

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	25 th April 2016
Board Sponsor:	Medical Director
Paper Author:	Deputy Medical Director, Lead for Appraisal and Revalidation Medical Appraisal and Revalidation Manager
Subject:	Medical Appraisal and Revalidation

Executive summary

This paper reports the Trust end of year position with regard to medical appraisal and revalidation, and asks for Board approval and sign off of the NHS England statement of compliance.

The 2015-16 end of year appraisal rate reported to NHS England for all doctors with a prescribed connection for revalidation was 75%

For substantive medical and dental staff only, the end of year appraisal rate as reported to the TDA was 82%

The difference is due to the population of junior doctors in temporary short-term contracts arriving through the December – March change overs.

The other major challenge in the 2015-16 appraisal year has been a shortage of trained appraisers. This was raised as a risk in November 2015 to the Responsible Officer and a subsequent plan has been developed to mitigate that risk.

Availability of trained appraisers may also have had a negative impact on the deferral numbers, with doctors unable to meet with appraisers causing delays to their appraisal process and thereby delaying their revalidation submission date to accommodate this.

Action required by the Board

The Board is asked to:

- discuss the Annual Report on Medical Appraisal and Revalidation;
- note that the report will be shared, along with Appendix C – Annual Organisational Audit, with the higher level responsible officer at NHS England
- 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.

Links to corporate objectives	The report supports the objectives of <i>excellent outcomes and great experience</i>
Identified risks and risk management actions	<p>The reduction in the medical appraisal rate for the 2015-16 appraisal year has been impacted by the ratio (1:12) of trained appraisers to medical staff with a prescribed connection to the Trust.</p> <p>This was raised as a risk in November 2015 to the Responsible Officer and a subsequent plan has been outline to mitigate for that risk.</p>
Resource implications	None
Report history	An annual report is made to the Board of Directors
Appendices	<p>Appendix A – Appraisal and Revalidation KPI Data</p> <p>Appendix B – Appraisal and Revalidation KPI Dashboard</p> <p>Appendix C – Annual Organisational Audit</p> <p>Appendix D – Statement of Compliance</p>

Report to the Board of Directors, 30th June 2016 Medical Appraisal and Revalidation Annual Report

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 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.

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.

¹ The Medical Profession (Responsible Officers) Regulations, 2010 as amended in 2013' and 'The General Medical Council (Licence to Practise and Revalidation) Regulations Order of Council 2012'

Medical Appraisal

Appraisal and Revalidation Performance Data:

- Number of doctors with a prescribed connection at 31 March 2016 - **633**
- Number of completed appraisals - **475**,

See **Appendix A, section A – Audit of all missed or incomplete appraisals** for a detailed audit of all missed or incomplete appraisals audit. The end of year appraisal rate could have been increased by up to 17% had sufficient numbers of trained appraisers been available for doctors joining the Trust throughout the year to meet with.

Appraisers

The current number of appraisers is 57. In the 2015-16 appraisal year, the number of trained appraisers has had a negative impact on both the end of year (NHS England) reported appraisal rate and the deferral rate for BSUH.

Doctors were unable to meet with appraisers causing delays to both their appraisal process and thereby delaying their revalidation submission date to accommodate this.

The Responsible Officer, Lead for Revalidation and Appraisal and Clinical Directors are collaborating to identify additional doctors to train as appraisers with the goal of bringing the ratio closer to 1:6, (the current ratio is 1:12).

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

New appraiser training took place on 2 June with additional (2/3) events to be held in Autumn 2016 to ensure newly identified appraisers are trained in line with NHS England Guidelines.

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.

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.

In August 2015 the appraisal software provider breached IG arrangements by sending appraisal outputs to the incorrect nominee. The breach was reported by the nominee to the team and the team logged it immediately with the provider.

The provider launched an internal investigation to review the circumstances leading to the error and found inadequate training of new customer care team members to be at fault. BSUH was given assurance that additional training for current members of their team was implemented and that future training would include measures to prevent repetition of the error.

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.

Revalidation Recommendations

• Recommendations between April – March	247
• Recommendations completed on time	247
• Recommendations completed not on time	0
• Positive recommendations	120
• Deferral requests	76
• Non-engagement notifications	1

N.B. The recommendation submitted for non-engagement was an administration error. This was swiftly resolved with the GMC and the doctor was subsequently revalidated, however the GMC are not able to remove the record of the non-engagement submission. It therefore must be included with the recommendation data this year.

Recruitment and engagement background checks

Number of new doctors (including all new prescribed connections) who have commenced in last 12 months (including where appropriate locum doctors)	
Permanent employed doctors	29
Temporary employed doctors (Inc.. training doctors)	457
Locums brought in to the designated body through 'Staff Bank' arrangements	126
TOTAL	612

Corrective Actions, Improvement Plan and Next Steps

To ensure a reduced number of deferrals in the 2016-17 appraisal year a tight process and framework in line with the medical appraisal and revalidation policy has been implemented 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.

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. The following actions are also being taken:

- At the beginning of the year, the revalidation/appraisal date is reviewed and the doctor advised of any corrective action required. This is then monitored for action and followed up by the Medical Appraisal and Revalidation Team if no action is taken.
- The internal review process at appraisal submission/completion has been 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.

This process was implemented from December 2015 and saw an immediate decline in requests to defer recommendations from 37% (April to November 2015) to 22% (December 2015 to March 2016). The national deferral rate is approx. 18% including trainees and approx. 11% excluding trainees.

Mr Keith Altman
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