

Trust Board Meeting: Wednesday 13 November 2013

TB2013.121

Title	Medical Appraisal Rates 2012/13
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Status	For information
History	n/a

Board Lead(s)	Professor Ted Baker, Medical Director			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. On 25 October 2013 Sir Bruce Keogh, Medical Director of NHS England, wrote to all Trust Chief Executives and Medical Directors regarding medical appraisal rates for 2012/13 (see Appendix 1). Sir Bruce expressed concern that appraisal rates in secondary care were well below those in mental health and general practice, and required that Trust Boards be given assurance that statutory responsibilities in relation to medical revalidation were being fulfilled. He also requested that assurance be given that systems in place to support appraisal and revalidation were compliant with the Organisational Readiness Self-Assessment (ORSA) requirements, with any weaknesses addressed via an appropriate action plan.
2. Specific concerns were raised in his letter about the way in which doctors on temporary or short term contracts were being supported to undertake appraisals and achieve successful revalidation recommendations due to the often transient nature of their employment with a number of NHS bodies.
3. This paper provides assurance to the Trust Board in respect of Sir Bruce's concerns. Further information will follow in the form of the Responsible Officer's Annual Report which will be submitted for consideration at a future Trust Board meeting.

Recommendation

The Trust Board is asked to note the contents of the paper for assurance.

Medical Appraisal Rates 2012/13

1. Purpose

- 1.1. The purpose of this paper is to brief the Trust Board in response to concerns raised by Sir Bruce Keogh, Medical Director of NHS England, in a letter to Chief Executives and Medical Directors dated 25 October 2013. In his letter, Sir Bruce requires assurance be given to the Trust Board that medical appraisal and revalidation systems comply with the requirements of the Organisational Readiness Self-Assessment exercises conducted via NHS England's predecessors prior to the introduction of medical revalidation in December 2012. In particular, assurance around secondary care appraisal rates, and the management of short term and temporary contract holders, is requested.

2. Background

- 2.1. Medical revalidation was introduced in December 2012 to assure patients and the public that doctors involved in their care are up to date and fit to practice.
- 2.2. Organisations employing doctors were required to register as Designated Bodies (DBs) with each DB appointing a Responsible Officer (RO) and establishing Prescribed Connections (PCs) with doctors who fulfilled a certain set of criteria (mostly relating to having a substantive or honorary employment contract).
- 2.3. The RO is then responsible, in respect of each doctor with a PC, for:
 - 2.3.1. Acting on any fitness to practice concerns, ensuring appropriate investigation, remediation and if need be, reporting to the GMC
 - 2.3.2. Ensuring that the doctor has a quality-assured appraisal
 - 2.3.3. Making a recommendation at the appropriate time, on a five-yearly cyclical basis, to the GMC on whether the doctor should be revalidated, the revalidation deferred, or that the doctor has failed to engage with the processes.
- 2.4. The basis of the revalidation recommendation is the portfolio of annual appraisals which the doctor builds up over the 5 year revalidation cycle, together with other information available to the RO. (Note that a doctor's appraisal is conducted by the DB with whom the doctor has a PC and covers the full scope of work of that doctor regardless of location or employer).
- 2.5. In the run up to implementation, the Revalidation Support Team (RST) at the Department of Health designed and administered a self-assessment questionnaire, the Organisational Readiness Self-Assessment (ORSA). Organisations were required to complete the ORSA on a periodic basis and to have action plans to address defects in their processes. The Board has received copies of these previously for information. The Trust is fully compliant with ORSA requirements.
- 2.6. The Medical Director's Office (MDO) was recently audited by KPMG on the Trust's medical appraisal and revalidation systems. A rating of "significant assurance" was awarded. The MDO was informed that the Trust was the only one of 20 audited to date which had achieved this level, with all others being rated lower.

