

**Trust Board Meeting in Public: Wednesday 8 July 2020**

**TB2020.66**

<b>Title</b>	<b>Responsible Officer's Annual Medical Appraisal and Revalidation Report 2019/20</b>
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<b>Status</b>	For information
<b>History</b>	

<b>Board Lead(s)</b>	Professor Meghana Pandit, Chief Medical Officer			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	Policy	<b>Performance</b>

## Executive Summary

1. This report is presented to the Trust Board for assurance that the statutory functions of the Responsible Officer are being appropriately and adequately discharged.

2. The prescribed format of this report has been retained for continuity but it should be noted that the information is presented against the backdrop of the Covid-19 pandemic which markedly affected the ability to deliver appraisal and revalidation towards the end of the reporting period. For this reason no Annual Organisational Report is included as the need to submit this was waived by NHS England.

### 3. Recommendation

- The Trust Board is asked to receive this report, noting that it will then be shared with the Tier 2 Responsible Officer at NHS England.
- The Trust Board is asked to note the Statement of Compliance as Appendix 1 of this report which confirms that the Trust, as a Designated Body, is in compliance with the regulations. The Chief Executive will be asked to sign this on behalf of the Trust following the Board meeting.
- The Trust Board is also asked to note Appendices 2 and 3 which comprise the Statements of Compliance for the 2 Designated Bodies for which the Trust provides Responsible Officer Services which confirm they are also compliant with regulations. These will be signed by the respective Boards and submitted to NHS England accordingly.

## Medical Revalidation Responsible Officer Annual Report

### 1. Purpose

- 1.1. This report is presented to the Trust Board to provide assurance that the statutory functions of the Responsible Officer are being appropriately fulfilled; to report on performance in relation to those functions; to update the Trust Board on progress since the 2018/19 annual report; to highlight current and future issues and to present action plans to mitigate potential risks.

### 2. Background

- 2.1. [More information on the background to revalidation can be found via this link.](#)
- 2.2. The last report was submitted to Trust Board in September 2019 for the year 2018/19. This report covers the period 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020.

### 3. Governance

- 3.1. The current Responsible Officer (Professor Meghana Pandit, Chief Medical Officer) was appointed by the Trust Board on 1<sup>st</sup> January 2019 in line with statutory requirements. The Chief Medical Officer is supported by a team who managed 1539 doctors to complete the appraisal and revalidation process
- 3.2. Progress and compliance with the regulations is monitored by;
  - 3.2.1. A well-established oversight group (Medical Revalidation Group - MRG) including University representation. Since the last report this group has merged with the Job Planning Oversight Group as the job planning function is also managed via the SARD system with obvious synergies and links between the processes.
  - 3.2.2. Monthly compliance reports supplied to Divisional and Directorate Management and personal action plans for those whose appraisals are overdue.
  - 3.2.3. Submission of the quarterly reports and Annual Organisational Audit to NHS England. It should be noted that, due to the Covid-19 pandemic, this year's Annual Organisational Audit was not required by NHS England.
  - 3.2.4. Comprehensive dashboards within SARD to enable Divisional management to access and review their own data and interrogate this in a number of ways to inform Divisional strategies.
  - 3.2.5. A formal audit schedule for other activities such as the management of multi-source feedback.
- 3.3. The number of doctors with a prescribed connection to OUHFT has increased again but by a relatively small number this year. The composition continues to shift towards sub-consultant level and research post holders. The Trust is also responsible for appraising military doctors working at the hospital, dental surgeons, and doctors in training posts who do not hold a national training number.
- 3.4. During the reporting period the Trust continued to provide external Responsible Officer services for 2 local hospices and thus has responsibility for oversight of their governance processes in relation to medical appraisal and revalidation.

