

## Board of Directors' Meeting Report– 7<sup>th</sup> September 2016

### Agenda item 82/16

<b>Title</b>	<b>Appraisal and Revalidation for Medical Staff at SUHFT</b>
<b>Sponsoring Director</b>	Mr Neil Rothnie, Medical Director
<b>Author(s)</b>	Mr Neil Rothnie, Medical Director Joanna Nicholls, Appraisal & Revalidation Manager
<b>Purpose</b>	The purpose of this report is to provide assurance to the Board that appraisal systems at SUHFT are robust, support revalidation and are operating effectively. The report forms part of the Medical Director's duties as Responsible Officer. This document also includes the AoA Comparator Report which looks in detail at our organisation's submission of the AoA with that of other designated bodies across England, both in a similar sector and nationwide (Appendix D)
<b>Previously considered at</b>	N/A
<b>Executive Summary</b>	
<p>Medical revalidation places statutory duties on organisations and individuals and is designed to provide assurance that doctors working in an organisation are fit to practice.</p> <p>This report gives an annual update on progress with Medical appraisal and Revalidation at SUHFT. It confirms that SUHFT is compliant with the Medical Professional Responsible Officers Regulations and seeks to provide assurance to the Board that the Trust has well structured, managed and governed systems for appraisal and revalidation. SUHFT currently has 309 prescribed connections.</p> <p>In 2015/16, 93% of doctors with a prescribed connection to SUHFT had a completed appraisal. A total of 104 positive revalidation recommendations were made to the GMC during the same period.</p>	
<b>Date Reviewed by Execs</b>	N/A
<b>Related Trust Objective</b>	Excellent Patient Outcomes Excellent Patient Experience Operational Sustainability
<b>Related Risk</b>	Risk 1 – Failure to provide adequate patient safety and quality of Risk 3 – Failure to meet operational performance targets
<b>Essex Success Regime</b>	N/A
<b>Legal implications / regulatory requirements</b>	The Medical Professional Responsible Officers Regulations 2010 and amendment 2013.
<b>Quality impact assessment</b>	The aim of revalidation is to assure patients and the public, employers and other healthcare professionals that licenced doctors are up-to-date and practicing to the appropriate professional standards.
<b>Equality impact assessment</b>	As far as can be ascertained this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010.
<b>Recommendations:</b>	The Board is asked to receive assurance from the report that the Trust is meeting its obligations in respect of medical appraisals and revalidation and agrees that the CEO can sign the statement of compliance from NHS England.

# Appraisal and Revalidation for Medical Staff at SUHFT- Board Report

## 1. BACKGROUND

This report updates the Board on progress with medical appraisal and revalidation at SUHFT following the Board report from August 2015.

This is the 3<sup>rd</sup> annual report to the Trust Board on the development and operation of systems to support the appraisal and revalidation of medical staff. The format of the report follows the Annual Board Report template provided by NHS England. The report is intended to provide assurance that appraisal systems are robust, support revalidation and are operating effectively. The report forms part of the Medical Director's duties as Responsible Officer (RO).

Provider organisations have a statutory duty to support their Responsible Officers (RO) in discharging their duties under the Responsible Officer Regulations and provider Trust boards are expected to oversee compliance by:

- monitoring the frequency and quality of medical appraisals in their organisations;
- checking there are effective systems in place for monitoring the conduct and performance of their doctors;
- confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors; and
- Ensuring that appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

A statement of compliance with Medical Profession (Responsible Officers) regulations (**Appendix A**) needs to be signed off by the chairman or CEO and submitted to the Regional Medical Director, NHS England, Midlands & East by 30<sup>th</sup> September 2016.

## 2. ANNUAL ORGANISATIONAL AUDIT 2015/16(AOA)

The RO submitted the AOA report to NHS England in May 2016 (**Appendix B**). This provides the figures for the 2015/2016 appraisal year and confirms that we met our appraisal and revalidation trajectory.

