

APPRAISER WORKSHOP FEEDBACK – FRIDAY 9 MAY 2014

SUBJECT	COMMENTS	ISSUES	RESPONSE FROM TEAM	ACTIONS
Workload of being an appraiser	<p>Number of appraisals</p> <p>Length of time taken</p> <ul style="list-style-type: none"> Depends on preparation of doctor Requirements of doctor “problems” Specialty – same or other Style of appraiser <p>Other issues</p> <ul style="list-style-type: none"> Semi-retired Mandatory training Litigation observation 	<ul style="list-style-type: none"> No. of appraisals undertaken; 3-12 (pro rata); less than 3 would be less credible – should they be deselected Mandatory training big issues, not only with what is and what isn’t and also IT software issues If appraisal outside specialty, not sure of specialty specific requirements Takes more time if doctor outside specialty Semi-retired PDP requirements Litigation 	<ul style="list-style-type: none"> No mandatory number, but would suggest a maximum Litigation and MDU, currently case on-going, to be discussed at a chiefs meeting Good practice to observe other appraisers with permission from doctor 	<p>Add to policy</p> <ul style="list-style-type: none"> suggested number of appraisals Team will review active appraisers Encourage observing other appraisers or AST Highlight in policy regarding CD countersigning appraisals not undertaken by CD
MAG form issues	<ul style="list-style-type: none"> Duplication User friendly Unwieldy Part timers Attribution of DATIX Loading data dominates over reflection Navigation sometimes difficult Definition of ‘critical incident’ Post appraisal steps – wash up session after reflection for lockdown? 	<ul style="list-style-type: none"> Too much information Need minimum dataset for supporting evidence Quality and quantity Whole scope of practice (WSP) not always available Part time staff not familiar Incidents need to be discussed as part of PDP Maximum size Logistics of locking at time or after reflection Suggestion of hyperlink typed on paper and uploaded instead 	<ul style="list-style-type: none"> Minimum dataset for information would be useful WSP proforma should be completed and uploaded. Local private organisations are in agreement to signing forms <i>Since the workshop – a hyperlink has been tried and tested. The hyperlinked document has to be saved in a file share where the 2nd person also has permission to access.</i> <i>This wouldn’t work on the revalidation file share as only the doctor and revalidation team have access to doctor’s folders</i> 	<ul style="list-style-type: none"> Team will update current information for completing MAG to provide minimum dataset for supporting evidence Remind colleagues regarding WSP proforma in monthly update
Sharing good practice as appraisers	<ul style="list-style-type: none"> Being prepared – stick to rules Lack of formal mechanism 	<ul style="list-style-type: none"> Quality/quantity Share the number of appraisals done by appraisers – share with appraiser group 	<ul style="list-style-type: none"> Jim Hall gives feedback to doctors when reviewing MAG form prior to revalidation date Scope of practice be discussed and 	<ul style="list-style-type: none"> review appraisal numbers by appraiser review feedback form and look at scores

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	<ul style="list-style-type: none"> • Standards for appraisers • It isn't shared due to it being CD led • Should it be CD at all? • Observation of appraisal difficult to organise, but important • Explicit separation from job planning • Consistent standards especially – management, education, appraisal • What to do – <ul style="list-style-type: none"> ○ Meet – today ○ Appraisal of appraisers ○ Feedback on MAG form to appraisers and the doctor ○ Audit –feedback forms from the doctor – free text helpful ○ Develop quality standards 	<ul style="list-style-type: none"> • Quality of feedback from doctors to appraisers – useful to benchmark scores • Agreeing PDP – when to do this – there is no right or wrong way – could be <ul style="list-style-type: none"> ○ Type up and agree straightaway ○ Meet up 7-10 days later after reflection • Standards for non-clinical roles difficult to quantify • Quality of doctor needs to equal development • Timing and method of agreeing PDP Shared data meaningless to individuals 	<p>should include clinical/educational supervisor roles as HENE have accreditation standards for these roles</p>	
Requirement for revalidation	<ul style="list-style-type: none"> • some doctors not aware of revalidation date • interval between appraisal and revalidation <ul style="list-style-type: none"> ○ 5 year post CCT? ○ 1st round – slot by trust • Issues with doctor temporarily out of the 	<ul style="list-style-type: none"> • should registering with GMC Connect be mandatory? • Out of country/sabbatical etc <ul style="list-style-type: none"> ○ Take name off register and GMC will give a new revalidation date on return 	<ul style="list-style-type: none"> • The team ensures doctors prescribed to South Tees are on GMC Connect. Their dates are also known. <ul style="list-style-type: none"> ○ Doctors should register themselves – take some responsibility. • CFEP 360° discussion – reflection at appraisal and what has been learnt from feedback report which should have been discussed with supporting 	

