

**All England Appraisal  
Network Lead  
Appraisers Conference**

**Workshop D  
Scope of work and  
supporting information  
A practical and  
informative solution?**



# Facilitators 23/02/2016

## **Dr Uma Krishnamoorthy**

Consultant Gynaecologist & Appraisal Lead  
CD to Medical Directors Office  
East Lancashire Hospitals NHS Trust



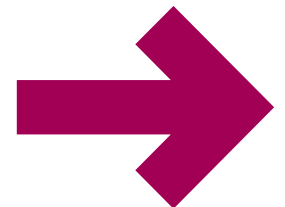
## **Dr Sanjeev Kapur**

Associate Medical Director  
NHS England Yorkshire and The Humber  
General Practitioner



# Today's Objectives

- To understand why supporting information covering whole scope of work is an essential part of any appraisal
- To be clear that organisations have a responsibility to both provide as well as to expect to receive this information
- To learn from one another how organisations approach scope of work information, the challenges and to offer some practical solutions
- To be clear on what the next steps are for your own organisation



# Today's Topics

- Scope of work and Supporting Information
- Group exercise on resources in place within organisations to support scope of work and supporting information
- Scope of work and Supporting Information for GP's
- Scope of work & Supporting Information for secondary care doctors – The role of the Designated Body and Example of Practical and Informative solutions implemented by an Acute Trust in NW



# Why it's important

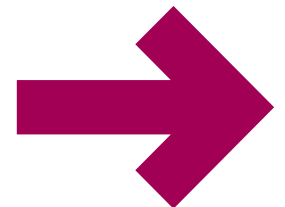
- *It is the responsibility of every **doctor** to review their own supporting information and assess whether it is sufficient to demonstrate their fitness to practise in all areas of their scope of work, before submitting it for their appraisal*
  - NHSE MAPS S12
- *Any **organisation**, whether a designated body or not, making use of the professional service of a doctor has a duty to assure that the doctor is fit to undertake the service in question*
  - NHSE MAPS S11
- *appraisal and revalidation must cover **all roles** a doctor undertakes and so the doctor must provide supporting information that covers their whole scope of work.*
  - GMC & RCGP
- *The **Responsible Officer** makes the recommendation based on the whole scope of work*

GMC



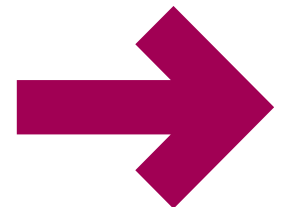
# Appraisal and clinical governance: synergies and distinctions

- Appraisal and clinical governance are distinct processes that work in synergy to demonstrate a doctor's fitness to practise and promote quality in the provision of patient care.
- Primarily, the clinical governance process is where a doctor's professional actions are assessed; appraisal is the forum where the doctor demonstrates that they are keeping up to date and reflecting on what they do.



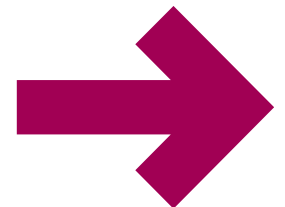
# Shared responsibility for information gathering

- The doctor and the organisation share responsibility for gathering information about the doctor's practice for overlapping reasons.
- Doctors and organisations should work constructively to achieve this in the interests of transparency and improving patient care, and of reducing the burden of documentation for doctors.



# Scope of work and appropriate supporting information for a General Practitioner

- The organisation (usually the CCG) provides minimal information
- Emphasis on “extended roles” rather than the setting of practice
- It is the responsibility of the GP to demonstrate that they are fit to undertake any extended roles and also that they are maintaining their skills appropriately.



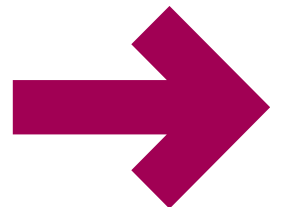


# What roles require SOW evidence?

“Extended roles” (RCGP)

An activity:

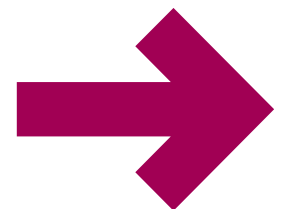
- that is beyond the scope of GP training and the MRCGP
- undertaken within a contract or setting that distinguishes it from standard general practice
- offered for a fee outside of care to the registered practice population



# What we ask for

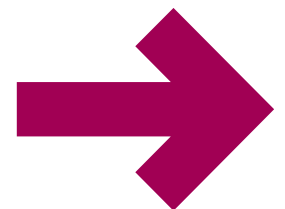
the GP should undertake a separate review with an appropriate clinical supervisor or manager to facilitate the demonstration of their fitness to practice within any extended role. The review should focus on the following:

1. How did you qualify to take on this role?
2. How do you keep up to date in this role?.
3. How can you demonstrate that you are fit to practise in this role?



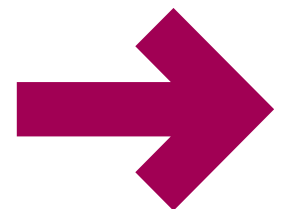
# How we encourage this

- Information to appraisers and doctors
  - clarity regarding expectation
- Communication with all relevant organisations
  - clarity regarding their responsibility
- Consistency



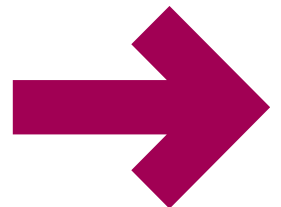
# Challenges

- What roles – RCGP criteria
- What evidence- specific written guidance (see MAPS)
- Lack of engagement
- Inadequate evidence



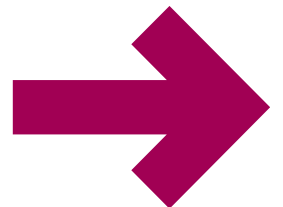
# Our experience

- It's hard work!
- Remind, remind and remind again
- Written policies, shared with all, help
- Many grey areas

