Annual Report on Medical Appraisal and Revalidation

2013/4

1. Purpose
The purpose of this report is to inform the Sheffield Teaching Hospitals NHS Foundation Trust Board of Directors about the steps taken to develop Medical Appraisal and support Medical Revalidation since its introduction by the General Medical Council in 2012; to describe the achievements of the Trust in taking this agenda forward during the 2013/4 year and to set out the plans for further development in 2014/5.

2. 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 Regulations 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 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.

Medical Appraisal has been established at STH for a number of years, but its format and delivery has had to be updated to comply with the requirements of the GMC for “strengthened” appraisal.

Process of Revalidation
Each doctor has to revalidate their GMC registration once every five years. Over the period starting from the beginning of the 2013 calendar year, each doctor has been set a revalidation date, so that all doctors will have been through revalidation over the next five years. Once a doctor has been revalidated, a new five year cycle begins for that individual at the end of which they have to revalidate again. Thus, all doctors will revalidate every five years.

“Strengthened appraisal”, a new form of medical appraisal, is the cornerstone of Medical Revalidation (for the remainder of this document, this will be referred to as “appraisal”). Revalidation of doctors requires satisfactory appraisal, according to this format, to be carried out each year.

1 The Medical Profession (Responsible Officers) Regulations, 2010 as amended in 2013’ and ‘The General Medical Council (Licence to Practice and Revalidation) Regulations Order of Council 2012’
All doctors registered by the GMC are required to have a Designated Body (DB) for the purposes of revalidation. STH is such an organisation. Each DB must have in place an infrastructure that supports appraisal and revalidation, including the appointment of a Responsible Officer (RO). In the case of STH, and most other Designated Bodies, this is the Medical Director.

When a doctor’s revalidation date, as set by the GMC, approaches, the RO is required to make one of the three following recommendations, based on whether or not the doctor has undergone satisfactory annual appraisal over the current revalidation cycle:

- Revalidate
- Defer revalidation – this recommendation is made when some further steps need to be taken to complete satisfactory appraisal or when the doctor is unable to progress the process at the present time due to, for example, maternity leave
- Record non-engagement – this recommendation leads to suspension of the doctor from the Medical Register

Failure to revalidate will ultimately result in removal of the doctor from the Medical Register.

All doctors employed by STH are subject to revalidation and STH is their DB with the following exceptions:

- Training grade doctors with a national training number (the Postgraduate Deanery is their Designated Body)
- Doctors carrying out sessional work at STH whose main employment is at another organisation such as GP clinical assistants and agency locums.
- Dental Practitioners are not currently subject to revalidation by the General Dental Council.

Process of Appraisal

Medical appraisal has been carried out as STH for many years and an established infrastructure was already in existence to support this process, including an appraisal co-ordinator and a team of trained medical appraisers. All appraisals were carried out according to a standard STH format, with the exception of academic appraisals for clinical academics employed by the University. Although annual appraisal is a requirement of the national consultant contract, prior to the implementation of revalidation it was common for many doctors to undergo appraisal less frequently than every year and some did not engage with the process at all. Under the previous system, the proportion of STH consultants carrying out annual appraisals that were visible to the Medical Director’s office was approximately 50%.

The GMC’s format for appraisal overlaps significantly with the previous STH system. The main difference is that the previous STH system was essentially formative, whereas the GMC system is both formative and summative. The process of appraisal is summarised below.

The appraisee selects an appraiser from the STH list of trained medical appraisers. The appraiser should normally be from the same Directorate as the appraisee or, if this is not possible, should be a member or fellow of the same Royal College. This is to ensure that the nature of the practice of the appraisee can easily be understood by the
appraiser. Each trained appraiser should carry out as minimum of 6 and a maximum of 10 appraisals per year.

The appraisee gathers evidence about their practice and reflects on this according to the appraisal format specified by the GMC. This has four domains: knowledge, skills and performance; safety and quality; communication, partnership and teamwork and maintaining trust. The evidence that the appraisee provides is at their discretion but should include details of their Continuing Professional Development (CPD) and, once in every 5 year cycle, should also include multisource feedback from colleagues and patients and a quality improvement activity.

