

Medical and Dental Appraisal and Revalidation Annual Report

Trust Board	Item: 15
Date: 30th September 2020	Enclosure: J
Purpose of the Report: 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.	
For: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
Sponsor (Executive Lead):	Amira Girgis Acting Medical Director
Author:	Amira Girgis
Author Contact Details:	amira.girgis@nhs.net
Risk Implications – Link to Assurance Framework or Corporate Risk Register:	
Legal / Regulatory / Reputation Implications:	
Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Link to Relevant Corporate Objective:	
Document Previously Considered By:	Executive Management Committee
Recommendations: The Trust Board is asked to note the report.	

Medical Appraisal and Revalidation - Performance Update September 2020

1.0 Introduction & Context

Every licensed doctor must revalidate. Revalidation supports doctors to develop their practice, drives improvements in clinical governance and gives patients confidence that doctors are up to date. The process is also used to provide assurance to the General Medical Council (GMC) that a doctor has fulfilled the necessary criteria to maintain their licence to practice, 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.

All non-training doctors who perform the majority of their practice at Kingston Hospital are connected to the Trust. Doctors connected to Kingston Hospital fall under the responsibility of Dr Amira Girgis, Acting Medical Director, as the Trust's Responsible Officer (RO). Doctors in training are connected to the Local Education and Training Board (LETB) with the relevant Dean as their Responsible Officer.

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.

1.1 Adjustments due to Covid-19 pandemic

In-line with national guidance, all appraisal activity was cancelled on 20th March 2020. All appraisals due up to 30th September 2020 were re-set for 2021. The GMC also automatically deferred all revalidation dates due until 30th September 2020.

Submission of the Annual Organisational Audit (AOA) report for 2019-20, and Quarterly Reports for 2020-21 were also cancelled.

With effect from June 2020, the GMC extended the automatic revalidation deferral period from 1st October 2020 – 16th March 2021, however, added the ability to submit revalidation recommendations for any doctor who has satisfied the requirements already. These changes affect all doctors with revalidation dates due until 16th March 2022.

Appraisal activity is restarting with all appraisals due from 1st October 2020 expected to take place.

2.0 Annual Organisational Audit (AOA) report 2019-20 (formal submission not required but figures calculated for information purposes).

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

	Number of Prescribed Connections	Completed Appraisals	Approved Incomplete or Missed	Unapproved Incomplete or Missed
Consultants	223	204 (91%)	19 (9%)	0
SAS Doctors	30	23 (77%)	7 (23%)	0
Doctors on Performers Lists	0	0	0	0
Doctors with practising privileges	1	1 (100%)	0	0
Temporary or short-term contract holders	78	53 (68%)	25 (32%)	0
Other doctors with a prescribed connection	22	19 (86%)	3 (14%)	0
TOTAL	354	300 (85%)	54 (15%)	0 (0%)

Additional information re 54 appraisals “Approved Missed” for 2019-20:

- 23 x Covid-19 Pandemic,
- 19 x 1st Job in the NHS,
- 6 x Maternity Leave,
- 6 x Short-term Deferrals (5 now “Approved Missed” for 2020-21 due to Covid-19, plus 1 x Deferral deadline not yet reached).

3.0 Quarterly Appraisal reports 2019-20

A summary of the figures submitted as part of the Quarterly Appraisal reports* are shown below. Comparator figures for 2018-19 are shown in brackets and italics.

* Quarterly reports are submitted for Q1, Q2 and Q3 only. The Annual Organisational Audit (AOA) is submitted (covering Q1-4) at the end of the year – see section 2 for further details.

Performance Indicator	Q1 (Apr – Jun)	Q2 (Jul – Sep)	Q3 (Oct – Dec)
The number of doctors with whom the designated body has a prescribed connection at end of quarterly reporting period	319 <i>(304)</i>	345 <i>(301)</i>	338 <i>(301)</i>
The number of doctors due to hold an appraisal meeting in the reporting period <i>(including those overdue from previous quarters)</i>	42 <i>(57)</i>	93 <i>(92)</i>	127 <i>(134)</i>
The number of those doctors above who held an appraisal meeting in the reporting period	37 <i>(18)</i>	77 <i>(50)</i>	111 <i>(96)</i>
The number of those doctors above who did not hold an appraisal meeting in the reporting period	5 <i>(39)</i>	16 <i>(42)</i>	16 <i>(38)</i>
The number of doctors above for whom the RO accepts the postponement is reasonable	4 <i>(5)</i>	6 <i>(1)</i>	12 <i>(18)</i>
The number of doctors above for whom RO does not accept the postponement is reasonable	1 <i>(34)</i>	10 <i>(41)</i>	4 <i>(20)</i>