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	country <ul style="list-style-type: none"> • Appraisals of senior consultants • Mutually convenient date • CFEP – 2nd cycle <ul style="list-style-type: none"> ○ Must be discussed at appraisal or should it be about reflections on the feedback? 		medical colleague <ul style="list-style-type: none"> • Out of country/absence: <ul style="list-style-type: none"> ○ will be considered on an individual basis. Ease case is different. ○ GMC recommend deferral if short term, ie maternity, sickness ○ Or relinquish licence – longer term ○ Arrange and let us know in advance 	

Presentations

Presenter	Topic	Response and Actions
<p>Regional/national update</p> <p>Malcolm Thomas</p>	<p>Two Key websites</p> <ul style="list-style-type: none"> • www.england.nhs.uk/revalidation • www.gmc-uk.org/doctors/revalidation 	<p>National documents to note:</p> <p>A Framework for QA and ROs and Revalidation (FQA) http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/04/fqa.pdf</p> <p>Annual Organisational Audit (AOA) http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/04/annex-c.pdf</p> <p>QA of Medical Appraisers (QAMA) http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/05/qa-med-app-doc-v5.pdf</p>
<p>Recommendation for revalidation and local processes</p> <p>Sue Wooding</p>	<ul style="list-style-type: none"> • 512 doctors with a prescribed connection to South Tees (designated body) – not including military, dental or doctors whose main employer is elsewhere • Doctors are ‘under notice’ 90 days prior to their submission date (date by which the RO makes a recommendation or deferral) • Monthly emails – useful relevant information • Sign off forms – Please complete asap on completion of appraisal and lockdown of MAG form • Mandatory training – ext 53662, not revalidation team • Please help the team to help ‘trust’ non-training doctors on board with appraisal and revalidation. There are approximately 10 will revalidate in 2014 	<p>Monthly update – reminder re timely sign off forms</p>
<p>Appraisal Audit</p> <p>Sean Williamson</p>	<p>Sean reported:</p> <ul style="list-style-type: none"> • The AST audited 60 randomised doctors over the 2013-2014 period (57 reported on) • Lengthy process initially • 70% completed appraisal in birthday month although it wasn’t possible to see why they hadn’t, other than if they were on maternity or sick leave • 90% of sign off received • Whole scope of appraisal – doesn’t appear to be fully understood by doctors. Some are recording if they do a 	<ul style="list-style-type: none"> • One CD said he receives all specialty based incidents and can’t differentiate. These should be reflected on in the Chief/CD’s appraisal as part of managerial responsibility. • Chiefs/CD’s personal incidents are also placed in their folder in readiness for their appraisal, where they are named/witness in a specific incident. • Whole scope is meant for other <p>Monthly update to clarify and provide requirements for whole scope of practice</p> <p>Incident reporting and discussion will be included in minimum dataset</p>

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	<p>clinical session at say N Tees, even though employed at S Tees</p> <ul style="list-style-type: none"> • 21% DATIX incidents were not discussed – some were not discussed even though documents were in folder • 56% patient/colleague feedback wasn't discussed at appraisal <ul style="list-style-type: none"> ○ Possibly discussed at a previous appraisal or ○ Yet to be completed • 76% of MAGs had majority of information uploaded. Only scanned certificates was uploaded in one MAG • 20% of both Quality and Quantity of supporting evidence was poor • 20% low quality PDPs – 2 poor and 1 excellent examples were given • 2 outputs had not been completed - the outputs section is mandatory, so must have been completed • <i>Sue checked – each field had been ticked, but there were no comments in the domains – so they were actually completed</i> • Should annual training log be uploaded? • WSP – still unclear whether everyone needs to complete this even if they don't practice elsewhere 	<p>organisations ie Private hospitals Other organisations</p> <ul style="list-style-type: none"> • From June doctors will also receive an anonymised PALS summary document which should be uploaded into MAG • Feedback should be discussed at one appraisal prior to revalidation. If, for some reason the doctor receives report after appraisal and prior to revalidation, Jim checks with either supporting medical colleague or CD that there are no issues <p>PDPs should be SMART:</p> <ul style="list-style-type: none"> • Specific • Measurable • Achievable • Realistic • Timely 	<p>Will mandate the training log to be uploaded</p> <p>WSP - initial discussions took place at the early revalidation steering group meetings. To clarify - only doctors working at other organisations, but not under their South Tees contract, need to complete and have the other organisation countersign. This document will be mandated to be uploaded into MAG</p>