


Board of Directors' Meeting
10 March 2022

Agenda item	048/22			
Report	Appraisal and Revalidation Report from Responsible Officer			
Executive Lead	Dr John Jones, Acting Medical Director and Responsible Officer			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	
	Our service delivery		Caring	
	Our partners		Responsive	
	Our governance	√	Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance		BAF3, BAF8	
	For decision / approval		Link to risk register:	
	For review / discussion			
	For noting	√		
	For information			
	For consent			
Presented to:	-			
Dependent upon (if applicable):	-			
Executive summary:	<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 end of Quarter 3 (Trust Compliance):</p> <ul style="list-style-type: none"> • Consultants: 91.3% • SAS doctors: 83.1% • SAS and Locally Employed Doctors: 74.7% • Overall Trust Total: 86.5% <p>Revalidations April 2021 to December 2021</p> <ul style="list-style-type: none"> • 68 doctors have been revalidated • 34 doctors had their revalidation deferred • 1 non-engagement recommendation was submitted 			
Appendices	1. Revalidation Recommendations			
				

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.

- 1.1 NHSE released further guidance on 30 April 2021. This mandated return to full participation in the appraisal process with flexibility for doctors who need to be excused and continued use of the Appraisal 2020 model for supportive appraisal. The 2020/21 Annual Organisation Audit was stood down and the annual Board report and Statement of Compliance were updated to support reporting on appraisal data and the impact of the Appraisal 2020 model. Framework for Quality assurance quarterly reports ceased from April 2021 onwards. These points were noted and SaTH is fully compliant with this guidance. The annual Board report and Statement of Compliance for SaTH and Severn Hospice¹ were submitted to NHS England and NHS Improvement on 6 August 2021.

2.0 Performance

- 2.1 At SaTH, we kept the focus of appraisal to be supportive and developmental, 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 continue to keep appraisals face to face where possible, with social distancing to facilitate this.
- 2.2 Feedback from completed appraisals for April to December 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). With this in mind, we have implemented a new revalidation management portfolio system this year (Premier IT: PReP). 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. Live online training opportunities for appraisees and appraisers have been provided and continue to be provided twice per

¹ The RO for SaTH is responsible for both SaTH and Severn Hospice doctors. Severn Hospice doctors are employed through a service level agreement (SLA) with their main contract held at SaTH. Separate Statements of Compliance are required for submission for SaTH and Severn Hospice.

week, alongside user guides, video guides, and support from the appraisal and revalidation team.

2.4 For April to December 2021, many colleagues rated their experience of appraisal as either very good or good with an overall average score of 4.57 out of 5 (where the scale is poor (1) to very good (5)). The format for providing feedback on the appraisal process in the new PReP appraisal system appears to have encouraged a much greater quantity of and level of detail within the qualitative feedback. The sample of feedback submitted in quarter 3 below reflects the level of satisfaction: -

- *Appraisal by [name redacted] is methodical, insightful and stimulating to the soul. He takes time to review every detail and engage in discussion and encourages to think new /better ways of getting more from our jobs. I have always found being appraised by [name redacted] to be an enjoyable and hugely meaningful and intellectually stimulating and on the whole a great experience. He is an asset to the SaTH and a great professional to work with. The discussion has given me inspiration and motivation to continue the process of engagement in governance matters. The discussion was thorough and touched on all aspects of the job and work life balance and the COVID times and the aftermath.*
- *Excellent. [Name redacted] was thorough, very supportive and helped me appreciate areas of my practice which may need to change in the long term. Very positive and helpful. Clear, focussed discussion with a useful list of PDP goals.*
- *Very detailed and insightful appraisal. She worked very hard to understand my current situation and guided me well on what I could do better. Very useful feedback will go a long way in guiding my approach to patient care and working under the guidance of GMCs rules and policies.*
- *Very well prepared for appraisal, obviously very experienced appraiser willing to help with the process as well as issues arising from information provided by me. I received a lot of advice regarding my personal development plan. I have received very detailed feedback regarding my performance as well as lot of advice in professional and supportive fashion.*
- *Very well prepared. Clearly read all documents and information within appraisal system. Interested in my work/life balance and job satisfaction. Very thorough appraisal.*
- *[Name redacted] is a talented appraiser, and has helped me grow as an individual seeing what was important for me to achieve and also supported me to make next important steps of my career.*
- *Very supportive throughout appraisal process. Appraisal exposed areas I need to improve over the next year. As always it was a very good retrospective look at my everyday practice and reflection on it.*

2.5 Engagement remains high across the SAS and consultant body, although we are receiving several requests for short-term postponement of appraisal, largely due to exceptional personal circumstances or work pressures.

2.6 We continue to refresh, recruit, and retain our team of highly skilled appraisers. The appraiser and revalidation forum is held quarterly 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. 95% of current appraisers have received refresher training with a plan prepared to capture the final 5%. 20 new appraisers have been trained in the last 12 months using the recognised NHSE/I tool. They are delivering appraisal with an experienced mentor until the appropriate experience has been gained. The next

training session for new appraisers is scheduled for March 2022. Training for doctors who are new to the revalidation process, including clinical fellows, locally employed doctors and doctors who are new to the UK, has been established. This is complemented by an introduction to revalidation at each trust induction for clinical fellows. Guidelines and templates are available for all doctors working for the trust covering preparation for appraisal and revalidation. These guidelines and templates are accessed through secure share point request.

- 2.7 A quality audit was presented during the April 2019 to March 2020 appraisal year. Data collection is now underway for a repeat audit during the April 2021 to March 2022 appraisal year. 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 had their revalidation moved back by 4 months by the GMC. This has resulted in a particularly high number of doctors due for revalidation in 2021/22 and the trust continues to progress through these recommendations. A Revalidation Team meeting chaired by the Responsible Officer is held every two weeks to assess evidence from appraisal and other appropriate sources, to provide the Responsible Officer with robust evidence to inform his recommendation to the GMC. In doing so the Responsible Officer is aiming to submit earlier revalidation recommendations where doctors have submitted their evidence of professional practice in good time.
- 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. Support is provided for all doctors who are engaged with the process but who are struggling to collect appropriate evidence because of the pandemic. This might include a recommendation of deferral to the GMC to allow additional time to collect more information.
- 2.10 We are moving the 360 degree colleague and patient feedback gathering exercise (360 Clinical) to the third year of the revalidation cycle. This will ensure data collection, reflection, and review are undertaken well before revalidation is due, with an aim to reduce the number of doctors whose revalidation is deferred due to insufficient evidence or because of concerns that arise from the feedback. We are hoping this will reduce the stress that some doctors experience in relation to revalidation and allow us to provide positive recommendations earlier. A notification regarding the change has been sent doctors with a prescribed connection to SaTH and to all SaTH appraisers. To date, all doctors due for revalidation up to December 2023 have also been individually contacted with a reminder to start their 360 multisource feedback assessment and further details on the process.
- 2.11 Doctors are encouraged to arrange their appraisal meetings as early as possible in their appraisal-due period to ensure they are ready in good time for any revalidation recommendation and to ensure their appraisal meeting history remains on track.
- 2.12 Communication with the GMC regarding concerns continues. We continue to develop 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.

- 2.13 Medical staff case management meetings continue across the Divisions to ensure oversight, scrutiny, and consistency in the management of doctors and dentists through formal policy matters and informal management actions. Individual specific decision-making groups are utilised to discuss and agree commencement of action under the Trust Handling Concerns about Doctors and Dentists policy. Review meetings continue with the Trust Advisor from NHS Resolution Practitioner Performance Advice Service and the GMC Employer Liaison Advisor, in addition to the oversight and guidance provided by the Trust designated responsible Non-Executive Director. As at 18th February 2022 the Trust has one exclusion and two restrictions on practice arising from action under the Trusts Handling Concerns about Doctors and Dentists policy; in January 2022 the exclusion of one doctor has been replaced with restrictions and two doctors with restrictions have returned (or are being supported with action plans) to return to normal practice.
- 2.14 The medical appraisal and revalidation policy remains up to date. 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.
- 2.15 Our goals for the year ahead include developing a senior appraiser group to facilitate one-to-one feedback meetings for all our appraisers whilst continuing to maintain our current standards. We are repeating the quality audit after recent training using our new revalidation portfolio software. We will feed back the findings to individual appraisers to support their development.
- 2.16 Appraisal rates end of Quarter 3 (Trust Compliance):
- Consultants: 91.3%
 - SAS doctors: 83.1%
 - SAS and Locally Employed Doctors: 74.7%
 - Overall Trust Total: 86.5%

Revalidations April 2021 to December 2021

- 68 doctors have been revalidated
- 34 doctors had their revalidation deferred
- 1 non-engagement recommendation was submitted

3.0 Conclusion

- 3.1 Despite the pandemic, we continue to make our medical appraisal and revalidation processes more robust. We have implemented a new revalidation management system, improved peer networking, and retrained and recruited appraisers effectively. The medical appraisal and revalidation policy has been ratified setting our objectives and standards for the next three years. A Revalidation Team meeting is held regularly to facilitate early and reliable revalidation recommendations. Quality audit and establishment of appraiser peer review remain priorities for the forthcoming year.

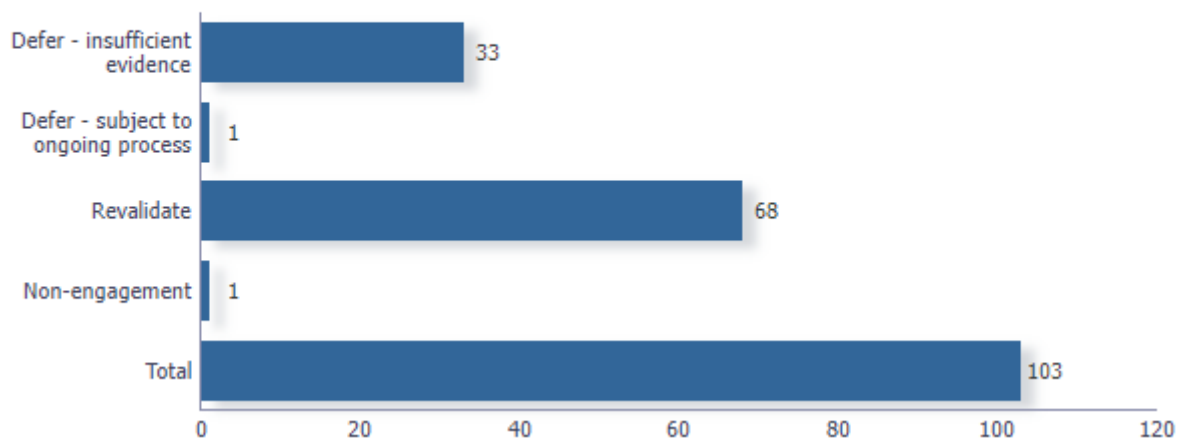
The Board is asked to **NOTE** the contents of this report.

Appendix 1: Revalidation Recommendations 01/04/2021 – 31/12/2021

SaTH Data:

