

ITEM: 9

MEETING: Trust Board 16 May 2007

TITLE: Consultant Appraisal report

SUMMARY:

The 2006 consultant appraisal round generated clear personal development plans for consultants and areas for organisational development for the Trust.

ACTION: For information

REPORT FROM: Celia Ingham Clark, Medical Director

SPONSORED BY:

Financial details supplied/checked by: n/a
(Name of finance officer)

Recommendations contained within this paper have been checked for compliance with relevant statute and regulations/directions/policy as follows:

(Relevant law/direction etc.) n/a
(Name)
or



Consultant appraisal report 2006/7

In 2006 all consultants were asked to take part in the annual appraisal process using the nationally recommended template. Consultants were asked to arrange their own appraisal, with support from their Clinical Directors, since in previous years administrative planning of appraisal had sometimes resulted in inappropriate pairings, for example due to incompatible timetables. All were asked to do appraisal in the autumn and to submit to the Medical Director, before the end of December, a copy of their completed Form 4, the Personal Development Plan for the year ahead, and last year's PDP with written comments by the appraiser regarding achievement of the objectives. On receipt of these the Medical Director issued a certificate indicating the consultant's participation in appraisal. Consultants were only eligible to apply for Clinical Excellence Awards if they complied with this timetable. The process was well-advertised using emails to consultants, discussion at Medical Committee and verbal communication via Clinical Directors to Divisional Boards.

Consultant participation

Completed paperwork was received as follows:-

December 2006	87 consultants
January 2007	5 consultants
February 2007	5 consultants
March 2007	1 consultant
Outstanding	15 consultants

Of those whose appraisal forms have not yet been received 5 had periods of sick leave in the last three months, 1 maternity leave, 2 are relatively new locums and 3 are newly appointed consultants. Appraisal has been arranged for all of these within the next month.

Four consultants have not yet submitted their appraisal paperwork, and have been asked to do so as soon as possible. Active participation in appraisal is a mandatory part of a consultant's work in order to improve their practice, align their objectives appropriately with those of the hospital, and ensure successful application for pay thresholds.

Appraisers

In 2006 over 50 consultants carried out appraisals for their colleagues, with those in academic posts having dual NHS/academic appraisal by two appraisers. Four pairs of consultants carried out reciprocal appraisal for each other; this is not recommended good practice.

Quality assurance

Our consultant appraisal process is being reviewed by David Brown against the standards recommended by the Department of Health report "Assuring the quality of medical appraisal". A proposal to reinvigorate the appraisal system has been approved by the Clinical Governance Steering Group and will involve: -

- 1) a questionnaire to all consultants to ascertain their views on our current appraisal system and how to improve it, and their views on the skills of their appraisers
- 2) identification of consultants in clinical leadership positions who show potential talent for further training as super-appraisers
- 3) a study afternoon for medical leaders and senior operational managers to better understand the purpose of consultant appraisal, its links with job planning, and the impact on these of the recent White Paper on Medical Regulation.

Consultants developmental needs

All Personal Development Plans were reviewed by the Medical Director to ascertain consultants' developmental needs. A summary of the areas for development is given here. However consultants should also take their PDP to their job plan reviews in order to better align their objectives with those of the Whittington Hospital Trust.

Areas for personal development identified by consultants

Continuing medical education	48
(further) Training as a medical teacher	29
personal organisation	10
management training and development	22
technical skills training	30
recertification e.g. ALS	11
audit	20
service development	24
maintaining high quality service/ patient satisfaction	8
risk management training	3
guideline development	7
equal opportunities training	2
development of training courses	8
mandatory training	5
work with PCTs and GPs	3
developing IT skills	11
research development	12
retirement planning	4
climbing Everest	1

Areas for organisational development

All comments written in the box "For the attention of the Director of Operations" have been passed on to the Director of Operations and will be considered by the operational management team.

The following is a list of the categories of support that consultants are seeking:

New buildings/ upgrades	8
More staff	20 (6 consultants, 1 nurse, 1 psychologist, 2 SpRs, 3 audit clerks and 7 secretaries)
Overburdened job	11 (6 specifically OPD, 2 noting more work assessing trainees and students)
Sabbatical plan	3

Consultant replacement plans	2
Improved HR support	3
Software	2
Service development	2
Better IT information for appraisal	8
Better theatre organisation	4
Better response to incident forms	5
Help with NSF implementation	1 (COOP)
Equipment	7 (Stroke Unit, orthopaedics, urology, USS for central lines)
Better signage	1 (Stroke Unit)
Suggestion that PCT should fund part of post	1
Re-introduce a Critical Care Group	2
Use this doctor's expertise in clinical coding and HSM	1

Plan for 2007

- questionnaire re 2006 appraisal round
- identify and train super-appraisers
- improve information available for consultants on performance and outcomes
- start to link appraisal more closely with job planning
- 2007 appraisal round to take place between Sept and Dec 2007

Summary

The majority of consultants took part actively in the appraisal process this year. There is a clear plan for 2007 and ALL consultants should be strongly encouraged to engage in the process in order to more readily achieve revalidation in the new regimen of medical regulation for the future and to assure the Trust that we are doing our best to provide excellent quality care for our patients.

Celia Ingham Clark
 Medical Director
 May 2007