

# Appraisal and Clinical Excellence Awards

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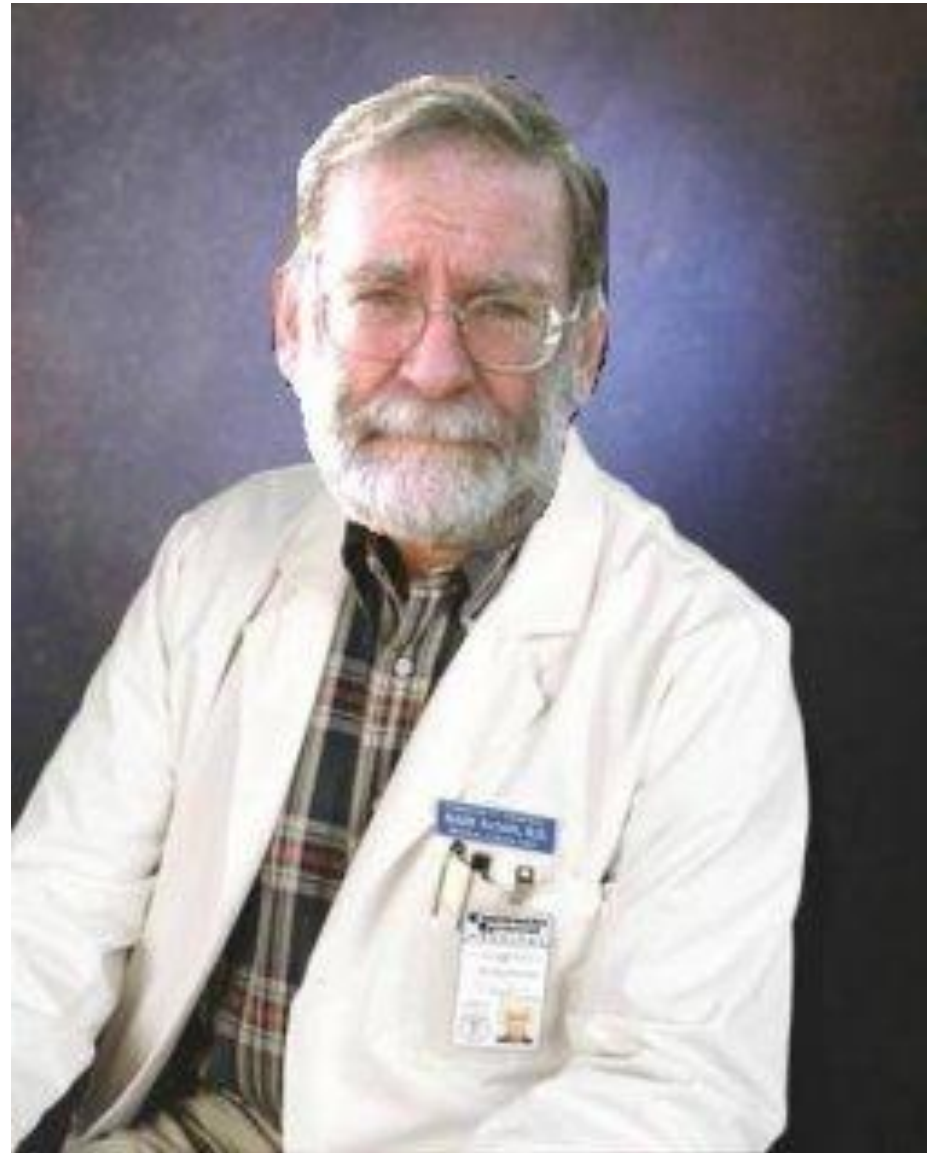
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Appraisal is a confidential development process that underpins the doctors continuing professional development .

It seeks to encourage support and challenge the doctor in delivering the best care to patients through development of the doctors professional skills knowledge and attitudes.

