

**Trust Board of Directors Meeting
Report Summary**

Date of Meeting: 7 September 2023	
Title of Document: 2022/23 Annual Report for Medical Appraisal and Revalidation	
To be presented by: Dr Angela Tillett, Chief Medical Officer	Author: Jane Clarke, Revalidation Manager
1. Status: For Information and approval of the Statement of Compliance at Appendix A	
2. Purpose: This report details the information provided for review regarding the process of medical appraisal and how this is monitored in line with the Medical Profession (Responsible Officers) Regulations 2010.	
Relates to:	
Strategic Objective	
Operational performance	
Quality	
Legal/Regulatory/Audit	The Medical Profession (Responsible Officers) Regulations 2010.
Finance	
Governance	
NHS policy/public consultation	
Accreditation/inspection	
Anchor institutions	
ICS/ICB/Alliance	
Board Assurance Framework (BAF) Risk	
Other	
3. Summary:	
<p>Year end compliance for medical appraisal across ESNEFT is presented prior to signature of the statement of compliance by the Chief Executive, due by 29 September 2023. This has been considered by the Executive Management Committee, but due to the submission date, will be presented for information to the People and Organisational Development Committee in September.</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 2022 and 31st March 2023, 124 recommendations were made to the GMC. 87 were for positive recommendations to revalidate and 37 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 2023, ESNEFT was the Designated Body for 817 doctors and for the appraisal</p>	

year 2022/23 the Trust reported 778 completed appraisals, giving the Trust an overall compliance rate of 95% for medical appraisal.

4. Recommendations / Actions

The Board is asked to receive this report for assurance and information purposes. The Board is also requested to approve and complete the Statement of Compliance ahead of submission to NHSE on 28th September 2023

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. An automated link to the Medical Staffing Power Bi dashboard is sent daily, which provides live data on the current medical appraisal levels. This information is shared with the Chief Medical Officer, Responsible Officer, HR Director and all Divisional Management Teams. In addition, on a monthly basis the Revalidation Manager provides the Head of Financial Management with the month end compliance data for the Trust NHSI Return, this data is available to all Divisional Groups via the Accountability Framework with appraisal compliance also 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 particular Designated Body.

Follow up on Key issues

6. With the need to address forthcoming departures from the appraiser bank at the end of the 22/23 cycle, the Appraisal Team continued with a recruitment drive for new appraisers. Whilst the team did successfully train 5 new appraisers for the 22/23 cycle, this was countered by the retirement and departure of a further 7 appraisers, including two lay appraisers who conducted an increased number of appraisals for the trust.
7. With the introduction of wellbeing scores into the annual appraisal audit process, each appraisal where a doctor scores their wellbeing as 3/10 or lower is now automatically sent for audit to consider whether the doctor requires any further support regarding any issues raised within their appraisal. This process is being developed further for the 23/24 cycle.
8. To assist with the very heavy workload in the Employee Relations Team, which deals with the disciplinary matters, a band 6 position is currently being advertised to further underpin the team's support for doctors in difficulty.

Medical Appraisal for 2022/23

9. Historically as part of the Trust's annual reporting to NHS England the Annual Organisational Audit (AOA) was presented to Board for information purposes. This audit provided 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. However the AOA report has not been required since 2020 but the year-end compliance that would be reported is now included in the annual report to continue to provide confirmation of year end appraisal rates/compliance.
10. On 31st March 2023, 817 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 778 doctors completed their annual appraisal providing an overall compliance rate for 2022/23 of 95%. This maintains our compliance with the previous year and meets the required compliance rate of 95% as set by NHSE.

Appraisals 2022/23						
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		1a	2	3	
		Number of Prescribed Connections	Completed Appraisal	Approved incomplete or missed appraisal	Unapproved incomplete or missed appraisal	Total
2.1.1	Consultants (permanent employed consultant medical staff including honorary contract holders, NHS, hospices, and	441	422	15	4	441
2.1.2	Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners,	142	133	6	3	142
2.1.3	Doctors on Performers Lists (for NHS England area teams and the Armed Forces only; doctors on a medical or ophthalmic	0	0	0	0	0
2.1.4	Doctors with practising privileges (this is usually for independent healthcare providers, however practising privileges	0	0	0	0	0
2.1.5	Temporary or short-term contract holders (temporary employed staff including locums who are directly employed,	232	221	5	6	232
2.1.6	Other doctors with a prescribed connection to this designated body (depending on the type of designated body,	2	2	0	0	2
2.1.7	TOTAL (this cell will sum automatically 2.1.1 – 2.1.6).	817	778	26	13	817

