

Public Board of Directors
Item number: 24
Date: 24 September 2025

Confidential/public paper:	Public
Report Title:	Annual Appraisal and Revalidation Board Report
Author(s)	The Responsible Officer (RO), Dr Sobhi Girgis and Medical Compliance Officer Carla White
Accountable Director:	Dr Helen Crimlisk, Executive Medical Director
Presented by:	Sobhi Girgis
Vision and values:	<p>This works links to the SHSC vision to improve the mental, physical and social wellbeing of the people in our communities so we keep improving developing a confident workforce with colleagues who are good at what they do.</p> <p>The appraisal and revalidation of substantive doctors employed by SHSC is a statutory function which provides assurance that doctors are meeting the GMC requirements of the duties of a doctor via provision of evidence including patient and colleague feedback, data and reflections around incidents and complaints, relevant CPD and QI activities based on the domains of:</p> <ul style="list-style-type: none"> i) Knowledge, skills and development, ii) Patients, partnership and communication, iii) Colleagues, culture and safety, iv) Trust and professionalism. <p>It links to all SHSC the values of We are respectful and kind, We are inclusive, We work together and We keep improving,</p>
Purpose:	Providing assurance to the Board in relation to appraisal and revalidation of substantive doctors employed by the Trust and compliance with expectations of General Medical Council and NHS England.

<p>Executive summary:</p>	<p>As a part of NHS England Quality Assurance of Appraisal and Revalidation the Responsible Officer is required to complete a Designated Body Report commenting on the designated body systems for appraisal, revalidation and the wider system of governance of doctors. NHS England stipulates that the Board of Directors considers the report. If the Board is reassured, the CEO or the Chair then signs off a Statement of Compliance on behalf of the Board.</p> <p>The Trust is compliant with all statutory requirements and regulations regarding appraisal and revalidation.</p> <p>The Trust has an effective and cost-effective system for appraisal and revalidation. The trust has a sufficiently resourced appraisal system. The system is quite efficient. The RO is remunerated with 2 PAs (one day a week) and supported administratively by 0.5 WTE Medical Compliance Officer. The Trust has 13 trained medical appraisers (10.5 FTE). 8 appraisers are performing the role on a full time and 5 on a part time basis. Full time means conducting 7-8 appraisals/year on 0.4 PA and part time means conduction of 3-4 Appraisals/year on 0.2PA). The Trust has so far been successful in recruiting sufficient number of appraisers. The Responsible Officer (RO) function is administratively supported by the Medical Compliance Officer.</p> <p>Appraisal rates have always been above average for all providers in the North of England whether Mental Health providers or All sectors. Appraisal rate in 2024/2025 was 98%. There were no unauthorised missed appraisals. All revalidation recommendations have submitted to the GMC in good time. Policies relating to appraisal and revalidation and disciplinary process of doctors are up to date. The RO and MD meet regularly to ensure integrated system of governance. Both also attend formal meetings with the GMC Employer Liaison Adviser 3 times a year.</p> <p>The RO and MD are pleased to report that all the recommendations of the GMC Fair to Refer have been implemented, a year ahead of the GMC deadline of 2026.</p> <p>Appendices attached:</p> <ul style="list-style-type: none"> A. Designated Body Annual Board Report 2024/2025 B. Annual Appraiser Report 2024/2025 C. Demographics Report 2024/2024 D. Fair to Refer Report – Final report 2024/2025
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Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	Yes	x	No		
Deliver Outstanding Care	Yes	x	No		
Great Place to Work	Yes	x	No		
Reduce inequalities	Yes	x	No		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.
<p>The RO function is a statutory one, stipulated by the Medical Profession (Responsible Officers) Regulations 2010 (and the amended regulation in 2015). The RO is responsible for assuring the GMC that doctors engage in annual appraisals, keeping an accurate list of doctors who are connected to the designated body, making recommendation for revalidation, making referral to the GMC if concerns about any doctor meet the GMC threshold and ensuring appropriate investigation of all concerns. CQC normally seeks reassurance about medical appraisals as a part of the Well Led domain. NHS England monitors the Trust compliance with its appraisal and revalidation standards through this annual report and its desktop review.</p> <p>The RO attends RO network meetings organised by NHS England. The RO also attends a Regional Mental Health RO network meetings to ensure sharing good experience and working collaboratively with similar organisations within the region.</p>

Each doctor is required to provide supporting information for their annual appraisal to demonstrate their adherence to GMC Good Medical Practice. The doctor is also required to reflect on and learn from such information. These include record of continuous professional development, quality improvement activities, feedback from patients and colleagues, record of complaints and compliments and any significant events. The supporting information and reflections will have direct and indirect positive impact on quality of service and professional behaviour. The doctor also needs to sign a statement in relation to their health and probity. The doctor and their appraisal would agree a Personal Development Plan for the following year. The doctor's achievement is then reviewed during their next appraisal, promoting incremental development.

Board assurance framework (BAF) and corporate risk(s):	There are no BAF or Corporate risks associated with this paper
Any background papers/items previously considered:	None
Recommendation:	The Board is asked to note the report and for the Chief Executive/Chair of the Board of Directors to complete the Statement of Compliance in Section 7 of Appendix D of this report. This will be submitted to NHS England by the deadline of 31 October 2025 , along with this report.

Annex A

Illustrative designated body annual board report and statement of compliance

This template sets out the information and metrics that a designated body is expected to report upwards, to assure their compliance with the regulations and commitment to continual quality improvement in the delivery of professional standards.

The content of this template is updated periodically so it is important to review the current version online at [NHS England » Quality assurance](#) before completing.

Section 1 – Qualitative/narrative

Section 2 – Metrics

Section 3 – Summary and conclusion

Section 4 – Statement of compliance

Section 1: Qualitative/narrative

While some of the statements in this section lend themselves to yes/no answers, the intent is to prompt a reflection of the state of the item in question, any actions by the organisation to improve it, and any further plans to move it forward. You are encouraged therefore to use concise narrative responses in preference to reply yes/no.

1A – General

The board/executive management team of :

Sheffield Health and Social Care NHS Foundation Trust

can confirm that:

1A(i) An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year:	Dr Girgis will continue in his role as Responsible Officer.
Comments:	The Trust continues to comply with this requirement.

Action for next year:	Dr Girgis is planning to continue as RO for 2025/2026
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1A(ii) Our organisation provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes / No:	Yes
Action from last year:	RO continues to meet monthly with the MD. Any resource issues will be discussed.
Comments:	The trust has a sufficiently resourced appraisal system. The system is quite efficient. The RO is remunerated with 2 PAs (one day a week) and supported administratively by 0.5 WTE Medical Compliance Officer. Crucially, the Trust has suitable number of Medical Appraisers. The Trust is using an integrated electronic appraisal platform L2P (License to Practice). The Trust purchased the additional modules for Patient and Colleague Feedback, Medical Leadership and Wellbeing.
Action for next year:	RO to continue to meet with MD on regular basis

1A(iii) An accurate record of all licensed medical practitioners with a prescribed connection to our responsible officer is always maintained.