# Setting goals

- Achievable
- Relevant
- Agreed
- Sustainable



# Revalidation

- Knowledge skills and performance
- Safety and Quality
- Communication partnership and teamwork
- Maintaining Trust

# GMC recommendations for appraisal

- CPD
- Quality improvement activity
- Significant events
- Feedback from colleagues
- Feedback from patients
- Review of complaints and compliments

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# CPD

- Use on line RCP diary
- Set learning objectives
- Fill in at the earliest opportunity
- Print certificate as evidence
- Keep all CPD certificates as evidence-They Audit!



# GMC recommendations for appraisal

- CPD
- **Quality improvement activity**
- Significant events
- Feedback from colleagues
- Feedback from patients
- Review of complaints and compliments

# Quality improvement activity

- Keep record of audits done
  - Local
  - National
- Keep the certificates as evidence.

# GMC recommendations for appraisal

- CPD
- Quality improvement activity
- **Significant events**
- Feedback from colleagues
- Feedback from patients
- Review of complaints and compliments

# Significant events

- Serious adverse events etc
  - demonstrate what happened and how systems have been adapted or changed to safeguard patients.
- Keep the evidence

# GMC recommendations for appraisal

- CPD
- Quality improvement activity
- Significant events
- **Feedback from colleagues**
- Feedback from patients
- Review of complaints and compliments

# Feedback from Colleagues

- 360 feedback
  - V powerful tool
  - Useful to gain insight
  - Reflect and keep as evidence.

# GMC recommendations for appraisal

- CPD
- Quality improvement activity
- Significant events
- Feedback from colleagues
- **Feedback from patients**
- **Review of complaints and compliments**

# Feedback from patients

- User group surveys
- Complaint and compliment letters



# Job planning

- Should reflect what you actually do
- Adequate time for activities to support revalidation
- Do not sign off if you think you are being miss represented
- Do not agree to work for free
  - crown indemnity
- Involve 3<sup>rd</sup> party/ BMA if cant agree

# Clinical excellence awards

- Devised in 2003 to replace discretionary points and merit awards
- Scale 1-12
- 1-9 local, 9-12 national
- Currently 0.2/wte (was 0.33)
- Value escalates
- Renewable and can be (rarely) withdrawn
- Currently pensionable

# CEA values

• Level 1	£2,957	Multiply by PAs
• Level 2	£5,914	Eg 8PAs x0.8
• Level 3	£8,871	12PAs x1.2
• Level 4	£11,828	
• Level 5	£14,785	
• Level 6	£17,742	
• Level 7	£23,656	
• Level 8	£29,570	
• Bronze/Level 9	£35,484	
• Silver/Level 10	£46,644	
• Gold/Level 11	£58,305	
• Platinum/Level 12	£75,796	

# CEA form

Same form for all levels

- Personal statement
  1. Delivering a high quality service
  2. Developing a high quality service
  3. Leadership and Managing a high quality service
  4. Research and Innovation
  5. Teaching and Training

# Personal statement.

- Should highlight the key achievements presented in detail in the rest of the application form
- Is published for successful applicants
- Not scored

## **Domain 1 –**

### **D**elivering a high quality service

**Give evidence here of your achievements**

- in delivering a service which is safe**
- has measurably effective clinical outcomes,**
- provides good patient experience**
- and where opportunities for improvement are consistently sought and implemented.**

**(Applicants should provide evidence across all of these Dimensions)**

*“In an analysis of mixed arterial interventions (2006) our vascular unit had relative risk of death 0.61 in the UK and the third largest arterial series in the country. My contribution to this outcome was.....”*

*“I have set up a short stay programme which has the lowest length of stay for hip replacements in England, 2.7 days as against the England average of 6.1 days... 67% of patients are home after 2 nights... 98.5% patient satisfaction service... readmission rate of 5.1% as compared to the regional average of 7%”*