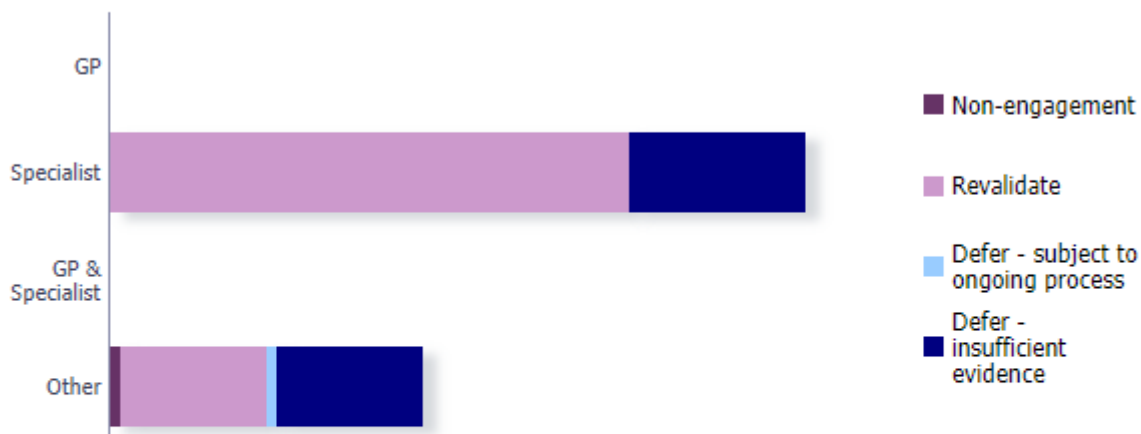
By type

Showing data for your selected organisation



By doctor type

Showing data for your selected organisation



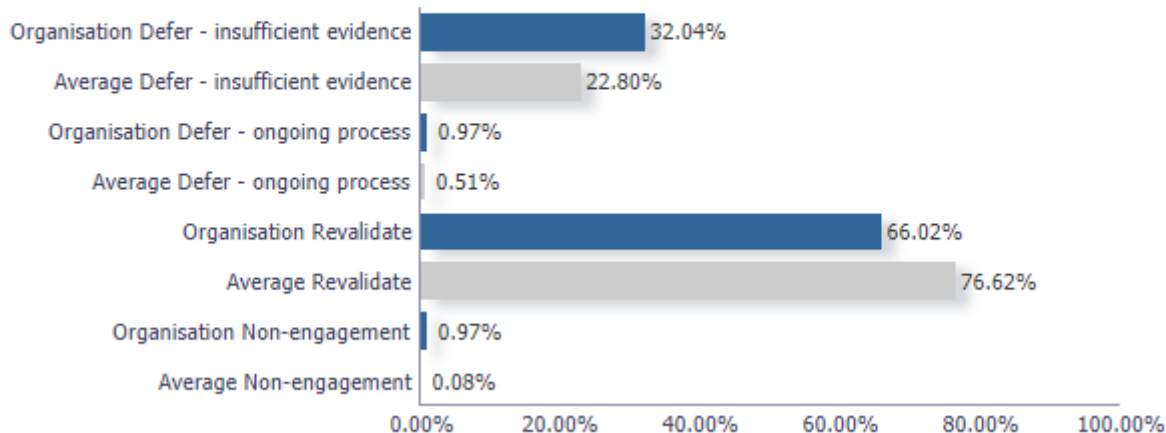
	GP	Specialist	GP & Specialist	Other	Total
Defer - insufficient evidence	0	18	0	15	33
Defer - subject to ongoing process	0	0	0	1	1
Revalidate	0	53	0	15	68
Non-engagement	0	0	0	1	1
Total	0	71	0	32	103

Average data for Acute NHS Trust Designated Bodies:

Total recommendations

Showing data for NHS Acute Trust Designated Bodies

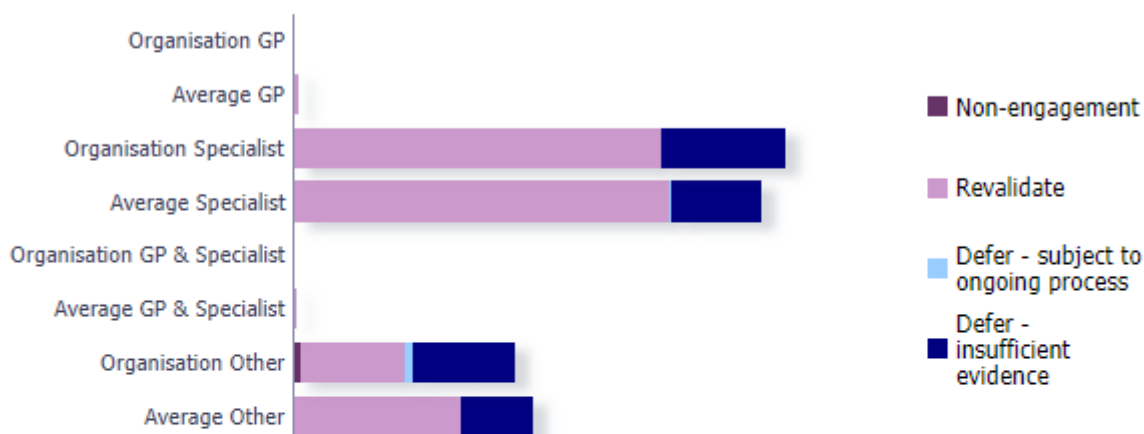
Showing as a percentage of recommendations in the selected time period



By doctor type

Showing the average for NHS Acute Trust Designated Bodies

Showing as a percentage of recommendations in the selected time period



		GP	Specialist	GP & Specialist	Other	Total
Defer - insufficient evidence	Organisation	0.00%	17.48%	0.00%	14.56%	32.04%
	Average	0.19%	12.65%	0.07%	9.89%	22.80%
Defer - subject to ongoing process	Organisation	0.00%	0.00%	0.00%	0.97%	0.97%
	Average	0.00%	0.31%	0.00%	0.20%	0.51%
Revalidate	Organisation	0.00%	51.46%	0.00%	14.56%	66.02%
	Average	0.49%	52.54%	0.31%	23.28%	76.62%
Non-engagement	Organisation	0.00%	0.00%	0.00%	0.97%	0.97%
	Average	0.00%	0.05%	0.00%	0.04%	0.08%

(Source: GMC Connect Revalidation Dashboard)

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 several 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.