

## Cover Sheet

Trust Board Meeting in Public: Wednesday 28 September 2022

TB2022.083

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**Title:** Responsible Officer's Annual Medical Appraisal and  
Revalidation Report 2021/22

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**Status:** For Information  
**History:** Annual Reporting

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**Board Lead:** Chief Medical Officer  
**Author:** Nicki Sullivan, Medical Revalidation and Job Planning  
Manager; Dr Elaine Hill, Director of Medical Workforce  
**Confidential:** No  
**Key Purpose:** Assurance, Performance

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## Executive Summary

1. This report is presented to the Trust Board for assurance that the statutory functions of the Responsible Officer are being appropriately and adequately discharged.
2. The prescribed format of this report has been retained for continuity but it should be noted that the information is presented against the backdrop of the ongoing Covid-19 pandemic. Key points are;
  - Appraisal was reinstated on 1<sup>st</sup> April 2021 following 2 periods of suspension during the peak of the pandemic in the previous reporting period.
  - All recommendations due between 16<sup>th</sup> March 2021 and 31<sup>st</sup> July 2021 were extended by 4 months by the GMC. This led to a spike in recommendations due between 1<sup>st</sup> August and 31<sup>st</sup> December 2021. 588 recommendations were made during the period this report covers – the most at any point since revalidation was implemented.
  - NHS England have continued to waive the need to submit quarterly returns and an Annual Organisational Audit.

## 3. Recommendations

The Trust Board is asked to

- Receive this report for information;
- Note that the report will be shared with the Tier 2 Responsible Officer at NHS England.
- Note the Statement of Compliance (Appendix 1) confirms that the Trust, as a Designated Body, is in compliance with the Regulations. This will be signed by the OUH Chief Executive as required by NHS England.
- Note the Statement of Compliance for Helen and Douglas House for which the Trust provides Responsible Officer Services (Appendix 2), confirms compliance with regulations. This will be signed by the Board of Helen and Douglas House as required by NHS England.

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## Responsible Officer's Annual Medical Appraisal and Revalidation Report 2021/22

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### 1. Purpose

- 1.1. This report is presented to the Trust Board to provide assurance that the statutory functions of the Responsible Officer are being appropriately fulfilled; to report on performance in relation to those functions; to update the Trust Board on progress since the 2020/21 annual report; to highlight current and future issues and to present action plans to mitigate potential risks.

### 2. Background

- 2.1. [More information on the background to revalidation can be found via this link.](#)
- 2.2. The last report was submitted to Trust Board in September 2021 for the year 2020/21. This report covers the period 1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022

### 3. Governance

- 3.1. The Responsible Officer for the period 1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022 (Professor Meghana Pandit, Chief Medical Officer) was appointed by the Trust Board on 1<sup>st</sup> January 2019 in line with statutory requirements. The Chief Medical Officer is supported by a team who managed 1647 doctors to complete the appraisal process revalidation process
- 3.2. Progress and compliance with the regulations is monitored by;
  - A well-established oversight group (Medical Revalidation Group) including University representation.
  - Monthly compliance reports supplied to Divisional and Directorate Management and personal action plans for those whose appraisals are overdue.
  - Submission of the quarterly reports and Annual Organisational Audit to NHS England. It should be noted that, due to the Covid-19 pandemic, quarterly submissions and the Annual Organisational Audit are not currently required by NHS England. No date has been set for when these will be reinstated.

- Comprehensive dashboards within SARD to enable Divisional management to access and review their own data and interrogate this in a number of ways to inform Divisional strategies.
  - A formal audit schedule for other activities such as the management of multi-source feedback.
- 3.3. The number of doctors with a prescribed connection to OUHFT has increased again from 1628 in the year 2019/20 to 1642 at the time of writing. The composition continues to shift towards Locally Employed Doctors and research post holders. The Trust is also responsible for appraising military doctors working at the hospital, dental surgeons and doctors in training posts who do not hold a national training number.
- 3.4. During the reporting period the Trust continued to provide external Responsible Officer services for 1 local hospice and thus has responsibility for oversight of their governance processes in relation to medical appraisal and revalidation.

