

To: Board of Directors

Date of Meeting: 31st May 2017

Agenda Item: 11

Title
Medical Appraisal and Revalidation Annual Report
Responsible Executive Director
George Findlay, Executive Medical Director
Prepared by
Caroline Wiggs, Medical Appraisal and Revalidation Manager
Status
Public
Summary of Proposal
<p>This report informs the Board of the end of year position of the Trust with regard to medical appraisal and revalidation and seeks Board approval and sign off of the NHS England statement of compliance.</p> <p>There has been a marked improvement in end of year appraisal rate from 2015-16 to 2016-17:</p> <ul style="list-style-type: none"> • 2016-17 end of year appraisal rate reported to NHS England for all doctors with a prescribed connection for revalidation was 85%; 75% in 2015-16. • For substantive medical and dental staff only, the end of year appraisal rate as reported to NHSI was 93%; 82% in 2015-16. <p>The Trust reported no unapproved incomplete or missed appraisals to NHS England in 2016-17.</p>
Implications for Quality of Care
Appraisal and revalidation is a key enabler of patient safety and quality
Link to Strategic Objectives/Board Assurance Framework
The revalidation process enables the objective of empowered and skilled staff
Financial Implications
None applicable to this report
Human Resource Implications
The number of appraisers, appraisee ratio and appraisal rate all improved in 2016/17
Recommendation
The Board is asked to: NOTE the report; and approve Appendix D – Statement of Compliance, confirming that the Trust as a designated body, is in compliance with the regulations.
Communication and Consultation
None applicable to this report
Appendices
<ol style="list-style-type: none"> 1. Appraisal and revalidation KPI data 2. Appraisal and revalidation KPI dashboard 3. Annual organizational audit 4. Statement of compliance

Report to the Board of Directors, 31st May 2017

Medical Appraisal and Revalidation Annual Report

1. 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.

Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations¹ 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 and colleagues is sought periodically so that their views can inform the appraisal and revalidation process for their doctors;
- 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; and
- Ensuring, in line with NHS England guidance, that appraisals take place within 9-12 months from the date of last appraisal.

2. Governance Arrangements

The Medical Appraisal and Revalidation Team monitor progress and compliance with appraisal weekly through internal processes, including individual review of appraisal outputs for compliance with GMC and NHS England standards.

On a weekly basis, the Medical Appraisal and Revalidation Team monitor and update the GMC Connect database and BSUH database prompted by ESR payroll workflow notifications. The ESR notifications are supplemented by communications from Medical HR and GMC Connect.

The Medical Appraisal and Revalidation Team audit appraisal outputs for quality assurance quarterly, those reviews are fed back to appraisers at bi-yearly network meetings and are used to design further training exercises for appraisers.

Individual feedback is also supplied to medial appraisers.

For further details of how BSUH is meeting national requirements of compliance please see the Appendix B - Annual Organisational Audit.

3. Medical Appraisal

Appraisal and Revalidation Performance Data:

- Number of doctors with a prescribed connection at 31 March 2017 – **675**
- Number of completed appraisals - **571**

See Appendix A, section A - Audit of all missed or incomplete appraisals for a detailed audit of all missed or incomplete appraisals audit. The high appraiser/appraisee ratio at the start of

2016-17 directly contributed to lack of appraiser time. There was a noticeable increase in the number of new starters joining the Trust from 1st December 2016 in 2016-17 compared to the previous year. The end of year appraisal rate could have been increased by a greater pool of trained appraisers for doctors joining the Trust throughout the year to meet with.

4. Appraisers

Appraiser and appraisee ratio

- Current numbers of appraisers - **74** (as of 5th April 2017); 57 in March 2016.
- Current appraiser/appraisee ratio - **1:9** (as of 5th April 2017); 1:12 in March 2016.

Whilst there has been a very positive improvement in terms of appraiser numbers we still require further appraisers to ensure that we have a suitable pool to draw from and that the responsibility can be accommodated within doctors existing job plans.

The issue of insufficient capacity within job plans has been the major hindrance in recruiting new appraisers.

The Responsible Officer, Lead for Revalidation and Appraisal and Clinical Directors continue to collaborate to identify additional doctors to train as appraisers with the goal of bringing the ratio closer to 1:6.

Each Directorate is expected to ensure 20% of their substantive middle grade doctors and consultants are trained appraisers at any time.

5. Training and Support

New appraiser training sessions to ensure new and existing appraisers are trained in line with NHS England Guidelines are run four times a year. Sessions on 4th and 5th April 2017 were well attended. A further date has been arranged for 6th June 2017 and another will follow mid to late September 2017.

Further appraiser training support is provided in the form of attendance at appraiser networks twice yearly providing internal updates and external half day training sessions to update appraiser skills to enhance and support the doctor's soft skills.

External new appraiser training and top up training is now delivered as half day sessions run morning and afternoon on the same day producing cost savings. Places on training courses are offered to local designated bodies and attendees from these organisations are recharged back at cost.

Monthly workshops and drop-in sessions are held to support doctors with the appraisal and revalidation process. This is supplemented with remote access support and 121 focused training.

