



## TRUST BOARD COVER SHEET

	<p><i>The cover sheet purpose is to provide the Trust Board/Committee with a clear summary of the paper being presented, how it impacts on the people we serve, key matters for attention and the ask of the Trust Board/Committee</i></p> <p><i>The Accountable Director must satisfy themselves that the cover sheet is accurate and fully reflects the paper. The expectation is that the Accountable Director has read and agreed the content of both the cover sheet and paper.</i></p>	
<b>Meeting and Date of meeting</b>	<p>Trust Board Meeting</p> <p>29<sup>th</sup> May 2025</p>	
<b>Title of paper</b>	<p>Medical Director's Report</p> <p>Medical Appraisal and Revalidation</p>	
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	<b>Position</b>	Medical Director
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<b>This paper sits within the Trust Board role of:</b>	Accountability	
<b>This paper is presented for:</b>	<p>Assurance</p> <p><i>(Notes on completion at end of document)</i></p>	
<b>Links to Trust Strategic Priorities</b> 	<input checked="" type="checkbox"/>	Collaborative Working
	<input checked="" type="checkbox"/>	Learning Organisation
	<input checked="" type="checkbox"/>	Safety, Quality & Experience
	<input type="checkbox"/>	Community First
	<input type="checkbox"/>	Whole-Life Approach

## 1. Reason for Presentation of Paper / Report

This paper outlines the purpose of Medical Appraisal and Revalidation. It also provides assurance to Trust Board on the implementation of the Responsible Officer Regulations in relation to Medical Revalidation.

## 2. Detailed summary of paper contents:

1. Trust Revalidation Board
2. Current position of Appraisal activity
3. Appraisal Training
4. Appraisal/Revalidation Dashboard
5. Regional Appraisal Programme System
6. Appraiser Network Meeting
7. Medical Appraisal and Revalidation Policy
8. Medical Engagement Procedure
9. Annual Private Practice Declaration
10. Paying and Private Patients
11. International Medical Recruitment
12. Physician Associates
13. Northern Ireland Appraisal & Revalidation Steering Group
14. Job Planning
15. Current risks for Medical Revalidation and Appraisal

## 3. Areas of improvement/achievement:

1. Physician Associates x 5 trained as PA Appraisers. All PAs are trained on how to navigate and upload supporting information onto the Regional Appraisal System Program
2. SOPs for Paying and Private Practice
3. All international recruited doctors (n67) have completed their induction to Whole Practice Appraisal.
4. New Teams form created for 'Annual Private Practice Declaration'

## 4. Areas of concern/risk/challenge:

The Physician Associate Medical Lead post is currently vacant; however the post has been advertised and shortlisted with interviews scheduled for June 2025, the successful postholder will positively impact on all work streams aligned to the GMC regulatory requirements of the Physician Associates.

## 5. Impact on Statutory Duties: Provide details on the impact of the following and how.

<i>Financial Impact</i>	<i>Safety and Quality Impact</i>
No, there are no Financial Impacts	No, there are no Quality, Safety or Experience Impacts

## 6. Risk Assessment (Risk level and state if a risk assessment be completed)

NA

7. Other Business Intelligence/data (If appropriate)	
NA	
8. Impact: Provide details on the impact of the following and how. If this is N/A you should explain why this is an appropriate response.	
<b>Corporate Risk Register</b>	NA
<b>Board Assurance Framework</b>	NA
<b>Equality and Human Rights</b>	NA

### Trust Board Role Fulfilment

<b>Strategy</b>	<i>Papers in this category should address forward-looking priorities, long-term objectives, or service transformation. These are typically focused on shaping the future of the organisation and will often involve decisions on direction, investment, or innovation.</i>
<b>Culture</b>	<i>These papers aim to influence or reflect the values, behaviours, and staff or patient experiences within HSC. They may relate to leadership development, equality, diversity and inclusion, staff engagement, or initiatives intended to reinforce our organisational ethos.</i>
<b>Accountability</b>	<i>Papers falling into this area relate to governance, assurance, performance monitoring, compliance, and risk. They provide evidence that responsibilities are being fulfilled, standards are being met, and corrective actions are being taken where necessary.</i>

