



**All England
Appraisal Network
Lead Appraiser's
Conference**

23rd February, 2016



**On behalf of NHS
England we would like
to welcome you to the
All England Appraisal
Network Lead
Appraiser's
Conference
at
The Met, Leeds**

Essentials





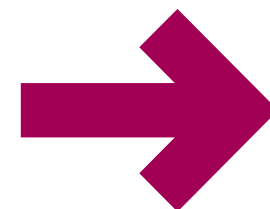






Morning Programme:

10:00am	Welcome and introduction to the day Dr Paul Twomey, Regional Clinical Appraisal Lead, North
10.10am	Keynote speech Dr Maurice Conlon, National Appraisal Lead, NHS England 'Improving appraisal to improve medical leadership'
10.35am	Introduction to workshops Dr Paul Twomey, Regional Clinical Appraisal Lead, North
10.40am	Workshop session 1
11.25am	Coffee break (10 minutes)
11.35am	Workshop session 2
12.20pm	Workshop session 3
1.05pm	Lunch and networking





Improving appraisal to improve medical leadership

Maurice Conlon

National Appraisal Lead

23 February 2016

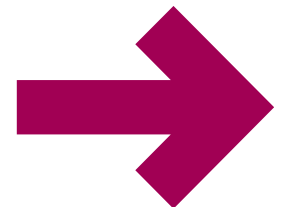
‘...thank you for being such a sympathetic and constructive listener. Those who hold a cynical view of the benefits of appraisal (I may have been one once....) have probably never had the benefit of someone as skilled as yourself. Especially at a trying time, it was a highly positive and affirmative process for me.’

Acute Foundation Trust Responsible Officer 1 , 2015



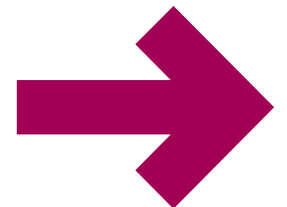
The context

- Profession in a challenging place:
 - Resources
 - Workload
 - Morale
 - Income
 - Shifting service

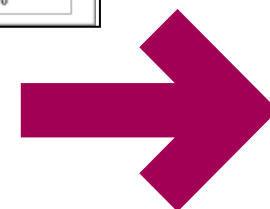
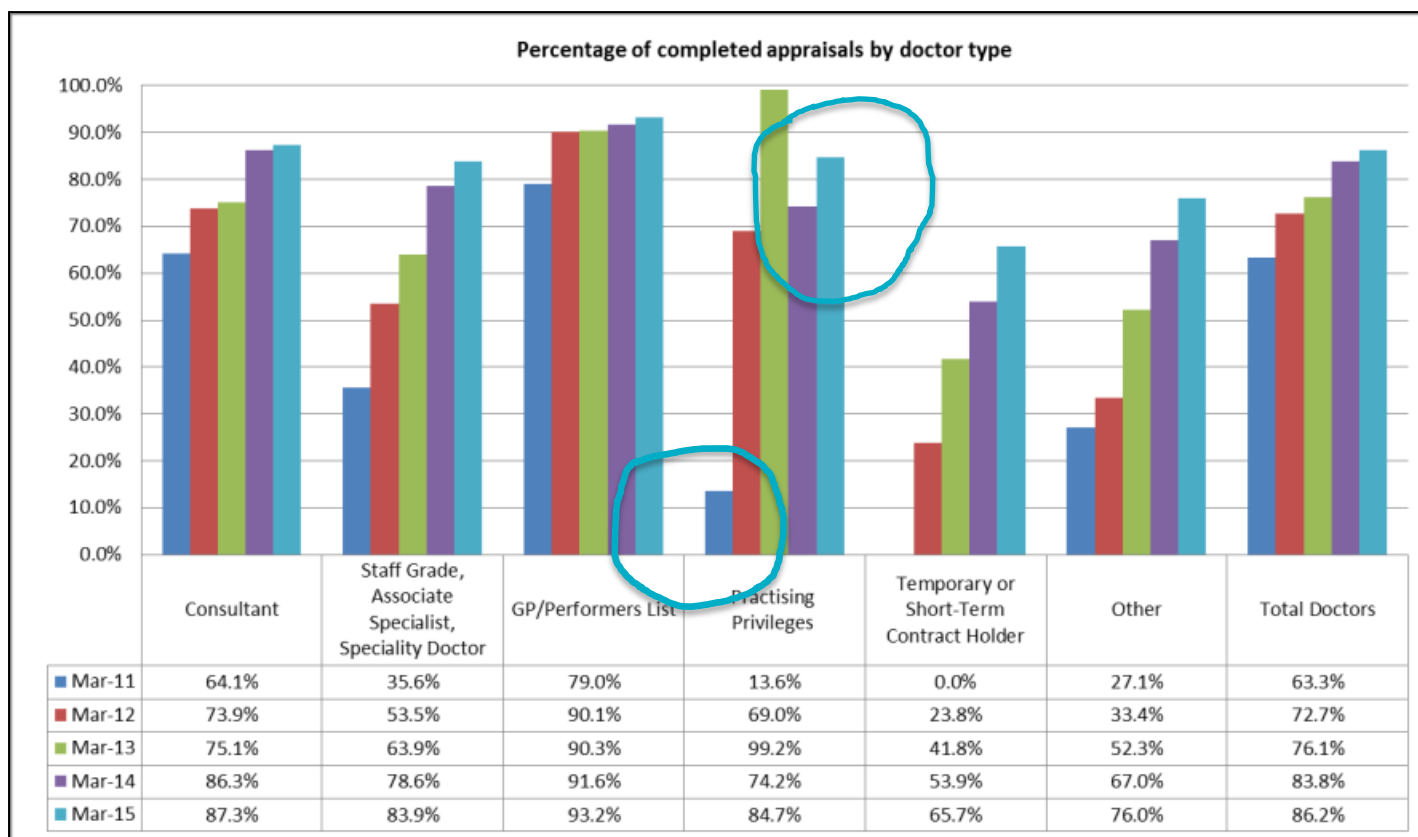


The challenge

- How to promote appraisal in the current environment?
- Can appraisal help?
- What is our role in this?