## 3. GOVERNANCE ARRANGEMENTS

The RO is responsible for the delivery of the arrangements needed to support revalidation. Arrangements, including monitoring completion of appraisals and quality assurance of doctors with a prescribed connection to the Trust, are overseen by the Medical Revalidation Recommendation Panel (RRP).

The Trust uses Allocate Software e-appraisal module, a software program to record and monitor appraisals. This software allows the Responsible Officer to check the quality of individual appraisals and to get overview reports of progress.

NHS England produced the Framework of Quality Assurance with a checklist of core standards. SUHFT have designed a local checklist in line with this document. This gives us a framework against which to check that we are compliant with regulations. This report is designed to address those standards.

As part of the governance arrangements, this report is submitted to the Trust Board annually. A statement of compliance will be signed by the Trust Board Chair and submitted to NHS England.

### 3.1 Policy and Guidance

The main emphasis on a National and Regional level is the drive to ensure that DBs have appropriate Quality Assurance processes in place. We are attempting to address this with:

- Audit of appraisal documentation
- Peer to peer appraiser feedback
- Appraisee feedback
- Bi Monthly Appraiser meetings
- Appraiser data feedback reports annually.
- An external review as part of our Quality Assurance with Mid Essex and Basildon.

## 4. MEDICAL APPRAISAL

### 4.1 Appraisal and Revalidation Performance Data

Directorate	No of doctors with a prescribed connection to SUHFT (as at 31 <sup>st</sup> March 2016)	No of completed appraisals for 2015/2016 period	Completion rate for 2015/2016	Completion rate for 2014/2015
Diagnostic & Therapeutic	48	43	90%	98%
Corporate services/OH	1	1	100%	100%
Medicine	90	80	89%	80%
MSK	29	28	97%	90%
Surgery	62	60	97%	88%
Anaesthetics	44	38	88%	91%
Women's & Children's	36	35	97%	95%
<b>TOTAL</b>	<b>309</b>	<b>285</b>	<b>93%</b>	<b>89%</b>

The table above provides an overview of the appraisal completion rate for the period 1st April 2015 – 31st March 2016 for each directorate with the inclusion of last year's figures for comparison. As of 31<sup>st</sup> March 2016 we had **24** incomplete appraisals.

Details of these 24 exceptions are given in **Appendix C: Audit of all missed or incomplete appraisals for 2015/2016 appraisal period**. Non-engagers in the appraisal process have been taken through an escalation process which includes discussion with the GMC Employer Liaison Adviser.

## 5. APPRAISERS

The Trust has 43 approved medical appraisers as of 31<sup>st</sup> March 2016 who were trained to perform enhanced appraisals. 311 doctors had a prescribed connection to the Trust which gave an appraiser to appraisee ratio of at least 1:8. NHS England policy recommends ratios of between 1:5 and 1:20 as being adequate. As part of a recommendation made by NHS England in our Independent verification visit we were advised to move to a central allocation process. The process has allowed us to appoint appraisees to an appraiser and schedule their appraisals in accordance with our Trust Medical appraisal policy.

For the 2015/16 appraisal year, the Trust had identified that we would be losing some appraisers for the 2016/2017 appraisal period and due to the new allocation process need to address the deficiencies. We therefore approached our directorates for nominations of Medical staff that would be interested in the role and organised an additional appraiser training session with our approved appraiser trainers MIAD. We have also invited our existing appraisers to update their skills at various update training sessions at our neighbouring trusts and with MIAD. These training workshops are designed and delivered in line with the NHS England training format.

As part of the Essex Success Regime SUHFT, Basildon and Mid Essex have joined to develop collaborative Medical Appraiser Workshop that will take place on 13<sup>th</sup> September 2016. This has been formed to support networking, standardisation of medical appraisals across the three sites and will include informative sessions held by each trust and the GMC.