### Reasons for Paper Presentation

<b>Approval</b>	<i>Used when an item requires a formal agreement or endorsement by the meeting / committee members. Examples are approving minutes, budgets, proposals or policies.</i>
<b>Assurance</b>	<i>Used when an item can be measured against a certain criteria / standard. Examples are a project is on course with delivery or financial targets are being met.</i>
<b>Information</b>	<i>Used when an item is presented for the purpose of updating or informing the attendees without requiring a decision or action, such as reports, updates, or announcements.</i>
<b>Discussion</b>	<i>Used when an item is listed primarily for open discussion, brainstorming or gathering input from the members without requiring an immediate decision.</i>

# Medical Director's Report – Appraisal and Revalidation May 2025

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# 1. Responsible Officer and Southern Trust as a Designated Organization

Dr Stephen Austin is the Responsible Officer for Southern HSC Trust which is a Designated Organization as defined by The Medical Profession (Responsible Officers) Regulations (NI) 2010. The Regulations require Designated Organizations to have systems and processes in place to support medical appraisal and revalidation. This report provides detail on the systems in place in Southern Trust.

## 2. Trust Revalidation Board

The purpose of the Medical Appraisal and Revalidation Board is to provide assurance to the Trust Board on the quality and performance of Appraisal and Revalidation of non-training grade medical staff employed at Southern Trust.

The Board has been established to:

1. To quality assurance appraisal and revalidation in SHSCT
2. To ensure that updated GMC Guidance is incorporated into SHSCT systems and policies
3. To consider themes arising out of appraisal of medical and dental staff
4. To oversee successful implementation of the online appraisal system
5. To ensure that the framework for supporting evidence and professional governance systems necessary to support revalidation are in place and fit for purpose including adequate resources
6. Ensure that appraisers and appraisees are appropriately trained and that familiarisation on appraisal and revalidation is covered at medical induction

Dr Austin to date has facilitated three meetings. Meetings have been well represented with good engagement from both our PPI representatives, including constructive meeting outcomes. Next meeting is scheduled for Sept 2025.

- Consider the doctor's contribution to the quality and improvement of services and priorities delivered locally
- Define personal and professional development needs and agree plans for these to be met
- Identify the need for the working environment to be adequately resourced to enable any service objectives in the agreed job plan review to be met
- Provide an opportunity for doctors to discuss and seek support for their participation in activities for the wider HSC
- Contribute to the governance requirements of the organisation
- Allow the process of "*Medical Revalidation*" of the doctor's licence to practice


### 3. Current position of Appraisal activity

Current Medical Appraisal position **12<sup>th</sup> May 2025**.

Appraisal Year	Doctors Requiring Appraisals	Appraisal Complete		Appraisal in Progress		Appraisal Not Complete	
2018	296	296	100%	0	0.00%	0	0.00%
2019	344	344	100%	0	0.00%	0	0.00%
2020	420	420	100%	0	0.00%	0	0.00%
2021	445	445	100%	0	0.00%	0	0.00%
2022	451	446	98.89%	1	0.22%	4	0.89%
2023	476	453	95.17%	9	1.89%	14	2.94%
2024	521	89	17.08%	6	1.15%	426	81.77%

The Trust continues to raise awareness of the importance of contractually engaging in Medical Appraisal via current systems and processes. - Medical Engagement Procedure Medical Appraisal network meetings and raising the profile at Divisional Medical Directors meetings and Appraisal.

The table detailed below outlines the relative performance of the last two appraisal years Appraisal Completed (by end of Dec following the appraised year) There is a decrease in compliance in completing 2024 appraisals within the recommended time frame for completion (April 2024), mitigating circumstances can be attributed to prioritising Encompass training including target work necessary for Encompass go live (8<sup>th</sup> May 2024).

