

# External Quality Assurance of Revalidation

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## Who are Iodem Health Ltd?

- Independent specialists in performance management
- Formed in 2005
- An amalgamation of the Legal, Insurance Risk Management and Medical Industries
- Our Directors



## Who are Iodem Health Ltd?

- Offices and representatives throughout the UK
- Grey Panthers
- Provide Services to a range of organisations



## How will Revalidation Work?

- Selection process for Organisations
- Appointment of an Accountable Responsible Officer
- Determining which Doctors are included
- Ensuring the doctors engage with the process
- Informing the GMC after satisfactory completion of the process



## The Challenges of Revalidation

- Work force knowledge
- Appraisal knowledge
- Adverse events knowledge
- Best use of time and resources
- Getting the doctors to take responsibility
- Managing those who have difficulties



# THE INDEPENDENT

## **Doctors suspended after exam results blunder**

By Matt Dickinson, Press Association

"We have spoken to each of the students affected to explain that we will have to remove their names from the medical register, we will refund their registration fee in full. We will remain in close contact with Cardiff medical school until this situation is resolved," said a spokesman. The GMC confirmed it would be asking the university to prove a similar incident would not happen again. "We will be asking them to investigate the incident and to demonstrate to the GMC that they will take appropriate action to prevent a reoccurrence," the spokesman said.



## Risks

- Recommend revalidation inadvertently
- Medical workforce spend too much time leading to reduced productivity
- Adverse events are missed or incorrectly ascribed
- Miss out a member of the workforce



**THE  
INDEPENDENT**

**Dozens of bogus doctors found in health service  
able to fool the NHS**

NICHOLAS TIMMINS Public Policy Editor

*Saturday, 24 February 1996*

More than 30 bogus doctors have succeeded in working for the National Health Service, a study at Bath University has revealed.

And the masquerading medics get away with it



## **What a doc-up**

**Security blunders let 4 fake docs get NHS jobs**

**By Guy Basnett, 22/02/2009**

**FRIGHTENING security failures allowed four BOGUS doctors to get NHS jobs-and treat thousands of unsuspecting patients.**



Manchester Evening News


## **Bogus gynaecologist worked in hospitals**

- Paul Britton and Rebecca Camber
- January 12, 2005

A BOGUS gynaecologist worked in maternity units across Greater Manchester without the correct qualifications for months, health chiefs admitted today.



Earlier this week it emerged in court that Akpata worked at 35 British hospitals, including three in Greater Manchester, over a seven-year period despite failing membership exams for the Royal College of Obstetricians and Gynaecologists three times.



## So you think you know your medical work force?

- Doctors that work for you and are employed by you
- Doctors that regularly work at your hospital but are employed by someone else
- Doctors that are employed by you but work at other sites
- Doctors that work for you as a locum but on your main site



## Who constitutes your workforce?

- Doctors employed by and working for you
- Doctors employed by another body but work for you
- Doctors employed by you but working elsewhere
- Locum Doctors working on your main site
- Locum Doctors employed by you but working off site
- Doctors visiting from other Trusts to demonstrate techniques
- Doctors from industry invited to come and train
- Military doctors
- Honorary Consultants

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## Bogus doctor's £1.5m con

By Bo Wilson, Evening Standard

Last updated at 00:00am on 18.01.05



Barian Baluchi

A doctor whose identity was stolen by a minicab driver who went on to treat hundreds of patients and obtain £1.5 million in grants spoke of his shock today.



## Revalidation management of the workforce

- Comprehensive work force data base
- Inclusion of grey area doctors
- Inclusion of information from other employers
- Proof of identity and qualifications



**Bogus doctor who said his  
massage skills were a 'gift from  
God' is jailed for groping  
patient's breasts**

By [Daily Mail Reporter](#)

Last updated at 12:21 PM on 27th  
August 2009

A bogus doctor who massaged a  
woman's breasts after she  
complained of back pain was jailed  
for two years today.