#### **4. Policy and Guidance**

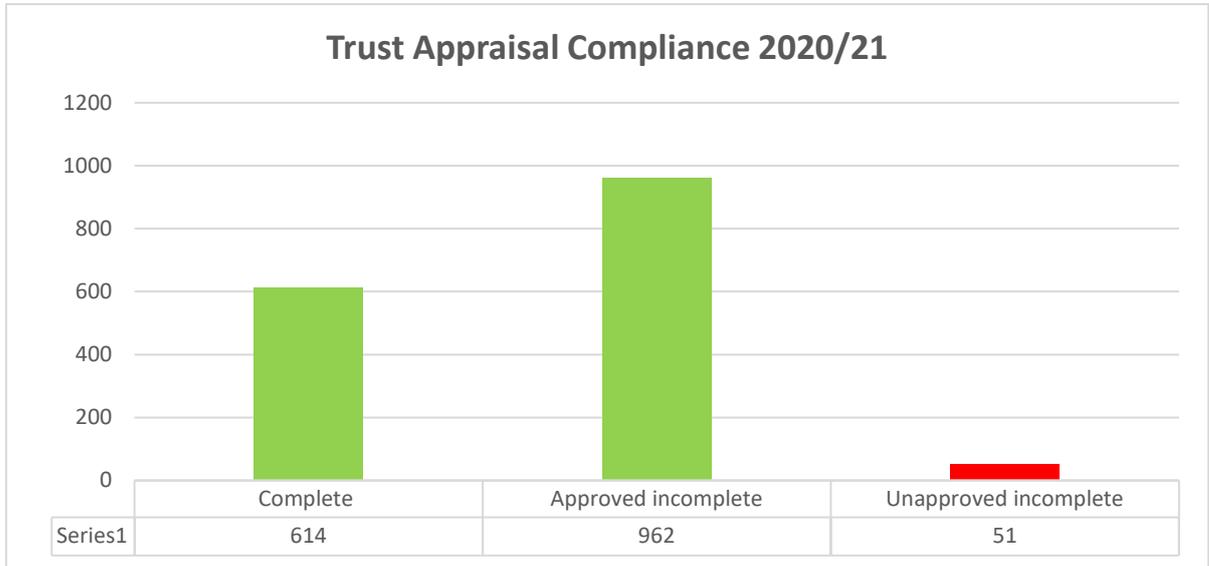
- 4.1. The Medical Appraisal and Revalidation Policy is reviewed regularly. The most recent review was in September 2017. The planned update in 2021 did not take place because of the ongoing pandemic and therefore will take place during 2022.

#### **5. Impact of Covid-19**

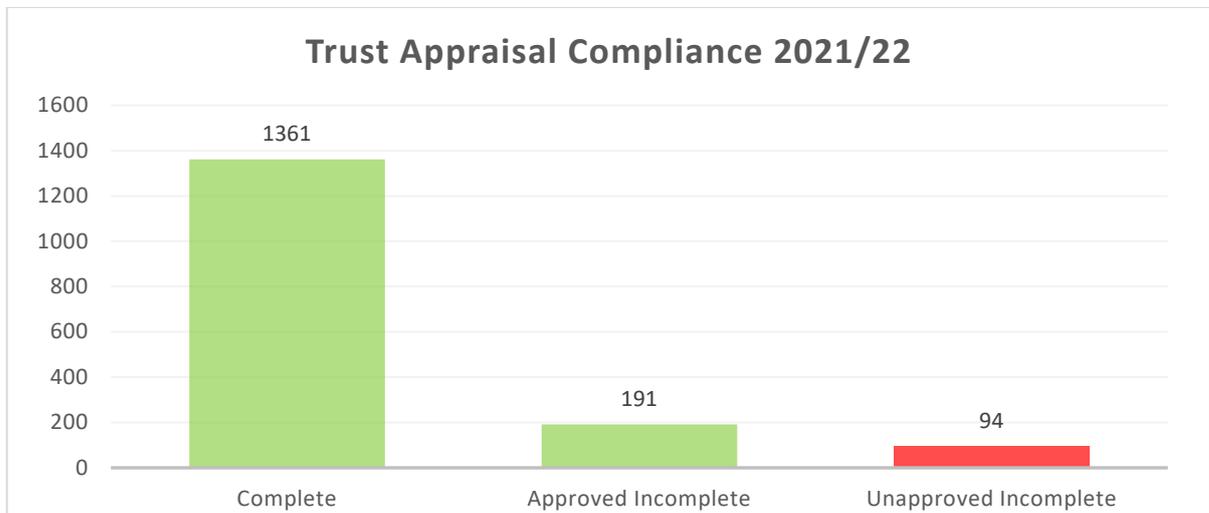
- 5.1. During the peak of the pandemic the requirement to complete a medical appraisal was suspended twice. Extra time was also added to approximately 1/3<sup>rd</sup> of doctors' revalidation cycles.
- 5.2. Appraisals were restarted on 1<sup>st</sup> April 2021. Given that there was, and still is, a significant knock-on effect from the peak of the pandemic the Team took a supportive approach to the reintroduction and focused on ensuring doctors were able to complete the requirements but without adding to an already pressurised situation.
- 5.3. Wellbeing remained a key focus of appraisal with the addition into the form of a specific question about how a doctor was coping and provision of signposting to sources of support where any concerns were identified.
- 5.4. The addition of time to a large number of revalidation cycles led to the highest peak in recommendation numbers in the process's history between August and December 2021. Despite this challenge all recommendations were made on time and in accordance with GMC requirements.

