

NHS England Conference – Summary and Reflections

Thank you for attending the first All England Appraisal Network Lead Appraisers Conference organised by the National Appraisal Network of NHS England. The conference was delivered twice in Leeds and London to maximise access, with a common agenda that utilised local resources as facilitators. Your support made it one of the 'hottest' tickets, reflected by both events being significantly over-subscribed. It provided the opportunity to capitalise on the Regional and Designated Body Medical Appraisal Network discussions and to take stock as we approach the end of the third year of the first cycle of medical revalidation and explore the impact of medical appraisal and the further opportunities as the programme evolves. This was also felt a pertinent given the vast majority of doctors registered at the time of its introduction have now been revalidated. The success of the events which were effectively a 'blueprint network' facilitated by our 'lions', reflects your and their commitment to networking. Building on the sporting analogy the morning and afternoon sessions were kicked off by Dr Maurice Conlon, NHS England National Medical Appraisal Lead, and Judith Chrystie the Assistant Director for Policy and Regulatory Development (GMC) who informed the discussions of the day. The main presentations highlighted with the introduction of medical revalidation, and the complimentary refresh of medical appraisal significant progress. The annual organisation audit shows good uptake with some exceptions by sector; in particular variation in the Independent Sector including the Locum Agencies, and 'by grade' the short-term contract doctors. However all are on a positive trajectory. The consensus is that good participation is complimented by a consistent approach to the undertaking of medical appraisal. But what about the quality and the model, and its characteristics? We utilised the analogy of the fish finger and the range of providers from 'good value but basic', to the membership model of John Lewis and the principles of the Co-operative. There was also the opportunity to introduce a 'slow burner' for the day: the spectrum of safety.

It was noted that the medical profession is in a challenging place reflected by resources, workload, morale, income and shifting service. Therefore how may we promote appraisal in the current environment? Can appraisal help? What is our role as senior resources and leaders? Our challenge is how we may make medical appraisal better but also simpler.

There may be opportunities to;

- Improve appraisal inputs - balancing scrutiny and support
- Better automated information flows - reducing burden of documentation
- Increasingly efficient appraisal organisation - reducing 'LastMinute.com'
- Ever more effective appraisers - supporting doctors in professional development and accountability

Whilst the event provided the opportunity to look up and focus on future opportunities it also appropriately prompted our reflection on significant progress to date. It was highlighted that the introduction of medical revalidation is the most significant change in medical regulation for over 150 years. It is innovative and one of the most ambitious schemes in the world. Acknowledging we are only in year 3, its introduction seems to have been smooth and is reflected in the positive feedback as perhaps succinctly captured by one RO "... we are starting to see concrete examples of the benefits that revalidation, and particularly improved rates of appraisal, bring to clinical services.."

Set in the context of the Good Start, the GMC highlighted their commitment to reviewing and evaluating revalidation, and seeking to make improvement to the efficiency and effectiveness of the process. To support this, the GMC instigated a wide ranging evaluation from an Independent Research Consortium, a 3 year project running to 2018, an Umbrella project. The Interim Report is scheduled for publication Spring 2016.

Finally as we reflect on progress and further opportunities, it was helpful to be reminded that medical appraisal succeeds one doctor at a time, and this is our building block to establishing a successful medical appraisal programme that we will all value. We recognised that some things cannot be solved – not just yet anyway however; if we are successful as Leads we can support medical professionalism through appraisal, therefore making a valuable contribution to doctors, their teams, nurses and most importantly patients.

Thank you again for your support.



Paul Twomey (Chair of the Conference)
On behalf of the National Appraisal Network

PS. Please note below link to the NHS England website, we were asked about this several times during the conferences, however please note it is in the process of being updated over the next week or so. <https://www.england.nhs.uk/revalidation/>