

ITEM: 09/147
Doc: 10

Meeting: Trust Board
Date: 18 November 2009

Title: **Whittington Hospital consultant appraisal report 2009**

Executive Summary: A summary of consultant appraisal activity is presented for the information of Trust Board, along with an estimate of the resource likely to be required to implement the strengthened appraisal that is necessary for revalidation of doctors.

Action: For discussion

Report from: *Mrs Celia Ingham-Clark, Medical Director*

Sponsor: *Rob Larkman, Chief Executive*

<p>Compliance with statute, directions, policy, guidance Lead: All directors</p>	<p>Reference: GMC regulations on medical revalidation</p>
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<p>Compliance with Healthcare Commission Core/Developmental Standards Lead: Director of Nursing & Clinical Development</p>	<p>Reference: C5b and C11c</p>
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1) The role of consultant appraisal

Effective consultant appraisal is one of the most important ways in which we assure the quality of clinical care for our patients. All consultants must be appraised annually and use the opportunity not only to discuss performance in the past year but also to set appropriate objectives for the year ahead that are aligned with the objectives of the trust. A consultant appraisal policy has been agreed at the Clinical Governance Committee.

2) Revalidation

GMC revalidation of doctors is dependent on the recommendation of an organisation's Responsible Officer (to be appointed in 2010; likely to be the Medical Director). This recommendation will be based on the preceding five year's appraisals and will be informed by specialty standards set by the medical Royal Colleges and generic standards set out in the GMC's "Good Medical Practice".

3) Consultant appraisals 2008/9

In 2008/9 all consultants took part in annual appraisal, although 28% took place after the deadline of November 30th. Only a small number of these were delayed for good reason (e.g. maternity leave, long-term sick leave). Appraisal performance by Division is shown in the table.

Division	Appraisals completed by deadline	Appraisals completed in total
medicine	88%	100%
diagnostics	100%	100%
Surgery and anaesthetics	64%	100%
Women's and children's	76%	100%

All appraisals resulted in the "Form 4" summary including personal development plan review from the previous year and a personal development plan for the year ahead. Feedback from appraisees "for the attention of the Director of Operations" was passed on in real-time rather than as a summary after all appraisals were complete, and consultants found this prompt feedback and resulting action preferable.

4) Appraisers

Thirty three consultants acted as appraisers for other consultants last year (see table)

Number of appraisals	Completed by deadline	Number of appraisers
1	46%	13
2	63%	4
3	100%	4
4	86%	4
5	88%	5
6	83%	1
7	86%	2

This shows that in many cases where a consultant did a single appraisal it took place after the deadline.

At present we have seventeen consultants who are trained as consultant appraisers, and a much larger number of consultants who have received more generic training in order to appraise training grade doctors. It is intended to identify, train and appoint a cohort of consultant appraisers each of whom will do approximately 5 appraisals a year. We intend to discourage the "occasional" appraiser since infrequent appraisal activity may be associated with poorer appraisal.

5) Satisfactory appraisal

Receipt of a completed Form 4 with a review of the previous year's PDP and a new PDP for the year ahead led to the issue of a certificate of appraisal for each consultant. Last year there were two cases in which the content of the Form 4 indicated less than satisfactory performance and in both cases action plans were agreed with the relevant consultants to correct this. In neither case was there a concern regarding *clinical* performance.

6) Appraisal 2009

The 2009 consultant appraisal round is under way, with approximately a quarter of consultant appraisals completed by the first week of November and assurance from clinical directors that dates are in the diary for the large majority of consultant appraisals to be completed by the end of November deadline.

7) Strengthening our medical appraisal processes for the future

In August 2009 we took part in a medical appraisal self-assessment exercise alongside all London NHS Trusts. The assessment was against a national benchmarking tool supported by the NHS Revalidation Support Team. As a result of the self-assessment we have developed an action plan which will be taken forward by the Revalidation Working Group that reports to the Clinical Governance Committee.

Principal features of this action plan include:

- formally appointing and training consultant appraisers
- regular evaluation of the appraisal process and appraiser performance
- incorporating the (emerging) guidance from medical Royal Colleges on the specialist content of appraisal
- requiring consultants to bring all of their practice (including private practice) to their appraisal
- ensuring that annual appraisal takes place for non-consultant, non-training grade doctors working in the trust (a group that have had a rather sporadic approach to appraisal in the past)
- introduction of 360° appraisal for all consultants

8) Resource implications

In recent years the administration of consultant appraisal at the Whittington has been carried out by the Medical Director and her personal assistant. In the light of the more rigorous demands of strengthened appraisal it is judged that the trust will need to identify additional resources to support this. These resources should include a medical revalidation manager, funding for 360° appraisal (approx one third of consultants each year), funding for appraiser training and for an external evaluation of our appraisal processes once the initial steps have been put in place. Consideration will need to be given to assisting consultants collect appropriate evidence that they provide good clinical care. However similar evidence will be needed for our Quality Accounts. A business plan will be submitted seeking appropriate resources in the near future. Consultant appraisers will be expected to carry out their duties as part of their supporting professional activities.

9) Summary

Trust Board is asked to note the changing requirements of medical appraisal and that an action plan has been put in place to deliver strengthened appraisal at the Whittington. There will be a resource implication associated with this, but the result should be that our doctors are better able to deliver high quality care and to demonstrate that they do so.

Celia Ingham Clark
Medical Director