

**Medical Appraisal and Revalidation – Performance Update  
July 2018**

<b>Trust Board</b>	<b>Item: 15</b>
<b>Date: 11<sup>th</sup> July 2018</b>	<b>Enclosure: K</b>
<b>Purpose of the Report:</b> The following paper is to provide assurance to the Trust 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.	
<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
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<b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>	
<b>Legal / Regulatory / Reputation Implications:</b>	
<b>Link to Relevant CQC Domain:</b> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
<b>Link to Relevant Corporate Objective:</b>	
<b>Document Previously Considered By:</b>	
<b>Recommendations:</b>	

# Medical Appraisal and Revalidation – Performance Update July 2018

## 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 are required to have a prescribed connection to a Designated Body. Designated Bodies include NHS Trusts, Local Education and Training Boards (LETB), Locum Agencies and other organisations. Each Designated Body has a Responsible Officer (RO), usually the Medical Director who is responsible for the appraisal and revalidation processes.

Doctors on training rotations are connected to the Local Education and Training Board (LETB) with the relevant Dean as their Responsible Officer. All other doctors who perform the majority of their practice at Kingston Hospital are connected directly to the Trust. Doctors connected to Kingston Hospital fall under the responsibility of Miss Jane Wilson, Medical Director, as the Trust’s Responsible Officer (RO).

The Trust submits quarterly and annual confirmation of appraisal rates to the London Revalidation Team (NHS England). The reports are based on appraisal rates for those with a prescribed connection to the Trust. The figures do not include any doctor not connected to Kingston Hospital or dental posts.

The following paper is to provide assurance to the Trust 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) report 2017-18

A summary of the figures submitted to the London Revalidation Team (NHS England) as part of the Annual Organisational Audit (AOA) report is shown below:

**Table 1.0 2017-18 AOA Summary (as at 31<sup>st</sup> March 2018):**

	Number of Prescribed Connections	Completed Appraisals	Approved Incomplete or Missed	Unapproved Incomplete or Missed
<b>Consultants</b>	209	173	4	32
<b>SAS Doctors</b>	20	17	0	3
<b>Doctors on Performers Lists</b>	0	0	0	0
<b>Doctors with practising privileges</b>	0	0	0	0
<b>Temporary or short-term contract holders</b>	43	35	1	7
<b>Other doctors with a prescribed connection</b>	24	12	0	12
<b>TOTAL</b>	<b>296</b>	<b>237 (80%)</b>	<b>5 (2%)</b>	<b>54 (18%)</b>

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

The figures submitted by each Trust as part of the Annual Organisational Audit (AOA) are combined within an overall Comparator Report. The figures below show how Kingston Hospital's completion rates compare to local Trusts within the same sector and also nationally. The figures are based on 2016-17 AOA data (2017-18 data expected July 2018).

	Your Organisation's Response 2016-17	Same Sector 2016-17	All Sectors 2016-17
Consultants	159 (82.8%)	90.9%	91.7%
SAS Doctors	10 (66.7%)	84.3%	87%
Doctors on Performers Lists	N/A	100%	95.2%
Doctors with practising privileges	N/A	N/A	87.4%
Temporary or short-term contract holders	37 (80.4%)	71.5%	78.8%
Other doctors with a prescribed connection	15 (83.3%)	80.5%	91.2%
Number of Drs who had a completed appraisal	221 (81.5%)	86.6%	90.7%

## 3 Quarterly Appraisal reports 2017-18

A summary of the figures submitted as part of the Quarterly Appraisal reports are shown below:

Performance Indicator	Q1 (Apr – Jun 17)	Q2 (Jul – Sep 17)	Q3 (Oct – Dec 17)
The number of doctors with whom the designated body has a prescribed connection at end of quarterly reporting period	268	270	289
The number of doctors due to hold an appraisal meeting in the reporting period ( <i>including those overdue from previous quarters</i> )	65	103	133
The number of those doctors above who held an appraisal meeting in the reporting period	41	53	84
The number of those doctors above who did not hold an appraisal meeting in the reporting period	24	50	49
The number of doctors above for whom the RO accepts the postponement is reasonable	24	45	34
The number of doctors above for whom RO does not accept the postponement is reasonable	0	5	15

## 4 Quarterly Appraisal reports 2018-19

A summary of the figures submitted as part of the first Quarterly Appraisal report for 2018-19 is shown below:

Performance Indicator	Q1 (Apr – Jun 18)
The number of doctors with whom the designated body has a prescribed connection at 30 <sup>th</sup> June 2018	304
The number of doctors due to hold an appraisal meeting in the reporting period <i>(including those overdue from 2017-18)</i>	57
The number of those doctors above who held an appraisal meeting in the reporting period	18
The number of those doctors above who did not hold an appraisal meeting in the reporting period	39
The number of doctors above for whom the RO accepts the postponement is reasonable	5
The number of doctors above for whom RO does not accept the postponement is reasonable	34

## 5 Revalidation Overview

	Number of Recommendations Submitted				
	2014-15	2015-16	2016-17	2017-18	2018-19
<b>Revalidated</b>	77	81	15	11	4
<b>Deferral Requested</b>	22	9	2	3	6
<b>Non-Engagement Indicated</b>	0	1	0	0	0
<b>Recommendations Remaining in Year</b>	N/A	N/A	N/A	N/A	64
<b>TOTAL</b>	<b>99</b>	<b>91</b>	<b>17</b>	<b>14</b>	<b>74</b>

## 5 Prescribed Connection Increase Overview

	Number of Prescribed Connections				
	2013-14	2014-15	2015-16	2016-17	2017-18
<b>Consultants</b>	159	173	183	192	209
<b>SAS Doctors</b>	17	16	17	15	20
<b>Doctors on Performers Lists</b>	0	0	0	0	0
<b>Doctors with practising privileges</b>	0	0	0	0	0
<b>Temporary or short-term contract holders</b>	20	35	43	46	43
<b>Other doctors with a prescribed connection</b>	20	8	12	18	24
<b>TOTAL</b>	<b>216</b>	<b>232</b>	<b>255</b>	<b>271</b>	<b>296</b>

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

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

Following the visit, a report was received outlining areas of good practice and also suggesting areas for development. Progress updates have subsequently been submitted to NHS England, most recently in November 2017.