The role of the appraiser is to ensure that sufficient information has been provided for an informed appraisal to take place, to challenge and support the reflection of the appraisee, to assess progress against the Personal Development Plan (PDP) set in their previous appraisal and to agree a PDP for the following year.

The appraiser has to sign off the following statements to complete the appraisal.

1. An appraisal has taken place that reflects the whole of the doctor’s scope of work and addresses the principles and values set out in Good Medical Practice.

2. Appropriate supporting information has been presented in accordance with the Good Medical Practice Framework for appraisal and revalidation and this reflects the nature and scope of the doctor’s work.

3. A review that demonstrates progress against last year’s personal development plan has taken place.

4. An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year.

5. No information has been presented or discussed in the appraisal that raises a concern about the doctor’s fitness to practise.

The appraisal document is recorded on the Trust’s online appraisal support system (MyL2P) and is visible to the RO and the appraisal support team (see below under Supporting Infrastructure).

3. Appraisal and Revalidation Developments since the establishment of Medical Revalidation in December 2012

Policy and Guidance
A new Trust Medical Appraisal Policy was written to introduce the changes to the appraisal process that would be required to support revalidation. This policy has been in use since September, 2012.

A Trust policy has been written that describes the process of remediation of medical and dental practitioners where low-level concerns about their practice are identified during the appraisal process or as a result of problems identified in other ways, for example investigations into capability or health issues. This policy has been in use since March, 2014.
A policy for the quality assurance of appraisal is under development. Completion of this policy is awaiting the final version of national guidance on this subject to be issued by NHS England.

**Supporting Infrastructure**

The role of appraisal co-ordinator in the Medical Director’s office was established under the previous appraisal system. Because of the additional requirements of revalidation and the developments that have been necessary, an appraisal and revalidation support team, has been established, consisting of the Appraisal Co-ordinator, the Medical Director’s Business Manager, one of the Deputy Medical Directors and the Head of Medical Personnel.

The MyL2P system, supplied by L2P Enterprises is a secure online system that records appraisals, including their supporting information and outputs and makes these records visible, as required, by appraisers, the RO and the appraisal support team. All doctors for whom STH is their DB have their appraisal records entered into this system.

Records of appraisals are tracked and recorded by the Appraisal Co-ordinator. Increasingly, appraisals are being recorded in the MyL2P online appraisal system, but a “hybrid” system using MyL2P and the GMC’s own appraisal form (the MAG form) has been in operation during the roll-out of MyL2P this year.

Multisource 360 degree feedback from patients and colleagues can be carried out by all doctors for whom STH is their DB, and an online system provided by Res360 has been available to all STH career grade medical staff for several years.

Clinical Academics are required to undergo appraisal according to the principles of the Follet Report. This requires simultaneous appraisal by a trained medical appraiser and an academic appraiser chosen by the University. The appraisals of these doctors and dentists is the same as for NHS Employees with the exception of having an additional academic section in their appraisal document.

**Training**

In order for the Trust to successfully implement strengthened appraisal, it was necessary to have appraisers trained according to the format stipulated by the Revalidation Support Team (RST). The number of appraisers required by each Directorate was calculated according to the number of doctors or dentists they employ who fulfill the criteria for STH to be their DB and taking into account the minimum number of appraisals each appraiser can carry out each year according to the new Trust Appraisal Policy (6).

Existing appraisers trained under the previous appraisal system underwent “top-up” training. New appraisers have been trained according to the format set out by the RST by two appraiser trainers who underwent the necessary training to do this. The following table demonstrates that, although sufficient appraisers have been trained across the Trust as a whole, their distribution across the Directorates does not match what is required in terms of the numbers of appraisees in each Directorate (see below under section 5).