To support our medical appraisers we hold Medical Appraiser forums on a bi-monthly basis. These forums are led by the Responsible Officer and our Appraiser lead and are designed to deliver updates to the appraiser network within the Trust and provide a platform for appraisers to support each other in their roles. These regular meetings seek to maintain standards and ensure a consistent approach to appraisals.

As part of the consistent approach to appraisals we encourage our appraisers to attend out bi-weekly Revalidation Recommendation Panel meetings to form part of the quality assurance process and to see the detailed review that our appraisals undergo and the areas in which are not being addressed.

## 6. QUALITY ASSURANCE

In accordance with the Framework of Quality Assurance (FQA) and the Independent Verification process Midlands and East Revalidation Review Team visited in November 2015. The purpose of this visit was to discuss our systems and processes for revalidation based on the core standards.

At present we have robust quality assurance processes at SUHFT in place and these were stringently audited as part of our independent verification visit commissioned by NHS England on 3<sup>rd</sup> November 2015.

In the report provided from our independent verification visit by NHS England we were advised to introduce a further step in our on our quality assurance process as we previously only quality assured appraisals at revalidation stage using our locally developed appraisal checklist at our Revalidation Recommendation panels.

In the visit we outlined our intentions for quality assurance activities which included a review of approximately 30% of appraisals undertaken across directorates, particularly looking at appraisals that's had previously been provided feedback due to insufficient information, below average appraiser feedback and appraisees that are new to the NHS.

In addition to the QA checklist, this year the RO has introduced inclusion of our Appraiser in the Recommendation panel meetings. This is to give our Appraisers an overview of the standard that the RO requires an appraisal to meet to allow them to ensure that they are appraising at the right standard. We are particularly looking at the appraisal outputs: PDP, summary and sign offs are complete to an appropriate standard.

This process has been introduced to support and try to address the number of appraisals that are below standard and need re-opening to be address. For 2015/16 around 30% of all completed appraisals were sent back by the Responsible Officer to the doctor for amendment. As part of our feedback process these cases are then discussed at an appraiser's meeting to disseminate the learning.

We have commissioned a Quality assurance audit of appraisal inputs and outputs as part of the collaborative working with Mid Essex and Basildon. This audit is scheduled for next year 2017 and all Trusts mentioned will be using the ASPAT audit tool as recommended by NHS England. The findings of this Audit will be presented in our Board report for 2016/17.

## 7. REVALIDATION RECOMMENDATIONS

The numbers of recommendations made to the GMC for doctors with a prescribed connection to SUHFT from 1st April 2014 – 31st March 2015 are given in the table below:

<b>Revalidation recommendations between 1 April 2014 to 31 March 2015</b>	
Positive recommendations:	<b>104</b>
Deferrals requests:	<b>31</b>
Non engagement notifications:	<b>1</b>
Total number of recommendations:	<b>136</b>
Recommendations completed on time (within the GMC recommendation window):	<b>136</b>
Late recommendations (completed, but after the GMC recommendation window closed):	<b>0</b>
Missed recommendations (not completed):	<b>0</b>
<b>TOTAL</b>	<b>136</b>

## 8. RESPONDING TO CONCERNS ABOUT A DOCTOR'S PRACTICE

Where clinical concerns are identified these are investigated and managed under the relevant Trust Policies and any necessary action is taken to protect the safety of patients.

<b>Concerns about a doctor's practice</b>	<b>High level<sup>1</sup></b>	<b>Medium level<sup>2</sup></b>	<b>Low level<sup>2</sup></b>	<b>Total</b>
Number of doctors with concerns about their practice between 1 April 2015 and 31 March 2016.				5
Capability concerns (as the primary category) between 1 April 2015 and 31 March 2016.		1		1
Conduct concerns (as the primary category) between 1 April 2015 and 31 March 2016.		3	1	4
Health concerns (as the primary category) between 1 April 2015 and 31 March 2016.				0
<b>Remediation/Reskilling/Retraining/Rehabilitation</b>				
Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2016 who have undergone formal remediation between 1 April 2015 and 31 March 2016.				1