## **Domain 2 –**

### **Developing a high quality service**

**Give evidence here of how you have significantly enhanced clinical effectiveness (the quality, safety and cost effectiveness) of your local service(s) or related clinical service widely within the NHS. In general your evidence should be as measurable as possible. It should specify your individual contribution, not just that of your department. You should give specific examples of action taken in light of audit findings including how these might have contributed to organisational change.**



*“ I have developed a continuous patient pathway with GP services for all pre-admission clinics, and day case surgery patients ensuring the following; VTE risk assessment, appropriate thromboprophylaxis (including an extended duration component) with bleeding and VTE incidence, prevalence and follow up data. This is already improving our understanding and awareness of the issue but also stimulating us to work with GP colleagues to streamline the process. We estimate that, in the area piloted, ... bed days have been saved over the 6 month period of the pilot.”*

*“I used multi disciplinary team working to effect systemic change throughout our unit saving nearly 1,000 bed days. This reduced the requirement for elective beds by 25%...I developed two half session theatre days. This has greatly improved theatre efficiency...I helped set up and develop the Orthopaedic Outreach Team which greatly reduced length of stay and was highly commended in the 2006 HSJ Awards.”*

## **Domain 3 –**

### **Leadership and Managing a high quality service**

**Give evidence of how you have made a substantial personal contribution to leading and managing a local service, or national/international health policy development.**

*“in my role as chair of the regional neonatal network between 2006-2009 I championed the rationalisation of beds and care levels across acute hospitals. As a result, transfers of neonates for clinical and non clinical reasons have reduced by 10%: see data below”*

## **Domain 4 – Research and Innovation**

**Use this section of the form to outline your contribution to research, and how you have supported innovation including developing the evidence base for the measurement of quality improvement. In the section on references you should detail papers published etc. (not give the names of referees).**

*“My research is in stroke, which is a public health priority for prevention and improvement of care. The development of a public health model for chronic disease using stroke is relevant to assessing needs and evaluating innovative models of care. My R&D leadership role has enabled academic and clinical organisations to develop joint NIHR Centres in biomedical and health services research and training for population and patient benefit.”*

*“I have developed booking systems for use in emergency and trauma theatre settings. These secure systems allow cases to be booked into emergency theatres from anywhere in the hospital, informing all emergency staff of pending cases and their preparedness. The system links with hospital investigation reporting systems allowing blood investigations for each patient to be accessed. In addition the traumas booking system can be linked to a radiological teaching package; e.g. when a particular fracture type is booked onto the system the booking doctor is offered the opportunity to look at the system of classification for that fracture type and to review teaching radiographs of each type. The system won a 2008 national Theatre Innovation Award for IT.”*

## **Domain 5 –**

# **Teaching and Training**

- **For some applicants, teaching and training will form a major part of their contribution to the NHS, over and above contractual obligations.**
  - Quality of teaching.
  - Scholarship, evaluation and research contributing to national or international leadership in the educational domain.
  - Teaching and education of the public

*“My course for \*\*\*\* (2005-10) , innovative in its integrated health systems and active learning approaches, has sought and used intensive feedback to enable modification of the course before wider roll out. It is approved for continuing professional development by \*\*\*\*, shows significant gains in knowledge and skills and excellent participant feedback.”*

*“Principal Internal Examiner for final MB examinations at \*\*\*\*. I am responsible for ensuring the written and clinical parts of the examination are constructed, blueprinted to the curriculum and then standard set. I oversee the work of the examination leads for these sections. I personally write exam questions and examine for first and resit examinations. I am Chairman of the Final MB board which considers extenuating circumstances and receives reports from external examiners.”*

# Extra section

- Only complete if you have something to say
- Read guidance for applicants
- Do not submit anything beyond what is requested
- Keep strictly to word/ character count
- Avoid jargon and abbreviations which others may not understand
- Do not repeat yourself



# Review of form

- Get someone else to read it through
- Head of service
- Clinical lead
- Colleague from another speciality
- Existing award holder

