



TRUST BOARD COVER SHEET

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|  | <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> | |
| Meeting and Date of meeting | Medical Director's Report Medical Appraisal and Revalidation 25th September 2025 | |
| Title of paper | <i>Medical Appraisal and Revalidation</i> | |
| Accountable Director | Name | Dr Stephen Austin |
| | Position | Medical Director |
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| This paper sits within the Trust Board role of: | Accountability | |
| This paper is presented for: | Assurance <i>(Notes on completion at end of document)</i> | |
| Links to Trust Strategic Priorities  | <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 |

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| 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 Appraisal and Revalidation. | |
| 2. Detailed summary of paper contents: | |
| This report outlines the current systems in place within the Southern Trust detailing the mechanisms that ensure compliance with regulatory standards and promote professional development and accountability among Medical and Physician Associate staff. | |
| 3. Areas of improvement/achievement: | |
| <ol style="list-style-type: none"> 1. Three out of the four Physician Associates who undertake the role of Appraiser have undergone appraisal, and the quality of their appraisal was found be strong and issue free, aligning fully with second level review and final sign off. 2. We have achieved over 80% compliance with annual private practice declaration forms, meeting the benchmark and recommendations outlined by external audit standards. | |
| 4. Areas of concern/risk/challenge: | |
| 1. NA | |
| 2. 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 |
| 3. Risk Assessment (Risk level and state if a risk assessment be completed) | |
| NA | |
| 4. Other Business Intelligence/data (If appropriate) | |
| NA | |
| 5. 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. | |
| Corporate Risk Register | NA |
| Board Assurance Framework | NA |

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|----------------------------------|----|
| Equality and Human Rights | NA |
|----------------------------------|----|

Trust Board Role Fulfilment

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|-----------------------|---|
| Strategy | <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> |
| Culture | <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> |
| Accountability | <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

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| Approval | <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> |
| Assurance | <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> |
| Information | <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> |
| Discussion | <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 September 2025

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1. Responsible Officer and Southern Trust as a Designated Organisation

Dr Stephen Austin serves as the Responsible Officer for the Southern Health and Social Care Trust which is recognised as a designated organisation under the Medical Profession (Responsible Officers) regulations (Northern Ireland) 2010. In accordance with these regulations designated organisations are required to establish robust systems and processes to support medical appraisal and revalidation.

This report outlines the current systems in place within the Southern Trust detailing the mechanisms that ensure compliance with regulatory standards and promote professional development and accountability among medical and physician associate staff.

2. Trust Revalidation Board update

The purpose of the Medical Appraisal and Revalidation Board is to provide assurance to the Trust Board regarding the quality, consistency and performance of appraisal and revalidation processes for all Medical and Physician Associate staff.

The board ensures that systems are in place to support regulatory compliance, promote professional development and uphold patient safety through robust oversight of Medical and Physician Associate staff appraisal and revalidation standards.

The Board has been established to:

- To quality assurance appraisal and revalidation in SHSCT.
- To ensure that updated GMC Guidance is incorporated into SHSCT systems and policies.
- To consider themes arising out of appraisal of medical and dental staff.
- To oversee successful implementation of the online appraisal system.
- 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.
- 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, each of which was well attended and demonstrated strong engagement from our PPI representatives. The discussions were constructive with valuable contributions that supported ongoing improvements in appraisal and revalidation processes.

The next meeting is scheduled for September 2025 continuing our commitment to collaborative dialogue and continuous improvement.

3. Current position of Appraisal activity update

Current Medical Appraisal position **19th August 2025**.


| Appraisal Year | Doctors Requiring Appraisals | Appraisal Complete | | Appraisal Progress in | | 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 | 447 | 446 | 99.78% | 0 | 0.00% | 1 | 0.22% |
| 2023 | 473 | 460 | 97.25% | 3 | 0.63% | 10 | 2.11% |
| 2024 | 514 | 233 | 45.33% | 7 | 1.36% | 274 | 53.31% |

The Trust continues to actively raise awareness of the importance of contractual engagement with the medical appraisal process this is achieved through established systems and procedures including:

- **Medical Engagement Procedures:** Reinforcing the expectation for timely and meaningful participation and appraisal activities.
- **Medical Appraisal Network Meetings:** providing a platform for peer support, shared learning and consistent messaging around appraisal standards.
- **Medical Director's Meetings:** Elevating the profile of appraisal and revalidation through leadership-led discussions and strategic oversight.