4.0 Revalidation Overview

	Number of Recommendations Submitted						
	13-14	14-15	15-16	16-17	17-18	18-19	19-20
Revalidated	48	77	81	15	11	61	93
Deferral Requested	8	22	9	2	3	21	14
Non-Engagement Indicated	0	0	1	0	0	0	0
Recommendations Remaining in Year	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL	56	99	91	17	14	82	107

5.0 Prescribed Connection Increase Overview

Prescribed Connection Increase	Number of Prescribed Connections						
	13-14	14-15	15-16	16-17	17-18	18-19	19-20
Consultants	159	173	183	192	209	209	223
SAS Doctors	17	16	17	15	20	25	30
Doctors on Performers Lists	0	0	0	0	0	0	0
Doctors with practising privileges	0	0	0	0	0	0	1
Temporary or short-term contracts holders	20	35	43	46	43	54	78
Other doctors with a prescribed connection	20	8	12	18	24	27	22
TOTAL	216	232	255	271	296	315	354

Increase of 138 additional connections since 2013-14.

6.0 Higher Level Responsible Officer Routine Quality Review Visit (14th March 2016)

The Trust's Appraisal and Revalidation processes were reviewed by NHS England in 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
Development of appraisers:	
<p>1. Establish regular developmental appraiser workshops linking in to the wider appraisal lead network.</p> <p>2. Implement quality assurance of appraisals and the development of appraiser outputs (summaries and PDPs).</p> <p>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.</p> <p>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.</p>	<p>1. 2017 Update: Appraiser Forum implemented. Quarterly meetings planned, rotating through days of the week. 2018 Update: Meetings ongoing. 2019 Update: Meetings not held in 2018. Restarting 5th July. Appraiser Development Half-Day to be developed with Premier IT – aiming for late 2019/early 2020. 2020 Update: Appraiser Forums re-started Jul-19. Most recent forum Mar-20. Forums cancelled due to Covid-19, however, planning to restart via MS Teams.</p> <p>2. 2017 Update: Review of random samples of Output Forms planned with feedback provided at next Appraiser Forum. 2018 Update: Review undertaken & feedback provided. 2019 Update: Ad-hoc reviews undertaken by Appraisal Lead. Guidance Notes now available for Appraisers. 2020 Update: Process implemented to routinely issue appraisee feedback summary to appraisers. Expectation for annual performance reviews (undertaken by Appraisal Lead) added to Appraisal policy.</p> <p>3. 2017 Update: Ongoing discussions. Numbers maintained initially, however, looking to reduce in the future. Options for continuing development of appraisers to be disc again at next forum. Approval gained re 1.5PAs per appraisal. 2018 Update: Discussions ongoing. 2019 Update: No plans to reduce numbers currently. 2020 Update: N/A.</p> <p>4. 2017 Update: Not yet undertaken, however, intending to complete as soon as possible (exploring training options currently). 2018 Update: Training completed by Appraisal Lead. 2019 Update: N/A. 2020 Update: N/A.</p>
RECOMMENDATION	ACTION
Strengthen processes relating to decision making around appraisal and revalidation:	
<p>1. Finalise the appraisal policy and share it widely within the Trust, this will help manage appraisal and revalidation, and clarify expectations.</p> <p>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).</p>	<p>1. 2017 Update: Policy agreed 2016, however, amendments planned to include timescales for management of overdue appraisals. Once finalised, to be circulated and available on e-Portfolio. 2018 Update: Policy amendments outstanding. 2019 Update: Policy under review currently. 2020 Update: Policy approved by JLNC (Jun-20) and EMC (Aug-20). Circulated to all users and loaded to e-Portfolio.</p> <p>2. 2017 Update: As per 1 above. Appraisal data also to be provided for discussion at Divisional Performance Review Meetings. 2018 Update: New timescales for management of overdue appraisals implemented. Appraisal data not currently available for Divisional Performance Review Meetings. 2019 Update: Timescales under review (as part of policy</p>