First, some numbers: Appraisal rates

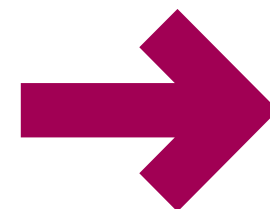


Completed Medical Appraisal rate in England:

March 2011: 63%

March 2015: 86%

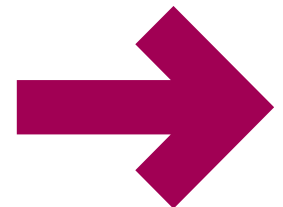
Senior Responsible Owner's Report to Ministers on the implementation of the Responsible Officer Regulations and Medical Revalidation, 2014/15



The missing 14% in 2015:

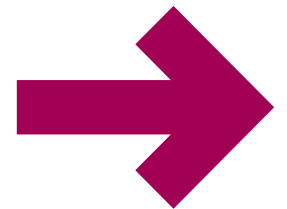
- *Approved missed: 8%*
(Range: 2%-26%)
- *Unapproved missed: 6%*
(Range: 0-20%)

*We need to be intelligent, and proportionate,
about missed appraisals.*



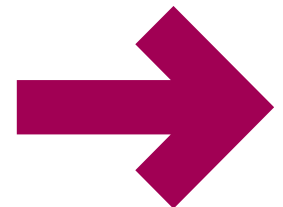
A slow burner for the day:

Spectrum of safety



Observations on the curve:

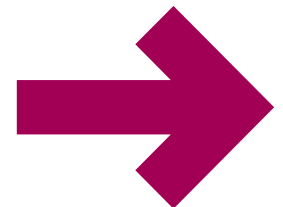
- It never touches the x-axis – people will surprise
- Half must be below average
- Within +/-2SD = normal
- It can be tricky to distinguish one end from the other
- Every point on the curve has its own curve
- Does it lend itself to stratified approach?
- Is it easier to flip than slide?
- Is dramatic change usual or unusual?



Does it lend itself to a stratified approach?

- Appraisal-supported self directed PDP
- Increasingly directed/supported PDP
- Active investigation of needs and targeted development/remediation
- Fitness to practise assessment

- What about the upper end? Do they need similar stratification?



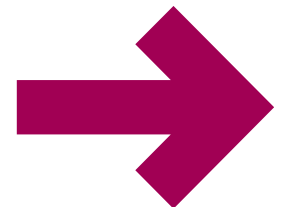
'Grandfather is not a bad person, Jonathan. Everyone performs bad actions. I do. Father does. Even you do. A bad person is someone who does not lament his bad actions.'

Everything is illuminated. Jonathan Safran Foer



Can we make appraisal better and simpler?

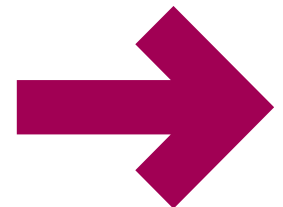
- Improving appraisal inputs
 - Balancing scrutiny and support
- Better automated information flows
 - Reducing burden of documentation
- Increasingly efficient appraisal organisation
 - reducing 'LastMinute.com'
- Ever more effective appraisers
 - supporting doctors in professional development and accountability



Appraisal network

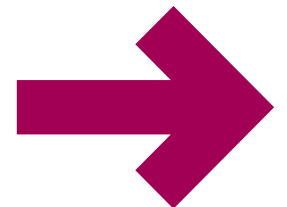
- We are all members
- Communication and calibration
- Continually improve quality of appraisal

- National group
- Lead Appraisers – regional level
- Designated Body – local level



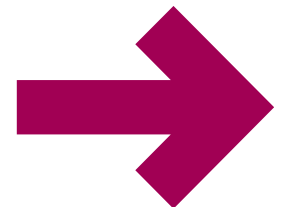
Appraisal network

- Challenging and inspiring each other, and our doctors



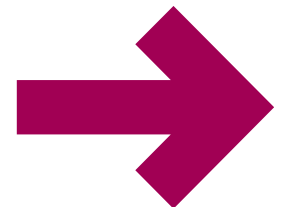
Some things we can't solve (just yet anyway)...

...but we can support professionalism through appraisal.



Today, behind Paul's Lions, mountaineers and fish fingers:

- Appraisal succeeds one doctor at a time
- Behind every system improvement are stories about individuals
- Can we capture and learn from these stories?



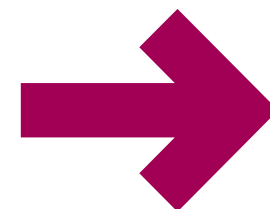
‘Helpful and enjoyable appraisal –
are they allowed to be that?’