These initiatives collectively support a culture of accountability professional development and regulatory compliance across the medical workforce.

The table detailed below outlines the relative performance of the last two appraisal years. There has been a decrease in compliance with completing 2024 appraisals within the recommended time frame. This decline is primarily attributed to mitigating circumstances surrounding the implementation of Encompass, which went live on the 8th of May 2024. The transition to the new system has introduced operational pressures and competing priorities that have impacted on appraisal scheduling and completion rates.

| Appraisal Year | Doctors Requiring Appraisals | Appraisal Completed (by end of April following the appraised year) | | Overall decrease |
|----------------|------------------------------|--|--------|--|
| 2023 | 473 | 324 | 68.5 % |  22.39% |
| 2024 | 514 | 237 | 46.11% | |

However, since July 2025 we have observed a positive increased in appraisal engagement across the trust. This upward trend suggests a recovery in compliance following the initial disruption caused by Encompass go live in May 2025. Continued monitoring and targeted support will be essential to sustain this improvement and ensure timely completion of remaining appraisals. The third and final engagement reminder letter is due for circulation on 1st September 2025.

For the period from Sept 2023 to August 2025, there have been eighteen recommendation(s) to defer due to insufficient evidence in the period selected. There have been one hundred and sixty-five positive recommendations for revalidation.

4. Appraisal Training and Development update

The Medical Directorate Appraisal and Revalidation Team continue to deliver bespoke Appraiser refresher sessions and new appraiser training as part of its ongoing commitment to quality and regulatory compliance.

For 2025 the training programme has been reviewed and updated to reflect the evolving standards set out by the GMC including the regulatory position on Physician Associates. These updates ensure that appraisers are equipped with the latest guidance and best practices to support effective and inclusive appraisal processes.

Training is delivered quarterly by the Deputy Medical Director and Senior Manager from the Appraisal and Revalidation Team. Ideas and feedback from previous sessions are discussed to inform future training content and enhanced engagement.

5. Appraisal/Revalidation Dashboard update

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).

To support transparency and governance the declaration of interest form has been successfully added to the Divisional Medical Director's dashboard.

6. Regional Appraisal Programme System (RASP) awareness sessions update

As a supplement to the Trusts Medical Appraisal training programme, the Revalidation Senior Manager continues to deliver 'RASP' awareness sessions (as and when required) across the organisation. These sessions are consistently well received and feature an interactive format including a live demonstration of 'RASP.' This approach helps Doctors and Physician Associates deepen their understanding of the importance of medical appraisal and revalidation. The sessions also include Q&A segment, offering clarity on expectations and the supporting information required for effective discussion and documentation.

7. Quarterly Appraiser Network Meeting – Supporting Development and Engagement update.

In addition to the existing training programme the trust continues to deliver and facilitate quarterly Appraiser Network Meetings. These sessions are designed to support both new and experienced medical appraisers by providing a structured collaborative space to:

- Share positive experiences and best practices in the appraiser role.
- Raise and address concerns or challenges in a supportive environment.
- Strengthen problem-solving and action planning capabilities.
- Enhance both personal and professional knowledge and skills.

These meetings are facilitated by the Senior Appraisal and Revalidation Manager, along with a Senior Medical representative from within the Appraisal and Revalidation Senior Team, ensuring clinical relevance and peer-led engagement. This initiative plays a key role in maintaining high standards of appraisal quality and fostering a culture of continuous improvement.

8. Medical Appraisal and Revalidation Policy update

The Trust Medical Appraisal and Revalidation policy is now fully implemented and embedded in practice across all relevant departments. As part of ongoing governance and regulatory alignment the policy has been formally reviewed and updated to incorporate the latest General Medical Council requirements for Physician Associates. This ensures that appraisal and revalidation processes remain inclusive, compliant and reflective of evolving professional standards, supporting both medical staff and physician associates and maintaining high quality clinical care.

