

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	27th April 2015
Board Sponsor:	Medical Director
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Subject:	Medical Appraisal and Revalidation

Executive summary

This annual report describes further progress with the implementation of medical appraisal and revalidation, the governance and reporting arrangements, medical appraisers, compliance rates and revalidation recommendations.

The Board of Directors have received reports on the medical appraisal and revalidation system in July 2014, November 2014 and January 2015.

NHS England introduced new measures to define a completed appraisal. As at 31 March 2015, the completed appraisal rate was 76%. Between 1 April 2014 and 31 March 2015, BSUH has made 164 positive recommendations to the GMC and 77 deferral requests. Each of these recommendations has been made within the GMC required time frame. There have been no non-engagement recommendations.

The volume of appraisals which are required to be undertaken necessitates a high number of medical appraisers and work continues to recruit additional appraisers.

Links to corporate objectives	The Medical Revalidation and appraisal process is an important component of ensuring we have <i>empowered skilled staff</i> ,
Identified risks and risk management actions	Without sufficient numbers of trained medical appraisers BSUH cannot provide the number of appraisals we are obliged to carry out. The MAAR Team will start another recruitment drive in May 2015 to advertise vacancies for additional appraisers. There is a risk that additional demands placed on appraisers to perform more than the minimum of 8 appraisals per year may result in further resignations.
Resource implications	As detailed in the report

Action required by the Board

The Board is also asked to note the progress made over the previous 12 months toward a robust and fit-for-purpose medical appraisal and revalidation system

The Board is asked to note the current challenges regarding the recruitment of appraisers in the Trust and to note the potential implications of this upon the medical appraisal and revalidation system.

Report to the Board of Directors, 27th April 2015 Medical Revalidation and Appraisal

1. Summary

- 1.1 BSUH is starting the 2015-16 appraisal year with 568 doctors with a prescribed connection at 1 April 2015.

2. Equiniti Revalidation Management System and Policy

- 2.1 On 1 April 2015 the Equiniti Revalidation Management System (RMS) went live. The system will centrally manage, monitor and report on medical appraisal and revalidation at BSUH. The permanent appointment in September 2014 of the Medical Appraisal Project Support Officer has been instrumental in the success of the implementation of the system.
- 2.2 All doctors with a prescribed connection to BSUH for revalidation have access to the system and have been offered training sessions on Equiniti RMS. Training commenced in March 2015 and monthly sessions are available throughout the appraisal year.
- 2.3 Equiniti RMS includes a module called Equiniti 360°, an electronic solution for colleague and patient feedback. The system manages the coordination, administration; data analysis and reporting of the feedback. BSUH can be assured that doctors who require colleague and patient feedback from 2015 onwards will meet the GMC criteria that, *“Responses must be collated independently of the doctor, appraiser and Responsible Officer.”* Previously, doctors would collect their own patient feedback and appraisers would collate this into a summary for them.
- 2.4 The recent ratification of the updated Medical Appraisal and Revalidation Policy has resulted in all doctors being allocated to 1 appraiser for 3 years. It is hoped the change will facilitate a challenging appraisal and help to improve the consistency and quality of the doctor’s appraisal. The introduction of Equiniti RMS to streamline the processes has led to an extension of the appraisal interview window from 7 to 9 months, covering 1 May to 31 January, inclusive.
- 2.5 Analysis of the statistics relating to the 2014-15 medical appraisal year show an overall completed appraisal rate of 76% of the 556 doctors with a prescribed connection at 31 March 2015. NHS England have defined a completed appraisal as one which meets the criteria of category 1a or category 1b:
- 2.51 Category 1a
- The appraisal meeting has taken place between 9 and 15 months of the date of the last appraisal, the outputs of appraisal have been agreed and signed-off by the appraiser

and the doctor within 28 days of the appraisal meeting, and the entire process occurred between 1 April and 31 March.

2.52 Category 1b

- The appraisal meeting took place in the appraisal year between 1 April and 31 March and the outputs of appraisal have been agreed and signed-off by the appraisal and the doctor, but one or more of the following apply:
 - A period of time of less than 9 months or greater than 15 months from the last appraisal has elapsed;
 - The outputs of appraisal have been agreed and signed-off by the appraiser and the doctor between 1 April and 28 April of the following appraisal year;
 - The outputs of appraisal have been agreed and signed-off by the appraiser and the doctor more than 28 days after the appraisal meeting.

2.6 The report template for the full statistical analysis of the 2014-15 appraisal year is yet to be supplied by NHS England.

3 Governance and reporting arrangements

3.1 Statistics of medical appraisal meetings booked and of medical appraisal meetings having taken place will continue to be published in the Medical Appraisal and Revalidation Bulletins.

3.2 The list of prescribed connections to BSUH is constantly updated and maintained using a combination of data from workflow notifications through the ESR payroll system, amendment forms and recruitment databases from Medical HR. This information is then triangulated between our GMC Connect site, appraisal database and Equiniti RMS to ensure that all data is identical and changes made in one place are reflected on all systems and databases.