11. 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 815 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

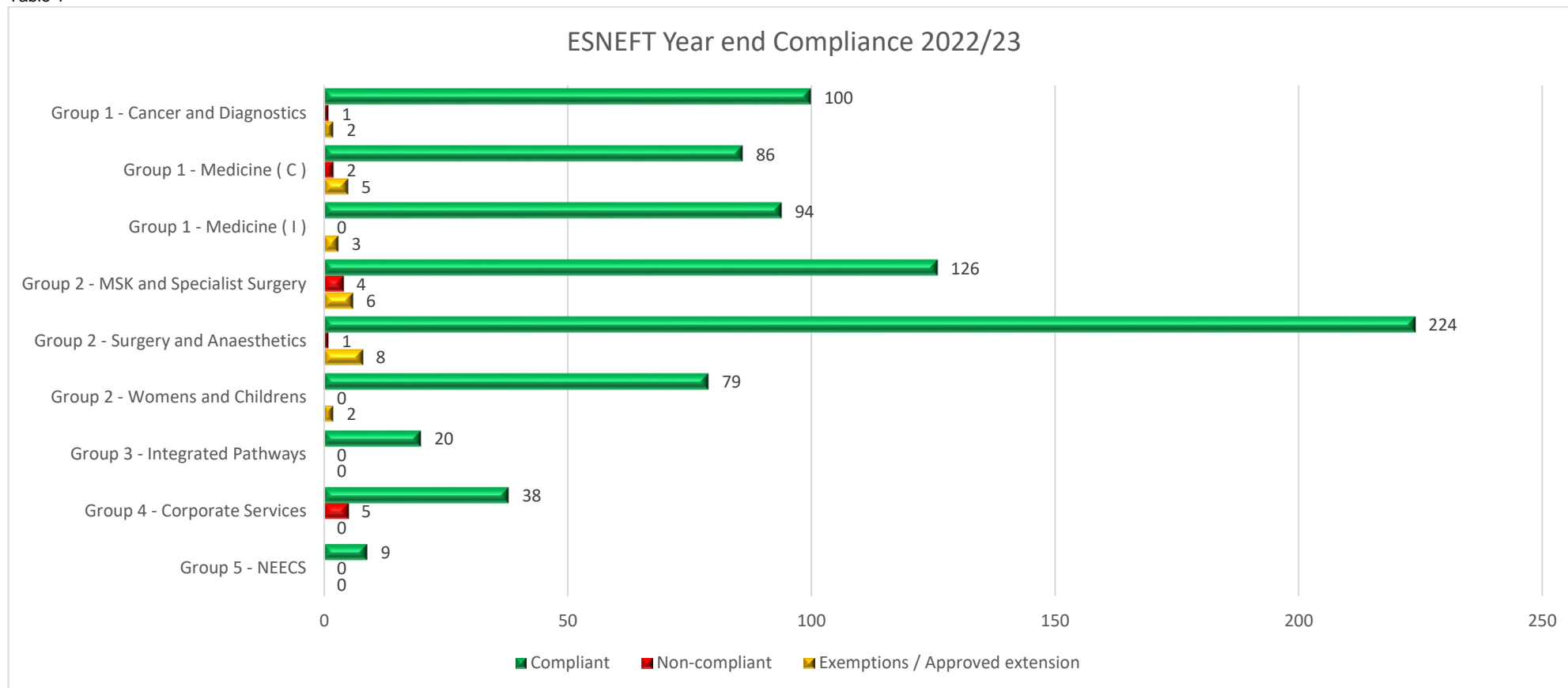