An Appraisers’ Forum has been established which will be held quarterly to allow discussion of problems and issues that have arisen in the process of appraisal and to allow appraisers to be updated on local and national developments. The first forum was held on 21st January, 2014.
4. Governance and Quality Assurance

An assessment of the Trust’s Governance and Quality Assurance mechanisms that pertain to the Medical Appraisal and Revalidation processes against the recommendations of the joint GMC/CQC document Effective Governance to Support Medical Revalidation (\(^2\)) has been carried out and is included as Appendix 1.

This assessment did not find any significant gaps in the governance of the Medical Appraisal and Revalidation processes but did highlight the need to develop and quality assurance framework.

5. Performance against the STH Medical Appraisal Policy and the requirements of NHS England:

a. Appraisal and Revalidation Performance Data

NHS England has recently carried out a consultation regarding the standard appraisal and revalidation dataset that will be recorded and reported on in the future. This has not yet been released in its final form. The proposed dataset includes many data items that STH does not yet have systems established to collect, so this year’s report has not been written according to the proposed NHS England format. Data that reflects our progress towards full implementation of strengthened appraisal and revalidation at STH are given below.

At the time of writing this report, since the implementation of revalidation, 140 doctors for whom STH is their DB have been revalidated. A number of doctors have had their revalidation deferred for one of the following reasons:

- Incomplete appraisal due to mandatory evidence being lacking or evidence of progress against a previous PDP not being available
- Maternity leave
- Sabbatical
- Significant change of role which made the previous PDP inappropriate

Non-engagement has not been recorded for any doctors at STH.

The NHS England target for completeness of appraisal by DB from 2014/5 onwards is 95%. It has been indicated by Dr Mike Bewick, Deputy Medical Director of NHS England, that the expected level of performance for 2013/4 was a minimum of 70%. Of the doctors for whom STH is their DB, the overall proportion of doctors appraised in 2013/4 was 71%.

The appraisal performance by Directorate is as follows (green – equal to or above 2014/5 target, amber – equal to or above 2013/4 target, red – below 2013/4 target).
Undergone Appraisal | No appraisal | Total | Appraised Outside Directorate | % Appraised
--- | --- | --- | --- | ---
Cardiothoracic Services | 24 | 9 | 33 | 1 | 73
Comm. Disease Spec. Medicine | 54 | 12 | 66 | 2 | 82
Dental Services | 22 | 10 | 32 | 2 | 62
Emergency Medicine | 16 | 5 | 21 | 7 | 33
Endocrinology & Diabetes | 11 | 5 | 16 | 7 | 44
ENT | 7 | 5 | 12 | 7 | 58
Gastroenterology | 6 | 9 | 15 | 2 | 40
General Surgery | 16 | 13 | 29 | 14 | 55
Geriatric and Stroke Medicine | 15 | 3 | 18 | 2 | 83
Laboratory Medicine | 27 | 14 | 41 | 1 | 66
MIMP | 29 | 7 | 36 | 2 | 81
Neurosciences | 33 | 14 | 47 | 1 | 70
OGN | 24 | 10 | 34 | 71
Occupational Medicine | 3 | 0 | 3 | 100
Ophthalmology | 24 | 0 | 24 | 100
OSCCA | 76 | 18 | 94 | 81
Plastic Surgery | 5 | 7 | 12 | 1 | 42
Rehab Medicine | 5 | 1 | 6 | 4 | 83
Renal Medicine | 12 | 4 | 16 | 1 | 75
Respiratory Medicine | 16 | 3 | 19 | 1 | 84
Specialised Cancer Services | 20 | 8 | 28 | 71
Trauma and Orthopaedic Surgery | 19 | 8 | 27 | 1 | 70
Urology | | 8 | 15 | 2 | 53
Vascular Services | 10 | 4 | 14 | 1 | 71

