

Appraisal and Revalidation of Doctors – Annual Report to Sheffield Teaching Hospital NHS Foundation Trust Board for the year 2014-2015

1. Introduction

Sheffield Teaching Hospitals has a prescribed connection to 672 doctors for the purpose of revalidation by the General Medical Council (GMC). Satisfactory annual appraisal satisfying General Medical Council (GMC) requirements is a key requirement for Medical Revalidation. As a Designated Body, STH is required to have a system to support medical appraisal and revalidation. The development and performance of this system is the subject of this report.

The rolling annual appraisal rate for the Trust is currently 73%, below the target of 95%. The number of recorded appraisals has increased steadily since Medical Revalidation was introduced in 2012. The current number of recorded Trust appraisals is 460 (this is also a rolling total, so differs from the annual total for 2014/5 recorded in appendices A and B). This includes the number of doctors who hold honorary contracts with the Trust and for whom we are responsible as a Designated Body. The figure does not include Doctors in Training, whose prescribed connection is to Health Education Yorkshire and Humber.

2. Purpose of the Report

The purpose of this report is to provide the Board with a framework of quality assurance in order that a Statement of Compliance from STH can be signed by the Chief Executive and sent to NHS England, the body responsible for the performance management of medical appraisal. NHS England has also introduced a quarterly information report which will be submitted to the Revalidation Team at Health Education England.

3. 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 profession.

Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations (2010 and 2013 amendment) and it is expected that executive teams 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.

Revalidation of individual doctors depends upon their having participated in regular satisfactory appraisal and having completed patient and colleague feedback and quality improvement exercises once in each 5 year revalidation cycle. Prior to a doctor's revalidation date (set by the GMC), the Responsible Officer (RO) of the doctor's Designated Body submits a recommendation to the GMC. There are three possible recommendations:

- Revalidate
- Defer for 4-12 months to allow more time to gather the necessary evidence or if the doctor is subject to a local investigation
- Non-engagement

The GMC make a decision about the doctor's revalidation taking account of the RO's recommendation and any other relevant information they may have about the doctor. The GMC themselves may put a doctor's revalidation on hold if the doctor is subject to a GMC investigation. If a doctor fails to revalidate, the doctor is removed from the Medical Register.

During the first cycle of revalidation (now in its fourth year) the GMC have been prepared to revalidate on the basis a single satisfactory appraisal. The expectation for the second cycle is for each doctor to have completed 5 annual appraisals. This lower requirement for the first cycle may explain the lower than expected rate of medical appraisal experienced at STH during the first cycle.

4. Governance Arrangements

Responsibility for the administration and quality assurance of medical appraisal is held by the Medical Director and his delegated assistants. Monthly data on appraisal rates by directorate group are submitted to Clinical Management Board. Non-engagement or doctors not communicating is dealt with at an individual level by the Medical Director's Office and problems escalated to the appropriate Clinical Director or Medical Director as necessary.

The list of doctors on the GMC database (GMC Connect) is managed and maintained continually by Medical Personnel against the list of Trust new starters and leavers. In addition to this, there is regular communication with Human Resources personnel within the University of Sheffield to ensure accurate records of University of Sheffield staff holding honorary clinical contracts are maintained.

All documentation for new starters has been adapted to ensure that new starters identify their previous Responsible Officer and appraisal date. The Medical Personnel team are now working on the documentation for doctors leaving the organisation to ensure that they disconnect from the database and connect to their new organisation in a timely fashion. This also gives the leaving doctor the opportunity to ensure that they have a copy of their recent appraisal documents in order that they have evidence for the new organisation.

The Trust's Appraisal Policy for Consultant, Associate Specialist, Staff and Specialty Grade Medical and Dental Staff is currently under review to ensure it reflects NHS England guidance and is fit for purpose. All doctors submit their appraisals using the MyL2P web-based platform. Guidance on the use of this and other support is available from the Medical Director's office. Appraisers participate in a regular Appraisers Forum providing the opportunity to discuss issues and network/calibrate with fellow appraisers.

