to revalidation and appraisal of doctors with a Prescribed Connection to the Faculty.

8. The governance arrangements for the FMLM RO and for the FMLM as a DB are necessarily distinct from other DBs, given the nature of the Faculty's responsibilities as specified in the legislation.

a. The Regulations² (Regulation 12[2]) are explicit in that the Faculty does not have a higher level DB, and so there is no Prescribed Connection for the Faculty's RO. The FMLM RO therefore has a Suitable Person for the purposes of his or her own revalidation requirements, which is agreed on a case by case basis with the GMC. The Suitable Person for the current FMLM RO is the Chief Medical Officer for Wales.

b. For the purposes of higher level assurance of revalidation and appraisal arrangements, although the Faculty office is located in London, and so ordinarily would report to NHS England (London), it has been agreed with the relevant authorities that for assurance purposes reporting by the Faculty DB is to the Higher Level RO at NHS England (South).

c. The RO formally reports to the Board, and is guided by a Faculty Revalidation and Appraisal Advisory Group (RAAG). the purposes of which are:

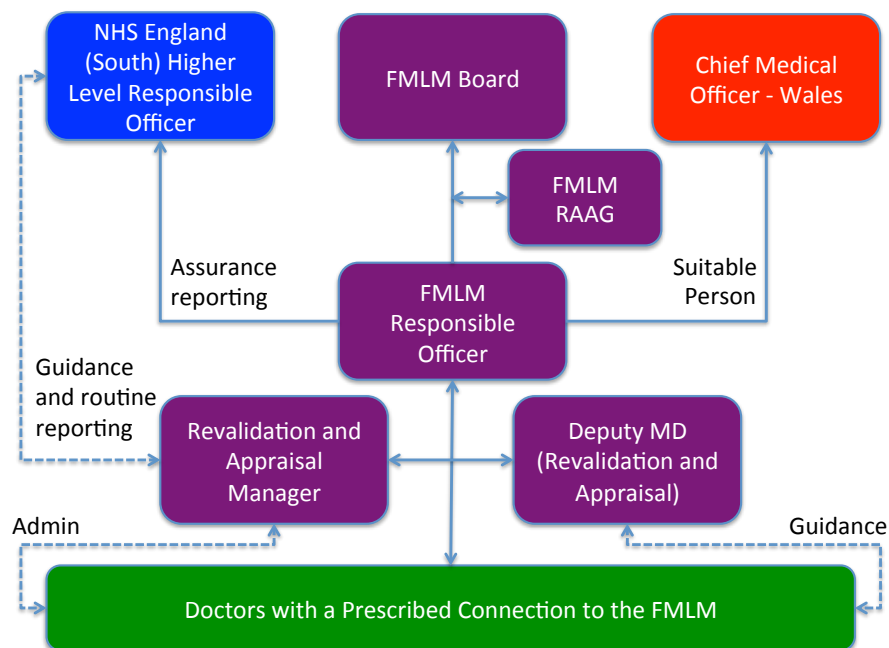
- To advise and support the RO on policy and practice for revalidation and appraisal
- To facilitate the efficient and fair process of implementation of revalidation and appraisal for doctors with a connection, and other doctors having appraisals by the FMLM
- To approve the appointment, training and assurance of appraisers
- To provide a forum to discuss concerns, queries and uncertainties.
- To support governance of revalidation and appraisal on behalf of the Board

These arrangements are summarised in the following diagram:

¹ <http://www.gmc-uk.org/doctors/revalidation/14174.asp>

² [Medical Profession \(Responsible Officers\) \(Amendment\) Regulations 2013.](#)

Governance of Revalidation and Appraisal - FMLM



9. For the purposes of governance of revalidation and appraisal, the FMLM (as a unique DB) adopts the following processes so as to meet Statutory requirements placed on all DBs:

- a. The Revalidation and Appraisal Manager, on behalf of the RO, is to provide a report to the Board each quarter on progress on revalidation and uptake and quality of appraisal, and to submit routine quarterly returns to NHS England (South).
- b. The Revalidation and Appraisal Manager, on behalf of the RO, is to prepare and submit an Annual Organisational Audit (AOA) to the Higher Level Responsible Officer at NHS England (South), and to provide the Board with a copy of this annually.
- c. The RO, supported by the DMD and Revalidation and Appraisal Manager, is to submit a report on revalidation and appraisal to the Board by 30 Jun each year, relating to the preceding appraisal year 1 Apr to 31 Mar, again in line with the requirements placed on the FMLM as a DB in England to comply with the NHS England framework for quality assurance of revalidation at: <http://www.england.nhs.uk/revalidation/qa/>.
- d. The Revalidation and Appraisal Manager, on behalf of the RO, is to submit the annual Board report, and confirmation that this has been discussed at the Board, to the Higher Level RO at NHS England (South Region) in the format set out in Annex D and Annex E of the NHS England Quality Assurance Framework for Revalidation, both forms at: <http://www.england.nhs.uk/revalidation/qa/>.

REVALIDATION ARRANGEMENTS

10. The majority of members of the FMLM will not have a Prescribed Connection to the Faculty for the purposes of revalidation, as their DB will usually be their employer or will relate to their clinical practice, as described by the GMC³ and set out in the GMC online tool at: http://www.gmc-uk.org/doctors/revalidation/designated_body_tool_landing_page.asp.
11. The following groups of members will usually have a Prescribed Connection to the Faculty and so would revalidate through the FMLM as their DB:
- a. Doctors who are directly engaged by the FMLM (less the RO) will usually have a Prescribed Connection to the FMLM, unless they have a prior connection by virtue of employment in a healthcare delivery organisation (e.g. the NHS). Doctors directly engaged by the FMLM are not charged a fee for revalidation and appraisal services⁴.
 - b. A medical practitioner appointed or nominated under regulation 5(2) of the [Medical Profession \(Responsible Officers\) \(Amendment\) Regulations 2013](#) who holds the post of National Medical Director or National Deputy Medical Director.
12. In addition, the following doctors may have a Prescribed Connection to the FMLM:
- a. Regulation 10(1)(g) of the legislation also establishes a connection to the Faculty for any member of the FMLM that has no prior connection (usually by virtue of their employment or their clinical practice, as described in the GMC algorithm above). The expectation is that members who have any clinical practice will have a prior connection.
 - b. A member who has no prior connection (again, for example by virtue of their clinical practice) but who also is a member of one or more of the other named professional bodies in the legislation, will have a Prescribed Connection to the FMLM if they have been members for longer than they have been members of any other of the named bodies.
 - c. Notwithstanding the provisions above, the Faculty RO will take into account whether he or she can properly discharge the duties of a RO, in accordance with the legislation, for doctors as described in this paragraph. Where it is apparent to the RO that these duties cannot be discharged, the RO will decline the doctor's connection and will inform the doctor and the GMC of the reasons for this.

³ <http://www.gmc-uk.org/doctors/revalidation/12390.asp>

⁴ In contrast to those directly engaged, doctors seconded on a part time basis to the FMLM, for example from NHS Trusts or Area Teams in England, will be expected to retain their Prescribed Connection to their primary employer.

13. Members of the FMLM whose circumstances are as described in para 12 above, and who consider that their Prescribed Connection for the purposes of revalidation should be to the FMLM, are asked to contact the Revalidation and Appraisal Manager at the FMLM (by email to revalidation@fmlm.ac.uk). This is to confirm:
- a. That the FMLM is indeed the correct DB, and that the member has no prior connection that would take precedence (for example an NHS Trust if they have any clinical sessions, paid or honorary, or a private hospital where they have privileges).
 - b. Should there be uncertainty as to whether the FMLM should be the DB, the RO will be asked to determine whether they are in a position to act as the RO (or Suitable Officer).
 - c. Agreement to pay the annual revalidation fee, at the current rate published at www.fmlm.ac.uk/professional-development/revalidation/fmlm-as-a-designated-body.
 - d. Arrangements for an appraisal each year, for which a fee is charged, again at the rate published on the FMLM website.
14. Following confirmation of the above, the member should then assign themselves to the FMLM as their DB, and to the FMLM RO, via their GMC online account, as described on the GMC website at: <http://www.gmc-uk.org/doctors/revalidation/12388.asp>.
15. Doctors who do not undertake any medical practice in the UK do not need a licence to practise. The GMC provides practical guidance on relinquishing and reapplying for a licence at http://www.gmc-uk.org/doctors/registration_applications/relinquish_licence.asp). Furthermore, there are practical difficulties in the FMLM RO being able to assure (as required by the legislation) the standard of practice for those working overseas. Applications from members who do not practice in the UK for the FMLM to be their DB will usually be declined.
16. The RO (supported by the Revalidation and Appraisal Manager) will maintain a GMC Connect account and will make recommendations on the revalidation of doctors in line with GMC requirements, and utilising guidance on the process provided by NHS England at <http://www.england.nhs.uk/revalidation/ro/org-man/templates/>.
17. In order that the RO has the necessary resources to carry out his or her Statutory functions, as is required in the Regulations, the FMLM Board funds the provision of:
- a. A Deputy Medical Director (DMD), engaged on a part time basis, whose duties will include supporting the RO in discharging his or her responsibilities. The DMD is the lead for revalidation and appraisal within the FMLM.

- b. A staff member, available part time, designated as the Revalidation and Appraisal Manager, to support the RO and manage the GMC Connect account.
 - c. An appropriate information system to support continuing professional development, appraisal and the revalidation of doctors with a connection to the FMLM, and other members of the FMLM who have appraisals via the Faculty.
18. It is a GMC requirement that doctors undertake multi-source feedback (MSF) at least once in each five year revalidation cycle.
- a. The FMLM intends to offer a MSF solution for doctors with a connection to the DB, at FMLM expense only for doctors who are directly engaged by the FMLM. Other doctors with a connection to the FMLM will be charged a fee for this service.
 - b. The MSF resource is intended to be available to other doctors who do not have a Prescribed Connection to the FMLM. All FMLM members will be charged at the same rate as those members with a Prescribed Connection; the fee for non-members will be at a higher rate.

Fees for MSF (member and non-member rates) will be published on the FMLM website. To access this resource, doctors should contact the FMLM by email at revalidation@fmlm.ac.uk.

APPRAISAL ARRANGEMENTS

19. Medical appraisal may be defined⁵ as "*a process of facilitated self-review supported by information gathered from the full scope of a doctor's work*". Guidance is provided by the GMC at: http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp.
20. Appraisal within FMLM, as a DB based in England, will follow the process as set out in the NHS Medical Appraisal Guide (MAG) at <http://www.england.nhs.uk/revalidation/appraisers/med-app/>, utilising the MAG format at: <http://www.england.nhs.uk/revalidation/appraisers/mag-mod/>.
21. The FMLM intends to introduce an electronic portfolio, in the MAG format, but the MAG Form is to be used until the electronic portfolio is in place. There must be sufficient supporting information for the MAG Form (or other portfolio in future) to "stand alone"; doctors may retain additional information in hard copy but the RO must be able to make a recommendation based on the supporting information contained on the electronic form.

⁵ <http://www.england.nhs.uk/revalidation/appraisers/med-app/>

22. As a DB with its main office in England, this FMLM guidance is in line with the NHS England appraisal policy at: <http://www.england.nhs.uk/revalidation/appraisers/app-pol/>. In order to meet his responsibilities to the GMC, the FMLM RO requires the following of members with a Prescribed Connection to the Faculty:

- a. Appraisals are to take place once in each appraisal year, which runs from 1 Apr to 31 Mar each year, in line with NHS England policy.
- b. Appraisals are to take place "face to face", not by video or audio teleconferencing.
- c. It is the doctor's responsibility to ensure they have an appraisal, usually in the same month each year, and no less than 9 months and no more than 15 months since the last.
- d. The outputs of each appraisal are to be retained by the appraised doctor for the full revalidation cycle. At the first appraisal after a doctor's revalidation, the minimum requirement will be for the outputs of the last appraisal before revalidation to have been uploaded onto the portfolio, so that the appraiser is able to access this.

23. Whereas there is a summative element to appraisal, providing the principal evidence on which the RO makes recommendations to the GMC on revalidation of doctors with a Prescribed Connection, its value stems from adopting a formative and developmental approach. The FMLM has developed and published the Academy of Medical Royal Colleges approved specialty guidance on appraisal of the leadership and management aspects of a doctor's scope of practice at: <https://www.fmlm.ac.uk/leadership-landscape/challenges-ahead/revalidation/revalidation-guidance>. This guidance builds on and refers to the GMC guidance at: http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp. In order for the RO to discharge his Statutory duties it is necessary for the FMLM guidance on appraisal to be followed for all appraisals undertaken by all doctors with a Prescribed Connection to the FMLM, and other doctors having appraisals under FMLM arrangements.

