



EAST CHESHIRE NHS TRUST

REVALIDATION - 'THE COUNTDOWN BEGINS'

SUMMARY

Since December 2010 **East Cheshire NHS Trust** has been working hard to develop its current appraisal process to ensure that the Trust's Responsible Officer (RO) is in a position to recommend a doctor for revalidation.

Medical revalidation is the process by which all doctors with a licence to practice in the UK will need to satisfy the General Medical Council (GMC) at regular intervals that they are fit to practice and should retain their licence. The regulations that will make revalidation a legal requirement will come into force in December 2012. The NHS Employers organisation is working with the GMC, the NHS Revalidation Support Team (RST) and the Department of Health to help NHS organisations prepare for the introduction of revalidation and ensure that the processes recommended are streamlined and based on existing clinical governance and HR systems (NHS Employer, 2012)

East Cheshire Trust employs 120 doctors who are required to undergo a strengthened medical appraisal from the 1st April 2012. In order to support the GMC's appraisal and revalidation requirements the Trust has carried out a comprehensive review of its current appraisal systems and procedures to ensure they are fit for purpose, and have explored innovative and cost effective solutions for gathering and storing confidential appraisal information and data.

KEY OUTCOMES

- The Trust now has a suitable number of appraisers trained in delivering strengthened medical appraisal, which is proportionate to the number of doctors directly employed by the Trust.
- The Trust's appraisal percentage for doctors has seen an increase from 32.8% to 79% over the last six months, this is a result of a data cleansing exercise undertaken in October 2011.

- Doctors are demonstrating engagement in the process by accessing the bi-monthly newsletter which is produced by the project team, and are targeting questions to the Associate Medical Director and HR Team.





BACKGROUND

East Cheshire NHS Trust was established in 2002. It consists of three hospitals at Macclesfield, Knutsford and Congleton. Macclesfield District General Hospital was purpose built in the early 1980's replacing a much older traditional infirmary.

Since 1 April 2011 the Trust has been an integrated community and acute Trust providing healthcare across central and eastern Cheshire and surrounding areas, in hospital, at home and in community settings. With over 4,000 dedicated staff East Cheshire NHS Trust serves a population catchment area of approximately 450,000.

KEY AIMS

To ensure the Trust's appraisal policy and processes support the medical revalidation requirements, identified by the GMC and NHS Northwest's Organisational Readiness Assessment Tool

KEY STAGES OF SET-UP

Stage 1 – Identifying the requirements

The Trust's Responsible Officer (RO) established a Project Group in December 2010 comprising consultant representatives from each business unit, governance, HR and key system managers. The remit of the group is to manage and monitor the Trust's action plan, ensure preparation for implementation, source funding, address any key issues and agree new developments.



Stage 2 – Developing the appraisal process

- A new policy for revalidation and appraisal was agreed and has been in operation for over 12 months.
- A new appraisal form was launched in April 2012 (Medical Appraisal Guide [MAG] form) which was tested as part of the revalidation pilots
- The Trust has developed an in-house appraisal training package and has trained ten consultants to co-deliver the training with Learning and Development (L&D) colleagues. To date more than half of the Trust's consultants are now trained in delivering strengthened medical appraisal.
- A data cleanse has been carried out to ensure the correct information is held on ESR.
- All doctors have now been allocated an appraisal birthday month and a revalidation cohort.
- An IT system has been purchased to support patient and colleague feedback
- Appraiser Support Groups are in operation to allow colleagues to discuss issues, learn from each other and suggest future improvements to the appraisal system.
- Awareness sessions have been developed covering remediation, specifically 'how to spot and support a failing colleague'. Guest speakers from the GMC, BMA and NCAS have been invited to participate.
- A newsletter has been created and is issued on a bi-monthly basis to communicate key developments, areas of interest etc
- The Associate Medical Director has developed his own website to help his colleagues prepare for the task ahead.

Stage 3 – Tackling the issues

In order to tackle the enormity of the project a separate working group was established to look at the information requirements, governance issues and how the data will be collected and collated to ensure all doctors have access to the six specified types of supporting documentation.

One of the main issues identified was how could the Trust provide an adequate storage system accessible to the doctor, their appraiser and RO to ensure all paperwork remained electronic. The Trust already had access to SharePoint which was being developed to replace the Trust's current Intranet site, this provided an excellent opportunity to develop and pilot SharePoint for the purpose of doctor's appraisals.

To address this, the Trust developed a SharePoint micro-site for revalidation, containing a wealth of information on the appraisal process, policy and GMC requirements. SharePoint will also allow doctors to store their appraisal data and information as each doctor will have their own SharePoint directory to upload their appraisal forms and supporting documentation.

In order to communicate the new system and its functionality SharePoint will be launched across the organisation during June / July 2012.



Stage 4 – Developing adequate governance arrangements

A scoping session took place during May to look at the current governance arrangements in order to provide assurance that the process is monitored effectively and is applied fairly across the organisation. This is one of the next key phases of the project.



GOOD PRACTICE CASE STUDY

RESOURCES

It was envisaged that revalidation should be cost neutral, however in order to deliver the project and the work required to develop the appraisal systems resources have been required to fund the Associate Director (who undertakes four hours of programme activity per week) and the Appraisal Administrator role (full time, band 3). Both roles were initially approved for twelve months; though it is envisaged that there will be an ongoing resource requirement.

Additional funding has also been sourced to invest in an IT system to deliver patient and colleague feedback to ensure the Trust complies with the system criteria identified within the '[Guidance on colleague and patient questionnaires](#)'.

KEY CHALLENGES

One of the key challenges has been maintaining employee engagement, particularly as work commenced on the project eighteen months ago. The Project Group have worked hard to try and overcome this challenge by keeping staff up-to-date via the newsletter, staff briefings, letters and emails, as well as at Grand Round (this is a monthly forum to which all doctors are invited, in order to discuss key topics and as part of their CPD). It has also been important to have a main point of contact (associate medical director) so that clinicians are confident in raising queries about the process and can suggest alternative methods of delivery.

Another challenge has been around the level of trained appraisers. When the Trust first embarked on this project there were only five trained appraisers, as courses had to be sourced externally and required funding. One of the ways the organisation overcame this was by identifying ten consultants to attend a 'train the trainer' programme to allow the Trust to develop and deliver in-house appraisal training.

Obtaining resources has been a key challenge, particularly in the current financial climate where resource is limited or often unavailable. The project group

have always looked at new and innovative methods of delivery by using expertise already within the organisation. A prime example of this is the development of SharePoint which has been considerably cheaper than purchasing an external IT system and the Trust can continually develop this system to meet the ongoing needs for appraisal and revalidation.

NEXT STEPS

The next steps are to ensure the Trust has adequate assurance and governance mechanisms in place to support the revalidation process. Work has commenced on what that process might look like to support the RO in making an informed decision on whether or not a doctor's revalidation should be 'recommend' or 'defer'. Options that are currently being considered include an operational working group focusing on the quality of the appraisal information, whether there is sufficient supporting information, missed and incomplete appraisals and the quality of the appraisal discussion. Another option being considered is the establishment of an independent panel whereby the process is scrutinised to ensure this is fair and equitable.

Another key piece of work is the launch of SharePoint and the Patient and Colleague IT System; both IT systems will be launched in June 2012.

SUPPORTING MATERIAL

The following resources are available as an appendix to this case study:

Appendix 1 – Appraisal policy

Appendix 2 – Medical Appraisal Guide (MAG)

Appendix 3 – Appraisal Form Guidance

Appendix 4 – Medical Revalidation Newsletter

FURTHER LINKS

For more information from NHS Employers about revalidation [click here](#)

For guidance from GMC [click here](#)

REFERENCES

NHS Employers (2012) Medical Revalidation. [Online] accessed 18th May 2012] <http://www.nhsemployers.org/planningyour-workforce/medicalworkforce/medical-revalidation/pages/medical-revalidation.aspx>



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