## 6. Medical Appraisal

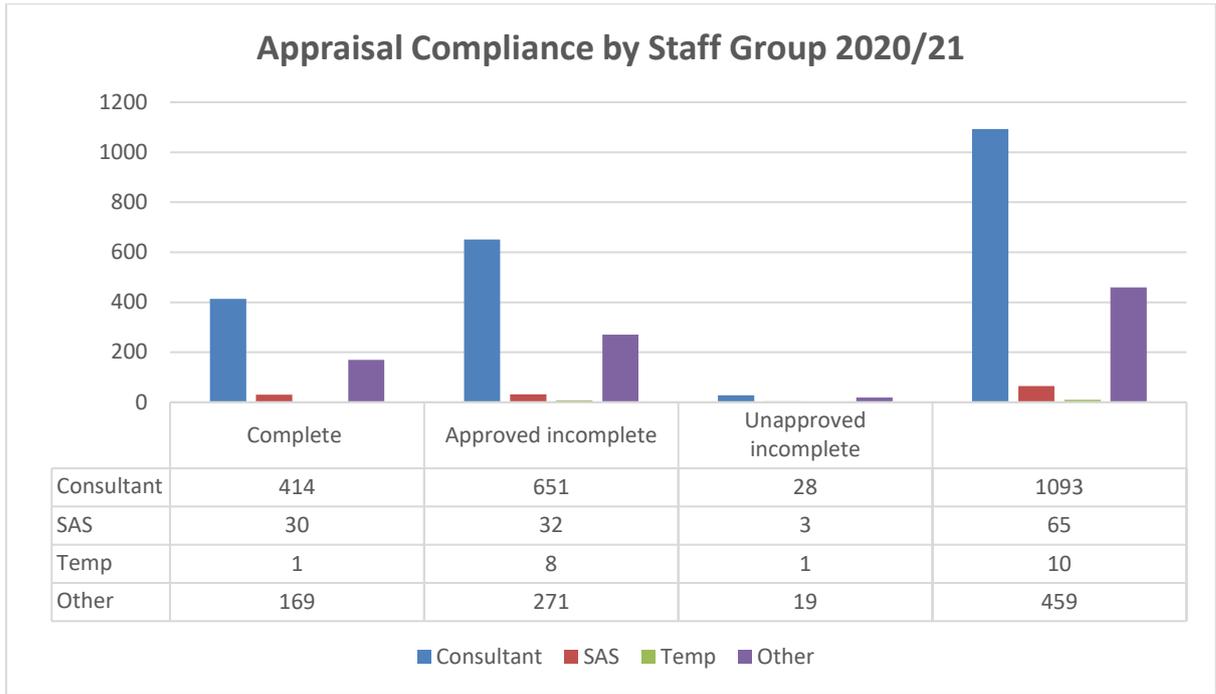
### Appraisal Performance Data



6.1. Approved incomplete includes appraisals missed for an acceptable reason eg: maternity leave or long term sick leave. Unapproved incomplete relates to doctors whose appraisal has been missed without an acceptable reason being provided.



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“Approved incomplete” includes appraisals missed for an acceptable reason eg: maternity leave or long term sick leave.  
 Unapproved incomplete relates to doctors whose appraisal has been missed without an acceptable reason being provided.  
 “Other” comprises all doctors who are not in the national training scheme and are not SAS or Consultant grades.

### Analysis of Results

6.3. The Trust’s overall compliance rate for the period was 94.23%. This compares to 96.87% in 2020/21. Several factors contributed to this slight drop including;

- The loss of momentum caused by the double suspension of appraisal – doctors got out of the habit of being regularly appraised

- Operational pressures meaning doctors and appraisers were less able to prioritise timely completion of appraisal
  - Prioritising wellbeing when agreeing action plans. This meant that appraisals were completed but more leniency was given in terms of time to do so.
- 6.4. Compliance amongst medical staff groups was largely unchanged although compliance in the “other” medical staff group category continued to improve which is indicative of the ongoing work taken to encourage engagement amongst Locally Employed Doctors.
- 6.5. All of the 94 doctors with unapproved incomplete appraisals at 31 March 2022 have been contacted with personalised action plans to assist them to get back on track. At the time of writing this report 12 appraisals have been completed, 28 doctors have left and 54 remain outstanding. This raises the overall compliance rate to 96.72%. All those who are still overdue have been escalated to Divisional management for further action

#### **Audit of Missed Appraisals – Performance Management Framework**

- 6.6. The Trust completes a summary of missed appraisals on a monthly basis with regular reports being submitted to Divisional Management for action.
- 6.7. Each summary reviews appraisals which are considered to be overdue for the period and follows up with the individuals concerned to ascertain the reasons for the delay. Where appropriate, action plans are developed for each doctor / appraiser to bring them back in line with their revalidation trajectory and to deal with any issues which have contributed to the delay.
- 6.8. A Performance Framework for Managing Medical Appraisals is employed. The key aims of the framework are to;
- 6.9. Ensure all doctors are treated equally in relation to appraisal compliance
- 6.10. Facilitate earlier intervention where it is ascertained a doctor needs support by reducing the time the doctor is able to remain non-compliant
- 6.11. Reduce “tacit acceptance” of non-compliance by escalating outliers more quickly and involving sources of support earlier.
- 6.12. Doctors whose appraisals are 90+ days overdue or have failed to comply with their action plan are also referred to their Divisional management for escalation to the CMO for consideration of disciplinary action. This has significantly reduced the number of doctors who remain non-compliant for appraisal for long periods of time and have allowed the team to give targeted support to doctors who are struggling. Interventions have included referrals to Occupational Health, personalised training and IT / administration and support to enable doctors to complete their appraisals

in a timely manner and reduce the need for deferral at the point of revalidation.

### **Appraisers**

- 6.13. Appraiser capacity continues to be a challenge to the stability to the system with the number of resignations continuing to deplete the pool of those able to conduct revalidation ready appraisals
- 6.14. There are currently 183 trained available appraisers to deliver c1700 appraisals (doctors attached to the OUH via a prescribed connection and those who are revalidated elsewhere but appraised by the OUH as part of a service level agreement). Of these 183, 4 are currently inactive (long term leave), 7 are retiring and thus winding down their allocations, 4 are exclusively appraising Physician Associates (not included in appraisal and revalidation totals) and 16 do not deliver 10 appraisals per annum by agreement. This gives a notional capacity of 1600 appraisals which is below that required. Approximately 250 doctors leave and join each year with a significant percentage of each requiring an appraisal whilst employed. This takes the total number of projected appraisal spaces needed to c.1900 per annum which exceeds current capacity. There therefore remains a significant risk to the Trust's ability to provide appraisals.
- 6.15. The appraiser cohort has seen a number of resignations from appraiser posts over the past 12 months. This has been driven by retirements from clinical practice and by the need to reduce job plans to less than 12 PAs.
- 6.16. 10 appraisers were trained during the period to which this report pertains. These are included in the figures noted above. The ongoing pandemic has not only restricted the provision of appraiser training courses but has meant there are less colleagues volunteering for the role due to clinical pressures.
- 6.17. Support for Appraisers is diverse and ranges from official events such as Appraiser Network Events (held 3 times a year) to feedback reports for appraisers and 1:1s with the Director of Medical Workforce.
- 6.18. Due to the pandemic The Great Appraiser event was not held in 2021 as planned and will not take place in 2022 due to lack of funding. Future iterations of this very popular conference will take place as public health restrictions and finance allow.
- 6.19. A more formal programme of support and development for appraisers is in preparation and will include refresher training, provision of more detailed metrics and structured feedback as well as more opportunities to contribute to events and strategies.

- 6.20. In addition the Revalidation Team actively support appraisers with challenging situations and provide bespoke assistance depending on the issue. Examples include advising on acceptable evidence for non-standard roles, assisting with non-compliant doctors and escalating more serious concerns that arise during the appraisal process to ensure a doctor receives the necessary support and intervention.
- 6.21. All of the above also supports the governance framework referred to earlier in this report.