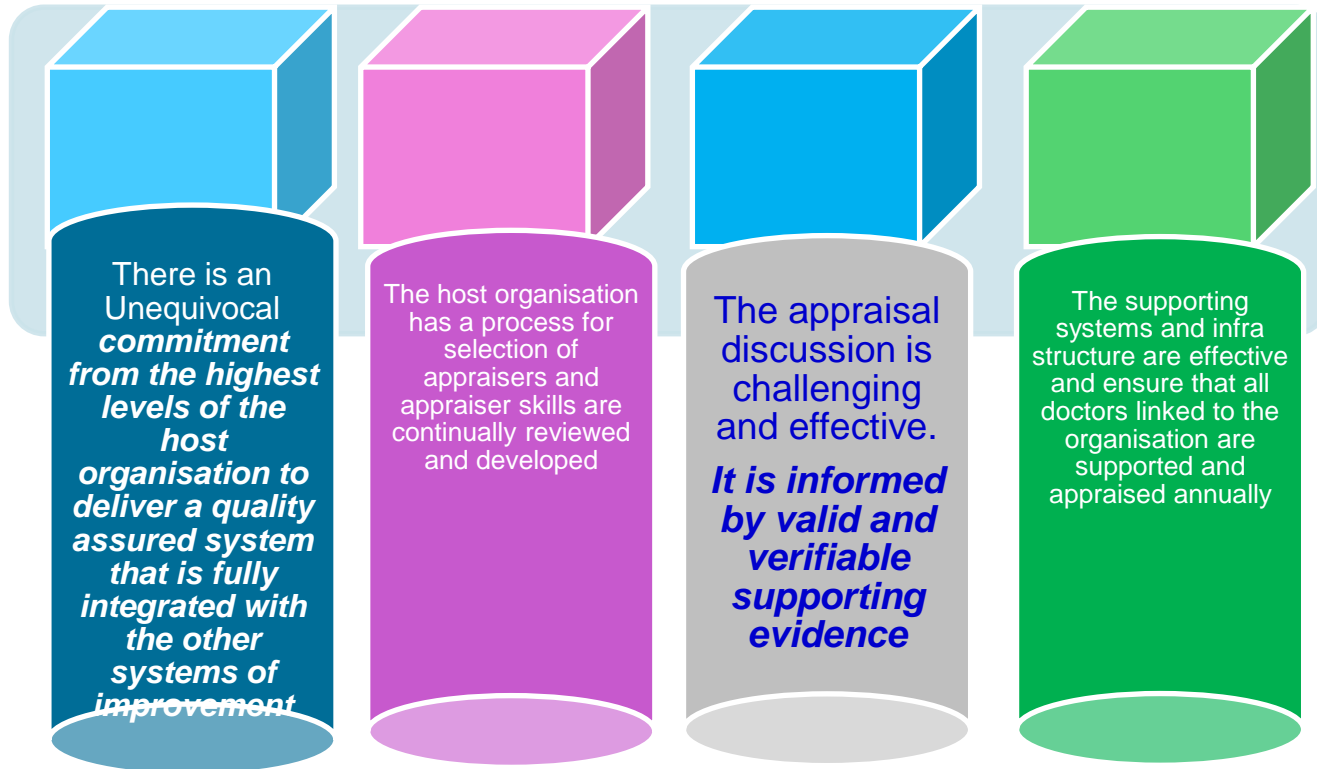


# Group exercise

1. How do you and your appraisers ensure that all relevant scope of work supporting information is included within appraisals?
2. What sorts of information do you expect?
3. What challenges have you faced in this context and what solutions have you implemented to address these?
4. Are there other things your organisation still has to do?



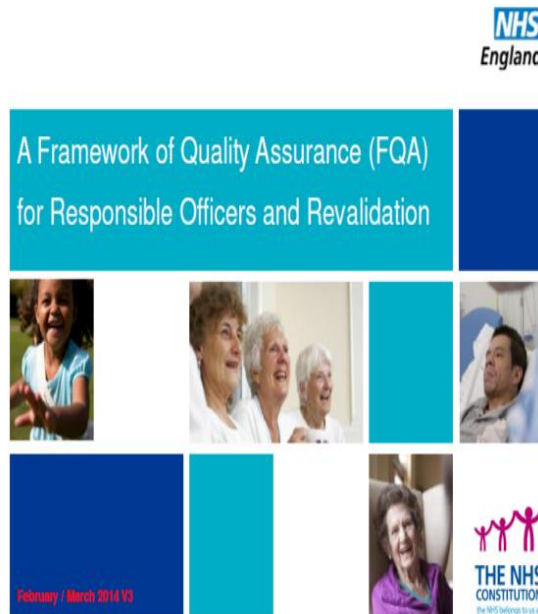
Supporting Information to cover whole scope of work  
Practical & Informative Solutions - Secondary care focus  
East Lancashire Hospitals NHS Trust



**The four pillars  
of quality  
assurance of  
appraisal**



# Framework for Quality Assurance for Responsible Officers and Revalidation & Annexe A- Core standards



1.1.9- The responsible officer considers all relevant information from doctor's full scope of work and through complete revalidation cycle in making a recommendation about a doctor's Ftp

2.1.11-The responsible officer ensures that there is a process for quality assuring the inputs and outputs of appraisal to ensure that they comply with GMC requirements and national guidance.

**MAPS- S11**  
**Supporting information for**  
**medical appraisal: the role**  
**of the designated body**

There are both organisational and individual professional obligations to gather information about a doctor's practice.



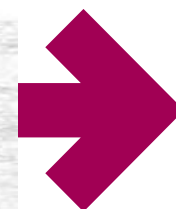


**Enhancing appraisal standards through QA measures  
(including Scope of Work-SOW and Supporting Information-SI)  
What Practical and Informative Solution did we Implement?  
Solution 1- Appraisal input Package**

- 100% appraisals undergo QA review
- Structured feedback on QA review outcome
- QA review includes need for assurance on inputs
- QA review with extra rigour for RR
- RO spot check on sample appraisal for RR cohort
- Quarterly Appraisal news letters
- Quarterly Appraiser network & update training