Action from last year:	Continue current monitoring system.
Comments:	The GMC Connect platform is reviewed regularly to ensure accurate list of doctors who have prescribed connection to the Trust. The Revalidation Team monitors new starters and leavers in good timing. If a doctor adds himself/herself, the RO receives an automatic email from the GMC, who will then check if the doctor is correctly linked to the Trust.
Action for next year:	Continue current monitoring system

1A(iv) All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year:	Relevant policies are currently up to date. If national policy developments arose, relevant policies will be reviewed accordingly
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Comments:	Relevant policies are up to date including Appraisal and Revalidation Policy, Disciplinary Policy of Medical Staff,
Action for next year:	Ensure policies remain up to date

1A(v) A peer review has been undertaken (where possible) of our organisation's appraisal and revalidation processes.

Action from last year:	None
Comments:	The electronic system has a built-in checklist for appraisees and appraiser. The system is quality assured via the annual report to the Board and Desktop review by NHS England. Appraisers are subject to feedback from appraisees. Appraisal themselves are reviewed by the Medical Compliance Officer (MCO), then by the RO and thirdly scored using a national audit tool ASPAT.
Action for next year:	Keep the situation under review. The RO will have discussions with ROs of neighbouring mental health trusts and explore the additional benefits of a Peer review.

1A(vi) A process is in place to ensure locum or short-term placement doctors working in our organisation, including those with a prescribed connection to another organisation, are supported in their induction, continuing professional development, appraisal, revalidation, and governance.

Action from last year:	To continue processes in place.
Comments:	Locums have their appraisal and revalidation completed by the Locum Agency. Locum doctors are able to attend the Trust CPD program. If the Trust employs a locum doctor directly or on Fixed Term basis, the doctor will have his/her appraisal and revalidation completed through the Trust systems. Any concerns are conveyed to the RO who will consider appropriate action in conjunction with CDs/MD and passing the relevant information to the ROs of locum agencies if appropriate.
Action for next year	To continue the established processes.

1B – Appraisal

1B(i) Doctors in our organisation have an [annual appraisal](#) that covers a doctor's whole practice for which they require a General Medical Council (GMC) licence to practise, 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.

Action from last year:	To continue with the processes in place.
Comments:	The Trust has an effective appraisal system. The appraisal platform requires the doctor to describe the whole scope of practice since the last review (whether in the Trust or outside, paid or unpaid) and to provide all supporting information stipulated by the GMC (that includes CPD, Quality Improvement, Significant Events, Complaints and Compliments and Feedback from Colleagues and Patients) in addition to evidence for medical leadership, teaching/training and Wellbeing. If the doctor does any work outside the Trust, the doctor must provide similar information from employing organisation. Appraisal rate was 98% this year.
Action for next year:	To continue with the processes in place.

1B(ii) Where in question 1B(i) this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year:	To continue the established processes.
Comments:	Medical Compliance Officer ensures any late or missed appraisals have a verified reasoning approved by the Responsible Officer
Action for next year:	To continue the established processes.

1B(iii) 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:	Review Appraisal and Revalidation policy
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Comments:	Appraisal and Revalidation policy has been updated and is currently undergoing ratification process. The policy is based on the NHS England model policy. The policy has been ratified through the governance structure of the trust.
Action for next year:	No action required

1B(iv) Our organisation has the necessary number of trained appraisers¹ to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year:	To continue to monitor capacity using the established processes in place
Comments:	The Trust has 13 trained medical appraisers (10.5 FTE). 8 appraisers are performing the role on a full time and 5 on a part time basis. Full time means conduction of 7-8 appraisals/year on 0.4 PA and part time means conduction of 3-4 Appraisals/year on 0.2PA). The Trust has so far been successful in recruiting sufficient number of appraisers.
Action for next year:	To ensure appraiser numbers are maintained and kept under review

1B(v) Medical appraisers participate in ongoing 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 appraisers](#) or equivalent).

Action from last year:	To continue assuring the quality of appraisers
Comments:	Appraisers still receive an annual performance report containing the relevant indicators such as the appraisees feedback and Appraisal Summary and Personal Development Plan Audit Tool (ASPAT) scores. The RO organises 2 Appraisal network meetings in addition to a half day refresher/training annually. All appraisers are required to complete New Appraisers training before being appointed and they are encouraged to attend external refresher training and regional appraiser network meetings. The RO meets with new appraisers after one year in the role to review performance and developmental needs.

Action for next year:	To continue scoring process and providing annual performance reports
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1B(vi) The appraisal system in place for the doctors in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year:	To continue the established processes
Comments:	The appraisal platform includes a checklist to ensure all information required is included. Appraisals are reviewed separately by the MCO and RO and scored using a national audit tool (ASPAT). Doctors have a specified month of the year to complete their appraisal. Reasons for any delays have to be relayed to and approved by the RC. Appraisals are missed only for unavoidable legitimate reasons such as long-term sickness or maternity leaves. The RO provides the Board with Annual Report on appraisal and revalidation following consultation with the Medical Workforce Planning Group and the MD.
Action for next year:	To continue the established processes

1C – Recommendations to the GMC

1C(i) Recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to our responsible officer, in accordance with the GMC requirements and responsible officer protocol, within the expected timescales, or where this does not occur, the reasons are recorded and understood.

Action from last year:	To continue the current revalidation processes.
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Comments:	The RO receives information from CDs/MD about any concerns about doctors. The RO reviews the annual appraisals before signing them off. Doctors who are within the notice period (now 12 months) are listed on GMC Connect platform. The RO reviews the annual appraisals over the previous 5 years of these doctors and make the appropriate recommendations 4 weeks in advance of the submission date.
Action for next year:	As the GMC has increased the notice period from 4 months to 12 months, the RO will make recommendations about all doctors whose revalidation date fall in the following month. This will ensure elimination of any potential late submissions due to unforeseen circumstances.

1C(ii) Revalidation recommendations made to the GMC 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, or where this does not happen, the reasons are recorded and understood.

Action from last year:	To continue the current revalidation process
Comments:	The potential for a recommendation of Deferral will be apparent well before making the recommendation to the GMC and the doctor is made aware of this potential. The GMC Advisor is always made aware of this potential. The RO has not ever needed to consider a recommendation of nonengagement. This recommendation never comes as a surprise as it involves several steps taken by the RO and the GMC. The RO and GMC will communicate with the doctor throughout the process.
Action for next year:	To continue the current revalidation processes.