Appraisal Year	Doctors Requiring Appraisals	Appraisal Completed (by end of April following the appraised year)		Overall decrease	
2023	476	120	25.21%	 8.13%	
2024	521	89	17.08%		

For the period from Sept 2023 to May 2025, there have been 14 recommendation(s) to defer due to insufficient evidence in the period selected. There have been 159 positive recommendations for revalidation.

### 4. Appraisal Training

The Medical Directorate Appraisal and Revalidation Team continue to deliver bespoke Appraiser refresher/new appraiser training programme for 2025, training has been reviewed and updated to reflect Physician associate GMC regulations standards. Training is delivered every quarter by the Deputy Medical Director and Senior Managers from the Medical Appraisal and Revalidation Team. Training dates for 2025 have been circulated.

## 5. Appraisal/Revalidation Dashboard

The Medical appraisal and revalidation dashboard for all Divisional Medical Directors (DMD's) is updated and emailed monthly.

The current dashboard has the capacity to track the year-on-year appraisal rates for comparison and has quarterly breakdowns. Doctors due for future revalidation are highlighted on the summary which supports future planning of revalidation meetings.

The following details the contents of the dashboard:

- Completion rate of appraisal in pictorial and data format
- Revalidation – number of deferrals/revalidations
- Populates annual revalidations
- Identifies Appraisers within Division and number of appraisals completed or to be completed (inclusion in Job plans)

## 6. Regional Appraisal Programme System

Supplementary to the Medical Appraisal Trust in-house Appraisal programme, the Medical Revalidation Senior Manager continues to deliver 'RASP awareness sessions' across Trust acute and non-acute sites. The sessions are always positively received. Sessions incorporate a question-and-answer style session including a live demonstration of RASP, helping doctors to reinforce their understanding of the importance of Medical Appraisal and Revalidation including details on what is expected in their supporting information and discussion. Dates for 2025 have been circulated and will be facilitated in both Acute and Non-Acute, sessions are facilitated either face to face or via Teams. Dates for to be confirmed.

Sessions aim to:

- Improve the understanding of the roles and responsibilities of Medical Appraisal and Revalidation, the services we provide and the people who work within it.
- Enhance opportunities for doctors to speak to members of the revalidation team about particular issues or queries relating to their appraisal and revalidation.
- Offer timely advice and support at the point of need especially around accessing the Regional Appraisal system programme (RASP).

Sessions are offered on a regular basis (bimonthly) and will be themed to maintain focus for particular areas of support or guidance. The themes that will be covered include:

- Navigating the system
- Supportive information/documents
- Reflective Practice

## 7. Appraiser Network Meeting

Supplementary to the Medical Appraisal Facilitation Programme is the ongoing delivery and facilitation quarterly Appraiser Network Meetings. The purpose of these meetings is to facilitate new and existing Medical Appraisers to openly discuss positives aspects of the

Appraisers role and discuss concerns, issues in a supportive environment helping to enhance problem solving skills, action planning and personal and professional knowledge and skills. These meetings are facilitated by the Senior Appraisal and Revalidation Manager with Medical representation.

## 8. Medical Appraisal and Revalidation Policy

The Trust Medical Appraisal and Revalidation policy is fully implemented and embedded in practice. The policy will be reviewed and edited to reflect the GMC requirements for Physician Associates.

## 9. Medical Engagement Procedure

For appraisals not completed at the end April in the following year, as per the SHSCT Policy, the Appraisal & Revalidation Senior Manager, on behalf of the Responsible Officer, commenced the Engagement Protocol by issuing reminder letters, medical appraisal engagement timeframes and offering support as detailed below:

- The Engagement Protocol provides periodic reminders until engagement has been established or a non-engagement recommendation/early concerns letter is required.
- The protocol was activated in February 2024. To date, a total of 18 doctors were invited to attend a joint meeting with the Deputy Medical Director and a Senior HR advisor to explore reasons for incomplete appraisal in more detail. Outcomes of the supportive meetings revealed that some Dr's were on i.e., sick leave, maternity leave.
- Doctors who had not engaged adequately were required were given an action plan to follow and were informed that further non engagement would lead to a process which could result in the withdrawal of a doctor's licence to practise and a review of the entire doctor's practice. To date, all doctors have cooperated with individual agreed action plans.