24. The RO is responsible for ensuring the quality of all appraisals for those with a Prescribed Connection to the DB, assisted by the DMD as appraisal lead. In order to achieve this, all appraisals for doctors within FMLM as a DB will be assigned by the Revalidation and Appraisal Manager, under overall guidance of the DMD appraisal lead. Each will be assigned to one of a small pool of doctors engaged by the FMLM, and approved by the RO, who have been trained and are currently appraisers for ROs within NHS England, Northern Ireland, Scotland or Wales.

25. The FMLM may undertake some appraisals for those doctors without a Prescribed Connection to the FMLM. These might include those doctors assigned to the current FMLM RO as a Suitable Person, and others on request and with the approval of the FMLM RO.

26. Appraisers are to confirm with their indemnity organisation that their work in conducting appraisals is covered by their indemnity. Appraisers will be paid at the same rate and under the same terms as appraisals for ROs undertaken in NHS England.
27. The costs of appraisal are to be borne by FMLM in respect to those doctors engaged as members of the staff of the FMLM, but all other doctors will be charged for their appraisal at the rate published on the FMLM website (additional to the annual revalidation fee).
28. The RO will read each appraisal and will address any concerns over the quality of the report to the DMD acting as appraisal lead. Under the direction of the RO, and in collaboration with the DMD, the Revalidation and Appraisal Manager will provide a report on the rate and quality of appraisal to the Board quarterly, and provide the same report to the Higher Level RO at NHS England (South) in the format set out in the NHS England Quality Assurance Framework for Revalidation at: <http://www.england.nhs.uk/revalidation/qa/>.

ACTING ON CONCERNS

29. Concerns about a doctor may arise over their performance or behaviour. The underlying reasons for such concerns arising will usually fall into three categories: competence, conduct and health. It is the duty of a doctor, as specified in the GMC's Good Medical Practice⁶, and indeed other healthcare professionals, to report any concern that may have an impact on patient safety. Concerns should ordinarily have been identified in the course of a doctor's work, but if concerns are identified in the process of appraisal the RO must be informed as soon as possible.
30. The process for acting on concerns over clinical staff will follow NHS England policy at: <http://www.england.nhs.uk/revalidation/ro/resp-con/>. The RO will arrange for concerns about the performance of a doctor to be investigated locally, or if he considers this appropriate may engage the services of an external case investigator, or the National Clinical Assessment Service (NCAS), link at: <http://www.ncas.nhs.uk>. Use of these resources will be at FMLM expense in respect to doctors who are engaged as FMLM staff members, or at the doctor's expense for all others with a Prescribed Connection to the FMLM as their DB.

TRAINING AND SUPPORT

31. Appraisers engaged by the FMLM will have undergone specific training for the appraisal of senior doctors, as set out in para 19. These appraisers will be briefed by the DMD as appraisal lead on appointment, and annually (prior to the appraiser's own appraisal). This briefing will identify training needs, met through face to face meetings or via e-learning.

⁶ http://www.gmc-uk.org/guidance/good_medical_practice/respond_to_risks.asp

32. The RO will acknowledge each appraisal and provide feedback as appropriate (either directly or through the DMD as Appraisal Lead). This feedback should be utilised in the appraiser's own appraisal.
33. All appraisers for the FMLM must attend at least three network events, which may be RO network events or appraisal lead meetings arranged in any part of the UK. Each appraiser is required to inform the Revalidation and Appraisal Manager of their attendance at these, and to include their reflection on these meetings in their own appraisal portfolio.
34. All doctors with a Prescribed Connection to the FMLM will receive a guidance note, including a link to the FMLM guidance on the appraisal of the leadership and management aspects of a doctor's practice at: <https://www.fmlm.ac.uk/leadership-landscape/challenges-ahead/revalidation/revalidation-guidance>.
35. For members who require further guidance, an appointment should be made (usually for a telephone call) with the DMD for Revalidation and Appraisal via email: revalidation@fmlm.ac.uk.

REVIEW

36. This guidance will be reviewed annually by the Faculty RAAG as an element of the reporting process at para 9; routinely prior to the submission of the annual Board report, and as required by the Board.

Faculty of Medical Leadership and Management
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