5. Process of Medical Appraisal

a. Appraisal and Revalidation Performance Data

The Trust Medical Appraisal Report is attached to Appendix A for information. It includes details of the number of doctors in each directorate group, and the number of completed appraisals.

During 2014/5, a total of 212 appraisals were not completed. Other than one due to maternity leave, no explanation is available for these appraisals not being carried out or completed; it is therefore assumed that these were due to failure of the doctor or appraiser to complete the appraisal preparation, interview and write-up processes. It should be noted that this should not be due to insufficient time as the generic SPA that all doctors have in their job plans is allocated to provide sufficient time for the appraisal process to be completed each year.

During this year, an audit was carried out to identify doctors with no record of having had an appraisal. All doctors who were identified through this process were contacted directly and appraisals arranged. The number of non-completed appraisals implies that a large proportion of doctors engaged in the appraisal process are allowing periods of greater than 12 months to elapse between appraisals.

b. Appraisers

There are currently 99 appraisers listed in the Trust. There are a small number of appraisers awaiting new appraiser training, a date has been set for late October. The number of appraisers is in line with the number required within the Trust Policy, a ratio of between 6 – 10 appraisals per appraiser per year.

c. Quality Assurance

a. For the appraisal portfolio:

The appraisals of doctors due for revalidation are reviewed by the Revalidation Manager, for completeness of required evidence, and then by the Appraisal Lead or the Responsible Officer to assess whether the quality of evidence is sufficient to recommend revalidation. This ensures that there is assurance that the pre-appraisal declarations and supporting information provided are available and appropriate.

- This review ensures that there is assurance that the appraisal outputs; PDP, summary and sign offs are complete and to an appropriate standard.
- This review provides assurance that key items identified pre-appraisal as needing discussion during the appraisal are included in the appraisal outputs.

Practice elsewhere varies with some Designated Bodies relying entirely on appraisers to guarantee the quality of appraisals and automatically revalidating any doctor whose appraisals have been deemed to be satisfactory by their appraiser(s). Other Designated Bodies take a similar approach to STH with all pre-revalidation appraisals being checked by the RO or their delegate.

b. For the individual appraiser:

360 feedback from doctors for each individual appraiser is in the process of being introduced by MyL2P, to ensure a consistent and fair appraisal process. As the Revalidation Manager and Appraisal Lead or Responsible Officer currently check each individual appraisal, any issues with individual appraisers would be picked up through this process.

c. For the organisation:

- Monthly appraisal reports are produced for Medical Appraisals and discussed each month at Clinical Management Board. The Appraisal Lead, Revalidation Manager, Head of Medical Personnel and Appraisal Co-ordinator meet weekly to discuss progress and issues.

- Complaints and significant events are captured on DATIX and included by doctors in their appraisal evidence to ensure appropriate reflection and lessons learned. A system for ensuring that all complaints are included in appraisals will be the subject for future development.

Appendix B demonstrates the result of quality assurance of audit of appraisal inputs and outputs based on assessment of pre-revalidation appraisals by the Appraisal Lead between April 14 – March 2015, using the NHS England Quality Assurance of Medical Appraisal Annual Report Template. This audit demonstrates a high level of compliance with completion of the various components of appraisal. The most frequent omission was patient 360 degree feedback.

d. Access, security and confidentiality

Access to MyL2P is by password via STH email address. Administrators (The Appraisal Lead, Revalidation Manager, Head of Medical Personnel, Appraisal Co-ordinator and Responsible Officer) also have password and STH email address access to all data within the system. Administrators are also required to enter a unique (Ubikey) access code to confirm Administrator rights of access.

MyL2P have given assurance that STH data is held at military grade protection, the highest level of data protection available. Doctors are encouraged to ensure that any patient data contained within their appraisal documentation is anonymised.

