

Milton Keynes University Hospital NHS Foundation Trust Case Study

Making a success of revalidation and appraisal by using MedicAppraisal to bring about a culture change amongst medics



Milton Keynes University Hospital NHS Foundation Trust is a medium-sized district general hospital employing around 3,000 staff. In late 2012 the GMC set out its

requirements for medical practice and appraisal, supported by guidance from the medical royal colleges and faculties.

The trust decided to move from using paper records and spreadsheets to capturing information about revalidation and appraisal to using a software solution. Andrew Kerr, Business Manager, Medical Directors Office has been working with MedicAppraisal to help clinicians to complete their appraisal within the specified timescales.

From slow engagement to changing culture

When Andrew first started working with the Responsible Officer the number of cases in which appraisal completion could be evidenced was very low. It was decided that as well as using MedicAppraisal the trust needed to adopt a clearer approach and worked with the GMC to send out reminders to every doctor about the requirements. "We started a major communications initiative to address the inertia to the new GMC appraisal process with many not understanding the requirements" he says. "By working closely with the GMC we made sure doctors were aware of what they needed to do."

Andrew says that keeping track of which doctors were making progress wouldn't have been possible without the software because there are so many to keep track of. "Once our doctors began to see how easy it was to access information and keep track of their own revalidation and appraisal we started to see an increased up take. We went from single figures to having one of the highest completion rates in the region." Andrew believes that without MedicAppraisal keeping track of progress this would have been impossible.

The benefits for medics

For medics, ease of access and use has been an important factor in achieving engagement. Doctors can access everything they need in one place as a single login lets them access their appraisal portfolio, cycle history, and receive deadline reminders.

They can also access job planning, leave management and also the 360 multi-source feedbacks under the same login. The multisource feedback is due at least once every five years and provides doctors with information about their work through the eyes of those they work with and treat. The system uploads colleague and patient feedback reports automatically into a concise report which they can attach to their appraisal.

Andrew says that every new doctor is taken through the use and function of the system and it takes around five minutes for them to grasp how to use it. If anything is forgotten, all their colleagues are using the same system so they can support one another.

Benefits for trust administrators

Andrew thinks there are similar benefits for administrators, those overseeing the revalidation and appraisal process. "You can search for individuals by name or GMC number and reports can be run giving you a breakdown of which doctors are working on their appraisal and what stage they are at. "The new responsible officer dashboard is particularly helpful in this respect and provides summary at Trust level that you can then drill down into the detail. There are so many reasons to have the software, from an administrators' perspective."

Appraisers are also seeing the benefits because they can quickly see who they have yet to appraise and you can see how far they are through the process. "I can't imagine how a trust can keep track of this information with loose leaf documentation and spreadsheets when you have hundreds of doctors to think about," says Andrew.

Ensuring regulatory compliance

Andrew also points out that from an organisational perspective quarterly and annually reports have to be supplied to NHS England and the Trust Board, have an effective online system makes this much more manageable.

"I have assisted doctors who have had other designated bodies, therefore different appraisal systems and I found them not as intuitive to use and don't necessarily give you this level of organisational oversight."

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