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Lincolnshire Partnership NHS Foundation Trust

Board of Directors – 8 October 2026

Paper title: Medical Staff Revalidation and Statement of Compliance

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Purpose of report: ☒ For decision
☐ For discussion
☐ For information

Care Quality Commission Domains:

☒ Safe ☒ Effective ☒ Responsive ☒ Caring ☒ Well-Led

Link to Trust Strategic Objectives:

☐ A Healthy Population ☐ Best Use of Resources ☐ Outstanding Quality ☒ Outstanding People

Explanation of linkage to one or more of the Trust Strategic Objectives (as above):	Nurture and develop our people to have the right skills, training, and confidence to deliver all aspects of their role
Link to Board Assurance Framework:	OP1-4
Link to Organisational Risk Register:	N/A

Situation / Purpose

The purpose of this Report is to update the Board on the national and local progress of the Revalidation programme for doctors for 2025-26 and to seek approval of the '**statement of compliance' (Annex A)** confirming that the organisation, as a designated body, is compliant with the regulations.

Background

Medical Revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

Medical revalidation takes place every five years for all qualified medical practitioners. For those in the training programme this is the responsibility of the postgraduate dean for the area where the trainee is based and completed via the Annual Review of Competency Progression (ARCP) process.

Each revalidation cycle requires:

- Five annual appraisal (unless exemption is sought from the Responsible Officer for maternity or long terms sickness)

- Multisource feedback (360) appraisal – one full MSF per revalidation cycle, plus incidental feedback for each annual appraisal (both patient and colleague)
- Evidence of any complaints or patient safety incident via the annual appraisal
- Evidence of involvement in audit and quality improvement via the annual appraisal
- HR information – e.g. any investigations or sickness

All the above is discussed at the Responsible Officer Advisory Group (ROAG) by the members and recommendations on revalidation shared with the medic concerned.

The annual appraisal follows the criteria set out by NHS England. Each appraisal must contain the following information:

- Personal details
- Scope of work – an overview of the work undertaken
- Review of last year's personal development plan
- List of Continued Personal Development or Certificate of Good Standing from the College (minimum of 50 credits (hours) authorised by Peer Group which meets at least four times a year).
- Quality Improvement Activities / Audit involvement
- Significant Events – with reflection for discussion – via information provided by Safety Team
- Complaints and Compliments – with reflection for discussion – via information provided by Patient Experience Team
- Feedback from colleagues – informal feedback received
- Feedback from patients – thank you cards, etc – no patient information to be visible.
- Achievements, challenges and aspirations
- Probity declaration
- Health declaration
- Review of GMC 'Good Medical Practice' and how practice aligns
- New personal development plan for discussion

As can be seen the medical appraisal covers all aspects of the appraisees practice. It should be noted that in addition to the information required above, the appraiser is not the appraisee's line manager, but a specially trained peer appraiser. Appraisees can have no more than three appraisals with one appraiser and there must not be reciprocal appraisals between appraisers.

There is an additional governance process undertaken by the Deputy Medical Director using an ASPAT (Appraisal Summary and PDP Audit Tool) to rate the standard of the appraisal and this is fed back to the appraiser. There are also quarterly Appraisal Peer Group meetings in which challenges are raised and discussed as well as additional training in between refresher training session.

Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations and it is expected that provider boards will oversee compliance by:

- monitoring the frequency and quality of medical appraisals in their organisations.
- checking there are effective systems in place for monitoring the conduct and performance of their doctors.
- confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors; and
- ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

Assessment

Governance Arrangements

The Medical Directorate Administrator is the Appraisal and Revalidation Administrative Lead and liaised with Medical HR to maintain an accurate list of prescribed connections, and this is triangulated with the list of doctors on the GMC's revalidation website (GMC Connect). The appraisal and revalidation system (SARD) is also updated daily directly from the GMC Connect.

The Chief Medical Officer (CMO) commenced in post in October 2025 and completed the Responsible Officer (RO) training in July 2025. The CMO regularly attend regional RO events, as well as the annual national RO conference.

NHS England published a 'Framework of Quality Assurance for Responsible Officers and Revalidation' which includes:

- Annex A - Core Standards: LPFT is fully compliant – appended to this report for consideration and signature.

Medical Appraisal Rates

a. Appraisal and Revalidation Performance Data

		Number of prescribed connections	Completed appraisals (1)	Approved incomplete or missed appraisals (2)	Unapproved incomplete or missed appraisal (3)
2.1.1	Consultants	35	33	2	0
2.1.2	Staff grade, associate specialist, specialty doctor	26	24	2	0
2.1.3	Doctors on Performers Lists	0	0	0	0
2.1.4	Doctors with practising privileges	0	0	0	0
2.1.5	Temporary or short-term contract holders	30	26	4	0
2.1.6	Other doctors with a prescribed connection to this designated body	1	1	0	0
2.1.7	**Total**	**92**	**84**	**8**	**0**

Completed appraisals (1) are within the appraisal month and signed off
Approved incomplete or missed (2) are completed outside of the appraisal month or by approved exemption

As of 31 March 2026, there were 92 non-training grade doctors with a prescribed connection to LPFT.

Of the 8 Approved incomplete or missed appraisals in the above table 5 were new starters to the NHS (as Trust Locums, SAS colleagues). The SARD system recognises them as new starters (for Annual