

APPRAISAL/REVALIDATION UPDATE MARCH 2014

Background to Revalidation

Revalidation commenced on 1st January 2011 when the Trust appointed Dr Rosalind Given-Wilson, Medical Director to the role of Responsible Officer (RO). From 01 April 2013 to 31 March 2014, we have been carrying out the process to recommend our first 20% of doctors in line with the regulations set by the General Medical Council (GMC).

The role of the RO is to ensure that all medical staff within our organisation are practising to the appropriate professional standards and that there are no significant, unresolved concerns regarding their practice. This has been standardised via the framework document on Good Medical Practice which focuses on 4 domains, by which the individual doctor must provide appropriate evidence to ensure that the RO can be assured of their fitness to practice.

The four domains are as follows:

1. Knowledge, skills and performance
2. Safety and quality
3. Communication, partnership and teamwork
4. Maintaining trust

Our appraisal document or MAG captures the evidence for the above ensuring that all doctors are reliably engaged in the process.

The document includes reflection on complaints and incidents. As part of the Trust process, all doctors are sent details of any complaints that they have been involved in during the appraisal period. They reflect on their own involvement in each incident, focussing on learning from these issues and therefore, improving patient care and experience.

Each doctor also has to provide evidence of patient and colleague feedback once every revalidation cycle. The appraisee should reflect on the feedback with their appraiser and include this within the MAG for review by the Responsible Officer.

Review of Revalidation – April 2013 to March 2014

We have successfully revalidated 118 doctors to date (07 March 2014) and deferred 12 doctors. In order to be able to recommend a doctor for revalidation they have had to provide evidence of the following:

- **Scope of work** - This will include the organisations and locations where the doctor undertakes work including private practice and honorary work at other organisations
- **Review of significant events, complaints and compliments** –This should reflect on any significant events and/or complaints they have been named in, or carried clinical or managerial responsibility for in the last year

- **Agreed personal development plan** - A minimum of 3 items that are measurable and have a realistic timescale attached
- **Post appraisal outputs and lockdown** - this should be done by the appraiser
- **Evidence of 360 degree feedback from patients and colleagues** – currently carried out by Equiniti.

This evidence has been provided within our Medical Appraisal Guide (MAG), an interactive PDF form enabling the appraisee to attach evidence throughout the form.

The recommendation rate for the Trust is 91%, higher than the National average which notes a deferral rate of 20%.

In order to help with the administration involved in collating this data, the Trust recruited to a Revalidation Support Officer in October 2013. This enables the team to provide individual reminders to those due for annual appraisal, and to ensure that any that are overdue are contacted to ask for reasons why the appraisal has been carried out. This also enables the team to provide the individual doctor with any complaints that they have been involved in within the appraisal period.

The process used has become very successful, with appraisal rates rising to 86% for both January and February 2014. A recent communication was sent to 44 doctors who had not completed an appraisal within the last fifteen months. This was a letter both emailed and sent to home address. We set a deadline for response to let us know that the appraisal had either been completed or a date set. There were only four doctors, who did not respond, and of these, two had external designated bodies, and the other two met with their Divisional Appraisal Leads and are now in the process of carrying out their appraisal.

Year Two – April 2014 to April 2015

In year two of revalidation, the Trust needs to revalidate a further 40% of their medical staff. These doctors had already been identified at the start of the process in April 2013. These doctors have been set up on Equiniti in order that they can collate their patient and colleague feedback, and are currently being communicated with to let them know if they are missing any data in order that they are revalidated on time. For the second year of revalidation, there will be a requirement to provide two appraisal forms (MAG), along with 360 degree feedback (only one cycle required for revalidation purposes).

The team are also amending recruitment paperwork for any doctors commencing work at the Trust after 01 April, to ensure that they are aware that they need to bring evidence with them of the first year of revalidation. This will be verified with the previous Trust/organisation after starting.

Quality Assurance Processes

Due to the fact that we were only revalidating 20% of our doctors in the first year, the revalidation team were able to personally review all the appraisals and outputs before sending the whole document to Dr Given-Wilson, who also reviewed the entire documents and 360, therefore applying a complete quality assurance to each individual doctor revalidated between April 2013 to March 2014.

The team are in the process of adding additional quality assurance for the second year of revalidation to include feedback on the appraiser and an annual audit of appraisal documentation. 10 % of doctors revalidated between April 2013 and March 2014 will be audited to ensure that the

policy and procedure were completed adhered to, that the expected standards for Personal Development Plans and other appraisal outputs were met. This includes a minimum of three measurable objectives within the agreed Personal Development Plan. The team are exploring other potential ways of adding quality assurance measures. One suggestion is to add this to the Trust's governance half days.

It is expected that all appraisers receive strengthened appraisal training and top up training at least once every three years, with an expectation that doctors will not be appraised by the same doctors for more than three years in a row. With this in mind, an audit will be carried out to ensure that doctors are identified who need top up training, that there are available successors within departments and that feedback from appraisals that they have carried out is fed into their own appraisal process.

Next Steps:

- The team will continue to run regular update sessions for Consultants and other grades of medical staff for which Dr Given-Wilson is responsible.
- The team are looking at the processes in place for fixed term Trust doctors and developing a short exit pro-forma, which will confirm the Trust has had no concerns (if applicable) and any evidence of CPD that the doctor has collected in line with revalidation requirements.
- The team are looking at ways of ensuring that information is received to move towards a process where doctors are revalidated at least one month ahead of their scheduled revalidation date. A communication campaign will begin shortly. This will involve an email sent to individual doctors six months in advance of their revalidation date, letting them know the information that we already hold, the information that we are missing, and to confirm their other places of work. This email will ask for all information to be completed at least four weeks prior to revalidation.
- The team are liaising with the University to arrange another update session for Clinical Academics during the next month.
- The team are looking at Quality Assurance metrics to ensure that there is fairness and transparency of the process and systems.
- The team are looking at appraisal training for new appraisers and the possibility of running in-house sessions for those wishing to become appraisers in the near future.
- The team are looking at electronic systems as the need to provide more information increases, would it be better to purchase a system to hold all the data.

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