6. Quality Assurance

Appraisal portfolios:

- Review of appraisal portfolios to provide assurance that the appraisal inputs: the pre-appraisal declarations and supporting information provided is appropriate and available - by appraisers. Assessment and sign off is required to begin the appraisal meeting on the system;
- Review of appraisal portfolios to provide assurance that the appraisal outputs: personal development plan, summary and sign offs are complete and to an appropriate standard - monitored and audited by the Medical Appraisal and Revalidation Team;
- Review of appraisal outputs to provide assurance that any key items identified at pre-appraisal as needing discussion during the appraisal are included in the appraisal outputs - monitored and audited Medical Appraisal and Revalidation Team.

For the individual appraiser:

- An annual record of the appraiser's reflection on his or her appropriate continuing professional development is reviewed at appraisal by their peers.
- An annual record of the appraiser's participation in appraisal calibration events such as reflection on appraisal network meetings. The record of participation is held by the Medical Appraisal and Revalidation Team and the record of reflection is through reflection on their feedback through the appraisal mechanism.
- 360° feedback from doctors for each appraiser - how collected, reviewed, collated and fed back to the appraiser is calibrated against the feedback for other appraisers. This is reviewed by the Medical Appraisal and Revalidation Team to identify any outliers requiring support.

For the organisation:

- Audit of timelines of process of appraisal by department - carried out internally annually in Q4 in line with Lean 6 Sigma principles;
- System user feedback - collected throughout the year from doctors and appraisers. This is fed back into the regional user groups for the appraisal software provider. Where relating to internal processes this informs stakeholder highlight reports and internal annual process audits.

See **Appendix A, section B - Quality assurance of appraisal inputs and outputs** for further assurance regarding quality of appraisal outputs.

Access, Security and Confidentiality

Each portfolio is reviewed by an appraiser at the pre-appraisal stage and if any patient identifiable data is present then the portfolio should be rejected with a request to redact the patient identifiable data before re-submission as per appraiser training.

The Medical Appraisal and Revalidation Team then review each portfolio post appraisal completion and if patient identifiable data is present the portfolio will be returned for removal or redaction of the patient identifiable data.

Clinical Governance

Doctors are supplied with data from the Patient Safety Teams, Complaints Team, General HR (complaints, conduct and capability) and GMC (external complaints and investigations). This data is collected and collated by the Medical Appraisal and Revalidation Team to produce and upload a report to the doctor's appraisal portfolio.

Recruitment and engagement background checks

Number of new doctors (including all prescribed connections) who have commenced in last 12 months (including where appropriate locum doctors)	
Permanent employed doctors	26
Temporary employed doctors (including training doctors)	524
Locums brought in to the designated body through staff bank arrangements	146
TOTAL	696

Revalidation recommendations

Recommendations between April - March	69
Recommendations completed on time	69
Recommendations completed not on time	0
Positive recommendations	55
Deferral requests	14
Non-engagement notifications	0

7. Revalidation Recommendations Process

Revalidation recommendations are now being reviewed at point of the doctor coming under notice of revalidation (120 days before the revalidation submission deadline). This should reduce the number of deferrals made as the process allows time for a doctor to be notified of missing supporting information and to take corrective action before the submission deadline.

- Process at the beginning of the year - review of revalidation/appraisal date and advise the doctor of any corrective action required. This is then monitored for action and followed up by the Medical Appraisal and Revalidation Team if none is taken.
- The internal review process at appraisal submission/completion has amended to ensure that all required supporting information is submitted with the appropriate summary of discussion, with actions taken and deadlines for corrections logged and followed up by the Medical Appraisal and Revalidation Team in line with the Medical Appraisal and Revalidation Policy.
- As each doctor comes under notice of revalidation with the GMC for revalidation their portfolio and appraisal history is reviewed in line with the national criteria. If action is required the doctor is contacted approximately 100 days prior to their submission deadline with an action plan to ensure that supporting information is in place prior to their recommendation submission deadline.

8. Directorate Engagement

Clinical Directors receive monthly reports detailing current appraisal status of doctors with a prescribed connection to the Trust within their Directorate. Clinical Director

involvement has contributed to no unapproved incomplete or missed appraisals in 2016-17.

9. Corrective Actions, Improvement Plan and Next Steps

The Trust had recently updated the appraisal and revalidation policy to include guidance from NHS England that appraisals should take place within 9-12 months from the date of last appraisal.

To ensure a reduced number of deferrals in the 2017-18 appraisal year additional pre and post appraisal checks have been added in line with the revised medical appraisal and revalidation policy to ensure that all doctors are compliant with the appraisal and revalidation policy.

This includes the timeline for booking a meeting, participation in an appraisal meeting and sign off and completion of their appraisal in line with national guidance.

10. Recommendations

The Board is asked to NOTE the report.

The report will be shared, along with Appendix C - Annual Organisational Audit, with the higher level responsible officer at NHS England.

The Board is also asked to approve Appendix D – Statement of Compliance, confirming that the organisation, as a designated body, is in compliance with the regulations. This will also be submitted annually to the higher level responsible officer.