#### 4. Policy and Guidance

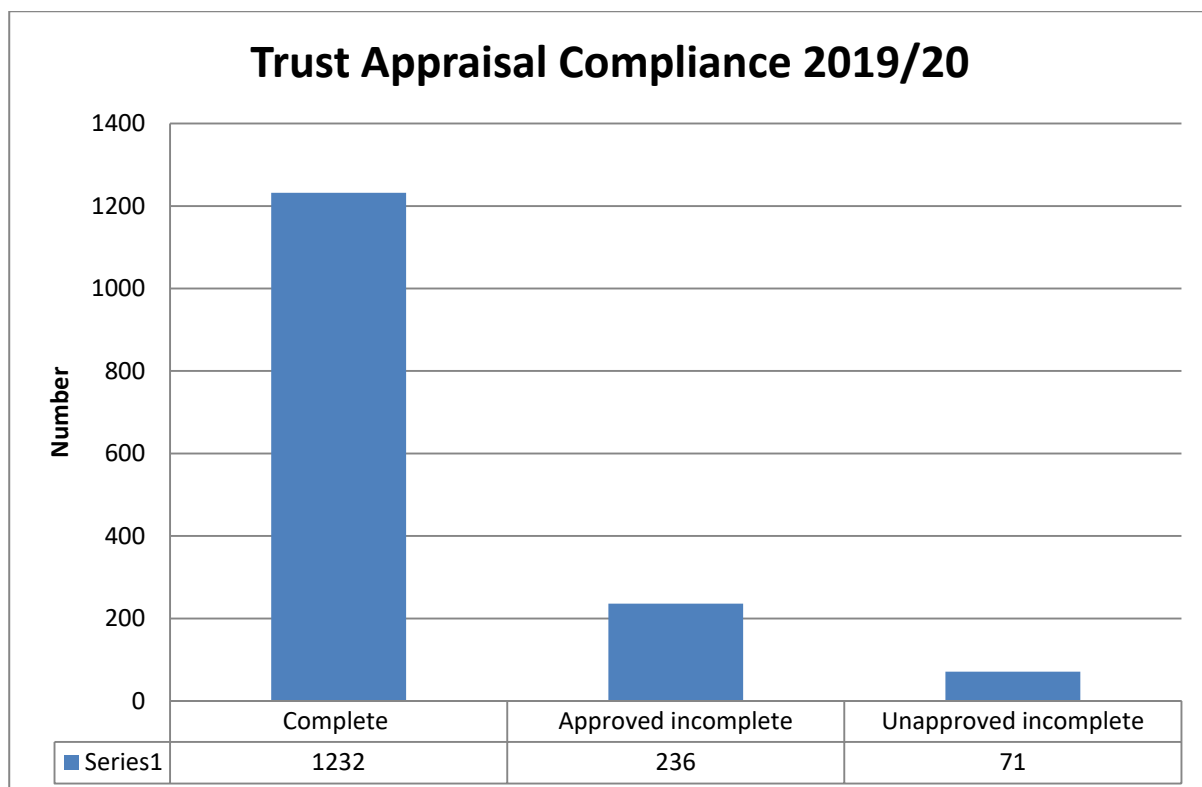
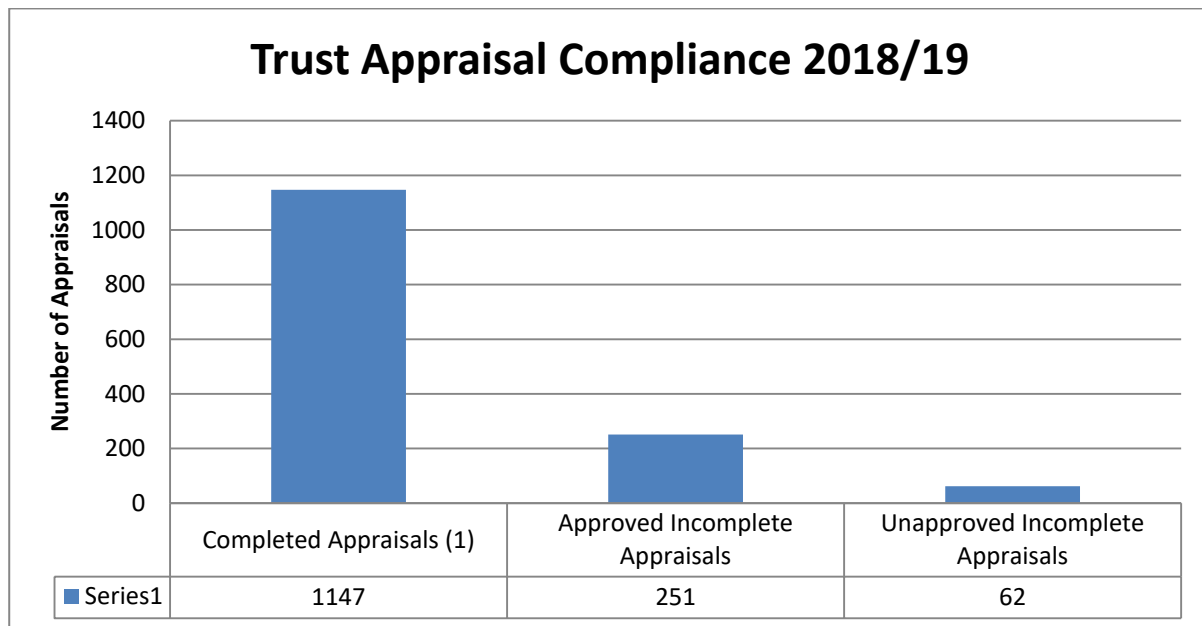
- 4.1. The Medical Appraisal and Revalidation Policy is reviewed regularly. The most recent review was in September 2017. An update is due this year and will be approved by JPOG and ratified through the Workforce Committee.