## Appraisal - the vehicle for successful Revalidation

- Selection and training of Appraisers
- Internal quality assurance through AQMAR
- Systems to avoid 'corrupt' appraisals
- Appraisee has a choice of Appraisers



## Multi Source Feedback

- Trust can demonstrate that the systems chosen are appropriate to the doctor's specialty
- The system allows for a plurality of practice
- It is recorded as happening as part of AQMAR



## Effectively Utilising Audits

- Levels
- Register at Trust level
- Support
- Demonstrate beneficial change in practice
- MoU with local PCTs



## Knowledge Resource

- The role knowledge resource
- Electronic library on intranet
- GMC affiliates
- Database of experts in managing poor performance



## Knowledge Resource - who might need it?

- Revalidating doctors
- HR
- Responsible officer (MD)
- Supporting staff e.g. consultant secretaries



## Information on Poor Performance

- Objective internal information
- Objective external information
- Subjective internal information
- Subjective external information
- Disinformation



## Quality of Information

Confounded by:

- known variables
- unknown variables
- hear say
- rumour and gossip
- recording errors



## Sources of information

- The revalidating doctor
- Recording of SUIs – Datix
- Complaints through PALS
- Work colleagues – whistle blowing
- Audit of practice
- Information from external sources given under MoU



## Sources of Disinformation

- The revalidating doctor
- Complaints through PALS
- Work colleagues – whistle blowing
- Audit of practice
- Information from external sources



## Quality Analysis of Information

- Information sourced from people needs to be corroborated to improve the quality and identify disinformation
- Information from machines or automated systems needs to be subjected to scientific analysis – sampling audits



## Classification of information

- True beyond reasonable doubt
- True on the balance of probabilities
- Possible
- Virtually impossible
- Unclassifiable



## Unclassifiable

- No corroboration
- Known or unknown confounding errors
- Rumour – no first hand witnesses



## The Responsible Officer

- The selection Process - QA
- The role of the Responsible Officer
  - Demonstrate the evidence used for Revalidation
  - Demonstrate that decisions are justified



## Nodal Points for a Decision on Fitness to Practice

- Annual appraisal
- Reporting of an SUI internally
- Reporting of an external SUI
- Pattern of complaint becomes established
- End of the five year cycle



## Possible States of a Doctor

- Engaging with the process in all areas
- Engaging with part of the process
- Engaging with another responsible officer.
- Refuses to engage in the process
- Unable to engage in the process



*“At any point in time a Trust should be able to demonstrate the revalidation status of each doctor that they employ and each doctor that works on their premises but employed by another”*



## Maintaining a Revalidated Workforce

- Help should be readily available for
  - Doctors that profess a difficulty for whatever reason
  - Doctors that are identified as having problems through good quality corroborated evidence



## Supporting the Workforce

It is desirable that collection of evidence for revalidation does not take highly paid staff away from seeing patients.

Much of the evidence can be collected automatically, or by secretarial or support staff.



## Supporting the workforce

- Secretarial support
  - CPD recording
  - Keeping letters of praise and complaint
  - Keeping job plan up to date
  - Diary
  - Organising MSF



## Supporting the workforce

- On-line port folio
  - Radiology
  - Surgery
  - Trust's own



## Supporting the workforce

- On-line surgical / procedural log
  - Completed in theatre between cases
- Audit staff



## The “failing” doctor


Concerning the “failing” doctor – systems must:

Identify the doctor early

Ensure patients are not at risk

Identify the reasons for poor performance

Take remedial action



Once a doctor in difficulties has come to the attention of the MD it is important not to be initially judgemental. Investigation is just as likely to identify reasons which are just as much the fault of the employer as fault of the employee.



## Management of the poorly performing doctor

- Delegated to trained individuals or teams
- SUI – requires staff trained Root Cause Analysis
- Non judgemental
- Corroborated evidence



## Investigation technique

- L – Listen (to all the concerns)
- I - Include all stakeholders
- A – Assemble an investigation team
- I – Investigate the issues
- S – Solution (create action plan)
- E – Empower



## Result

- A robust system of revalidation performed by trained professionals
- Decisions underpinned by good quality evidence with an indication of the level of proof
- On – going remediation of the poorly performing over a five year cycle to maximise the number of doctors in the work force fit to revalidate



## Result

- Robust exchange of information with other organisations under MoU's



## Spin offs

- Better understanding of the workforce
- Improved control over audit may lead to cost savings
- Improved relations with the PCT
  - Provision of outcomes information