### 6.1 Suggested Areas for Development

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.

RECOMMENDATION	ACTION
<b>Development of appraisers:</b>	
<ol style="list-style-type: none"> <li>1. Establish regular developmental appraiser workshops linking in to the wider appraisal lead network.</li> <li>2. Implement quality assurance of appraisals and the development of appraiser outputs (summaries and PDPs).</li> <li>3. Consider reducing the number of appraisers with a view to having fewer better skilled appraisers. Develop your senior appraisers and establish the appraiser role as a stepping stone to leadership roles.</li> <li>4. 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.</li> </ol>	<ol style="list-style-type: none"> <li>1. Appraiser Forum implemented. Quarterly meetings planned, rotating through days of the week. <i>Update: Meetings ongoing.</i></li> <li>2. Review of random samples of Output Forms planned with feedback provided at next Appraiser Forum. <i>Update: Review undertaken &amp; feedback provided.</i></li> <li>3. Ongoing discussions. Numbers maintained initially, however, looking to reduce in the future. Options for continuing development of appraisers to be discussed again at next forum. Approval gained re 1.5PAs per appraisal. <i>Update: Discussions ongoing.</i></li> <li>4. Not yet undertaken, however, intending to complete as soon as possible (exploring training options currently). <i>Update: Training completed by Appraisal Lead.</i></li> </ol>
<b>Strengthen processes relating to decision making around appraisal and revalidation:</b>	
<ol style="list-style-type: none"> <li>1. Finalise the appraisal policy and share it widely within the Trust, this will help manage appraisal and revalidation, and clarify expectations.</li> </ol>	<ol style="list-style-type: none"> <li>1. Policy agreed 2016, however, amendments planned to include timescales for management of overdue appraisals. Once finalised, to be circulated and available on e-Portfolio.</li> </ol>

<ol style="list-style-type: none"> <li>2. Create a protocol for communication with doctors around appraisal particularly utilising the use of the postponement of appraisal and Rev forms (4 and 6).</li> <li>3. Consider establishing an RO advisory group for recommendation decision making.</li> <li>4. Keep an audit trail of decision-making.</li> </ol>	<p><i>Update: Policy amendments outstanding.</i></p> <ol style="list-style-type: none"> <li>2. As per 1 above. Appraisal data also to be provided for discussion at Divisional Performance Review Meetings. <i>Update: New timescales for management of overdue appraisals implemented. Appraisal data not currently available for Divisional Performance Review Meetings.</i></li> <li>3. To be discussed at next Forum. Low number of decisions requiring significant consideration so any group implemented would be ad-hoc, however, potential for increased decisions post implementation of updated policy. <i>Update: No plans to implement currently.</i></li> <li>4. Records kept, however, low numbers of difficult decisions. <i>Update: No change.</i></li> </ol>
<p><b>Consolidate the hospital board’s understanding of appraisal and revalidation so that the board fully recognises its statutory obligations:</b></p>	
<ol style="list-style-type: none"> <li>1. Run a board seminar on appraisal and revalidation.</li> </ol>	<ol style="list-style-type: none"> <li>1. Planned for early in new financial year, awaiting dates. <i>Update: Board Seminar held April 2017.</i></li> </ol>
<p><b>HR responsibilities:</b></p>	
<ol style="list-style-type: none"> <li>1. Establish a stronger link with the appraisal and revalidation team.</li> <li>2. Tighten up pre-employment checks for locums.</li> <li>3. Create/improve a starter pack for new doctors which includes information about appraisal and revalidation.</li> </ol>	<ol style="list-style-type: none"> <li>1. Work ongoing. <i>Update: Work ongoing.</i></li> <li>2. New ‘Bank’ department recently created. Meeting planned with Manager as soon as possible to discuss processes. <i>Update: Previous ‘Bank’ Manager left, further meeting planned with replacement.</i></li> <li>3. Starter pack already issued to all new ‘non-training’ grades including e-Portfolio User Guide, GMC Guidance re Supporting Information and information re Mandatory Training. Planning to develop list of CPD opportunities across the Trust. Also liaising with DME regarding adding statement to trainee offer letter advising connection (via GMC Connect) to HESL and not directly to KHFT. <i>Update: List of local CPD Opportunities in</i></li> </ol>

<p>4. Consider selecting another consultant to complete case investigator training in line with Maintaining High Professional Standards.</p>	<p><i>development. Statement re connection via GMC Connect not yet in place.</i></p> <p>4. Sourcing training opportunities currently. Expressions of interest to be requested at next Forum. <i>Update: Expressions of interest to be requested again.</i></p>
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## **6.2 Additional Plans for Improvement**

1. Implement a process to ensure that no appraisal is completed by an appraiser with line management responsibility for the appraisee.
2. Develop further 'specialty specific' supporting information guidance and additional guidance for those undertaking private practice.
3. Provide quarterly appraisal reports to Clinical Directors and Trust Board.