

Trust Board Meeting

8 September 2022

Report Title:	2021/22 Annual Report for Medical Appraisal & Revalidation
Executive/NED Lead:	Dr Angela Tillett, Chief Medical Officer
Report author(s):	Jane Clarke, Revalidation Manger
Previously considered by:	Dr Martin Mansfield, Deputy Chief Medical Officer and Responsible Officer for Appraisal and Revalidation Previously submitted to and approved by Executive Management Committee, 15 August 2022, and Performance Assurance Committee, 24 August 2022

Approval

Discussion

Information

Assurance

Executive summary
<p>This paper is to inform the Board of the year end compliance for medical appraisal across ESNEFT.</p> <p>The role of Responsible Officer (RO) is held currently by Dr Martin Mansfield. The RO is required to make revalidation recommendations to the General Medical Council (GMC) about each doctor once every 5 years. The cornerstone upon which the RO's recommendation is made is the doctor's appraisal history over the past 5 years, and it is therefore critical that the appraisal process itself is robust and fit for purpose.</p> <p>Between 1st April 2021 and 31st March 2022, 173 recommendations were made to the GMC. 110 were for positive recommendations to revalidate and 63 were requesting a deferral of the revalidation date. No non-engagement notices were filed with the GMC during the reporting period.</p> <p>On 31st March 2022, ESNEFT was the Designated Body for 744 doctors and for the appraisal year 2021/22 the Trust reported 711 completed appraisals, giving the Trust an overall compliance rate of 95.5% for medical appraisal.</p> <p>This paper details the information provided for review regarding the process of medical appraisal and how this is monitored and assessed.</p>
Action Required of the Committee
The Board is asked to accept this report for assurance and information purposes and approve the statement of compliance at appendix A.

Link to Strategic Objectives (SO)		Please tick
SO1	Keep people in control of their health	<input type="checkbox"/>
SO2	Lead the integration of care	<input type="checkbox"/>
SO3	Develop our centres of excellence	<input checked="" type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO4	Drive technology enabled care	<input type="checkbox"/>

Risk Implications for the Trust <i>(including any clinical and financial consequences)</i>	Failure to provide a comprehensive appraisal and revalidation programme will lead to poor medical staff experience and revalidation along with regulatory scrutiny.
Trust Risk Appetite	The Board has a cautious risk appetite when it comes to compliance and regulatory issues. Where the laws, regulations and standards are about the delivery of safe, high quality care, or the health and safety of the staff and public, it will make every effort to meet regulator expectations and comply with them and will only challenge them if there is strong evidence or argument to do so and the gain will outweigh the adverse consequences.

Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc)</i>	<p>Medical Profession (Responsible Officers) Regulations 2010</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</p> <ol style="list-style-type: none"> 1. Regulation 12: Safe care and treatment 2. Regulation 17: Good Governance 3. Regulation 18: Staffing
Financial Implications	Failure to ensure professional standards are monitored and staff development pursued through appraisal will lead to increased staff turnover and possible increase litigation costs
Equality and Diversity	All staff groups should have access to high quality appraisal which supports their professional and personal development.

Background

Medical Revalidation is the process by which a doctor's licence to practise is renewed and is based on local organisational systems of appraisal and clinical governance.

1. Licenced doctors have a formal link, known as a prescribed connection, with a single organisation, known as the Designated Body, which will provide support with appraisal and revalidation. Each revalidation cycle is 5 years and all doctors holding a licence to practice in the UK are now in a managed system of governance that requires them to undertake an annual whole-practice appraisal and to be revalidated by the GMC once every five years.
2. Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations and it is expected that ESNEFT will oversee compliance by:
 - monitoring the frequency and quality of medical appraisals across the organisation;
 - ensuring that there are effective systems in place for monitoring the conduct and performance of doctors;
 - confirming that feedback from patients is sought periodically, and in line with GMC requirements, so that their views can inform the appraisal and revalidation process for 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 for the work undertaken.
3. The purpose of this report is to provide assurance to the Board, our regulators and commissioners that effective systems are in place and to ensure the Trust meets with nationally agreed standards for medical appraisal and revalidation. The report outlines how the appraisal process is monitored and quality assured, how the Trust aids those doctors whose performance or conduct requires further support and how employment checks improve the standard of patient care by ensuring only doctors with the appropriate qualifications and experience are employed by the Trust.

