

**All England Appraisal
Network Lead
Appraiser's
Conference**



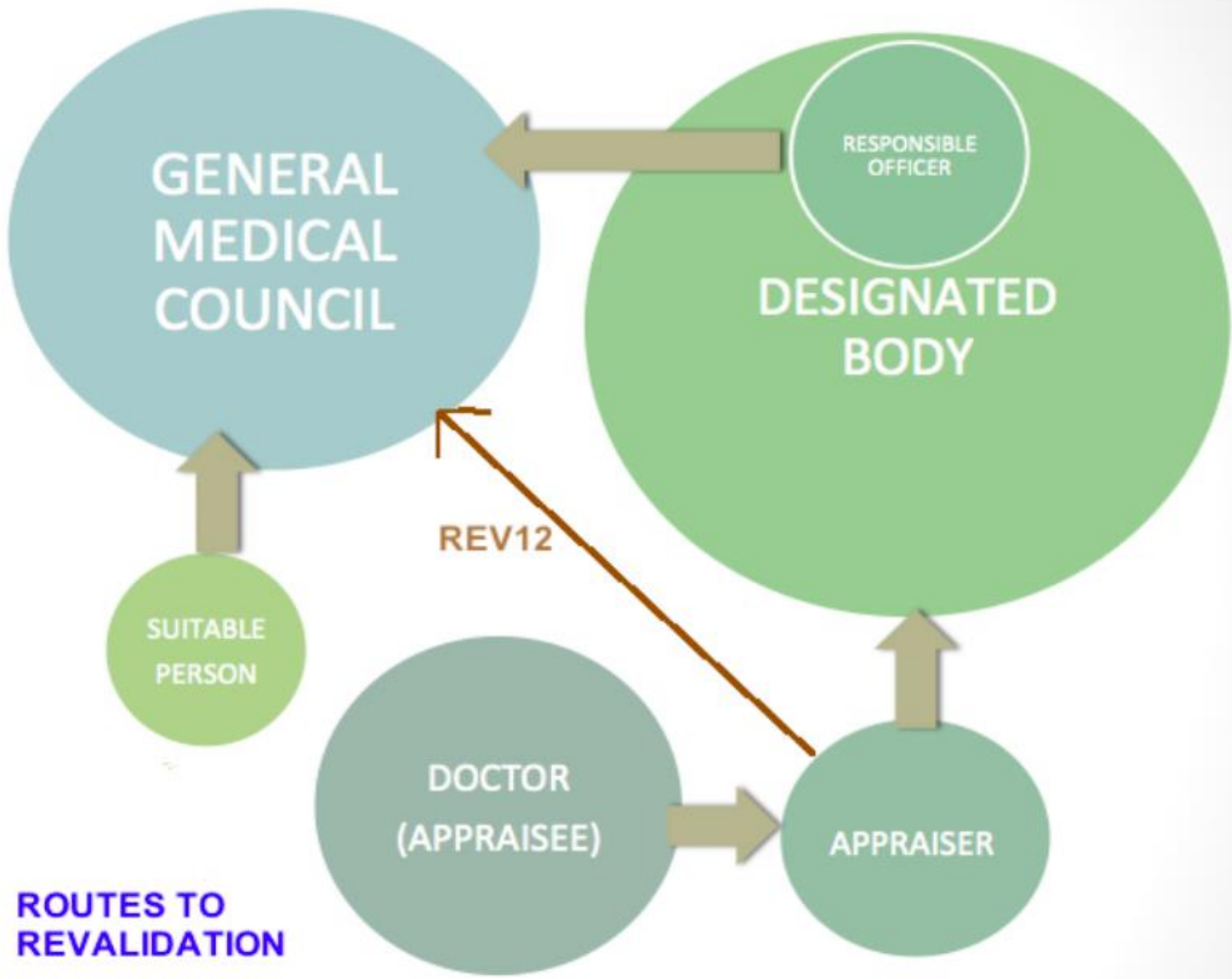
Doctors Appraisal
Consultancy

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**INDEPENDENT
SECTOR
REVALIDATION &
APPRAISAL**

Doctors Requiring Revalidation

- NHS or Independent Sector ? Scope of practice
- Practicing in 'managed environment' or not?
- Isolated practitioner or in group?