#### 5. The Impact of Covid-19 and the Trust's Response

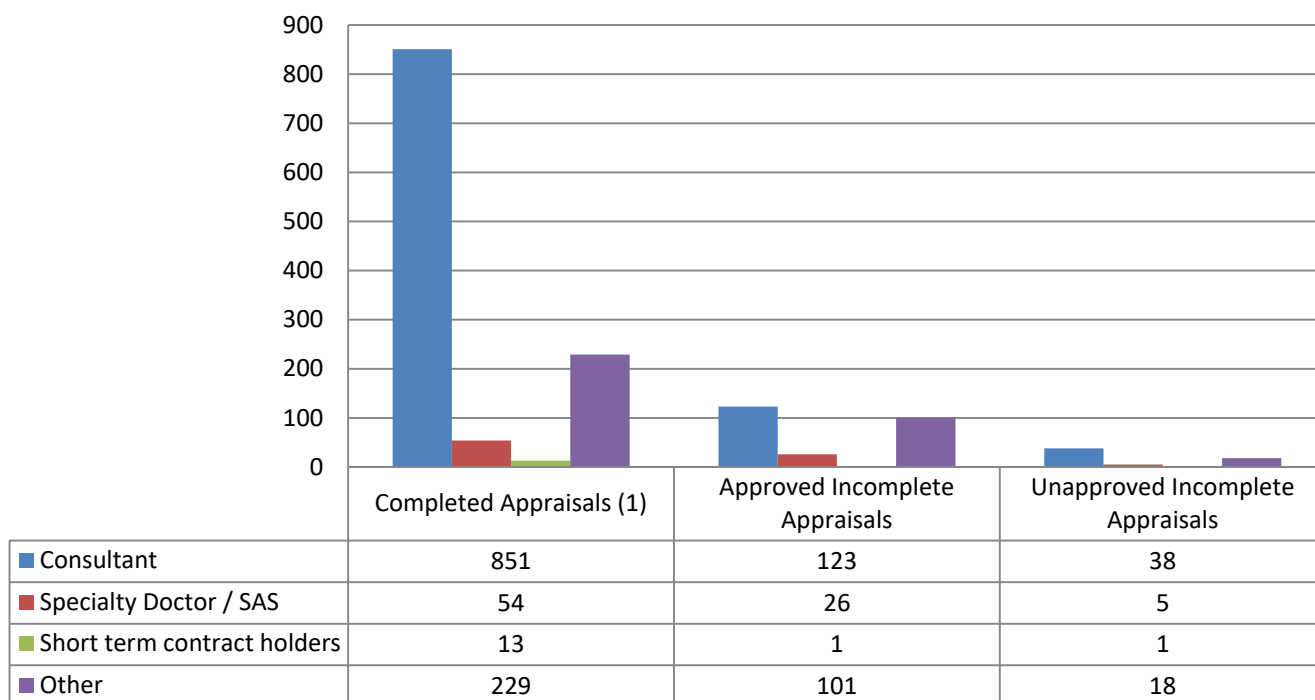
- 5.1. On 17<sup>th</sup> March 2020 the GMC suspended the revalidation process for the period 17/3/20 – 30/9/20 to recognise the impact of the Covid-19 pandemic on doctors' ability to prepare for appraisal and revalidation. All doctors with a recommendation due in this period had 12 months added to their due date. The suspension was extended again in early June to cover the period to 16<sup>th</sup> March 2021.
- 5.2. Shortly thereafter NHS England suspended the appraisal process for the same reasons and for the same time frame. They have not extended this suspension at the time of writing and therefore the Trust is planning on restarting appraisal activity from 1<sup>st</sup> October 2020.
- 5.3. As a result the Trust, in accordance with NHS England guidance, issued approved misses for all doctors with an appraisal due within the suspension period.
- 5.4. Doctors who were already overdue an appraisal as of 17<sup>th</sup> March 2020 were not given an approved miss as the delay was not deemed to be Covid-19 related. However each doctor in this situation was followed up personally by the Medical Revalidation Manager who worked with them to put a plan in place for completion of appraisal in an achievable timescale which took into account their roles and responsibilities in relation to Covid-19 and any issues such as shielding that could affect their abilities to comply with the request to be appraised.
- 5.5. Other impacts of the Covid-19 pandemic included;
  - 5.5.1. Team members being redeployed away from appraisal and revalidation to support the Trust's pandemic response as required.
  - 5.5.2. The Revalidation Office being closed due to an inability to social distance. All support for doctors was successfully moved online via MS Teams.
  - 5.5.3. All appraisals that continued to be conducted are being completed by video conference to comply with social distancing requirements.
  - 5.5.4. Events such as the Appraiser Network, Appraisal Workshop and Appraiser Training Course are being redeployed online.
- 5.6. The following data and recommendations should therefore be interpreted against this background and the fact that, at the time of writing, plans are necessarily flexible to accommodate a variety of pandemic-related scenarios that could arise over the next 12 months.

