Independent Evaluation of the Tri-Faculty Revalidation Pilot

Executive Summary

Faculty of Occupational Medicine
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This report has been prepared by Frontline Consultants for the Faculty of Occupational Medicine (FOM). It provides details of the evaluation of the FOM component of the Tri-Faculty Revalidation Pilot based on the survey data received by 30 January 2012.

In 2010-11, a 'Pathfinder Pilot' was run by the Revalidation Support Team (RST) and the Department of Health (DH) to obtain information on the proposed appraisal and revalidation systems before national implementation. The Pathfinder Pilot was aimed primarily at testing the proposals on doctors working in acute, primary and mental health care.

The Tri-Faculty Pilot was aimed at testing the revalidation proposals with doctors in the Faculties of Occupational Medicine, Public Health and Pharmaceutical Medicine.

The evaluation process involved surveying doctors (appraisees, appraisers and Responsible Officers) to establish their experience with the current appraisal system as a baseline, and then conducting a follow-up survey of their experiences with strengthened medical appraisal during the Tri-Faculty Pilot. Focus groups were also held to provide in-depth information.

In total, 102 appraisees and 35 appraisers from the Faculty of Occupational Medicine provided information via evaluation forms and 15 responsible officers covering all three faculties were consulted via the focus group.

It should be noted that the thinking on the revalidation process has moved on since the Tri-Faculty Pilot was started. However, the ultimate position has still not been finalised and there are a number of unanswered questions. Therefore some of the points raised in this evaluation are currently being addressed by the Revalidation Support Team.

The following are the key findings from this evaluation.

Appraisees

The appraisal discussions were seen as a valuable opportunity to review practice, were well-structured and appraisers were seen as objective. Appraisees’ views on their appraisals became more positive during the Tri-Faculty Pilot (apart from the statements which link appraisal with patients’ views of the doctor).

However:

- It was felt that simpler, more specific guidance, particularly around the evidence requirements, would be helpful. It would also help appraisees standardise their approach.

- Appraisees found the GMC domains and attributes did not fit well with Occupational Medicine roles, and struggled to match evidence to the attributes.

- Appraisees found the e-portfolio system difficult to use.

- Appraisees would have welcomed more help during preparation for appraisal; in particular with scanning and uploading evidence.

- A number of appraisees noted that they have more than one employer and this did not fit well with the Pilot appraisal system.
The simplest areas to gather evidence on were continuing professional development (CPD) and the probity self-declaration. CPD, audits / informal data review and multi-source feedback were seen by appraisees as the most use in evaluating their own standards of practice, with the probity self-declaration being seen as the least useful.

A system for providing multi-source feedback was piloted during the Tri-Faculty Plot. Concerns were raised that:

- The report is difficult to understand
- Finding fifteen relevant people to provide feedback is time-consuming and, for some doctors, extremely difficult
- Multi-source feedback can raise areas of concern unnecessarily, particularly where the appraiser does not know who provided that feedback or what the context was
- Appraisees should be allowed to see the feedback before their appraisal
- Appraisees wanted a better tool and clearer instructions for raters

There were statistically significant increases in the levels of agreement in relation to the following statements:

- I intend improving the way I undertake my medical practice as a result of my strengthened appraisal
- My appraiser performed the appraisal well
- Appraisals are a good way of improving an individual’s practice

48% of the appraisee respondents perceived the benefits of the appraisal system to be medium-high or high, and 42% of the appraisee respondents perceived the costs to be medium-high or high.

Only 4% of appraisees noted that if this appraisal formed part of their revalidation they would have challenged the outcome.

**Appraisers**

77% of appraisers agreed that they were confident with their review of information before the appraisal, and the vast majority of appraisees’ assessments agreed with the appraisers’ assessment.

However:

- Appraisers had difficulties in preparing for appraisals as a result of problems with the IT, and issues with the multi-source feedback system.
- Appraisers frequently asked appraisees to bring paper copies of evidence to the appraisal discussion.
- Appraisers would have liked simpler guidance on the requirements for appraisal.

Appraisers found CPD, audits and informal data review and significant event review the most valuable items of evidence for assessing standards of practice, and the same three items plus review of last year’s appraisal as most valuable for planning to improve practice. The probity self-declaration was the item of evidence cited by appraisers as the least useful for both assessing standards of practice and planning to improve practice.
64% of the appraisers were in agreement with the statement: ‘Strengthened medical appraisal gave benefits compared to the previous appraisal system’.

71% of the appraisers were in agreement with the statement ‘I felt confident that I was providing sufficient information for the responsible officer to make objective recommendations’.

60% of the responding appraisers expect the full roll-out of revalidation to lead to benefits in terms of improve quality of care, and 50% of appraisers expect revalidation to lead to benefits in better quality of clinical information and reductions in fitness to practice cases.

46% of the appraisers perceive the benefits of revalidation to be medium-high or high, whilst 54% of the appraisers perceive the costs of revalidation to be medium-high or high.

Views on consistency were mixed. It was noted that all appraisers have had the same training, and this should ensure consistency. However, there were large variations in the standard of information provided by appraisees and there were gaps due to the IT issues that many participants had. Suggestions to improve consistency were for appraisers to be provided with example portfolios (good, bad and borderline examples), and for the Responsible Officers to feed back to appraisers on their performance.

**Responsible Officers**

A small number of doctors fulfilled the Responsible Officer role as part of the Tri-Faculty Pilot, and views were obtained from a cross-section of these doctors representing all three faculties in a focus group.

Responsible Officers indicated that there were a range of issues that had not been resolved during the Tri-Faculty Pilot. In particular:

- There were difficulties in identifying the whole population of doctors that would need to be assigned to Responsible officers – such information was not available to Responsible Officers
- The system was not designed to deal with participants who work and live outside the UK
- Some doctors have multiple roles (and employers), and it was not always clear how these should be incorporated into the Pilot
- It was not clear how the appraisal systems proposed for revalidation would interact with employer’s appraisal systems
- Doctors employed in many organisations are subject to confidentiality clauses in their employment contracts that may limit the supporting information that they can submit as part of their appraisals

Responsible Officers noted that the quality of appraisers will be vital to achieving confidence in the results of the appraisal system. Responsible Officers also noted that it will be difficult to ensure that the standard required to revalidate is consistent across all employers.

Responsible Officers were concerned that one negative comment in the multi-source feedback could have a disproportionate effect on the appraiser’s view of the appraisee, although this was balanced by a view that a good appraiser would be able to explore the negative comment and put it in context. As the Responsible
Officer does not have access to the multi-source feedback comments, they will find it difficult to assess whether they should be concerned by negative comments.

Comparison with the findings from the Pathfinder Pilots

The key findings from the Tri-Faculty Pilot mirror those in the Pathfinder Pilots, namely that:

- A simplified system is needed
- Guidance is required on what supporting information to provide
- The time required to prepare for the appraisal increased
- Application of common standards to appraisal is valued
- The quality of appraisals improved during the pilot
- Key areas for evaluating doctors’ standards of practice have been identified
- Key areas for planning how doctors can improve patient care have been identified

Multi-source feedback was not used during the Pathfinder Pilots.