

COVER SHEET

Meeting and Date of meeting	Trust Board 30 th January 2025	
Title of paper	Medical Director's Report Medical Appraisal and Revalidation	
Accountable Director	Name	Dr Stephen Austin
	Position	Medical Director
Report Author	Name	Maggie Davison
	Email	maggie.davison@southerntrust.hscni.net
This paper sits within the Trust Board role of:	Accountability	
This paper is presented for:	Assurance	
Links to Trust Corporate Objectives	<input type="checkbox"/>	Unscheduled Care Transformation and Reform
	<input type="checkbox"/>	Improved Access to Services
	<input type="checkbox"/>	Focus on developing services provided in the Community
	<input checked="" type="checkbox"/>	Ensure Safe Services while delivering financial recovery
	<input checked="" type="checkbox"/>	Strengthen Financial and Governance Systems
	<input type="checkbox"/>	Digital Readiness
	<input type="checkbox"/>	Sustainability of Our Estate
	<input type="checkbox"/>	Embedding Our Co-production Approach
	<input type="checkbox"/>	Delivery of Year 3 of Our People Framework



The report author will complete this report cover sheet fully. The Accountable Director must satisfy themselves that the cover sheet is accurate and fully reflects the report. The expectation is that the Accountable Director has read and agreed the content (cover sheet and report).

Its purpose is to provide the Trust Board/Committee with a clear summary of the report/paper being presented, how it impacts on the people we serve and the key matters for attention and the ask of the Trust Board/Committee

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:

Status overview and update on Medical Appraisal and Revalidation.

- Medical Appraisal
- Medical Revalidation
- Current position of Appraisal activity
- Appraisal Training
- New Appraisal/Revalidation Dashboard
- Medical Appraisal Facilitation Programme
- Regional Appraisal Programme System
- Appraiser Network Meeting
- Private Patient annual Declarations
- Paying and Private Patients (including electronic change of status form)
- International Medical Recruitment
- Medical Mentoring Scheme
- Medical Appraisal and Revalidation Policy
- Medical Engagement Procedure Identification, recording, monitoring and reporting of training requirements for Medical Staff
- Physician Associates
- Trust Revalidation Board
- Clinician Level Indication Program
- Northern Ireland Appraisal & Revalidation Steering Group
- Current risks for Medical Revalidation and Appraisal

3. Areas of improvement/achievement:

- The transfer of the current electronic change of status form to Microsoft forms
- The transfer of the current Annual Private Practice declaration word form to Microsoft forms
- Group and 1-1 meetings continue with all SHSCT Physician Associates regarding new GMC regulatory guidance around Appraisal and Revalidation.
- New Private Practice Declaration escalation procedure.

4. Areas of concern/risk/challenge:

The Physician Associate Medical Lead post is currently vacant, which may negatively 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.

Financial Impact

Safety and Quality Impact

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)	
Low risk as Senior Appraisal and revalidation Manager will have oversight.	
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.	
Corporate Risk Register	N/A
Board Assurance Framework	<i>This report contributes to the Board Assurance Framework as part of the clinical governance of the Trust by providing assurance that medical and dental staff are appraised and that there are robust processes in place for revalidation of medical staff as required by the Responsible Officer Legislation.</i>
Equality and Human Rights	N/A

Medical Director's Report – Appraisal and Revalidation

January 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

The Medical Appraisal and Revalidation Board first follow up meeting occurred on 3rd November 2024. Revalidation Board meetings for 2025 have been scheduled.

3. Medical Appraisal

“A positive process of constructive dialogue, in which the doctor being appraised has a formal, structured opportunity to reflect on his/her work and to consider how his/her effectiveness might be improved. It should support doctors in their aim to deliver high quality care whilst ensuring they are practicing within a safe and effective framework”.

The aims and objectives of appraisal are to enable doctors and employers to:

- Review regularly an individual’s work and performance, utilising relevant and appropriate comparative performance data from local, regional and national sources
- Optimise the use of skills and resources in seeking to achieve the delivery of service priorities
- 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

4. Medical Revalidation

The General Medical Council (GMC) implemented a system of revalidation for its registrants in 2012 which was subsequently improved following the Pearson Review in 2017. The change in medical regulation was designed to provide an assurance to patients and the public that doctors are keeping up to date and are fit to practise. All registrants wishing to practise medicine have been issued with a licence to practise from the GMC. Renewal of this licence will be subject to the process of revalidation whereby a senior doctor in a healthcare organisation, known as a Responsible Officer, will make a recommendation to the GMC that those doctors with whom they have a prescribed relationship are practising to the standards defined in Good Medical Practice¹ http://www.gmc-uk.org/guidance/good_medical_practice.asp

As noted above, one of the main thresholds that a doctor has to reach is to have successfully completed five annual appraisals over the previous 5 years.