6. Medical Appraisal

6.1. Appraisal Performance Data.

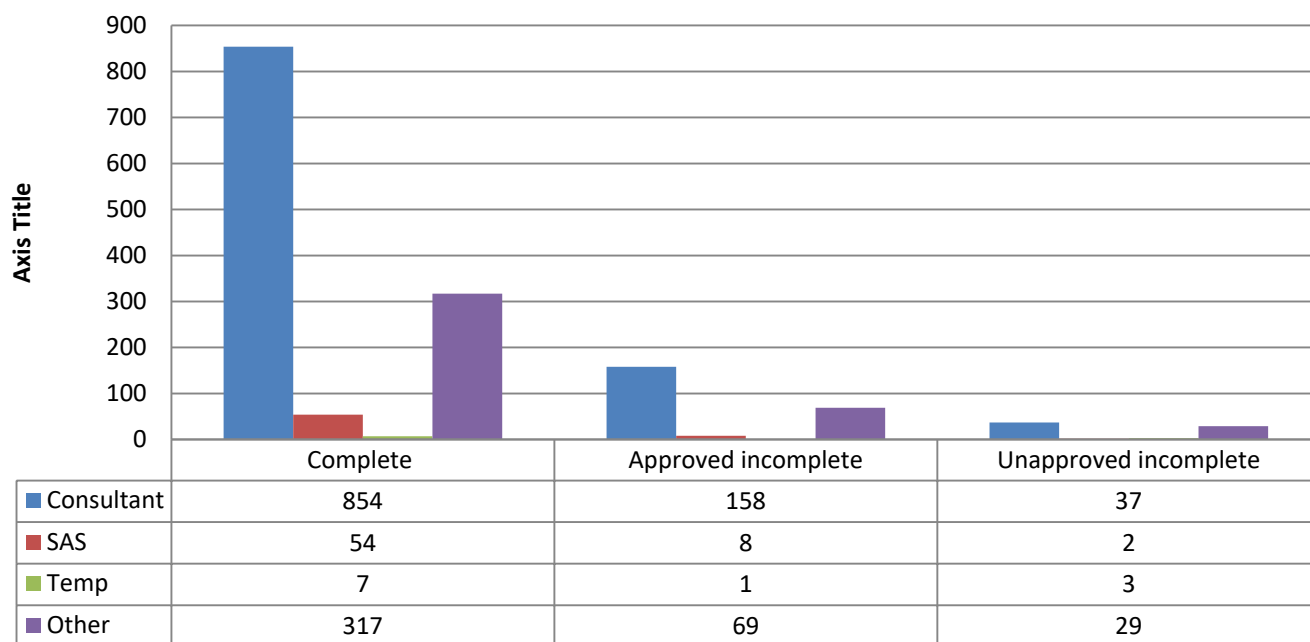


### Appraisal Compliance by Staff Group 18/19



Approved incomplete includes appraisals missed for an acceptable reason eg: maternity leave or long term sick leave. Unapproved incomplete relates to doctors whose appraisal has been missed without an acceptable reason being provided.

### Appraisal Compliance by Staff Group 2019/20



Approved incomplete includes appraisals missed for an acceptable reason eg: maternity leave or long term sick leave. Unapproved incomplete relates to doctors whose appraisal has been missed without an acceptable reason being provided.