# Filling in the form

- Review any other successful forms you can get hold of
- Check on line resource
- Need to sell yourself without boasting ( or being to modest)
- Do not recycle any thing you have previously claimed for
- Do not claim credit for anything that others might take offence at
- All in a limited number of words

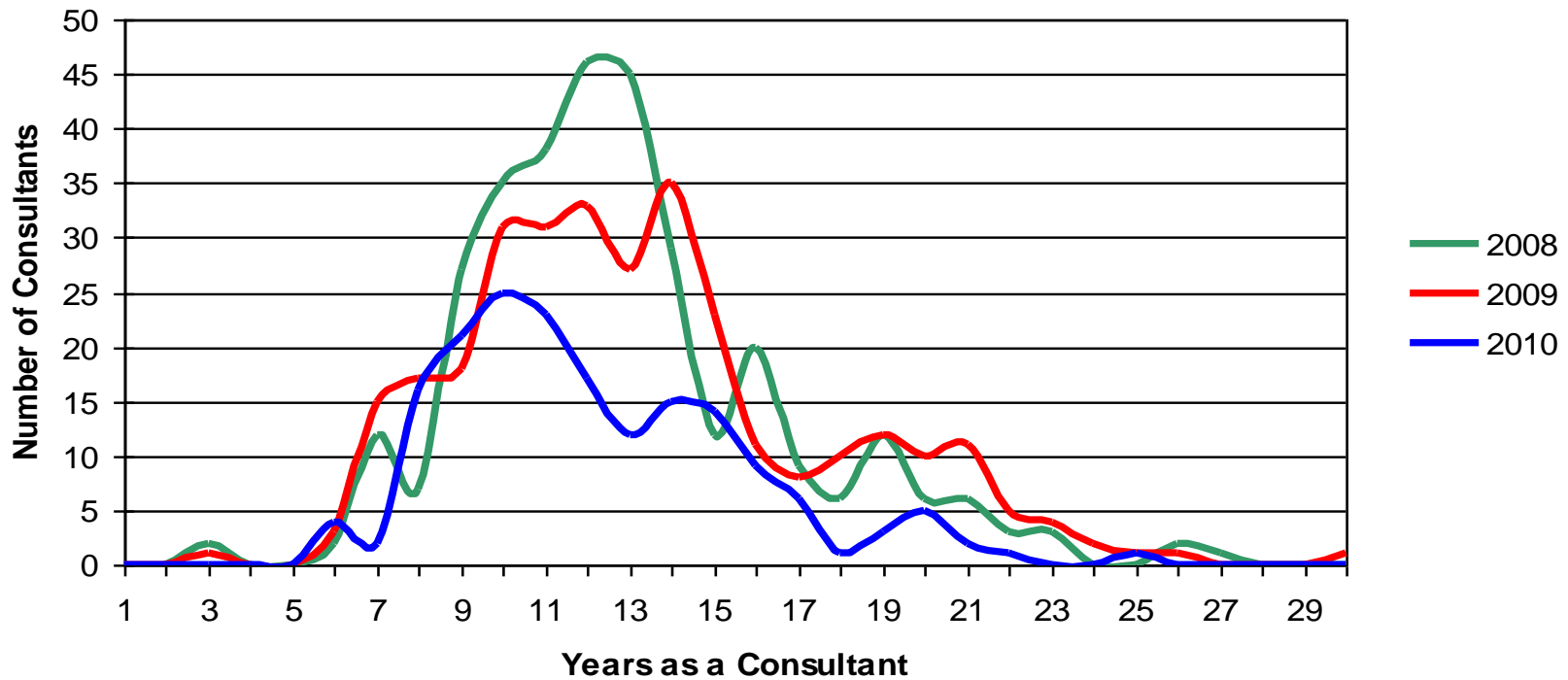
# Review and scoring of the form

- Local review by your local trust colleagues
  - May be in 2 stages
- Regional review
- Review by college and specialist societies
- Review by ACCEA
- All essentially scoring form by the same scheme 0,2,6,10- then ranked
- Reviews will highlight any inaccuracies

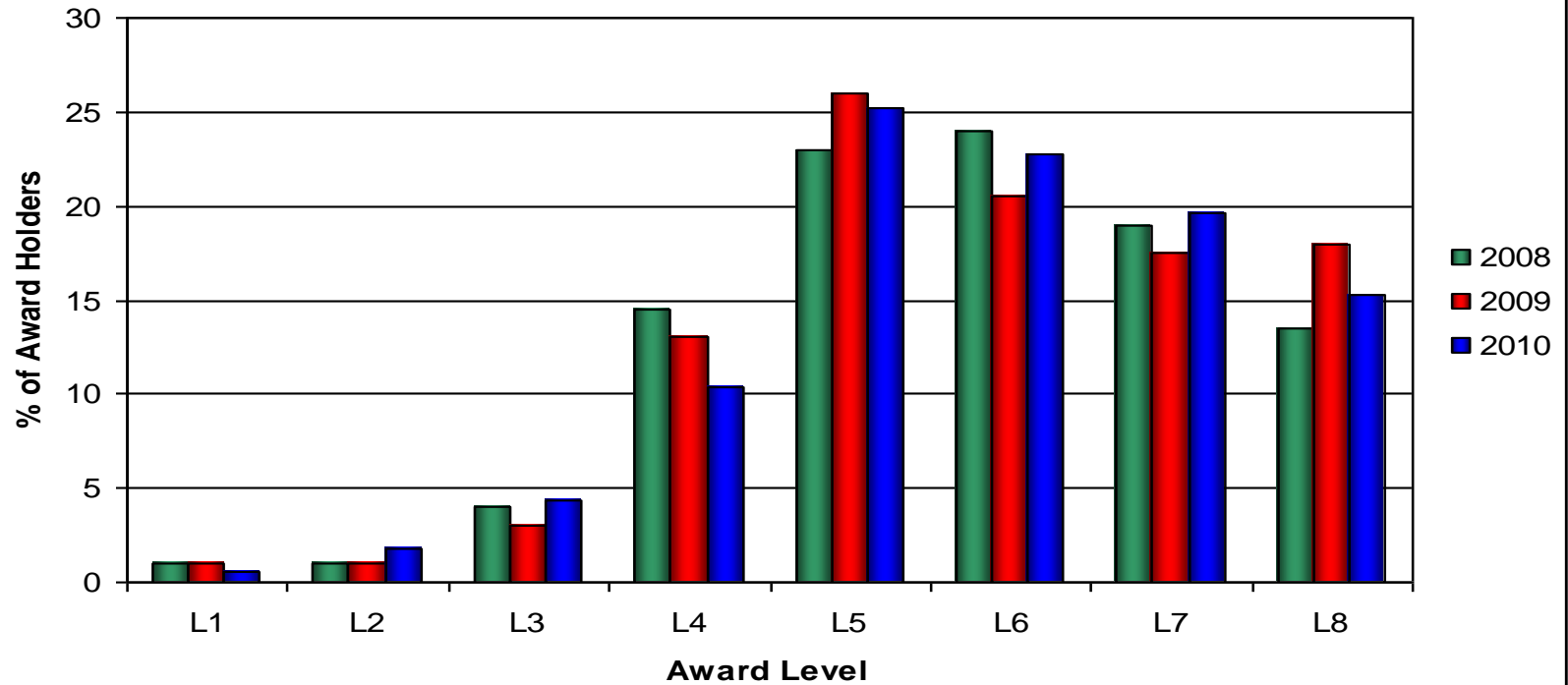
# Scoring

- Score each domain
- 10 – Excellent
- 6 – Over and above contractual requirements
- 2 – Meets contractual requirements
- 0 - Does not meet contractual requirements or when insufficient information has been produced to make a judgement

**Time as a Consultant for New Bronze Awards in 2008, 2009, and 2010**



### Previous Level of Award Held by Consultants Receiving Bronze Awards in 2008, 2009 and 2010



## Results of Reviews for the last 3 years

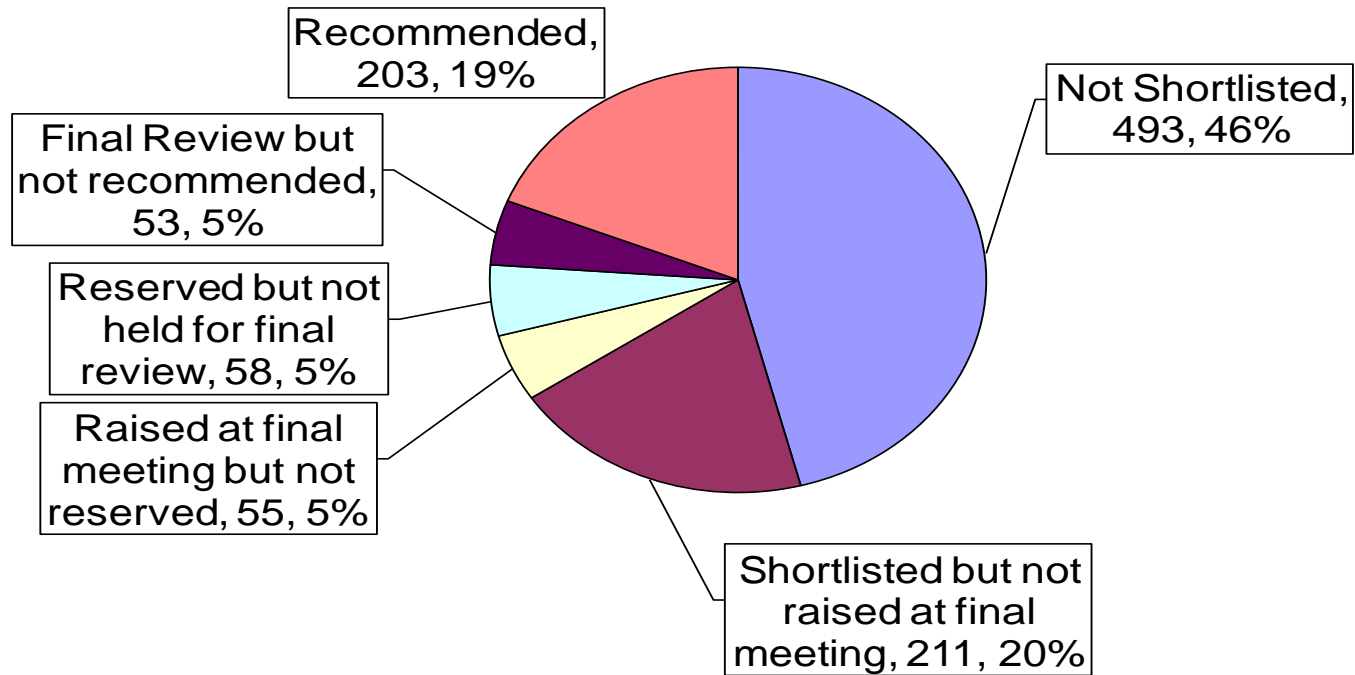
Review Applications	2008		2009		2010	
Total	731		541		730	
5 year renewal or progression to a higher award	710	97.1%	494	91.3%	620	84.9%
4 year renewal	0	0.0%	8	1.5%	33	4.5%
3 year renewal	0	0.0%	0	0.0%	12	1.6%
2 year renewal	3	0.4%	3	0.6%	2	0.3%
1 year resubmission	16	2.2%	33	6.1%	54	7.4%
Withdrawal of award	2	0.3%	3	0.6%	8	1.1%

## Activity

	2008	2009	2010
Applications received	2084	2144	2206
Nominated by sub-committees or NNBs	916	907	1059
Awards Made	576	601	317



# Bronze: England and Wales



# Questions