1D – Medical governance

1D(i) Our organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year:	Continue established processes
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Comments:	There is a satisfactory system to deliver effective governance for doctors. There are clear systems for reporting and reviewing significant events and complaints. Data is routinely collected on performance and service indicators. All teams have regular governance meetings. Openness and reporting incidents are encouraged. The system is underpinned with appropriate policies and Trust values.
Action for next year:	Continue established processes.

1D(ii) Effective [systems](#) are in place for monitoring the conduct and performance of all doctors working in our organisation.

Action from last year:	Continue the established processes.
Comments:	The Trust has systems for receiving, recording and dealing with complaints and significant events. Any concerns about doctors are relayed to CDs, who would share the information
	with the MD and RO. Doctors are required to provide a trust generated report on compliments/complaints and significant events for their annual appraisal. The Trust keeps a record of doctors' attendance of internal CPD and mandatory training compliance.
Action for next year:	Continue the established processes.

1D(iii) All relevant information is provided for doctors in a convenient format to include at their appraisal.

Action from last year:	No action is required
Comments:	The MCO provide individual doctors with an annual report for any complaints against them or significant events linked to the doctor's name as well as their internal CPD and mandatory training data.
Action for next year:	Continue the established processes.

1D(iv) There is a process established for responding to concerns about a medical practitioner's 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:	No action is required.
Comments:	The Trust has an up-to-date Disciplinary Policy of medical staff based on HMPS incorporates the central role of the RO. The RO meets with the MD regularly and discuss concerns and make decisions on the need for investigations and whether referral to GMC should be considered. The RO discusses any potential referral with GMC advisor. "Soft" concerns are still discussed with GMC ELA. The record of such concerns is kept alive until it is closed. If concerns require further action, the Disciplinary process is initiated. The Trust has trained Case Managers and Case Investigators. A non-executive member of the Board is involved in formal processes.
Action for next year:	No action is required.

1D(v) 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 and country of primary medical qualification.

Action from last year:	To continue the work on implementing the recommendations of the General Medical Council's "Fair to Refer?" report.
Comments:	All the recommendations of the Fair to Refer Report have been implemented a year in advance of the GMC deadline of 2026. An Associate Medical Director has taken up the role of Medical Equality Lead. This lead will be asked to scrutinise concerns about doctors before proceeding to investigations. The RO and MD have discussed the process of any potential referral to the GMC. They agreed that this process should be similar to addressing concerns internally. This will mean involving a non-executive director. Training in Giving and Receiving Feedback has been commissioned.
Action for next year:	Maintaining the progress made.

1D(vi) 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 our organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

Action from last year:	Maintain an appropriate information sharing system.
Comments:	An established system is in place for the sharing of information between Designated Bodies using NHS England's Medical Practice Information Transfer (MPIT) Form. The RO also seeks information sharing from the previous Responsible Officer for any doctor who is joining the Trust. The RO also completes MPIT form to share any relevant information about doctors leaving the trust to another organisations.
Action for next year:	Maintain an appropriate information sharing system.

1D(vii) 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 (reference [GMC governance handbook](#)).

Action from last year:	To continue working on implementing the recommendations of Fair to Refer report. We are planning to recruit for a new role, Medical Workforce Race Equality Standards Lead. This lead will be asked to scrutinise concerns about doctors before proceeding to investigations. The RO and MD have discussed the process of any potential referral to the GMC. They agreed that this process should match the process of addressing concerns internally. This will mean involving a non-executive director.
Comments:	The RO and the MD 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. All the recommendations of the Fair to Refer Report have been implemented a year in advance of the GMC deadline of 2026. An Associate Medical Director has taken up the role of Medical Equality Lead. This lead will be asked to scrutinise concerns about doctors before proceeding to investigations. The RO and MD have discussed the process of any potential referral to the GMC. They agreed

	that this process should be similar to addressing concerns internally. This will mean involving a non-executive director. Training in Giving and Receiving Feedback has been commissioned. 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.
Action for next year:	Maintain the progress made.

1D(viii) Systems are in place to capture development requirements and opportunities in relation to governance from the wider system, for example, from national reviews, reports and enquiries, and integrate these into the organisation's policies, procedures and culture (give example(s) where possible).

Action from last year:	We collaborate, forming effective partnerships to achieve our common goals. SHSC has been involved in the facilitation of and attendance at the ICS Reciprocal Mentoring Scheme. SHSC staff are involved in Cohort 2 and Cohort 3 starts in September 2024 until June 2025.
Comments:	We ensure we integrate The Leadership Way 6 principles in our leadership and OD work. Also the NHS England Leadership and Management Framework is something we refer to in our work (currently draft, tbc) Standards & Competencies - Round 3 Draft
Action for next year:	Consideration of participation in a system-wide Reciprocal Mentoring Scheme which compliments SHSC's scheme. Involvement in leadership sessions e.g. SHSC Alumni events and development events with other partners.

1D(ix) Systems are in place to review professional standards arrangements for [all healthcare professionals](#) with actions to make these as consistent as possible (reference [Messenger review](#)).

Action from last year:	Regarding Talent conversations, a pilot is taking place in June 2024, and then evaluation with a view to embedding talent conversations for SHSC in late 2024/2025.
Comments:	We integrated the Messenger Review (7 recommendations in leadership) into our leadership offer at SHSC.

Action for next year:	We have been part of The Scope for Growth (Leadership Academy) community and conversations. SHSC staff have trained as coaches and this initiative will be rolled out in 2025.
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1E – Employment Checks

1E(i) 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:	To continue the well-established processes and work closely with the medical education and Staffing Team.
Comments:	The Medical Staffing Team perform pre-employment checks and run a comprehensive induction package for substantive doctors. The Trust is in full compliance with well-established processes in place.
Action for next year:	To continue the established processes

1F – Organisational Culture

1F(i) A system is in place to ensure that professional standards activities support an appropriate organisational culture, generating an environment in which excellence in clinical care will flourish, and be continually enhanced.

Action from last year:	Our in-person 'summer of values' event took place in July 2024 and a pack developed that teams used to explore this important work in their team meetings and give their input and an online option.
Comments:	We worked with Desire Code on designing a creative way to engage staff in the launch phase of action. The launch of SHSC's new values and behaviours framework took place on 24 April 2025, to communicate the new values and to move to embedding the values to support our organisational culture.
Action for next year:	A Values Delivery Group has been established and this will take forward embedding values into different areas e.g. recruitment, visuals across sites, leadership and management. This is all supported by SHSC staff and the Values Delivery Group Co-chairs.

1F(ii) A system is in place to ensure compassion, fairness, respect, diversity and inclusivity are proactively promoted within the organisation at all levels.

