Appraisal & Revalidation at UHNS

(Draft 1 - April 2014)

Introduction

Information relating to appraisal and revalidation is plentiful and may be accessed from a wide variety of sources. The purpose of this brief article is not to duplicate this information but rather to outline the finer details in how the process is implemented at UHNS.

Appraisal

Annual appraisal forms the basis of the five year revalidation cycle and is also a contractual requirement of employment with the Trust. It applies to all doctors who are not currently in a recognised training programme (i.e. consultants, SAS doctors, LAS Trust doctors, clinical fellows etc).

There is now a fairly long list of approved “strengthened” appraisers available at UHNS who are drawn from both the consultant and SAS grades and who are available to appraise doctors of either grade. That is, an SAS doctor may choose to be appraised by either a consultant or an SAS appraiser; an SAS appraiser may appraise both consultants and SAS doctors.

(SAS strengthened appraisers are also listed on our own UHNS SAS Association website: sasdoctors.com)

Provided an appraiser is identified in good time, the preferred selection of appraiser is entirely up to the individual doctor; an appropriate appraiser will otherwise be allocated by the Associate Medical Director for Revalidation (AMDR).

Appraisees should approach their preferred appraiser (e.g. by email) in the first instance in order to determine their availability and agreement. Once an appraiser has been agreed, it is the appraisee’s responsibility to register their selection by logging-on to their Equiniti portfolio (see below).

Note that a maximum of three appraisals for a particular doctor may be conducted by any given appraiser, at which point an alternative appraiser must be secured.

With very few specified exceptions (such as prolonged maternity leave), an appraisal must take place annually; any doctor who fails to comply with this requirement may find themselves subject to the Trust’s disciplinary procedure. Importantly, the GMC will also be informed of their failure to be appraised.

Any doctor who is found to have missed two annual appraisals will be reported to the GMC as a “non-engager”; from this point on, it is likely that they will be dealing with the GMC directly and will risk having their licence to practice suspended.
The responsibility for ensuring regular appraisals in a timely manner lies entirely with the individual doctor and, for the sake of clarity, the doctor’s chosen appraiser has absolutely no obligation to “chase” the appraisee.

There has been a tendency for a “mad rush” to occur towards the end of March each year, with many doctors suddenly realising that their appraisal deadline is fast approaching; subsequently, there is often an (unreasonable) expectation that appraisers will be readily available with very little notice.

Unfortunately, a single appraiser may have several doctors in this position and thus actually have very limited availability around this time. Accordingly, it is suggested that doctors negotiate their appraisal dates well in advance of March 31st - ideally with a view to being appraised much earlier (months). This approach has the added advantage that any portfolio deficiencies identified by an appraiser may be effectively addressed in good time.

Note also that there is an obligation on the part of the appraisee to submit their portfolio to their appraiser at least two weeks prior to the appraisal date. Where this has not occurred, the appraiser is obliged to defer the appraisal meeting.

Again, there is much information available relating to the process of appraisal which is outwith the remit of this article.

Note, however, that whilst appraisal is traditionally viewed as a confidential, reflective learning opportunity, revalidation has rather unfortunately “hijacked” the process such that it has effectively become a “pass/fail” modality. At the end of each appraisal, the appraiser is required to make three statements regarding the particular doctor (see below)

**CPD and PDP**

Evidence of continuing professional development (CPD) and successful completion of a professional development plan (PDP) provide two objective and measurable modalities for appraisal which are crucial for successful revalidation.

Increasingly, it is recognised that CPD undertaken should be appropriate and relevant to a particular doctor’s practice and it is anticipated that, in the near future, examination of the CPD undertaken will be cross-referenced with the appropriate college’s CPD matrix.

Accordingly, it is suggested that doctors avail themselves of their respective college’s own online CPD portfolio systems, where available, in order to submit a summary return of their CPD activity.

Whilst the production of a brightly coloured certificate does provide a robust method of evidencing each piece of CPD activity, it is by no means mandatory. Similarly, it is not a requirement for an activity to have received “CPD Approval” in order to attract CPD points. We are highly professional people and it is recognised that we are able to make our own informed judgments regarding the value of CPD activity. Nevertheless, any statements made must be reasonable and clearly must be able to stand-up to potential scrutiny both locally and by the GMC.