NHS Responsible Officer, 2016



Morning Workshops

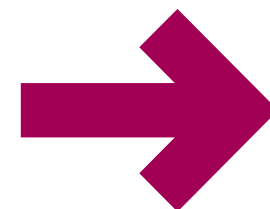
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Morning Workshops:

<i>Your chance to ask questions, discuss and learn from the experience of others</i>		10.40	11.35	12.20
<i>A</i>	<i>Medical Appraisal team peer review</i>	█		
<i>B</i>	<i>Impact of patient and colleague feedback</i>	█		
<i>C</i>	<i>Engagement of appraisers</i> <i>How to run an effective network programme</i> <i>Best practice in quality assurance and feedback</i>		█	
<i>D</i>	<i>Scope of work and supporting information</i> <i>A practical and informative solution?</i>		█	
<i>E</i>	<i>How to achieve consistency and quality in Medical Appraisal</i> <i>Resources and case studies</i>			█
<i>F</i>	<i>Prompting participation of short-term contract doctors in a quality medical appraisal programme</i>			█

Time for Lunch!

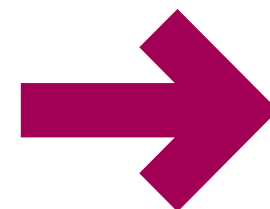




Welcome back to
the

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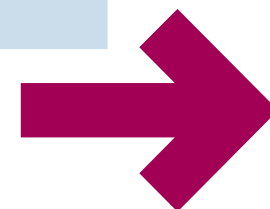


Waitrose



Afternoon Programme

1.45pm	GMC Update Judith Chrystie, Assistant Director for Policy and Regulatory Development “Positive impacts of Revalidation on doctors and patients; the contribution of Medical Appraisal”
2.15pm	Introduction to seminars by sector Dr Ian Gell, Regional Clinical Appraisal Lead, Midlands and East
2.25pm	Seminar session <i>Choice of:</i> <i>Acute Mental Health Locum Agencies Independent NHS England</i>
3.45pm	Plenary
4.15pm	Summary and Close Dr Maurice Conlon, National Appraisal Lead, NHS England



Positive impacts of revalidation on doctors and patients: the contribution of Medical Appraisal

Judith Chrystie, Assistant Director, Policy & Regulatory Development, Planning Performance & Change

General
Medical
Council

Regulating doctors
Ensuring good medical practice

Presentation Outline

Context Setting

- GMC Statutory Objective
- Background
- Revalidation Purpose

Initial Impact

- Current Statistics
- Views of others

Future

- Commitment to review
- Independent research
- Internal improvement work

Context Setting

General
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Regulating doctors
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GMC: Statutory Body with Statutory Objective

Over-arching objective in exercising functions: protection of the public

Protect, promote and maintain health, safety and well-being of the public

Promote and maintain public confidence in the medical profession

Promote and maintain proper standards and conduct for members of the profession

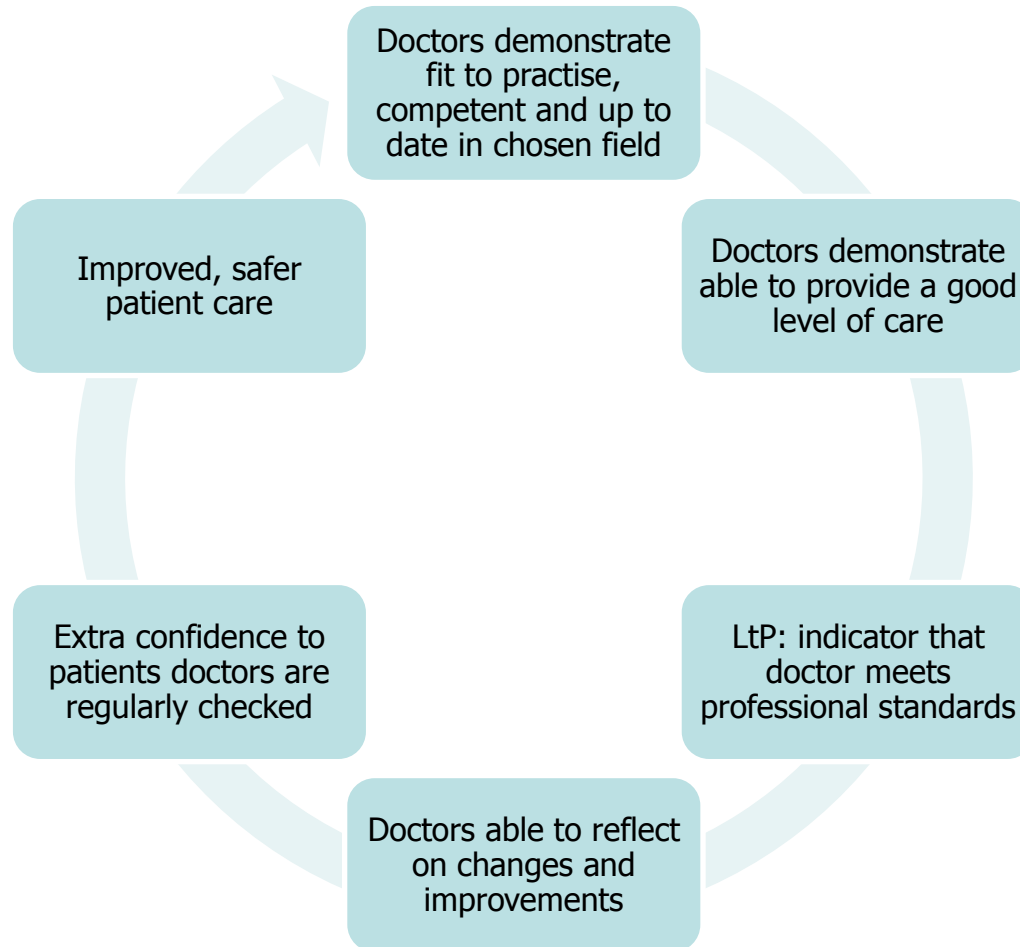
Revalidation - headlines

Introduced in
December 2012

Most significant change
in medical regulation in
150 years

Innovative and one of
the most ambitious
schemes in the world

Revalidation: Aims - what we say



Revalidation: cornerstone



Annual appraisal

Initial Impact

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Current Statistics - 02/12/12 to 31/01/16

