

**Medical Appraisal and Revalidation – Report**

<b>Trust Board</b>	<b>Item: 14a</b>
<b>Date: 28<sup>th</sup> September 2016</b>	<b>Enclosure: J</b>
<b>Purpose of the Report:</b> To provide assurance to the Board regarding the Medical Appraisal and Revalidation process and to provide an update on plans for improving the process.	
<b>For: Information</b> <input checked="" type="checkbox"/> <b>Assurance</b> <input checked="" type="checkbox"/> <b>Discussion and input</b> <input type="checkbox"/> <b>Decision/approval</b> <input type="checkbox"/>	
<b>Sponsor (Executive Lead):</b>	Jane Wilson, Medical Director
<b>Author:</b>	Leigh Harris, Revalidation Support Officer
<b>Author Contact Details:</b>	
<b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>	No risk implications.
<b>Legal / Regulatory / Reputation Implications:</b>	
<b>Link to Relevant CQC Domain:</b> <b>Safe</b> <input checked="" type="checkbox"/> <b>Effective</b> <input checked="" type="checkbox"/> <b>Caring</b> <input checked="" type="checkbox"/> <b>Responsive</b> <input checked="" type="checkbox"/> <b>Well Led</b> <input checked="" type="checkbox"/>	
<b>Link to Relevant Corporate Objective:</b>	Strategic Objective 2
<b>Document Previously Considered By:</b>	
<b>Recommendations:</b>  The Board is asked to:  a) note the performance with the appraisal and revalidation process and agree the actions in relation to the Higher Level Responsible Officer Visit and actions to increase the rate of appraisal within the year are appropriate; b) comment on the proposal to schedule a development session for the Board to understand the statutory responsibilities and link to quality improvement.	

# Medical Appraisal and Revalidation – Report August 2016

## 1.0 Introduction & Context

The medical revalidation process is used to provide assurance to the General Medical Council (GMC) that a doctor has fulfilled the necessary criteria to continue their licence, based on the Good Medical Practice Framework published by the GMC. All doctors not in training are required to have a prescribed connection to a designated body i.e. an NHS organisation such as Kingston Hospital. All doctors with a prescribed connection to Kingston Hospital fall under the responsibility of Miss Jane Wilson, Medical Director, who is the responsible officer (RO) for the organisation and has overall accountability for the Trust's appraisal and validation processes. For doctors in training the Dean is the Responsible Officer

The Trust is required to submit annual confirmation of overall appraisal rates to NHS England. The appraisal rate is the total number of completed appraisals for each prescribed connection listed under the Trust.

The following paper is to provide assurance to the Board that the appropriate processes are in place within Kingston Hospital for the management of medical appraisals and revalidation, as well as providing an update on the recommendations for further improving the process.

## 2.0 Annual Organisational Audit (AOA) Figures (01.04.2015-31.03.2016)

The Annual Organisational Audit contains the Trust's current year figures for appraisal and validation, based on completion at a fixed point within the year. The figures do not include any doctor who had not connected to Kingston Hospital prior to 31<sup>st</sup> March 2016 or any dental posts.

The 2015/16 figure is the current status of appraisals as of the 31<sup>st</sup> March 2016 and is provided in Table 1.0.

**Table 1.0 2015/16 AOA Results:**

	No of Prescribed Connections	Completed Appraisals	Approved Incomplete or Missed	Unapproved Incomplete or Missed
<b>Consultants</b>	183	153	4	26
<b>SAS Drs</b>	17	15	0	2
<b>Drs on Performers List</b>	0	0	0	0
<b>Drs with Practising Privileges</b>	0	0	0	0
<b>Temp or Short-Term Contracts</b>	43	34	1	8
<b>Other Drs (inc Bank)</b>	12	9	1	2
<b>TOTAL</b>	<b>255</b>	<b>210 (83%)</b>	<b>6 (2%)</b>	<b>38 (15%)</b>

### 2.1 Explanation of the AOA Data

83% of the Trust's doctors completed their appraisals as expected. Of the outstanding remaining appraisals, 6 were approved incomplete appraisals e.g. maternity leave, career break and finally, those who did not complete an appraisal. 24 of the 38 incomplete appraisals have since been completed, leaving 12 appraisals outstanding (due to 2 doctors leaving the Trust).

