

## **BOARD OF DIRECTORS - THURSDAY 3<sup>RD</sup> AUGUST 2017**

### **REVALIDATION AND APPRAISAL OF NON TRAINING GRADE MEDICAL STAFF**

#### **1. Executive Summary**

The purpose of this report is to update the Board on the progress of the Trust's management of medical appraisal and revalidation since the introduction of revalidation in December 2012. The report will also discuss the 2016/17 appraisal and revalidation year (1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2017).

Summary of key points:

- As at 31<sup>st</sup> March 2017, 331 doctors had a prescribed connection to Calderdale and Huddersfield NHS Foundation Trust (as compared to 309 on 31<sup>st</sup> March 2016)
- In the 2016/17 revalidation year (1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2017) 20 non training grade medical staff had been allocated a revalidation date by the General Medical Council (GMC), as compared to 94 non training grade medical staff in 2015/2016.
- Based on headcount, 93.3% of non-training grade appraisals were completed and submitted in the appraisal year (93.5% in 2015/2016). 6.3% of non-training grade medical staff were not required to complete an appraisal (due to recently joining the Trust, maternity leave, recent return from secondment etc). This compares to 5.5% in 2015/2016.

#### **2. Background**

2.1 Medical revalidation was launched in December 2012 to strengthen the way that doctors are regulated with the aim of improving the quality of care provided to patients. Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice.

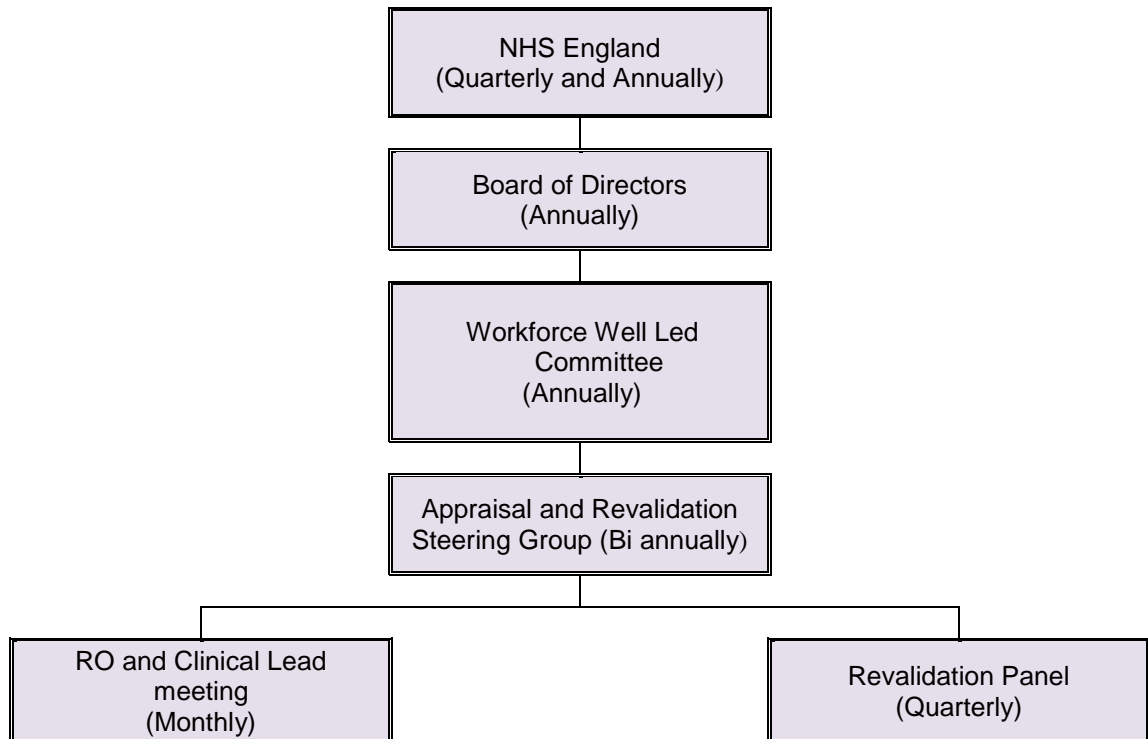
2.2 The Trust has a statutory duty to support the Responsible Officer (Medical Director) in discharging their duties under Responsible Officer Regulations and is expected that the board will oversee compliance by:

- monitoring the frequency and quality of medical appraisals in their organisations;
- checking there are effective systems on place for monitoring the performance and conduct of their doctors;
- confirming that feedback from patients and colleagues is sought periodically so that their views can inform the appraisal and revalidation process;
- ensure that appropriate pre-employment checks are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

2.2 Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice.

