

# Appraisal Fit for Revalidation

Anthea Mowat MRCA, MInst LM

Associate Specialist Anaesthesia and Chronic Pain

Pilgrim Hospital (part of ULHT), Lincolnshire

Appraiser

SAS Clinical Tutor ULHT

AAGBI SAS and BMA SAS Committee member

# Aims

- ▶ Revalidation update
- ▶ Enhanced appraisal system

# Revalidation 1

- ▶ GMC are changing how doctors will be regulated to practice medicine
- ▶ Five yearly
- ▶ Demonstrate remain up to date
- ▶ Formative process to enable CPD planning

# Relicensure

- ▶ All doctors practising in the UK require a license
- ▶ Issued by GMC
- ▶ Renewed five yearly using the process of revalidation
- ▶ Required even if not on specialist register

# Revalidation 2

- ▶ Based on local evaluation of performance against national specialty standards
- ▶ Portfolio of evidence
- ▶ Evidence reviewed at annual appraisal, and sent to Responsible Officer
- ▶ Recommendation from Responsible Officer to GMC 5 yearly based on appraisals and clinical governance information
- ▶ GMC make final decision about revalidation

# Revalidation 3

- ▶ Component part being piloted
- ▶ Initial pilots reported back
- ▶ Government delayed start of process as NHS systems not yet ready
- ▶ Programme assessments followed by further pilots
- ▶ Definite start date to be confirmed by Dec 2010
- ▶ Probably late 2012/ early 2013

# Revalidation 4

- ▶ Evidence very similar to that already required for appraisal
- ▶ Current appraisal system remains at the moment
- ▶ New strengthened appraisal system to be introduced prior to revalidation

# Current Appraisal system

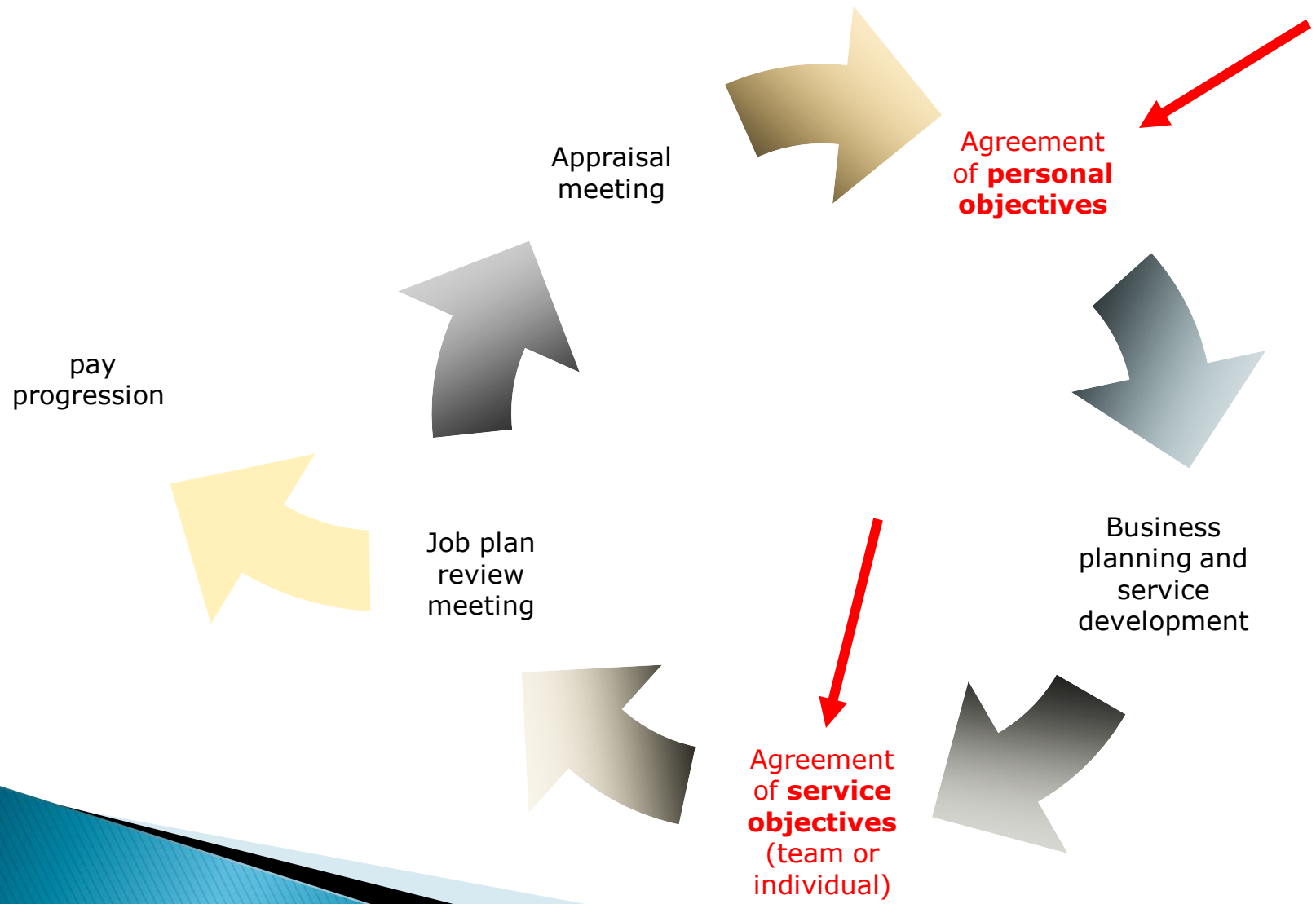
- ▶ Based on GMC Good Medical Practice
- ▶ 7 headings, though has been changed to 4 headings for revalidation
- ▶ Series of forms 1–5
- ▶ Forms 1–3 completed prior to meeting
- ▶ Forms 4–5 completed after meeting