3. Medical Appraisal 2012/13

3.1. On 30 September 2012 the Trust had 824 confirmed PCs. These were broken down as follows;

3.1.1.	Consultants (substantive and honorary)	674
3.1.2.	Staff Grade / Associate Specialist (SAS doctor)	41
3.1.3.	Temporary or short term contract holders	3
3.1.4.	Other	106

3.2. The "Other" category is mainly made up of clinical academics holding honorary contracts at non consultant level.

3.3. At the end of the appraisal period for 2012/13 completed appraisal rates for the Trust were as follows;

3.3.1.	Appraisals due	824
3.3.2.	Appraisals booked	798 (97%)
3.3.3.	Appraisals received	767 (93%)

3.4. Nationally, the average appraisal rates for secondary care, mental health and primary care for 2012/13 were as follows;

3.4.1.	Secondary care (Consultant)	75.1%
3.4.2.	Secondary care (SAS doctor)	60.7%
3.4.3.	Mental Health (Consultant)	84.3%
3.4.4.	Mental Health (SAS doctor)	80.7%
3.4.5.	Primary Care (GPs)	90.3%

3.5. It can be seen that the Trust appraisal rates for 2012/13 significantly exceeded not only the national average for secondary care but also the standard set in primary care.

3.6. Following closure of the appraisal window on 14 April 2013 every doctor with a PC for whom a completed appraisal was not received was contacted by the MDO as part of a missed appraisal audit. By the end of this process every doctor with a PC was accounted for,

3.7. For the 2013/14 appraisal round the Trust currently has 894 confirmed PCs (correct at 29/10/13). The increased numbers mainly reflect significant growth in the numbers of honorary and substantive consultant appointments. The numbers are broken down as follows;

3.7.1.	Consultants (substantive and honorary)	727
3.7.2.	Staff Grade / Associate Specialist	65
3.7.3.	Temporary or short term contract holders	22
3.7.4.	Other	80

3.8. The MDO has assigned every doctor to a trained appraiser and informed him/her of the arrangements and process deadlines.

- 3.9. Appraisal rates are reported monthly in October, November and December and weekly thereafter. Results are sent to Divisional Directors and Appraisal Leads and are also submitted as part of the KPIs reviewed by the Trust Board.

4. Management of Temporary / Short Term Contract Holders (Locums)

- 4.1. In his letter, Sir Bruce raised particular concerns around appraisal arrangements for those on temporary or short term contracts as these doctors often change employer several times during an appraisal year.
- 4.2. Current Trust policy is that any doctor with a confirmed PC who is in employment during the appraisal window will receive a revalidation ready appraisal, regardless of their employment status, unless;
 - 4.2.1. Their last appraisal was conducted less than 9 months before the last day of the appraisal window
 - 4.2.2. Their contract of employment is for less than 6 months
 - 4.2.3. They are a locum booked through an agency
- 4.3. The Trust does not conduct appraisals for those doctors whose PC is with another DB but is happy to provide data and / or feedback as requested to assist those doctors to complete the appraisal process.
- 4.4. The Trust's processes for the management of temporary and short term contract holders is congruent with the Responsible Officer Regulations (which set out the basis for establishing a prescribed connection) as are the Trust's Appraisal and Revalidation Policy (and its associated appendices). Notwithstanding Sir Bruce's concerns, the Trust can only take responsibility for carrying out revalidation-ready appraisals and other revalidation-related responsibilities for those doctors who have a PC with the Trust. For the Trust to take on wider responsibilities for short term or temporary doctors within the current RO Regulations, the Trust would have to issue these doctors with contracts of employment beyond the duration of the work the doctor would actually be doing in the organisation. The MDO is aware that there are further discussions on going at a national level to address the concerns of Sir Bruce and others regarding this issue.

5. Conclusion

- 5.1. The Trust's medical appraisal rates significantly exceed the national average for all healthcare sectors. Work continues to improve this rate although it should be noted that due to turnover, sickness and other extended leave a 100% return rate is not possible to achieve.
- 5.2. Internal audit from the Trust auditors has rated the appraisal and revalidation processes with "Significant Assurance".
- 5.3. The Trust aims to support those on short term or temporary contracts who have a confirmed PC. However for practical, financial and legal reasons it is not currently possible or appropriate to offer a full revalidation ready appraisal to those who may only work *ad hoc* shifts or be with the Trust for only a few weeks.

4. Recommendation

The Trust Board is asked to note the contents of this paper for assurance.

Prof Edward Baker
Medical Director

Dr Tony Berendt
Deputy Medical Director

November 2013