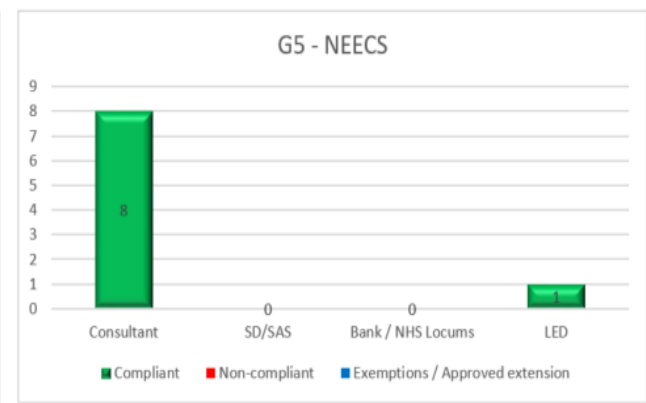
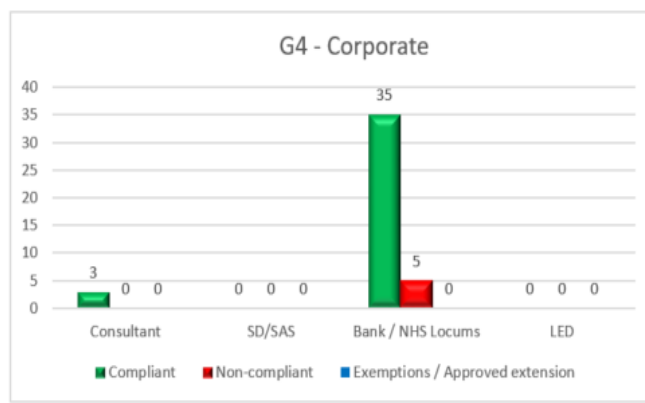
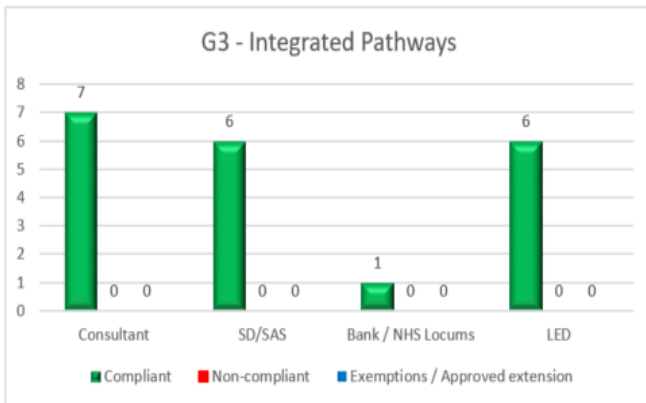
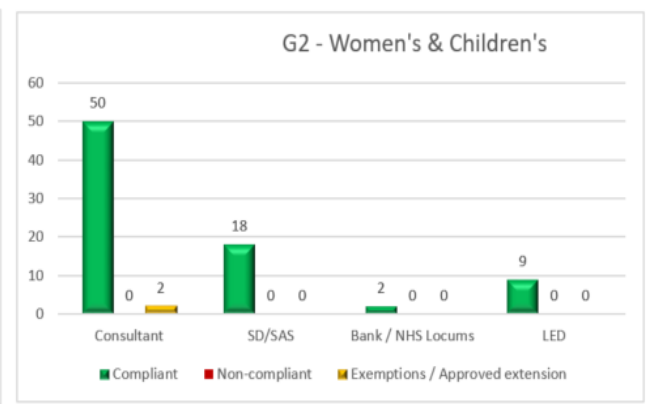
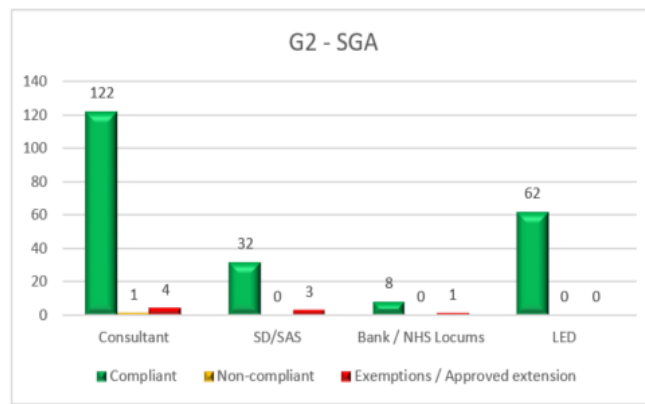
