

## Board of Directors' Meeting 6 May 2021

<b>Agenda item</b>	108/21			
<b>Report</b>	Report from the Responsible Officer			
<b>Executive Lead</b>	Dr Arne Rose, Executive Medical Director and Responsible Officer			
	<b>Link to strategic pillar:</b>		<b>Link to CQC domain:</b>	
	Our patients and community	√	Safe	√
	Our people	√	Effective	
	Our service delivery		Caring	
	Our partners		Responsive	
	Our governance	√	Well Led	√
	<b>Report recommendations:</b>		<b>Link to BAF / risk:</b>	
	For assurance	√		
	For decision / approval		<b>Link to risk register:</b>	
	For review / discussion			
	For noting			
	For information			
	For consent			
<b>Presented to:</b>				
<b>Dependent upon</b> (if applicable):	-			
<b>Executive summary:</b>	<p>The purpose of this report is to present to the Board details of activity related to Medical Appraisal and Revalidation, as per NHS England and GMC regulations.</p> <p>The purpose of medical revalidation and appraisal is to support and develop our medical workforce through reflection on clinical practice, whilst complying with GMC frameworks to protect patients.</p> <p>Appraisal rates 2020-2021 (Trust Compliance):</p> <ul style="list-style-type: none"> <li>• Consultants: 93.5%</li> <li>• SAS doctors: 85.7%</li> <li>• SAS and Locally-Employed Doctors: 76.9%</li> <li>• Overall Trust Total: 88.5%</li> </ul> <p>Revalidations April 2020 to March 2021</p> <ul style="list-style-type: none"> <li>• 20 doctors have been revalidated</li> <li>• 1 doctor had their revalidation deferred</li> </ul>			
<b>Appendices</b>	1. Trust Compliance Rates and Revalidation Decisions			

## 1.0 Introduction

A national recommendation was made on 19 March 2020 to suspend appraisals due to the pandemic. This continued until 30 September 2020. Some appraisals were conducted during this time at the request of the individual and from August 2020 the decision was taken locally to instruct all doctors who were overdue prior to the pandemic to undertake their appraisal. NHS England released further guidance about restarting appraisals for doctors due from October 2020, and advised that the focus of appraisal should be supportive and reflective conversations, with less emphasis on written documentation. All missed appraisals during the suspension period were designated as 'approved missed' appraisals and catch up is not required. This is aligned to national guidance.

## 2.0 Performance

- 2.1 At SaTH, we have tried to keep the focus of appraisal to be as supportive and developmental as possible, and to encourage doctors to take a thorough and professional approach to the opportunities offered by a supportive but challenging dialogue. For many, it is the only time someone sits down and focuses with them as an individual on their needs, anxieties, hopes and plans. The latest NHS England/Academy of Medical Royal Colleges guidance facilitates this approach with specific reference to exploring wellbeing, challenges, achievements and aspirations. At the same time we have maintained our focus on quality assurance specifically ensuring mandatory training, review of complaints and serious incidents, and quality improvement activity are reflected on and discussed. We have tried to keep appraisals face to face where possible, with social distancing to facilitate this.
- 2.2 Feedback from completed appraisals for 2020-2021 suggests we have been largely successful in providing supportive appraisals, with a timely approach to reminding doctors of their appraisal needs and an enthusiastic team of appraisers. Doctors are encouraged to reflect on their experiences, feedback from patients and colleagues and professional development both during and after their appraisal meetings.
- 2.3 Our recent focus has been on improving the quality of the appraisal meeting between doctor and appraiser and the quality of the appraisal summary and personal development plan (PDP) rather than systems and processes. With this in mind, we have procured a new revalidation management portfolio system this year (Premier IT: PReP), which is being implemented in a phased approach throughout late April/May to ensure minimum disruption to appraisals. This system is up to date, focused on simple input and output forms and allows our doctors to store evidence of performance and reflection in one place. Training opportunities on the new system have been available twice per week and continues to be so for doctors moving to the new system.
- 2.4 For the year 2020-2021, the majority of colleagues rated their experience of appraisal as either very good or good. Comments such as these below reflect the level of satisfaction:-
  - A thorough and supportive appraisal.
  - [My Appraiser] explained the process of appraisal to me as this was my first job and first appraisal in the NHS.
  - [Name redacted] is an excellent appraiser. He had read through all the documents I had submitted and went through with me systematically. He guided me through my PDP which is relevant to my practice. He is very good listener and addressed my concerns. My Appraisal with [name redacted] was very productive and professional. He had obviously gone through my portfolio. He challenged my thinking and guided me in understanding my next steps.
  - This is by far the most useful appraisal that I have had. Thank you.
- 2.5 Engagement remains high and we anticipate 95-98% engagement across the SAS and consultant body as we re-engage with appraisal processes following the winter COVID surge. Although there was no requirement to 'catch up' with missed appraisals from

March to September 2020, a number of appraisals and revalidation recommendations have been completed throughout the financial year.

- 2.6 We have recognised the need to refresh, recruit, and retain our team of highly skilled appraisers. A new quarterly appraiser and revalidation forum has been implemented to share knowledge, skills and experiences. Training has been implemented for new appraisers, appraisees unfamiliar with the revalidation process, and mandatory refresher training for all current appraisers.
- 2.7 A quality audit was undertaken during this appraisal year with a repeat audit planned during the next appraisal year following training. This audit follows national guidance and evidence is collected using the Appraisal Summary and PDP Audit Tool (ASPAT).
- 2.8 Doctors due to revalidate between March 2020 and March 2021 had their revalidation date moved back by 12 months automatically by the GMC, though some have received positive recommendations earlier, if they have presented the appropriate evidence. Advice is offered to doctors where further evidence is required. Doctors due to revalidate between March and July 2021 have had their revalidation moved back by 4 months by the GMC although they may receive a revalidation recommendation sooner if they have the appropriate evidence.
- 2.9 The collection of patient feedback continues to be a challenge in the current working environment. Doctors are given advice and support for this, as required.
- 2.10 Communication with the GMC regarding concerns has continued throughout this time. We continue to develop more robust processes for assuring reflection on complaints and serious incidents in which our doctors are involved, including identifying themes that require further exploration and analysis.
- 2.11 Medical Staff Case Management Review meetings continue across all Divisions with additional specific decision making groups being set up, as required to progress individual matters. Regular review, support and scrutiny meetings are held internally with the Non-Executive Director responsible for the oversight of medical staff case management and externally with the Trust's advisor from NHS Resolution Practitioner Performance Advice Service and the GMC Employer Liaison Adviser. Currently 2 members of medical and dental staff are excluded from full duties and a further 2 have restrictions on practice as a result of action under Managing High Performance Standards (MHPS) policy.
- 2.12 An updated medical appraisal and revalidation policy was developed this year, ratified, published and communicated to our medical workforce. It is closely aligned to the NHS England framework, with the aim of setting our objectives and standards for medical appraisal and revalidation over the next 3 years.
- 2.13 Our goals for the year ahead include developing a senior appraiser group to facilitate one-to-one feedback meetings for all of our appraisers whilst continuing to maintain our current standards. We intend to repeat the quality audit after appropriate training using our new revalidation portfolio software and feed back the findings to individual appraisers to support their development.

### **3.0 Conclusion**

- 3.1 Despite the pandemic, good progress has been made with the procurement and implementation of a new revalidation management system, improved peer networking and a focus on recruitment and retention of appraisers. In addition to this, quality improvement work has continued with up-to-date training for appraisers and appraisees. A new updated medical appraisal and revalidation policy has been ratified setting our objectives and standards for the next three years.

The Board is asked to **take assurance on** the positive progress made.

## Appendix 1: Trust Compliance Rates and Revalidation Decisions

### Trust Compliance - End of year Appraisal Rates

	2012/13	2013/14	2014/15	2015/16	2016/17*	2017/18	2018/19	2019/20*	2020/21
Consultant	78.0%	91.7%	96.5%	96.7%	98.6%	99.5%	100.0%	96.9%	93.50%
SAS*	10.0%	79.0%	88.5%	100.0%	90.2%	98.3%	98.2%	92.1%	85.70%
SAS and Locally-Employed Doctors*	10.0%	79.0%	88.5%	96.3%	91.4%	97.4%	96.0%	87.2%	76.90%
Overall Trust Total	70.0%	88.4%	94.6%	96.6%	96.6%	99.0%	99.0%	94.2%	88.50%

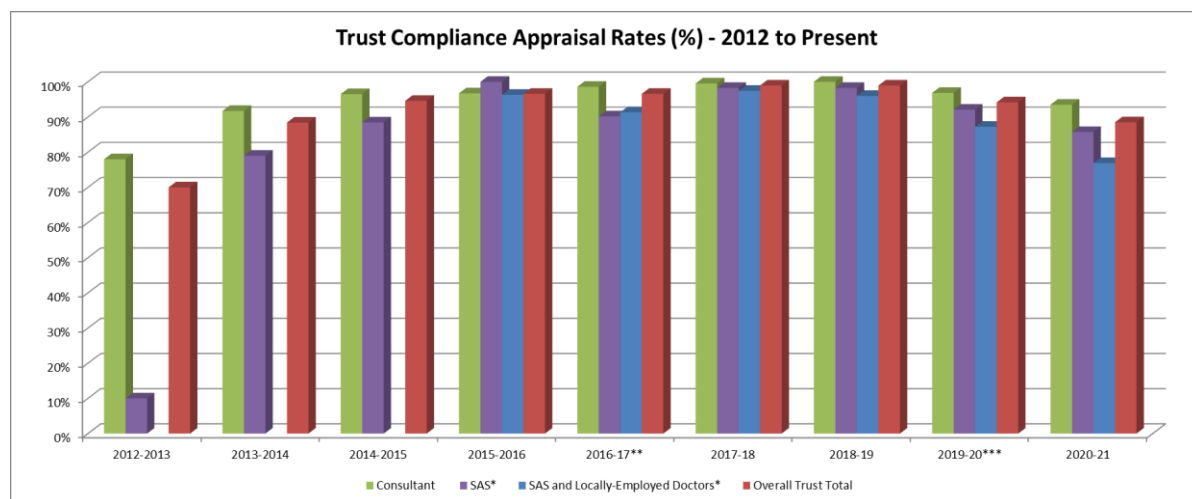
\*Unclear whether earlier figures are for SAS doctors only or SAS and Trust doctors combined - clear breakdown provided for 2015-16 onwards

\*\*Change in reporting criteria in 2017, following validation with Corporate Education Team, to exclude staff not appraised by SaTH

\*\*\*End of year figures for 2019-20 were not validated due to COVID-19

Please note 2020/21 figures have not yet been validated and therefore may be subject to slight change.

NB: There has been a further change to the reporting criteria for this year. Previously, approved appraisal postponements and exceptions were excluded from the total number of staff. To ensure that individuals and their managers are able to view due dates via the statutory and mandatory training report these staff are now included in the total number of staff, but counted as compliant with the agreed future appraisal due date listed. This includes doctors that were granted an 'approved missed' appraisal for March to September 2020 in response to the pandemic.



### Revalidations

Financial Year	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Revalidate	118	18	20	72	106	20
Defer	22	10	8	9	14	1
Non-Engagement	0	0	0	0	1	0
<b>Totals</b>	<b>140</b>	<b>28</b>	<b>28</b>	<b>81</b>	<b>123</b>	<b>21</b>

The revalidation dates of all doctors due for revalidation between 17 March 2020 and 16 March 2021 were automatically moved by the GMC by 12 months in response to COVID-19.

The revalidation dates of all doctors due for revalidation between 17 March 2021 and 31 July 2021 were automatically moved by the GMC by 4 months. In total this affected 120 doctors at SaTH.

From June 2020 the GMC began placing these doctors under notice to allow flexibility to submit recommendations where the requirements of revalidation have been met. As such a number of revalidation recommendations have been completed throughout this financial year. Collecting patient feedback, which is a revalidation requirement for all patient-facing doctors, has proved challenging for many doctors in the current working environment.