

## Medical Revalidation Annual Report

### Public Board

<b>Presented for:</b>	Approval / Information
<b>Presented by:</b>	Dr Hamish McLure Medical Director (Professional Standards & Workforce Development) and Responsible Officer
<b>Author:</b>	Karen Johnson Assistant Workforce Manager
<b>Previous Committees:</b>	Revalidation and Appraisal Steering Group

<b>Trust Goals</b>	
The best for patient safety, quality and experience	<input type="checkbox"/>
The best place to work	<input type="checkbox"/>
A centre for excellence for research, education and innovation	<input type="checkbox"/>
Seamless integrated care across organisational boundaries	
Financial sustainability	

Risk Appetite Framework				
Level 1 Risk	(□)	Level 2 Risks	(Risk Appetite Scale)	Risk
Workforce Risk	□	Workforce Performance Risk - We will deliver safe and effective patient care through having the right systems and processes in place to manage performance of our workforce.	Cautious	↔ (same)
Operational Risk		Choose an item.	Choose an item	Choose an item.
Clinical Risk	□	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	↔ (same)
Financial Risk		Choose an item.	Choose an item	Choose an item.
External Risk	□	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	↔ (same)

<b>Key points</b>	
To note the progress, compliance with national policy and legal requirements and our improvement plan	Information
Approve the Board assurance statement relevant to this report	Approval

## **Summary**

This is the Trust Responsible Officer's annual report covering the 2022/23 appraisal year. This report is a required item of assurance, and also the assurance statement we are required to submit to NHSE.

## **Background**

The General Medical Council's (GMC) aims for medical revalidation are that it:

- is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice.
- supports doctors in their professional development, contributes to improving patient safety and quality of care, and sustains and improves public confidence in the medical profession.
- facilitates the identification of the small proportion of doctors who are unable to remedy significant shortfalls in their standards of practice and remove them from the register of doctors.

To achieve these aims, the GMC requires that all doctors identify the Designated Body (usually their employer) that monitors and assures their practice. Leeds Teaching Hospitals NHS Trust (LTHT) is a Designated Body for 1616 doctors.

Revalidation is overseen in England by NHSE through annual audits.

## **Equality Impact Assessment**

An Equality Impact Assessment was completed as part of the renewal of the revalidation policy in 2022. It now includes reasons for deferrals.

## **Publication Under Freedom of Information Act**

This paper is available under the Freedom of Information Act

## **Supporting Information**

The following papers make up this report:

Medical Revalidation Responsible Officers Report is presented in Appendix 1

Appendix D Annual Board report and statement of compliance Appendix 2

## **Recommendation**

Note the assurance provided on medical appraisal and revalidation.

Note the continued good progress being made in this area.

Confirm commitment to supporting the progress of this work.

**Dr Hamish McLure**

**Medical Director (Professional Standards & Workforce Development)**

**Responsible Officer for**

**Leeds Teaching Hospitals NHS Trust, St Gemma's Hospice & Martin House Hospice**

**September 2023**

## **Appendix 1 - Medical Revalidation Responsible Officer Report**

### **1. SUMMARY**

In the appraisal year 2022/23, LTHT was the Designated Body for 1616 doctors. The Designated Body is the organisation that a licenced doctor has a professional, educational or employment connection with that provides them with support for revalidation.

Of these 1616 doctors, 79 doctors were new starters to the trust whose start date was after August and who were not required to undertake an appraisal. An additional 33 doctors were unable to complete an appraisal due to mitigating circumstances. Of the remaining 1504 doctors, 1476 (98%) successfully completed their appraisal.

