

MEDICAL APPRAISAL & REVALIDATION
Reporting Quarter: April 2015 – June 2015

This Report updates the Board on recent developments in revalidation both locally and nationally. It also details the current position of our appraisal uptake.

1. Medical Appraisal

The Appraisal and Revalidation team have submitted Quarter 1 data to NHS England which demonstrates the following:-

Number of doctors which are connected to the designated body of Sherwood Forest Hospitals NHS FT	230
Number of appraisal due in Quarter 1 (1 st April 2015 - 30 th June 2015)	42
Number of appraisals that took place in this reporting period	38
Number of appraisal for which an agreed postponement was agreed	1
Number of appraisal for which a postponement was not agreed	3

Those doctors without a formal postponement in place are being handled in line with the medical appraisal policy.

The Trust is overall **98% compliant** with Medical Appraisal. The percentage of compliance for **Quarter 1 is 90%**.

Short-term Appointments

Doctors joining the Trust on a fixed term temporary basis (less than 12 months) are offered a meeting with the Appraisal and Revalidation team to ascertain how they are keeping themselves up to date and fit to practise. What we have found is that doctors who spend short periods of time in other organisations rarely engage with the appraisal and revalidation processes and therefore more likely to be deferred when it comes to their revalidation date.

We have offered advice on how to ensure that they collate their activity and their CPD regardless of the contract they currently hold. It is of paramount importance that all doctors are engaged in the medical appraisal process in order to maintain their fitness to practise. As we have a limited number of licenses for the MYL2P (my licence to practise) appraisal software, any doctor with a fixed term contract of less than 12 months is undertaken on the GMC Medical Appraisal Guide (MAG) form. Doctors in general are becoming more aware of the necessity to be engaged and to ensure that there are no gaps in the period of reviewing their practise. Whether an appraisal is undertaken on the

MAG form or on the MYL2P system it allows the doctor to electronically transport their portfolio regardless of where they are currently working. This also offers the Board assurance that we manage the fitness to practise of our temporary staff as well as our substantive.

New Medical Educators Module

MYL2P software upgrade has seen the introduction of a new Medical Educators module. This module will be live from the 1st July 2015 and ensures that we are able to submit to the Deanery and ultimately to the GMC, that our Trust recognises the importance of the Medical Educators and ensures that each Medical Educator adequately reflects this role in their annual appraisal.

We will be required to report a full year's data by the 31st July 2016 (and every year here on in) as to how we meet the EO (Educational Organisation) criteria. The new module enables us to easily report how we achieve compliance against the 7 domains of the Framework for the Professional Development of Postgraduate Medical Supervisors. We will be expecting to see a greater degree of evidence in the appraisal portfolio such as feedback from trainees and evidence of supporting and monitoring educational progress.

2. GMC Connect & Revalidation

As of the 30th June 2015, there are currently **250** doctors under the designated responsibility of Sherwood Forest Hospitals.

GMC Connect is an online platform which allows doctors to assign themselves under the Designated Body of Sherwood Forest Hospitals. The number of doctors assigned to Sherwood Forest Hospitals can differ from our appraisal numbers. This is because a doctor may join the Trust for a short period of time but not necessarily become due for their appraisal. The doctor's designated body changes when they commence a post in another hospital.

GMC Connect has been updated to reflect the doctor's previous Responsible Officer. This assists us in that we can easily contact the previous employer for completion of the MPIT (Medical Practice Information Transfer) Form. This form is completed for the transfer of practising doctors in and out of the Trust. The MPIT form ascertains the date of their last appraisal and whether there are any outstanding concerns, GMC Investigations or Coroners Inquests that would need to be aware of and manage.

There have no deferrals made in this quarter. This has been primarily down to the appraisal and revalidation team engaging the doctor early in the process so that they are aware of what is required to achieve a positive recommendation from the Responsible Officer.

We do occasionally experience doctors who have insufficient evidence in their portfolios in order to make a positive recommendation to the GMC. We are working with those doctors to ensure that they are able to get up to date in order to achieve a positive recommendation. Previous deferral recommendations demonstrate that it tends be doctors arriving at the Trust with no previous

appraisal or 360 in place or it is their first UK job and they are bringing themselves up to date with what is expected to gain a positive recommendation.

Revalidation for Quarter 1 is as follows:

	Doctors due for revalidation	Number of Doctors successfully revalidated	Number of doctors who have been deferred
April 2015	8	8	0
May 2015	6	6	0
June 2015	4	4	0

Any doctor that has a deferral recommendation made to the GMC is monitored through the Appraisal and Revalidation Workforce Group. A revalidation action plan is part of the wider Quality Assurance Framework in ensuring that there is a plan in place for any deferrals, monitors the progress and what is required by the doctor to achieve a positive outcome.

3. Appraisal & Revalidation Clinics

Appraisal and Revalidation clinics continue to be well attended. We have introduced a resource pack for each attendee to take away with them at the end of the clinic. Doctors have found these be very useful as a reminder from what was discussed at the Clinic. Each new doctor to the Trust also receives a resource pack, setting clear expectations of their engagement with the appraisal and revalidation process as well as mandatory training.

4. Progress and Planning for Quarter 2

1. To maintain and improve the appraisal uptake.
2. To improve the process of supporting doctors through their revalidation to avoid deferral recommendations being made to the GMC.

For approval

The Board are asked to;-

1. Note the **appraisal uptake**
2. Support the **progress and planning for quarter 2** required to support revalidation

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