ROUTES TO REVALIDATION

**DOCTORS PRACTICING IN
'UNMANAGED ENVIRONMENTS'**

THE GMC ANNUAL RETURN PROCESS

REQUIRING INCREASED SUPPORT

UNMANAGED ENVIRONMENT

DOCTORS : A PROFILE

- No current prescribed route to revalidation
- Practicing in groups of three or less, Less likely to be CQC registered
- Not covered by existing managed environment structure
- Unlikely to have had an appraisal / No existing PDP
- Unlikely to have structured process of matching CME with educational needs
- Unlikely to have structured clinical governance covering practice, e.g. Q.A. process or complaints procedure
- Unlikely to have Structured, professional contact with peers, e.g. workshop / regional meetings / mentoring / buddy system.
- Language / communication / computer literacy issues
- Age range 28 – 93 (!)
- IMGs -> ?non UK evidence admissable

PREVIOUS APPRAISALS – VARIABLE STANDARDS

PREVIOUS SUMMARY !

Domain 2: Safety and quality ?

Very safe and very high quality care

Domain 3: Communication, partnership and teamwork ?

Extremely good and example to colleagues.

Domain 4: Maintaining trust ?

Very trustworthy and outstanding clinician.

What development do I have?	How will I address them?	Date by which I plan to achieve the development goal	Outcome	Completed
Address the need.	Explain how you will take action, and what resources you will need?	The date agreed with your appraisers for achieving the development goal.	How will your practice change as a result of the development activity?	Agreement from your appraisers that the development need has been met.
Revalidation	Check E HA re contract + where revalidation?	By Sept 1	Revalidation	
Update research governance	ACP course training.	By Dec 1	Continued research.	

INDEPENDENT SECTOR APPRAISALS – ISSUES -1

- ROUTE TO REVALIDATION / GMC
- CONSISTENCY / Q.A. OF APPRAISAL PROCESS
- WHAT FORMS OF FEEDBACK WILL BE ACCEPTABLE?
- ACCEPTABILITY OF SUPPORTING INFORMATION ; ? TYPE AND QUANTITY
- WILL THE R.O. BE ABLE TO MAKE RECOMMENDATIONS?

INDEPENDENT SECTOR APPRAISALS – ISSUES 2

- PROVIDING SUPPORT & RESOURCES
- IDENTIFICATION OF APPROPRIATE SUPPORTING INFORMATION
- ASSURING CONSISTENCY OF APPRAISAL PROCESS COMPARED WITH NHS
- DEVELOPING SUPPORT STRUCTURES FOR REMEDIATION WHERE AVAILABLE
- MAPPING THE RESULTS TO THE APPRAISAL TO THE OUTPUT SUMMARIES
- CREATING NETWORKS FOR ISOLATED PRACTITIONERS

The Independent sector

Common themes

- Total practice data
 - Provision of data
 - Quality of data
 - Ensuring review of total data and that PDP reflects this
 - Sharing scope of NHS practice with IS providers
 - Sharing scope of Independent practice
 - Sharing scope of other work such as in Europe
- Mandatory training: equivalence, evidence and frequency
- PHIN
- How can we improve transfer of information between ROs
 - Regular and routine: yearly appraisal, mandatory training , change/move in practice, audit
 - When cause for concern arise
 - Not just names but also contact details
 - How do we ensure that we all exchange accurate information in a confidential manner, that safe guards patient care and doctors human rights
- Making appraisal a valuable experience for our doctors and therefore our patients

THE OBJECTIVE ASSESSMENT OF UK APPRAISERS

- NO REGISTER OF APPRAISERS
- NO CONSISTENT SELECTION / TRAINING SYSTEM
- NO CONSISTENT ASSESSMENT OF APPRAISERS BY DESIGNATED BODIES

**AN EXAMPLE FROM AN
INDEPENDENT SECTOR
DESIGNATED BODY....**



British College of
Aesthetic Medicine

DESIGNATED BODY PROFILE

- INDEPENDENT SECTOR ORGANISATION
- 350 MEMBERS
- 150 DOCTORS USE ORGANISATION FOR REVALIDATION
- 20 TRAINED APPRAISERS
- MAJORITY OF APPRAISEES HAVE PORTFOLIO CAREERS
- 97% APPRAISAL RATE
- 75% REVALIDATED SINCE 2012
- ISSUES WITH COMPARITIVE DATA / OBJECTIVITY / SMALL ORGANISATION

BCAM APPRAISALS – EXAMPLE

ISSUES IDENTIFIED

- Delays and Postponements
- Appraisal Sections missing or poorly completed
- Difficulties in Collection of Quality Improvement Supporting Information
- Demonstrating GMC Compliant Colleague Feedback
- Demonstrating GMC Compliant Patient Feedback
- Dealing with doctors under investigation.