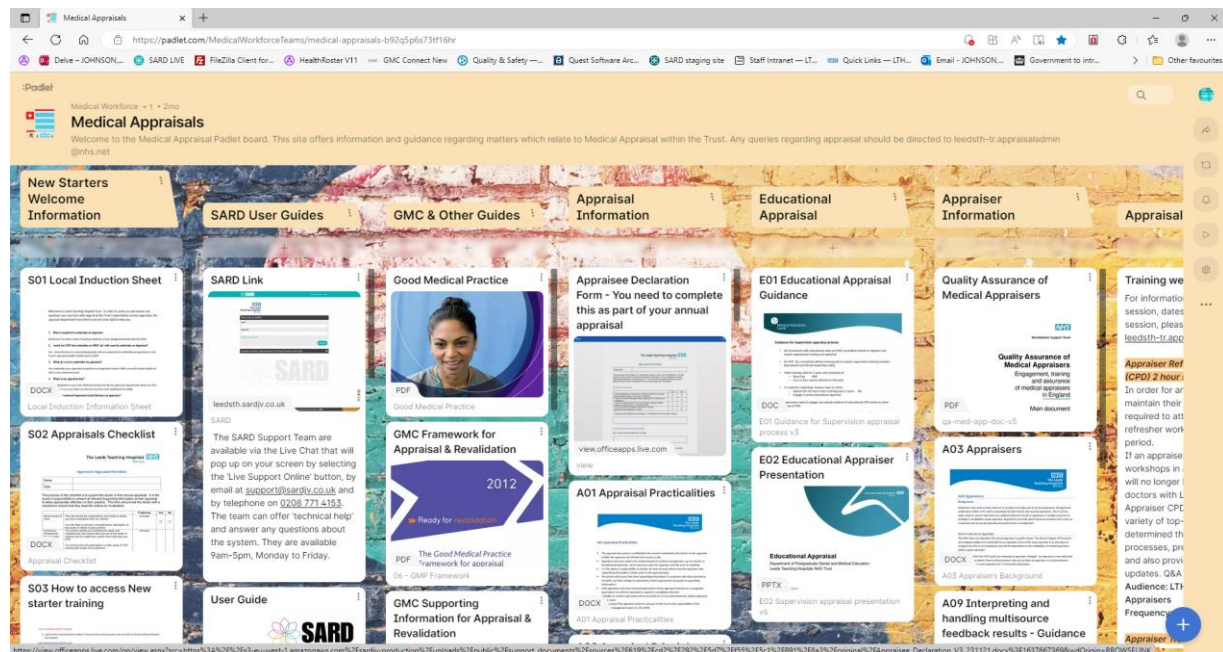
In addition to the doctors, LTHT also provided appraisal support for 57 dentists from the Leeds Dental Institute.

The number of doctors continues to rise and in 2022/23 cycle, we welcomed 260 new starters to the Trust of which 77 were consultants, 91 were SAS doctors and 92 other non training grade doctors.

The focus for 2022/23 has included:

- We have re-introduced the process of realigning doctors appraisal dates which had been paused with appraisal during the pandemic. This process ensures doctors have the correct number of appraisals prior to their revalidation date with the final appraisal 4-6 months before their recommendation for revalidation. This helps to ensure that we have time to support doctors to complete their appraisal portfolio before their 5 yearly revalidation date.
- Educational appraisal due dates have been realigned with revalidation due dates and our Medical Education teams are reviewing these portfolios on SARD.
- In an attempt to improve engagement with appraisal amongst new starters, we have provided a new starter training session online on YouTube. We are able to track and record the viewing of this session and have noted steadily increasing uptake of this offering. We also offer separate Q&A sessions to address any additional questions
- We have introduced an appraisal Q&A sheet for CSUs to hand out at local inductions. This is also attached to our welcome email sent to new starters.

- We have refreshed our Doctors Information Board appraisal and revalidation reference information, and relocated it to our new padlet information board (see image below). Information is in one place and easily accessible from a single link in emails. It can be accessed on or off site, and use of the padlet has removed the necessity to send information in attachments to emails.
- The trust appraisal and revalidation policy has been updated to include more information and links to information documents on the padlet.



- We have used a report from our online appraisal toolkit, SARD, to provide CSUs with a monthly update on appraisal completion rates.
- The Trust Robotics team are providing support to improve inefficient manual administration tasks, such as adding appraisal records to ESR and assigning appraisers.
- We have worked with the SARD team to develop a new appraisal system for Physician Associates and we are one of the first trusts to pilot it. Implementation started in July 2023. Anaesthesia Associates have slightly different requirements and will use our existing appraisal system starting from the 2024/25 appraisal year.
- Appraisal systems and processes will be in place for Physician Associates and Anaesthesia Associates in time for the introduction of regulation in 2024.

We continue to promote the MAG20 approach for appraisal which includes questions around health and welfare. SARD have incorporated these questions into the appraisal form, together with a sliding scale of 1-10 to ask how individuals are feeling, from April 2023. SARD are developing a report to allow us to review this

data, which will be used locally and will enable us to signpost individuals to our health and welfare information and support.

When doctors have insufficient evidence for the Responsible Officer to recommend them for revalidation, their recommendation is deferred for 4-12 months. Deferrals were low during the early part of the pandemic as the appraisal process was paused and revalidation dates were extended. As the appraisal system re-started, colleagues struggled to get some of the necessary supporting information, particularly patient feedback as there were fewer face to face consultations and there was a reluctance to hand out paper surveys. As a consequence, deferral rates were high. When the new SARD appraisal system was introduced, it included an electronic system with a personalised QR code. This simplified the collection of patient feedback and deferral rates dropped. An additional feature in SARD is an automatic notification in year 3 of their revalidation cycle to remind colleagues to start collecting feedback well before they need to revalidate.

	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>
<b>Total revalidation recommendations</b>	388	48	516	205
<b>Positive Recommendations</b>	354	47	400	153
<b>Deferrals</b>	34	1	115	52
<b>Non Engagement</b>	0	0	1	0

## **2. BACKGROUND**

Designated Bodies have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations, and it is expected that boards will 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.
- ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to the required standards.

### 3. GOVERNANCE ARRANGEMENTS

In LTHT, management of a high-quality system for revalidation is overseen by the Revalidation and Appraisal Steering Group. A working group and a CSU Lead Appraiser group contribute to this overview. The Steering Group is chaired by the Chief Medical Officer (CMO) and Responsible Officer and its membership includes the Medical Appraisal Lead, clinical leaders, professional development and medical workforce, as well as 'front-line' clinicians who have volunteered to help the group with its work. The group reports to the board through this annual report.

### 4. MEDICAL APPRAISAL DATA

#### Appraisal Figures

	2018-19	2019-20	2020-21	2021-22	2022-23
<b>Total Completed (% of doctors requiring appraisal)</b>	1285 (94%)	1436 (97%)	1105 (70%)	1345 (93%)	1476 (98%)
<b>No appraisal - unapproved missed</b>	51	15	467	53	28
<b>Mitigating circumstances approved missed</b>	36	24	18	42	33
<b>New starters not requiring an appraisal</b>	-	-	-	122	79



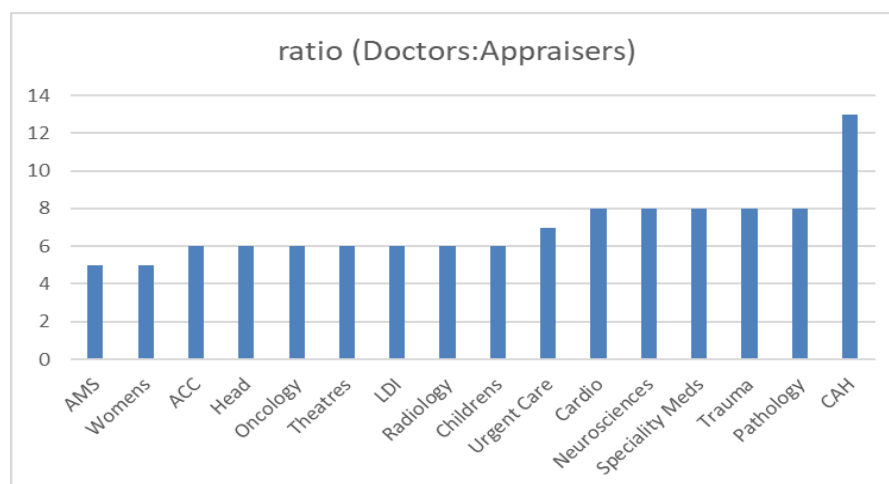
In the appraisal year 2022/23, LTHT was the Designated Body for 1616 doctors. Of these, 79 doctors were new starters to the trust whose start date was after August and who were not required to undertake an appraisal. An additional 33 doctors were unable to complete an appraisal due to mitigating circumstances. Of the remaining 1504 doctors, 1476 (98%) successfully completed their appraisal.

There were 28 unapproved missed appraisals, where doctors failed to engage with the appraisal process. Since the audit, 17 have now completed their appraisal, five have left the trust, four are in progress and two have still not made a start on their appraisal. All of the doctors who are slow to engage with appraisal are contacted by the appraisal admin team, medical appraisal lead, Clinical Director in CSU or the Responsible Officer as appropriate.

## Appraisers

There are currently 252 medical appraisers in LTHT. All are required to attend two update workshops every three years in order to maintain their knowledge and skills. Appraiser attendance at these sessions is monitored and individuals who do not attend a sufficient number are contacted with dates of future sessions. LTHT ran eight appraisal update sessions using a remote format in 2022/23. Feedback from these sessions was good with excellent interaction and contributions from the attendees. In addition to appraiser update sessions, we delivered five new appraiser training sessions using a remote format.

We have seen a decrease in appraiser numbers, usually related to workload pressures, and are working with the CSUs to recruit more. We provide CSU level appraiser data which has highlighted the areas where more appraisers are required (see figure below) and enabled us to have conversations with CSUs about the need to train more appraisers or provide mutual aid.



Most appraisers appraise doctors within their own department but 63 of are happy to conduct appraisals for doctors who are outside of their own CSU.

We conducted a survey of our appraisers this year to enquire about difficulties with their role. Of the 60 who responded, the vast majority were comfortable with our processes and how the appraisal system works. A link to survey results can be found on Consultant Sharepoint:

[Consultants Team \(sharepoint.com\)](#)

### **New Starters**

All new doctors are sent a welcome email with information for appraisal and revalidation. For 2022/23, new starter training has been pre-recorded and is available on YouTube. The link to this is available on the padlet and is sent as part of the welcome email. New starters are also invited to attend a Q&A session where there is an opportunity to ask questions about the system and processes. New starter training is launched from training interface so that we can track attendance. All other training has been refreshed.

In order to obtain relevant history, doctors are asked to complete a new starter form which asks for details of previous appraisals, feedback exercises, disciplinary action, GMC investigations and restrictions in clinical activity. Additional significant details are also available from Transfer of Information forms which are completed by Responsible Officers in other organisations. HEE no longer provide these forms automatically, but they inform us directly if there are any concerns.

A new information sheet has been introduced and is sent out to individuals and CSUs for local induction and to encourage better engagement with the non training doctors.

### **Strengthening CSU responsibilities**

We continue to work with the CSUs by providing them with monthly real time data on numbers of completed and incomplete appraisals, and they are contacted regularly to clarify issues with specific doctors.

CSU Leads for Appraisal are asked for assistance selecting appraisers for colleagues, asked about local issues and to provide support where doctors are late completing their appraisal. They are asked to attend our lead appraiser meetings held twice a year and are required to

quality assure a proportion of appraisals every year using the standardised Appraisal Summary and PDP Audit Tool (ASPAT Tool), which is a national standard tool for quality assuring appraisal.

### **Quality Assurance**

NHSE requires organisations to quality assure the appraisal process. At LTHT this is done in a number of ways. Firstly, all appraisers are trained and regularly updated. Update sessions include a feedback exercise where appraisers collectively review their appraisal output forms. This gives them an opportunity to calibrate themselves and learn from others. In addition, appraisal documentation is reviewed at monthly revalidation panels and if there are issues with appraisal quality, then appraisers are contacted, issues discussed, and support provided. Finally, the ASPAT is used to assess 10-20% of appraisal documentation. In addition, we use this tool to audit the first three appraisals undertaken by every newly trained appraisers.

Total ASPATs Audited	Scored between 75% and 100%	Scored between 50% and 75%	Scored 49% or lower
205	70%	19%	11%

Where appraisal summaries are found to be of inadequate quality, the appraisers are contacted for a discussion and signposting to the next available appraiser update session.

### **Clinical Governance**

Assurance and performance in this area are reported elsewhere, overseen by the Chief Medical Officer (CMO) Key aspects of clinical governance for the Responsible Officer at LTHT are the collection and use of clinical information and systems to assist clinicians in their annual appraisal, and more rarely to trigger the raising of concerns about a doctor's practice from our clinical risk management systems. Detailed discussions with the informatics team have identified the potential and the barriers to the provision of this information and work is on-going.

## **5. MEDICAL REVALIDATION**

### **Revalidation Recommendations**

The Chief Medical Officer, Responsible Officer, Medical Appraisal Lead and HR representative attend monthly revalidation panels. This group assesses doctors who are 'under notice' to assess whether they have sufficient evidence to be recommended for revalidation. Where they have sufficient evidence, a positive recommendation is made to the GMC.

In the 2022/23 appraisal year, LTHT made 203 positive recommendations.

If the doctor lacks sufficient evidence and needs more time to collect that evidence, then their recommendation may be deferred. In 2022/23 there were 53 deferrals, a reduction of 62 from the previous year. Of these, 41 were due to missing multisource feedback.

On rare occasions, doctors do not engage with the appraisal process despite multiple interventions from the appraisal and departmental teams. In these cases, a non-engagement notification (called a REV6) is made to the GMC. During the 2022/23 appraisal year, no REV6 notifications were made.

The recommendations to the GMC are made online on GMC connect, approximately two weeks before revalidation date. The exceptions to this are where doctors require supporting information i.e. feedback.

### **Policy and guidance**

Revalidation policy is due for review in October 2024.

All of our other guidance has been updated and can be found on the following links

[Consultants Team \(sharepoint.com\)](#)

[Medical Revalidation Padlet](#)

[Medical Appraisal Padlet](#)

## **6. RECRUITMENT AND ENGAGEMENT BACKGROUND CHECKS**

All doctors employed by LTHT are subject to the NHS mandatory pre-employment recruitment checks prior to appointment, including locum doctors. In April 2014, a new category of fitness to practise impairment 'not having the necessary knowledge of English' was introduced by the GMC, requiring Trusts to ensure that doctors have sufficient

knowledge of the English language necessary for their work to be performed in a safe and competent manner. The pre-employment checks carried out on all doctors provide this assurance at LTHT.

## 7. MONITORING PERFORMANCE

The approach taken in LTHT is to use existing routine systems to monitor the fitness to practise of all doctors. This includes:

- Mortality and morbidity reviews
- Clinical governance forums and meetings in specialties
- Participation in national and local audits
- Quality Improvement Activity
- Whistleblowing systems
- Never Events

Clinical Directors hold responsibility for identifying and managing concerns about all aspects of all performance escalating them where it is felt that they may be serious.

## 8. RESPONDING TO CONCERNS AND REMEDIATION

The Trust's approach to identifying and responding to concerns is covered by the Principles for Responding to Concerns and the Guidance and Principles for Remediation

### Doctors at Risk

The table below contains data regarding the numbers of doctors at risk during 2022-23, who required formal action by the GMC, or by the Trust internally, where there was an outcome other than "case closed with no further action".

#### Doctors at Risk - Categorisation and Level of Concern

	Low Risk	Moderate Risk	High risk	Totals
Conduct	8	6	3	17
Capability	1	0	0	4
Health	2	0	1	3
Totals	11	6	4	21

### **Doctors in training**

Doctors in training have their RO at the Health Education Yorkshire and Humber Deanery (HEYH). The process for providing HEYH with reports has been agreed with them and implemented.

## **9. RISKS AND ISSUES**

There are no risks or issues that need to be escalated for the Board's attention.

## **10. ACTIONS/FOCUS FOR 2022/2023**

- Drive high completion rates
- Hold an External Peer Review
- Implement A & AAs appraisal system and introduction of revalidation process

## **11. RECOMMENDATIONS**

Board Members are asked to:

- Note the assurance provided on medical appraisal and revalidation
- Note the continued progress being made in this area
- Confirm commitment to supporting the progress of this work

**Dr Hamish McLure**

**Medical Director (Professional Standards & Workforce Development) and  
Responsible Officer for Leeds Teaching Hospitals NHS Trust, St Gemma's Hospice &  
Martin House Hospice**

**September 2023**