Totals | 482 | 200 | 682 | 71

b. Appraisers

Appraisers have been trained according to the process described above in section 3. There is a total of 107 trained appraisers which is sufficient to meet the needs of the organisation according to the Trust policy (6-10 appraisals per appraiser per year). The distribution of appraisers across the Directorates is shown in the table below. Directorates marked green have a number of appraisers between the maximum and minimum required, Directorates marked amber have more appraisers than required meaning that some appraisers may not carry out the minimum number of appraisals per appraiser required under the policy. Directorates marked red do not have sufficient appraisers to meet their appraisal needs within the directorate.
It is a GMC recommendation that no appraisee is appraised by the same appraiser for more than three years in succession. Also, to avoid collusion, “mutual” appraisals where two appraisers appraise each other in the same year should are not permitted. These recommendations will be impossible for smaller directorates to follow over the course of a revalidation cycle if all appraisals are carried out within directorate. Consideration will be given to how these recommendations can be accommodated in a revised appraisal policy.

c. Quality Assurance

The development of a formal system of appraisal quality assurance is awaiting the publication of the final recommendations of NHS England on this subject. Two proposed systems for quality assurance of appraisal have been developed. These systems have been used by some organisations whose experience, communicated informally, has been that they are too detailed to be realistically applicable to all appraisals and their use can only be applied to a small proportion of appraisals each year. To date, the appraisals that have been assessed from a quality point of view have been those of doctors who have gone through revalidation. Data on their quality has not been collected in a systematic way but our experience has been that the main shortfalls have related to completeness of patient feedback, poor documentation of CPD records and PDPs of limited scope.

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Minimum No. appraisers needed</th>
<th>Maximum No. Appraisers that could be accommodated</th>
<th>No. of appraisers trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiothoracic</td>
<td>3</td>
<td>3</td>
<td>6</td>
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<tr>
<td>Emergency Medicine</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>ENT</td>
<td>3</td>
<td>2</td>
<td>0</td>
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<tr>
<td>Gastroenterology</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>General Surgery</td>
<td>3</td>
<td>4</td>
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<tr>
<td>GSM</td>
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<td>2</td>
<td>2</td>
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<tr>
<td>Laboratory Medicine</td>
<td>4</td>
<td>5</td>
<td>8</td>
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<tr>
<td>MIMP</td>
<td>4</td>
<td>5</td>
<td>8</td>
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<tr>
<td>Neurosciences</td>
<td>4</td>
<td>6</td>
<td>14</td>
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<tr>
<td>OGN</td>
<td>4</td>
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<td>Occupational Health</td>
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<tr>
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<td>Ophthalmology</td>
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<tr>
<td>Oral &amp; Dental</td>
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<tr>
<td>Orthopaedics</td>
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<td>6</td>
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<tr>
<td>OSCCA</td>
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<td>Plastics</td>
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<td>Renal</td>
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<tr>
<td>Respiratory Medicine</td>
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<tr>
<td>Specialised Rehab</td>
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<tr>
<td>Urology</td>
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<td>1</td>
<td>1</td>
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<tr>
<td>Vascular Services</td>
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<td>2</td>
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6. **Future Monitoring of Performance**

During the 2012-4 period, organisational performance has been monitored through Organisational Readiness for Strengthened Appraisal (ORSA) carried out in December 2012 and October, 2013. These will, in future, be replaced by an Annual Organisational Audit that will be administered by the Regional Offices of NHS England and will collect a standard dataset which is yet to be confirmed. STH will participate in this audit and the data submitted to the audit will form the basis of future reports to Trust Board.

In order to improve performance within the organisation, appraisal rates by Directorate will be reported to Clinical Management Board.

7. **Future Developments**

The targets that the Trust is working towards are an annual rate of appraisal in excess of 95% carried out in accordance with the relevant Trust policy and in line with national guidelines. It is intended that appraisal should be done to a consistent standard and be effective in terms of both its formative and summative elements. To progress these aims, the following steps are planned:

1. More focussed performance management of appraisal rates at Directorate level, including regular performance reporting to CMB
2. Development of a quality assessment system for appraisals with feedback to individual appraisers
3. Further development of the Appraisers’ Forum
4. Revision of the Trust medical appraisal policy to ensure compliance with national recommendations.

8. **References**

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

2. Effective Governance to Support Medical Revalidation. March 2013. GMC/GH/0313.