4 Appraisers and Medical Appraisal Training

4.1 We appointed 7 appraisers following the inclusion of appraiser responsibilities as part of the Clinical Directors job description. In addition to 3 appraisers who were appointed based on our recruitment drive since October 2014.

4.2 On 1 April 2015, 5 of the 10 new appraisers were trained by an approved external trainer and will be ready to offer medical appraisal meetings in the 2015-16 appraisal meeting window. BSUH has 67 trained medical appraisers, which is an increase of 4 since the 2014-15 appraisal year.

4.3 Appraiser Network Meetings, offering continuing support to appraisers are compulsory for appraisers to attend twice yearly, during spring and autumn. 2014-15 saw the introduction of external appraiser top up training in October and November 2014. This will be replicated in the

2015-16 appraisal year to support the development of the appraiser's skills and to improve the quality of appraisal outputs.

5 Quality Assurance

- 5.1 Appraisers will receive their individual feedback at the spring network meetings on 29 April 2015 and 6 May 2015. The feedback was collected through Survey Monkey from doctors for each individual appraiser and collated by the Medical Appraisal and Revalidation Team. During the 2015-16 appraisal year, feedback will be collected using the Equiniti RMS and will continue to be presented to the appraisers at the spring network meeting.
- 5.2 General feedback will be offered to the group based on the findings of the end of year QA 'PROGRESS' audit.
- 5.3 In 2015-16 it is intended to run smaller quarterly audits and to feedback results of these to the appraisers through their monthly bulletins.

6 Clinical Governance

- 6.1 Every individual doctor is provided with a governance report to attach to their appraisal form which will supplement their appraisal supporting information. The report includes feedback from the Complaints and Patient Safety Departments, together with confirmation from General HR of involvement in any internal conduct, capability and internal investigations or referrals to NCAS and from the Medical Director's office confirming any referrals to the GMC.
- 6.2 The data for this report is collected from the appropriate departments and then collated and sent out by the Medical Appraisal and Revalidation Team.

7 Revalidation Recommendations

- 7.1 Between 1 April 2014 and 31 March 2015, BSUH has made 164 positive recommendations to the GMC and 77 deferral requests. Each of these recommendations has been made within the GMC required time frame. There have been no non-engagement recommendations.

8 Risks

- 8.1 There are a number of potential risks identified for the coming year; which are outlined below with potential solutions to mitigate for those risks.

Medical appraisers

We have a lower than required number of appraisers to take on the volume of appraisals required in the 2015-16 appraisal year.

Despite constant recruitment since October 2014 the number of medical appraisers is still steadily dropping.

During the 2014-15 appraisal year we lost 7 appraisers through voluntary resignation, retirement and recruitment to other Trusts. There is a concern that more appraisers will resign as they are asked to take on more than the minimum number of 8 appraisal meetings in the 2015-16 appraisal year to accommodate the required number of medical appraisal meetings.

The maximum number of available appraisers going into 2015-16 will be 67, which at the minimum of 8 appraisals each gives us 536 appraisal meetings (not enough to cater for 568 doctors with a prescribed connection to BSUH).

It is likely that BSUH will need to purchase some appraiser services to bridge the perceived shortfall in the 2015-16 appraisal year. Trained appraisers at Sussex Community NHS Trust (SCT) have been approached to assist the Trust in being able to discharge its statutory responsibilities placed upon it as a designated body.

Increase in the number of doctors with a prescribed connection

We have steadily increased our number of prescribed connections since December 2012 from 535 at its lowest to 568 at 1 April 2015. With our dental and St Peter and St James Continuing Care Centre, North Chailey (hospice) colleagues also to appraise, we need to offer a minimum of 582 appraisals. We currently fall short of this by approximately 46 meetings.

This is further compounded as the workforce changes throughout the year, because we will likely lose doctors from the workforce, who have been appraised at BSUH and recruit doctors who have not been appraised in the current appraisal year. This increases the number of appraisals that BSUH must provide.

Unfortunately it is not possible to reduce the number of prescribed connections to BSUH as this is dictated by contractual associations with these doctors. In order to mitigate for this risk we need a surplus of appraisers.

- Additional appraisers, ideally 80+ appraisers, would be optimal, but an absolute minimum of 75 appraisers throughout each appraisal year would be satisfactory.
- The role of the appraiser becoming compulsory for those with levels of managerial responsibility e.g. Educational Supervisors etc., which would need to be implicated on to current role holders' duties and job descriptions or these changes, could be introduced as post holders change.

- SCT appraisers would be employed by BSUH on a 0 hours bank contract which would allow SCT doctors to be indemnified to carry out appraisals for BSUH. Payment would be a flat rate of £250 per appraisal and travel expenses.

9 Recommendation

- 9.1 The Board is also asked to note the progress made over the previous 12 months toward a robust and fit-for-purpose medical appraisal and revalidation system

**Deputy Medical Director & Interim Medical Appraisal and Revalidation
Manager
April 2015**