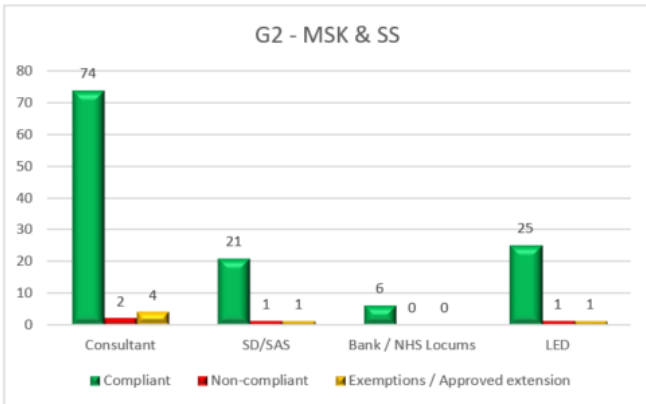
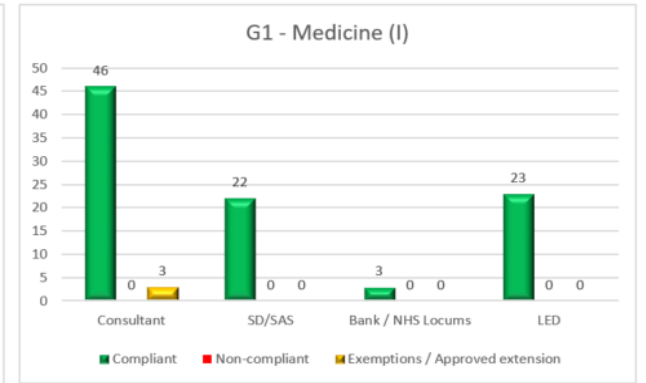
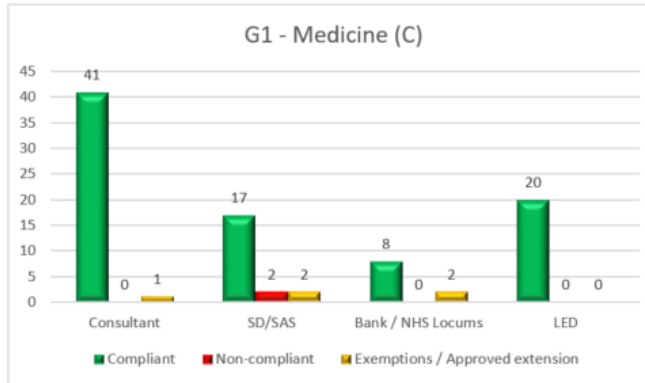
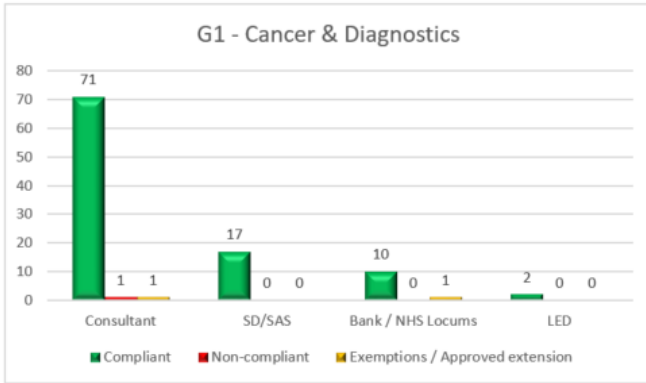