“Other” comprises all doctors who are not in the national training scheme and are not SAS or Consultant grades.

## 6.2. Analysis of Results

- 6.2.1. The Trust's overall compliance rate for the period was 95.39%. This compares to 95.75% in 2018/19
- 6.2.2. Numbers of doctors to be appraised increased by 79 during the reporting period however this increase was not reflected in the missed appraisal rate despite the impact of the Covid-19 pandemic.
- 6.2.3. Compliance amongst medical staff groups was largely unchanged although compliance in the "other" medical staff group category continued to improve which is indicative of the ongoing communications and relationship building work the team is undertaking with staff in roles which are often stand alone or peripheral.
- 6.2.4. All of the 71 doctors with unapproved incomplete appraisals noted above have been contacted with personalised action plans to assist them to get back on track prior to general appraisal services resuming at a point to be determined. Nearly three quarters of these doctors are now in a position to be appraised and are being assigned to appraisers who have indicated that they have capacity. The remainder are being supported to prepare and will be followed up regularly to ensure compliance in a time frame appropriate to their role in the Covid-19 response.

## 6.3. Audit of Missed Appraisals / Performance Management Framework

- 6.3.1. The Trust completes a summary of missed appraisals on a monthly basis with regular reports being submitted to Divisional Management for action.
- 6.3.2. Each summary reviews appraisals which are considered to be overdue for the period and follows up with the individuals concerned to ascertain the reasons for the delay. Where appropriate, action plans are developed for each doctor / appraiser to bring them back in line with their revalidation trajectory and to deal with any issues which have contributed to the delay.
- 6.3.3. A Performance Framework for Managing Medical Appraisals is employed. The key aims of the framework are to;
  - 6.3.3.1. Ensure all doctors are treated equally in relation to appraisal compliance
  - 6.3.3.2. Facilitate earlier intervention where it is ascertained a doctor needs support by reducing the time the doctor is able to remain non-compliant
  - 6.3.3.3. Reduce "tacit acceptance" of non-compliance by escalating outliers more quickly and involving sources of support earlier.

Doctors whose appraisals are 90+ days overdue or have failed to comply with their action plan are also referred to their Divisional management for escalation to the CMO for consideration of disciplinary action. This has significantly reduced the number of doctors who remain non-compliant for appraisal for long periods of time and have allowed the team to give targeted support to doctors who are struggling. Interventions have included referrals to Occupational Health, personalised training and IT /

administration and support to enable doctors to complete their appraisals in a timely manner and reduce the need for deferral at the point of revalidation.

#### 6.4. Appraisers

- 6.4.1. Appraiser capacity continues to be a challenge to the stability to the system with the number of resignations continuing to deplete the pool of those able to conduct revalidation ready appraisals
- 6.4.2. There are currently 158 trained available appraisers to deliver 1553 (at the time of writing) appraisals. Of these 14 do not deliver 10 appraisals per annum by agreement. This gives a notional capacity of 1510 appraisals which is insufficient to meet demand. It must also be remembered that approximately 250 doctors leave and join each year with a significant percentage of each requiring an appraisal whilst employed. This takes the total number of projected appraisal spaces needed to c. 1800 per annum. There therefore remains a significant deficit in the Trust's ability to provide appraisals.
- 6.4.3. Diverse and significant other pressures on time, both clinical and non-clinical, continues to be the most often cited reason for a doctor declining an invitation to appraise or relinquishing the role. Other issues include the Directorate being unwilling to fund the PA allocation for appraising and an increasing number of retirements from medicine in general. An additional factor is the pensions tax and annual allowance issue which caused consultants to relinquish the appraiser role to reduce their income. There is also likely to be an impact from the Covid-19 pandemic including increased workload in some areas, illness, stress related absence and early retirement.
- 6.4.4. A proposal to reorganise the way in which appraisers are recruited, retained and paid will be resubmitted once the Trust is able to focus away from the Covid-19 pandemic response and will offer a range of organisational and funding options to improve the uptake of training and the retention of appraisers.
- 6.4.5. Support for Appraisers is diverse and ranges from official events such as the Annual Appraiser Conference and Appraiser Network Events (held 3 times a year) to feedback reports for appraisers and 1:1s with the Medical Director for Workforce.
  - 6.4.5.1. This year's Great Appraiser Event, held in February 2020, was extremely well received with Sir Jonathan Montgomery, Chair of the Trust, delivering a keynote lecture. A diverse range of workshops were offered as well as interactive drama presentations to help visualise various appraisal scenarios. The event was attended by nearly 150 participants and was jointly funded by NHS England and the OUH Charitable Funds.
  - 6.4.5.2. In addition the Revalidation Team actively support appraisers with challenging situations and provide bespoke assistance depending on the issue. Examples include advising on acceptable evidence for non-standard roles, assisting with non-compliant doctors and escalating more serious concerns that arise during the appraisal



