

# Report to the Meeting of the

**BOD 84/2018**

(Agenda item: 11)

# Oxford Health NHS Foundation Trust

# Board of Directors

**27 June 2018**

**Medical Appraisal and Revalidation Report**

**For: Information**

**Executive Summary**

This required annual report seeks to update and assure the Trust Board on work undertaken to ensure the appraisal and revalidation of established medical staff in the Trust is robust and fit for purpose.

Since the last report to the Board, work has continued to ensure a good system for medical appraisal & revalidation continues in the Trust. This includes:

* + Maintaining an appropriate number of trained appraisers, with continued provision of training.
  + The implementation of a new multi-source feedback provider.
  + Quality assurance and good governance of the appraisal and surrounding processes leading to revalidation.

As a result of the systems in place it is believed that the quality of medical care, clinical leadership, clinical quality improvement activity and the responsiveness to patient and colleague feedback remains enhanced. The opportunity for medical staff to reflect on their practice provides the foundations for continued professional development.

Reports on medical appraisal & revalidation will continue to be provided annually to the Board.

**Recommendation**

The Board of Directors is asked to note this report and thus offer its continuing support to the work of the RO, Medical Lead for Appraisal and Revalidation, Medical Appraisal and Revalidation Advisor, regarding appraisal and revalidation.

**Author and Title: Dr Vivek Khosla, Medical Lead for Appraisal & Revalidation; Dr Mark Hancock, Medical Director; Miss Sophie Grimshaw, Medical Appraisal and Revalidation Advisor.**

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

1. *A risk assessment has been undertaken around the legal issues that this report presents and [there are no issues that need to be referred to the Trust Solicitors*
2. *N/A – no Strategic Objectives apply*
3. **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 2018 there were 171 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, however in 2016-17 saw the first dip in appraisal completion. Encouragingly the figures have improved for the year 2017-18, please see below:

|  |  |
| --- | --- |
| 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% |
| 2017 - 2018 | 99.4% |

In 2017-18, only 1 doctor failed to complete their appraisal within the required timescales stipulated by NHS England. We have considered reasons for non-completion and this was due to workload of both the appraiser and doctor. A secondary delay was caused by late notice absence meaning that the appraisal meeting was postponed.

* 1. A challenge from the 2016-17 year was meeting the target set by NHS England of returning completed appraisal documentation within 28 days of the appraisal meeting. There has been a slight improvement of 3% on this for the 2017-18 year following increased reminders to both appraiser and doctor. Please see yearly figures below:

|  |  |
| --- | --- |
| Appraisal Year | % of doctors submitting the completed documentation within 28 days |
| 2015 - 2016 | 80% |
| 2016 - 2017 | 80% |
| 2017 - 2018 | 83% |

All reasons for delay in submission are clearly recorded, and must be provided to NHS England as part of the Annual Organisational Audit.

* 1. Following the introduction of allocating appraisers in 2015-16, we have now reached the end of the first 3-year cycle. The next allocation exercise has now taken place and is live for the 2018-19 appraisal year.

1. **Quality Assurance of Medical Appraisal** 
   1. Capacity and recruitment: The Trust has 50 trained appraisers (including several SAS and academic doctors). There have continued to be a number of retirements and resignation of appraisers (12 in total) during the last 12 months which has left capacity stretched for the 2018-19 year. In the current climate of sustained high workload, the additional voluntary role of appraiser seems to be one of the first additional activities to be relinquished.
   2. The appraisal and revalidation team have targeted non-appraisers and new doctors that met the criteria to become an appraiser. This resulted in 3 Appraiser training events in the 2017-18 year, which added 9 appraisers to the team. It is likely that more training will be held in the 2018-19 year to ensure that we maintain an adequate ratio of appraisers to doctors with a prescribed connection.
   3. 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 will be held in 2018. The aim of this session will be 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 2018 will be based on the outcome from a quality audit taking place in June 2018.
   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 appraiser’s 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.
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 can make a positive recommendation, deferral or report non-engagement to the GMC.
3. **Trust Revalidation figures (as at 31st March 2018)**

Doctors with prescribed connection to Oxford Health NHS Foundation Trust:

Consultants= 118

Academic Medical Staff= 20

Specialty Doctors= 26

Locum Appointment for Service= 7

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2013/14** | **2014/15** | **2015/16** | **2016/17** | **2017/18** |
| **Doctors due to be revalidated** | 39 | 57 | 60 | 5 | 10 |
| **Positive recommendations made to the GMC** | 38 | 52 | 59 | 2 | 9 |
| **Deferred and subsequent positive recommendation** | 0 | 1 | 0 | 2 | 0 |
| **Deferrals** | 0 | 4 | 1 | 1 | 1 |
| **Doctors in Remediation** | 1 | 0 | 0 | 0 | 0 |

The one doctor that was deferred was due to insufficient supporting information provided in time for their Revalidation date. This was due to a prolonged period of sickness leaving insufficient time to collect patient and colleague feedback.

**Other developments since last report**

* 1. The Trust has now embedded the new system for Multi-Source Feedback, Equiniti. So far 102 doctors have been signed up to the system and the feedback on this has been positive. Equiniti will be used for the next 5-year Revalidation cycle having purchased 170 licenses. Doctors have been signed up in priority of their Revalidation date.
  2. A Lay Person was appointed last year and was involved in one on one training sessions with the Appraisal and Revalidation Advisor, the annual appraiser network and the quarterly MARG meetings. Opportunity to involve the Lay Person has been limited and the decision was taken not to extend the contract beyond the initial one year appointment. This will be reviewed in conjunction with wider NHS work on Lay involvement, to see how they can be better integrated into existing processes.
  3. As with 2016/17, there was one ‘non-engagement’ letter issued in 2017/18. This is a formal notice issued to an individual who is not participating with the appraisal process without a legitimate reason. Whilst we anticipated that this was likely to become more common in line with national trends; fortunately, it is only a minority of doctors that fail to comply with local processes.

1. **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 submitted beyond the 28 days must have a clear reason for delay documented. Whilst the figures have got better for 2017-18, there is still further scope for improvement.
   2. Maintaining appropriate connections: In the year 2017-18, in partnership with the GMC Employment Liaison Advisor, the Trust reviewed all connections to Oxford Health NHS Foundation Trust. There were many doctors whose honorary contracts had expired, or whom no longer had a legitimate connection to the Trust. These individuals were written to, to advise them that they would be disconnected, and given guidance on what they needed to do.
   3. In 2016-17 there was a change in reporting requirements meaning that doctors must have their appraisal by the same ‘due date’ each year, rather than within a 9-15-month window. This was a shift in how data was recorded in OHFT and required modification to how appraisals are booked and reported. Those that fall beyond 12 months are considered a missed appraisal. We will find out in the Autumn whether this will have an impact on our overall figures and how they have been presented externally. The priority for the appraisal team remains ensuring that all doctors have an annual appraisal.
   4. Ensuring that there remains sufficient number of trained appraisers in the Trust. There have continued to be several retirements/resignations this year which has resulted in a shortage of capacity to undertake appraisals.
   5. Despite an increase in appraisal rates this year, there is a continued challenge to ensure 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.
   6. 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 and currently relies self report and the statements from the Clinical/Associate Medical Directors.
   7. 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 and 2017 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.

**Authors and Titles:** **Dr Vivek Khosla, Medical Lead for Appraisal; Miss Sophie Grimshaw, Medical Appraisal & Revalidation Advisor; Dr Mark Hancock, Medical Director and Responsible Officer**

**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)