Table 2 – Compliance by Division and Grade



12. Compliance levels of 95% have been maintained again this year and the Trust continues to see a year on year rise in prescribed connections, increasing from 744 in 2022 to the current figure of 817. Whilst this is testament to the successful recruitment to medical vacancies it does impact on the Team's ability to ensure we can continue to support all doctors.
13. A recruitment drive in 2022 resulted in the successful recruitment of 4 new appraisers to the team. However with the departure of a further 5 appraisers in 2023, the team have undertaken a further request for appraisers with 14 doctors currently expressing an interest in the role. These doctors are currently onboarding to the Appraiser bank and if all 14 are successfully appointed to the role, then this will address the shortfall previously experienced in relation to appraiser/appraisee numbers in the Trust.

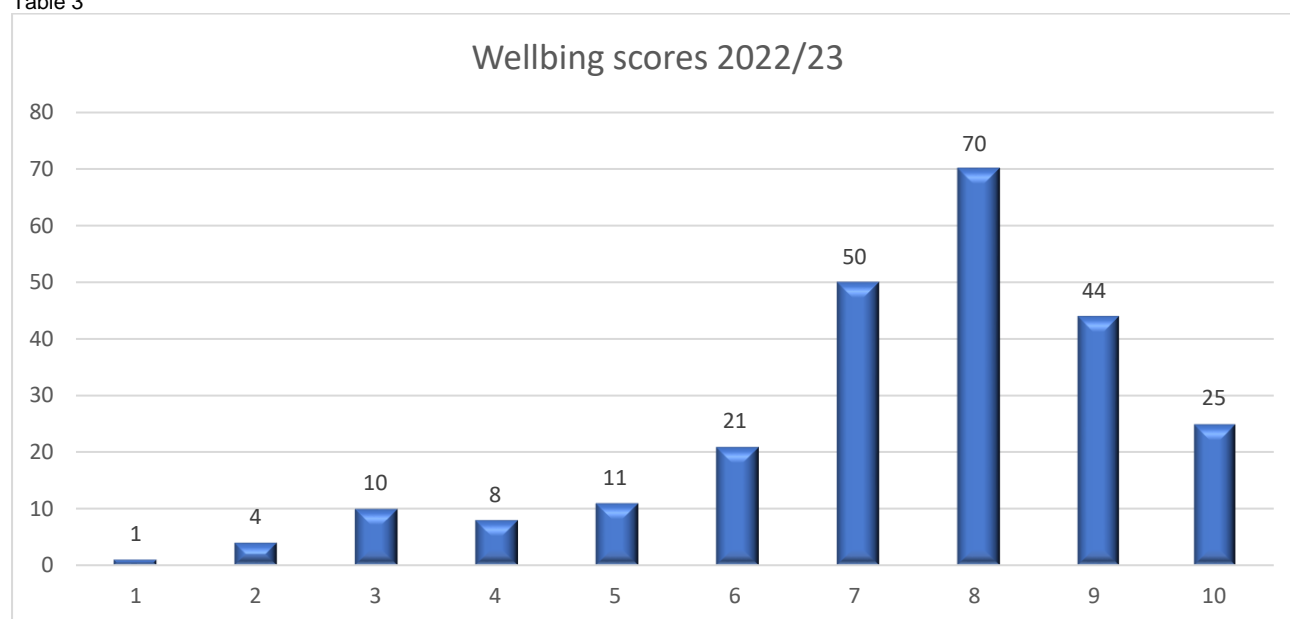
Quality Assurance

14. Quality assurance mechanisms have always been embedded throughout the appraisal and revalidation system, partly by undertaking continuous audit of a proportion of annual appraisals. At the end of the covid pandemic, the audit process was reintroduced for the 2022/23 cycle and a revised assessment tool has been developed for use in line with the revised national appraisal model.
15. All appraisal audits are performed by the Lead and Seniors Appraisers. However the audit process has recently been reviewed again following feedback from some appraisers who have felt that the review team has been unduly harsh or critical in their feedback on the quality of appraisal provided. This has at times made the audit format difficult and whilst the feedback is there to enhance the appraiser's ability going forward, it has sometimes been received quite negatively. At a recent away day the A&R team has agreed to develop the process further to ensure the audit is relevant for each individual appraiser, and with appropriate feedback.
16. As part of our development of the appraisal audit process the A&R team is no longer sending audits directly to the appraiser. Instead, audits and wellbeing scores will now be a standing agenda item at the Revalidation Decision Making Group (DMG) meetings for further discussion by the wider team. Where any negative findings or concerns are raised at the meeting, the Lead Appraiser, or nominated deputy, will contact the appraiser directly to have a conversation about appraisal, their appraiser techniques and to offer advice for improvement and development over the years.
17. Following the addition of the "personal and professional wellbeing" section on the Allocate appraisal system, and in recognition of the exceptional stress the pandemic placed on healthcare workers, this section provides the Appraisal team with an opportunity to review all recorded wellbeing scores. This data is now collected for monthly review at the DMG meetings, to ensure any further support needed can be identified at an early stage, rather than waiting for the audit outcome.
18. The audit process is intended to be supportive throughout the revalidation cycle. The criteria for audit is now:
 - All new starters in their first year of appointment at ESNEFT
 - All appraisals from new appraisers in their first year in the role
 - Year 4 appraisals
 - Doctors who are experiencing difficulty or require further support
 - Wellbeing score of less than 3

19. Once appraisals are completed on Allocate, all outcomes are recorded by a member of the Revalidation Support Team on a central database for review by the Senior Appraisal Team. For 2022/23 the team conducted 264 audits, with 15 doctors rating their wellbeing score as 3 or less. Appraisals for all of these doctors were reviewed at DMG and each contacted to establish if any further support could be offered. Some of these cases are already known to the Responsible Officer with the doctor being under process with the Employee Relations Team. In these cases support was usually already being provided through HR, occupational health, Trust psychology services etc.