### 2.2 Comparator Figures (within Sector and Nationally Overall):

The figures submitted by each Trust as part of the Annual Organisational Audit (AOA) to NHS England are combined within an overall Comparator Report. The figures below show

how Kingston Hospital's rates compare to local Trusts within the same sector and also nationally.

2015-16 AOA Indicator		Your Organisation's Response	Same Sector	All Sectors
2.1.1	Consultants	83.6%	89%	89.7%
2.1.2	SAS Drs	88.2%	82.1%	83.8%
2.1.3	Drs on Performers List	N/A	83.3%	93%
2.1.4	Drs with Practising Privileges	N/A	50%	85.4%
2.1.5	Temp or Short-Term Contracts	79.1%	67.3%	75.7%
2.1.6	Other Drs (inc Bank)	75%	39.9%	81.1%
2.1.7	Total number of Drs who had a completed appraisal	82.7%	83.9%	88.1%

The Trust has performed favourably for SAS doctors, temporary contract doctors and bank doctors, but recognises that increased support is needed to improve performance within the consultant workgroup. In order to address this, an agreed amount of Programmed Activities (PA) has been allocated to the Appraiser Role (1.5 PA per appraisal) to ensure appraisers have sufficient protected time to complete the required number of appraisals to the appropriate standard.

### 3.0 Quarterly Appraisal Report (Q1 Apr–Jun 2016) - Annual Organisational Audit (AOA)

The Trust is also required to submit quarterly confirmation regarding overall appraisal rates to NHS England. The results of this are as follows.

The number of doctors with whom the designated body has a prescribed connection at 30 <sup>th</sup> June 2016	267
The number of doctors above for whom the RO accepts the postponement is reasonable	37
The number of doctors above for whom RO does not accept the postponement is reasonable	0

#### Quarterly Appraisal Report Update (as at 31.08.2016)

Of the 37 appraisals outstanding in June, 16 have now been completed. There are 17 remaining appraisals due to 2 doctors no longer working within the Trust.

#### 3.1 Higher Level Responsible Officer Routine Quality Review Visit (14<sup>th</sup> March 2016)

The Trust's 'Appraisal and Revalidation' processes are routinely reviewed by NHS England, who completed a visit on 14<sup>th</sup> March 2016. The visit consists of a review of the revalidation processes, including examples of anonymised appraisal paperwork and also discussions with key stakeholders from within the Trust.

The inspection team consisted of:

Name	Role	Organisation
Dr Ruth CHAPMAN	AMD (Revalidation), Regional Lead Appraiser	NHS England (London)
Ray FIELD	Revalidation Lead	NHS England (London)
Dr Michael MARSH	NHS England, Specialised Commissioning	NHS England (London)

A report was received subsequently which included recognition of areas of good practice but also identified some areas for improvement (shown below).

### 3.2 Suggested Areas for Development

There were a number of suggested areas for development. These were as follows:

1. Further development of appraisers
2. Strengthening the decision-making process for appraisal and revalidation
3. Consolidate the hospital board's understanding of appraisal and revalidation so that the board fully recognises its statutory obligations
4. Further development of HR processes

A number of key actions have been taken to address these key areas. These are detailed below:

#### 3.2.1 Further development of appraisers

Suggested Area For Improvement	Key Actions Taken To Improve
Establish regular developmental appraiser workshops linking in to the wider appraisal lead network.	On-line 'Appraiser Training' module to be implemented for existing appraisers to ensure up-to-date with latest regulation/requirements. Existing IT issues had caused a delay in implementation, however these have since been rectified. The ongoing revenue costs are in the process of being finalised.
Implement quality assurance of appraisals and the development of appraiser outputs (summaries and PDPs).	<ul style="list-style-type: none"> <li>• Inaugural Appraiser Forum to be held Friday 21<sup>st</sup> October, with invite extended to all Trust appraisers. The forum will provide a clear platform for discussing and reviewing the revalidation processes, with the view of improving the key priority areas identified.</li> <li>• A Quality Assurance Group is being developed to monitor on-going compliance of agreed standards and to enable early identification where further support required.</li> </ul>
Consider reducing the number of appraisers with a view to having fewer better skilled appraisers.	Early scoping work is underway to investigate the feasibility of this recommendation. Upskilling appraisers is a priority for the Trust, however this must be balanced against appraisers other priorities and capacity.
Develop your senior appraisers and establish the appraiser role as a stepping stone to leadership roles.	The plan for rollout will be finalised after the Appraiser Forum on Friday 21 <sup>st</sup> October.
The appraisal lead is invited to attend RO training to develop their overall understanding of revalidation and to potentially act as a deputy to the RO.	The RO has agreed this recommendation and is finalising a plan to implement.

