

**Paper No. SET/05/19 – for discussion.**

Trust Board Date	11 February 2019
Title	Annual Report – Medical Appraisal and Revalidation
Lead Director / Responsible Officer	Mr C J Martyn – Medical Director

**1.0 Purpose**

The purpose of this report is to provide assurance to the Trust Board that the arrangements for Medical Appraisal and Revalidation have been operating effectively during the past calendar year (2018). This report forms part of the Medical Director's duties as a Responsible Officer (RO).

**2.0 Background**

Medical Revalidation was launched in 2012 to strengthen the way 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.

Trusts have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations and it is expected that Trusts 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 is sought from patients periodically, so that their views can inform the appraisal and revalidation process for their doctors; and
- Ensuring that appropriate pre-employment checks (including pre-engagement of locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate for the work performed.

**3.0 Process of Revalidation**

Each doctor with a licence to practice is required to revalidate with the General Medical Council (GMC) once every 5 years. When a doctor's revalidation date, as set by the GMC approaches, the RO is required to make one of three

recommendations, based on whether or not the doctor has undergone satisfactory appraisal throughout the current revalidation cycle:

- I. Revalidate.
- II. 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 at the present time due to, for example, maternity leave.
- III. Record non-engagement – this recommendation may lead to the suspension of the doctor from the GMC register.

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

### **3.1 SE Trust internal process for making GMC Revalidation Recommendations**

Each doctor is contacted by the Medical Director's Management Team 12 months prior to their next revalidation. Regular reminders are issued thereafter. At this stage, the doctor is advised that they must meet with their Clinical Director at approximately 4 months before their revalidation date. The purpose of this meeting is to conduct a final review of their revalidation portfolio and ensure that it meets all of the necessary requirements for revalidation as outlined by the GMC. If gaps are identified, an action plan is agreed. If concerns arise which have not previously been highlighted, the Medical Director will be informed immediately and the case may be discussed with the GMC Employment Liaison Adviser where appropriate.

Approximately 2 months prior to a doctor's revalidation date, their Clinical Director is required to submit an on-line recommendation to the Medical Director in accordance with those outlined with section 3.0 above.

One week prior to a doctor's revalidation date, the Medical Director / RO will make a recommendation to the GMC and inform the doctor accordingly.

### **3.2 SE Trust GMC Revalidation Recommendations (January 2016 to December 2018)**

Year	Number due to Revalidate	Number Revalidated	Number Deferred
2016	37	32	5
2017	12	11	1
2018	94	91	3*

\*2 doctors were deferred due to being on long term sick leave and 1 was deferred due to not having sufficient information available at the time of revalidation. The latter had commenced employment with the Trust within 6 months of their revalidation.

The development of more detailed guidance and internal timelines has reduced the proportion of deferrals over the last 2 years. There were no late recommendations to the GMC during 2018.

#### **4.0 Appraisal**

All appraisals are conducted by a suitable trained appraiser in accordance with GMC requirements. During 2018, there were 51 trained appraisers who actively supported the process. While the Trust recommends that each appraiser should carry out between 6 and 8 appraisals each year, this continues to present a challenge in some specialties. In 2018, there were 8 appraisers who carried out greater than 10 but less than 20 appraisals. Consequently, the Medical Director's Team have continued to address this problem and during the last 12 months trained an additional 9 appraisers.

For quality assurance purposes, following consultation with the relevant Clinical Director, an appraisee is allocated to their appraiser centrally by the Medical Director's team and they are also required to change their appraiser at least once in every 5 year cycle.

The appraisee gathers evidence about their practice and reflects on this according to the format specified by the GMC. This has 4 domains: knowledge, skills and performance; safety and quality; communication, partnership and teamwork and maintaining Trust. The Medical Director's Team have provided guidance documents to inform doctors in the regards to the supporting information which they should include within their appraisal, which includes a detailed explanation of their CPD and once in every 5 year cycle, the doctor must also include multi-source feedback from patients and colleagues. This is a standardised process which is facilitated by the HSC Leadership Centre.

Trained appraisers have responsibility for ensuring 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 year's appraisal, and to agree a prospective PDP for the following year.

Each Appraiser is required to declare the following:

- I. An appraisal has taken place which reflects the whole of the doctor's scope of work and addresses the values and principles set out in Good Medical Practice.
- II. Appropriate supporting information has been presented in accordance with Good Medical Practice to support the nature and scope of the doctor's work.
- III. A review that represents progress against last year's PDP.
- IV. An agreement has been reached in regards to a prospective PDP.
- V. No information has been presented or discussed in the appraisal which raised a concern regarding the fitness to practice of the doctor.

