

Organisational Readiness Self Assessment Tool (ORSA)

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<http://www.eoedeanery.nhs.uk/medical>

Aims

- Ensure Designated Bodies understand what will be needed when Revalidation starts;
- Identify and prioritise areas of development;
- Inform the England Revalidation Delivery Board and the GMC regarding progress towards readiness in England;
- Contribute towards the Secretary of State's assessment of readiness for Revalidation in 2012.

Two stage process

- 1st Stage: To be completed by Designated Bodies in April/May 2011 (for year ending 31/03/2011) – current state of preparation and prioritise development needs for Revalidation;
- 2nd Stage: Repeat exercise in April/May 2012 (for year ending 31/03/2012 to inform the Secretary of State's decision regarding commencement of Revalidation.

Timetable for 2011/12 Exercise

Date	Milestone
February 2011	Self assessment tool and materials distributed to designated bodies by SHA's.
March 2011	Electronic reporting tool available for completed submissions
End May 2011	Report and evaluation completed by designated bodies.
End June 2011	Benchmarked reports available for SHA's and Trusts'
End July 2011	Final report of self-assessment exercise completed by RST

Importance of ORSA

- Provide reassurance to GMC and other public bodies on fulfilling statutory duties.
- ORSA will be a public document
 - be part of Quality Account
 - presented to Trust Board and published on Trust website
 - made available to GMC, CQC and SHA RO.
- Report content will form part of the appraisal portfolio of RO's.

ORSA

- Section 1: Details of Designated Body
Section 2: Responsible Officer
Section 3: Appraisal System
Section 4: Organisational Governance

Sections in BLACK are areas necessary for initial organisational readiness. Sections in GREY are areas which will be necessary to maintain readiness in subsequent years.

Section 1: Details of Designated Bodies

- 1.4 – Number of doctors with whom designated body has a prescribed connection as at 31st March 2011.

Section 2: Responsible Officer

- 2.2 – Appropriate RO training undertaken
- 2.3 Local/regional support for RO's – RO Support Networks
- 2.5 – A second RO is appointed/nominated where there is conflict of interest or appearance of bias between appointed RO and a medical practitioner.

Section 3: Appraisal System

- 3.1 – Medical appraisal policy
- 3.2 – Number of doctors who have had an appraisal between 1st April 2010 and 31st March 2011.
- 3.3 – An exception audit has been done to determine reasons for all missed or incomplete appraisals.
- 3.4 – Appraisers
- 3.5 – Support for Appraisers

Section 4: Organisational Governance

- 4.4 – System of obtaining and collating feedback for all doctors which complies with GMC requirements
- 4.5 – Information relating to all new doctors is obtained from doctor's previous RO and or employing/contracting organisation.
- 4.9 – Exit reports for locums and temporary staff are completed by supervising consultant
- 4.11- A policy for re-skilling, rehabilitation and targeted support is in place

Questions?