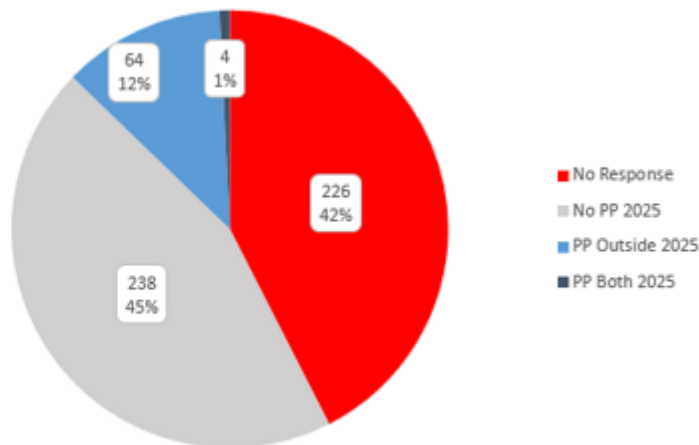
The Engagement Protocol is accessible via. [Medical Appraisal and Revalidation Engagement Protocol - All Documents](#)

<b>The following Drs will receive first reminder letter 15<sup>th</sup> May 2025</b>	
Number	%
345	71.8%

## 10. Annual Private Practice Declaration

The following table outlines the Trust status in relation to 2025 Private Practice Declarations. New Private and paying Practice escalation procedure was introduced in January 2025. [Annual Private Practice Microsoft Form](#). The Annual Private Practice declaration is now available to complete via teams. feedback using the teams form to date has been positive. This complies with BSO internal audit recommendations.

Status	Active	.Y
List of Directorates	(All)	▼
Division	(All)	▼
Specialty	(All)	▼
Row Labels	Count of Private Practice 2014	
No Response		226
No PP 2025		238
PP Outside 2025		64
PP Both 2025		4
<b>Grand Total</b>		<b>532</b>



## 11. Paying and Private Patients

In accordance with the 2024/25 Annual Internal Audit Plan, BSO Internal Audit carried out an audit of the Management of Private and Change of Status Patients during June and July 2024. This audit included a follow up of the recommendations in the 2020/21 Internal Audit report 'Review of Mr A's Compliance with Relevant Authorities/Guidance in terms of his Private Work' and a review the Trust's awareness of consultant's private work, though the job planning process, and their private patient identification and management processes and how change of status from private to NHS is identified and managed. This included review of change of status paperwork and ensuring that there was appropriate oversight that patients were placed on the waiting list at the correct point following completion of the change of status form.

Completion of annual Consultant Private Patient declarations were reviewed and 3 Heads of Service and 3 Clinical Directors were met to discuss their roles and responsibilities for the oversight of transfer of patients from Private to NHS waiting lists. The audit also reviewed private patient income for use of hospital premises for private outpatient work.

The findings support the following 5 key recommendations:

Recommendation	Recommendation	RAG
<b>1.1</b>	<ol style="list-style-type: none"> <li>The Trust Private and Paying Patients procedure should be updated to accurately reflect the role of the Clinical Director/Head of Service.</li> <li>The Clinical Director and the Head of Service should review and approve the Change of Status forms ensuring that the clinical priority at transfer is correct and that this private work is being carried out, outside of core NHS hours.</li> <li>The outcome of this review should be communicated to the Consultant submitting the Change of Status forms.</li> </ol>	
<b>1.2</b>	<p>The following matters should be added as standing agenda items to Directorate Clinical Governance meetings:</p> <ol style="list-style-type: none"> <li>Management of Private Practice</li> <li>The monthly dashboard report issued to Divisional Medical Directors which includes compliance with completion of annual private patient declarations (see finding 3).</li> </ol>	

