

## Whittington Health Trust Board

22 May 2013

<b>Title:</b>	Medical Appraisal update report						
<b>Agenda item:</b>	<b>13/075</b>		<b>Paper</b>			<b>6</b>	
<b>Action requested:</b>	For information						
<b>Executive Summary:</b>	Revalidation for all doctors is now live, with the process resting on robust annual appraisal systems. This update report is part of the reporting arrangements for medical appraisal, to ensure increased awareness of the appraisal process across all levels of the Trust. In particular, high level and Board awareness is shown to have a positive impact on the quality and awareness of appraisal across medical staff. This paper includes statistics relating to the Trust's current status on appraisal as well as a brief summary of areas of interest, including updates on the new electronic system for appraisal.						
<b>Summary of recommendations:</b>	For awareness and endorsement.						
<b>Fit with WH strategy:</b>	Revalidation is a new national requirement: annual appraisal will also help to embed a culture of learning and reflection.						
<b>Reference to related / other documents:</b>	Whittington Health appraisal policy: <a href="http://whittnet/default.asp?c=5917">http://whittnet/default.asp?c=5917</a>						
<b>Date paper completed:</b>	10 May 2013						
<b>Author name and title:</b>	Martin Kuper			<b>Director name and title:</b>	Martin Kuper, Medical Director		
<b>Date paper seen by EC</b>	07.05 .2013	<b>Equality Impact Assessment complete?</b>	n/a	<b>Risk assessment undertaken?</b>	n/a	<b>Legal advice received?</b>	n/a



# Medical Appraisal Update to Board

May 2013

## 1. Revalidation Management System

Due to the GMC requirement that all appraisal now be undertaken electronically, the Trust uses an online platform for revalidation, the Revalidation Management System (RMS). Initial implementation was smooth, and the Trust has offered extensive training, both formally (including one session via Medical Committee), and informal smaller sessions, including one to one support.

All the appraisals delayed by the problems with the connection in November and December have now been completed, although this clearly delayed the process.

The Trust regularly feeds back suggestions on the functionality of the system to Equiniti and is currently working with the company to improve the Responsible Officer functionality.

The system is due to integrate job planning functionality by summer 2013; a go live date is expected shortly.

It should be noted that a slight increase in the number of Trust doctors may require the Trust to purchase additional RMS licences.

## 2. Appraisal Figures

Figures for completed and signed off appraisals by division are as follows:

ICAM: 98%

SCD: 93%

WCF: 92%

**Total: 94%**

These numbers do not include newly appointed consultants or Trust doctors who have arrived in the last two months, as these doctors will have their appraisals deferred for six months to give them time to collect adequate data for their portfolio.

## 3. ORSA

The April 2013 Organisational Readiness Self-Assessment tool, or ORSA, was submitted on 10<sup>th</sup> May.

Figures from the April ORSA regarding our prescribed connection numbers are as follows (as at 31<sup>st</sup> March 2013):

Consultants (inc. honorary contract holders): 167

SASGs (inc. clinical assistants): 19

Temporary or short term contract holders: 34

Other (leadership, management or leadership roles): 1

**Total: 221**

**4. Total doctors with prescribed connection who had completed appraisals by this date: 189**

The number of appraisals completed reflects a higher than usual number of new starters, including doctors who had previously been in training, as well as those recently returned from sickness or maternity leave. An audit has been performed to identify the reasons for any appraisals that have not yet been completed (see Appendix 1).

**5. Recommendations for Revalidation**

Recommendations due as of 1<sup>st</sup> May 2012: 7

Recommendations made: 6

Deferrals requested: 1

The Responsible Officer has so far made six recommendations to the GMC, all of which have been approved, and one deferral request (also approved). The deferral request was due to a Trust doctor who had recently started and who had been scheduled for revalidation in Year 0 (the year reserved for ROs). This doctor is engaging with the appraisal process, has completed a 360, and is expected to revalidate by 29<sup>th</sup> November 2013.

Results of audit to identify reasons for all missed or incomplete appraisals		Numbers
<b>1.</b>	<b>Doctor factors:</b>	
a.	Absence of doctor (for example, due to maternity or sick leave)	4
b.	Incomplete portfolio or supporting information	
c.	Appraisal outputs not agreed/signed off by the doctor within 28 days of appraisal meeting	
d.	Factors relating to lack of time of doctor	6
e.	Lack of engagement of doctor	
f.	Other factors (describe) Had recently joined the Trust during appraisal cycle/joined after appraisal cycle had finished	14
<b>2.</b>	<b>Appraiser factors:</b>	
a.	Absence of appraiser	
b.	Appraisal outputs not agreed/signed off by the appraiser within 28 days of appraisal meeting	
c.	Factors relating to lack of time of appraiser	2
d.	Other appraiser factors (describe)	
<b>3.</b>	<b>Other factors:</b>	
a.	Factors relating to administration or management of appraisal system	
b.	Factors relating to function or failure of electronic portfolio or other electronic system	
c.	Insufficient numbers of trained appraisers	
d.	Other organisational factors (describe) Appraisees were discovered to be the Trust's responsibility for revalidation after the appraisal cycle had ended (primarily Trust doctors and/or locums) Appraisees are visiting junior doctor equivalents from Sri Lanka and are doing an ARCP-like process	4 2
<b>4.</b>	<b>Total Appraisals missed or deferred 2011-2012</b>	<b>32</b>
<b>5.</b>	<b>Recommendations:</b> Previously we have been relying on specialties informing us of Trust doctors in post, which is very unreliable; there is now a process for transferring new starter details across which appears to be working well. More appraisers will be appointed this year to ensure that the workload is more evenly spread.	