225,234

- Doctors subject to revalidation

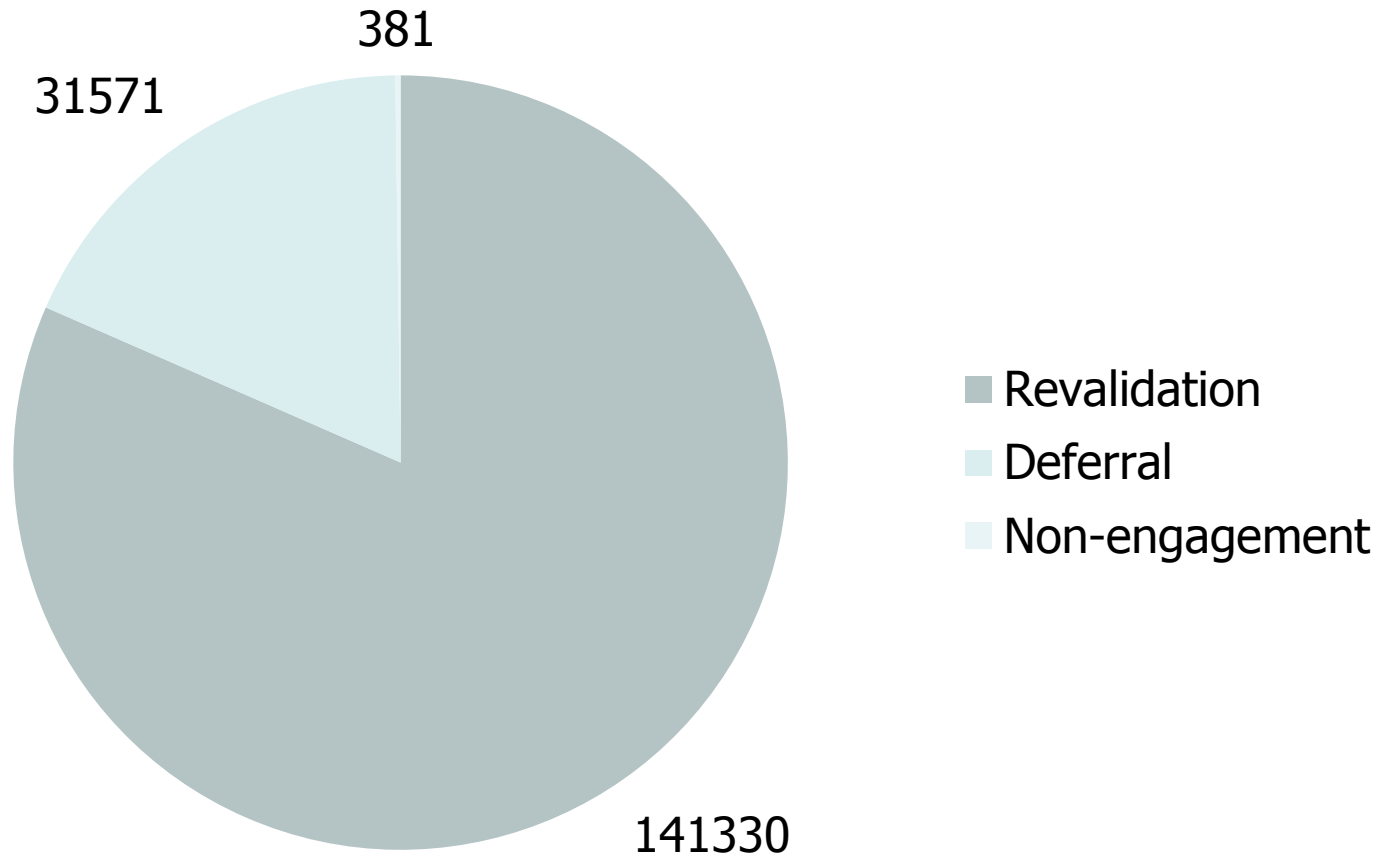
173,282

- Revalidation recommendations approved

51,952

- Doctors to be revalidated

Recommendations - Current Statistics

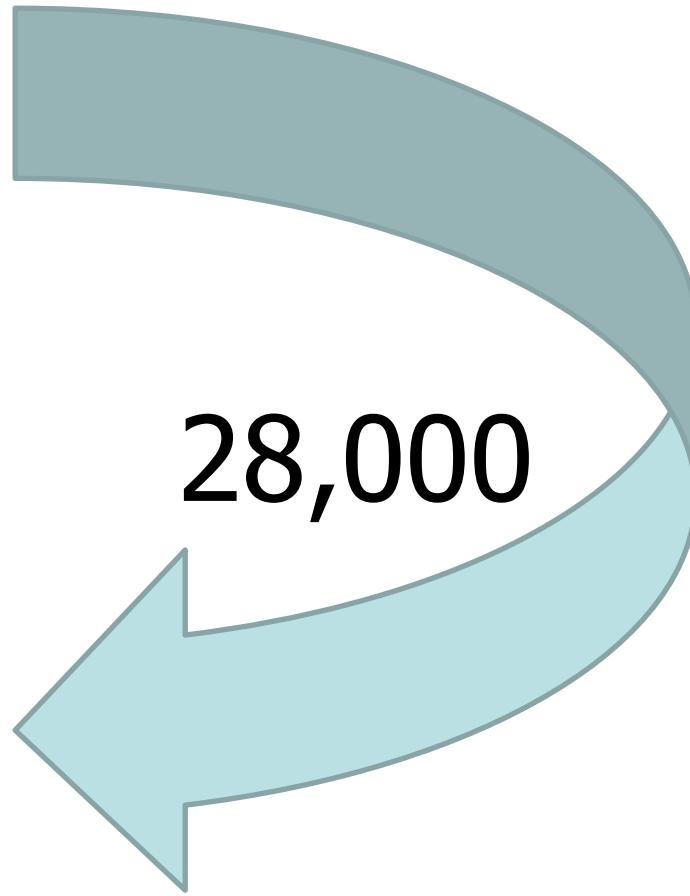


Licence Withdrawals - 02/12/12 to 31/01/16

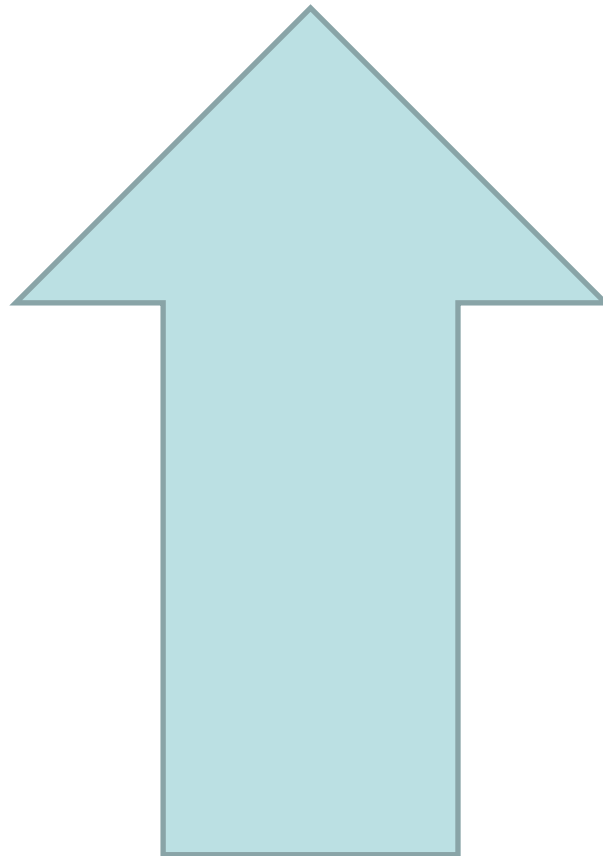


2622

Licences Relinquished - 02/12/12 to 31/01/16

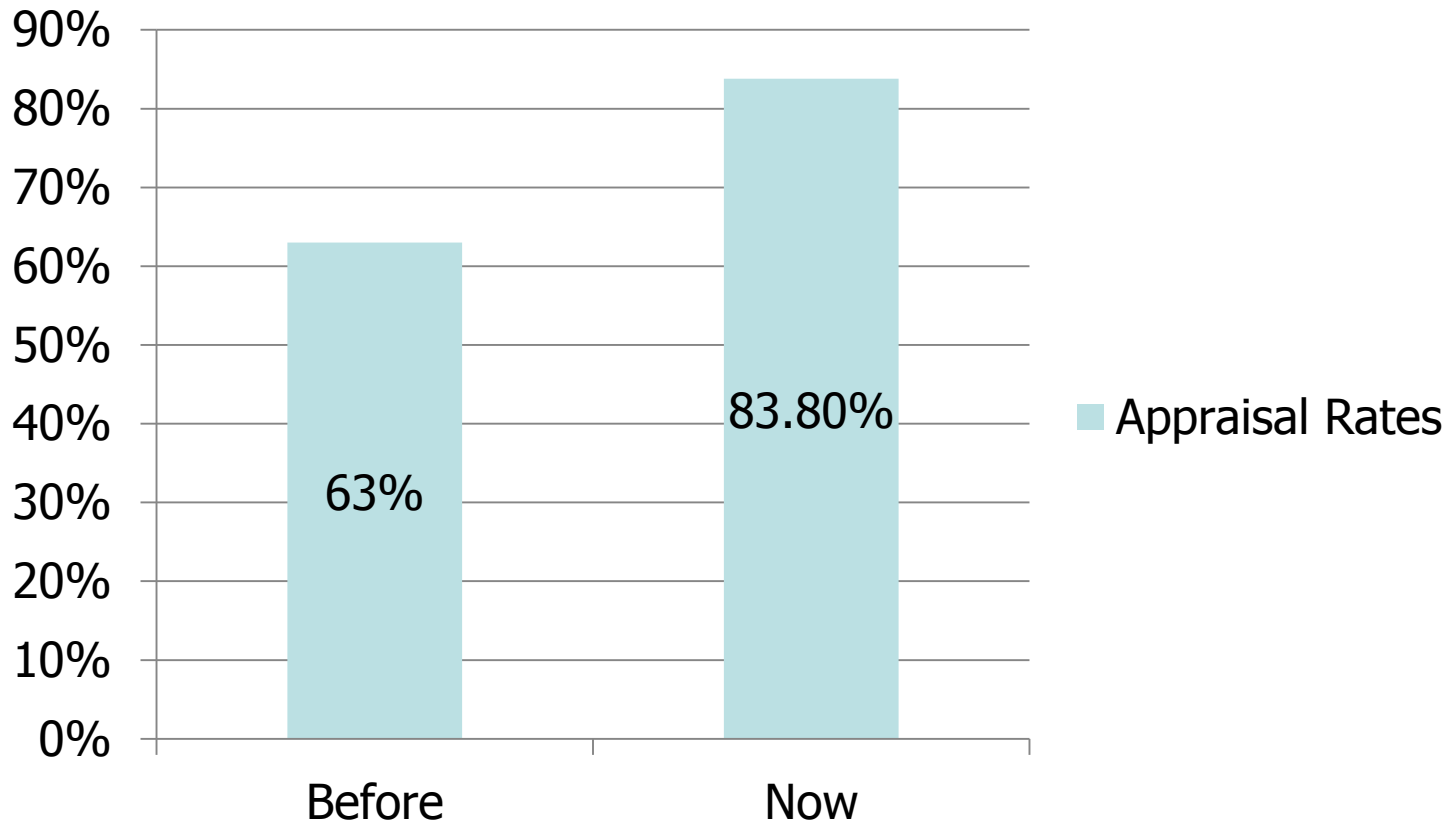


Appraisal Rates

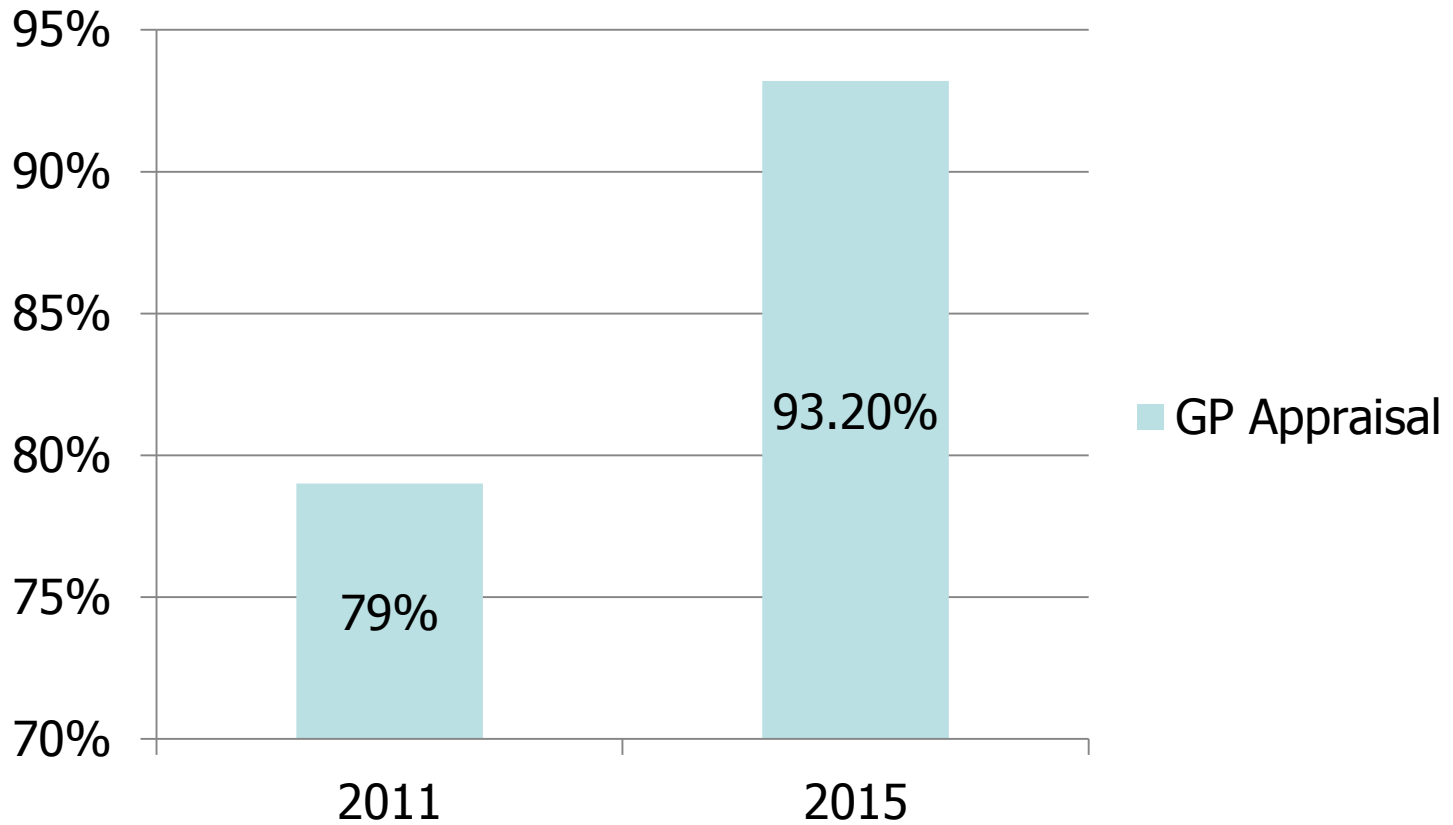


Appraisal Rates in England

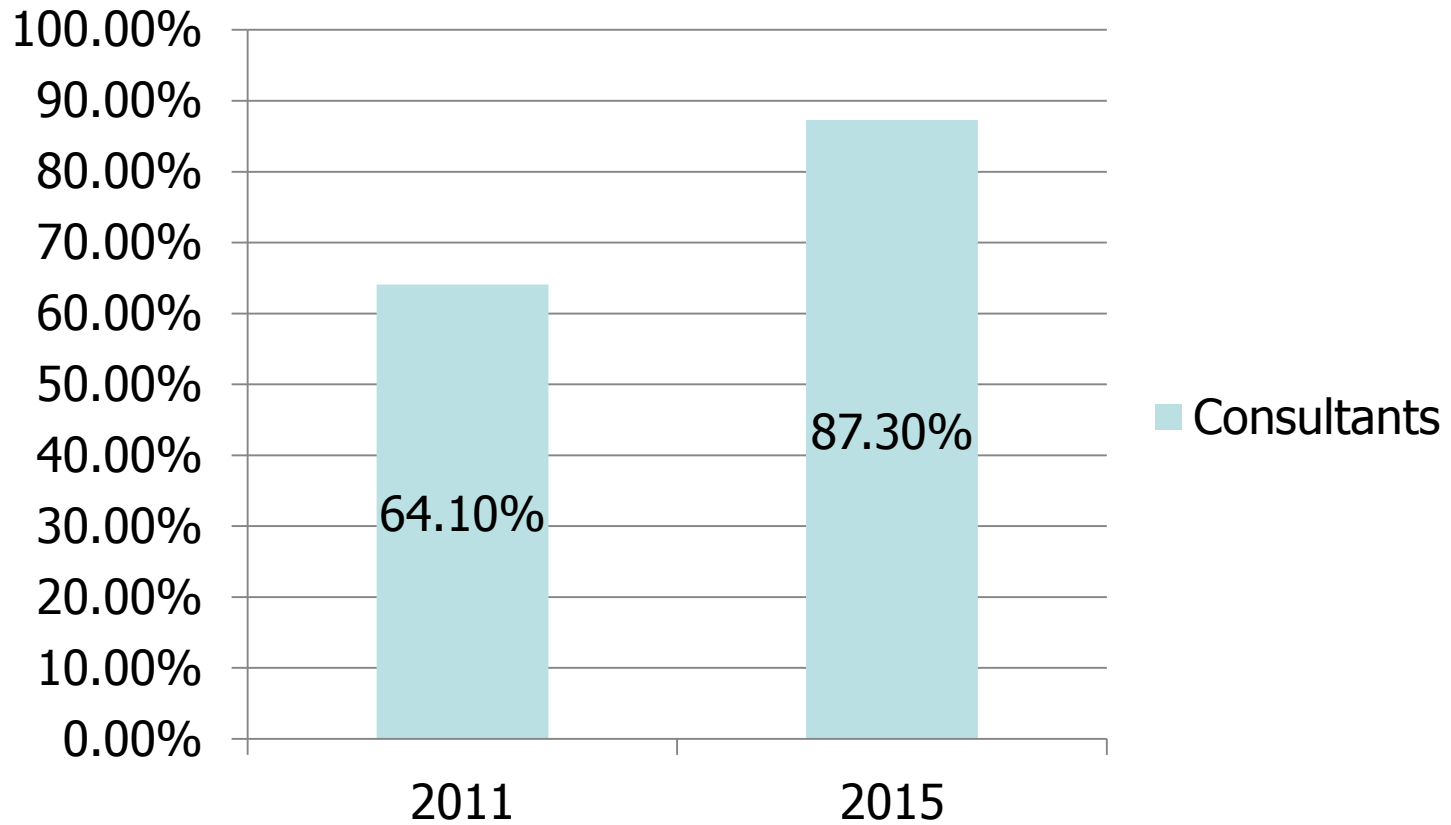
Appraisal Rates



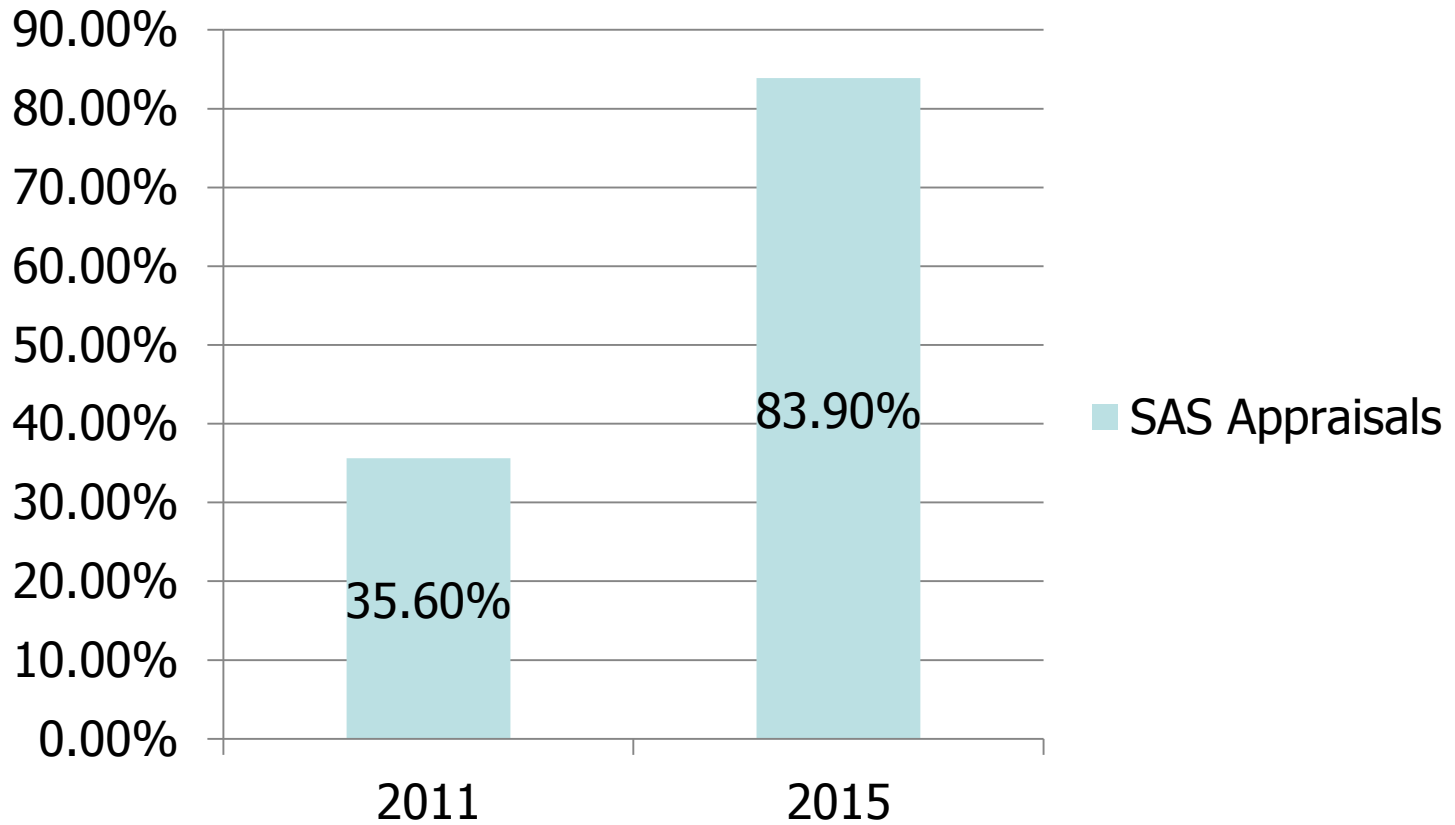
GP Appraisal



Consultants Appraisal



SAS Appraisals



Appraisal Rates

Positive impact of revalidation

Shows commitment to clinical governance

Increase in doctors now reflecting and given opportunity to improve practice and delivery of patient care

What are others saying - ROs

“...we are starting to see concrete examples of the benefits that revalidation, and particularly improved rates of appraisal, bring to clinical services...”

What are others saying - ROs

“It is my firm belief that the appraisal and revalidation agenda is a powerful lever for quality improvement... Together with a clear focus on reflection of complaints and incidents, I think that this is a significant improvement in the quality of appraisals for doctors”.

What are others saying - ROs

Revalidation has provided a rigour around the process of appraisal that is extremely important in ensuring a consistent standard of delivery of appraisal and of compliance with it. The review of the whole scope of practice is also important in ensuring consistency. The focus on quality improvement is welcome”.

Future

General
Medical
Council

Regulating doctors
Ensuring good medical practice

Evaluating Revalidation

Committed to reviewing and evaluating revalidation and seeking to make improvements to the efficiency and effectiveness of the processes

Evaluating Revalidation - UMbRELLA

Wide-ranging evaluation commissioned from independent research consortium

3 year project running to 2018

Interim report scheduled for publication Spring 2016

Evaluating Revalidation - UMbRELLA

Uk Medical Revalidation Evaluation coLLaboration



The University of Manchester
Manchester
Business School



Wales
Deanery
Deoniaeth
Cymru



UMbRELLA – work streams

assessing appraisals

interviewing ROs
and appraisers as
well as the GMC's
ELAs

obtaining input from
patients through a
patient forum

conducting a
literature review

surveying all
licensed doctors

analysis of appraisal
documentation of
doctors referred to
