

# Some reflections on the actions in NHS England (North) to prompt the participation by short-term contract doctors in a quality medical appraisal.

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## Introduction

At the December ROCON in light of questions following discussions of the NHS England (North) Revalidation Team monthly update, it was suggested a paper be presented to highlight the actions in NHS England (North) to prompt the participation by short-term contract (STC) doctors in a quality medical appraisal programme. This update captures the discussions and actions considered at the Responsible Officer (RO) and Medical Appraisal Leads Networks, and the Independent Verification (IV) visits prompted by consideration of the 2013/14 and 2014/15 Annual Organisational Audits (AOA) and is intended to provide an opportunity to consider comparable discussions and learning within the other regions and as appropriate agree a consistent approach to maximise opportunities.

## Context

The embedded slides (file: Extract of the slide presentation for the September 2015 NHS England Medical Appraisal Leads Network Programme) highlight the overall progress for medical appraisal uptake over the past 5 years. The slides demonstrate a significant overall increase in medical appraisal uptake set in the context that during this period there has been different progress for the different grades of doctor.

Of the approximately 31,000 post-qualification doctors in NHS England (North), just over 80% are constituted in approximately equal numbers by Consultants and General Practitioners. The majority of the residual are constituted in similar percentages by staff grade, Associate Specialist and Speciality (SAS) and STC doctors.

The overall medical appraisal uptake in 2014/15 demonstrates a significant increase to 86% compared with 83.8% in the previous year, with a similar progress in NHS England (North) of 85.7% to 89%. This is set in the context that it is acknowledged across all grades there remain opportunities to enhance participation.

Review of STC doctors demonstrates that in the first year, as recorded within the tables, for 2010/11 their medical appraisal uptake was reported as 0%. This may have at least in part been due to how as a cohort they were reported. However it is acknowledged that their starting point was low, set in this context, significant progress has been achieved, with just under 2/3rds of STC doctors undertaking a medical appraisal in 2014/15. However, this also means that a 1/3<sup>rd</sup> did not participate.

In NHS England (North), following discussions within the NHS England (North) Reference Group in 2013, it was agreed that the appropriate standard for medical appraisal uptake should be > 90% for all doctors with a prescribed connection. This was felt to provide appropriate flexibility to manage those who for appropriate reasons would not be eligible for an appraisal and therefore be demonstrated in Measure 2, unless a designated body had relatively few Drs (suggested <100). The Reference Group felt that all eligible Drs should have a medical appraisal on a yearly basis.

- Slides 7 and 8 show progress by designated bodies in NHS England (North) against this standard.
- Slides 11-15 provide a more detailed review for this standard for Mental Health and Acute Trusts.

- Slide 11 shows that 2/3rds of Mental Health Trusts in NHS England (North) achieved greater than 90% compared to 41% of Acute Trusts for 2014/15.
- Slide 4 shows the progress by each sector in regard to annual appraisal uptake; this may suggest a degree of plateauing of the progress by Acute Trusts.

It is suggested that whilst across all sectors medical appraisal uptake for STC doctors has significantly progressed, there remains opportunities to prompt participation of this cohort. This may be a significant factor which has limited the progress of Acute Trusts, as slides 14 and 15 show that Acute Trusts have a relatively greater percentage of STC doctors compared to Mental Health peers in NHS England (North).

Slide 9, which we will reflect on again later highlights that whilst 1/3<sup>rd</sup> of STC doctors are still not participating in a medical appraisal, approaching 2/3rds of this cohort non-participation has been approved by their RO. Historic data is not available, but this is suggestive of positive action re their management, which is likely to result in this cohort undertaking an appraisal in 2015/16.

### **How to prompt appropriate participation**

Discussions within the networks have highlighted the significant progress for SAS doctors has been achieved by an emphasis on their integration into the quality and development programmes within their organisation, and the provision of protected time to undertake a medical appraisal. Their gathering of supporting information has been facilitated by the above and where possible the provision of relevant data for their individual practice. This is set in the context that as for the majority of doctors, differentiation of the 'me' from the 'we' (my contribution set in the context of the service delivery provided by the team) is achieved by consideration of service outputs within the relevant team review or development meetings, to enable each individual to decant their personal contribution. In addition the appointment of SAS Appraisers and Appraisal Leads has facilitated the advocacy and leadership of the value of medical appraisal for this grade.

The discussions within the North networks have reflected on the success of the approach for SAS doctors and have looked where appropriate to utilise a similar approach for STC doctors.

It is acknowledged that the solution to recruit all STC doctors in a quality medical appraisal programme, is to make it everybody's business. If this is achieved all STC doctors will have the opportunity to participate in a manner to support their professional development as well as satisfying their professional responsibility.

The networks have highlighted the opportunity for achieving high medical appraisal uptake (see slides 17 + 18) and set in this context pertinent practical elements for STC doctors is captured for each element below in bold italics.