Potential Dilemmas

- Is an appraisal a fitness to practice assessment?
- Is an appraisal a performance management tool for the DB?
- Appraisals; support versus regulation?
- How much information is required ? ...empty boxes!!
- What are 'complaints' and 'significant events' ?

DO AESTHETIC DOCTOR APPRAISALS DIFFER FROM THOSE OF OTHER DOCTORS?

- **? LACK OF RESEARCH / SCIENTIFIC LITERATURE RESOURCES**
- **? NARROWER SCOPE OF PRACTICE**
- **? MOTIVATION (PRIVATE SECTOR)**
 - **?DIFFERENT PERSONALITY TYPE**
 - **SUBJECTIVITY VS OBJECTIVITY**
- **MINIMAL NATIONAL QUALITY STANDARDS**

SUGGESTED APPRAISER STANDARDS

- SELECTION PROCESS
- APPRAISER TRAINING
- APPRAISAL WORKLOAD
- APPRAISAL SUPPORT
- APPRAISAL PROCESS GOVERNANCE
- CONTINUED APPOINTMENT WITH DB'S
- ENVIRONMENT FOR INTERVIEWS
- FEEDBACK FROM RO'S & APPRAISEES
- REFLECTION ON APPRAISER ROLE

BCAM APPRAISAL ASSESSMENT SYSTEM

'ONE TO ONE' INTERVIEW WITH APPRAISERS

FEEDBACK FROM APPRAISERS

FEEDBACK FROM APPRAISES

OUTCOME QUALITY ASSURANCE

STRUCTURED ASSESSMENT OF COMPLETED APPRAISAL FORMS

APPRAISAL FORM PRE-APPRAISAL	SCORE	COMMENT
Covers the whole of the doctor's current scope of work (or highlights gaps)		
Previous years CME entered to show achievement of recommended quantity of activities, (and if not explanation present), & show the link between educational need and activity		
Form completed to demonstrate an example of quality improvement		
Form completed to show whether or not there had been any significant events and / or complaints		
Form completed to show whether or not there had been any colleague and patient feedback		
Presence of a proposed PDP written by appraisee		
Pre-appraisal preparation againsts GMC domains completed		
APPRAISAL SUMMARIES		
Typewritten with few typos, objective, free from bias or prejudice		
Each summary has word count in excess of 50 words.		
Comments demonstrates that the appraisal was supportive, challenging and appraisee-centred		
Explains the context for both doctor and appraisal where in revalidation cycle, date of revalidation date, presence of previous appraisal etc.		
Reference to doctors medical indemnity cover		
Reference to doctors GMC registration status / whether been checked on-line		
Refers to and celebrates achievements and actions completed / Records aspirations		
-records reflection on key learning and resulting changes		
D1-Knowledge, skills and performance summary; overall rating		
D2-Communication and teamwork summary; overall rating		
D3-Quality summary; overall rating		
D4-Probity summary; overall rating		
Refers to uploaded supportive evidence and relation to GMC domains and gaps in requirements for revalidation (if any) are identified		
General summary give a flavour of the nature, spirit and quality of the appraisal interview.		
PERSONAL DEVELOPMENT PLANS		
PDP objectives are needs based, and SMART: Specific, Measurable, Achievable, Relevant and have a Timescale		
Number of PDP items consistent with appraisal and doctors specific situation (e.g. more than two and less than ten)		
APPRAISAL OUTPUT STATEMENTS		
All five statements are completed by appraiser, and statement is positive (or if negative statement there is corresponding explanatory comment)		
Appraisal completed to give an indication of doctors fitness to practice / readiness for revalidation		
TOTAL SCORE AS A PERCENTAGE		

DATABASE OF SUPPORTING INFORMATION EXAMPLES FOR THE SPECIALTY

- Example audits: Prevalence of skin burns following laser treatment for aesthetic problem.
- Post Operative Complication Rate following cosmetic surgery.
- Review of adverse events against national data
- Comparison of practice data against BCAM's annual audit.
- Medical record audits and reviews
- Follow-up review consultation 3 weeks after aesthetic treatment
- Reflective diary of aesthetic treatment cases undertaken in previous three months
- Review of aesthetic cases with colleagues
- Literature review of current best practice in aesthetic treatment