6. Revalidation Recommendations

- The number of recommendations between April 2014 and March 2015 was 317.
- All 317 recommendations were completed on time.
- The number of positive recommendations totalled 263.
- The number of deferrals requested was 54.
- There were no non-engagement notifications.

7. Recruitment and Engagement Background Checks

Medical Personnel ensure that all appropriate recruitment and employment background checks are performed for permanently-employed doctors, temporarily-employed doctors, locums brought into the Designated Body through a locum agency and locums brought into the Designated Body through staff bank arrangements.

8. Responding to Concerns and Remediation/Monitoring Performance

Medical Staff at STH are subject to the Trust Concerns and Complaints Policy and the Conduct, Capability, Ill-health and Appeals Procedures for Medical and Dental Staff and the Operational Policy for Remediation. Issues arising with individual members of medical or dental staff that come under the scope of these policies and procedures are managed by the Medical Director's Office and Medical Personnel. Issues relevant to these policies and procedures may sometimes arise through the appraisal process.

9. National Standards

The structures and processes described above have been designed to comply with the Responsible Officer Regulations and GMC guidelines concerning appraisal and revalidation. The ongoing development of the processes of medical appraisal is also influenced by a series of Medical Appraisal Position Statements (MAPS) issued by NHS England. These MAPs are not formal regulatory or policy documents but represent the product of regional and national discussions that have taken place since the implementation of revalidation. They therefore represent guidance for the ongoing development of medical appraisal.

10. Risks and Issues

The main shortcoming of the STH medical appraisal process is the ongoing low level of annual appraisal and the lack of a formal mechanism for linking clinical incidents and complaints to the appraisal process. Including clinical incidents and complaints in appraisal is currently the responsibility of the appraisee.

11. Corrective Actions, Improvement Plan and Next Steps

a. Low level of annual appraisal

To date, it has been regarded as the individual doctor or dentist's responsibility to ensure that they undergo annual appraisal. To support this, the MyL2P system automatically issues reminder emails in advance of when an appraisal is due and when the appraisal is overdue. In future, it will be a requirement that an appraisal has occurred in the 12 month period preceding the date of each doctor or dentist's annual job planning meeting for sign off of eligibility for pay progression (JPR1 form). Where appraisals become overdue and no appraiser has been recruited, the Medical Director's office will allocate an appraiser with a requirement for an appraisal date to be agreed within a month.

b. System of triangulation

At present, there is no formal mechanism for ensuring that all complaints and clinical incidents occurring in the period of each appraisal are visible to the Medical Director's office and actively provided to the appraiser to ensure that these are incorporated into, and reflected on, in the relevant appraisal. Consideration will be given to how such a system can be created and maintained.

c. Incorporation of PROUD values

In contrast to the standard STH appraisal, medical appraisal does not overtly include assessment against PROUD values, although most of these values are assessed indirectly through the existing process. Consideration will be given to how PROUD values can be more overtly assessed during the medical appraisal process.

d. System for alignment of Personal Development Plans (PDPs) with corporate and directorate objectives

PDPs are developed and agreed by the appraiser and appraisee at each appraisal. Currently, it is the responsibility of the appraisee to ensure that the PDP objectives align with their professional role in STH. Consideration will be given to how it can be ensured that PDPs align with corporate and directorate objectives and how Clinical Directors and Clinical Leads can be involved in this process.

12. Recommendations

- The Board are asked to note this annual report and audit. This report will be shared with NHS England along with the quarterly information reports.
- The Board are asked to approve the “Statement of Compliance” confirming that Sheffield Teaching Hospitals NHS Foundation Trust, as a designated body, is in compliance with the Revalidation regulations.
- The Board are asked to approve the remedial actions described in this report that are designed to bring the medical appraisal rate in line with the Trust’s requirements.

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.