### **Leadership**

By the Board and the RO via the medical appraisal delivery framework to have a positive impact on all doctors.

***The organisation will have an emphasis on the prompting of participation and the benefit to STC doctors.***

### **Clarity**

Of the responsibilities and opportunities for doctors and Medical Appraisers.

***For STC doctors to include the opportunities and responsibilities of medical appraisal as a prominent part of their induction and a key focus of the support they receive from their clinical or educational supervisor.***

## **Logistics**

Participation / Allocation / Facilitation.

***The discussions in the North have highlighted that until relatively recently in some organisations a significant period of time may pass from the appointment of a STC doctor before their inclusion in the medical appraisal programme. At times this may significantly inhibit the opportunity for a useful medical appraisal to be undertaken, if at all. However more recent discussions highlight the vast majority of doctors recruited on a STC are now, within a month of their appointment integrated into the medical appraisal programme. In addition, the integration with medical staffing and the use of IT have resulted in a significant number of organisations now being aware within a week, or on the same day.***

***A significant percentage of medical appraisal offices are now ensuring that an additional part of the induction for STC doctors provides the opportunity to understand the medical appraisal IT Toolkit, and facilitates access to patient data to enable the gathering of relevant supporting information. Some organisations recruit STC doctors to their in-house IT platform, where this is done it is essential that when their contract ceases they are able to download their documentation when they leave the organisation. Similarly if they do not have the opportunity to undertake an appraisal but have generated supporting information, this can also be taken as they move to their next post. Some organisations facilitate this by recommending the utilisation of the Medical Appraisal Guide Medical Appraisal Form.***

***With regard to resourcing medical appraisal in NHS England (North), some organisations will resource from day one; others require a period of service delivery before providing a resourced appraisal. With the latter group the common period of duration is 6 months, however prior to this an appraisal will be provided if due, with a contribution by the Dr.***

***As with integration within the medical appraisal programme, the knowledge of the medical appraisal of STC doctors is now achieved in a more timely fashion, and is usually part of the appointment or induction process. In the past doctors may have been asked to bring in relevant information if they could not remember, this may have led to further delay and unhelpful drift.***

***For a doctor new to appraisal, discussion in the networks has captured that there may be two effective solutions. It may be appropriate to consider the doctor undertaking a revalidation-ready appraisal after approximately 9 months, and this may be facilitated by an initial review and action plan. However an alternative plan is to undertake an induction or priming medical appraisal shortly after appointment which would provide a personal development plan to enable the doctor to participate appropriately in a revalidation-ready appraisal 9-12 months later.***

## **Useful**

Governance / Q/A / Integration... the 'so what'

The above sections have highlighted practical actions and opportunities to ensure all eligible STC doctors undertake a medical appraisal on a yearly basis. As for all doctors, once comprehensive uptake is achieved to progress their engagement there is a requirement to deliver the 'so what' of medical appraisal (see slides 19+20). This has the focus of ensuring that we communicate to doctors their opportunities and responsibilities of participating in medical appraisal, in association with maximising their outputs by the effective engagement of our appraisers, who are both the key advocates as well as agents who deliver the programme on behalf of the doctor with whom the RO

has a prescribed connection. Actions to maximise the 'so what' through integration within the wider organisational development programme in association with the integration of the elements of governance enables the most effective generation of pertinent supporting information.

Current programmes of work including the inputs to medical appraisal, information sharing and the quality assurance of medical appraisal will all provide the opportunity to enhance the 'so what' of their medical appraisal programme.

### **Framework to support the development of quality medical appraisal programmes within designated bodies**

The above has captured discussions within NHS England (North) with a focus of the recruitment of the short-term contract (STC) doctors quality medical appraisal programme. We anticipate our actions to date will progress further uptake of STC doctors to medical appraisal. Our focus is to support the development of medical appraisal as part of the RO function within all designated bodies. This is aided by reflection on the AOA and provision of the annual report and generation of the action plan following consideration by their board, demonstrated by the population of the compliance statement as captured in slide 16.

It is acknowledged the focus of the AOA to-date has been principally with the establishment of the RO function within designated bodies. At this stage if we are to address outstanding elements, such as recruitment of STC doctors and address the missing 1/3<sup>rd</sup>, as well as maximising the quality of programmes, discussions in the NHS England (North) RO and Medical Appraisal Leads Networks, have highlighted the appropriate requirement to increase the granularity of the AOA to support its formative focus. This is anticipated to enable the appropriate prompting of opportunities for further development in their programmes.

### **Actions & Recommendations**

ROCON is asked to consider this paper which was provided at their request, in light of discussions at the December meeting. It is asked to note and make comments with regard to the actions for NHS England (North), and as appropriate make recommendations in light of the discussions.

### **Enclosure**

Extract of the slide presentation for the September 2015 NHS England Medical Appraisal Leads Network Programme.



ROCON - Extract of the slide presentation

P Twomey  
14<sup>th</sup> January, 2016