**Equinti online portfolio system**

The Trust has entered into a long term agreement with a third-party online provider, Equiniti, in order to manage the connected processes of appraisal and revalidation.
Every doctor employed at UHNS who is subject to appraisal and revalidation will be provided with a secure online account and is required to populate and maintain an electronic portfolio using this system.

If you have not yet received Equiniti login details, please contact Mrs Denise Nowak (denise.nowak@uhns.nhs.uk) or Mrs Joanne Webb (joanne.webb@uhns.nhs.uk).

The system is acknowledged to be more than a little “clunky”, a feature which may be significantly and adversely affected by the speed of internet connection available at any particular time. For this reason (and others), doctors are strongly discouraged from leaving the population of their portfolios “until the last minute” before their appraisal.

A suggested preferred approach is to use the system contemporaneously. That is, to upload supporting documents such as course certificates or to make reflective notes on, for example, recent journal articles or untoward events soon after they have occurred. Used in this way, the process should not become a burden and may prove to be a useful tool in monitoring progress.

Information on how to use the Equiniti system is available here.

360 Degree Assessment

An important component of the 360 degree Revalidation cycle is the 360 degree assessment which includes feedback from both colleagues and patients. It is a GMC requirement that this is conducted by a third party outwith the Trust and at UHNS this duty has been assigned to Equiniti.

Every doctor will be approached by Equiniti, usually around eight months prior to their revalidation date, requesting the nomination (emails) of thirteen colleagues. The doctor selects these colleagues who should represent the diverse staff roles encountered by the doctor in their day to day activity. In due course, a comprehensive summary of the feedback received is sent to the doctor and to the AMDR.

*It is polite practice to ask a colleague for participation prior to submitting their name to Equiniti.*

Shortly after the colleague feedback exercise, Equiniti will send thirty coded patient questionnaires by post to the doctor. It is the doctor’s responsibility to distribute these, and this is usually achieved by requesting the involvement of, for example, a clinic nurse. Curiously, the completed forms are then returned to the doctor and it becomes their responsibility to post these back to Equiniti.

Revalidation

For every doctor not currently engaged in a recognised training programme, revalidation occurs every five years. The GMC will allocate a revalidation date for each doctor which may be found by logging-on to their GMC account. In any case, the GMC will write to a doctor approximately three months prior to their revalidation date advising that they will be seeking a recommendation from their responsible officer.

The responsible officer (RO) for UHNS is the Medical Director.

Whilst the ultimate responsibility for making a recommendation lies with the RO, examination of five year appraisal portfolios is delegated to the Associate Medical Director for Revalidation (AMDR).
For the purpose of this examination, which typically occurs several months prior to a doctor’s revalidation date, the AMDR assembles a committee comprising the four revalidation leads. The preferred outcome of this examination will obviously be a positive recommendation to the responsible officer.

In instances where the AMDR feels a positive recommendation cannot be made, the doctor will be immediately notified of the identified deficiencies. A number of outcomes, at the discretion of the RO, are then possible:

1. If the deficiencies are limited, there may be sufficient time for the doctor to address these and receive a positive recommendation against the existing revalidation date;

2. If the deficiencies are more complex, a deferral of the revalidation date may be made in order to allow more time for the doctor to take remedial action. The GMC will be notified and a revised revalidation date, no longer than twelve months later, will be allocated;

3. If there is evidence of non-engagement on the part of the doctor, a referral will be made to the GMC; subsequent to this, the doctor’s licence to practice may be suspended.

*Note that there is a significant difference between deferral and referral. Whilst neither are particularly welcome, the former affords good opportunity for the doctor to get his or her house in order and to revalidate; on the other hand, referral is likely to be far more problematic.*

**Summary**

Appraisal and revalidation should not be difficult;

Revalidation is a five year cycle based upon five years’ appraisals;

Appraisal and revalidation apply to all doctors not currently engaged in a recognised training programme;

Doctors may choose their own (trained) appraisers;

It is each doctor’s personal responsibility (and not their appraiser’s) to ensure that they are appraised in a timely manner;

It is suggested that appraisers are given sufficient notice with appraisal dates agreed well in advance of March 31st each year;

Failure to appraise annually will result in GMC notification regardless of revalidation date;

UHNS appraisals must be conducted using Equiniti;

Equiniti portfolios must be made available to appraisers at least two weeks prior to the appraisal meeting;

A single, independent 360 degree exercise is managed by Equiniti once every five years; this is usually undertaken a few months prior to the revalidation date.