Appendix A – Medical Appraisal Report

Directorate				Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
April14 - March 15	Appraisals	Doctors	%													
Occ Med	3	3	100	2	0	0	0	1	0	0	0	0	0	0	0	2
GSM	18	20	90	1	0	2	0	0	1	0	2	1	0	0	3	1
MIMP	34	39	87	2	4	2	3	0	0	5	4	4	2	0	3	3
Ophthalmology	24	28	86	3	1	0	0	0	0	3	5	2	1	3	2	5
ENT	9	11	82	0	1	0	0	1	0	0	1	2	0	0	1	0
Vascular Services	11	14	79	1	1	1	2	1	0	1	1	0	0	1	0	0
Neurosciences	41	54	76	5	3	2	0	1	6	1	3	0	2	5	5	6
Urology	11	15	73	1	1	1	0	1	0	1	3	0	2	1	0	2
Comm Diseases																
Spec Med	54	74	73	4	3	0	0	0	2	6	6	4	0	3	4	5
Renal Services	12	17	71	0	0	0	0	1	1	0	0	2	1	1	0	0
Lab Med	27	39	69	4	2	0	0	1	0	1	1	2	0	2	5	5
SCS	23	34	68	1	4	4	0	2	1	1	6	2	2	1	1	2
OGN	25	37	68	1	3	0	0	1	0	2	0	1	0	2	1	3
OSCCA	68	102	67	13	4	7	2	1	5	6	2	5	3	7	4	8
Orthopaedics	19	30	63	1	0	2	0	1	1	0	1	4	2	2	3	2
Respiratory																
Medicine	12	19	63	1	3	0	0	0	0	1	1	0	3	2	0	2
Diabetes and																
Endocrinology	10	16	63	0	0	0	0	0	3	0	2	0	2	0	2	1
Plastic Surgery	12	20	60	1	0	0	1	2	1	0	3	0	1	3	1	0
Cardiothoracic																
Services	22	37	59	4	2	1	0	0	2	2	0	0	1	3	4	3
A&E	16	27	59	1	2	0	2	1	1	2	1	0	0	1	0	1
General Surgery	14	25	56	4	1	2	2	0	0	0	0	1	1	2	2	1
Oral & Dental	19	42	45	4	2	0	0	2	0	0	2	1	2	2	2	1
Gastroenterology	3	13	23	1	0	0	0	0	0	0	0	1	1	0	0	0
Totals	487	716	69	55	37	24	12	17	24	32	44	32	26	41	43	53

Appendix B – Quality assurance of appraisal inputs and outputs

Total number of appraisals completed		487
	Number of appraisal portfolios sampled (to demonstrate adequate sample size)	Number of the sampled appraisal portfolios deemed to be acceptable against standards
	85	79
Appraisal inputs		Number audited
		Number acceptable
Scope of work: Has a full scope of practice been described?		85
		84
Continuing Professional Development (CPD): Is CPD compliant with GMC requirements?		85
		85
Quality improvement activity: Is quality improvement activity compliant with GMC requirements?		85
		84
Patient feedback exercise: Has a patient feedback exercise been completed?		85
		74 (6 n/a as no direct patient contact)
Colleague feedback exercise: Has a colleague feedback exercise been completed?		85
		81
Review of complaints: Have all complaints been included?		Not currently cross-referenced against central records
Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included?		Not currently cross-referenced against central records
Is there sufficient supporting information from all the doctor's roles and places of work?		85
		84
Is the portfolio sufficiently complete for the stage of the revalidation cycle (year 1 to year 4)? Explanatory note: For example		Not audited as this audit only covered year 5 appraisals
<ul style="list-style-type: none"> • Has a patient and colleague feedback exercise been completed by year 3? • Is the portfolio complete after the appraisal which precedes the revalidation recommendation (year 5)? • Have all types of supporting information been included? 		

Appraisal Outputs		
Appraisal Summary	85	85
Appraiser Statements	85	85
Personal Development Plan (PDP)	85	85