### **Medical Appraisal Quality Assurance**

- 6.22. A number of quality assurance mechanisms are in use in relation to medical appraisal;
- Each appraisal in a revalidation portfolio is checked for key items against the GMC's 5 domains and the Trust's local requirements. Discrepancies are notified to the doctor and, if necessary, an action plan prepared to rectify omissions to ensure a recommendation to revalidate can be made.
  - For appraisers, attendance at OUH Appraiser Networks and the OUH/NHSE Appraiser Conference is recorded. Those not attending at least one development activity year are followed up as appropriate. A program of formal review of first appraisals for new appraisers has been implemented with written feedback being provided for development purposes.
  - All doctors now submit feedback on their appraisal experience as the final step in the appraisal process. This not only allows personalised reports for appraisers to be generated but also enables the Revalidation Team to create an overview of how doctors perceive the process and thus to target resources and communications more effectively.
  - A formal audit tool – ASPAT – is now available through SARD and use is being implemented. This will provide more robust data to ensure quality standards are upheld consistently across the Trust as well as providing more detailed feedback for appraisers.

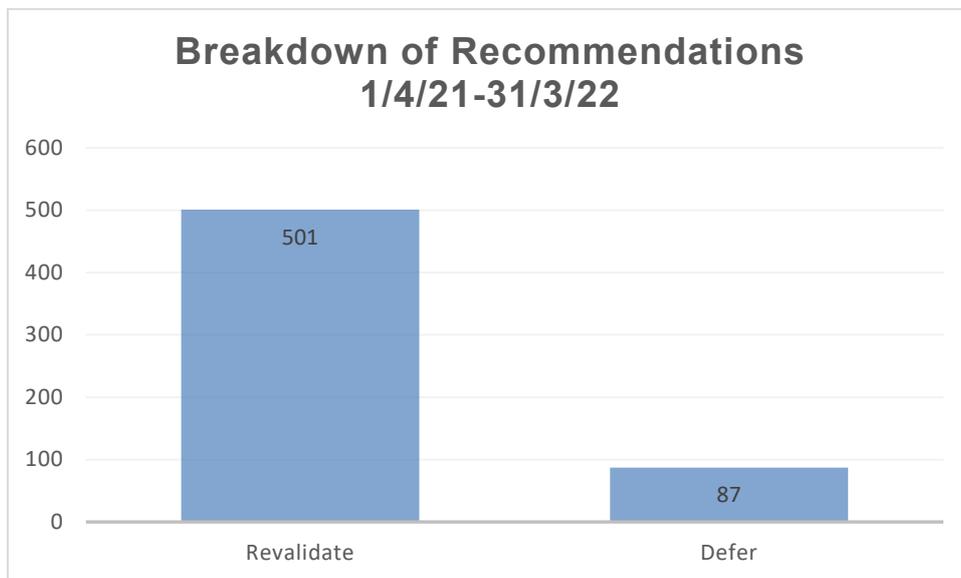
### **Access, Security and Confidentiality**

- 6.23. More information on access, security and confidentiality can be found via this [link](#). This information has not changed since it was reported in 2017.

## 7. Medical Revalidation

### Medical Revalidation Performance Data

- 7.1. During the period 1/4/20 – 31/3/21 the revalidation process was suspended. There is therefore no data to present in this area.
- 7.2. By contrast during the period 1/4/21 – 31/3/22 588 recommendations were made. This is the most made in any 12 month period since revalidation commenced.
- 7.3. All recommendations were made on time.
- 7.4. The following table shows the breakdown of recommendations made.



### Analysis of results

- 7.5. The peak in recommendations was caused by time being added to a significant number of revalidation cycles to account for the pandemic. However these simply became due alongside those already scheduled for 21/22.
- 7.6. The overall deferral rate for the period was 14.8%.
- 7.7. The main reasons for requesting a deferral (additional time to complete the requirements) were:
  - 7.8. Inability to collect patient feedback because of the various restrictions of services, clinics and visitors.
  - 7.9. Delays to submission of the final appraisal caused by clinical pressures related to the pandemic.
- 7.10. It should be noted that, in recognition of the administrative issues which these peaks caused to revalidation teams across the country, the GMC have now extended the notice period within which recommendations can

be made from 4 to 12 months to enable Trusts to better manage their individual caseloads.