<sup>1</sup> [http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/rst\\_gauging\\_concern\\_level\\_2013.pdf](http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/rst_gauging_concern_level_2013.pdf)

<sup>2</sup> Information provided by HRBP at SUHFT

<b>Other Actions/Interventions</b>	
Local Actions:	
Number of doctors who were suspended/excluded from practice between 1 April 2015 and 31 March 2016:	2
Duration of suspension: <i>Explanatory note: All suspensions which have been commenced or completed between 1 April 2015 and 31 March 2016 should be included</i> Less than 1 week 1 week to 1 month 1 – 3 months 3 - 6 months 6 - 12 months	2
Number of doctors who have had local restrictions placed on their 1 April 2015 and 31 March 2016:	0
<b>GMC Actions: (these include trainees and locums who no longer work at the Trust)</b> <b>Number of doctors who:</b>	
Were referred by the designated body to the GMC between 1 April 2015 and 31 March 2016:	1
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 April 2015 and 31 March 2016:	4
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 April 2015 and 31 March 2016:	4
Had their registration/licence suspended by the GMC between 1 April 2015 and 31 March 2016:	0
Were erased from the GMC register between 1 April 2015 and 31 March 2016:	0
<b>National Clinical Assessment Service actions:</b>	
Number of doctors about whom the National Clinical Advisory Service (NCAS) has been contacted between 1 April 2015 and 31 March 2016 for advice or for assessment	5

## 9. RECRUITMENT AND ENGAGEMENT BACKGROUND CHECKS

The Trust's process for the recruitment and background checking of medical staff are conducted in accordance with NHS Employer's employment check standards. Our local Appraisal and Revalidation processes ensure that all new starters including Bank Locums at the Trust that are we are a designated body for complete a new starters form declaring their previous appraisal history and the contact details of their previous RO. We use this information in order to contact the Doctors previous RO to ensure that there were no outstanding issues or concerns regarding their appraisal and revalidation.

## 10. SUMMARY

The board is asked to note this report and to take assurance that the Trust has well-structured, managed and governed systems for appraisal and revalidation.

It should be noted that this report will be shared, along with the Annual Organisational Audit, with the higher level responsible officer for NHS England.

The Chief Executive or Chairman of the Board is asked to approve the 'statement of compliance' (Appendix A) confirming that the organisation, as a designated body, is in compliance with the regulations.

In our recent Independent verification report NHS England provided details on the practices that they felt were exemplar at SUHFT in regards to our Appraisal and Revalidation processes. Particular areas of best practice that were noted were:

- The implementation of additional mandatory appraisal documentation to the Allocate system good practice
- Providing robust assurance to the appraiser and responsible officer with current processes in place
- The arrangements with private practice for the provision of fitness to practice statements are considered exemplar practice.

Included within this board report is Appendix D, The AoA Comparator Report. This report compares our organisation's 2015/16 submission of the AoA with that of other designated bodies across England, both in a similar sector and nationwide. As part of this we have reviewed our comparator figures report where we have excelled and areas where there is room for improvement, this is to provide assurance to NHS England and the GMC that our systems for evaluating doctors' fitness to practice are in place, functioning, effective and consistent.

Joanna Nicholls, Appraisal & Revalidation Manager  
Mr Neil Rothnie, Medical Director



## Appendix A

# Designated Body Statement of Compliance

The board of Southend University Hospital NHS Foundation Trust has carried out and submitted an annual organisational audit (AoA) of its compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

Comments:

2. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained;

Comments:

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

Comments:

4. Medical appraisers participate in on-going performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent);

Comments:

5. All licensed medical practitioners<sup>2</sup> either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;

Comments:

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners<sup>1</sup>, which includes [but is not limited to] monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues, ensuring that information about these is provided for doctors to include at their appraisal;

Comments:

7. There is a process established for responding to concerns about any licensed medical practitioners<sup>1</sup> fitness to practise;

Comments:

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<sup>2</sup> Doctors with a prescribed connection to the designated body on the date of reporting.

8. There is a process for obtaining and sharing information of note about any licensed medical practitioners' fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work;

Comments:

9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners<sup>3</sup> have qualifications and experience appropriate to the work performed; and

Comments:

10. A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

Comments:

Signed on behalf of the designated body

Name: .....

Signed: .....

Chief Executive or Chairman

Date: .....

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<sup>3</sup> Doctors with a prescribed connection to the designated body on the date of reporting.

Appendix B

Annual Organisational Audit (AOA)  
End of year questionnaire 2015/2016



**Annual Organisational Audit  
(AOA)  
End of year questionnaire 2015-16**

## Appendix C

### Audit of all missed or incomplete appraisals for 2015/2016 appraisal period

Doctor factors (total)	Number
Maternity leave during the majority of the 'appraisal due window'	2
Sickness absence during the majority of the 'appraisal due window'	3
Prolonged leave during the majority of the 'appraisal due window'	1
Suspension during the majority of the 'appraisal due window'	1
New starter within 3 month of appraisal due date	0
New starter more than 3 months from appraisal due date	12
Postponed due to incomplete portfolio/insufficient supporting information	0
Appraisal outputs not signed off by doctor within 28 days	0
Lack of time of doctor	0
Lack of engagement of doctor *	5
Other doctor factors	
<i>*All Doctors that have not engaged in the process have been raised with our GMC ELA and appropriate steps are in place to address the 'missed appraisals'</i>	
<b>Appraiser factors</b>	0
Unplanned absence of appraiser	0
Appraisal outputs not signed off by appraiser within 28 days	0
Lack of time of appraiser	0
Other appraiser factors (describe)	0
(describe)	
<b>Organisational factors</b>	
Administration or management factors	0
Failure of electronic information systems	0
Insufficient numbers of trained appraisers	0
Other organisational factors (describe)	0

Appendix D

**Medical Revalidation Annual Organisational Audit (AOA)  
Comparator Report**

<b>Title</b>	Medical Revalidation Annual Organisational Audit (AOA) Comparator Report
<b>Sponsoring Director</b>	Mr Neil Rothnie
<b>Authors</b>	Mr Neil Rothnie - Medical Director Joanna Nicholls - Appraisal & Revalidation Manager
<b>Purpose</b>	The purpose of this report is to provide assurance that we as an organisation have in place robust systems for implementing the Responsible Officer Regulations. The AoA Comparator Report compares our organisation's submission of the AoA with that of other designated bodies across England, both in a similar sector and nationwide.
<b>Previously considered at</b>	N/A
<p><b>Executive Summary</b> The introduction of Medical Revalidation reinforces the interdependent responsibilities of healthcare organisations and individual professionals. Medical revalidation places new statutory duties on all of these organisations and individuals, and will over time provide additional assurance that doctors in the UK are fit to practice. This additional assurance for patients and the public derives from doctors practising in well structured, managed and governed systems.</p>	
<b>Related Trust Objective</b>	<ul style="list-style-type: none"> <li>Patient Focus – keep getting better</li> <li>Sustainability – keep the core strong</li> <li>Sustainability – grow selectively</li> <li>Research, Education &amp; Innovation – investing in the future</li> <li>Staff – feel proud to work here and keep making a difference</li> <li>Partnership – our hospital, our community</li> </ul>
<b>Related Risk</b>	
<b>Legal implications / regulatory requirements</b>	The Medical Professional Responsible Officers Regulations 2010.
<b>Quality assessment impact</b>	The aim of revalidation is to assure patients and the public, employers and other healthcare professionals that licenced doctors are up-to-date and practicing to the appropriate professional standards.
<b>Equality assessment impact</b>	As far as can be considered this paper has no detrimental impact for the 9 protected characteristics under the Equality Act 2010.
<p><b>Recommendations:</b> The Committee is asked to discuss the analysis and receive assurance therefrom</p>	

## Medical Revalidation Annual Organisational Audit (AOA) Comparator Report analysis 2015/16:

NHS England require all designated bodies to complete an Annual Organisation Audit report in order to gain an understanding of the progress that organisations have made during the corresponding appraisal year. SUHFT submitted our AOA in May 2016 reporting on the 2015/2016 appraisal year (*Appendix B*).

The AOA exercise is designed to help designated bodies assure themselves and their boards/management bodies that the systems underpinning the recommendations they make to the General Medical Council (GMC) on doctors' fitness to practise, the arrangements for medical appraisal and responding to concerns, are in place. It provides a mechanism for assuring to NHS England and the GMC that systems for evaluating doctors' fitness to practice are in place, functioning, effective and consistent. The Medical Revalidation Annual Organisational Audit (AOA) Comparator Report (*Appendix 2*) compares our organisation's AOA submission with that of other designated bodies across England, both in a similar sector and nationwide.

In general the Trust's performance is in line with or better than comparator acute Trusts. There are, however, some areas where SUHFT has fallen below our sector Designated Bodies (DB). An analysis of these is given below.

### 2015/16 AOA indicator

#### SECTION 2: Appraisal – Completed Appraisals

2015/16 AOA indicator SECTION 2 (cont): Appraisal		Your organisation's response	Same sector: DBs in sector: 101	All sectors: Total DBs: 769
Completed appraisals (1a & 1b)				
2.1	Number of doctors with whom the designated body has a prescribed connection on 31 March 2016 who had a completed annual appraisal between 1 April 2015 – 31 March 2016	Your organisation's response and (%) calculated appraisal rate	Same sector appraisal rate	ALL sectors appraisal rate
2.1.1	Consultants	162 (82.2%)	89.0%	89.7%
2.1.2	Staff grade, associate specialist, specialty doctor	50 (86.2%)	82.1%	83.8%
2.1.3	Doctors on Performers Lists	N/A	83.3%	93.0%
2.1.4	Doctors with practising privileges	N/A	50.0%	85.4%
2.1.5	Temporary or short-term contract holders	35 (70.0%)	67.3%	75.7%
2.1.6	Other doctors with a prescribed connection to this designated body	N/A	39.9%	81.1%
2.1.7	<b>Total number of doctors who had a completed annual appraisal</b>	247 (81.0%)	83.9%	88.1%

*Table 1 - Medical Revalidation Annual Organisational Audit (AOA) Comparator Report – page 7*

**2.1.1 – Consultants** – In 2014/15 our comparator figure was 93.7% however this has dropped to 82.2% for 2015/16 which is lower than other designated bodies within our sector and nationwide.

**2.1.2 - Staff grade, associate specialist, specialty doctor** - In 2014/15 this grade was significantly lower than other designated bodies within our sector and nationwide, however for 2015/16 we have seen a vast improvement and have successfully raised the figure

from 76.1% for 2014/15 to 86.2%. This figure is now above our sectors figure and nationwide.

**2.1.3 - Doctors on Performers Lists** *(for NHS England and the Armed Forces only; doctors on a medical or ophthalmic performers list. This includes all general practitioners (GPs) including principals, salaried and locum GPs).*

Not Applicable to SUHFT.

**2.1.4 – Doctors with practising privileges** *(this section is usually for independent healthcare providers).*

Not Applicable to SUHFT.

**2.1.5 - Temporary or short-term contract holders** – *(temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc).*

For 2014/15 our figure 64.3% which was lower than DB's nationwide; however this figure for 2015/16 has increased to 70% which has pushed us up into the average for DB's within our sector.

**2.1.6 - Other doctors with a prescribed connection to this designated body** *(this category may include responsible officers, locum doctors, and members of the faculties/professional bodies. It may also include some non-clinical management/leadership roles, research, civil service, doctors in wholly independent practice, and other employed or contracted doctors not falling into the above categories, etc.).*

We do not have any connections of this nature at SUHFT.

## SECTION 2: Appraisal – ‘Approved incomplete or missed Appraisals’

It is mandatory for all doctors with a prescribed connection to the Trust to complete an appraisal annually, within the month it is due. Any change in the month of an appraisal should only be agreed with the prior and express permission of the Responsible Officer (RO) using the postponement request form (*Appendix 3*) and the appraisal should not be postponed any longer than 3 months from the due date. Failure to complete an appraisal within this time frame will result in a doctor’s appraisal being reported to NHS England as ‘missed’ for the period and will be escalated to the RO for action including raising the case with our GMC Employee Liaison Advisor. Agreement to postpone an appraisal date will only be given in exceptional circumstances and will not lead to a change to the agreed appraisal month for future years.

NHS England expects that an annual appraisal should take place between 9 and 15 months from the previous appraisal. The appraisal should be signed off by both appraiser and appraisee within 28 days of the appraisal discussion taking place. NHS England also expects that an appraisal meeting has taken place between 1<sup>st</sup> April and 31<sup>st</sup> March; the appraisal period.

For reporting purposes for an appraisal to be considered an ‘approved incomplete/missed’ appraisal the RO must give approval for the postponement of an appraisal date as it is unable to comply with the requirements for an approved appraisal.

2015/16 AOA indicator		Your organisation's response	Same sector: DBs in sector: 101	All sectors: Total DBs: 769
SECTION 2 (cont): Appraisal		<b>Approved incomplete or missed appraisal (2)</b>		
2.1	Number of doctors with whom the designated body has a prescribed connection on 31 March 2016 who had an Approved incomplete or missed appraisal between 1 April 2015 – 31 March 2016	Your organisation's response and (%) calculated appraisal rate	Same sector appraisal rate	ALL sectors appraisal rate
2.1.1	Consultants	22 (11.2%)	5.2%	5.5%
2.1.2	Staff grade, associate specialist, specialty doctor	3 (5.2%)	10.5%	9.2%
2.1.3	Doctors on Performers Lists	N/A	0.0%	5.4%
2.1.4	Doctors with practising privileges	N/A	0.0%	9.2%
2.1.5	Temporary or short-term contract holders	12 (24.0%)	18.2%	12.6%
2.1.6	Other doctors with a prescribed connection to this designated body	N/A	56.4%	13.7%
2.1.7	<b>Total number of doctors who had an approved incomplete or missed appraisal</b>	37 (12.1%)	8.7%	7.2%

**Table 2 - Medical Revalidation Annual Organisational Audit (AOA) Comparator Report – page 8**



## SECTION 2: Appraisal – ‘Unapproved incomplete or missed Appraisals’

For NHS England reporting, an unapproved incomplete or missed annual medical appraisal is one where a request for postponement has either **not** been made or the RO has not given approval for the postponement or cancellation of an appraisal.

The appraisal also would have not been completed within the 9 and 15 months’ timescale from the previous appraisal, was not signed off by both appraiser and appraisee within 28 days of the appraisal discussion taking place and fallen outside the appraisal period of 1<sup>st</sup> April and 31<sup>st</sup> March.

2015/16 AOA indicator		Your organisation's response	Same sector: DBs in sector: 101	All sectors: Total DBs: 769
SECTION 2 (cont): Appraisal		Unapproved incomplete or missed appraisal (3)		
2.1	Number of doctors with whom the designated body has a prescribed connection on 31 March 2016 who had an Unapproved incomplete or missed annual appraisal between 1 April 2015 – 31 March 2016	Your organisation's response and (%) calculated appraisal rate	Same sector appraisal rate	ALL sectors appraisal rate
2.1.1	Consultants	13 (6.6%)	5.7%	4.8%
2.1.2	Staff grade, associate specialist, specialty doctor	5 (8.6%)	7.4%	7.0%
2.1.3	Doctors on Performers Lists	N/A	16.7%	1.6%
2.1.4	Doctors with practising privileges	N/A	50.0%	5.3%
2.1.5	Temporary or short-term contract holders	3 (6.0%)	14.5%	11.7%
2.1.6	Other doctors with a prescribed connection to this designated body	N/A	3.7%	5.1%
2.1.7	Total number of doctors who had an unapproved incomplete or missed annual appraisal	21 (6.9%)	7.4%	4.8%