#### 3.2.2 Strengthen processes relating to decision making around appraisal and revalidation

Suggested Area For Improvement	Key Actions Taken To Improve
Finalise the appraisal policy and share it widely within the Trust, this will help manage appraisal and revalidation, and clarify expectations.	Appraisal policy has been approved and is in place.
Create a protocol for communication with doctors around appraisal particularly utilising the use of the postponement of appraisal and Rev forms (4 and 6).	The appraisal policy will be extended at its next review date to ensure increased detail is included regarding the process for postponing appraisals. An additional e-Portfolio User Guide has been circulated to all appraisers as an interim solution to support with this.

Consider establishing an RO advisory group for recommendation decision making.	This has been added as an item of the Appraiser Forum agenda to establish whether there is appetite for such a group.
Keep an audit trail of decision-making.	An audit trail is currently kept containing all correspondence between the RO and revalidation lead. Appropriate governance will be established to support with additional groups and forums associated with the revalidation process.

### 3.2.3 Consolidate the hospital board's understanding of appraisal and revalidation so that the board fully recognises its statutory obligations

Suggested Area For Improvement	Key Actions Taken To Improve
Run a board seminar on appraisal and revalidation	Due for implementation at nearest convenient date.

### 3.2.4 Further development of HR Processes

Suggested Area For Improvement	Key Actions Taken To Improve
Establish a stronger link with the appraisal and revalidation team.	<ul style="list-style-type: none"> <li>• Additional work is required to improve the flow of information between Medical HR and the medical appraisal team to ensure all new starters and leavers are clearly identified. The Trust is aware that this work is required and plans are in place to address this.</li> <li>• Work planned re development of appropriate induction programme for new 'non-training' doctors to include requirement for appointment with appraisal and revalidation team.</li> </ul>
Tighten up pre-employment checks for locums	Additional work is planned with Medical HR to include information for locums who work via locum agencies, NHS bank and via own limited companies.
Create and improve a starter pack for new doctors which includes information about appraisal and revalidation	<ul style="list-style-type: none"> <li>• Appraisal and revalidation information provided to all new 'non-training' doctors during 1:1 e-Portfolio training appointment.</li> <li>• Further information regarding ARCP processes included within specialty teaching programmes.</li> </ul>
Consider selecting another consultant to complete case investigator training in line with Maintaining High Professional Standards.	<ul style="list-style-type: none"> <li>• Added as an agenda item for the 'Appraiser Forum' on Friday 21<sup>st</sup> October.</li> </ul>

### 3.3 Additional Plans for Improvement

1. Implement a robust process for ensuring that no appraisal is completed by an appraiser with line management responsibility for the appraisee.
2. Develop further 'specialty specific' guidance and additional guidance for those undertaking private practice.
3. Reinforce and improve links with Complaints and Risk Management.
4. Provide quarterly appraisal reports to Clinical Directors, Divisional Directors and Trust Board.
5. Review and implement electronic Patient Feedback system.
6. Strengthen the links with Medical HR and consider moving medical appraisal management to HR.

#### **4.0 Additional completed improvements to the appraisal and revalidation process**

- **Successful appointment of a new appraisal lead**  
Mr Pooley, Consultant Obstetrician and Gynaecologist has been appointed to post
- **Additional administration support appointed to the appraisal team**  
0.4 WTE of administrative support due to start in mid-October.
- **23 New Appraisers Trained (overall pool of appraisers increased to 95)**  
New appraisers trained including 4 SAS Doctors.

#### **Recommendations**

The Board is asked to:

- a) note the performance with the appraisal and revalidation process and agree the actions in relation to the Higher Level Responsible Officer Visit and actions to increase the rate of appraisal within the year are appropriate;
- b) comment on the proposal to schedule a development session for the Board to understand the statutory responsibilities and link to quality improvement.