process to ensure a doctor receives the necessary support and intervention. The results of a recent survey of appraisers has highlighted additional options to be considered including top up training, mentoring of new appraisers and dedicated feedback channels to the Responsible Officer.

6.4.5.3. All of the above also support the governance framework referred to earlier in this report.

## 6.5. Quality Assurance

6.5.1. A number of quality assurance mechanisms are in use in relation to medical appraisal;

6.5.1.1. Each appraisal in a revalidation portfolio is checked for key items against the GMC's 5 domains and the Trust's local requirements. Discrepancies are notified to the doctor and, if necessary, an action plan prepared to rectify omissions to ensure a recommendation to revalidate can be made.

6.5.1.2. For appraisers, attendance at OUH Appraiser Networks and the OUH/NHSE Appraiser Conference is recorded. Those not attending at least one development activity year are followed up as appropriate. A program of formal review of first appraisals for new appraisers has been implemented with written feedback being provided for development purposes.

6.5.1.3. All doctors now submit feedback on their appraisal experience as the final step in the appraisal process. This not only allows personalised reports for appraisers to be generated but also enables the Revalidation Team to create an overview of how doctors perceive the process and thus to target resources and communications more effectively.

6.5.1.4. The team is working with SARD, the provider of the appraisal and revalidation management system used at the Trust, to incorporate formal assessment of appraisal summaries and personal development plans into the electronic processes already in place to further improve quality and ensure any support required can be targeted and delivered effectively.

## 6.6. Access, Security and Confidentiality

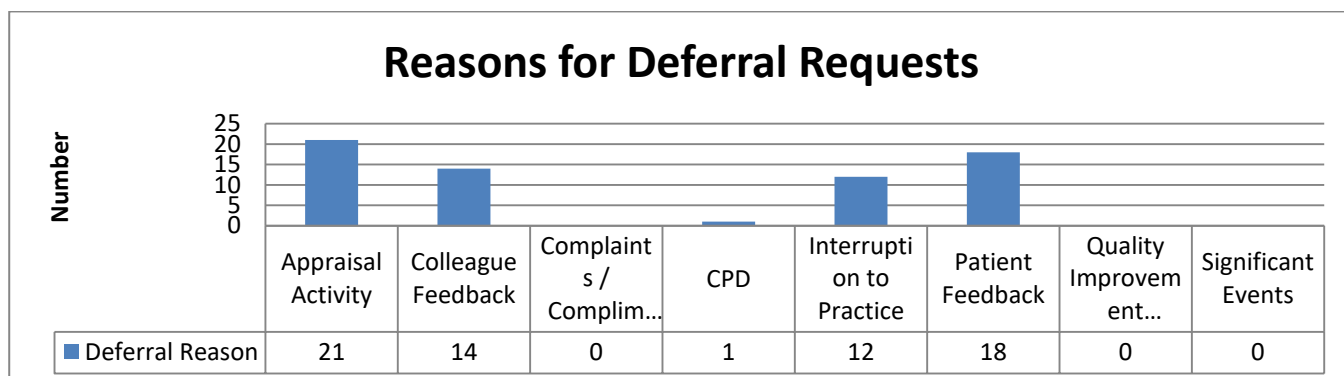
[more information on access, security and confidentiality can be found via this link.](#)

## 7. Medical Revalidation

### 7.1. Medical Revalidation Performance Data

7.1.1. During the period 1/4/19 – 17/3/20 (when revalidation was suspended) the Responsible Officer made 382 recommendations. Of these 57 were requests for deferrals (see table below) and 325 were recommendations to revalidate. There were no recommendations of non-engagement made during the reporting period.

7.1.2. At the end of March 2019 the GMC introduced a new reporting system which catalogues the reason for a deferral request. Results for the Trust’s deferral requests are shown below



7.1.3. It can therefore be seen that the main reasons for requesting deferrals were;

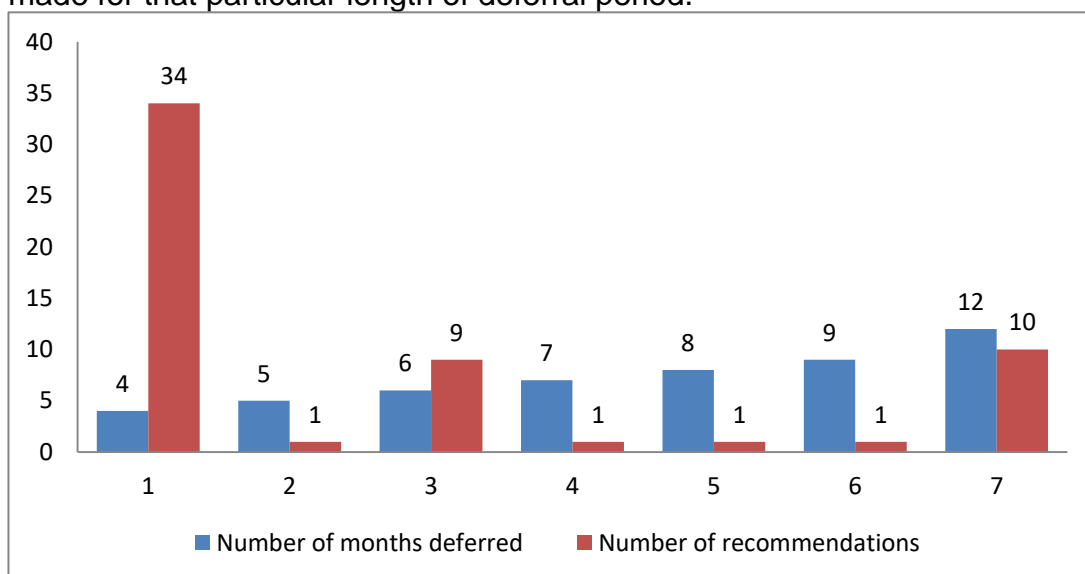
7.1.3.1. **Appraisal activity** – normally where a doctor joins the Trust just prior to their recommendation date and has not been appraised for whatever reason before arriving.

7.1.3.2. **Patient / Colleague Feedback** – can take longer than a doctor anticipates. Severely impacted by the Covid-19 pandemic in the later part of the reporting period.

7.1.3.3. **Interruption to Practice** – usually where a recommendation date falls whilst a doctor is on maternity leave, long term sick leave, sabbatical or some other similar circumstance.

7.2. It should be noted that doctors can be deferred for more than one reason hence the total number of reasons exceeding the total number of deferral requests.

7.3. The following graph details the number of deferrals requested for each time period in 2019/20. The blue bar represents the length of the deferral period (in months) and the red bar represents the number of deferral recommendations made for that particular length of deferral period.



#### 7.4. Analysis of Results

- 7.4.1. All recommendations were made on or before the due date.
- 7.4.2. Same day recommendations have been eradicated. Most recommendations are now made 2-4 weeks before the due date.
- 7.4.3. Despite the number of recommendations due increasing by a further 47% on the previous year the deferral rate was very slightly reduced to 14.9%.
- 7.4.4. The key point to note is the reduction in the length of deferrals needing to be requested with the majority now being for the minimum period to allow for completion of a final appraisal.

### 8. Recruitment and Engagement Background Checks

- 8.1. [more information on recruitment and engagement background checks can be found via this link.](#)

### 9. Monitoring Performance, Responding to Concerns and Remediation

- 8.1 [more information on monitoring performance, responding to concerns and remediation can be found via this link.](#)

### 10. Risks and Issues

#### 10.1. Covid-19

- 10.1.1. The pandemic and the measures implemented to combat it have had, and will continue to have, a profound effect on appraisal and revalidation compliance. Both services are currently suspended. At the time of writing the GMC have added 12 months to the due dates of a further cohort of doctors extending the suspension period to 16<sup>th</sup> March 2021. Given the uncertain nature of the progress of the pandemic it is not possible to plan conclusively for resumption of services on a given date. A number of contingencies have therefore been prepared and will be implemented as required. However there will most definitely be a knock on effect in compliance rates for at least the next reporting period and possibly the one after depending on global events.

#### 10.2. Appraiser Capacity

- 10.2.1. The single largest threat to the appraisal process outside of Covid-19 remains the difficulty in recruiting new appraisers and retaining those we have. As outlined above there remain significant barriers to becoming an appraiser with lack of time in a job plan and budgetary restrictions making it ever harder to fill these roles. The Trust is already in "appraisal deficit" and this will only worsen as time goes by given that resignations are outstripping applicants and the baseline of prescribed connections continues to increase.

#### 10.3. Quality Assurance

- 10.3.1. Implementing formal quality assurance mechanisms such as ASPAT continues to prove difficult due to the time consuming and manual nature of such tools and the sheer numbers of appraisals involved. There are alternative mechanisms in place as outlined above to ensure standards

are being reached. The Trust is also looking to pilot SARD's automated quality assurance upgrade in the near future.

#### 11. Review of 2019/20 Action Plan

Objective	Actions	Expected Outcome	Comments
Peer review of systems and processes	Carried forward from previous plan		Partially met by the formation of a local network of Revalidation Managers who now meet regularly to discuss systems and processes and review difficult cases. A plan for formal peer review was due to be developed by this Group but the Covid-19 pandemic has meant this has not yet happened
Resolve the issue of appraiser capacity with both short and long term strategies in place	Revised options to be presented to TME and implemented once agreed.	Risk to appraisal and revalidation compliance reduced.  Less pressure on appraisers to undertake short notice appraisals  Better retention of appraisers	Could not be considered by TME prior to the Covid-19 pandemic. Will be submitted at an appropriate time for review and discussion.
Implementation and management of Foundry options to reduce the administrative burden on appraisal	Assist individual groups to clarify their requirements  Work with SARD to implement Foundry options where viable  Protect appraisal from becoming overburdened with other requirements	No more administrative requirements will be added to the appraisal process unless mandated by the GMC	Stood down due to a lack of funding for the Foundry program from the departments who required assistance.
Continue early intervention where non engagement is	Appraisal performance framework and	Reduction in the number of Failure to Engage	Achieved – no Failure to Engage recommendations

a concern to prevent the need to make a Failure to Engage recommendation to the GMC	internal disciplinary processes to be used when non-compliance with appraisal is noted. QA processes to highlight persistent poor quality appraisals	recommendations made	were made in the reporting period.
Ensure the SARD contract extension is reviewed and managed appropriately with the consequences of not funding the extension made clear to key decision makers.	Work with the Chief Medical Officer's Business Manager and Procurement to ensure any concerns are responded to and issues managed.	Contract is extended.	Achieved – the contract extension clause has been activated for a further 2 years.

## 12. 2020/21 Proposed Action Plan

Objective	Actions	Expected Outcome	Timescale
Peer review of systems and processes	Carried forward from previous plan		Continue with local Revalidation Group Covid-19 permitting
Resolve the issue of appraiser capacity with both short and long term strategies in place	Revised options to be presented to TME and implemented once agreed.	Risk to appraisal and revalidation compliance reduced. Less pressure on appraisers to undertake short notice appraisals Better retention of appraisers	Submit paper to TME when Covid-19 situation allows.
Improve retention of current appraisers through additional support package	Investigate refresher training, mentorship schemes, shadowing programmes and dedicated RO feedback lines.	Improved satisfaction scores on the annual appraiser feedback survey Improved retention rates of appraisers	Ongoing
Policy Review	Undertake a full policy review to	Updated policy to be approved by	Q3

	ensure the Trust continues to comply with all guidance and offer a supportive service to doctors	JPOG	
Pilot automated quality assurance processes within SARD	Work with SARD to develop and test a QA process which produces meaningful results and minimises admin time.	Formal QA programme implemented via SARD	Q2
Continue to reduce the number of requests to defer revalidation dates.	Doctors to be asked to complete their MSF by year 4 of their cycle  Doctors to receive a reminder well in advance if their final appraisal needs to be brought forward	Reduction in number of short to medium term deferral requests.	Ongoing

### 13. Recommendations

13.1.1. The Trust Board is asked to receive this report, noting that it will be shared with the Tier 2 Responsible Officer at NHS England.

13.1.2. The Trust Board is also asked to note the Statement of Compliance attached as Appendix 1 of this report which confirms that the Trust, as a Designated Body, is in compliance with the Regulations. This will be signed by the Chief Executive as required by NHS England.

**Professor Meghana Pandit, Chief Medical Officer and Responsible Officer**

Report prepared by;

Nicki Sullivan, Medical Revalidation and Job Planning Manager  
Dr Ivor Byren, Medical Director of Workforce  
June 2020