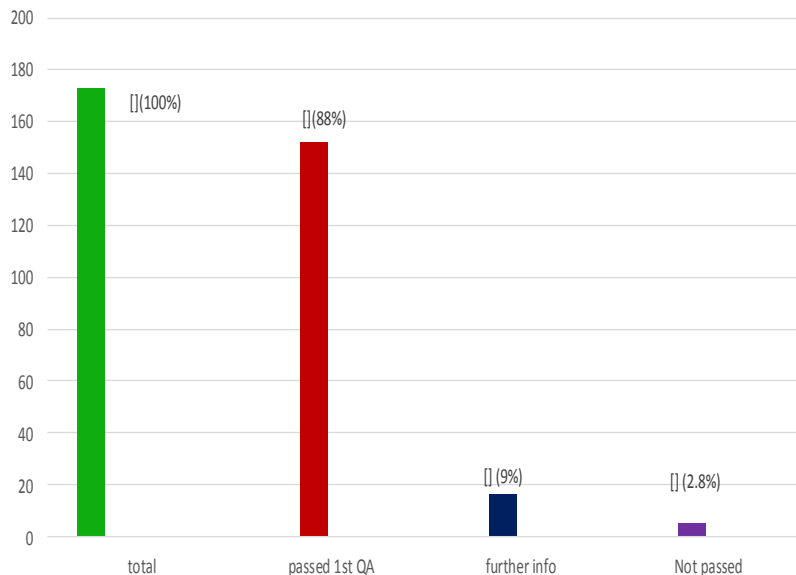


- Governance report provided centrally
- Dr Fosters COB data report in Directorates
- Consultant level activity data at Directorates
- Consultant level Theatre man data for surgeons
- Other examples : Discrepancy data for Radiologists, EQA data for Histopathologists, Compuscope data for colposcopists, national data for vascular surgeons, max fax surgeons, endoscopy data



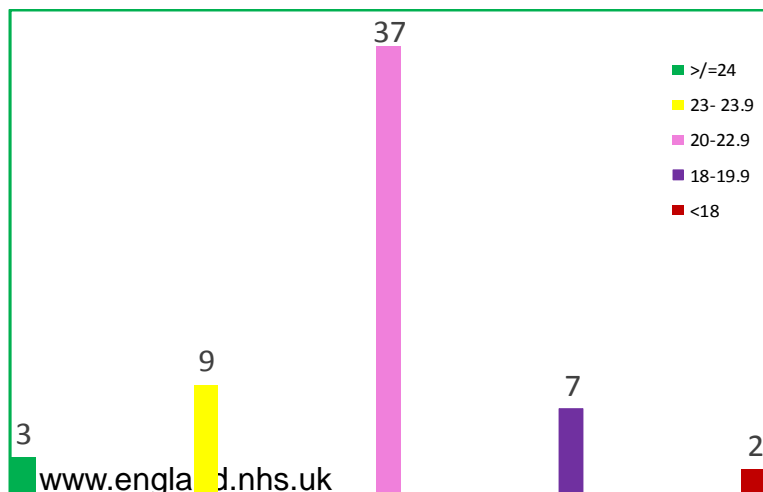
# Practical and Informative Solutions for Appraisal Supporting Information & SOW

## Summary results of audit on appraisal QA review outcome- 2014



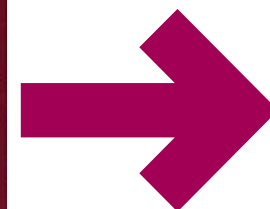
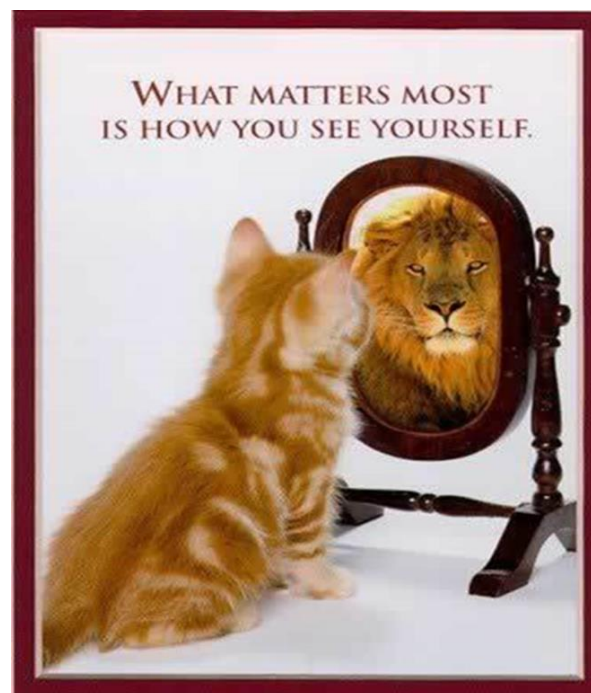
### Individual Appraisers score

(Anonymised scores- Appraisers informed ahead of their colour code, its only when they see this slide that they realised where they were)



- Started with a benchmarking exercise
- Retrospective Audit of appraisal QA review outcomes

- 58 appraisers and 173 appraisals
- 152 passed first review (88 %)
- 21 not passed 1<sup>st</sup> QA review (12%)
- Often missed information in summary related to –
  1. Governance report/letter of good standing from other places of work to cover whole SOW
  2. Evidence of reflection
  3. Performance data details



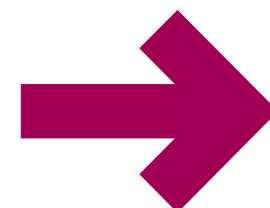
# ***What practical solutions did we implement?***

## ***Practical and Informative Solutions***

***Solution 2: Checklist   Solution 3: Template for Governance letter   Solution 4: Updated QA tool***



- Developed and updated/ strengthened an appraisal checklist
- Designed to capture inputs submitted and evidenced by appraiser at appraisal and signed by both – part of input and output hence
- Developed a template, setting out the agreed content of letter from other places of work that would be accepted as governance report
- Strengthened QA review tool further to enable structured feedback to appraise and appraiser for every completed appraisal.



# What practical solutions did we implement?

## Practical and Informative Solutions

### Solution 2: Comprehensive Appraisal Checklist



#### ELHT Appraisal Documentation

##### Form 7 Appraisal Summary:

This summary is a critical output of the appraisal. A copy of Form 4 must also be i

Supporting Evidence for Revalidation	Appraiser ticks if seen evidence	Comments
General Information		
Personal details	✓	
Scope of work	✓	
Record of annual appraisals		First apprai
Personal Development Plan and review		First apprai
Statement of Probity	✓	
Statement of Health	✓	
Keeping Up to Date		
Continuing Professional Development for coming year	✓	
Evidence of completion of previous PDP	N/A	
Quality Improvement activity	✓	
Significant Events	✓	
Feedback on your Practice		
Colleague Feedback	✓	
Patient Feedback	✓	
Review of Complaints and Compliments	✓	

#### ELHT Appraisal Documentation

**Form 7 Appraisal Summary:** This summary is a critical output of appraisal. C documentation by appraiser in page 21 of MAG (instead of old Form 4) must also t

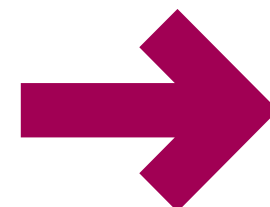
Supporting Evidence for Revalidation. Six types of key Supporting information are essential. These are - 1. Continuing professional development 2. Quality improvement activity 3. Significant events 4. Feedback from colleagues 5. Feedback from patients 6. Review of complaints and compliments	Seen evidence Yes/No	Appraiser / relevant co section
General Information		
Personal details	✓	GMC regist
Scope of work	✓	Detailed di appraisal d
Details of Private Practice if any		N/A
Record of annual appraisals	✓	
Personal Development Plan and review ( past year)	✓	All PDP act
Personal Development Plan and review ( This year) <i>Appraiser and Appraisee to ensure that PDP is linked to Organisational Quality Improvement Aims for Safe Personal Effective care to all 1. Reducing in hospital Mortality: SIMR/HSMR 2. Avoiding unnecessary admissions 3. Communication and engagement with patients and public 4. Delivering reliable care: clinical care bundles uptake 5. Timeliness of care</i>	✓	agreed
Statement of Probity	✓	Self declar
Statement of Health	✓	Self declar health pro
Keeping Up to Date		
Continuing Professional Development	✓	Attendanc
Educator CPD with reflection <i>Minimum criteria - at least 3 pieces of evidence on at least 3 separate domains in a 5 year cycle</i>	✓	AoME Don
Quality Improvement activity	✓	Audit -com
Significant Events(Reflection and Learning from event)	✓	Nil significa reflection :
Performance data ( HED data)	✓	Dr Foster's alerts
Reflective Practice log – Mandatory for Mortality in HED data, Significant morbidity ( examples: Return to theatre, Visceral injury, Re-admissions, unexpected ITU admissions post op )Complaints, Claims, DINACPR decisions, and Recommended for Educational events attended, others	✓	Reflection

Core Mandatory Training	✓	Up to date, done April 2015
Safe Guarding Training ( specify at what level and date)	✓	Done level 2 2013, next due 2016
Other Mandatory Training: Example-BLS, ALS, NIS, ANTT, PROMPT	✓	Attendance certificates: Up to date.
Feedback on your Practice		
Colleague Feedback	✓	360 MSF completed 2013 pre revalidation, next due 2016
Patient Feedback	✓	As above, also thank you cards seen
Feedback from Teaching/Training delivered	✓	Presented at grand rounds and audit meeting besides trainees teaching half day. Good feedback evidenced. Reflection on this part of AoME domain
Review of Trust Governance Report ( Complaints ,and Compliments)	✓	One complaint –reflected at length and documented, nil concerns
Governance Report Reviewed from Private sector		N/A as nil private work
Missing Evidence Identified and Actions agreed		No evidence is missing
Any Other Concerns		None
Sign Off Form 7		
Appraiser Name : Dr ABCD	Date 15/2/15	Signature
Appraiser GMC Number : XXXXXXXXX		
Appraiser Current Position: Consultant YYYYYYY		
Appraisee Name: Dr ZZZZZZZ	Date: 15/2/15	Signature
Appraisee GMC Number: MYYYYYYY		
Appraisee Current Position : Consultant		

# What practical solutions did we implement?

## Practical and Informative Solutions

### Solution 3: Template for Governance report/ Letter from other Places of Work



#### **Governance Report & Letter of Good Standing from Other Place/s of Work To Cover Whole Scope of Work**

##### **Purpose: For Appraisal & Revalidation**

**Report to: Doctor's Designated Body with whom Doctor has Prescribed Connection**

**Covering Period:** (State- last 12 months or longer with date range details as relevant)

**Doctor Details:** Doctor (Name of doctor) is/has been employed with us at (Name of organisation) since (insert date) in capacity of (state role here).

**Scope of Work Report:** Dr (Name) has been working as (Consultant/ locum consultant/ locum first on call/locum second on call) in specialty (State specialty) at (Name places of work). His work involved (details to be added here to reflect scope of work – example: outpatient clinics, ward rounds, specialty surgery, assisting surgical procedures, etc. depending on level at which Dr Works)

**Certification of Good Standing:** During this time we are able to confirm his good standing with regards to his work with our organisation in all aspects related to professionalism and conduct as a doctor registered with General Medical Council.

**Governance Report:** We are able to confirm that during this time Dr (Name of Doctor) has been involved in:

- |                        |                        |          |
|------------------------|------------------------|----------|
| 1. Complaints:         | Nil (or number) If yes | Details: |
| 2. Claims:             | Nil (or number) If yes | Details: |
| 3. Significant events: | Nil (or number) If yes | Details: |
| 4. Any other concerns: | Nil (or number) If yes | Details: |

Please do not hesitate to contact me if there are any further queries.

Signed by

Medical Director/ Or Designated Deputy on behalf of MD

Full name:

Date:

Telephone:

Fax:

Email contact:



# What practical solutions did we implement?

## Practical and Informative Solutions

### Solution 4: Updated QA Review Tool



## Structured Quality Assurance Review Tool at ELHT - V 1 July 2013

## Structured Quality Assurance Review Tool at ELHT - V 1 July 2014

MEDICAL DIRECTOR'S OFFICE TEMPLATE FOR QUALITY SCORING OF ELHT APPRAISAL PROCESS

BY CDMDO ON BEHALF OF MD OFFICE THROUGH EVALUATION OF FORM 4, FORM 7 AND PDP SUMMARY (AND MAG WHEN MAG USED)

Appraisee: Appraiser: Date of Appraisal:

No:	Domain	Quality score CDMDO/DMD	If score of 2 comment on areas for improvement suggested for next appraisal but nil gaps noted If score less than 2 comment on Gaps identified where evidence is lacking and action
1.	Good Medical care		
2.	Maintaining good medical practice		
3.	Working relations with colleagues		
4.	Relations with patients		
5.	Teaching and Training		
6.	Probity		
7.	Health		
8.	Form 7		
9.	PDP (Maximum score for this is 6)		
10.	Total score out of 30		Passed appraisal QA review- UK CDMDO on behalf of MD office. Date:



Scores for Domain 1-7 of Form 4 and Form 7 (maximum 3 for each domain and total 24)

Maximum score of 6 for PDP and therefore overall score is 24 plus 6 = 30

Score 3 : Excellent , no gaps and good quality evidence noted.

Score 2: Good, areas for improvement but no gaps identified

Score 1: Gaps identified within appraisal process where evidence is lacking in the report submitted

Score 0: Failed to meet quality standards, remedial measures needed.

CMO Office/CDMDO TEMPLATE FOR QUALITY SCORING OF ELHT APPRAISAL PROCESS THROUGH EVALUATION OF MAG, FORM 7 AND PDP SUMMARY

Appraisee :

Appraiser:

Date of Appraisal:

No:	Domain	Quality score by CDMDO	If score of 2 comment on areas for improvement suggested for next appraisal but nil gaps noted If score less than 2 comment on Gaps identified where evidence is lacking and action
1.	Knowledge, Skills		
2.	Performance		
3.	Safety and Quality		
4.	Communication, Partnership, Team Work		
5.	Teaching and Training		
6.	Maintaining Trust-Probity		
7.	Maintaining Trust -Health		
8.	Updated Form 7		
9.	PDP (Maximum score for this is 6)		
10.	Total score out of 30		Passed ELHT appraisal QA Review process. UK CDMDO on behalf of MD office. Date:

Scores for Domain 1-7 of Form 4 and Form 7 (maximum 3 for each domain and total 24)

Maximum score of 6 for PDP and therefore overall score is 24 plus 6 = 30

Score 3 : Excellent , no gaps and good quality evidence noted.

Score 2: Good, areas for improvement but no gaps identified

Score 1: Gaps identified within appraisal process where evidence is lacking in the report submitted

Score 0: Failed to meet quality standards, remedial measures needed.

## Summary of results of re-audit over 3 months Nov 14-Jan15 (N=87)

### All these are Quality Indicators of Appraisal Process, Appraisers and Doctors in ELHT

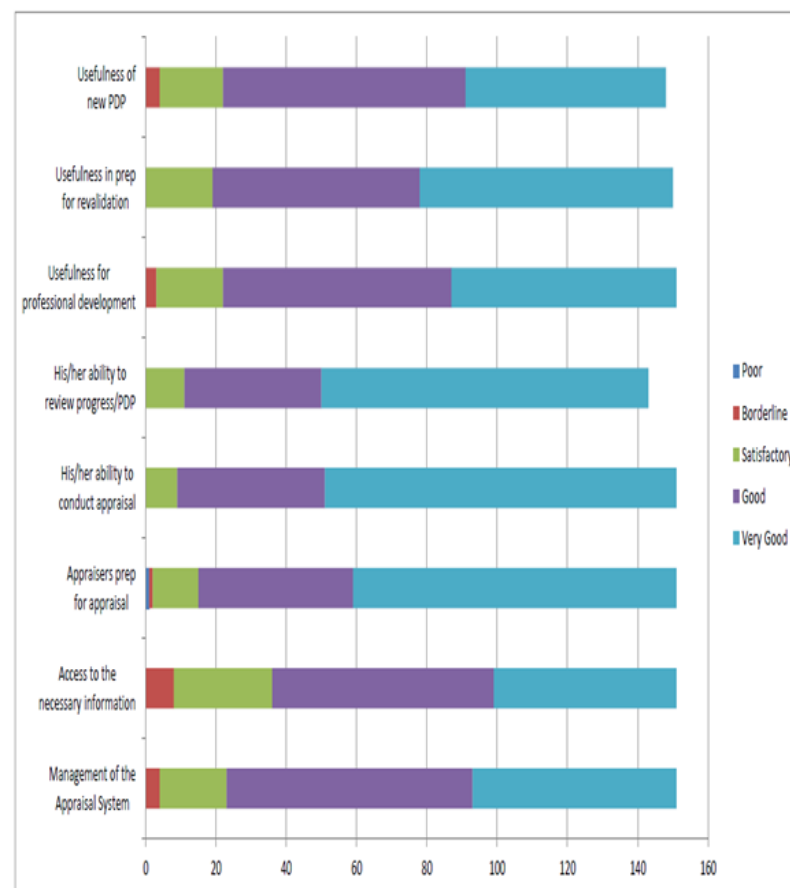
1	Whole scope of work reviewed	100%
2	Previous PDP completed or reasons explained for carry over to next years PDP	100%
3	Governance report from whole scope of work	85% ( in 15% it was either not uploaded or not mentioned within appraiser summary)
3	QA review passed first time ( Biggest surrogate marker of Quality of appraisals and Appraisers within ELHT) Appraiser must state within summary whether doctor has a formal educator role and whether requirements were fulfilled as per AOME guidelines and what domains were evidenced	<b>85 % passed (if educator CPD requirements not taken into consideration as at previous audit)</b>  <b>59% ( if educator CPD taken into consideration- As new standard on educator CPD requirements were introduced within ELHT)</b>
4	CPD evidence evidenced	97%
5	Quality Improvement Activity evidenced	98%
6	Documented reflection with evidence of learning	95%
7	360 colleagues completed or appropriately documented or included in PDP	97%
8	360 patients completed or appropriately documented or stated nil applicable and why	98%
9	PDP for next year completed appropriately (SMART)and also includes actions for missing evidence	<b>88% ( Second largest surrogate marker of Quality of appraisals and Appraisers within ELHT)</b>
10	Form 7 completed fully without blanks or gaps	95%
11	MAG completed in all pages	94%
12	Other gaps noted ( conflicting Agreed on MAG and Missing evidence on Form 7	2%

Feedback from Appraises- 94% stated access to necessary information was satisfactory , good or very good

Majority value it as Good or Very good.

>95% felt appraisers prep for appraisal, ability to conduct appraisal, and ability to review progress were Good or Very Good.

Feedback from Appraises 2012+ - 2013

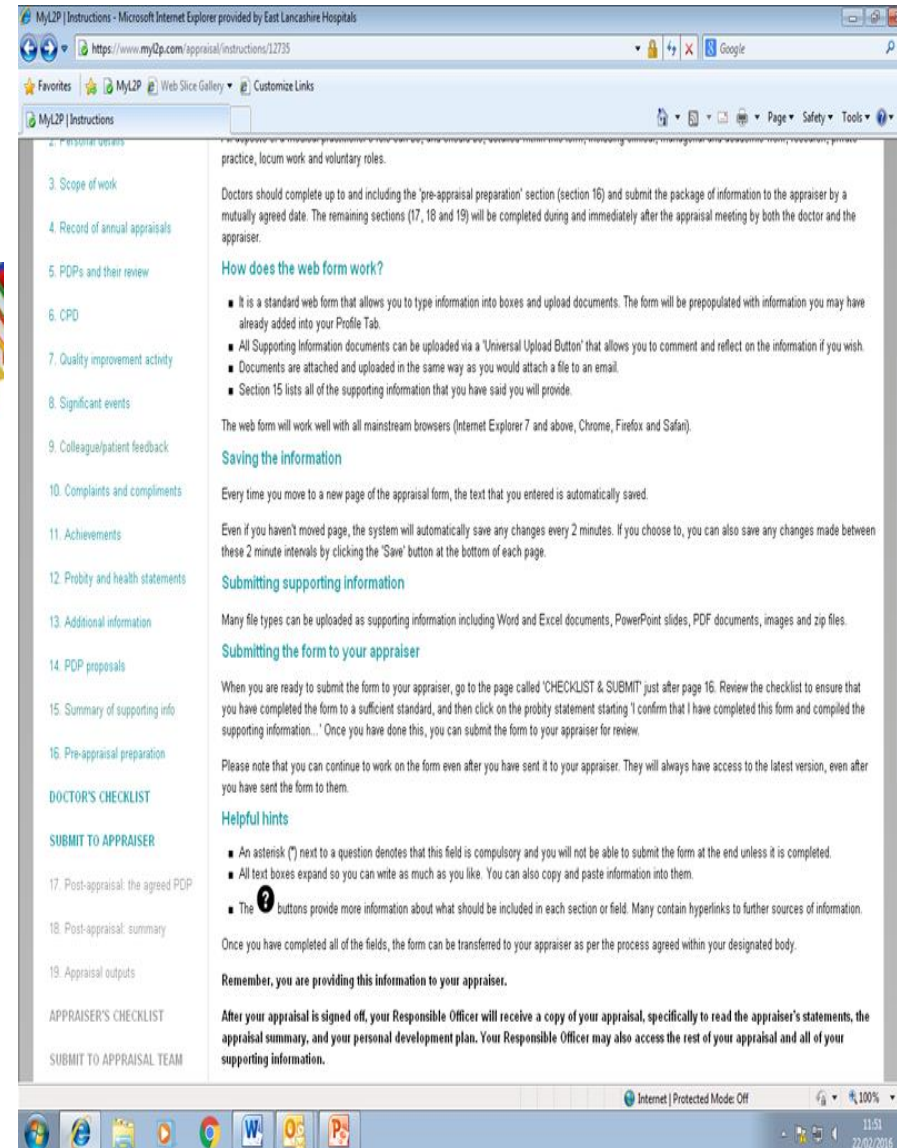
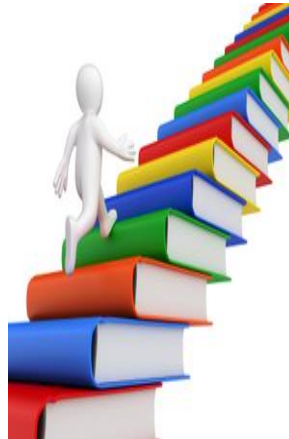


# What practical solutions did we implement?

## Practical and Informative Solutions

### Solution 5: Bespoke Appraisal & Revalidation Management System MyL2P

- **Systems solution 5-** Bespoke MyL2P Online Appraisal and Revalidation management system implemented
- The system has excellent prompts to remind doctors regarding scope of work and supporting information for each domain
- System has a separate module on Medical education/ educator requirements



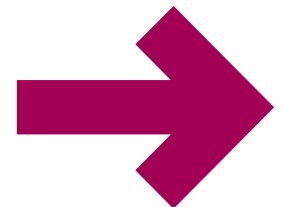


# What practical solutions did we implement?

## Practical and Informative Solutions

### *Solution 6: Purpose built checklist incorporated as mandatory Data fields within MyL2P*

- **Systems solution 6-** Purpose built checklist was incorporated into MyL2P using our own checklist (This is now rolled out Nationally by MyL2P to all organisations using their system)
- Checklist includes GMC recommended supporting information as well as locally agreed organisational requirements ( Fitness for practice vs Fitness for Purpose)
- Recent data field added for “Duty of candour” requirements
- Declaration that checklist has been reviewed on submission to appraiser by doctor and at/after appraisal by appraiser before submission to RO is signed by both.



# What practical solutions did we implement?

## Practical and Informative Solutions

### Solution 6: Purpose built checklist incorporated as mandatory Data fields within MyL2P

#### Appraisal checklist

Version: 1.1 – 27 April 2015

#### Doctor's checklist

This checklist is to help you submit a good appraisal form. Your Responsible Officer will refer back to this appraisal form that does not meet the quality standards required by the strengthened appraisal approach.

#### 3. Scope of work

I have defined all roles undertaken in the period under review including all roles in private and voluntary practice

Yes No

I have defined all of my qualifications for each role

Yes No

Where I work in other organisations, I have uploaded a letter of good standing from that organisation

Yes No Not rel

I have uploaded the Governance report from the Trust/ELHT

Yes No Not rel

If private practice is undertaken, I confirm that I am aware of and have abided by ELHT/CO13V5 (Clinical Records Policy) and ELHT/F21V1 (Private Patient Policy) and have completed, where necessary, PP4 or PP5

Yes No Not rel

#### 5. PDPs and their review

I have reviewed each of my previous personal development goals and commented in detail as to whether each item was addressed

Yes No Not rel

If appropriate, I have explained why I have not met any PDP goals

Yes No Not rel

#### 6. CPD

I have either uploaded a Royal College CPD annual certificate or I have added all instances of CPD along with CPD points and reflections on learning

Yes No Not rel

I have removed the identities of any patients from log books, case reviews, grand rounds, morbidity/mortality reviews, etc.

Yes No Not rel

I have submitted my log book and reflected on any learning needs arising from that review

Yes No Not rel

I have included the schedule of my personal mandatory training requirements

Yes No Not rel

I have attached evidence of completion of all personal mandatory training

Yes No Not rel

#### 7. Quality improvement activity

In any clinical case reviews or similar documents, identities of patients or colleagues have been removed

Yes No Not rel

In any clinical case reviews or similar documents, identities of patients or colleagues have been removed

Yes No Not rel

#### 8. Significant events

I have reflected in depth and commented on all instances of significant events

Yes No Not rel

I have ensured there are no patient names, email addresses or contact details in any of the documents provided in evidence of significant events

Yes No Not rel

#### 9. Colleague/patient feedback

If required, I have provided colleague and patient feedback reports in line with our organisational policy (e.g. timing and minimum number of respondents)

Yes No Not rel

If required, I have provided patient feedback reports in line with our organisational policy (e.g. timing and minimum number of respondents)

Yes No Not rel

#### 10. Complaints and compliments

I have reflected in depth and commented on complaints and compliments

Yes No Not rel

I have ensured that there is no patient identity visible in my answers or in any of the documents provided

Yes No Not rel

#### 13. Additional information

If necessary, I have completed the supplementary sections for Academic, Leadership and Management, and Medical Educator roles

Yes No Not rel

If a Medical Educator, I have provided at least three pieces of evidence on three separate domains

Yes No Not rel

#### 14. PDP proposals

I have included the PDP items that I want to complete in the year ahead (there should be at least two - the average is four to six)

Yes No Not rel

#### 16. Pre-appraisal preparation

If a Foreign Medical Graduate, I have provided the evidence of competence specified

Yes No Not relevant

I have included relevant performance data with appropriate reflection (this would be Dr Foster data or similar for consultants and logbook for other non-consultant grades)

Yes No Not relevant

#### Overall

I have completed all relevant sections in the form

Yes No

I have reflected in detail on the supporting information I have provided

Yes No

[The following questions only appear if the doctor answered 'No' to any question]

Where you have answered 'No', please explain why the information requested has not been submitted:

I have explained why the information requested has not been submitted

Yes No

#### Appraiser's checklist

This section is to confirm the doctor has met the quality standards required by the strengthened appraisal approach (please refer to doctor's checklist that was submitted before appraisal to ensure that appropriate evidence has been provided on all relevant aspects)

#### 17. Post-appraisal: the agreed PDP

The doctor has completed a PDP that describes in detail their learning needs, how they will achieve the learning and how they will demonstrate that the learning has been achieved

Yes No

#### 18. Post-appraisal: summary

I have commented in detail on how this doctor meets the requirements of the four domains of Good Medical Practice

Yes No

[The following questions only appear if the appraiser answered 'No' to any question]

Where you have answered 'No', please explain why you've given this answer:

I have explained why I've answered 'No' to the items above

Yes No

#### Appraiser's comments

Please comment on the completeness of the appraisal and explain any exceptions you have granted to the required information from the doctor:

I have verified all of the answers provided by the doctor in the checklist and added my comments on the completeness of the appraisal and any exceptions I have granted

Yes No

# What practical solutions did we implement?

## Practical and Informative Solutions

### Solution 7: Raising Awareness through Staff Training (besides Appraiser training )



East Lancashire Hospitals **NHS**  
NHS Trust

*Would you like to update yourself on the Appraisal & Revalidation processes and systems at ELHT?*

*Would you like the opportunity to address your appraisal and revalidation related queries at an appropriate forum?*



*We are now accepting bookings and registration for the:*

**Appraisal & Revalidation Update Training  
for all Doctors at ELHT**

Note: It is recommended that all Trust Consultants -Substantive and Locums, SAS Doctors, Trust Junior and Senior Clinical Fellows, Trust Locum and Bank Doctors of all grades attend this update/refreshers training (excludes training grade doctors who are appraised through their annual ARCP's)

This course will help you develop and Update knowledge and skills in;

- ✓ An overview of Appraisal and Revalidation currently in UK
- ✓ Trust Appraisal policy, your roles and responsibilities
- ✓ MyL2P bespoke online Appraisal & Revalidation Management system
- ✓ Preparing a robust appraisal portfolio for strengthened appraisal
- ✓ Appraisal Quality Assurance review process at ELHT
- ✓ Ensuring your appraisal passes the QA review first time every time
- ✓ Challenges within appraisals and how to overcome
- ✓ Any other appraisal related issues

Programme Dates		
Date	Venue	Session Time
31 <sup>st</sup> July 2015	Seminar Room 3 RBH	9:30- 12:30
31 <sup>st</sup> July 2015	Seminar Room 3 RBH	13:30- 16:30
18 <sup>th</sup> September 2015	Lounge Bar, Mackenzie BGH	9:30- 12:30
18 <sup>th</sup> September 2015	Lounge Bar, Mackenzie BGH	13:30-16:30
16 <sup>th</sup> October 2015	Seminar room 7, RBH	9:30- 12:30
16 <sup>th</sup> October 2015	Seminar room 9, RBH	13:30- 16:30
20 <sup>th</sup> November 2015	Seminar Room 3 RBH	9:30- 12:30
20 <sup>th</sup> November 2015	Seminar Room 3 RBH	13:30- 16:30

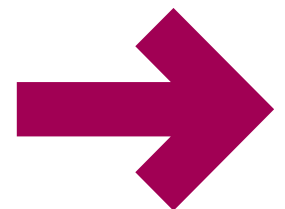
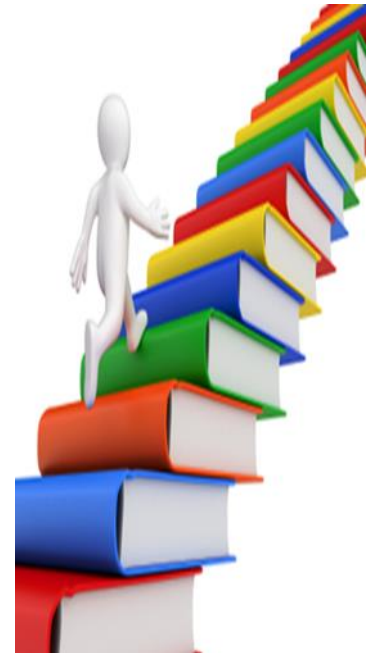
**Course Application:** Please apply via email to [Lynda.Calverley2@elht.nhs.uk](mailto:Lynda.Calverley2@elht.nhs.uk)  
For further information contact: Lynda Calverley, Appraisal Administrator, RBH  
Telephone: 01254732180, Internal Extension: 82180  
ELHT staffs are free to attend as they are fully committed to completing course.  
**Course Organisers:**  
Uma Krishnamoorthy, Appraisal Lead & CD to Medical Director's office  
Catharina Schram, Responsible officer & Chief Medical officer

## ***What practical solutions did we implement?***

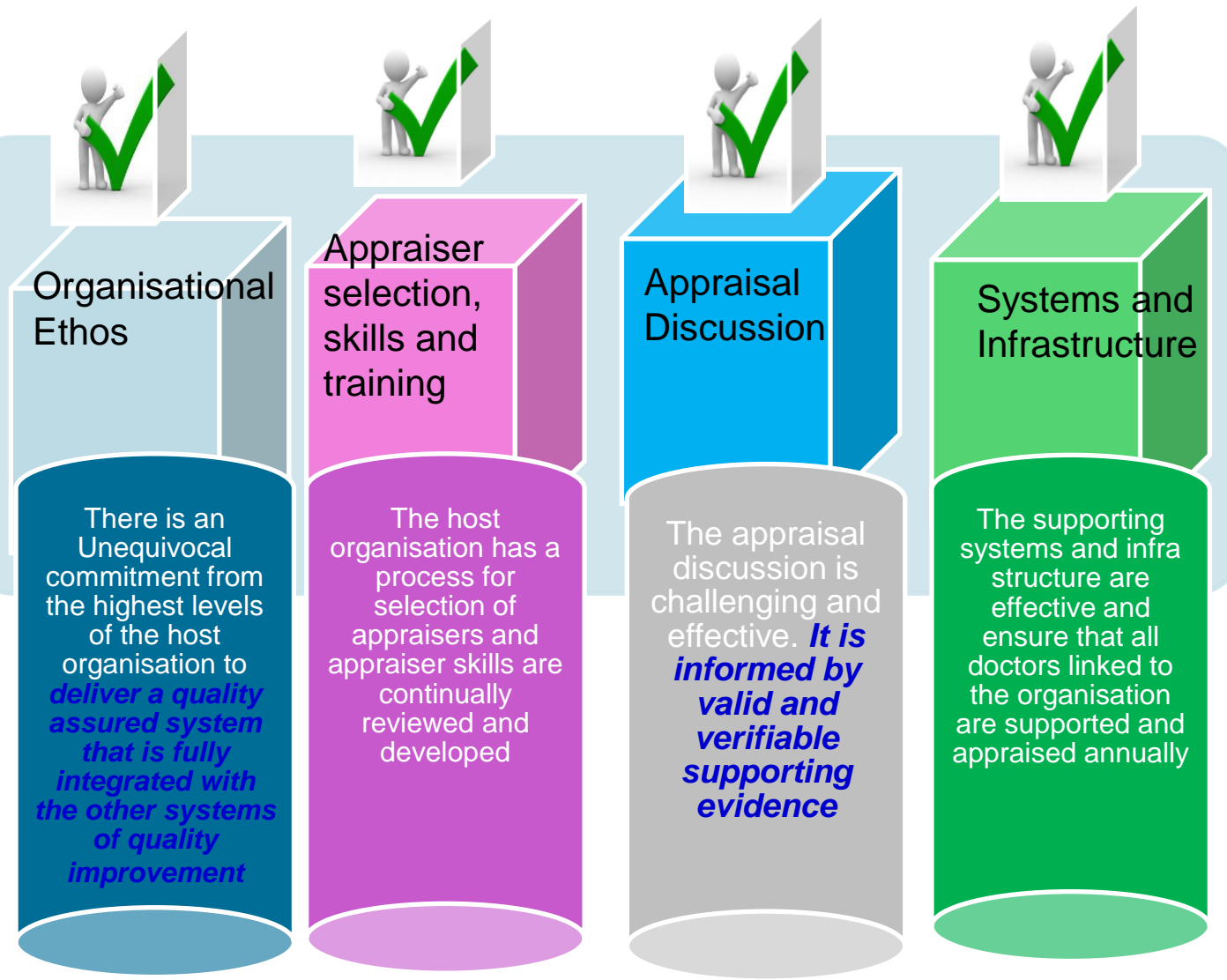
### ***Practical and Informative Solutions when Additional Supporting Information Requested by RO- Special Considerations & Solutions***

#### ***Solution 8: The power of an RO note communicated effectively through Informative solutions***

- Any concern/on going investigation attached as an RO note in portfolio
- Can be viewed by the RO, Deputy RO and Appraisal Lead.
- Appraisal lead reviews RO notes for all as part of QA review to ensure that the requested information is covered within appraiser summary ( If not then, raise this as query with the appraiser and doctor in QA feedback for remedial action as appropriate.
- If RO had requested specific evidence from a doctor for the appraisal Example: Reflection on a case investigation, concern, complaint etc, then that particular RO note is shared with doctor and appraiser as well so that appraiser is aware that this additional evidence is expected from the doctor and this helps to keep the whole process transparent and seamless.
- Shared RO notes when attached to system generate an automated email to both appraiser& doctor thereby facilitating more effective/transparent information sharing.



# The four pillars of quality assurance of appraisal



## **What practical and Informative solutions did we implement for SI and SOW?**

1. Appraisal package
2. Checklist tool
3. Template for governance letter from other places of work
4. QA Review tool
5. MyL2P bespoke system
6. Mandatory data fields as checklist
7. Trust wide Staff Training
8. RO note sharing resource



# Thank You

Uma Krishnamoorthy & Sanjeev Kapur



CHANGE

CHANGE IS THE ESSENCE OF LIFE.  
BE WILLING TO SURRENDER WHAT YOU ARE, FOR WHAT YOU COULD BECOME.



Quality means  
doing it right  
when no one is  
looking.