**Table 3 - Medical Revalidation Annual Organisational Audit (AOA) Comparator Report – page 9**

### Summary of AoA indicators that fell below our sector DBs and all sectors nationwide:

Within the comparator report we have 2 particular grades within our connections where our percentages for completion fell below our sector DBs and all sectors nationwide.

In order to understand and put in place provisions to improve these figures going forward we have analysed our exceptions report and postponement requests to explore the reasons for the lower percentages.

Below is breakdown of reasons provided for the figures in *Table 2 - Medical Revalidation Annual Organisational Audit (AOA) Comparator Report – page 8* and *Table 3 - Medical Revalidation Annual Organisational Audit (AOA) Comparator Report – page 9*

### Approved incomplete and unapproved appraisals for Consultants

**35** out of 168 (17.8%) consultants that had not completed an appraisal:

**22** doctors fell into *approved incomplete or missed appraisals section* *Table 4 - Medical Revalidation Annual Organisational Audit (AOA) Comparator Report – page 8.*

The following reasons were documented in the form of approved postponement requests:

- 2 documented as being on long term sick.
- 5 new starters in which had to postpone their appraisal date to allow sufficient time for doctor to collect the necessary supporting information for an enhanced medical appraisal.
- 1 delayed appraisal due to family bereavement.
- 2 delayed appraisal due to person/domestic reasons declared to RO as per confidential postponement forms.
- 2 documented as being on maternity leave within the appraisal period.
- 10 delayed appraisals due to time management and workload issues within the department.

**13** doctors fell into *unapproved incomplete or missed appraisals section* Table 3 - Medical Revalidation Annual Organisational Audit (AOA) Comparator Report – page 9.

The following reasons were documented either as a declined request or did not submit a postponement form:

- 13 delayed appraisal due to poor time management in appraisal process, with failure to submit a postponement request to the RO for approval to postpone the appraisal date.

### **Approved incomplete and unapproved appraisals for temporary or short-term contract holders:**

**15** out of 50 (30%) doctors holding temporary or short-term contracts had not completed an appraisal:

**12** doctors fell into *Approved incomplete or missed appraisals section* Table 5 - Medical Revalidation Annual Organisational Audit (AOA) Comparator Report – page 8.

The following reasons were documented in the form of approved postponement requests:

- 2 documented as being on long term sick.
- 1 delayed their appraisal due to time management and workload issues within the department.

- 2 documented as being on maternity leave within the appraisal period.
- 7 doctors were new starters in their 1<sup>st</sup> UK NHS post. As per Trust policy, we defer the appraisal date to the anniversary of the start date of the doctors 1<sup>st</sup> UK NHS post. This allows sufficient time doctors to collect the necessary supporting information for an enhanced medical appraisal.

**3** doctors fell into *unapproved incomplete or missed appraisals section* Table 3 - Medical Revalidation Annual Organisational Audit (AOA) Comparator Report – page 9.

The following reasons were documented either as a declined request or did not submit a postponement form:

- 3 doctors did not allow adequate time to prepare for their appraisal despite several reminders from revalidation team. The request for postponement was not authorised by the RO.

Following the submission of our AoA in May 2016, a number of 2015/16 appraisals were completed bringing our overall appraisal rate for the year to **93%**. This was an overall improvement of 3% on our previous appraisal completion figure for 2014/15 which was **90%**.

As a result of this comparator report the RO and revalidation team have devised an action plan with various strategies to improve our appraisal completion rate and staff engagement. This action plan incorporates our actions from the Board Report, AOA Comparator and our NHS England independent verification visit (*Appendix 4*).