Documents 1 to 7 are forwarded by the appraisee to the Medical Director's Team for final review and copies are retained centrally.

#### 4.1 Appraisal Round 2018 (covering the appraisal period January to December 2017)

Appraisals Required	Completed at 30.06.18	Completed at 31.12.18
305**	222 (73%)	300 (98%)

[\*\*This figure excludes those doctors who were deemed not to require an appraisal during the period e.g. new employees, maternity, long term sick leave. This is considered a 'non-appraised year', and any part thereof which does require an appraisal is covered during the next appraisal]

Although the Trust requests all doctors to complete their appraisal during the first six months of each year to cover the preceding calendar year, this is not a GMC requirement and remains a challenging target. To address this, the Medical Director's Team are currently developing an Engagement Protocol for consultation at the Clinical Leaders Forum and also with the GMC. Notwithstanding this, the achievement of a 98% completion rate during the calendar year remains high and the outstanding appraisals are expected to be completed no later than the end of February 2019.

## 5.0 Quality Assurance

### 5.1 Recent Developments

The Medical Director's Management Team continues to oversee the quality control of the medical appraisal process. Records of appraisals are tracked and where documentation has been submitted which appears to be incomplete, these are returned for completion.

Regular contact is maintained with the local GMC Employment Liaison Adviser and a formal meeting is held quarterly. In addition, the Trust RO attends the regional and national RO Forums.

The Trust appointed a new Associate Medical Director (AMD) in September 2018 with responsibility for Service and Governance Reform. The primary function of this role will be to provide the Medical Director's Team with clinical expertise on appraisal and revalidation and in particular enhancing the Trust's quality assurance processes. The post holder will also be tasked with developing workforce resilience for medical staff.

Over the last 12 to 18 months, the process followed between the Medical Director's Office and the Trust Human Resource Department in regards to how new and former employees are managed has been reviewed. All staff within these categories are now identified at an early stage, and new employees are informed of the name of their appraiser and provided with Trust guidance in respect to appraisal and revalidation. In addition, doctors who are new to the UK and who are directly employed by the Trust are invited to meet with a member of the Medical Director's team.

The Medical Director's Team reviews the allocation of appraisers to ensure these are rotated at least once in every 5 year cycle. Training for new appraisers will continue to be delivered in order to decrease the ratio of appraiser to appraisee.

The Medical Director's portal within the Trust I-connect site is regularly updated to provide useful contacts, guidance documents and where appropriate links to external sites. A '*Frequently asked Questions*' document, has recently been added. Specific guidance has also been developed to support both appraisers and appraisee's respectively, as well as those in Clinical Management positions.

## **5.2 Future Developments**

The resources of the Medical Director's team (both administratively and clinically) are currently limited, and will need to be further developed in order to meet the growing context in which it operates. In particular, the statutory requirement to have enhanced quality assurance mechanisms in place necessitates this development.

To facilitate a more robust audit and quality assurance mechanism, the Clinical leaders have recently agreed in principle to the development of a small Quality Assurance Team which will be comprised of three trained medical staff. The team will work in conjunction with the newly appointed AMD and the Business Partner for Medical Workforce, and will be responsible for ensuring that all appraisals adhere to an acceptable standard before they are concluded or 'signed off'.

During the last 12 months, the GMC have published several key documents. Of particular importance to the area of Appraisal and Revalidation, these have related to Governance Requirements, Supporting Information and Reflection. The Medical Director's Team will review internal policies and deliver training accordingly.

### **5.2.1 Regional Appraisal System**

In 2016, the Regulation & Quality Improvement Authority conducted a 'Review of Governance Arrangements in HSC Organisations that Support Professional Regulation'. A key recommendation of this review was that the Department of Health should work in partnership with the BSO ICT department to develop a centralised electronic system to support Appraisal and Revalidation.

The Department of Health and CMO have determined that from January 2019 the appraisal process will transfer to an electronic system.

Representatives from all Trusts, NIMDTA, the RQIA and the PHA have contributed to the development of the Regional Appraisal System (RASP). This system not only includes electronic versions of forms 1 to 7 but enables all supporting information to be uploaded and stored electronically. Development of the new system is completed. Ultimately this system will facilitate a more timely and efficient appraisal process, for both the appraisee and appraiser.

The Medical Director's Team has scheduled a series of training events for medical staff commencing February 2019. It is anticipated that full implementation will be completed by 2020.