FTP

analysis of existing
datasets

UMbRELLA – appraisal capture

90 appraisees

audio-record appraisals

interview appraisees

repeat process twice

Evaluating Revalidation - other work

Deferrals

- Collecting further information about reasons for deferral

Supporting information

- Review of our and others' guidance on supporting information

Evaluating Revalidation - other work

Revalidation Assessment

- Implementation and Monitoring of new revalidation assessment

Decision makers' guidance

- Review of website and existing guidance

Other

- Watch this space

Any questions?

General
Medical
Council

Thank you

jchrystie@gmc-uk.org

www.gmc-uk.org/revalidation

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Ensuring good medical practice

**Dr Ian Gell,
Regional Clinical Appraisal Lead,
Midlands and East**

**Reflections on progress,
consideration of opportunities and
hot topics by sector**



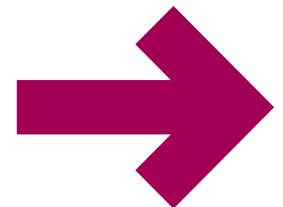
**Dr Ian Gell,
Regional Clinical
Appraisal Lead,
Midlands and East**

**Reflections on
progress,
consideration of
opportunities and
hot topics by
sector**

Afternoon Seminars by Sector

- *Acute: Conference room*
- *Mental Health: AR2*
- *Independent: Auditorium*
- *Locum Agency: Alcove*
- *NHS England: AR1*

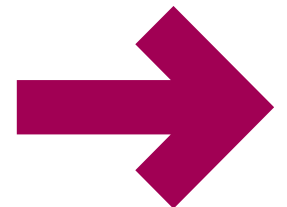
Tea and coffee will be available throughout the afternoon.. Please help yourself...



Plenary Session

Feedback

- *Acute*
- *Mental Health*
- *Independent*
- *Locum Agencies*
- *NHS England*



Summary and Close

**Dr Maurice
Conlon,
National Appraisal
Lead, NHS
England**



**Thank you for attending this
event, we very much
appreciate your input and
support**

***Please complete your feedback
form before you leave***