### 3. **Governance Arrangements**

- 3.1 The Trust's governance reporting structure for medical appraisal and revalidation is shown below:



### 3.2 **GMC Connect**

GMC Connect is the General Medical Councils database used by Designated Bodies (ie Calderdale and Huddersfield NHS Foundation Trust) to view and manage the list of doctors who have a prescribed connection with the Trust.

The database is managed by the Revalidation Office on behalf of the Responsible Officer. The Trust's Electronic Staff Record (ESR) is used as the main source in relation to starters and leavers.

### 3.3 **Revalidation and Appraisal Steering Group**

The Revalidation and Appraisal Steering Group panel meet bi-annually and continue to support the Responsible Officer with the revalidation agenda within the prescribed terms of reference.

#### 4. Medical Appraisal and Revalidation Performance Data

##### Revalidation Cycles

- 4.1 The first revalidation cycle started in January 2013. All doctors (with the exception of those whose revalidation has been put on hold by the GMC) completed their first revalidation cycle by 31<sup>st</sup> March 2017 and will have had a recommendation made about their fitness to practise by the Trust's Responsible Officer (the Medical Director).
- 4.2 In the 2016/2017 revalidation year (Year 4) the Responsible Officer has made recommendations for doctors as follows: (see also Appendix A - Audit of Revalidation Recommendations)

Revalidation Cycle (Year 4)	Positive Recommendations	Recommendation Deferred **
Year 4, Quarter 1 (April 2016 – June 2016)	7	1
Year 4, Quarter 2 (July 2016 – September 2016)	1	0
Year 4, Quarter 3 (October 2016 – December 2016)	1	1
Year 4, Quarter 4 (January 2017 – March 2017)	7	2
<b>Total:</b>	<b>16</b>	<b>4</b>

\*\* The reasons for the deferrals were insufficient evidence being presented for a revalidation recommendation to be made. This was usually due to the fact the doctors were relatively new to the organisation and did not provide sufficient or relevant evidence from previous employers for a recommendation to be made

- 4.3 The number of non-training grade medical staff with a revalidation date in Year 4 was significantly lower than in previous years (for example, 94 in 2015/2016, 92 in 2014/2015). This trend was replicated across England. When revalidation was introduced in 2012 designated bodies, whilst not able to select revalidation date were asked to submit cohorts of doctors for revalidation until Year 4 which means the majority of existing medical staff were allocated a revalidation date by the GMC prior to Year 4

##### Medical Appraisal

- 4.3. Medical Appraisal underpins the revalidation process. Doctors are expected to complete five appraisals within the revalidation cycle.
- 4.4 The appraisal year runs from 1<sup>st</sup> April – 31<sup>st</sup> March. The table below shows the compliance rate at the end of the 2016/2017 appraisal year on 31<sup>st</sup> March 2017 (see also Appendix B – Audit of all missed or incomplete appraisals).

Grade	Number of doctors with prescribed connection to CHFT	Completed Appraisals (1a)	Completed Appraisals (1b)	Approved incomplete or missed appraisal (1b)	Unapproved incomplete or missed appraisal
Consultants (permanent)	234	199	23	11	1
Staff Grade, associate specialist, specialty doctor (permanent)	60	58	0	2	0
Temporary or short term contract holders (all grades)	37	29	0	8	0
<b>Total</b>	<b>331</b>	<b>286</b>	<b>23</b>	<b>21</b>	<b>1</b>

*(Doctors with a GMC prescribed connection to CHFT as at 31<sup>st</sup> March 2017)*

**1a: Completed appraisals:** appraisal meeting between 1<sup>st</sup> April 2015 and 31<sup>st</sup> March 2016 for which the appraisal outputs have been agreed between appraiser and appraisee.