Action from last year:	We signed up to the Northwest Black Asian and Minority Ethnic Assembly antiracist framework. NHS organisations across the region have signed up to this and we are working together.
Comments:	South Yorkshire ICB have paid for all NHS trusts in the region to submit an application for 'Bronze' status with the North West BAME Assembly. The evidence will need to be submitted by October 2025 and the results will be shared in late December.
Action for next year:	To submit evidence by October 2025.

1F(iii) A system is in place to ensure that the values and behaviours around openness, transparency, freedom to speak up (including safeguarding of whistleblowers) and a learning culture exist and are continually enhanced within the organisation at all levels.

Action from last year:	The Freedom to Speak Up Guardian to deliver sessions introducing the SEEDS model, which is a framework that helps to understand biases, what causes them and ideas to help to mitigate and manage them.
Comments:	Work in relation to bias has continued to be developed but the FTSU Guardian and this includes the SEEDs model. It now part of the developing as leaders course.
Action for next year:	The FTSU guardian to continue to deliver training in relation to bias and try and look for opportunities to increase our understanding and impact of bias in day to day situations.

1F(iv) Mechanisms exist that support feedback about the organisation's professional standards process by its connected doctors (including the existence of a formal complaints procedure).

Action from last year:	Continued established process
Comments:	A formal complaints procedure is in place and is easily accessible by all medics. The Trust has a Freedom to Speak up Guardian. There are policies to deal with grievance, bullying and harassment and for Speaking Up.
Action for next year:	Continued established process

1F(v) Our organisation assesses the level of parity between doctors involved in concerns and disciplinary processes in terms of country of primary medical qualification and protected characteristics as defined by the [Equality Act](#).

Action from last year:	The RO will continue to monitor national and regional initiative to reduce risk of bias. We aim at recruiting MWRES lead.
Comments:	The RO collects information about doctor's ethnicity and country of medical qualification (UK, EEU or IMG). Before proceeding with investigation about a doctor, a senior doctor with knowledge of diversity is asked to review the concern to ensure that there is no racial bias. Investigation is overseen by a Case Manager who also liaises with a non-executive director. The GMC has amended the referral form to ask about what steps were taken to avoid racial bias. One of the Associate Medical Directors has taken up the role of Equality Medical lead. The Trust has now completed the implementation plan of the Refer to Refer? report recommendations. The Trust has signed up to the Royal College of Psychiatrists equality initiative.
Action for next year:	Maintain the progress made

1G – Calibration and networking

1G(i) The designated body takes steps to ensure its professional standards processes are consistent with other organisations through means such as, but not restricted to, attending network meetings, engaging with higher level responsible officer quality review processes, engaging with peer review programmes.

Action from last year:	RO to continue to attend relevant RO network meetings. He will discuss with Ros of neighbouring mental health trusts opportunities for peer review.
Comments:	The RO continues to attend RO network meetings organised by NHS England North and also Regional RO network meetings for Mental Health Trusts. The aim of these meetings is to share information, share good practice and calibration of practice. NHS England North receives a copy of this report and conduct a desktop review using information from other sources. The Trust has a robust system of quality assurance of appraisals, appraisers and the whole system of appraisal and revalidation.

Action for next year:	The RO is still considering a peer group process.
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Section 2 – metrics

Year covered by this report and statement: 1 April 2024 – 31 March 2025

All data points are in reference to this period unless stated otherwise.

2A - General

The number of doctors with a prescribed connection to the designated body on the last day of the year under review. This figure provides the denominator for the subsequent data points in this report.

Total number of doctors with a prescribed connection on 31 March	64
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2B – Appraisal

The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions is as recorded in the table below.

Total number of appraisals completed	63
Total number of appraisals approved missed	1
Total number of unapproved missed	0

2C – Recommendations

Number of recommendations and deferrals in the reporting period.

Total number of recommendations made	14
Total number of late recommendations	0
Total number of positive recommendations	12
Total number of deferrals made	2
Total number of non-engagement referrals	0

Total number of doctors who did not revalidate	0
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2D – Governance

Total number of trained case investigators	2
Total number of trained case managers	2
Total number of new concerns registered	5
Total number of concerns processes completed	5
Longest duration of concerns process of those open on 31 March	194
Median duration of concerns processes closed	390 days
Total number of doctors excluded/suspended	0
Total number of doctors referred to GMC	1

2E – Employment checks

Number of new doctors employed by the organisation and the number whose employment checks are completed before commencement of employment.

Total number of new doctors joining the organisation	8
Number of new employment checks completed before commencement of employment.	8

2F – Organisational culture

Total number claims made to employment tribunals by doctors	0
Number of these claims upheld	0
Total number of appeals against the designated body's professional standards processes made by doctors	0
Number of these appeals upheld	0

Section 3 – Summary and overall commentary

This comments box can be used to provide detail on the headings listed and/or any other detail not included elsewhere in this report.

General review of actions since last Board report
<ul style="list-style-type: none"> - Dr Girgis continues in his role as Responsible Officer. - Medical Appraisal Policy is up to date and for review by July 2025 - Number of Appraisers has been reviewed, now have 13 appraisers (10.5 full time equivalent). - Continue to review the implementation plan and work with the GMC and the People Directorate to implement fully the recommendations of the 'Fair to Refer' report
Actions still outstanding
<ul style="list-style-type: none"> - To recruit a Medical Workforce Race Equality Standards, Lead (MWRES).
Current issues
<p>The Trust has become a GMC Sponsor. We have recruited a number of International Fellows from India. We are still figuring out how to make the best of this category of doctors and help them to achieve their potential.</p>
Actions for next year (replicate list of 'Actions for next year' identified in Section 1):
<ul style="list-style-type: none"> • To ensure appraiser numbers are maintained and kept under review • To continue to try recruit a Medical Workforce Race Equality Standards Lead • To maintain an appropriate information sharing system. • To continue the work on implementing the recommendations of the GMC "Fair to Refer?" report. • To organise training in Giving and Receiving Feedback • To consider the practicalities and added value of Peer Review.
Overall concluding comments (consider setting these out in the context of the organisation's achievements, challenges and aspirations for the coming year):

The appraisal rate was 98%, the highest rate achieved ever by the Trust. Appraisal System, Individual appraisals and individual appraisers are subject to quality assurance. The Trust has become a GMC Sponsor which allows the Trust to recruit International Fellows. Appraisal system has been adapted to meet the needs for doctors who are new to UK medical practice, The Trust has sufficient numbers of trained appraisers. Appraisers are appropriately remunerated which helps to ensure quality and accountability. They have opportunities for networking and keeping up to date.

There have been no referrals to GMC last year. We have sufficient numbers of case managers (CM) and case investigators (CI). We are planning to have a program for training CMs and CIs.