	3. Concerns or issues identified at these meetings should be escalated to the Senior Revalidation and Appraisal Manager.	
<b>1.3</b>	1. Management reporting in respect of private/cos activity should be developed and reported to an appropriate group/committee within the trust's governance framework.	
<b>2.1</b>	1. The private patient office in conjunction with the Medical Directorate should reconcile all patients recorded on PAS as having changed status from private to NHS and ensure an electronic Change of Status form is available. 2. Exceptions should be monitored, escalated and addressed as appropriate.	In progress Q.1
<b>Recommendation 2.2</b>	1. Guidance / Standing Operating Procedure should be issued to all Consultants on the new mandated Change of Status procedure. 2. Training and awareness sessions should be provided where required to ensure compliance with the established process.	

The aforementioned recommendations have all been accepted, management action plans with time frames have been created to address shortfalls and to date the vast majority of recommendations have been achieved with full compliance .

## 12. International Medical Recruitment

All new international recruited doctors have been allocated an Appraiser to facilitate the completion of their Appraisal induction – an introduction to whole practice appraisal. Information relating to Medical Appraisal has been shared with all doctors along with a narrated presentation on how to complete the Appraisal Induction Document.

## 13. Physician Associates

Regulation of Physician Associates by the General Medical Council commenced in December 2024. Physician Associates have until December 2026 to register with the General Medical Council. However, the Trust is encouraging our physician associates to register with the GMC as soon as possible. The Trust is utilising the Regional Appraisal System to support the appraisal documentation for Physician Associates.

Regional Appraisal System Program meetings have commenced with current Trust Physician Associates (PA). To date 100% (29/31) of available Physician Associates have attended a SHSCT RASP training session.

## 14. Northern Ireland Appraisal & Revalidation Steering Group

The NI Appraisal & Revalidation Steering Group is responsible for strategy development of appraisal and revalidation related systems and associated collaborative working for those within the medical, dental and any other relevant professional Health & Social Care NI workforce. The NI Appraisal & Revalidation Steering Group will ensure:

- Compliance with relevant legislative, regulatory, HSC and stakeholder requirements

- Ensure communication and consultation with relevant stakeholders as appropriate
- Represent all HSC organisations and report to the HSC medical leaders via the Medical Leaders Forum NI

Initial priority work is ongoing with good progress in the following areas:

- A regional Appraisal & Revalidation policy
- A regional Engagement procedure
- Regional guidance and Standard Operating Procedure documents.
- Regional training program and associated supporting materials

The Southern Trust Medical Director, Dr Austin, is chair of the NI Appraisal and Revalidation Steering Group.

## 15. Job Planning

The following table outlines the Trust status in relation to Job Planning 1<sup>st</sup> April 2024 – 31<sup>st</sup> March 2025. There is a 8% increase in completed job plans from 1<sup>st</sup> February 2025.

Directorate	Complete	Awaiting Signatures	In Progress	Career Break	Not Started	Not Started	Referred Back	LTS	Grand Total	% Completed
Childrens and Young People's Services	56	1	4	0	0	1	1	0	63	89%
Medical Directors Office	4	0	1	0	0	0	0	0	5	80%
Mental Health & Disability Services	31	0	0	0	0	0	0	0	31	100%
Medicine and Unscheduled Care Division	132	17	16	0	1	2	3	1	172	77%
Surgery and Clinical Services	160	23	13	1	0	1	2	1	201	80%
<b>Grand Total</b>	<b>383</b>	<b>41</b>	<b>34</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>6</b>	<b>2</b>	<b>472</b>	<b>81%</b>

## 16. Current risks for Medical Revalidation and Appraisal

At present there are no current risks for Medical Revalidation and Appraisal. The workforce within the Medical Appraisal and Revalidation at present has a stabilised workforce and continues to provide resilience to deal with the workload challenges.