20. Table 3 below highlights the wellbeing scores reviewed for 2022/23.

Table 3



Access, security and confidentiality

21. 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.

22. The Trust has reported no information governance breaches concerning appraisal for the reporting period.

Clinical Governance

23. 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

24. During the last appraisal year, the RO has submitted 124 recommendations to the GMC with 87 of these being positive recommendations to revalidate the doctor. However 37 revalidation deferral requests were made for the following reasons:-

Reason for deferral	
Lack of feedback – patient or colleague	15
No reflection on a significant event	3
No reflection on a complaint	1
No evidence held for the revalidation cycle	14
Maternity Leave	1
Long Term sick	3

25. 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 will normally be deferred until the process is concluded. Deferral is a completely neutral act and does not impact on the doctor's standing or medical practice.
26. Of the 37 deferrals made, 18 have since resulted in a positive recommendation being submitted and approved by the GMC. Of the 19 outstanding deferrals:-
- 4 doctors have since left the trust
 - 1 doctor remains on long term sick leave
 - 14 doctors were given a deferral between 6 and 12 months due to lack of evidence. All these doctors are due to be considered for recommendation between July 2023 and March 2024.

Responding to Concerns and Remediation – 2022-23

27. 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.
28. There is a well-established Decision Making Group (DMG) for HR matters, which reviews concerns on a weekly basis. Membership comprises:
- a. Chief Medical Officer
 - b. Responsible Officer
 - c. Deputy Responsible Officer
 - d. Director of People and Organisational Development
 - e. Head of Employee Relations
 - f. Head of Medical Staffing
 - g. 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.

29. 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.

30. 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.
31. The Disciplinary Policy and Toolkit was reviewed to reflect Just Culture principles. This 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.
32. The role of the Cultural Ambassador has been introduced to ensure that any issues of a cultural nature will be identified and challenged during the formal process.
33. 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. Separately, we link in with the Lead Employer for GP trainees.
34. 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.
35. 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.
36. 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 any conflict of interest. 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 new 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.
37. 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 2022/23 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	1	1	0	2
Conduct concerns (as the primary category) in the last 12 months	6	7	1	14
Health concerns (as the primary category) in the last 12 months	2	0	0	2
TOTAL				18

Remediation/Reskilling/Retraining/Rehabilitation - Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2022 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 2022 and 31 March 2023	
For advice	8
For investigation	0
For assessment	0
Number of NCAS investigations performed	0
Number of NCAS assessments performed	0
TOTAL	

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>	0
Duration of suspension:	Not applicable

Number of doctors who have had local restrictions placed on their practice in the last 12 months?	5
Referred to the GMC between 1 April and 31 March (including those referred by the Trust and those the GMC advised the Trust.	3
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	0

Key Issues for 2023/24

38. With the sad loss of one of the Senior Appraisers, the RO is currently inviting expressions of interest from the Appraiser bank to fulfil this role and it is hoped interviews will be conducted in August.
39. In addition the team will also be recruiting to the Lead Appraiser post, as Mr Zafar Maan, current Lead Appraiser, has indicated a desire to step down from the role due to pressures of their clinical practice. Therefore the post will be advertised in due course to all current appraisers.
40. Internal training videos to assist with the appraisal process have been generated and these instructional videos will be made available to all doctors undertaking an appraisal on the Allocate system. A channel is in the process of being set up on YouTube for easy access and the channel will be promoted on the biennial newsletter that is produced by the team.
41. A peer review of the appraisal process is overdue, with the last one carried out pre-merger in 2017. The team will therefore look to arrange a review meeting with a neighboring trust within the next 12 months.

Recommendations

42. Board is requested to accept this report for information and assurance purposes.
43. Board is requested to signed the statement of compliance at Appendix A

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: Nick Hulme Signed:

Role: Chief Executive

Date: