MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

Report of:	Professor Robert Pearson, Group Joint Medical Director
Paper prepared by:	Cameron Chandler, Trust Assurance Manager
Date of paper:	May 2018
Subject:	Annual Report to the Board of Directors: Management of Medical Appraisal and Revalidation
Purpose of Report:	Indicate which by ✓ • Information to note ✓ • Support • Resolution • Approval
Consideration of Risk against Key Priorities	The issues contained in this report have an impact on medical staff employment and organisational reputation
Recommendations	The Board is asked to receive this update as part of the Annual Board Report on the implementation of Medical Revalidation and submit an Annual Statement of Compliance to the Higher Level Responsible Officer, NHS England (North)
Contact:	Name: Professor Robert Pearson Tel: 0161 701 0205

1. Executive summary

This report describes the progress of the Trust towards the management of medical appraisal and revalidation since its implementation in March 2013.

Summary of key points:

- Successful merger of Central Manchester NHS FT (Legacy CMFT) with University Hospital of South Manchester NHS FT (Legacy UHSM) to form the new designated body of Manchester University NHS FT (MFT) on 1st October 2017, with a new Responsible Officer, Professor Robert Pearson
- At the end of the last appraisal year (31 March 2018), MFT had 1,590 doctors with a prescribed connection
- During first 100 days the medical appraisal and revalidation policies from both sites were reviewed, updated and merged. The new policy is currently with the Joint Local Negotiating Consultative Committee (JLNCC) for review and agreement
- Work towards procurement of a single cross-site appraisal management system is on-going
- 93% of connected doctors had an appraisal within the year
- The Quality Assurance of the process is subject to ongoing review and appraisers are being trained or refreshed to ensure they all meet the required standards.

2. Purpose of the paper

The purpose of this report is to:

- Summarise the Trust's performance in relation to appraisal and revalidation for the period April 2017 to March 2018.
- Provide assurance to the Board that the Trust is compliant as a designated body and that the Responsible Officer (RO) is discharging his statutory responsibilities.

3. Background

Revalidation was formally launched in the U.K. in January 2013 and is the process by which all licenced doctors are required to demonstrate, on a regular basis, that they are up to date and fit to practise in their chosen field and able to provide a good level of care. Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by both their employer and the GMC. Licenced doctors have to revalidate usually every five years, part of which is the requirement to have an annual appraisal based on the GMC's Good Medical Practice framework[1]. The Trust's appraisal and revalidation process is managed operationally by the Responsible Officer; a role established in statutory legislation[2] and currently undertaken by Professor Pearson. The RO's role is supported by Professor Daniel Keenan and Dr Emma Hurley, Associate Medical Directors for Appraisal and Revalidation, in addition to the acting Director of Clinical Effectiveness and the Trust Assurance Manager.

The revalidation process is based on a recommendation from the RO to the GMC. In order to make this recommendation, the RO must be assured that:

- the doctor has a track record of engagement with annual appraisals consistent with the guidance on strengthened appraisal and has been appraised on all domains of their work (including in the independent sector) at a single appraisal meeting
- any concerns about the doctor raised through the appraisal have been brought to the attention of the relevant medical line manager and successfully addressed
- the doctor has undertaken a multisource feedback evaluation of their work, including feedback from both colleagues and patients, and that this has been discussed with their appraiser

[1] http://www.gmc-uk.org/static/documents/content/GMP_.pdf
[2] The Medical Profession (Responsible Officers) Regulations 2010, amended 2013

- there are no outstanding concerns about the doctor's performance or professional conduct known to the Trust

Options available to the RO are to recommend revalidation, defer the doctor for a period of up to 12 months (either due to insufficient information for a positive recommendation or because the doctor is subject to an ongoing process), or to notify the GMC of the doctor's non-engagement with the process.

4. Designated body

Manchester University NHS Foundation Trust is a designated body, as established in regulations; this also determines which doctors should be connected to the Trust for appraisal and revalidation. At 31 March 2018 (the end of the last appraisal year), 1,590 doctors were connected; 1,099 consultants, 219 SAS grade doctors, 258 temporary and short-term contract holders (including clinical fellows), and 14 other doctors (such as clinical trial physicians). Doctors who work jointly within the Trust and the University of Manchester in an academic position are required to undergo a joint appraisal under the Follett Principles. These doctors connect to the Trust for Revalidation. Additional doctors who work for the Trust who are not connected for appraisal and revalidation include GPs, who connect to one of the NHS England sub-regional teams, and doctors who work at MFT but also with another NHS organisation who is their main employer and designated body. Despite not connecting directly with these doctors, the Trust still has an obligation to monitor their fitness to practise and report any concerns to the doctor's RO. Doctors in a training grade are appraised and revalidated separately by Health Education England.

5. Revalidation

For the appraisal year 01 April 2017 – 31 March 2018 (Year 5 of the first cycle), 134 doctors were due to be revalidated. 114 doctors were recommended for revalidation and 20 were deferred, 18 due to insufficient information and 2 due to involvement in an on-going process. No notifications of non-engagement were submitted to the GMC. All of the recommendations to revalidate have been approved by the GMC.

6. Appraisal

All doctors and dentists must ensure that they undergo appraisal within each financial year and are responsible for the continuous collection of their portfolio of evidence covering their full scope of practice. For medical staff who are registered with the GMC as well as the General Dental Council, continued engagement with appraisal is necessary over the course of the 5 year revalidation cycle.

At 31 March 2018, 1,590 connected doctors were due to have an appraisal within year (01 April – 31 March). The appraisal rate for the 2017-18 appraisal year is as follows:

Group	Connected	(1a) completed appraisal	(1b) completed appraisal	(2) approved incomplete or missed appraisal	(3) unapproved incomplete or missed appraisal
Consultants	**1,099**	615	438	21	25
SAS	**219**	71	115	7	26
Temporary or short term contract holders	**258**	154	67	17	20
Other	**14**	9	5	0	0
Total	**1,590**	**849**	**625**	**45**	**71**

Category definitions (as established by NHS England)[3]

1a: Appraisal held within 9-12 months of the previous, signed off within 28 days of the appraisal discussion and held and signed off by 31 March 2018

1b: Appraisal held within year but fails on one of the criteria within 1a

2: Appraisal not held or completed within year with approval from the RO (e.g. maternity leave)

3: Appraisal not held or completed within year without approval from the RO

The Trust's appraisal rate for this year is 93%, an increase in last year's rate of 79% at legacy CMFT and 77% at legacy UHSM. Considerable improvement has been made with the appraisal of short-term contact holders (primarily consisting of clinical fellows) with the appraisal rate at 86% this year compared to approximately 50% last year. The majority of missed appraisals this year also have an accompanying explanation record which has been approved by the RO. A planned audit of reasons for failure to complete an appraisal will be completed following submission of the annual organisational audit (AOA) to NHS England.

7. Merger

Following the merger, work has been ongoing to ensure the processes and policies for appraisal and revalidation are unified and equitable across all hospital sites. A new combined policy has been developed and is currently with the JLNCC for consideration.

Doctors with substantive contracts who were employed by legacy CMFT had their appraisals scheduled to occur in the doctor's birth month in line with guidance provided by NHS England. This enabled the divisions and the Medical Director's Office to monitor appraisal on a monthly basis, address non-compliance at an early stage, and seek to avoid an end of year rush to complete appraisals. This process has traditionally not been used by doctors who were employed by legacy UHSM. However, it is anticipated that all substantively employed doctors across MFT will have moved to using birth month for their appraisals over the next 2 years. Although this has proved beneficial for substantive staff, issues have arisen with short term contract holders, most notably clinical fellows. Due to the nature of their contracts, using birth months for an appraisal is not suitable as this may be at the start of the doctor's contracted period, or they may leave before having a completed appraisal; it has therefore been agreed that short term contract holders (12 months or less) will undergo an initial appraisal within 3 months of starting in post, followed by a full appraisal a few months before the end of their contract. As most of the doctor's information relevant to an appraisal is available at this point, this has proven more conducive.

Appraisals are currently conducted via two different electronic systems provided by external suppliers. The contracts for both of these systems have been extended to November 2018 to allow for a gradual transition to one system. Doctors will remain using the respective system according to their legacy Trust (Equiniti 360 for legacy CMFT and PReP for legacy UHSM) with new starters to the Trust using the system according to their hospital site. A comparison of both systems, in addition to two other major systems used by other NHS trusts is being undertaken. A list of system requirements has been developed in order to assess the systems existing functionality in addition to future developments, costings and supplier support. Demonstration of each system have been carried out or requested and other NHS trusts currently using these systems are being approached for feedback. Given the amount of data currently contained on the existing systems and the regular occurrence of appraisals, there will need to be a transition period from the old system(s) to the selected replacement and contracts for the existing systems may need to be extended for a further period.

[3] england.nhs.uk/revalidation/qa/

8. Appraisers

The Trust has a responsibility to support appraisers in the maintenance and development of their skills, to assure the quality of medical appraisals, and to ensure the appropriate resources are available to support this. Those who undertake medical appraisals for the Trust must be adequately trained in this role. Refresher training should be undertaken every 1-3 years and a number of refresher sessions for existing appraisers have been held across both sites, with further ones planned; training for new appraisers has also taken place.

9. Quality assurance

The need for a robust Quality Assurance (QA) process for appraisals as part of the Medical Revalidation process is self-evident but also explicitly expected from both NHS England, as the Senior Responsible Owner of the revalidation process, and the GMC. A need to review both the appraisers and the appraisal outputs is necessary to ensure a consistent, effective and beneficial appraisal system, benefiting both the doctor's development and the Trust assurance processes.

Appraisers are responsible for ensuring the quality of the appraisal outputs for the appraisals they undertake. They must ensure that both the appraisal summary and the Personal Development Plan (PDP) adhere to the required standards. Feedback is requested from doctors following an appraisal, this information is collated and used to assist appraisers with their development and give an indication of how the process is progressing. A regular audit of appraisal quality using the ASPAT tool (Appraisal Summary and PDP Audit Tool) developed by NHS England is currently undertaken by Wythenshawe with an aim for completion of a 10% sample by September 2018. This process is also anticipated to be commenced for the remaining hospital sites with a randomised sample of all appraisers' outputs sampled and assessed.

The Trust is required to provide information to NHS England under their Framework of Quality Assurance. This includes quarterly reports on appraisal rates, confirmation of a report on appraisal and revalidation going to the Trust Board, a Statement of Compliance signed by the Chief Executive and an end of year Annual Organisation Audit (AOA) which covers appraisals, monitoring performance and responding to concerns, and recruitment and engagement.

10. Summary and future challenges

Significant headway has been made towards increasing the appraisal rate of doctors across the Trust but work is still required to ensure that this progress continues with the change of appraisal system and merger of processes and staff. Work is still required to ensure clinical fellows and doctors transferring from abroad are not overlooked and are fully engaged and supported with the appraisal process; the planned allocation of appraisers by hospitals sites will help to further achieve this.

Further work is required to ensure that the processes for all doctors in the Trust are aligned and consistently applied. This will require support and action from all the hospital sites / managed clinical services Medical Directors and Appraisal Leads and will be assisted by the single policy due for ratification by the JLNCC. The procurement and transition to a single revalidation system will also require careful management to ensure this provides maximum benefit to doctors and creates minimal disruption to the ongoing appraisal process.

At the WTWA site, detailed work on an improvement action plan continues, focussing on accurate capture of all GMC connected doctors, better doctor engagement in the appraisal process with increased appraisal completion rates, regular appraisal training sessions and the development of a programme of focussed workshops for appraisers.

11. Recommendations

The Board is asked to note the contents of this paper, progress made to date and the challenges to be faced in the coming year. The Chief Executive is asked to approve the submission of the Annual Statement of Compliance regarding Quality Assurance on Revalidation (embedded) to be returned to the regional Medical Director for NHS England (North).

NHS England

A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex E - Statement of Compliance

Statement of Compliance

Version number: 2.0

First published: 4 April 2014

Updated: 22 June 2015

Prepared by: Gary Cooper, Project Manager for Quality Assurance, NHS England

Classification: OFFICIAL

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NB: The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

Designated Body Statement of Compliance

The board of Manchester University NHS Foundation Trust can confirm that

- an AOA has been submitted,
- the organisation is compliant 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: N/A

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

   Comments: N/A

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

   Comments: N/A

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

   Comments: N/A

5. All licensed medical practitioners[5] 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: N/A

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

   Comments: N/A

7. There is a process established for responding to concerns about any licensed medical practitioners[1] fitness to practise;

   Comments: N/A

8. There is a process for obtaining and sharing information of note about any licensed medical practitioner's fitness to practise between this organisation's responsible

[4] http://www.england.nhs.uk/revalidation/ro/app-syst/
[2] Doctors with a prescribed connection to the designated body on the date of reporting.

officer and other responsible officers (or persons with appropriate governance responsibility) in other places where the licensed medical practitioner works;[6]

Comments: N/A

9. The appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that all licenced medical practitioners[7] have qualifications and experience appropriate to the work performed;

Comments: N/A

10. A development plan is in place that ensures continual improvement and addresses any identified weaknesses or gaps in compliance.

Comments: N/A

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: Manchester University NHS Foundation Trust

Name: _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _ _

Date: _ _ _ _ _ _ _ _ _ _

[6] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents