

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 22/09/2022

Agenda Item: 15

Report Title:	Annual Appraisal & Revalidation Report to Trust Board of Directors for 2020/21	
Author(s):	Dr Sobhi Girgis, Responsible Officer William Wright, Medical Directorate Analyst	
Accountable Director:	Dr Mike Hunter, Executive Medical Director	
Other Meetings presented to or previously agreed at:	Committee/Group:	Medical Workforce Planning Group (MWPG)
	Date:	Will be presented on 20 September 2021
Key Points recommendations to or previously agreed at:	<p>The MWPG take note of the report and are aware the report will be presented to the Board of Directors.</p> <p>The Chief Executive or Chair of the Board of Directors to complete the Statement of Compliance in Section 7 of the Annual Appraisal & Revalidation Report 2020/21 for this report to be submitted to NHS England by the deadline of 29 October 2021.</p>	

Summary of key points in report

There have been several improvements to the appraisal and revalidation system over the past 3 years including increased support for doctors and quality assurance measures. New processes and a dedicated appraisal system have been created to support new grades e.g., Clinical Fellows & Widening Access to Specialty Training (WAST) Doctors. Current processes have been detailed in new standard operating procedures to ensure continuity and consistency.

Appraisers are appropriately remunerated and a comprehensive quality assurance system is in place, including comparison reporting. The Responsible Officer (RO) function is administratively supported by the Medical Directorate Analyst.

The action plan for the coming year includes additional support to develop clinical leadership aligned to the SHSC Care Quality Commission report. The action plan also includes actions in response to the General Medical Council's Fair to Refer Report with additional data provided in the Responsible Officer Demographics Report 2020/21 (Annex G).

The Responsible Officer responded swiftly to the advice of the National Medical Director to suspend appraisals during the initial phase of the pandemic in 2020. SHSC was able to resume appraisals in June 2020, ahead of most other organisations.

The Trust is compliant with all statutory requirements and regulations regarding appraisal and revalidation.

An electronic cloud-based system is in place for medical appraisals.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval	✓	Assurance	✓	Information	
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The Board is asked to note the report and for the Chief Executive or Chair of the Board of Directors to complete the Statement of Compliance in Section 7 of the Annual Appraisal & Revalidation Report 2020/21 for this report to be submitted to NHS England by the deadline of 29 October 2021.

Please identify which strategic priorities will be impacted by this report:

Covid-19 Recovering Effectively	Yes	✓	No	
CQC Getting Back to Good	Yes	✓	No	
Transformation – Changing things that will make a difference	Yes		No	✓
Partnerships – working together to make a bigger impact	Yes	✓	No	

Is this report relevant to compliance with any key standards ? State specific standard

Care Quality Commission	Yes	✓	No		Doctors receive annual appraisals-Well Led Domain
IG Governance Toolkit	Yes		No	✓	

Have these areas been considered? YES/NO				If Yes, what are the implications or the impact? If no, please explain why	
Patient Safety and Experience	Yes	✓	No		Appraisals require information about complaints, Significant events and Feedback from colleagues and patients.
Financial (revenue & capital)	Yes		No	✓	Not directly related to appraisal and revalidation.
OD/Workforce	Yes	✓	No		Appraisals gives assurance about doctors' fitness to practice.
Equality, Diversity & Inclusion	Yes	✓	No		Data is provided within the report in relation to the General Medical Council's Fair to Refer Report.
Legal	Yes	✓	No		The Responsible Officer's duties are stipulated by The Medical Profession (Responsible Officers) Regulations 2013

Title	Name of Report
	Annual Appraisal & Revalidation Report 2020/21

Section 1: Analysis and supporting detail

Overview

- 1.1 There have been significant improvements in the appraisal system over the last three years including annual appraiser performance reports, annual appraisee feedback reports, reduction of delays in appraisals, developing suitable appraisal platforms for Clinical Fellows and Widening Access to Specialty Training (WAST) doctors, and better quality assurance. There is evidence of higher satisfaction of appraisees. The Revalidation Team has developed standard operating procedures to ensure continuity and consistency for existing processes and to maintain the current successes.

Quality Assurance

- 1.2 Appraisers are appropriately remunerated, which helps to ensure quality and accountability. Appraisers receive additional supporting information for their own appraisals, including certification for attendance at Revalidation Steering Groups, and an annual feedback report which are added to their appraisals for them. Appraisal summaries are reviewed using NHS England's Appraisal Summary with feedback and Appraisal Summary and Personal Development Plan Audit Tool (ASPAT) scores compared to a trust-wide average in annual appraiser reports. An example appraisal and scoring tool has been developed to create transparency around the Appraisal Summary and Personal Development Plan Audit Tool (ASPAT) scoring process for appraisers. All appraiser reports are included in the Annual Appraisal Report issued to the Responsible Officer (Annex A).

System Improvements

- 1.3 Further work with Human Resources & Medical Staffing is planned to strengthen recruitment processes and the induction package offered for new doctors.
- 1.4 An additional section in appraisals is being rolled out to focus on clinical leadership. This will be supported by additional supporting information around supervision provision for both the individual doctor and their team.

Action Plan

- 1.5 The focus of the Revalidation Team for 2021/2022 will be to work with medical leadership to strengthen the role of doctors as leaders and to implement relevant recommendations from the General Medical Council's 'Fair to Refer?' report. The recommendations have been considered with actions agreed at the Medical Workforce Planning Group (MWPG). The group agreed specific actions in relation to some of the recommendations and noted that some of the recommendations require further consideration within SHSC more widely, particularly in relation to recommendations concerning the impartial assessment of performance and the development of leadership capacity. Actions are reviewed quarterly. The recommendations are included in Appendix B for the Board's consideration.

Covid-19 Response and National Guidance

- 1.6 Guidance from the General Medical Council and NHS England has led to the cancellation of the Annual Organisational Audit for the 2019/20 and 2020/21 appraisal years as well as the suspension of appraisals between March 2020 and September 2020. However, the figures usually provided in the Annual Organisational Audit have been reported to the Responsible Officer and are detailed in the Annual Appraiser Report. Appraisals in SHSC restarted in June 2020 with a condensed programme. All delayed appraisals were completed with a return to the normal programme of annual appraisal from the start of August 2020. Revalidation dates between the 01 April 2020 and the 31 March 2021 have been automatically deferred for 12 months by the General Medical Council. All affected doctors have been informed about this change. All appraisals where possible are taking place through Microsoft Teams to ensure social distancing.

Section 2: Risks

- 2.1 NHS England monitors SHSC's appraisal performance as a designated body for doctors. At the current high-level of compliance with the requirements for appraisal and revalidation, we do not carry significant risk in this area. As a further external source of scrutiny, the CQC monitors appraisal performance as a "well led" line of enquiry.

Section 3: Assurance

Benchmarking

- 3.1 Doctors are required to engage in annual appraisals. The appraisal document should be completed within 28 days from the appraisal meeting. NHS England expects appraisal rate of at least 90%. Missed appraisals for acceptable reasons are labelled Measure 2. Missed appraisal without agreement from the Responsible Officer is labelled Measure 3.

The detail of SHSC's performance is in Appendix A. In summary, SHSC was >95% compliant overall and had no Measure 3 outcomes for 20/21. In terms of national benchmarking, NHSE did not publish data for 19/20 or 20/21 due to the pandemic. However, SHSC has previously consistently benchmarked as above regional and national average in mental health and across sectors. Based on our current performance, we would expect to similarly benchmark if NHSE had published comparison data.

- 3.2 How will the outcomes be audited or validated?

The Revalidation Team report annually to the Board of Directors. This report is submitted with NHS England by statutory requirement. The report includes a 5-year comparison report.

- 3.3 What professional advice has been taken in making the recommendation(s)?

- The Responsible Officer and the Medical Directorate Analyst regularly attend NHS England's Responsible Officer and Appraiser Network (ROAN) meetings.
- The Responsible Officer and the Medical Directorate Analyst regularly attend regional Responsible Officer Network meetings.
- The Responsible Officer and Executive Medical Director meet with the Trust's allocated GMC Employer Liaison Adviser (ELA) on a quarterly basis.

Triangulation

- 3.4 How can the expected outcomes be triangulated against other data or analysis for cross referencing?

- Doctor's feedback is compared to national colleagues of an equivalent grade through L2P's (Licence to Practice) multi-source feedback (MSF) system.
- The Trust as a Designated Body must complete an Annual Organisational Audit which is submitted to NHS England. In return a comparison report is returned comparing SHSC to other NHS Trusts in England.

Engagement

- 3.5 What methods of engagement have been used to involve the stakeholders impacted by the recommendation(s)? What was the feedback or knowledge gained from the engagement?

The Responsible Officer chairs the Revalidation Steering group with medical appraisers which meets three times per year to review the system of appraisals, discuss challenges, receive updates, and refresh appraiser's training.

All doctors are invited to give feedback on their appraisers and the appraisal process itself.

Section 4: Implications

Strategic Aims and Board Assurance Framework

- 4.1 Maintaining high standards in medical appraisal and revalidation directly links with strategic aims of delivering outstanding care and creating a great place to work.

Equalities, diversity, and inclusion

- 4.2 A demographics report is included in the annexes of this report.

Culture and People

- 4.3 The report includes the consideration and an action plan in response to the key recommendations from the General Medical Council's Fair to Refer Report.

Integration and system thinking

- 4.4 In making his/her recommendation to the General Medical Council, the Responsible Officer reviews all appraisals for the 5-year revalidation cycle and takes account of any information available about the doctor within the wider system in SHSC and other organisations that employs the doctor. The Responsible Officer also shares any concerns about any doctor who provides services to SHSC, e.g., locum doctors, with the doctor's Responsible Officer and discusses such concerns with the GMC Employer Liaison Adviser.

Financial

- 4.5 It is a statutory requirement for SHSC as a Designated Body to allocate sufficient resources to support the duties and responsibilities of the Responsible Officer.

Compliance - Legal/Regulatory

- 4.6 General Medical Council's Medical revalidation is a legal requirement which applies to all licensed doctors listed on the General Medical Council register. Organisations designated under [The Medical Profession \(Responsible Officer\) Regulations 2010](#) and [The Medical Profession \(Responsible Officers\) \(Amendment\) Regulations 2013](#) (referred to as the Responsible Officer Regulations) are nominated as 'designated bodies'. These organisations, essentially are anybody that employs or contracts with doctors, have a duty to appoint or nominate a Responsible Officer. These senior doctors must ensure that every doctor connected to them, as set out in the legislation:

- Receives an annual medical appraisal meeting nationally agreed standards
- Undergoes the appropriate pre-engagement/employment background checks to ensure that they have qualifications and experience appropriate to the work performed
- Works within a managed system in which their conduct and performance are monitored, with any emerging concerns being acted upon appropriately and to nationally agreed standards
- Has a recommendation made to the General Medical Council regarding their fitness to practise every 5 years, on which their continuing licence to practise is based.

Section 5: List of Appendices

- A. Annual Appraiser Report
- B. Fair to Refer Report – Key Recommendations
- C. Annual Appraisal & Revalidation System Comparison Report 2016-21
- D. NHS England: Covid-19 & Professional Standards Activities
- E. GMC: Effective Clinical Governance for the Medical Profession Handbook
- F. Appraisal & Revalidation Board Report 2019/20
- G. Responsible Officer Demographics Report 2020/21
- H. Standard Operating Procedure: Supporting Information for Medical Appraisals
- I. Standard Operating Procedure: Appraisal & Revalidation Administration



Annual Appraiser Review

April 2020 to March 2021

A review of the overall performance of appraisers within Sheffield Health & Social Care NHS FT based on feedback received from appraisees.

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William Wright, Medical Directorate Analyst
6th April 2021

Trust Wide Summary

Submission Rates

Full Appraisal Year

(All appraisals due to be completed by SHSC appraisers)

Measure	Tally	%
1	79	95.2%
2	2	2.4%
3	0	0.0%
TOTAL	81	

Measure 1: Appraisal that is completed between 1 April and 31 March the following year and submitted within 28 days from the appraisal meeting date. Delays within the appraisal year were called Measure 1b, but NHS England no longer asks for splitting Measure 1 into 1a and 1b. The Responsible Officer is still collecting these data to ensure reduction of any delays (see Annex C).

Measure 2 is a missed or incomplete appraisal that is authorised by the Responsible Officer

Measure 3 is a missed or incomplete appraisal that is unauthorised by the Responsible Officer.

Annual Organisational Audit (AOA) Figures

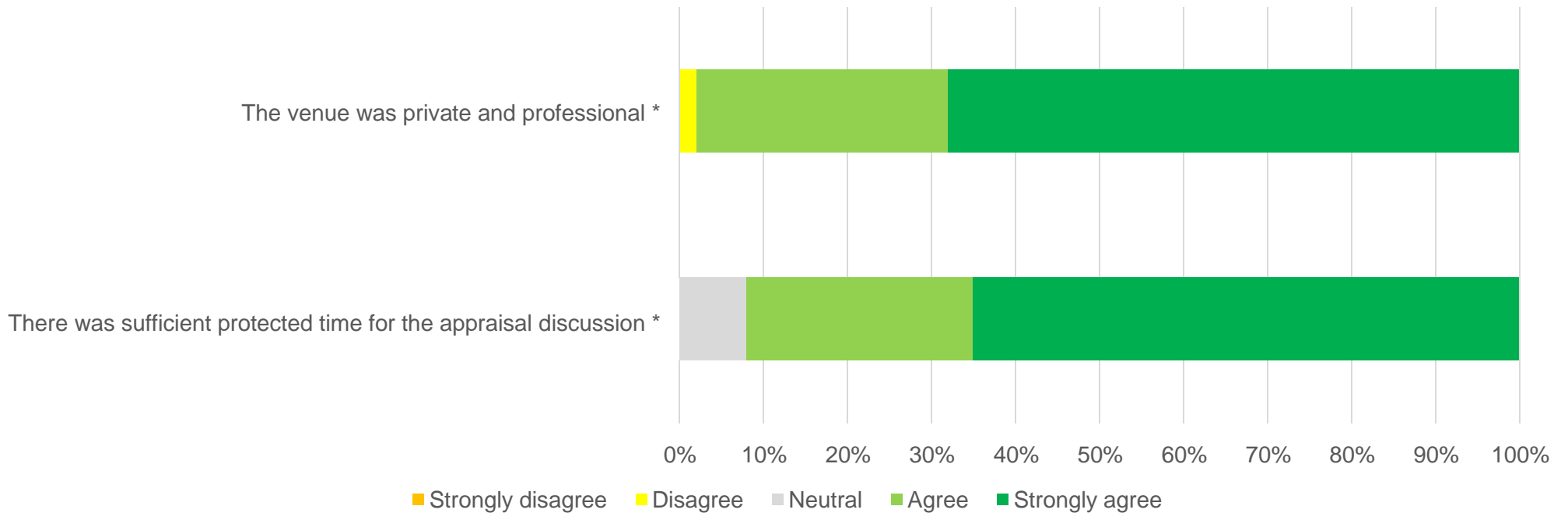
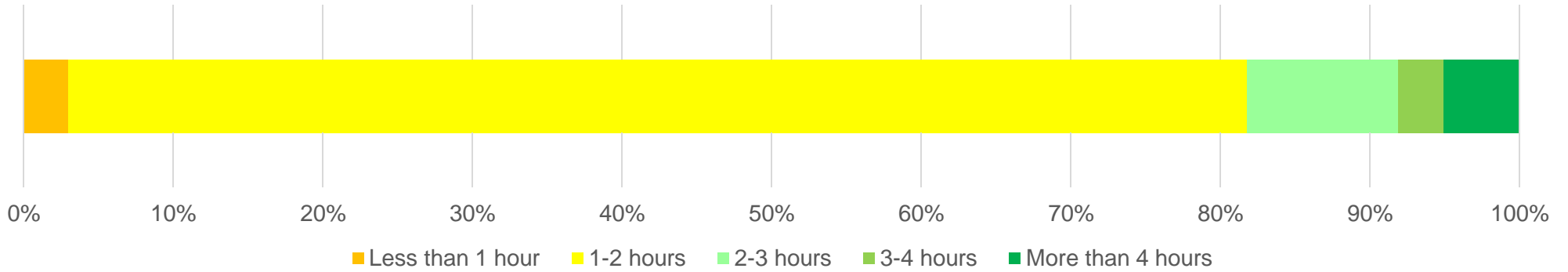
(Based on connections as of 31.03.2020).

Measure	Tally	%
1	69	97.2%
2	2	2.8%
3	0	0.0%
TOTAL	71	

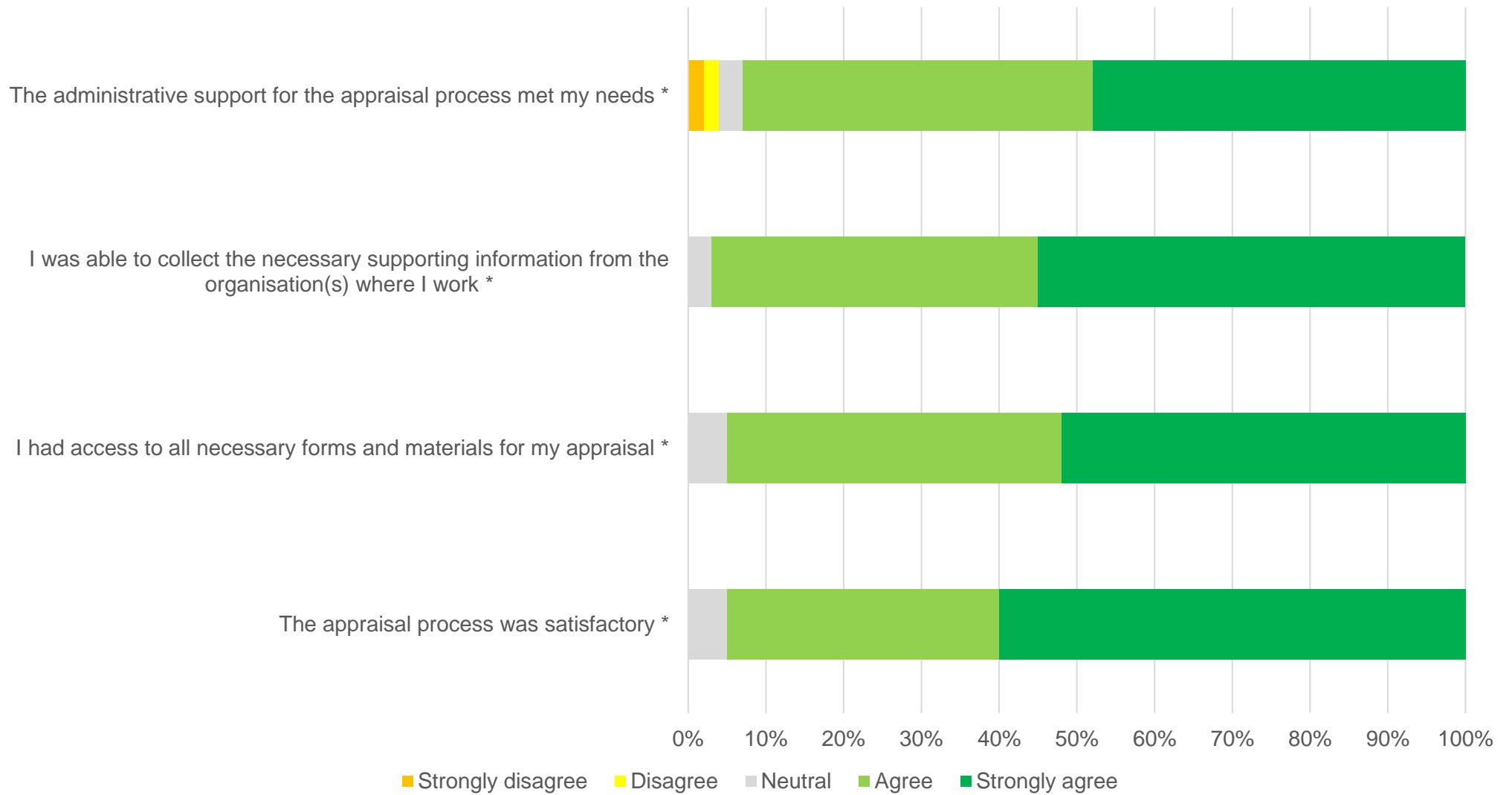
Feedback Scores

Environment & Timing

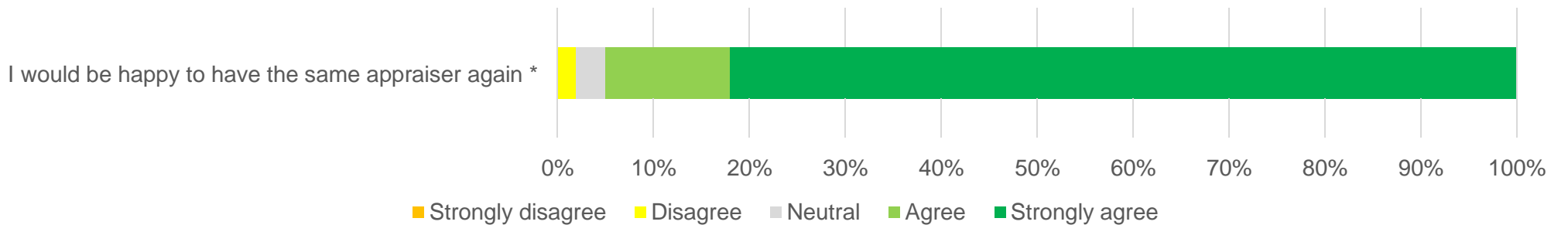
Duration of Appraisal Discussion
2020-2021



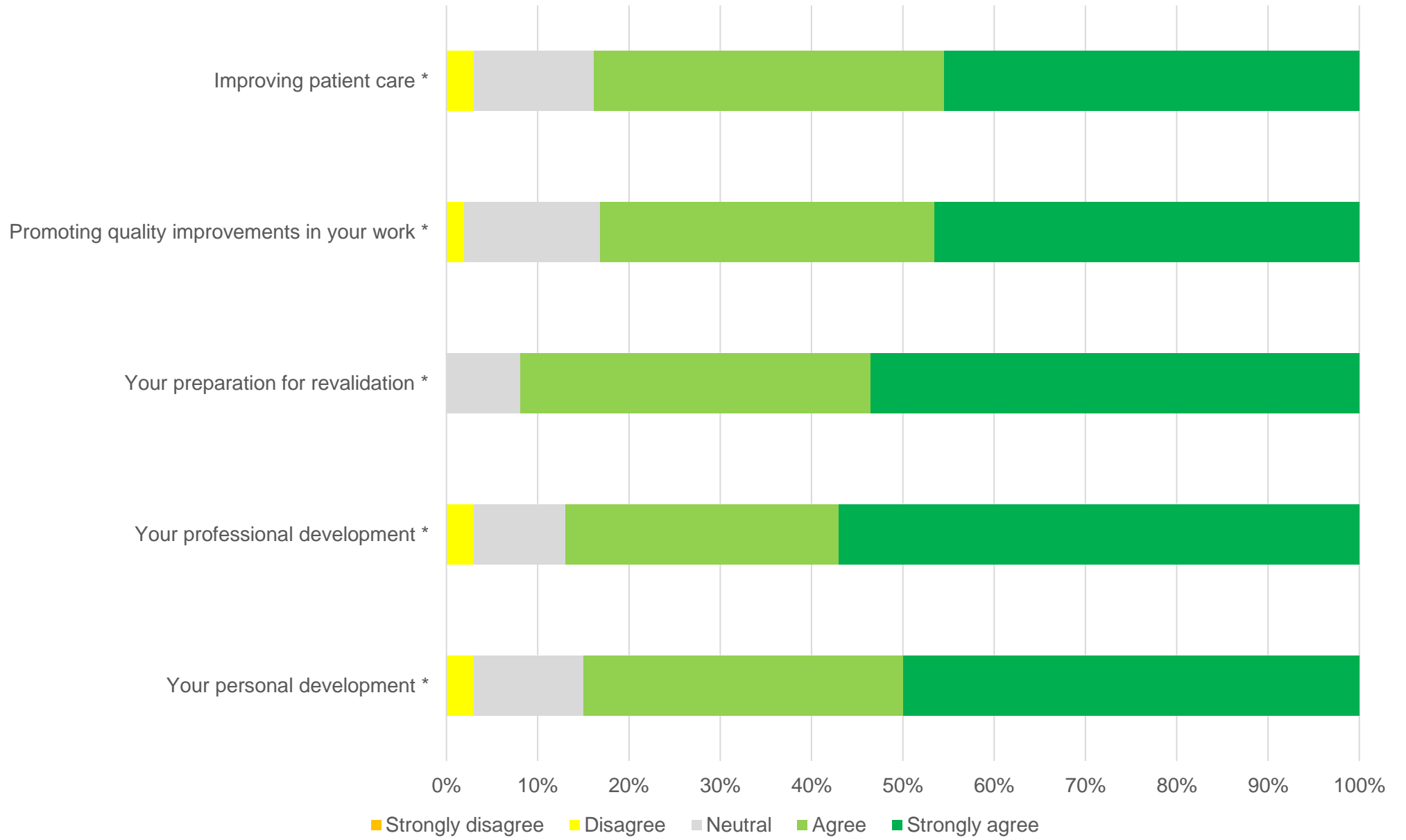
Administration & Management of the Appraisal System



Appraiser Overview



Doctor Overview



FAIR TO REFER REPORT

Recommendations to employers:

Recommendation 1: Support for Doctors

Introduce a UK wide framework and standards for the provision of feedback to, the effective induction of, and the ongoing support of, all doctors

1. Employers should train staff who lead, manage, supervise or educate doctors to give and receive **feedback** across difference ensuring they are equipped to have **difficult conversations**, use technology appropriately (e.g. Datix) and understand how bias influences giving and receiving feedback.
2. Employers should provide every doctor with **effective induction and ongoing support** that reflects national standards with **enhanced induction** for doctors who are new to the UK, new to the NHS or at risk of isolation in their roles (including overseas qualified doctors, locums and SAS doctors). Enhanced induction should include allocating a **mentor** (who will also sign off their induction).
3. Employers should introduce a **mechanism whereby, before a formal complaint** process is initiated, someone who is impartial to the issues involved and understands diversity, evaluates whether a formal response is necessary.
4. Employers should introduce a process to ensure that any new arrangements to contract with locum agencies requires agencies to follow **good practice in supporting locums** (e.g. the guidance in England “Supporting locums and doctors in short term placements” or equivalent in the other nations). Employers should review all existing contracts to ensure compliance.
5. Employers should establish a protocol to ensure that early termination of locum contracts by healthcare providers is recorded and concerns investigated with the outcome communicated to the doctor’s locum agency and Responsible Officer and discussed with the GMC’s Employer Liaison Adviser (ELA). **Exit reports**
6. Employers should ensure effective arrangements for SAS doctors by:
 - Promoting, monitoring and publishing their implementation of the **4 national SAS charters**
 - Giving SAS doctors **equivalent opportunities** to access the learning and development that is provided to other doctors
 - Publishing and **monitoring the proportion** of SAS doctors involved in disciplinary procedures and GMC referrals

Recommendation 2: Assessing doctors’ performance and responding to concerns

Identify and address systemic issues that may affect doctors’ professional performance. When undertaking an assessment of a doctor’s performance or responding to a concern, take into account the context in which they work with a focus on learning not blame.

1. The leadership within health systems, organisations and the boards of every organisation that employs doctors should review and **identify negative subcultures** that occur between different demographically diverse groups, engage with these groups and take constructive steps address any issues.
2. Employers and healthcare providers should identify systemic issues, address them and take them into account when assessing performance, and ensure these assessments are conducted within the principles of a **‘Just Culture’** approach, including (a) ensuring that a review is carried out of any systemic issues following a patient safety incident; and (b) steps are taken to prevent recurrence.

Recommendation 3: Leadership

Senior leaders to engage regularly with all staff, listening to and taking action in response to concerns regarding fairness. Implement a strategy of active inclusion and mechanisms to mitigate the risk of disproportionality in discipline and referral processes

1. The leadership within health systems, organisations and the boards of every organisation that employs doctors should review the leadership style within their organisations and **introduce a programme to support leaders** to establish and maintain a positive and inclusive working environment. The programme should be designed in consultation with staff and include content on open engagement with staff, positive cohesive team working and meeting the needs of diverse staff.
2. The leadership and boards of every organisation that employs doctors should implement **inclusive engagement sessions with a visible lead from clinical leaders** (including medical directors) and board members to consider the findings of this review. HR Directors and ROs collectively should develop a plan to implement initiatives to demonstrate the worth of staff who feel undervalued (e.g. mentoring and inclusive professional networking).
3. The leadership and boards of every organisation that employs doctors, and clinical leaders should **regularly discuss and assess how the organisation meets the needs of a diverse workforce**. Discussions should include addressing the areas of their organisation where there are risks of bias (including favouritism) and introducing specific safeguards to resolve these. The outcomes of these discussions should be shared with staff.
4. The leadership and boards of every organisation that employs doctors should review the **representation of decision makers in local complaints processes** and develop a time bound plan to ensure decision makers reflect an agreed and locally appropriate benchmark for diverse representation.

Recommendation 4: Delivery, monitoring and evaluation

Establish a UK-wide mechanism to deliver the recommendations, share good practice and undertake ongoing monitoring of data concerning the key issues identified in this study.

1. **ROs should monitor and challenge patterns of disproportionality in performance concerns in their organisation. They should be able to demonstrate that their processes are fair if challenged.**



Annual Appraisal & Revalidation System Comparison Report

2016-2021

William Wright
Medical Directorate Analyst

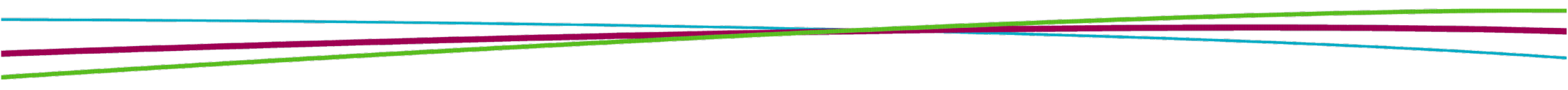
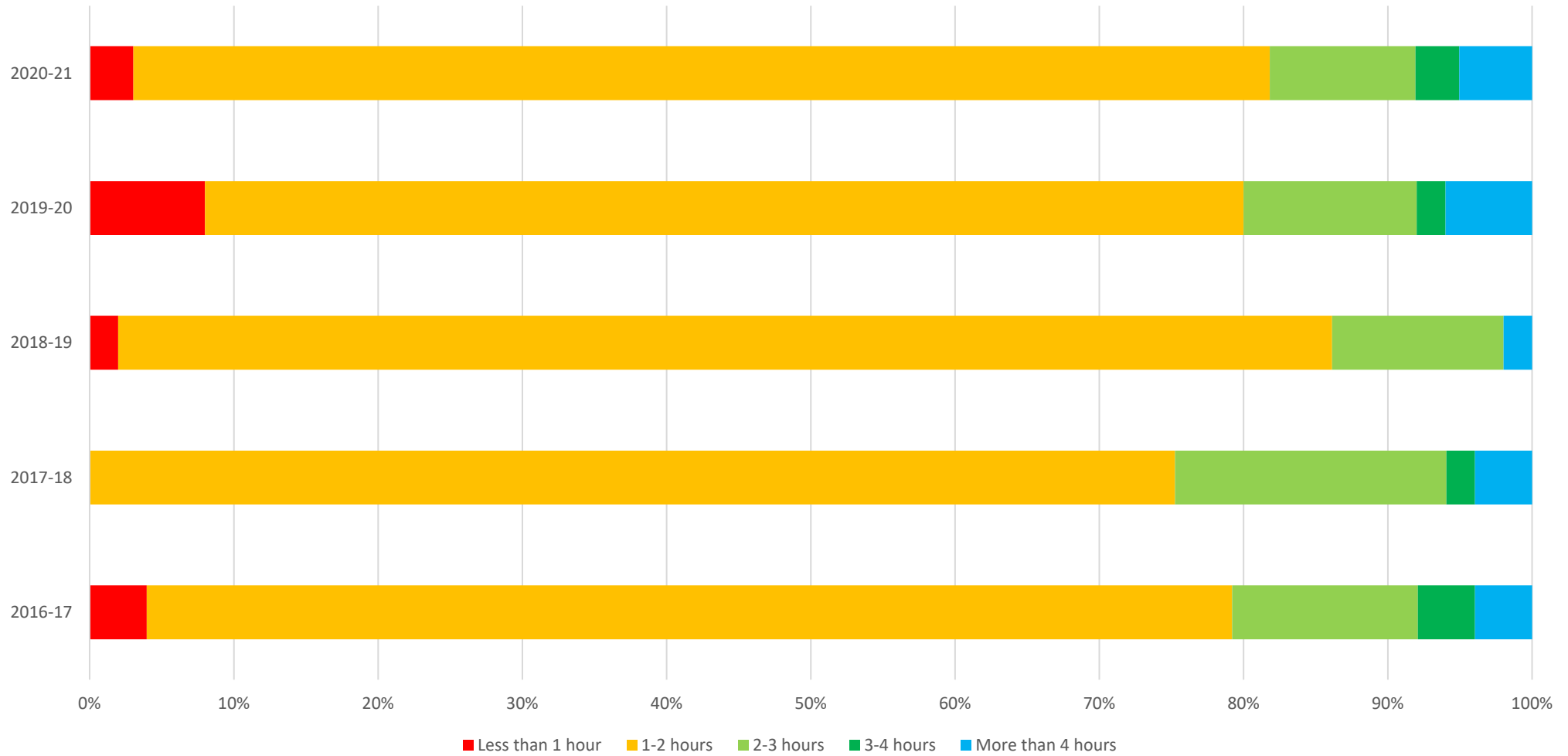
6th April 2021

Appraisal Feedback

The below data has been gathered from the feedback forms completed by appraisers after completing an appraisal with SHSC.

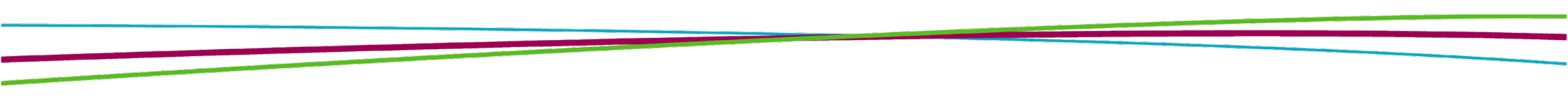
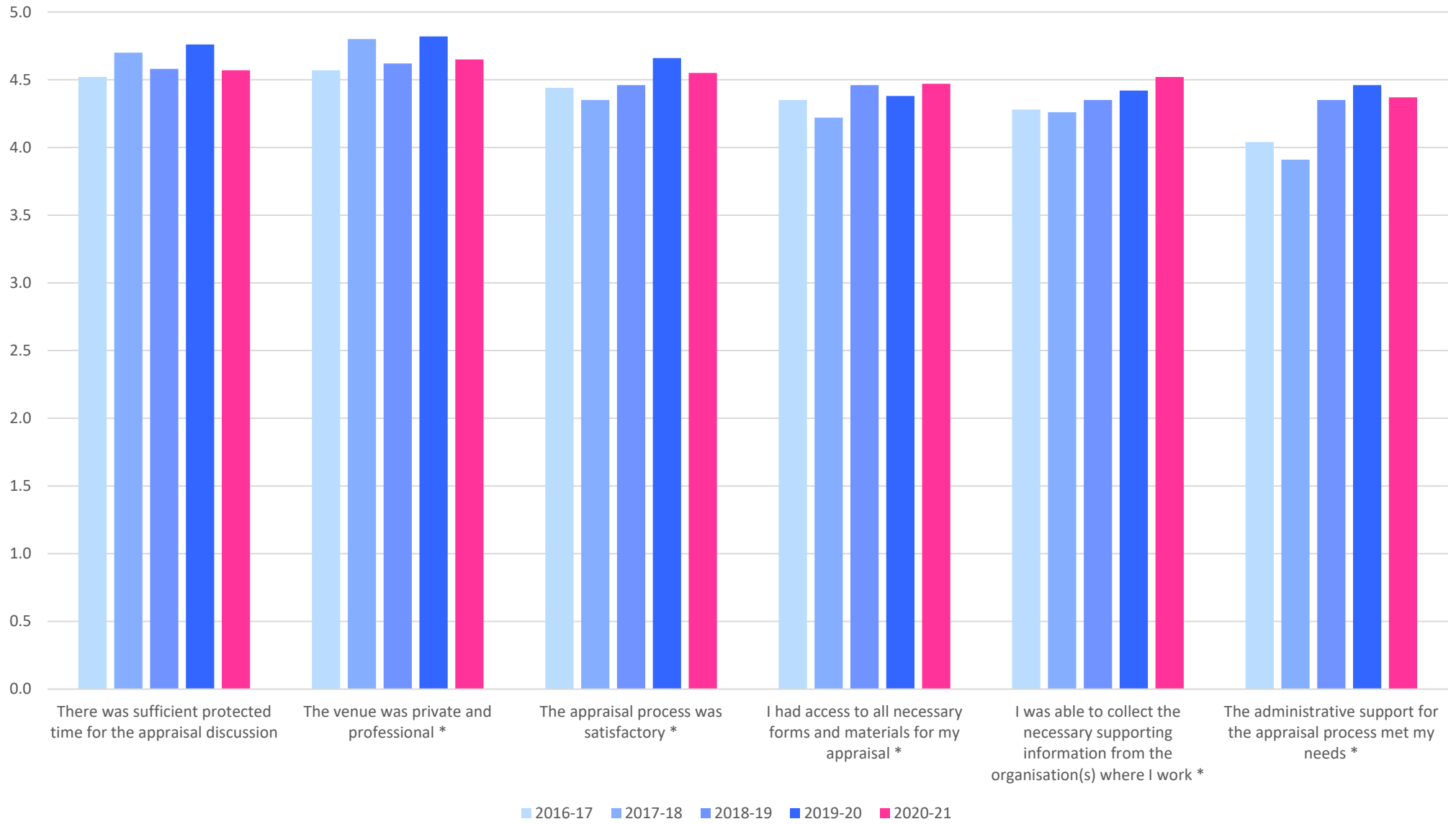
Process Overview

Duration of Appraisal Discussion 2016-2021



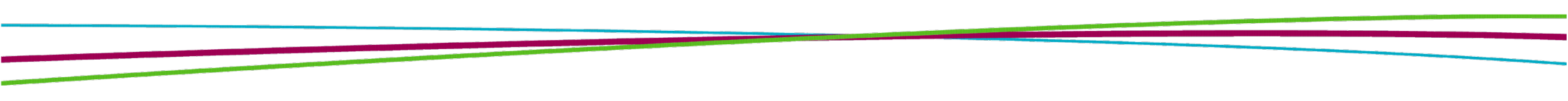
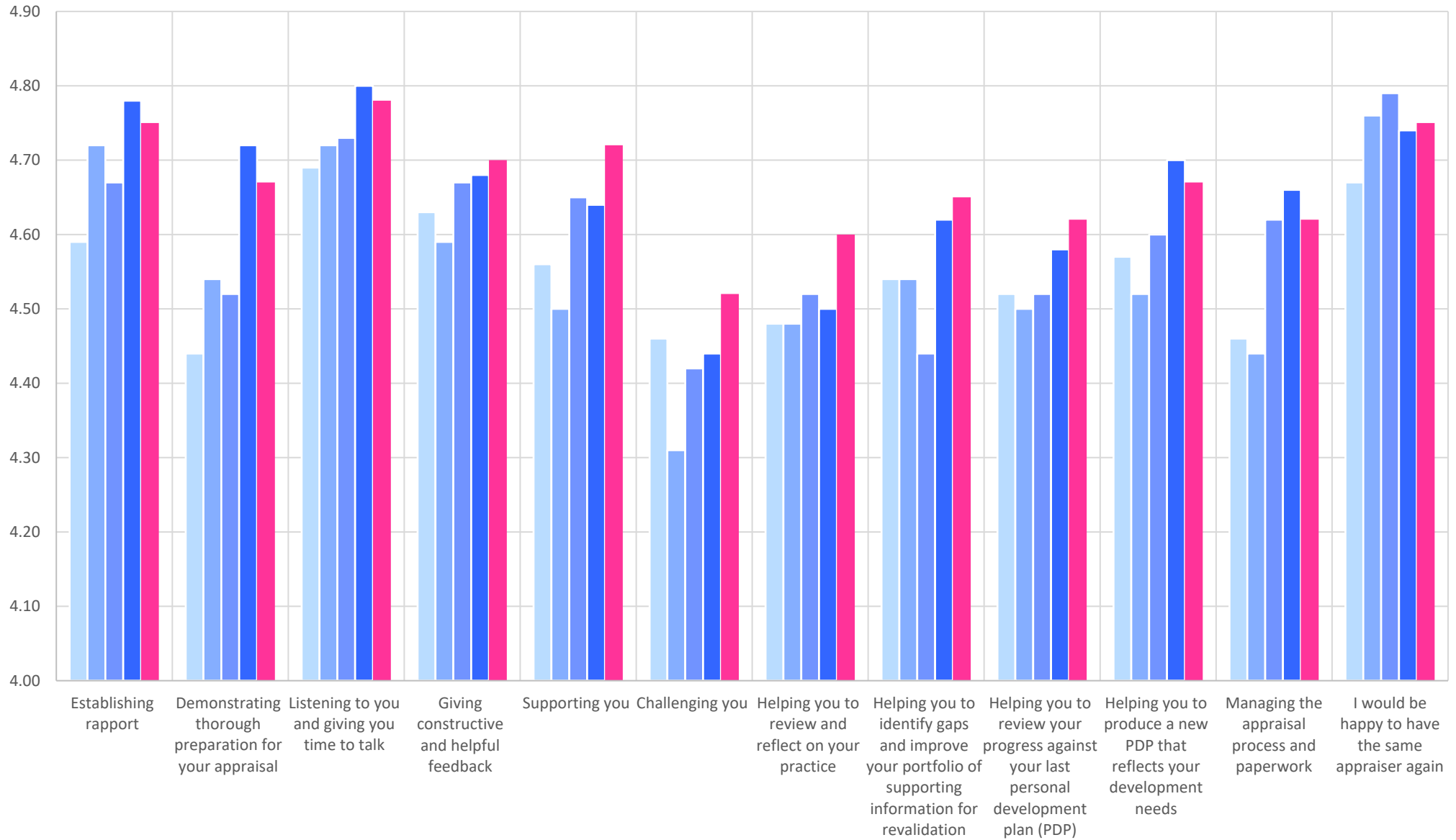
Appraiser Overview

Administration & Management of the Appraisal System 2016-2021



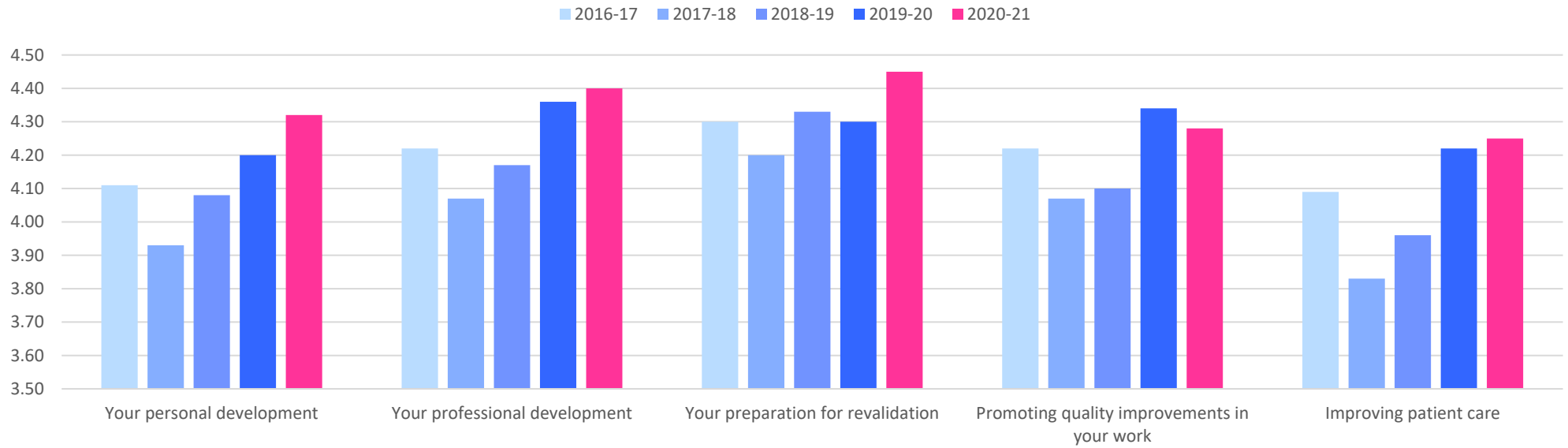
Average Appraiser Overview Ratings 2016-2021

■ 2016-17
 ■ 2017-18
 ■ 2018-19
 ■ 2019-20
 ■ 2020-21



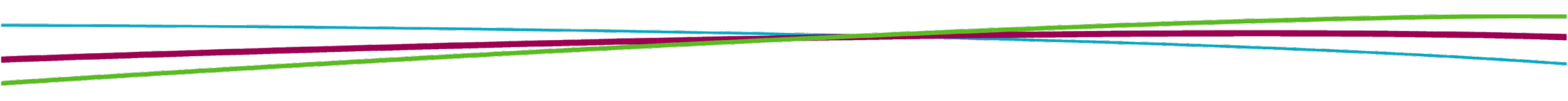
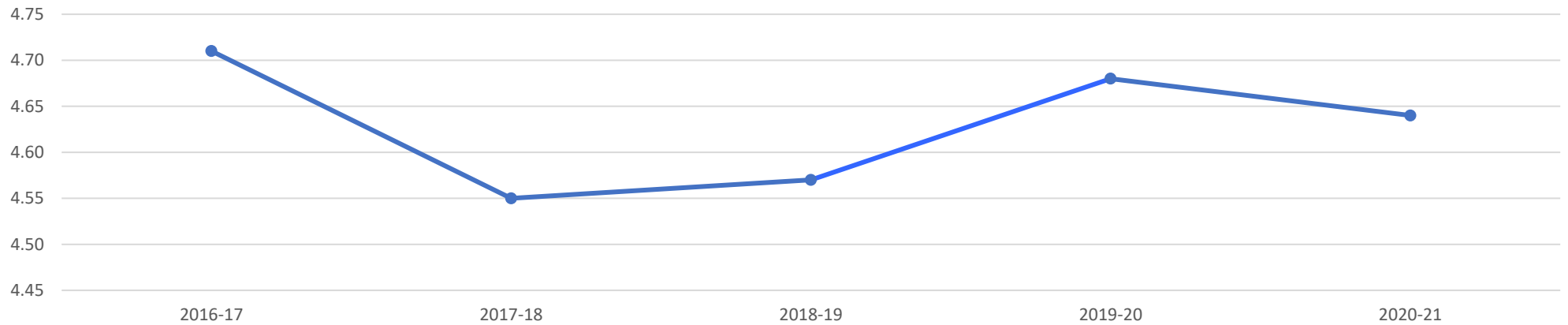
Doctor Overview

Average Doctor Overview Ratings 2016-2021



Appraiser Ratings

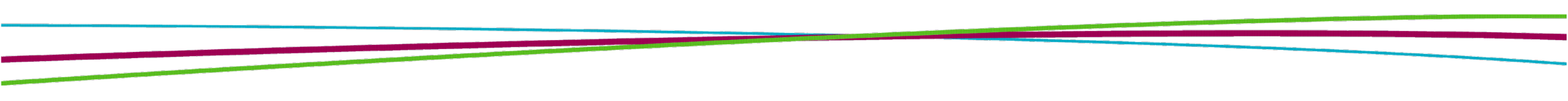
Average Appraiser Feedback Scores 2016-2021



Annual Organisational Audit (AOA) Indicators

The below data is based on SHSC's submitted NHS England AOA figures in comparison to other organisation in the same sector and all sectors. Data for other sectors is provided annually in NHS England's Medical Revalidation Annual Organisational Audit (AOA) Comparator Report.

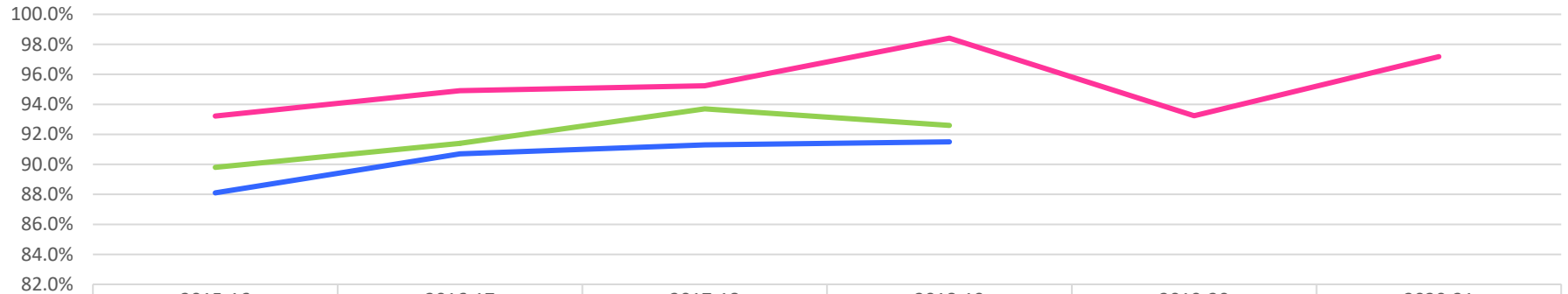
Appraisal Submission Rates 2016-2021



AOA Indicator Comparison

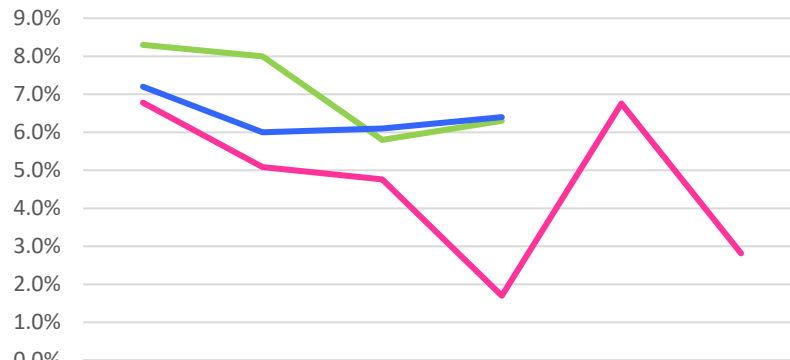
There are no figures for other sectors for 2019/20 due to NHS England cancelling the requirement for an AOA submission during the Covid-19 pandemic.

Measure 1



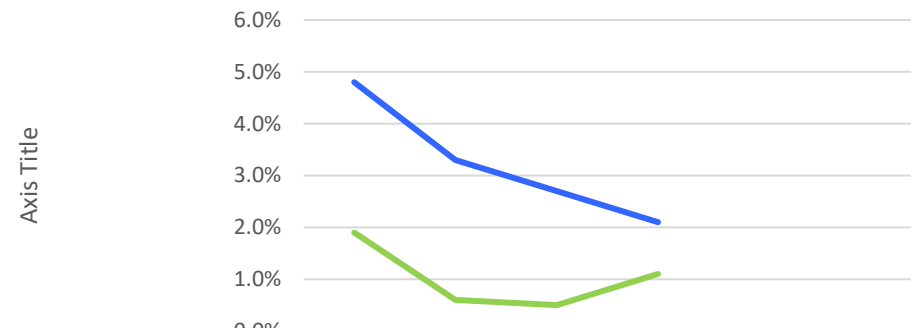
	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
SHSC	93.2%	94.9%	95.2%	98.4%	93.2%	97.2%
Mental Health Sector	89.8%	91.4%	93.7%	92.6%		
All Sectors	88.1%	90.7%	91.3%	91.5%		

Measure 2



	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
SHSC	6.8%	5.1%	4.8%	1.7%	6.8%	2.8%
Mental Health Sector	8.3%	8.0%	5.8%	6.3%		
All Sectors	7.2%	6.0%	6.1%	6.4%		

Measure 3



	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
SHSC	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Mental Health Sector	1.9%	0.6%	0.5%	1.1%		
All Sectors	4.8%	3.3%	2.7%	2.1%		



Designated Body Annual Board Report

Section 1 – General:

The board of Sheffield Health & Social Care NHS Foundation Trust can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a Responsible Officer.

Action from last year: N/A

Comments: N/A

Action for next year: Dr Girgis continues in his role as Responsible Officer.

2. The Designated Body provides sufficient funds, capacity, and other resources for the Responsible Officer to carry out the responsibilities of the role.

Action from last year: 2PAs (PA or Professional Activities are equivalent to 4 hours each) reserved in job plan for Responsible Officer/Associate Medical Director for Revalidation/Appraisal Lead. Appraisers remunerated for role at 0.2PAs pro rata for up to 8 appraisals. Medical Directorate Analyst provides administrative support to Responsible Officer and the appraisal process. One appraiser has retired with another due to retire at the end of August 2021 but who is anticipated to return later in the year. Two appraisers have relinquished their role to focus on their clinical management roles. Three new full-time appraisers have been appointed. L2P's (License to Practise) Multi-Source Feedback (MSF) and Leadership Modules have been successfully incorporated into SHSC's appraisal process.

Comments: The Trust is in full compliance.

Action for next year: No action required.

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: Strengthening connections with appropriate departments to ensure timely addition of new doctors and removal of doctors exiting employment with Sheffield Health & Social Care NHS FT. Removal and addition of doctors is carried out through the General Medical Council Connect online system.

Comments: The Trust is in full compliance

Action for next year: Support the development of a new comprehensive medical recruitment standard operating procedure and induction programme reflecting the increased responsibility of the Medical Staffing Department and the Trust's adoption of the electronic 'Trac' recruitment system.

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: The Appraisal and Revalidation Policy was updated in 2019 in line with the Responsible Officer Regulations. The doctors' disciplinary policy was updated in 2019 to reflect the function of the Responsible Officer as stipulated by the Responsible Officer Regulations. All updates were communicated with doctors under the responsibility of the Responsible Officer. The disciplinary policy has been updated again in 2021. The draft has been agreed with the BMA at Joint Local Negotiating Committee and is currently going through ratification within the Trust.

Comments: The Trust is in full compliance

Action for next year: Ratification of the doctors' disciplinary policy and review of the Appraisal and Revalidation policy.

5. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

Peer review undertaken? No.

Action from last year: N/A

Comments: The electronic system has a built-in checklist for appraisee and appraiser. The Appraisal system was part of the Care Quality Commission review in 2017/2018. The Responsible Officer attends a regional Mental Health Sector Responsible Officer network twice a year where systems are discussed and suggestions for improvement are made. These suggestions are implemented. The Trust submits Annual Organisational Audit (AOA) to NHS England annually. Higher-level responsible officers will ensure that independent verification is carried out once per revalidation cycle for each designated body. This may be undertaken by the higher-level responsible officer's team. Primarily this will be based on a desk-top review. Where concerns are identified this will be followed by a visit to the Responsible Officer at the Designated Body.

Action for next year: None

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: A new process has been established with Training Department & Human Resources Workforce Team to create an Electronic Staff Record (ESR) account for honorary contract holders so that a training record can be maintained and reported on. This currently only applies to one doctor who has been setup with an external learner account on ESR. A dedicated in-house appraisal process called the 'Training Pathway' has been established to support short term placement doctors in returning or entering a specialist training programme. This process was praised by NHS England as an example of good practice. It was also adopted by at least one another Trust.

Comments: The Trust is in full compliance

Action for next year: To continue the above processes.

Section 2a – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. For organisations that have adopted the Appraisal 2020 model, there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

Action from last year: Appraisals completed on L2P (License to Practise) are reviewed by the Medical Directorate Analyst and either; returned to the appraisee/appraiser where serious shortcomings, such as missing complaints or Serious Untoward Incident (SUI) information has not been included; flagged for a detailed secondary review by the Responsible Officer with more scrutiny where issues are identified; or flagged as satisfactory when no issues are identified. The final approval of each appraisal rests with the Responsible Officer.

Appraisees are responsible for ensuring that sufficient supporting information is provided to facilitate an effective appraisal discussion. The organisation supports the appraisees to collect the required supporting information. If the minimum supporting information is not provided the discussion will either be, with the agreement of the Responsible Officer, postponed for an agreed period of time to enable the doctor to compile the minimum supporting information, or it will be agreed in the PDP that the doctor will "catch up" over the coming year.

Appraisals completed using L2P (License to Practise) require the doctor to complete a checklist confirming, or otherwise providing explanations for the absence of, that they have included all mandatory pieces of supporting information.

The Medical Directorate Analyst provides additional support with the collection of supporting information which is uploaded directly to L2P (License to Practise) or emailed to the appraisee at least 2 weeks before their appraisal. This includes a Compliments & Complaints Report, Training Events Attendance Report, SHSC Mandatory Training Compliance Report, Significant Events Report and Peer Group Attendance Report. The Medical Directorate Analyst can now directly report on mandatory training, compliments & complaints from existing electronic systems.

The Responsible Officer has taken the impact of the Covid-19 pandemic into consideration and offered some flexibility on a case-by-case basis. However, the Responsible Officer has decided to partially adopt the 'Appraisal 2020 Model' due to the General Medical Council not lowering its standard for revalidation. The Revalidation Team has continued to focus on maintaining quality where possible during the pandemic to support doctors to meet their revalidation requirements and avoid unnecessary deferrals.

Comments: The Trust has an effective appraisal system.

Action for next year: To continue the above processes.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: Medical Directorate Analyst ensures any late or missed appraisals have a verified reasoning approved by the Responsible Officer.

Comments: Late (but not missed) appraisals have increased to 20.5% of completed appraisals in the 2020/21 year. This is an increase from 6.8% last appraisal year. Most delays due to sickness, workload and compassionate leave predominantly brought on by the Covid-19 pandemic. This would normally be a target for some action. However, during the pandemic, the high rate of completed appraisals within the appraisal year is a significant achievement. The Trust resumed appraisals on 01 June 2020 well ahead of NHS England recommended date of October 2020. The Trust had a good recovery plan.

Action for next year: Medical Directorate Analyst to continue to ensure reasoning is recorded and Responsible Officer informed. 2 appraisers have relinquished the role due to workload from clinical management role. Two new appraisals have been appointed.

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: The Appraisal Policy was updated in 2019.

Comments: The Appraisal and Revalidation Policy has been updated in line with the Responsible Officer Regulations.

Action for next year: Review of the Appraisal and Revalidation policy in 2022.

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: There are currently 12 trained medical appraisers. Two appraisers are performing the role on a part time basis carrying out 4 appraisals per year due to time constraints. One appraiser is due to retire in August 2021, but it is anticipated that they will return to their role later in the year.

Appraisal allocation is undertaken by the Medical Directorate Analyst at the start of each year and reviewed as required to ensure a balanced workload across the appraisers (approximately 6 or 7 appraisals per year per appraiser) and to ensure that each appraiser has no more than 1 appraisal to complete in any one month wherever possible. To support this, appraisers are remunerated 0.2PAs pro rata for up to 8 appraisals per annum.

Comments: The Trust has a sufficient number of trained medical appraisers to meet requirement.

Action for next year: To ensure appraiser numbers are maintained.

5. Medical appraisers participate in on-going performance review and training/ development activities, to include attendance at appraisal network / development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers¹ or equivalent).

Action from last year: Appraisers are required to attend the Revalidation Support Group (at least 1) in addition to the annual appraisal/revalidation refresher session. Appraisers receive an annual performance report for their own appraisals containing the relevant indicators such as the appraisees' feedback & Appraisal Summary and Personal Development Plan Audit Tool (ASPAT) scores.

Comments: There is effective development and performance review of appraisers. In line with NHS England guidance appraisals for 2020/21 were not assessed against the Appraisal Summary and Personal Development Plan Audit Tool.

Action for next year: To continue the above processes.

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: The Trust is fully compliant with the regulations and practice surrounding appraisal and revalidation, as reported to NHS England in the Annual Organisational Audit (AOA). Due to the Covid-19 pandemic the 2020/21 AOA was cancelled as per received guidance (Annex D). However, the AOA figures are available in Annex A. An independent verification of the Trust's processes could be undertaken by the High-Level Responsible Officer as part of their responsibility at a time to be agreed within the next five years.

Quality Assurance: System

Both the Responsible Officer and Medical Directorate Analyst attend NHS England's regional Responsible Officer Network meetings and Appraiser Leads Network meetings (3 times a year) as well as regional Mental Health Sector Responsible Officer Network meetings twice a year where systems are discussed and suggestions for improvement are made. These suggestions are implemented. The Responsible Officer reports directly to the Executive Medical Director and reports annually to SHSC's Board of Directors. L2P (License to Practise) sends reminders of appraisals 3, 2 and 1 months before the appraisal dates and compiles data on delayed appraisal meetings and delayed appraisal submissions.

Quality Assurance: Appraiser

In addition to the objective quality assurance review, appraisees are asked to complete a feedback questionnaire to provide a subjective review of the appraisal and the supporting systems. These are reviewed by the Medical Directorate Analyst and any issues or themes emerging from them are brought to the Revalidation Steering Group for discussion. Within L2P (License to Practise), the completion of the appraisal

feedback questionnaire is require/d to finalise the appraisal. The Medical Directorate Analyst collects separate feedback for Training Pathway appraisals

Feedback data & Appraisal Summary and Personal Development Plan Audit Tool Scores are also fed back into Appraiser's appraisals through an annual feedback summary report to support their development as Appraisers. An Annual Appraiser Feedback Summary Report is also issued to the Responsible Officer by the Medical Directorate Analyst. The Annual Appraiser Report is included in Annex A.

All appraisers are required to attend the Revalidation Steering Group that meets 3 times a year with one extended meeting in Autumn to provide refresher training for all appraisers within the trust.

Quality Assurance: Appraisal

At least 90% of appraisal summaries are assessed using NHS England's Appraisal Summary and Personal Development Plan Audit Tool scoring system. Scores are shared with appraisers and the Responsible Officer through the annual appraiser reports. A scoring sheet and template appraisal are available to provide transparency and consistency in the scoring of appraisals.

Checklists are built into both L2P (License to Practise) and Training Pathway appraisals to help ensure appraisals contain all the required supporting information and reflection prior to submission.

All appraisals are reviewed by the Medical Directorate Analyst with any concerns or issues raised to the Responsible Officer. All appraisals require final approval by the Responsible Officer.

Comments:

A good system of quality assurance is in place.

Action for next year:

To continue the above processes.

Section 2b – Appraisal Data

7. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Sheffield Health & Social Care NHS Foundation Trust	
Total number of doctors with a prescribed connection as at 31 March 2021	71
Total number of appraisals undertaken between 1 April 2020 and 31 March 2021	81
Total number of appraisals not undertaken between 1 April 2020 and 31 March 2021	2
Total number of agreed exceptions	2

A more detailed analysis of the data is available in the Annual Appraiser Report 2020/21 (Annex A).

Section 3 – Recommendations to the General Medical Council

- 1. Timely recommendations are made to the General Medical Council about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the General Medical Council requirements and responsible officer protocol.**

Action from last year: The Responsible Officer reviews the annual appraisals for the previous 5 years and any relevant clinical governance information before making his recommendations. The Responsible Officer makes the recommendation at least 4 weeks before the revalidation date. The Responsible Officer is minded not to make recommendations earlier to avoid progressively shortening the revalidation cycle as the GMC would revalidate a doctor from the date of the recommendation rather than from the scheduled date of revalidation.

Comments: There is a system to ensure timely recommendations.

Action for next year: To continue the current revalidation processes.

- 2. Revalidation recommendations made to the General Medical Council are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.**

Action from last year: The Responsible Officer communicates directly with the doctor in question to ensure they are aware of the Responsible Officer's recommendation and its rationale reached before submission to the General Medical Council.

Comments: If there is a potential for deferral recommendation, the doctor will be aware in advance that this is the likely outcome. Reasons for such decision and any remedial actions are also communicated. Any evidence of disengagement is challenged quite early, and the doctor is encouraged to engage. The consequences of disengagement are made clear. There have been no recommendations for non-engagement so far. When a deferral recommendation is planned, the doctor is engaged in a discussion about a reasonable timescale for completion of any outstanding supporting information.

Action for next year: To continue the current revalidation processes.

Section 4 – Medical Governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: There are clear systems for reporting and reviewing significant events and complaints. Data is routinely collected on performance service indicators. All teams have regular governance meetings. Openness and reporting incidents is encouraged. The Responsible Officer is informed about any significant concern about the doctor. The Responsible Officer then decides whether a referral to the General Medical Council is required at any point in time prior, during or after the completion of investigation.

Comments: There is a satisfactory system to deliver effective governance for doctors

Action for next year: No action required.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: The doctor is provided with an annual report for any complaints against them or significant events linked to the doctor's name. The Disciplinary Capability Ill Health and Appeals for Medical Practitioners Policy was updated in 2019 to clarify the respective roles of the Responsible Officer and the Executive Medical Director. The policy has been updated again in 2021 and is currently going through ratification.

All information regarding concerns (from Complaints, Significant Events, Safeguarding, Bullying and Harassment or disciplinary process) are now accessible for the Medical Directorate Analyst with relevant reports issued to doctors at least 2 weeks prior to their arranged appraisal.

Comments: There is a good system in place for monitoring performance and conduct of doctors and the information is provided to them. The Medical analyst has produced a operational guidance to ensure continuity of the process when personnel change.

Action for next year: No action required

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: The Trust has a Remediation Addendum to the disciplinary policy. The disciplinary policy has also been updated and ratified in 2019. Further update is currently going through ratification The Responsible Officer, the Medical Director and the General Medical Council Employer Liaison Adviser meet 3 times a year and all issues relating to appraisal, revalidation and concerns about fitness to practice are discussed and documented. There is a protocol annexed to the appraisal policy stipulating arrangements with NHS England for managing concerns about salaried GPs. Any concern about trainees is communicated with the Director of Medical Education. Concerns about doctors who are employed by agency locums or other organisations is communicated with their Responsible Officers to ensure concerns are addressed. There

is also an annex to the doctors' disciplinary policy which deals with remediation

Comments: None

Action for next year: No action required.

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type, and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.

Action from last year: As a relatively small organisation, the number of doctors with concern is quite small. The Responsible Officer and Executive Medical Director share information about any concern and agree a remediation plan. The number of doctors with concern, the category of concern and the degree of concern have been included in the Annual Report to the Board (Annex G). The Responsible Officer liaises with the General Medical Council Employer Liaison Advisor (ELA) and reports any concerns to the relevant Responsible Officer for locum agency workers.

Comments: Progress towards the Fair to Refer Report's recommendations are reviewed quarterly at the Medical Workforce Planning Group (MWPG).

Action for next year: Work on implementing the recommendations of the General Medical Council's "Fair to Refer?" report. The recommendations have wider implications for the Trust beyond the appraisal and revalidation system. The recommendations are included in Annex B.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

Action from last year: The Responsible Officer (RO) has responded swiftly to requests for RO-RO information sharing requests. Doctors who work for more than one organisation, are asked to provide a governance letter from other organisations as part of their appraisal supporting information. The RO also seeks information sharing from the previous Responsible Officer for any doctor who is joining the Trust.

Comments: After consideration, a Responsible Officer reference will not be required for doctors as part of preemployment checks.

Action for next year: Maintain an appropriate information sharing system.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice are fair and free from bias and discrimination (Ref General Medical Council governance handbook).

Action from last year: The policy for disciplinary processes for doctors was updated in 2019. The Responsible Officer and Executive Medical Director meet regularly. They also meet jointly with the General Medical Council Employer Liaison Advisor to ensure that any referral to the General Medical Council has reached the correct threshold. The split in the roles between the Responsible Officer and Executive Medical Director has helped to reduce conflict of interest in Case Management and referral to the General Medical Council ensuring fairness and avoidance of bias.

Comments: Progress towards the Fair to Refer Report's recommendations are reviewed quarterly at the Medical Workforce Planning Group (MWPG).

Action for next year: Work on implementing the recommendations of the General Medical Council's "Fair to Refer?" report. The report recommendations have wider implications for the Trust beyond the appraisal and revalidation system. The recommendations are included in Annex B.

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: Both Human Resources and Medical Education & Staffing Departments perform pre-employment checks. The Medical Education & Staffing Department have rigorous processes in place for the recruitment of locums. The Medical Education & Staffing Department now run a comprehensive induction package for Consultants and Specialty & Associate Specialist (SAS) Doctors including handbooks issued upon the commencement of employment with the trust.

Comments: Human Resources are responsible for Consultant and Staff Grade recruitment. The Medical Education & Staffing Department are responsible for all training grades, Clinical Fellows, Widening Access to Specialty Training (WAST) Doctors and locums.

Action for next year: Medical Directorate Analyst & Responsible Officer to work with HR to develop a new comprehensive Medical Recruitment Standard Operating Procedure which reflects changes to internal departmental responsibilities and the Trust's adoption of the electronic 'Trac' recruitment system.

Section 6 – Summary of comments, and overall conclusion

General review of last year's actions

- **Review job plans of appraisers to ensure they have sufficient protected time to undertake their appraisal role. This is on-going and is being included as part of the SHSC's move to electronic job planning system.**

Job plans have been agreed with all appraisers which incorporates the relevant remuneration for their appraiser role.

- **The Responsible Officer has drafted the section on supervision of doctors in the new supervision policy stipulating the frequency and recording of the supervision of trainee doctors, SAS and other non-consultant grade doctors and consultants.**

The new updated Supervision Policy was released in May 2020 and was reviewed and updated on 07 May 2021. The Responsible Officer was involved in the update and context of the policy which includes detailing the required supervision of Specialty & Associate Specialist (SAS) Doctors, doctors in training and staff grade doctors.

An agreed arrangement has also been incorporated for Consultants to review their practice development through attendance at their peer group in line with the attendance requirements of the Royal College of Psychiatry's guidance.

- **The appraisers have been asked to check on the mandatory training and supervision records of the appraisees and any doctors or non-medics they supervise to ensure good supervision rates of all doctors, Advanced Clinical Practitioners and Physician Associates who are supervised by consultants.**

Discussions with Medical Staffing agreed that monitoring the appropriate levels of mandatory training and supervision falls outside the remit of appraisals. Medical Staffing have processes in place to monitor and proactively respond to any lapse in a doctor's supervision levels and mandatory training compliance.

- **Medical Directorate Analyst is now collecting all peer group meeting minutes centrally. The minutes are currently being recorded as individual supervision forms on the central electronic system. The option for a dedicated peer group electronic form is being explored to better represent the unique supervision arrangements in place for consultants. The Medical Directorate Analyst is developing a central peer group record so that the supervision attendance of the doctor can be included in their 'Clinical Leadership Report' for their appraisal. This is due to be rolled out alongside the introduction of the 'Clinical Leadership' section in the electronic appraisal system L2P (License to Practise) by September 2020.**

The Medical Directorate Analyst maintains an ongoing record of peer group attendance whilst ensuring central records are simultaneously updated to monitor and proactively respond to any lapse in compliance. The Medical Directorate Analyst will also provide a Peer Group Attendance Report as part of standard supporting information reporting for medical appraisals for consideration and reflection at appraisal.

- **To develop and roll out an additional ‘Clinical Leadership Report’.** This report will include details around supervision and mandatory training compliance for any individual the doctors declare a supervisor status for. This will go alongside a new ‘Clinical Leadership’ section to be included as an additional section for appraisals which is to be rolled out by September 2020.

Discussions with Medical Staffing agreed that monitoring the appropriate levels of mandatory training and supervision falls outside the remit of appraisals. Medical Staffing have processes in place to monitor and proactively respond to any lapse in a doctor’s supervision levels and mandatory training compliance.

- **To work with the Medical Education & Staffing Department to ensure appropriate pre-employment checks are carried out for appraisal & revalidation purposes in relation to Clinical Fellows, WAST Doctors and locums.**

A new Locum Booking Standard Operating Procedure has been created by the Medical Education & Staffing Department which has been agreed by the Medical Workforce Planning Group (MWPG).

- **To work with Medical Education & Staffing Department to help develop a comprehensive induction programme for Consultants and SAS Doctors to include timely communications with the Revalidation Team regarding start dates. Induction programme to incorporate the existing 1-1 appraisal & revalidation induction offered to all new starters who fall within the Responsible Officer’s remit.**

The Medical Education & Staffing Department have introduced a comprehensive induction package in line with the offer given to junior doctors. This includes prearranged induction meetings, mandatory training and an induction handbook.

The Medical Directorate Analyst is working with the Deputy Medical Director to run a Trust Mentorship Programme for doctors. The Medical Directorate Analyst offers all new starters the option of being allocated a trust mentor. This offer has also been extended to doctors who have recently taken on a senior leadership role.

The Medical Directorate Analyst continues to arrange appraisal & revalidation induction meetings with new starters with the attendance of the Responsible Officer. These induction meetings are either a welcome and introduction to local processes or a more in-depth introduction to the regulatory and legal requirements placed on doctors for them to maintain their license to practice in the UK. These meetings are only offered to doctors whose new Designated Body is SHSC and so fall within the Responsible Officer’s remit.

The Medical Directorate Analyst regularly liaises with the Medical Staffing Team to keep up to date with doctors joining and leaving SHSC.

- **To work with medical leadership and relevant departments to consider and implement appropriate recommendations from the GMC’s ‘Fair to Refer?’ report. The key recommendations are detailed in Annex B.**

The General Medical Council’s ‘Fair to Refer’ Report has been considered and discussed at the Medical Workforce Planning Group (MWPG) and Medical Staff Committee (MSC). Progress towards meeting the ‘Fair to Refer’ Report’s recommendations is to be reviewed quarterly at the Medical Workforce Planning Group (MWPG).

- **To move over to L2P's (License to Practise) Multi-Source Feedback (MSF) system which offers a significant cost saving for the trust and a reduced administrative burden with MSF access pre-purchased by the trust rather than a reimbursement process.**

L2P's Multi-Source Feedback (MSF) system has been purchased and rolled out to all doctors who have SHSC as their Designated Body.

- **Medical Directorate Analyst to produce standard operating procedures (SOPs) for the administration of the appraisal and revalidation systems in place for doctors whose Designated Body is Sheffield Health & Social Care NHS FT.**

Medical Directorate Analyst has produced two standard operating procedures for the creation of supporting information and the administration of the appraisal & revalidation system.

- **Pre-Employment Checks - The appraisal history, previous Designated Body & Responsible Officer is not routinely being obtained as part of pre-employment checks. The Medical Directorate Analyst has been acquiring required information post appointment.**

It has been identified that requesting a Responsible Officer reference as part of appointment will not be required as this will create a conflict of interest for the Responsible Officer providing the reference. The Medical Directorate Analyst to continue requesting and recording Medical Practice Information Transfer (MPIT) requests upon commencement of employment with the Trust providing an Responsible Officer to Responsible Officer handover of information.

Actions still outstanding

- **To work with Medical Staffing to develop a detailed Medical Recruitment Standard Operating Procedure which incorporates all required employment checks for appraisal & revalidation purposes in relation to Consultants and Specialty & Associate Specialist (SAS) Doctors.**

Support the development of a new comprehensive medical recruitment standard operating procedure and induction programme reflecting the increased responsibility of the Medical Staffing Department and the Trust's adoption of the electronic 'Trac' recruitment system.

Current Issues

- **Identified some doctors not completing key requirements e.g. multi-source feedback until the final year of their revalidation cycle leading to a risk of deferral. This has highlighted a need to support appraisers to proactively engage with their appraisees regarding revalidation readiness.**

New Actions:

- **Support appraisers to develop discussions with appraisees around revalidation readiness. This includes encouraging appraisees to complete their patient & colleague multi-source feedback by their third appraisal and to carry out a review of a doctor's revalidation readiness at the fourth appraisal of their five-year revalidation cycle.**

To be supported with the development of a Revalidation Readiness Tracker to promote and support discussions at appraisal around revalidation readiness.

- **To share and discuss examples of best practice for appraiser's summary at the end of a doctor's appraisal with a focus on evidence-based decision making.**

To develop discussions and share best practice at the annual Appraiser Refresher Training in the Autumn.

- **To promote leadership of all doctors and contribute to the development of medical manager's performance.**

Medical Directorate Analyst to continue to work with the Deputy Medical Director to develop the Trust Mentorship Scheme for doctors to ensure doctors are encouraged and offered the opportunity of a mentor regardless of grade or experience.

To continue to promote and support the utilisation of the Leadership module of doctor's L2P (License to Practise) appraisals. The General Medical Council identifies all doctors as leaders and so it is a requirement for all doctors to complete the Leadership module as part of their appraisal to promote leadership of all doctors and contribute to the development of medical manager's performance. Leadership principles are promoted through appraisal with a higher component for senior managers requiring greater breadth and detail within the leadership module and their supporting information.

- **Work on implementing the recommendations of the General Medical Council's "Fair to Refer?" report. The recommendations have wider implications for the Trust beyond the appraisal and revalidation system. The recommendations are included in Annex B.**

It is important to not that the General Medical Council has now set clear targets to [eliminate disproportionate complaints from employers about ethnic minority doctors and eradicate disadvantage and discrimination in medical education and training](#) to be met by 2026 and 2031, respectively. Progress towards these targets will be reviewed regularly through the Trust's engagement with the General Medical Council Employer Liaison Advisor (ELA).

To continue to work with medical leadership to proactively develop and maintain awareness of BAME equality and fairness in line with the Fair to Refer Report's recommendations.

The Revalidation Team to continue established practices and proactively engage with Trust departments and medical managers to meet the Fair to Refer recommendations as detailed below:

Recommendation 1: Support for Doctors

- Support the development of a new comprehensive medical recruitment standard operating procedure and induction programme reflecting the increased responsibility of the Medical Staffing Department and the Trust's adoption of the electronic 'Trac' recruitment system.
- Proactively engage with the Medical Staffing Team to monitor and review the Induction programme for substantive doctors.
- Proactively engage with the Medical Staffing Team to monitor and review the Locum Booking standard operating procedure and processes.
- To support and promote the implementation of the SAS doctors' Charter
- To support and promote the development of 'difficult conversation' training for all doctors employed by the Trust.

Recommendation 2: Assessing doctors' performance and responding to concerns.

- Progress towards the Fair to Refer Report's recommendations are reviewed quarterly at the Medical Workforce Planning Group (MWPG) with the attendance of the Responsible Officer.

Recommendation 3: Leadership

- Progress towards the Fair to Refer Report's recommendations are reviewed quarterly at the Medical Workforce Planning Group (MWPG) with the attendance of the Responsible Officer.
- Trust Disciplinary Capability III Health and Appeals for Medical Practitioners Policy has been updated alongside Human Resources processes requiring any proceedings to include the involvement of an identified individual who is familiar with the issues of diversity and challenges faced by International Medical Graduates (IMGs) to ensure fair consideration of individual circumstance.

Recommendation 4: Delivery, monitoring and evaluation

- The Revalidation Team annually reviews the demographics of the Trust's medical workforce and referrals to the Responsible Officer to review and ensure fairness within the appraisal and revalidation system. This data is detailed in the Responsible Officer Referral Demographics Report 2020/21 (Appendix G).

Overall conclusion:

There have been significant improvements in the appraisal system over the last three years including annual appraiser performance reports, annual appraisee feedback reports, reduction of delays in appraisals, developing suitable appraisal platform for Clinical Fellows and Widening Access to Specialty Training Doctors and better-quality assurance. There is evidence of higher satisfaction of appraisees. The Revalidation Team has developed standard operating procedures to ensure succession for existing processes and to maintain the current successes.

Appraisers are appropriately remunerated which helps to ensure quality and accountability. Appraisers receive additional supporting information for their own appraisals, including certification for attendance at Revalidation Steering Groups, and an annual feedback report which are added to their appraisals for them. Appraisal summaries are reviewed using NHS England's Appraisal Summary & Appraisal Summary and Personal Development Plan Audit Tool with feedback and Appraisal Summary and Personal Development Plan Audit Tool scores compared to a trust-wide average in annual appraiser reports. An example appraisal and scoring tool has been developed to create transparency around the Appraisal Summary and Personal Development Plan Audit Tool scoring process for appraisers. All appraiser reports are included in the Annual Appraisal Report issued to the Responsible Officer (Annex A).

Further work with Human Resources & Medical Staffing is planned to strengthen recruitment processes and the induction package offered for new doctors.

In response to the recent Care Quality Commission inspection of the SHSC an additional section in appraisals is being rolled out to focus on clinical leadership. This will be supported by additional supporting information around supervision provision for both the individual doctor and their team.

The focus of Revalidation Team for 2021/2022 will be to working with medical leadership to strengthen the role of doctors as leader and to implement relevant recommendations from the General Medical Council's 'Fair to Refer?' report. The recommendations have been considered with actions agreed at the Medical Workforce Planning Group (MWPNG). The group agreed specific actions in relation to some of the recommendations and noted that some of the recommendations require further consideration within the wider leadership of the Trust, particularly in relation to Recommendations 2 and 3. Actions are reviewed quarterly. The recommendations are included in Appendix B for the Boards considerations.

Guidance from the General Medical Council and NHS England has led to the cancellation of the Annual Organisational Audit (AOA) for the 2019/20 and 2020/21 appraisal years as well as the suspension of appraisals between March 2020 and September 2020. However, the figures usually provided in the Annual Organisational Audit have been reported to the Responsible Officer and are detailed in the Annual Appraiser Report. Appraisals restarted in June with a condensed programme. All delayed appraisals have been completed with a return to the normal programme of annual appraisal from the start of August 2020. Revalidation dates between the 01 April 2020 and the 31 March 2021 have been automatically deferred for 12 months by the General Medical Council. All affected doctors have been informed about this change. All appraisals where possible are taking place through Microsoft Teams to ensure social distancing.

The Responsible Officer has responded swiftly to the advice of the Medical Director of NHS of suspending appraisals. The Trust has also acted swiftly to resume appraisals in June 2020 ahead of most other organisations.

Section 7 – Statement of Compliance:

The Board of Sheffield Health & Social Care NHS Foundation Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the Designated Body.

[(Chief executive or chairman (or executive if no board exists)]

Official name of Designated Body: Sheffield Health & Social Care NHS Foundation Trust

Name:

Signature

Role:

Date:

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