Governance Arrangements

4. On a monthly basis the Revalidation Manager provides the Head of Financial Management with the compliance data for the Trust NHSI Return. This data is available to the Divisional Groups via the Accountability Framework and appraisal compliance is fed into the Training Portal. The Revalidation Manager monitors and supports doctors in ensuring appraisal is undertaken in the allocated period. Any repeated non-engagement of a doctor is escalated to the Divisional Medical Director, Lead Appraiser and RO.
5. The Revalidation Manager maintains the GMC list of doctors with a prescribed connection to ESNEFT. The GMC sends e-mail notifications when a doctor is added to the Trust's Designated Body list. These notifications are checked and any unexpected additions to the list are scrutinised with the Medical Staffing Recruitment Manager and rejected or accepted as appropriate. The GMC has developed a decision-making tree to assist designated bodies in identifying whether a doctor should have a prescribed connection to a Designated Body.

Follow up on Key issues

6. For 2021/22 we recognised the need to recruit to and retain our bank of appraisers. Whilst we undertook a recruitment drive and successfully recruited a further 6 doctors to the role, unfortunately by the end of the appraisal cycle a further 8 Appraisers decided to step down. In addition we have two lay appraisers, who between them complete in excess of 50 appraisals annually, who will relinquish their roles at the end of the 2022/23 cycle.
7. If we do not recruit sufficient numbers of appraisers we will not be able to undertake an appraisal for every doctor on our Designated Body and will not be compliant with this annual requirement. A further recruitment drive is planned in summer 2022 and an options paper was submitted requesting further consideration of an increase in appraiser remuneration and the additional funding has now been secured from 1st July 2022.

Medical Appraisal for 2021/2022

8. As part of the Trust's annual reporting to NHS England the Annual Organisational Audit (AOA) is presented to Board for information purposes. This provides assurance to the Trust Board that we have effective systems in place to comply with the requirements of the Responsible Officer Regulations 2010 for medical appraisal and revalidation. The audit also provides a process by which every responsible officer, on behalf of his or her designated bodies, provides a standardised return to the higher-level (regional) Responsible Officer.
9. The AOA is usually submitted by the end of June with the Trust's statement of compliance and annual report approved by Board before the end of September. However, NHSEI has decided, for a further year, that this reporting is to be halted and no AOA submission is formally required. Organisations are invited to report on their appraisal data via their annual board report & statement of compliance (detailed at appendix A) and the date for submission of this report is 30th September 2022.
10. On 31st March 2022, 744 doctors had a prescribed connection to ESNEFT and the tables below describe the year-end compliance levels by doctor grade, division and the divisional year-end compliance levels. In summary, the Trust can report 711 doctors completed their annual appraisal providing an overall compliance rate for 2021/22 of 95.5%. This is a slight increase of 0.4% in compliance from the 2020/21 appraisal period and meets the required compliance rate of 95% as set by NHSE.

11. To provide an insight into what ESNEFT would have reported for 2021/22, section 2 from the AOA has been completed for information purposes only and is set out below:

Section 2		Appraisal				
			1a	2	3	
		Number of Prescribed Connections	Completed Appraisal	Approved incomplete or missed appraisal	Unapproved incomplete or missed appraisal	Total
2.1	IMPORTANT: Only doctors with whom the designated body has a prescribed connection at 31 March should be included. Where the answer is 'nil' please enter '0'. See guidance notes on page 12-14 for assistance completing this table					
2.1.1	Consultants (permanent employed consultant medical staff including honorary contract holders, NHS, hospices, and government /other public body staff. Academics with honorary clinical contracts will usually have their responsible officer in the NHS trust where they perform their clinical work).	412	401	7	4	412
2.1.2	Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS, hospices, and government/other public body staff).	121	114	4	3	121
2.1.3	Doctors on Performers Lists (for NHS England area teams 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).	0	0	0	0	0
2.1.4	Doctors with practising privileges (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade).	0	0	0	0	0
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).	209	194	3	12	209
2.1.6	Other doctors with a prescribed connection to this designated body (depending on the type of 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, other employed or contracted doctors not falling into the above categories, etc).	2	2	0	0	2
2.1.7	TOTAL (this cell will sum automatically 2.1.1 – 2.1.6).	744	711	14	19	744

12. Tables 1 and 2 below detail the overall compliance return for each ESNEFT Divisional Group and subsequent breakdown by staff grade. Please be aware that the data provided below is for 742 ESNEFT-employed doctors only (ESNEFT is also currently the designated body for the Medical Director at Addenbrooke's and the Chief Medical Officer for Mid and South Essex NHS Foundation Trust, due to potential conflicts of interest within those organisations, see 2.1.6 in table above).

