

Revalidation and Appraisal of Doctors

1.0 Background/Introduction

- 1.1 Revalidation and Appraisal are the processes which enable doctors to demonstrate to the Trust and the GMC that they are up to date, fit to practise and they are compliant with the relevant professional standards.
- 1.2 This is the 7th annual Report to the Trust Board on the development and operation of systems to support Appraisal and Revalidation of medical staff. The Board is provided with a regular dashboard report. This report is a further progress report for the Board on the Appraisal and Revalidation processes in the Trust.

2.0 Report Content

Software

- 2.1 The software in support of the appraisal and revalidation processes, SARD, was implemented in June 2012. Since that time, all appraisals have been completed online, and the general feedback is that the software is efficient and serves its purpose. A report of 18th July 2019 shows that 96.4% of our doctors were at that time engaged in populating and using the online Appraisal system. The shortfall covers a few doctors who were on long term sick leave, on maternity leave or were newly appointed.
- 2.2 The SARD records for each doctor include data on complaints, serious incidents, legal claims, grievances, capability, disciplinary matters, health issues, probity, appraisals and continuing professional development (CPD). The system is managed and monitored by the Medical Appraisals and Revalidation Manager to ensure that the information used by the Trust in the process of Revalidation is evidence based, triangulated and can be reproduced if there is a requirement to do so.
- 2.3 The ACP 360⁰ by the Royal College of Psychiatrists is also reported to be going well. Doctors are receiving reports and feedback sent to them and their line managers and appraisers. The Royal College of Psychiatrists states that the principal purpose is to help individuals identify their strengths and those areas that they might wish to think about in terms of their personal and professional development. This 360⁰ assessment forms a key part of the wider appraisal process. We are working with ACP360 to develop an anonymized Trust wide graphic of the feedback. This is work in progress.
- 2.4 There are also provisions for ACP 270⁰ involving self-assessment ratings and ratings by colleagues for those who do not see patients or see insufficient numbers; each such case is reviewed and agreed by the RO. Each doctor is required to have an ACP 360⁰ or ACP 270⁰ at least once in a 5 year Revalidation cycle.

- 2.5 In addition, Licences have been purchased from Equiniti 360 for 360⁰ Appraisals for those doctors who are not psychiatrists employed by the Trust. These are in the main the doctors working in Paediatrics in the Community Services.

Revalidations made

- 2.6 From 1st April 2018 to 31st March 2019, 53 doctors with a prescribed connection to the Trust had recommendations for Revalidation made to the General Medical Council by the Trust (see figures at end of this report).

Appraisal engagement

- 2.7 Appraisal engagement, that is the number of doctors using SARD for their appraisals, was at 96.4% as of January 2019. 254 of 279 doctors who had had an appraisal were compliant, that is they had had an appraisal within 12 months of their last appraisal. 25 doctors were non-compliant and of these 15 had an appraisal more than 12 months but less than 15 months after their last appraisal. The remaining 10 doctors were either newly appointed or were on long term sick leave, maternity leave or sabbatical leave. The Trusts completed appraisal rate 76.2% is 14% below the same sector appraisal rate and 15% below all sectors appraisal rate. This is due to the focus on a fresh round of revalidations i.e. year 1 of the next 5 year cycle.

- 2.8 The Medical Appraisal Lead and the Medical Revalidation Manager review the appraisal records on a weekly basis to ensure that the high level of compliance is maintained.

Deferrals

- 2.9 Recommendations to defer are made based on the Trust having insufficient evidence to revalidate. Doctors that are deferred fall into two categories, those that have been absent from work for a period of time i.e. long term sick, maternity leave or sabbatical, or those that are new to Trust whose revalidation is within the first year.

NHS England returns

- 2.10 The Framework for Quality Assurance for Responsible Officers and Revalidation (replacing the Organisational Readiness Self-Assessment) is a questionnaire that aims to:

- Ensure designated bodies understand what is needed for revalidation and identify and prioritise areas for development;
- Inform the England Revalidation Delivery Board and the GMC regarding progress towards implementation in England;
- Feeds into the Annual Organisational Audit (AOA) conducted by NHS England (London) using the Revalidation Management System (RMS).

- 2.11 The Trust completed and submitted the latest self-assessment to NHS England - London in June 2019. No subsequent action plan was required as all the requirements were met. In addition to this, quarterly reports were submitted to NHS England - London.

Job Planning

- 2.12 Associated activities in the Trust concern job planning. These processes allow the managers of services to review on an annual basis the contribution of each

doctor to the service provision with a focus on change as the needs of the services develop. As the appraisal process has become more focussed on fitness to practise with a requirement for multiple appraisers in the 5 year revalidation cycle, it has become necessary to revise the job planning processes to make sure that they meet the needs of the Trust. A revised Job Planning Policy has been approved. We piloted the electronic job planning tool available on SARD. It was agreed to go ahead with this from April 2018, at a cost in the region of £16k. per annum. The benefits of using the system and providing automated management reports make this a worthwhile investment. From 1st January 2019 the Chief Medical Officer mandated that all job plan must be completed using the SARD job planning tool. Currently 84% (242 of 288 doctors) have used the SARD job planning tool.

Other matters

- 2.13 The Chief Medical Officer (CMO) and the Responsible Officer (RO) have regular 1:1 discussions about the progress with appraisal and revalidation in the Trust and issues that have arisen. The CMO and RO have continued to meet regularly with the GMC Employment Liaison Adviser.
- 2.14 The Responsible Officer and the Trust Medical Appraisal Lead (MAL) continue to attend various conferences and training sessions for Responsible Officers and Medical Appraisal Leads, which include the GMC Responsible Officer Reference Group, the NHS England – London RO and MAL Network.
- 2.15 The Trust's Responsible Officer continues in his role as a Responsible Officer Appraiser for NHS England - London on behalf of The Regional Medical Director and level 2 Responsible Officer, NHS England – London.
- 2.16 East London NHS Foundation Trust continues to provide training to enable appraisers to carry out their roles. The Trust provided training for 10 new appraisers 2018/19 and has implemented local appraiser groups with the appraisal leads managing each group. The Trust Medical Appraisal Lead will meet with each group, and provide supervision to the local appraisal leads, to ensure Trust policy and direction are followed.
- 2.17 The RO had a Trust appraisal on 20th December 2018, next one is on 20th December 2019. He had his Responsible Officer appraisal with NHS England, London, on 6th December 2018, next one is on 13th January 2020.
- 2.18 The Revalidation of doctors in training has been through the Annual Review of Competence Progression (ARCP) by Health Education England since 1st April 2013 and continues to be so.