# What is appraisal?

- ▶ Positive 2 way process: appraisee ownership
  - Reflection on performance
  - Identification of educational needs
  - Planning for personal development
- ▶ Training
- ▶ Time and resources
- ▶ NOT assessment , or for poor performance
- ▶ Forward looking and formative
- ▶ Generates PDP

# Where & How do Objectives fit in



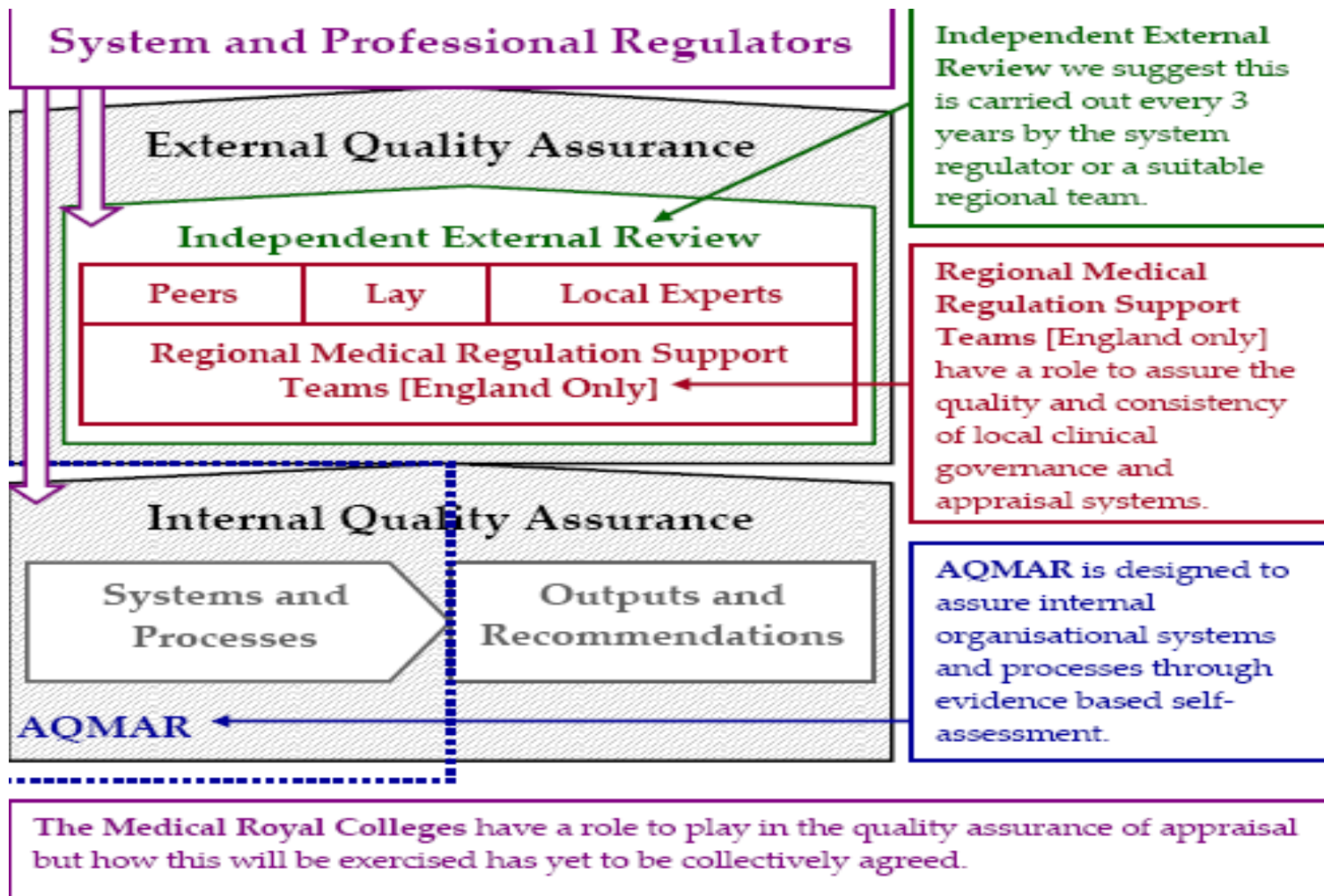
# The changing face of appraisal for revalidation

- ▶ **Background**
  - Often not done well if at all
  - Consistent standards for all specialties
- ▶ **Multi source feedback**
  - Colleague
  - Patient

# Quality of Appraisal

- ▶ May 2009
- ▶ “Assuring the Quality of Medical Appraisal for Revalidation”
- ▶ NHS Revalidation Support Team
  
- ▶ [http://www.revalidationsupport.nhs.uk/Assuring\\_the\\_Quality\\_of\\_Medical\\_Appraisal\\_for\\_Revalidation.asp](http://www.revalidationsupport.nhs.uk/Assuring_the_Quality_of_Medical_Appraisal_for_Revalidation.asp)

# Quality Assurance Framework



# Assuring Quality: High Level Indicators

## ▶ 1: Organisational Ethos

- Unequivocal commitment from highest levels to deliver quality assured system of appraisal, in support of revalidation, fully integrated with local clinical governance systems

# Assuring Quality: High Level Indicators

- ▶ **2: Appraiser Selection, Skills, Training**
  - Responsible organisation has process for selection of appraisers.
  - Appraisers undertake initial training and their skills are continually reviewed and developed

# Assuring Quality: High Level Indicators

## ▶ 3: Appraisal discussion

- Appraisal is informed by portfolio of verifiable supporting information that reflects the whole breadth of practice and informs objective evaluation of its quality
- Discussion includes challenge, encourages reflection and generates a Personal Development Plan for the year ahead



# Assuring Quality: High Level Indicators

## ▶ 4: Systems and Infrastructure

- Management of the appraisal system is effective and ensures that all doctors linked to the responsible organisation are appraised annually.

# Consultations

## ▶ Revalidation Support Unit

- Consultation on appraisal Sept 09
- 4 domains and 12 attributes of GMP
- Generic Standards
- Evidence for Assessment
- Demonstration of evidence

## ▶ GMC Consultation 2010

- 950 responses
- 10 most constructive interviewed to assist process of GMC discussions with Colleges
- Review of College specialty standards

# Domains and Attributes

**Table 1 The domains and attributes of the GMC module for *Good Medical Practice*<sup>3</sup>**

**Domain 1 – Knowledge, skills and performance**

**Attribute 1**

Maintain your professional performance

**Attribute 2**

Apply knowledge and experience to practice

**Attribute 3**

Keep clear, accurate and legible records

**Domain 2 – Safety and Quality**

**Attribute 1**

Put into effect systems to protect patients and improve care

**Attribute 2**

Respond to risks to safety

**Attribute 3**

Protect patients from any risk posed by your health

**Domain 3- Communication, Partnership and Teamwork**

**Attribute 1**

Communicate effectively

**Attribute 2**

Work constructively with colleagues and delegate effectively

**Attribute 3**

Establish and maintain partnerships with patients

**Domain 4 - Maintaining Trust**

**Attribute 1**

Show respect for patients

**Attribute 2**

Treat patients and colleagues fairly and without discrimination

**Attribute 3**

Act with honesty and integrity

# Domains 1 and 2

- ▶ Knowledge, Skills and Performance
  - Maintain your professional performance
  - Apply knowledge and experience to practice
  - Keep clear , accurate and legible records
- ▶ Safety and Quality
  - Put into effect systems to protect patients and improve care
  - Respond to risks to safety
  - Protect patients and colleagues from any risk posed by your health

# Domains 3 and 4

- ▶ Communication, partnership and teamwork
  - Communicate effectively
  - Work constructively with colleagues and delegate effectively
  - Establish and maintain partnerships with patients
  
- ▶ Maintaining Trust
  - Show respect for patients
  - Treat patients and colleagues fairly and without discrimination
  - Act with honesty and integrity

# Proposed generic standards

**Table 2 The assessment of evidence: A generic standard for the quality of evidence available for demonstration of an attribute.**

**3** The doctor has provided at least one item of evidence relating to the attribute. Assessment of this evidence demonstrates no serious concerns for patient safety or the quality of care. This evidence is sufficient to demonstrate performance in this area.