9. Medical Engagement Procedure update

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, initiates key actions aligned to the Engagement Protocol. The protocol is embedded in practice,

marking a key milestone in our operational framework. To date over fifteen doctors have been invited to a joint meeting with the Deputy Medical Director and Senior HR Advisor. The purpose of these meetings was to explore in greater detail, the reasons for incomplete appraisals. Meeting have provided valuable opportunity to engage directly well Senior managers and tailor support accordingly. [Medical Appraisal and Revalidation Engagement Protocol - All Documents](#)

The following components are addressed in the Engagement Protocol:

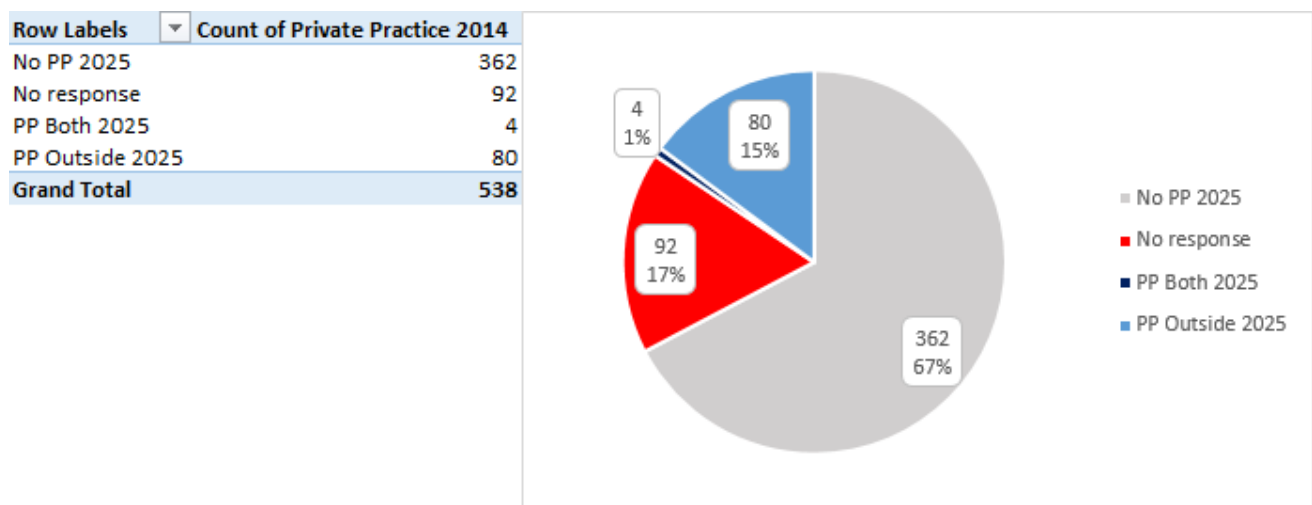
- Periodic reminders until engagement have been established or a non-engagement recommendation/early concerns letter is required. The following table details the percentage of doctors within the trust who received a second reminder letter on the 1st of July 2025.

| Second reminder letter 1st of July 2025 regarding their outstanding 2024 Appraisal | |
|---|-------|
| Number | % |
| 288 | 56.0% |

- Doctors who have not sufficiently engaged with the appraisal process are required to follow a tailored action plan. They are advised that continued non-compliance may lead to a formal review of their whole practice, which could result in regulatory consequences including potential withdrawal of their licence to practise. As of today, all doctors have complied with their individual action plans, demonstrating a constructive response and a clear commitment to meeting appraisal requirements.

10. Annual Private Practice Declaration status update

The following table outlines the trust current status regarding 2025 Private Practice Declarations. a new Private Practice Escalation procedure was introduced in January 2025 to strengthen oversight and ensure timely compliance.



The annual Private Practice Declaration form is now available for completion via Microsoft Teams [Annual Private Practice Microsoft Form](#). Initial feedback from users has been positive,

highlighting ease of access and improved usability. This updated process aligns with BSO internal audit recommendations and supports enhanced transparency and accountability across the trust.