5. Current position of Appraisal activity

Current Medical Appraisal position 11th January 2025.

Appraisal Year	Doctors Requiring Appraisals	Appraisal Complete		Appraisal in Progress		Appraisal Not Complete	
2018	296	296	100%	0	0%	0	0%
2019	345	344	99.71%	0	0.00%	1	0.29%
2020	421	420	99.76%	0	0.00%	1	0.24%
2021	445	445	100.00%	0	0.00%	0	0.00%
2022	451	444	98.45%	2	0.44%	5	1.11%
2023	477	441	92.45%	11	2.31%	25	5.24%
2024	<i>Appraisals run a year behind (1st January - 31st December) and therefore 2024 appraisals have yet not begun.</i>						

The Trust has increased awareness of Medical Appraisal throughout the Trust via a letter from the Medical Director to all substantive staff detailing the Medical Appraisal requirements, together with sharing of the new Medical Engagement Procedure timetable in January 2023. In addition, awareness has also been increased via Appraiser network meetings, raising the profile at Divisional Medical Directors meetings and Appraisal and Revalidation Newsletters. The Trust considers that this has influenced the improved appraisal performance. Plans are in place to address all outstanding appraisals, many of which have mitigating circumstances.

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 greater compliance in completing 2023 appraisals within the recommended time frame for completion (April 2024).

Appraisal Year	Doctors Requiring Appraisals	Appraisal Completed (by end of August following the appraised year)		Overall increase
2022	451	376	83.37 %	 9%
2023	480	443	92.29 %	

For the period from Sept 2023 to Dec 2024, there have been 13 recommendation(s) to defer due to insufficient evidence in the period selected. There have been 137 positive recommendations for revalidation.

6. Appraisal Training

The Medical Directorate Appraisal and Revalidation Team continue to deliver bespoke Appraiser refresher/new appraiser training programme for 2024. The training has been benchmarked against NHS England Appraiser training². The training is delivered every quarter by the Trusts Responsible Officer and Senior Managers from the Medical Appraisal and Revalidation Team. Training dates for 2024 have been circulated. The Medical Appraisal presentation will include relevant information pertaining to PA's.

7. Appraisal/Revalidation Dashboard

The Medical appraisal and revalidation dashboard for all Divisional Medical Directors (DMD's) is live and emailed on a monthly basis. Our Data Quality Officer has been instrumental in monitoring and updating all data.

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)

8. Medical Appraisal Facilitation Programme

The programme commenced in July 2022 and runs in conjunction with the Appraiser refresher/new appraiser training programme. New Appraisers continue to be invited to participate in the programme.

Appraisers who complete the Appraisal Mentoring Programme will be receive a certificate of completion which can be used as evidence of medical leadership development.

9. 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 (bi monthly) 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

10. 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 also 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.

11. 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.

The policy is easily accessible via [Medical Appraisal Policy](#)

12. Medical Engagement Procedure

The GMC (Licence to Practise and Revalidation) Regulations 2012 place duties on licenced doctors in respect of their own revalidation and state that doctors must ‘take reasonable steps’ to arrange a recommendation about their revalidation, this means that licensed doctors must:

- Participate in Annual Appraisals with Good Medical Practice (GMP) at their core, which consider the whole of their practice;
- Collect supporting information that meets the requirements of the GMC’s

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 aforementioned 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.

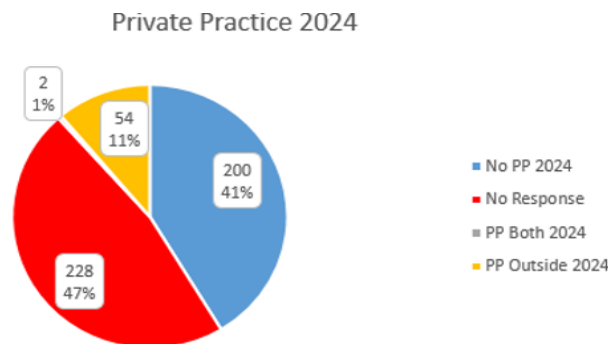
The Engagement Protocol is accessible via. [Medical Appraisal and Revalidation Engagement Protocol - All Documents](#)

Drs who received first reminder letter in May 2024		Drs who received second reminder letter in July 2024		Drs who received final reminder letter in September 2024		Drs who received final reminder letter in October 2024	
Number	%	Number	%	Number	%	Number	%
345	71.8%	204	42.5%	124	25.8%	13	3.7

13. Annual Private Practice Declaration

The following table outlines the Trust status in relation to 2024 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 form from December 2024, feedback using the teams form to date has been positive. This complies with BSO internal audit recommendations.

No PP 2024	200
No Response	228
PP Both 2024	2
PP Outside 2024	54
Grand Total	484



14. 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
1.1	<ol style="list-style-type: none"> 1. The Trust Private and Paying Patients procedure should be updated to accurately reflect the role of the Clinical Director/Head of Service. 2. 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. 3. The outcome of this review should be communicated to the Consultant submitting the Change of Status forms. 	
1.2	<p>The following matters should be added as standing agenda items to Directorate Clinical Governance meetings:</p> <ol style="list-style-type: none"> 1. Management of Private Practice 2. The monthly dashboard report issued to Divisional Medical Directors which includes compliance with completion of annual private patient declarations (see finding 3). 3. Concerns or issues identified at these meetings should be escalated to the Senior Revalidation and Appraisal Manager. 	
1.3	<ol style="list-style-type: none"> 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. 	
2.1	<ol style="list-style-type: none"> 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. 	
Recommendation 2.2	<ol style="list-style-type: none"> 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 .

15. 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. One additional Internationally Recruited doctor is due to arrive in February 2025. To date, SHSCT has recruited a total of 63 doctors. Medical Mentoring documentation has also been shared to assist the IMR doctors and their supervisors.

16. Identification, recording, monitoring and reporting of training requirements for Medical Staff

Creation of a Standard Operating Procedure to manage and record the training requirements of medical staff remains in progress. The procedure will outline the process for identification, recording, monitoring and reporting of various levels of training requirements for all grades of Medical staff who hold who hold core and/or Trust Locum Bank only posts within the Trust (external Agency staff are excluded). Levels of training include Corporate Mandatory, Profession Specific Mandatory, Professional Role Essential and Professional Role Best Practice training. This will not apply to external Agency staff.

17. 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 utilizing 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 54% (18/31) of Physician Associates have attended a SHSCT RASP training session. Oversight meetings to review roles/responsibilities and Governance arrangements commenced in Autumn 2024. It is envisaged to replicate the Medical Appraisal and Revalidation systems and processes for the Physician Associates. Operational and Professional Managers have been identified for Directorate/Divisional PAs.

18. Clinician Level Indication Program

The Clinician Level Indication Program (CLIP) brings together all clinical indicator data into a single report, providing the most accurate comparative benchmarking available through a simple-to-use online tool. CLIP reports within the SHSCT are monitored at a local level by the Trust CHKS consultant/Informatics team. Individual Consultant reports support appraisal and revalidation and allow clinical staff to demonstrate they are continuing to meet the principles and values set out in Good Medical Practice, it can be used to facilitate job planning and service reviews and are required for revalidation or appraisal. The data allows doctors to drill down to patient level information, including the review of in-patient and out-patient hospital data. The SHSCT has over 477 grades of doctor; 293 of which are Consultant grade.

All Consultant grades were invited to undertake a survey to measure validity of CLIP data. The survey identified a number of enablers and barriers to Consultants accessing, reviewing and analysing CLIP data within the Trust. A number of consultants who have accessed CLIP data have reported a positive experience and have listed benefits to practice, however the data indicates that many Consultants are not accessing CLIP data/reports currently. There are many barriers listed in the responses and these are themed with the data is not accurate, no benefits and staff knowledge around CLIP among the top listed.

In order to address the aforementioned, project using the principle of QI will commence in Trauma and Orthopaedics in January 2025. The project duration will be 6 months.

19. 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.

20. Job Planning

The following table outlines the Trust status in relation to Job Planning. There is a 16 % increase in completed job plans from 1st October 2024.

	Complete	Awaiting Signatures	In Progress	Not Started	Referred Back	Misc	Total	% Complete
CYP	53	2	5	1	1	1	63	84%
MDO	4		1				5	80%
MHD	25	4			1	2	32	78%
MUSC	117	24	17	3	4	4	169	69%
SCS	143	18	23	4	2	8	198	72%
Total	342	48	46	8	8	15	467	73%

21. 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.