### Recruitment and Engagement Background Checks

- 7.11. More [information on recruitment and engagement background checks can be found via this link](#). This information has not changed since it was reported in 2017.

### Monitoring Performance, Responding to Concerns and Remediation

- 7.12. [More information on monitoring performance, responding to concerns and remediation can be found via this link](#). This information has not changed since it was reported in 2017.

## 8. Risks and Issues

### Covid-19

- 8.1. The impact of the pandemic continues affect appraisal and revalidation however these are lessening For example there is more formal CPD taking place and patient feedback.

### Appraiser Capacity

- 8.2. The single largest threat to the appraisal process outside of Covid-19 remains the difficulty of the recruitment and retention of appraisers. There remain significant barriers to being an appraiser with lack of time in a job plan and budgetary restrictions making it ever harder to fill these roles. At present the Trust spends around £4k per annum on training which just keeps the number of appraisers static. There is a potential to increase appraiser capacity by requiring all eligible honorary contract holders to undertake appraisals.

## 9. Action Plan

### Review of 2020-21 Action Plan

Objective	Actions	Expected Outcome	Outcome
Peer review of systems and processes	Carried forward from previous plan		Not possible to complete due to Covid-19
Improve retention of current appraisers through additional support package	Investigate refresher training, mentorship schemes, shadowing programmes and	Improved satisfaction scores on the annual appraiser feedback survey	A support package has been prepared and is being implemented

	dedicated RO feedback lines.	Improved retention rates of appraisers	
Policy Review	Undertake a full policy review to ensure the Trust continues to comply with all guidance and offer a supportive service to doctors	Updated policy to be approved by JPOG	In progress
Pilot automated quality assurance processes within SARD	Work with SARD to develop and test a QA process which produces meaningful results and minimises admin time.	Formal QA programme implemented via SARD	In progress
Continue to reduce the number of requests to defer revalidation dates.	Doctors to be asked to complete their MSF by year 4 of their cycle Doctors to receive a reminder well in advance if their final appraisal needs to be brought forward	Reduction in number of short to medium term deferral requests.	Completed – deferral rate is reducing month on month

### 2022-23 Proposed Action Plan

Objective	Actions	Expected Outcome	Outcome
Peer review of systems and processes	Carried forward from previous plan		
Resolve the issue of appraiser capacity through both short and long term strategies	Revised options to be presented to TME and implemented once agreed.	Risk to appraisal and revalidation compliance reduced. Less pressure on appraisers to undertake short notice appraisals Better retention of appraisers	
Implement automation of SME into appraisal forms	Agree API between SARD and Totara (My Learning Hub) Test API Rollout to doctors	SME compliance will be autouploaded into appraisal saving time and ensuring all doctors submit this information	

Formal tracking of deferral action plans	Process for central following up of individual action plans to be agreed	Earlier intervention to establish support needs and reduce the overall deferral rate	
Refine quality assurance (ASPAT) and begin using results	Use data to formulate learning points, update strategies and address issues identified	Higher quality appraisal summaries and more accountable appraisers	

## 10. Recommendations

### 10.1. The Trust Board **is asked to**

- Receive this report for information;
- Note that the report will be shared with the Tier 2 Responsible Officer at NHS England.
- Note the Statement of Compliance (Appendix 1) confirms that the Trust, as a Designated Body, is in compliance with the Regulations. This will be signed by the OUH Chief Executive as required by NHS England.
- Note the Statement of Compliance for Helen and Douglas House for which the Trust provides Responsible Officer Services (Appendix 2), confirms compliance with regulations. This will be signed by the Board of Helen and Douglas House as required by NHS England.

## **Appendix 1 Medical Revalidation and Appraisal Annual Report**

### **Statement of Compliance:**

The Board of Oxford University Hospitals NHS Foundation Trust 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 (or executive if no board exists)]

Official name of designated body: Oxford University Hospitals NHS Foundation Trust

Name: Professor Meghana Pandit

Signed: \_\_\_\_\_

Role: Chief Executive Officer

Date: \_\_\_\_\_

## **Appendix 2 Medical Revalidation and Appraisal Annual Report**

### **Statement of Compliance:**

The Board of Helen and Douglas House 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 (or executive if no board exists)]

Official name of designated body: Helen and Douglas House

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Role: \_\_\_\_\_

Date: \_\_\_\_\_