11. Paying and Private Patients update.

The Trusts processes and systems relating to Paying and Private Practice have significantly improved. The Senior Appraisal and Revalidation attends quarterly Governance Meetings across all service directorates, to ensure continued oversight of Paying and Private Practice.

The Terms of Reference for the Trusts Directorate Governance Meetings have been amended to explicitly include oversight of the management Paying and Private Practice. This ensures the management Paying and Private Practice is fully imbedded within the governance structure and subject to regular review and assurance. In addition, the Senior Appraisal and Revalidation Manager is a standing member of the Standard Compliance and Regulation Steering group, where a formal report is prepared and shared with attendees to support assurance on compliance.

A recent audit has confirmed that the Ms teams Change of Status forms are being completed; however, discrepancies have been identified between these records on those held on the PAS system. The contributing factor is the implementation of Encompass in May 2025, which has introduced crossover challenges between IT systems.

All doctors involved in Paying and Private Practice have received a detailed activity report and have been asked to review and address any discrepancies. The Head of Service and Clinical Director have also been provided with the report to support oversight and ensure appropriate follow up.

12. Physician Associate Regulation and Appraisal Support update

Regulation of Physician Associates by the GMC officially commenced in December 2024. All Physician Associates are required to register with the GMC by December 2026. However, the Trust is encouraging our Physician Associates to register with the GMC as soon as possible, over 80% have registered. In alignment with this regulatory transition the trust is actively encouraging GMC registration to ensure readiness and compliance.

To support appraisal documentation and professional development the trust is using the 'RASP' appraisal system. Dedicated 'RASP' meetings have now commenced with current trust- employed Physician Associates. To date 100% of available Physician Associates have attended 'RASP' training sessions, reflecting strong engagement and commitment to the appraisal process.

13. Northern Ireland (NI) Appraisal & Revalidation Working Group update.

The NI Appraisal & Revalidation Working Group is responsible for strategic development of appraisal and revalidation related systems across relevant HSC workforce. This concludes medical and Dental staff, Physician Associates and other relevant disciplines. The group promotes collaborative working across all HSC sectors to ensure consistency and quality an appraisal and revalidation processes.

In parallel the Northern Ireland Appraisal and Revalidation Working Group overseas compliance with legislative regulatory and stakeholder requirements specific to medical appraisal. This group facilitates communication and consultation with relevant stakeholders and ensures representation of all health and social care (HSC) organisations.

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

- RASP development – ICT.
- DOH Annual Appraisal Guidance.
- Regional Engagement Procedure.
- Regional Appraisal and Revalidation guidance and Standard Operating Procedure documents.
- Regional training program and associated supporting materials.
- Reporting/Governance Assurance Framework.

14. Job Planning update

The table below presents the Trust Job Planning status from the 1st of April 2024. There has been a notable increase in the number of Job Plans compared to the same reporting period last year this reflects improved engagement uncompliant across the relevant teams and supports ongoing efforts to strengthen the workforce planning and assurance.

| Directorate | Complete | In Progress | Awaiting Signatures | Referred Back | Career Break | LTS | Maternity Leave | Not Started | Grand Total | % Completed |
|--|------------|-------------|---------------------|---------------|--------------|----------|-----------------|-------------|-------------|-------------|
| Childrens and Young People's Services | 56 | 1 | 2 | 1 | 0 | 0 | 0 | 4 | 64 | 88% |
| Medical Directors Office | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 5 | 80% |
| Mental Health & Disability Services | 27 | 1 | 2 | 0 | 0 | 0 | 1 | 3 | 34 | 79% |
| Medicine and Unscheduled Care Division | 97 | 24 | 33 | 1 | 2 | 2 | 3 | 16 | 178 | 54% |
| Surgery and Clinical Services | 126 | 30 | 28 | 2 | 2 | 3 | 0 | 14 | 205 | 61% |
| Grand Total | 310 | 56 | 66 | 4 | 4 | 5 | 4 | 37 | 486 | 64% |

15. Declaration of Interest update

As part of our ongoing assurance processes for Appraisal and Revalidation we have developed a new declaration of interest Microsoft Teams forms in July 2025. To date we have received responses from 36% from our medical colleagues. This initiative supports transparency and governance across the organisation, and we continue to encourage full participation.