	<p>review), to reduce time between appraisal becoming overdue and formal letters issued. Increased reminders now sent prior to due date. Appraisal data available to Chiefs of Med & Cluster Leads via e-Portfolio but further work needed to ensure discussed at department and divisional meetings.</p> <p>2020 Update: Reduced timescales & clearer process implemented within latest policy update. Approved policy circulated to all users for information/reference.</p>
RECOMMENDATION	ACTION
Strengthen processes relating to decision making around appraisal and revalidation (continued):	
<p>3. Consider establishing an RO advisory group for recommendation decision making.</p> <p>4. Keep an audit trail of decision-making.</p>	<p>3. 2017 Update: 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. 2018 Update: No plans to implement currently. 2019 Update: Implemented, first meeting 20.05.2019. No difficult decisions pending currently. 2020 Update: No further ROAG meetings held to date.</p> <p>4. 2017 Update: Records kept, however, low numbers of difficult decisions. 2018 Update: No change. 2019 Update: No change. 2020 Update: No change.</p>
RECOMMENDATION	ACTION
Consolidate the hospital board's understanding of appraisal and revalidation so that the board fully recognises its statutory obligations:	
<p>1. Run a board seminar on appraisal and revalidation.</p>	<p>1. 2017 Update: Planned for early in new financial year, awaiting dates. 2018 Update: Board Seminar held April 2017. 2019 Update: N/A. 2020 Update: N/A.</p>
RECOMMENDATION	ACTION
HR responsibilities:	
<p>1. Establish a stronger link with the appraisal and revalidation team.</p> <p>2. Tighten up pre-employment checks for locums.</p>	<p>1. 2017 Update: Work ongoing. 2018 Update: Work ongoing. 2019 Update: Appraisal & Revalidation Manager now part of Medical HR team. 2020 Update: N/A.</p> <p>2. 2017 Update: New 'Bank' department recently created. Meeting planned with Manager as soon as possible to discuss processes. 2018 Update: Previous 'Bank' Manager left, further meeting planned with replacement. 2019 Update: Bi-weekly meetings held with Bank Partners. Joining process now includes requirement to hold up-to-date appraisal (checked by Appraisal & Revalidation Manager). Considering automatic bank removal for bank staff who allow their appraisal to become out-of-date. 2020 Update: Bi-weekly meetings cancelled, issues dealt with on ad-hoc basis as & when arise. Bank Partners systems updated to include 'Appraisal Due Date' and</p>

	accurate information re current Designated Body. Information also added to BP Compliance Reports. Appraisal evidence rechecked for all current bank Drs.
RECOMMENDATION	ACTION
HR responsibilities (continued):	
3. Create/improve a starter pack for new doctors which includes information about appraisal and revalidation.	3. 2017 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. 2018 Update: List of CPD Opportunities in development. Statement re GMC Connect not yet in place. 2019 Update: CPD Opportunities not progressed. Mandatory Training FAQ Sheet introduced. Offer letter statement re GMC Connect expanded to include details for trainees and non-trainees. 2020 Update: e-Portfolio User Guide updated but split in to shorter, separate documents. Mandatory FAQ sheet removed as no longer accurate. Appraisal policy available to all users via e-Portfolio 'Help' TAB. Non-trainee offer letter updated to include request to email copy of latest appraisal to Medical Appraisal & Revalidation Manager before starting.
4. Consider selecting another consultant to complete case investigator training in line with Maintaining High Professional Standards.	4. Sourcing training opportunities currently. Expressions of interest to be requested at next Forum. 2018 Update: Expressions of interest to be requested again. 2019 Update: No forums held within 2018, to be included on agenda for 1 st Appraisal forum within 2019. 2020 Update: Discussed at Jul-19 Appraiser Forum. AGJ & CS have possibly completed already. AB interested. Interim DMD also to be trained

6.2 Additional Plans for Improvement

- 2018: Implement a process to ensure that no appraisal is completed by an appraiser with line management responsibility for the appraisee.
2019 Update: Increasing numbers of Consultant appraisals held outside specialty. Job-Planning responsibility no longer held by Clinical Leads but Appraisers holding Cluster Lead role allocated appraisees from outside cluster.
2020 Update: Consultant appraisals predominantly allocated outside specialty, unless first appraisal as Consultant. Chiefs of Medicine allocated appraisees from outside division.
- 2018: Develop further 'specialty specific' supporting information guidance and additional guidance for those undertaking private practice.
2019 Update: General guidance re supporting information updated but 'specialty specific' guidance and PP guidance not yet developed.
2020 Update: 'Specialty specific' information added to local guidance and Appraisal policy.
- 2018: Provide quarterly appraisal reports to Clinical Directors and Trust Board.
2019 Update: Progress reports available to Chiefs of Med & CDs via appraisal e-Portfolio. Progress information provided to Trust Board as and when requested.
2020 Update: N/A.

4. 2019: Review 'Help' information – reduce/condense and consider additional information for new starters to NHS (14 started within 2018-19).
2020 Update: Help documentation reviewed and reduced by approximately 50%. Increased information outlining requirements also added to local guidance and Appraisal policy.
5. 2019: Review/revamp automated emails issued by e-Portfolio.
2020 Update: Automated reminder emails to be amended in line with updated reminder letters within Appraisal policy. Further work required to review wording in all other emails.
6. New for 2020: Review options for 'New Appraiser' training with reduced face-to-face contact.
7. New for 2020: Implement process to record appraiser reviews completed by Appraisal Lead, and process to support any development requirements identified.