**2** The doctor has provided at least one item of evidence relating to the attribute. Assessment of this evidence demonstrates no serious concerns for patient safety or the quality of care but further development is needed to adequately demonstrate performance in this area.

**1** The doctor has provided at least one item of evidence relating to the attribute. Assessment of this evidence demonstrates a significant concern for patient safety or the quality of care which requires immediate referral for further investigation and management.

**0** The doctor has provided no evidence relating to this attribute or the evidence is insufficient for an assessment to be made

# Proposed evidence for assessment

1

**Table 3 NHS Revalidation Support Team proposed generic essential evidence set for appraisal to support assessment against the attributes of *Good Medical Practice***

	Type of Information	Minimum Required in 5 years	Comment
1	Significant event review/Case review	10	(Minimum 2 per year)
2	Formal review of complaints	All	-
3	Audit (of which some may be less formal data review)	5	(Minimum 1 per year)
4	Patient feedback survey and review	1	(To be presented no later than year 3)
5	Colleague feedback survey and review	1	(To be presented no later than year 3)

# Proposed evidence for assessment 2

6	New PDP and review of previous year's PDP	5	(Annually)
7	CPD completion	5	(Annually)
9	Probity self-declaration/review	5	(Annually)
10	Health self-declaration/review	5	(Annually)
11	Other information defined by organisation	All	-
12	Review of all items in the context of GMP	5	(Annually)



# Enhanced Appraisal Process (piloting)

- ▶ **Proposed Pre-appraisal assessment**
  - By Appraiser and Appraisee
    - Evidence and performance
- ▶ **Proposed Appraisal**
  - Discussion
    - Refining of assessments
- ▶ **Proposed Post appraisal**
  - 4 Statements of satisfactory evidence, 1 per domain
  - Signed by appraiser and appraisee
  - Comments from appraisee if disagree

# Proposed demonstration of evidence

## Demonstration of evidence and performance

Attribute	Current progress towards revalidation demonstrated in appraisal			
	3	2	1	0
<b>Knowledge, skills and performance</b>				
Maintaining professional performance				
Applying knowledge and experience to practice				
Keeping clear, accurate and legible records				
<b>Safety and quality</b>				
Putting into effect systems to protect patients and improve care				
Responding to risks to safety				
Protecting patients from any risk posed by own health				
<b>Communication, partnership and teamwork</b>				
Communicating effectively				
Working constructively with colleagues				
Establishing and maintaining partnerships with patients				
<b>Maintaining Trust</b>				
Showing respect for patients				
Treating patients and colleagues fairly				
Acting with honesty and integrity				

# Examples of evidence 1

- ▶ Confirmation of participation in CPD
  - Log of CPD training and activity
  - Evidence from courses attended
    - Certificates, reflections
  - Log of teaching/ research activity, including feedback
  - Any work for wider NHS
  - Link evidence to job plan

# Examples of evidence 2

- ▶ Multi-source feedback
  - Patient surveys
  - Colleague correspondence or feedback
  - Details of complaints
    - Explanations, resolution
  - Letters of accolade or appreciation

# Examples of evidence 3

- ▶ Outcome based assessment of performance
  - Review of PDP
    - Identify achievements
  - Identify and record any reasons for incomplete areas

# Examples of evidence 4

## ▶ Clinical audit data

- Collect data relevant to you and your department
- Ensure data being collected on your behalf is
  - Valid
  - Reflects your clinical responsibility
  - Evidence based

# Examples of evidence 5

- ▶ Not individual assessments
- ▶ Departmental peer review, if available
  - Case discussions
  - Audit meetings
  - Royal College assessments

# Summary

- ▶ New more regulated process
- ▶ Similar evidence required
- ▶ Additional multisource feedback
- ▶ Ensure tailor CPD to fit needs
  - RCOA mapping
- ▶ e-portfolio