

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 84/2017**

(agenda item: 15)

# Board of Directors

**28 June 2017**

**Medical Appraisal and Revalidation Report**

1. **Medical Appraisal in Oxford Health NHS Foundation Trust**
   1. Oxford Health NHS FT is a designated body as specified in The General Medical Council (Licence to Practice and Revalidation) Regulations Order of Council 2012. As at 31st March 2017 there were 172 doctors with a prescribed connection[[1]](#footnote-1) to Oxford Health NHS FT and the Trust is responsible for ensuring all doctors with a prescribed connection have access to a suitable appraisal system and governance arrangements to fulfil the requirements of revalidation.
   2. All doctors are required to carry out an annual medical appraisal using the Medical Appraisal Guide (MAG) form, with a trained appraiser that will underpin the revalidation process, a process led by the General Medical Council (GMC) and directly related to a doctors continued licence to practise.
      1. An annual appraisal requires inclusion of the following:

* Review of supporting information from the whole scope of a doctor’s practice.
* Evidence of Continued Professional Development
* Review of the personal development plan.
* Reflection on feedback from patients and colleagues at least once in the five year Revalidation cycle.
* Review and reflection of quality improvement activity such as audit.
* Discussion of complaints and serious incidents to identify areas of learning.
* In Oxford Health NHS Foundation Trust, doctors are required to furnish a report from their respective clinical /associate medical directors.
  1. There has been a noticeable cultural change since the inception of revalidation with appraisal becoming embedded in the Trust as a valuable process for assuring quality of doctors and their services, as well acting as a tool to supporting development and improvement of individuals.
  2. The appraisal figures for the last 5 years had been showing a sustained improvement in the number of doctors taking part in their annual appraisal; the figures for the year 2016-17 however have dropped for the first time.

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| Appraisal Year | % of doctors with a prescribed connection who have had an appraisal |
| 2012 - 2013 | 77% |
| 2013 - 2014 | 99% |
| 2014 - 2015 | 99% |
| 2015 - 2016 | 100% |
| 2016 - 2017 | 97% |

3% of doctors equates to 5 doctors failing to complete their appraisal within the timescale. We have looked into reasons for non-completion. In 2 cases the delay was due to personal circumstances of one doctor, who is also an appraiser. In the other cases, the individual doctors appear to have overlooked the importance of completing their appraisals before the end of April. In the future, we will consider giving non-engagement warnings to doctors failing to comply with the required timescales. Figures for appraisal completion have fallen nationally across all specialities; as such the final figures for Oxford Health NHS Foundation Trust are not outside of the norm.

* 1. In 2015-16 all doctors with a prescribed connection to Oxford Health NHS FT were randomly allocated a trained appraiser. This new allocation process was developed by the Medical Appraisal and Revalidation Group to improve quality and consistency of the appraisal system. Benefits of allocation are:
* Doctors are allocated appraisers outside of their teams to ensure objectivity and removal of any potential bias.
* Ease of arranging an appraisal for doctors
* All appraisers carry out an agreed number of appraisers per annum
* Workload of appraisers is spread evenly throughout the year
* Appraisers have advance notice of the doctors allocated to them and this enables development of relationship in advance of the appraisal meeting

The next allocation exercise is due to take place in the 2017-18 appraisal year.

* 1. Priorities for further improvement to the medical appraisal system in 2016-17
* Focus on 28 day target for returning completed appraisal forms continues with greater focus on consistent and timely reminders.
* Full implementation of the new multisource feedback tool, Equiniti, for the next revalidation cycle (2016-2021).
* Continued integration of the Lay person to improve the robustness of the appraisal process in the Trust.

1. **Quality Assurance of Medical Appraisal** 
   1. Capacity and recruitment: The Trust has 49 trained appraisers (including a number of SAS and academic doctors). There have been a number of retirements and resignation of appraisers during the last 3 months which has left capacity stretched for the 2017-18 year. The appraisal and revalidation team are planning another round of training for new appraisers in July, for which 10 doctors have expressed interest in attending. This would then increase our appraiser pool to an adequate level for the number of doctors with a prescribed connection to the Trust.
   2. Development of existing appraisers: This is essential to ensure that we are maintaining high standards, that there is consistency, that there are mechanisms for appraisers to provide peer support and discuss any difficulties and share ideas. One cross county half day event for appraisers was held in 2016. The aim of this session was to provide updates on medical appraisal and revalidation as well as sharing resources and methods, discussing complex scenarios and exploring quality assurance of medical appraisals. The focus of the sessions in 2016 was on increasing the parameters for Quality Improvement Activity, discussion of difficult appraisal experiences and the introduction of the new multi-source feedback provider.
   3. We continue to engage doctors in the Trust via Medical Staff Committee meetings, regular briefings. In December 2016 the Medical Appraisal and Revalidation team attended an SAS Away Day to provide updates and guidance on current issues.
   4. Appraiser feedback: Appraiser feedback happens in three different ways. All doctors are sent a survey to complete which will give feedback to their appraiser from a doctor’s perspective. At the monthly Revalidation Recommendation Meeting the Responsible Officer (RO) completes an assessment on the appraisers competencies using the PROGRESS tool. Annually the Medical Lead for Appraisal, along with another member of the Medical Appraisal and Revalidation Group audits a sample of appraisals using the PROGRESS tool. A summary is sent to all appraisers at the end of the year to reflect all 3 sources of feedback, which can be used within their own appraisals. Material from feedback is also used for learning at the update events for appraisers.
   5. In addition to the Medical Lead for Appraisal and Revalidation and the Responsible Officer (RO), there is a pool of experienced appraisers available to provide support, advice, and guidance to the new and less experienced appraisers.
2. **Revalidation of doctors with a prescribed connection** 
   1. The Medical Director for Oxford Health NHS FT is the appointed RO and acts under The Medical Profession (Responsible Officer) Regulations 2010.
   2. Provider organisations have a statutory duty to support their RO in discharging their responsibilities and provide necessary resource to do so.
   3. The RO is supported by an Appraisal and Revalidation Advisor (0.5 WTE), Medical Lead for Appraisal and Revalidation (consultant; equivalent of 0.1 WTE but not remunerated) and the Medical Appraisal and Revalidation Working Group (MARG).
   4. To make a revalidation recommendation, the RO needs to review the outputs of a doctor’s appraisals from across the revalidation cycle and be assured that there are no concerns regarding fitness to practise.
   5. A Revalidation Recommendation Meeting takes place monthly between the Responsible Officer and Medical Appraisal & Revalidation Advisor at which doctors under notice for revalidation from the GMC are considered against the revalidation criteria.
   6. The RO is able to make a positive recommendation, deferral or report non-engagement to the GMC.
3. **Trust Revalidation figures (as at 31st March 2017)**

Doctors with prescribed connection to Oxford Health NHS Foundation Trust:

Consultants= 123

Academic Medical Staff= 18

Specialty Doctors= 23

Locum Appointment for Service= 8

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| --- | --- | --- | --- | --- |
|  | 2013/14 | 2014/15 | 2015/16 | 2016/17 |
| Doctors due to be revalidated | 39 | 57 | 60 | 5 |
| Positive recommendations made to the GMC | 38 | 52 | 59 | 2 |
| Deferred and subsequent positive recommendation | 0 | 1 | 0 | 2 |
| Deferrals | 0 | 4 | 1 | 1 |
| Doctors in Remediation | 1 | 0 | 0 | 0 |

The three doctors that were deferred were due to insufficient supporting information provided in time for their Revalidation date. Each deferred doctor had not completed their patient and colleague feedback or been able to reflect sufficiently in time for their Revalidation date.

1. **Other developments since last report**
   1. The Trust has just entered the next Revalidation cycle and has therefore reviewed the current processes that are in place. Part of this review has involved the consideration of alternative Multi-Source Feedback (MSF) . In 2016-17 the Trust has launched Equiniti as the new multi-source feedback provider. This will be used for the next 5 year Revalidation cycle having purchased 170 licenses. Doctors will be signed up in priority of their Revalidation date.
   2. The main change in terms of process is the ability of the appraiser to approve colleague raters. In addition to this, the Appraisal and Revalidation Advisor now has access to a dashboard in order to monitor the progress of all doctors undertaking the feedback.
   3. The Appraisal and Revalidation team has ensured a robust roll out, developing practical user guides for both the appraiser and doctor. To date, 2 doctors have completed the process and feedback has been positive.
   4. A Lay Person has now been appointed via a competitive interview process. The individual has attended one on one training sessions with the Appraisal and Revalidation Advisor, the annual appraiser network and the quarterly MARG meetings. Work will continue this year to see how he can be further integrated into the Trust processes. This role is initially running as a trial for 12 months, and is due to expire in October 2017.
   5. For the first time during 2016/17 OHFT issued a ‘non-engagement’ letter. This is a formal notice issued to an individual who is not participating with the appraisal process without a legitimate reason. This escalation process is likely to become more common nationally for those that fail to comply with local processes.
   6. The Medical Lead for Appraisal and Revalidation will be attending RO training to ensure that the Trust can continue to make Revalidation Recommendations in a timely and efficient manner.
2. **Challenges**
   1. Ensuring that completed appraisal documentation is returned within 28 days of the appraisal meeting. We are required to report on this quarterly to NHS England. Those forms that are
   2. Change in reporting requirements meaning that doctors must have their appraisal in the same month each year, rather than within a 9-15 month window. This is a shift in how data is recorded in OHFT and requires modification to how appraisals are booked. Those that fall beyond 12 months are considered a missed appraisal. This may have a negative impact on the overall Trust figures.
   3. Ensuring that there remains sufficient number of trained appraisers in the Trust. There have been an atypical number of retirements this year which has resulted in a shortage of capacity to undertake appraisals. It is anticipated that this is likely to continue in the next year with further retirements.
   4. Ensuring that appraisal completion rates remain high. The 2016/17 year saw the first drop in rates in 3 years, so this is something that the Appraisal and Revalidation Team will need to monitor closely.
   5. Ensuring a more formal sharing of intelligence where there are issues, promoting sharing of information with the PALs team. This has proved challenging thus far with restricted access to details of complaints.
   6. Human resource: Currently, the only additional funded resource available to the RO to undertake this work is 2.5 days of Appraisal and Revalidation Advisor. The role of Medical Lead is unremunerated. As noted in the 2016 report, the resource available to the Trust to maintain satisfactory medical revalidation is rather limited, but the Trust must continue to achieve the various national and local aims and targets around medical appraisal & revalidation without fail. The resource may require review.

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**Lead Executive Director: Dr Mark Hancock, Medical Director**

1. Doctors in training within the Trust are appraised and revalidated by Health Education Thames Valley, the Postgraduate Dean being their Responsible Officer [↑](#footnote-ref-1)