Table 1

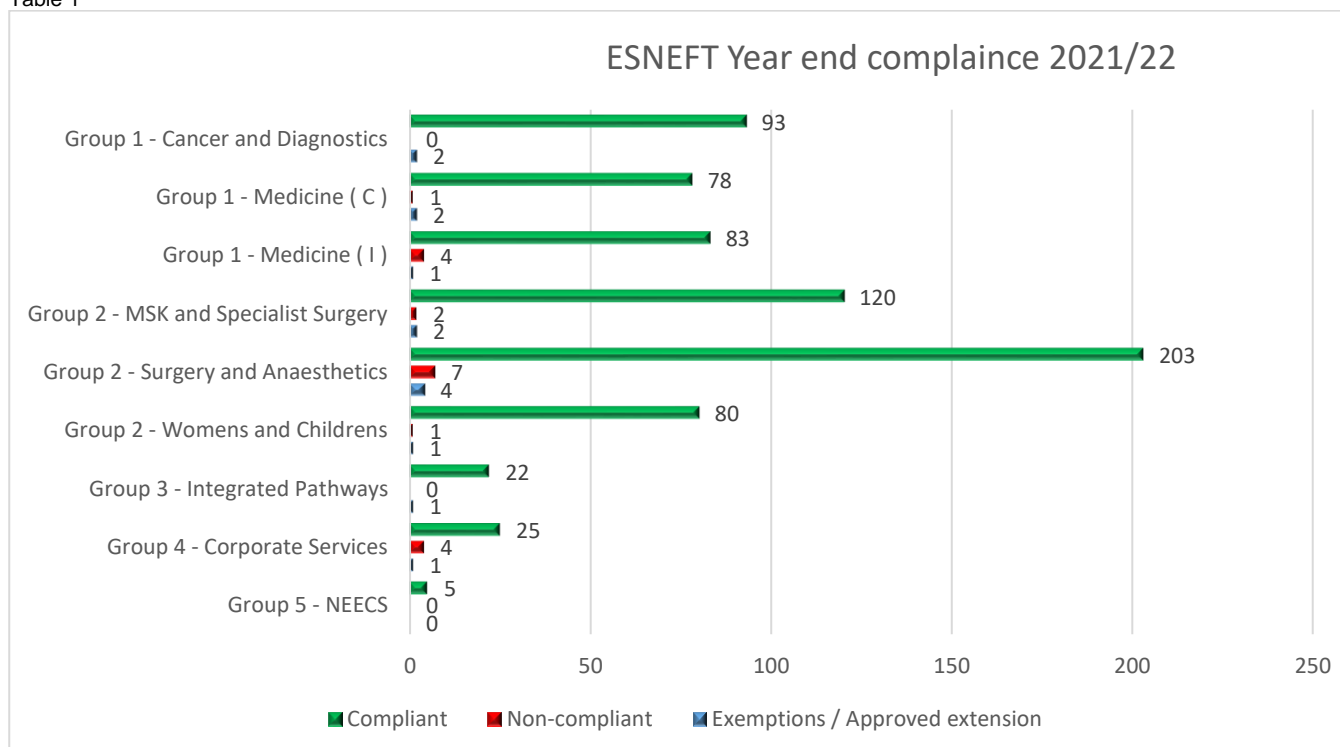
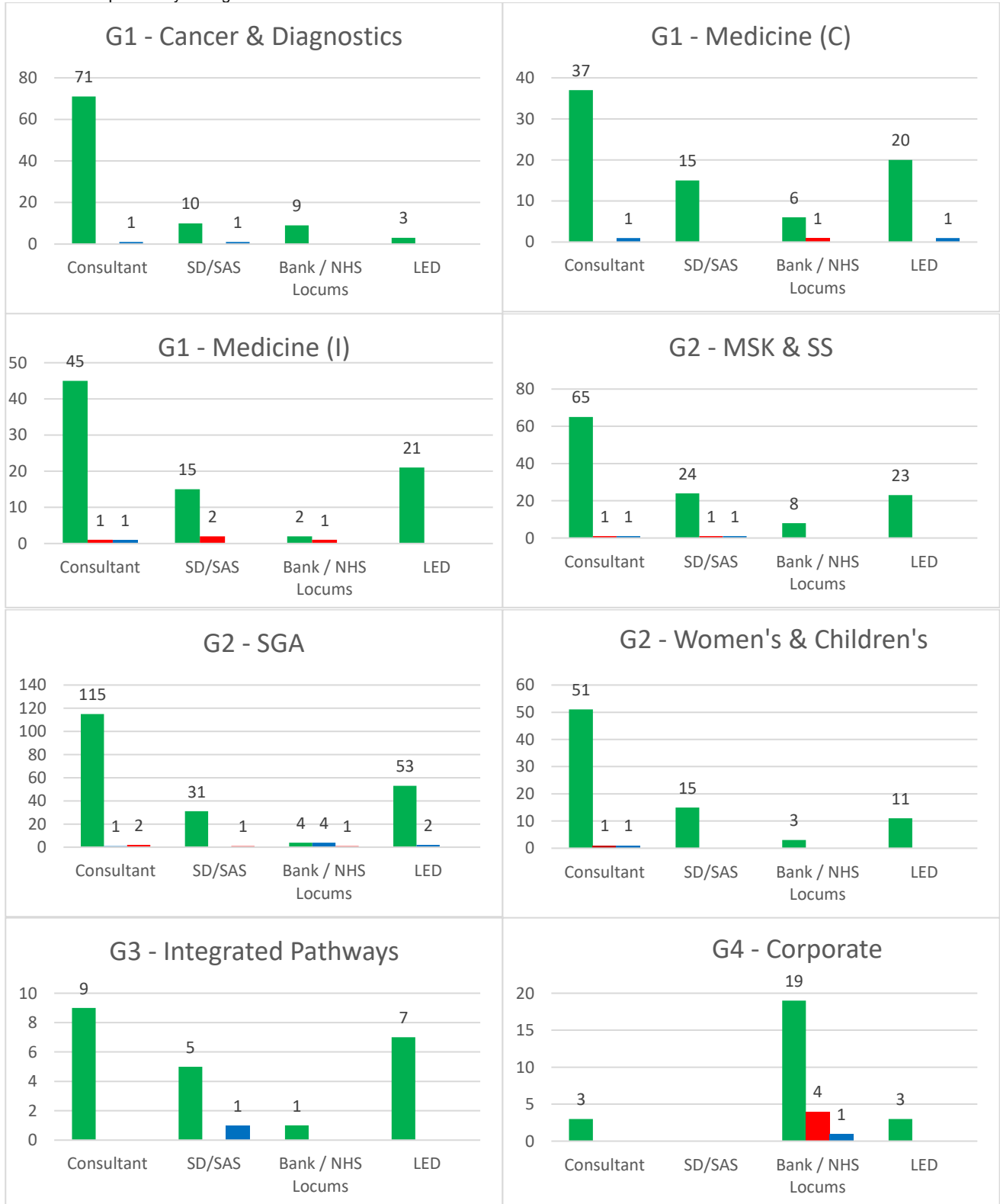
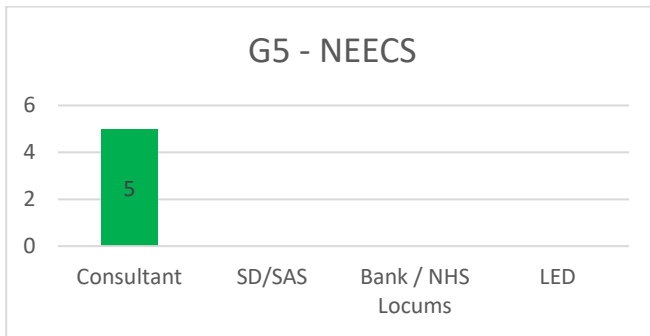


Table 2 – compliance by staff grade





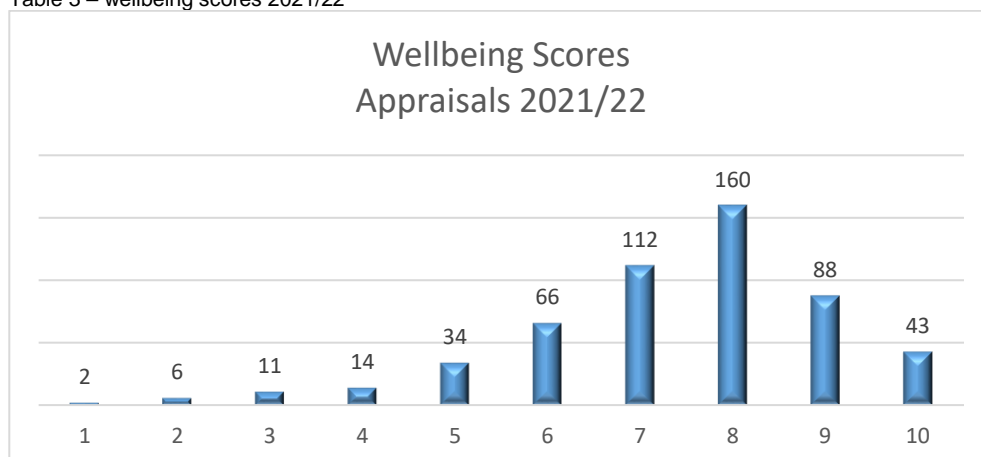
13. Compliance levels have been maintained this year with a slight increase of 0.4%. The Trust continues to see a rise in prescribed connections, increasing from 673 to the current figure of 744 in the last three years. Whilst this is testament to the successful recruitment of medical staff it does impact on the Teams ability to ensure we can continue to support the doctors with no additional investment into the Appraiser bank.
14. For 2021/22 we recognised the need to recruit to and retain our bank of appraisers. Whilst we undertook a recruitment drive and successfully recruited a further 6 doctors to the role, unfortunately by the end of the appraisal cycle a further 8 Appraisers decided to step down. In addition we are aware that the two lay appraisers, who complete in excess of 25 appraisals annually, have also decided to relinquish the role at the end of the 2022/23 cycle.
15. A contributing factor for continuing in the role is the current remuneration of 0.125PA. Much work has been done over the last few years to seek an increase in the appraiser remuneration rate from 0.125PA to 0.25PA with a concomitant requirement to complete 7 - 9 appraisals, which would address current appraisal requirements.
16. Compliance with appraisal only continues to be maintained at the current level due to the good will of appraisers responding positively to requests to undertake extra appraisals. These additional appraisals were completed with no additional funding and the situation was not sustainable therefore a longer term solution needed to be found.
17. Unfortunately for 21/22 the proposal to seek a rate increase was not approved through the business planning process against other competing priorities. However has now been agreed as from 1st July 2022 which will support recruitment and retention of appraisers.

Quality Assurance

18. Quality assurance mechanisms have always been embedded throughout the appraisal and revalidation system, partly by undertaking continuous audit of a proportion of annual appraisals. During the Covid pandemic appraisal processes were temporarily suspended and we have not been auditing any appraisals routinely for the past 2 years. In line with the start of the appraisal cycle on 1st July, audit has now recommenced for 2022/23 and a revised assessment tool, has been recommended for use with the revised national 2020 appraisal model.
19. Following the pandemic a new section “personal and professional wellbeing” was added on the Allocate system in recognition of the exceptional stress the pandemic had placed on healthcare workers. This section now provides the Appraisal team with an opportunity to audit and review wellbeing scores and to proactively offer appropriate support through the appraiser and using ESNEFT mental health first aiders when required.

20. Table 3 below highlights a retrospective review of the 2021/22 appraisal wellbeing scores. We found 536 doctors had completed the assessment, two doctors indicated a low wellbeing score of 1 and 43 submitted a score of 10. The average wellbeing score was 7.37.

Table 3 – wellbeing scores 2021/22



21. While this was retrospective, the audit tool and database have now been adapted to take into account the wellbeing scores to ensure ongoing monitoring. In this way doctors who score very low wellbeing scores can be identified and offered support at an early stage.
22. All appraisal audits are performed by the Lead and Seniors Appraisers once appraisals are completed on Allocate with the outcome fed back to the Appraisee, Appraiser and RO for information.
23. The audit process is intended to be supportive throughout the revalidation cycle. Currently we audit:
- All new starters in their first year of appointment at ESNEFT
 - All appraisals from new Appraisers in their first year in the role
 - Every doctor's appraisal in years 2 & 4 of their revalidation cycle
 - Doctors who are experiencing difficulty or require further support
 - Wellbeing score now added for 2022 appraisal audit
24. All outcomes are recorded by a member of the Revalidation Support Team on a central database for review by the Senior Appraisal Team.
25. The "appraisal lite" approach, or commonly known now as appraisal 2020, introduced in 2021 post COVID has been adopted to continue for 2022 and it is expected to be the new format of appraisal going forward.

Access, security and confidentiality

26. Whilst the detail of an appraisal meeting is confidential to the appraiser and appraisee, the RO, Lead Appraiser and Senior Appraisers do have access to the documentation through the Allocate system. All doctors are required to comply with Trust policies for confidentiality and data security and must ensure that all patient identifiers are removed prior to uploading any information into their appraisal folder.
27. The Trust has reported no information governance breaches concerning appraisal for the reporting period.

Clinical Governance

28. Current appraisal processes require that doctors must self-declare involvement in any and all significant events or complaints relating to them in the previous 12 months. They must then reflect on these events every year.

Revalidation Recommendations to GMC

29. The GMC have now extended the 'under notice' period, during which the Responsible Officer can make a recommendation about revalidation, from 4 months to 12 months. This will give the team more flexibility to manage the number of doctors to review each month and also address any required deferrals at an earlier stage.
30. During the last appraisal year, the RO has submitted 173 recommendations to the GMC with 110 of these being positive recommendations to revalidate the doctor. However 63 deferral requests had to be made to request a deferral of the impending revalidation due to missing evidence.
31. Although there has been a significant increase in deferrals this year (with only 4 reported in the previous cycle), this has been markedly affected by the pandemic as 55% of deferrals made were due to the doctors inability to provide patient feedback.
32. A recommendation to defer can be made when a doctor is engaged in the appraisal process but there may be incomplete information on which to base a positive recommendation. Alternatively a doctor may be involved in a local investigation/disciplinary process and therefore GMC revalidation should be deferred until the process is concluded. Deferral is a completely neutral act and does not impact on the doctors standing or medical practice.
33. Of the 63 deferrals made, 53 have since resulted in a positive recommendation being submitted and approved by the GMC. Of the ten outstanding deferrals:-
 - 2 doctors have since left the trust
 - 1 doctor is on long term sick leave
 - 2 on maternity/adoption leave and
 - 5 outstanding deferrals are due to be revalidated by September 2022.

Responding to Concerns and Remediation – 2021-22

34. The Trust ensures that all disciplinary matters are managed fairly and consistently, and wellbeing support is seen as a priority. Minor lapses in performance or conduct are generally dealt with as part of day to day management with verbal advice or counselling. Where lapses are more serious or persistent, the employee is managed in accordance with the disciplinary procedure, however no disciplinary action will be undertaken until the matter is fully investigated.
35. There is a well-established Decision Making Group (DMG) for HR matters, which review concerns on a weekly basis. Membership comprises of:
 - a. Chief Medical Officer
 - b. Responsible Officer
 - c. Director of People and Organisational Development
 - d. Head of Employee Relations
 - e. Head of Medical Staffing
 - f. Senior ER Adviser (Medical)

Additional advice is sought from the Practitioner Performance Advice Service (part of NHS Resolution) as soon as a serious concern arises. The GMC's employer liaison adviser is contacted as appropriate. Any serious concern is registered with the Chief Executive, Chief Medical Officer and Director of People and Organisational Development.

36. A monthly report of current cases is submitted to the Trust Board for information. A bi-monthly report is provided to the People and Organisational Development Committee providing an analysis of cases including any themes and trends. A monthly case report of excluded doctors is also provided to the Designated Board Member, a nominated NED, who has responsibility for overseeing the case and ensuring momentum is maintained.

37. The relevant policies are used to manage each case i.e. Maintaining High Professional Standards (MHPS), Disciplinary, Investigations, Absence and Remediation Policies and toolkits. The MHPS policy complies with the national MHPS framework.
38. The Disciplinary Policy and Toolkit was reviewed to reflect just culture principles. This approach aims to manage concerns in a supportive way using a restorative approach whereby colleagues learn from incidents and events in a supportive and compassionate way.
39. The role of the Cultural Ambassador has been introduced to ensure that any acts of a cultural nature will be identified and challenged during the formal process.
40. The Remediation Policy supports the Medical Appraisal and Revalidation Policy in situations relating to capability. It provides a clear framework in order to address issues of remediation. The Policy is based on the national 'Back on Track' document and the MHPS framework. For doctors in training, Health Education East of England's procedures are followed and we link in with the Lead Employer for GP trainees.
41. The Responsible Officer and Chief Medical Officer have attended the national case manager training programme. If an investigation is required, a trained investigator will undertake this.
42. There is an established process in place to transfer information or concerns quickly and effectively between the Trust's Responsible Officer and other Responsible Officers (or other relevant person) when required. The DMG discusses these cases and supports the Responsible Officer's decision to share this information.
43. To ensure concerns about a doctor's practice are managed fairly and are free from bias and discrimination the Trust utilises the DMG. Members are required to declare any interest in a case and are not involved in the case discussion or any decisions made when this is considered appropriate. For complex cases where there is a combination of clinical capability and conduct concerns, separate Case Managers are appointed to oversee each process. Similarly, where subsequent concerns arise following the conclusion of an MHPS process, a new Case Manager is appointed to oversee the new MHPS process. Where appropriate the case manager is supported by an independent panel who review and discuss the investigation report and will support the case manager with their decision on the next steps. The Trust also discusses appropriate cases and seeks advice from the PPAS on the approach and required actions.
44. We work closely with colleagues in the Health and Wellbeing team and with the Director of Medical Education and HEE when concerns relate to junior doctors in training. During 2021/22 the Trust has the following cases:

Concerns about a doctor's practice - Number of doctors with concerns about their practice in the last 12 months;	High level	Medium level	Low level	Total
Capability concerns (as the primary category) in the last 12 months	0	2	0	2
Conduct concerns (as the primary category) in the last 12 months	7	7	1	15
Health concerns (as the primary category) in the last 12 months	1	0	0	1
TOTAL				18

Remediation/Reskilling/Retraining/Rehabilitation - Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2021 who have undergone formal remediation during the reporting period	
Consultants (permanent employed staff including honorary contract holders, NHS and other government /public body staff)	1
Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS and other government /public body staff)	0
TOTAL	1

National Clinical Assessment Service actions - Number of doctors about whom NCAS has been contacted between 1 April 2020 and 31 March 2021:	
For advice	7
For investigation	0
For assessment	1
Number of NCAS investigations performed	0
Number of NCAS assessments performed	1
TOTAL	7

Other Actions/Interventions	
Number of doctors who were suspended/excluded from practice between 1 April and 31 March: <i>Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included =</i>	5
Duration of suspension:	Periods of exclusion range from 2 days to 21 weeks
Number of doctors who have had local restrictions placed on their practice in the last 12 months?	5
Were referred to the GMC between 1 April and 31 March (including those referred by the Trust and those the GMC advised the Trust.	6
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 April and 31 March	6
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 April and 31 March	2

Key Issues for 2022/23

45. With the need to address the forthcoming departures from the appraiser bank at the end of the 22/23 cycle, the Appraisal Team plan to continue with a recruitment drive and internal training of appraisers. The Revalidation Manager is currently in contact with Trusts within the region to establish what alternative methods for appraisers are in place elsewhere.
46. It is hoped and expected that appraiser recruitment will be easier in 2022/23 now that additional funding has been secured from July 2022.
47. With the introduction of the wellbeing scores into the annual audit process, each appraisal will now be individually reviewed ahead of submission for audit to ensure an early offer of wellbeing support

can be made.

48. To assist with the currently very heavy workload in the Employee Relations Team, which deals with the disciplinary matters, there is a current plan to recruit an additional staff member for that team.

Recommendations

49. The committee is requested to accept this report for information and assurance purposes.

Appendix A Statement of Compliance

The Board of East Suffolk and North Essex Foundation has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the Designated Body
(Chief Executive or Chairman)

Official name of designated body: East Suffolk and North Essex Foundation Trust

Name: Signed

Role:

Date: September 2022