**1b: Approved or incomplete or missed appraisals:** accepted reason for appraisal not taking place (eg joined the Trust within the last 6 months, prolonged leave, maternity leave, sabbatical etc).

**Unapproved incomplete or missed appraisal:** appraisal expected to be submitted with. No agreement for appraisal to be postponed/delayed.

- 4.5 The appraisal completion rate is based on the number of doctors with a GMC prescribed connection to the Trust. Whilst appraisals were submitted for 93.3% of non-training grade medical staff, 6.3% of doctors were not required to submit an appraisal (for example, they had joined the Trust in the last 6 months, had been on maternity leave etc).

## 5. Trained Appraisers

- 5.1 Since 1<sup>st</sup> April 2017 and in line with the revised Appraisal Policy for Non- Training Grade Medical Staff, the Revalidation and Appraisal Office is allocating appraisers to appraisees. The minimum number of appraisees a trained appraiser is required to appraise each year is 5 (the maximum is 10). An audit of appraisers in December 2016 showed that only 19% of trained appraisers were meeting this minimum standard. This revised process has resulted in a more equitable allocation and ensure our appraisers are undertaking sufficient appraisals to retain their skills. All appraisers have been allocated between 5-8 appraisees. It has also meant that some appraisers have stood down from the role. There are now 60 trained appraisers as compared to 79 last year.

## **6. Quality Assurance of the Process**

6.1 The process used to monitor the quality of the medical appraisers is for the doctors to rate their appraisal experience in relation to:

- The organisation of the appraisal
- The appraiser
- The appraisal discussion

All appraisals submitted as part of the revalidation process are reviewed thoroughly by the Revalidation Panel quality assurance group. This involves a comprehensive review of the appraisal form (appraisal inputs and supporting information). (see Appendix C - Quality assurance audit of appraisal inputs and outputs (1<sup>st</sup> April 2016 - 31<sup>st</sup> March 2017))

6.2 The Clinical Appraisal and Revalidation lead also routinely quality assures sample of appraisals submitted.

## **6.3 Access, security and confidentiality**

Appraisal folders, supporting information and all correspondence relating to the appraisal and revalidation processes are stored on the Trust network drive. Access to the network drive is restricted to the Responsible Officer, the Clinical Lead for Appraisal and Revalidation, the Assistant Director of Human Resources and the Revalidation Office administrative support. Access to appraisals is in line with the Appraisal Policy for non-training grade medical staff.

## **6.5 Clinical Governance**

Data is provided annually by the Trust to each appraisee to assist with the appraisal process. The DATIX incident reporting system provides basic information relating to serious incidents, complaints and claims where the doctor is named. The Health Informatics department also provide information relating to CHFT activity data, benchmarking data (Dr Foster) and attendance at audit.

## **7. Action Plan**

### **a) PReP – Appraisal and Revalidation E-Portfolio**

A self-service electronic appraisal system for all non-training grade medical staff was introduced from 1<sup>st</sup> April 2017. It is hoped that this will make the process more streamlined for appraisers and appraisees. It also aids the process for quality assuring the submissions

### **b) Peer Review**

In line with Department of Health guidance we are currently undertaking a process of peer review in conjunction with Bradford and Barnsley. We have recently reviewed the revalidation and appraisal processes at Barnsley and Bradford will be reviewing our systems late summer. The intention is to share good practice.

c) Appraiser Recruitment

We are looking to recruit additional appraisers to replace those who have left the Trust or retired from the role

**8 Action Required of the Board**

The Board of Directors is asked to:

- (i) receive this report.

Dr David Birkenhead  
Medical Director/Responsible Officer  
July 2017

## Appendix A

### **Audit of Revalidation Recommendations (1<sup>st</sup> April 2016 - 31<sup>st</sup> March 2017)**

(Template taken from 'A Framework of Quality Assurance for Responsible Officers and Revalidation – Annex D Annual Board Report Template – June 2014)

### **Revalidation Recommendations made between 1<sup>st</sup> April 2016 and 31<sup>st</sup> March 2017**

	Number
Recommendations completed on time (within the GMC recommendation window)	20
Late recommendations (completed but after GMC recommendation window closed)	0
Missed recommendations (not completed)	0
<b>TOTAL</b>	<b>20</b>
Primary reason for late/missed recommendations For late or missed recommendations only one primary reason may be identified	
No responsible officer in post	0
New starter/new prescribed connection established within 2 weeks of revalidation due date	0
Unaware the doctor had a prescribed connection	0
Unaware of the doctors revalidation due date	0
Administrative error	0
Responsible officer error	0
Inadequate resources or support for responsible officer role	0
Other	
<b>TOTAL SUM OF LATE AND MISSED RECOMMENDATIONS</b>	<b>0</b>

## **Appendix B**

**Audit of all missed or incomplete appraisals audit (1<sup>st</sup> April 2016 - 31<sup>st</sup> March 2017)**

**(Template taken from 'A Framework of Quality Assurance for Responsible Officers and Revalidation – Annex D Annual Board Report Template – June 2014)**

<b>Doctors Factors (Total)</b>	<b>Number</b>
Maternity leave during the majority of the 'appraisal due window'	2
Sickness absence during the majority of the 'appraisal due' window'	1
Prolonged leave during the majority of the 'appraisal due window'	1
Suspension during the majority of the 'appraisal due window'	0
New starter within 3 months of appraisal due date	11
New starter more than 3 months from the appraisal due date	4
Postponed due to incomplete portfolio/insufficient reporting information	0
Appraisal outputs not signed off by doctor within 28 days	0
Lack of time of doctor	0
Lack of engagement of doctor	1
Other doctors factors (describe)	0
<b>Appraiser Factors (Total)</b>	
Unplanned absence of appraiser	1
Appraisal outputs not signed off by the appraiser within 28 days **	23
Lack of time of appraiser	0
Other appraiser factors (describe)	0
<b>Organisational Factors (Total)</b>	
Administration or management factors	0
Failure of electronic information systems	0
Insufficient numbers of trained appraisers	0
Other organisational factors (describe)	0

\*\* NHS England request that we report on the numbers of appraisals not signed by the appraiser within 28 days of the appraisal being completed. However, these appraisals were still recorded as completed since they were submitted within the appraisal year.



## **Appendix C**

### **Quality assurance audit of appraisal inputs and outputs (1<sup>st</sup> April 2015 - 31<sup>st</sup> March 2016)**

**(Template taken from 'A Framework of Quality Assurance for Responsible Officers and Revalidation – Annex D Annual Board Report Template – June 2014)**

Below is a breakdown of the appraisals audited via the Revalidation process. In addition 10% of all appraisals are audited by the Clinical Lead for Appraisal and revalidation.

<b>Total number of appraisals completed</b>		
309	Number of appraisal portfolios sampled	Number of the sampled appraisal portfolios deemed acceptable against standards
<b>Appraisal Inputs</b>	<b>Number audited</b>	<b>Number acceptable</b>
Scope of work: Has a full scope of practice been described?	20	20
Continuing Professional Development (CPD): Is CPD compliant with GMC requirements?	20	16
Quality Improvement Activity: Is quality improvement activity compliant with GMC requirements?	20	19
Patient feedback exercise: Has a patient feedback exercise been completed?	20	20
Colleague feedback exercise: Has a colleague feedback exercise been completed?	20	20
Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included?	20	20
Is there sufficient supporting information from all the doctors roles and places of	20	20

work?		
Is the portfolio sufficiently complete for the stage of the revalidation cycle (year 1 to year 4)	20	20
<b>Appraisal Outputs</b>		
Appraisal Summary	20	20
Appraiser statements	20	20
Personal Development Plan	20	20

## **Appendix D**

**Audit of concerns about a doctor's practice (1<sup>st</sup> April 2016 - 31<sup>st</sup> March 2017)  
Non training grade medical staff**

**(Template taken from 'A Framework of Quality Assurance for Responsible  
Officers and Revalidation – Annex D Annual Board Report Template – June 2014)**

Concerns about a doctor's practice	High level	Medium level	Low level	Total
<b>Number of doctors with concerns about their practice in the last 12 months</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>9</b>
Capability concerns (as the primary category) in the last 12 months	0	1	1	2
Conduct concerns (as the primary category) in the last 12 months	1	1	1	3
Health concerns (as the primary category) in the last 12 months	1	0	3	4