The Trust has made excellent progress in implementing the recommendations of the GMC Fair to Refer report.

Section 4 – Statement of compliance

The Board/executive management team have 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 the designated body	Sheffield Health and Social Care NHS Foundation Trust
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Name:	
Role:	
Signed:	
Date:	

GMC's Fair to Refer Implementation Progress and Update Report

2024-2025



Carla White
Medical Compliance Officer

10 June 2024

Introduction

In 2019, the GMC commissioned research into the reasons for overrepresentation of international medical graduates and doctors from ethnic minority in GMC referrals. The research found systemic issues spanning cultural factors, professional isolation, lack of good induction, mentoring, providing feedback and supervision, and leadership within organisations. These factors individually or in combination would lead to a trajectory ending up with GMC referral. The Fair to Refer? Report made 4 recommendations, covering 13 actions. The GMC has recently set a target for itself, regulatory bodies and employers to eliminate discrimination by 2026.

A group including Responsible Officer (RO), Deputy Medical Director and Director of Human Resources (as was called at the time) looked at the recommendations and agreed categorisation of recommendations:

- A) In place or implementation relatively straightforward (1-6 months)
- B) Capable of early implementation and would produce substantial improvement (timetable to be set separately)
- C) Complex implementation including additional resources and/or further approval

Category A

These are all from Recommendation 1 with the relevant paragraph number added.

- 1.4. 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.
- 1.5. 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 to be provided at the end of locum employment.
- 1.6. Employers should ensure effective arrangements for Speciality doctors and Specialists (SAS) 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

Category B

The first two are from Recommendation 1. The third is from Recommendation 2 and the last is Recommendation 4.

- 1.2 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).

- 1.3. 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.
- 2.2. 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
- 4.1. 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.

Category C

This includes Recommendation 2.1 and all of Recommendation 3. There are five recommendations in total and all directly refer to board level involvement. They encompass:

- reviewing and identifying negative subcultures-reviewing leadership style and introducing programmes to support leaders.
- implementing inclusive engagement sessions with a visible lead from clinical leaders
- leadership and boards regularly discussing and assessing how the organisation meets the needs of a diverse workforce.
- leadership and boards reviewing the representation of decision makers in local complaints processes.

This category also includes Recommendation 1.1 set out below as the training and technology may not be readily available (although some training in having difficult conversations has been undertaken in the past)

- 1.1 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.

Actions Completed so far in 2020/2021 and 2021/2022

- A) Raising awareness
 - Presentation to Medical Staff Committee
 - Discussion at Medical Workforce Planning Group,
 - Continuous Professional Development (CPD) session to all doctors
 - inclusion in the annual report on appraisal and revalidation to the Board of Directors
 - Updates provided to Joint Local Negotiating Committee.
- B) Mentorship scheme and creating and appointing to the role of mentorship coordinator.
- C) updating Medical Workforce Planning Group
- D) Exploring collaboration with neighbouring Trusts through the Regional RO Network for mental health trusts
- E) Training session in feedback and difficult conversation with professional actors
- F) Agreeing a SOP for locum recruitment.

- G) Agreeing a SOP for medical recruitment
- H) Ongoing review of induction and signposting doctors who are new to UK practice to attend the GMC relevant events.
- I) Implementation of SAS doctors charter, SAS representative is already a member of the MWPG.
- J) Opening leadership roles to SAS doctors e.g. appraiser role
- K) SAS rep is already a member of Joint Local Negotiating Committee (JLNC) as well as Medical Workforce Planning Group
- L) We have Certificate of Eligibility for Specialist Registration (CESR) rotation scheme for SAS doctors and CESR coordinators.
- M) We are supporting Approved Clinician approval scheme for SAS doctors.
- N) People Directorate were asked by the Board to consider the report (particularly Category C recommendations)
- O) Disciplinary Process: To consider how existing local Maintaining High Professional Standards (MHPS) process could be further adapted to help ensure impartiality and understanding of diversity, to allow for inclusion of systemic considerations and include the role of (Medical Workforce Race and Equality Standard (MWRES) Lead.
- P) RO Network: RO shared the Trust work with regional mental health RO network and explored areas for collaboration. (This could include some form of "pooling" of resources for investigating systemic issues to help ensure impartiality)

Progress in 2022/2023

1. The RO has met with relevant colleagues from the People's Directorate twice to develop a plan of implementing Group C recommendations.
2. Expression of interest has been circulated to appoint MWRES Lead.
3. The RO has discussed with the Medical Director and Revalidation Support Group developing a training program on Giving and Receiving Feedback and Managing Difficult Conversations. Various options are currently under considerations.

Progress in 2023/2024

1. A provider has been identified to run regular training in Giving and Receiving Feedback and Managing difficult conversations. The plan is to train around 20 doctors annually. Attending the training once every 5 years will be a requirement for appraisal/revalidation. The first course has been booked for 19 June 2024,
2. The RO and MD have discussed the option of creating a new post of associate medical director for equality, a higher profile role than MWRSES lead, to promote equality across different disciplines.
3. The RO has had further meetings with colleagues from People Directorate. Leadership development programs have been identified. It was agreed that the information available from Staff Surveys and monthly Staff Pulse will shed light on negative subcultures and leadership styles.
4. A non-executive member of the Board is already part of the decision-making group in MHPS process. This involvement will be extended if GMC referral is being considered.

Progress in 2024/2025

1. One of the Associate Medical Directors was identified as Diversity Medical lead
2. The RO has identified a suitable provider for training doctors in “Giving and Receiving Feedback and Managing Difficult conversations”. The RO worked with the MD to commission this training through study leave funding. The plan is that all substantive doctors will be required to complete this training once every revalidation cycle (5 years). This will be monitored via appraisals. This will be considered as appropriate CPD for medical educators. First training event occurred in June 2024 and another event is scheduled in June 2025.

Final Comment

The RO and MD have concluded that the Trust has now implemented all the recommendations of the GMC “Fair to Refer?” Report. This is one year ahead of the GMC deadline of 2026. They will keep the actions under review to ensure that progress made is maintained.

Annual Appraiser Review

April 2024 to March 2025

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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Trust Wide Summary

Submission Rates

Full Appraisal Year

(All appraisals by SHSC appraisers between 1 April 2024 and 31 March 2025)

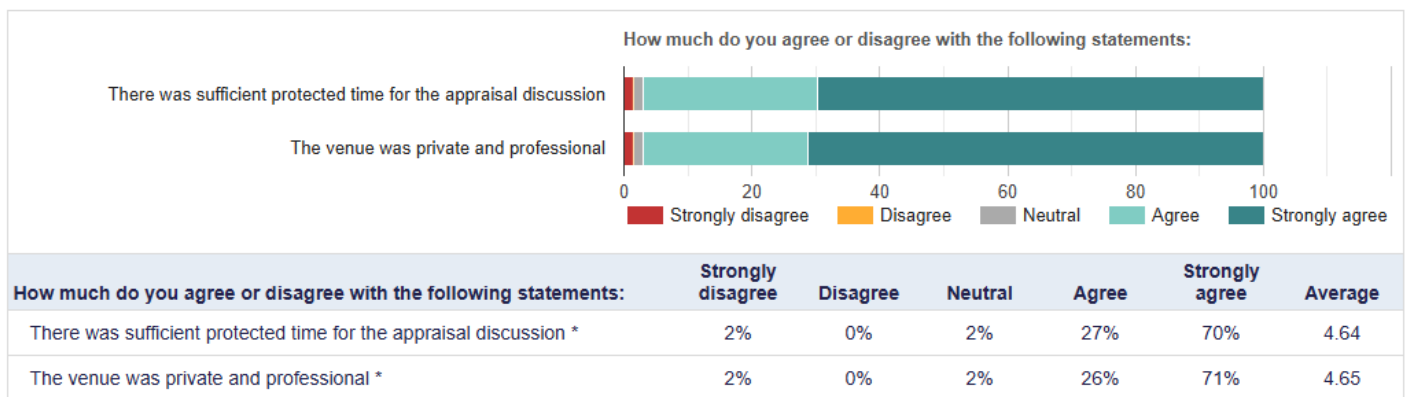
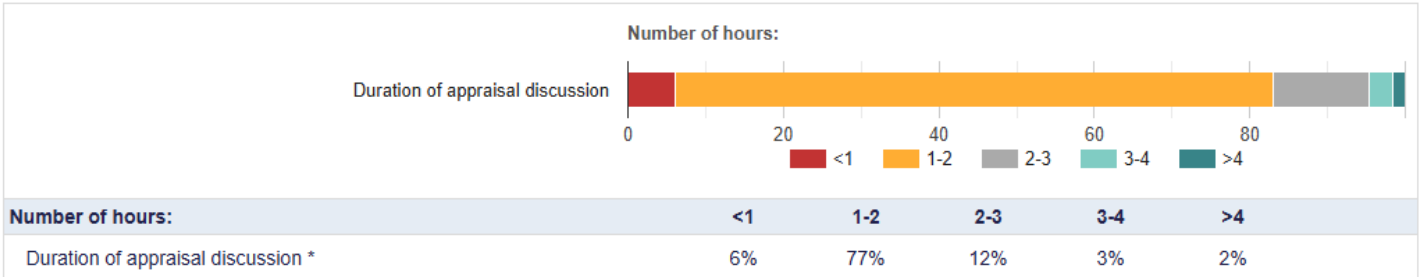
Measure	Tally	%
1	63	98%
2	1	2%
3	0	0%
TOTAL	64	

- 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 Appendix C).
- Measure 2: Missed or incomplete appraisal that is authorised by the Responsible Officer
- Measure 3: Missed or incomplete appraisal that is unauthorised by the Responsible Officer.

Feedback Scores

Environment and Timing

Environment and timing



Comments

Sufficient protective time and private/professional venue.

It was on Teams due to time commitments and to avoid travel disruptions.

Dr *** was very accommodating in changing the date we'd originally set.

Appropriate meeting via Teams at a time that suited us both. Enough time blocked off for both of us to complete the appraisal

Ample time to discuss various issues relating to appraisal. Took place in private office with no interruptions.

The date and time was easy to agree to and the venue very appropriate

My appraiser was very accommodating in terms of finding a good time for this appraisal meeting

Ensured protected time and space for us both to attend and contribute

Good venue and sufficient time allocated.

Flexible working on teams was very helpful

Comments

The face to face timing was between 1 and 2 hours, collecting all the information together took considerably longer.

The time and venue were quite good.

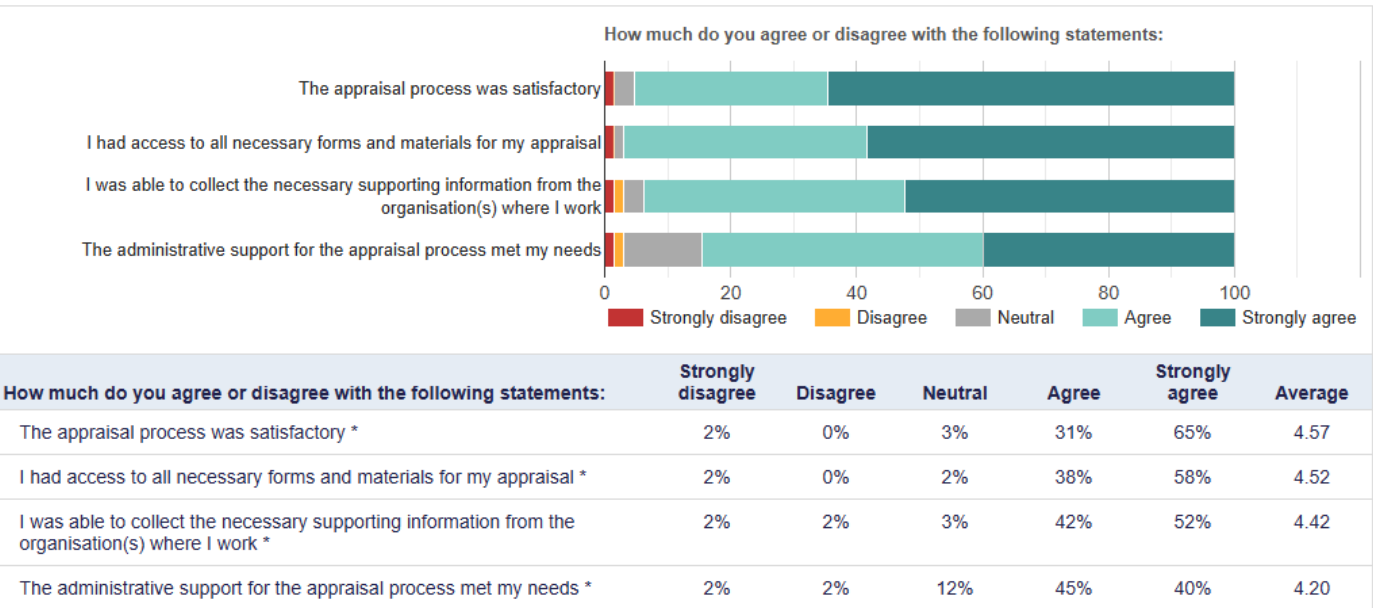
Appropriate environment. Quiet and private.

I was grateful for the choice of appointments as short notice

Environment and timing of the appraisal were very helpful.

Administration and Management of the Appraisal System

Administration and management of the appraisal system



Comments

The whole process was very satisfactory. I received relevant supporting information for my appraisal in good time prior to my meeting.

All relevant documents by admin were uploaded in good time.

No, it seems to be a good platform and communication was fine thanks

Well supported by medical education for collecting additional information and easy system to use.

There has been excellent support for the appraisal system this year. Thank you.

Was sent all the necessary forms + a handbook of information, however, there was unnecessary excess in this too and this led to some confusion about the level of expectations. I think this largely a product of my specific role and the fact that appraisal works slightly differently for clinical fellows

I don't have any PA so I collect all my appraisal documents myself, with the exception of centrally collected material such as complaints/SUIs.

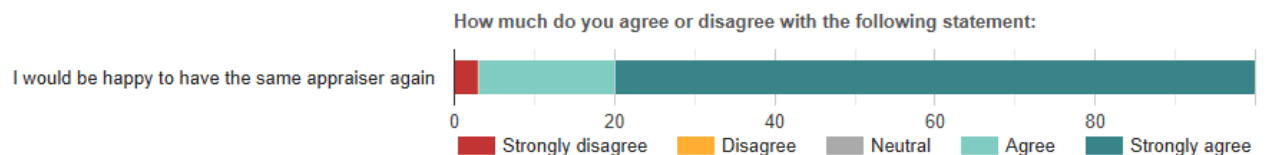
As it has been the case before, the admin support has been excellent

The process is extremely bureaucratic and incredibly time consuming. The (large amount of) time taken to complete the appraisal documents comes from my NHS time and therefore represents a resource that has to be diverted away from patient care. The process is in urgent need of streamlining.

Thank you - no concerns.

Appraiser Overview

Please rate your appraiser's skills in:	Very poor	Poor	Satisfactory	Good	Very good	Average
Establishing rapport *	0%	0%	2%	17%	82%	4.80
Demonstrating thorough preparation for your appraisal *	0%	0%	2%	31%	68%	4.66
Listening to you and giving you time to talk *	0%	0%	0%	22%	78%	4.78
Giving constructive and helpful feedback *	0%	0%	3%	18%	78%	4.75
Supporting you *	0%	0%	2%	18%	80%	4.78
Challenging you *	0%	0%	5%	23%	72%	4.68
Helping you to review and reflect on your practice *	0%	0%	2%	28%	71%	4.69
Helping you to identify gaps and improve your portfolio of supporting information for revalidation *	0%	0%	5%	23%	72%	4.68
Helping you to review your progress against your last personal development plan (PDP) *	0%	0%	2%	25%	74%	4.72
Helping you to produce a new PDP that reflects your development needs *	0%	2%	2%	25%	72%	4.68
Managing the appraisal process and paperwork *	2%	0%	2%	25%	72%	4.66



How much do you agree or disagree with the following statement:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Average
I would be happy to have the same appraiser again *	3%	0%	0%	17%	80%	4.71

Comments

I was very grateful for all the support by Dr ***. The appraisal process was helpful and thorough. Thank you.

Dr *** is very supportive, and compassionate. I felt at ease during the appraisal . They acknowledged the challenges I had faced and commended the things I have completed in my first year. They helped me identify where things could improve in terms of my skills and practice. They gave me constructive feedback and made sure I understand what I need going forward with my professional development.

Dr *** was excellent in her job as an appraiser.

Really easy to talk to, relaxed and supportive. Had prepared well beforehand with draft comments which felt nice.

Good appraisal - was nice to have a conversation about the past year

Dr *** has always allowed for an open environment in which I can discuss any professional achievements/concerns in a supportive way. They guided me throughout the appraisal process and made many suggestions as to any additions/changes I could make to support my appraisal.

Comments

Overall, I was extremely happy with the appraisal meeting. I was given plenty of time and opportunity to provide input into the meeting. I received relevant support and feedback in relation to certain areas I was unsure of.

Dr *** has been an excellent appraiser throughout, supportive and understanding but also challenging when required.

Very good appraiser, thank you

Very supportive with excellent suggestions for maintaining and developing my cpd

Excellent appraisal experience. Although Dr *** is a very experienced consultant, they could remember the challenges of becoming a newly appointed consultant. They was able to give good advice on managing time pressures and securing junior help in the future.

I felt at ease, and all my concerns were addressed. I was able to work through some of my current challenges and discuss how these can be addressed.

Clear and helpful in his approach to supporting me; they were timely in communication with emails and rescheduling; was adaptable to take into account my additional needs as a clinical fellow which they had not previously had to supervise; he reinforced the quality of the work I had completed this year which helped me to better value my own outputs; he was all round approachable and very easy to talk to - I enjoyed myself and was not expecting to, given this was my first appraisal and had no idea what it entailed

Dr *** has been my NHS appraiser for the past 3 years and I can only thank her, and praise her for the thorough and highly professional way that she has undertaken this work.

I really enjoyed my appraisal with Dr ***. I felt they worked hard to understand my role and connect with the challenges and opportunities of my job with helpful feedback and space for reflection.

Dr *** made the appraisal very relaxed and supported me to add and amend the information wherever necessary. I am very glad to work with them and look forward to have them as my appraiser again in the next appraisal year.

My appraiser gave very constructive and helpful feedback to identify development needs.

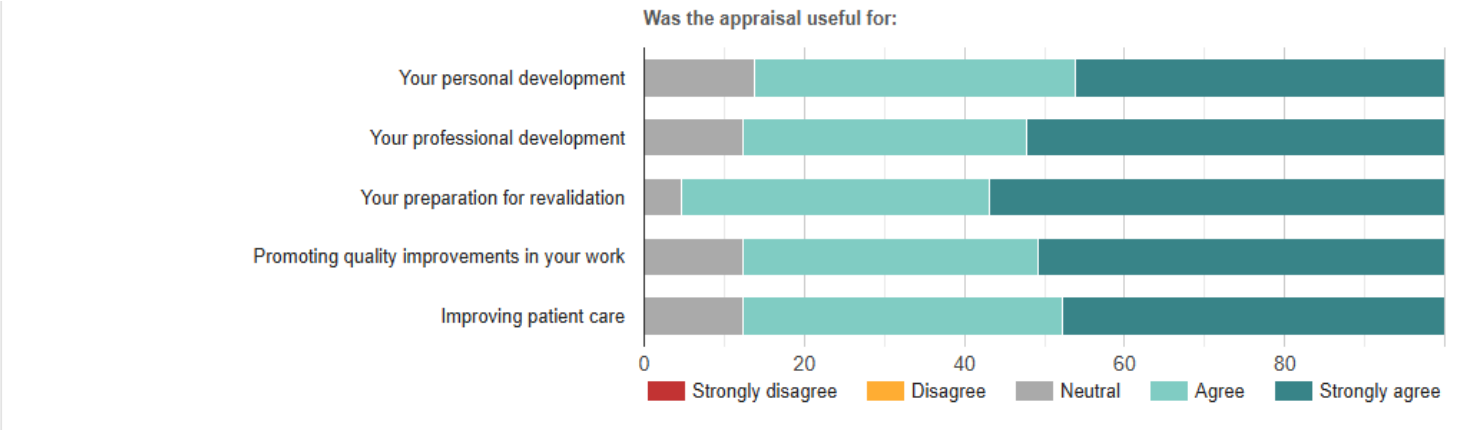
Dr *** is a very calm and composed person and one of the best consultants I have ever seen. They are very understanding compassionate and motivating.

Dr *** is a competent appraiser who was very supportive and engaging.

Dr *** is an excellent appraiser who will support you to make sure that you have a successful appraisal.

Dr *** is very knowledgeable regarding the appraisal system, she was able to offer advice and guidance for my upcoming revalidation. She is approachable and friendly and puts you at ease for what can be a stressful process.

Doctor Overview



Was the appraisal useful for:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Average
Your personal development *	0%	0%	14%	40%	46%	4.32
Your professional development *	0%	0%	12%	35%	52%	4.40
Your preparation for revalidation *	0%	0%	5%	38%	57%	4.52
Promoting quality improvements in your work *	0%	0%	12%	37%	51%	4.38
Improving patient care *	0%	0%	12%	40%	48%	4.35

Comments

- Many thanks to *** for patience and attention to detail. Appraisal was very helpful.
- It was a great experience.
- As above, overall very satisfied with the whole appraisal process.
- The appraisal has been less stressful over the last few years, thanks to Dr *** structured and supportive approach.
- Well supported and good learning experience.
- I really benefitted from this appraisal
- A useful pause for reflection after a busy year!
- Overall a good appraisal and it was beneficial to reflect on the professional development over the past year.
- Dr *** was professional and kind. The process was comfortable and allowed for good discussion. I felt that he facilitated a space in which I was able to reflect and grow as a professional.
- I increasingly think that the appraisal process is fine for consultants who are struggling or have problems, but for the rest of us, its a great deal of work, especially if you have several different jobs, which I do.... Dr *** made the process as smooth as it could be while still covering the ground for revalidation. Having said that, I do think we need an appraisal process on a yearly basis, but think its a bit bureaucratic.

Comments

The appraisal process is a necessary evil, and something I invest time in because it's required to achieve revalidation. The appraisal meeting is invariably helpful and worthwhile but the process as a whole adds little to my practice. While I'm sure it helps ensure safe practice, we need to be honest and not overclaim regarding the benefits.

Enjoyable and very useful process . Thank you very much

My appraisal this has been very productive as I was able to achieve most of my competencies. I was able to collect evidence in various clinical topics as well as show my Leadership role.

It was very helpful appraisal for the preparation of revalidation.

Average Feedback Score Summary

Complete PAQs	Incomplete PAQs	Very Poor	Poor	Satisfactory	Good	Very Good	Average Rating
7	0	0%	0%	0%	6%	94%	4.94
7	0	1%	0%	0%	18%	81%	4.77
7	0	0%	0%	0%	29%	71%	4.71
6	2	0%	0%	0%	0%	100%	5.00
6	2	0%	0%	0%	0%	100%	5.00
6	2	0%	0%	0%	0%	100%	5.00
5	0	0%	0%	0%	35%	65%	4.65
5	2	0%	0%	3%	38%	58%	4.55
3	0	0%	0%	0%	25%	75%	4.75
3	0	0%	0%	0%	8%	92%	4.92
3	1	0%	0%	0%	64%	36%	4.36
2	0	0%	0%	0%	0%	100%	5.00
1	0	0%	0%	0%	0%	100%	5.00

Demographics Report

2024-2025



Trust Demographics

The below statistics are for all psychiatrists on a substantive contract with Sheffield Health & Social Care NHS Ft who are not on the Performer's List. The data doesn't include General Practitioners with the Clover Group or doctors on a local training scheme. The data does not include Dr Girgis and Dr Crimlisk as they have alternative Designated Bodies.

as of 31st March 2025

Number of Doctors: 64

Substantive Doctor BAME Ratio

Other BAME



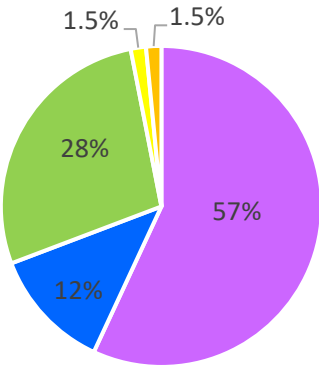
Substantive Doctor Gender Ratio

Male Female



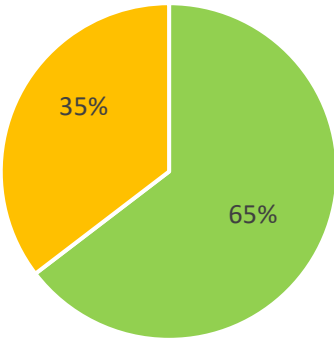
Substantive Doctor Grade Ratio

Consultant Specialist Specialty Doctor
Clinical Fellow Medical Officer



Substantive Doctor Medical Qualification

UK IMG



Appraisers as of 31st March 2025

Number of Appraisers: 13

Appraiser Gender Ratio

Male Female



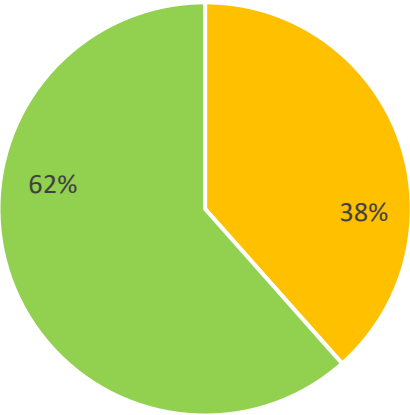
Appraiser BAME Ratio

Ethnic Minority Other



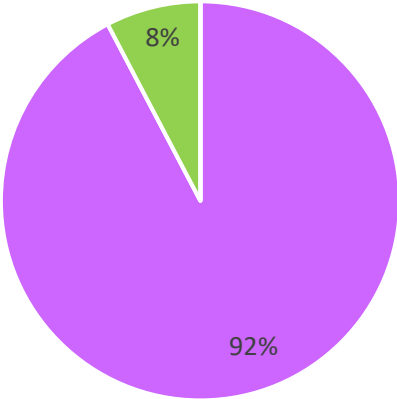
Appraiser Medical Qualification

UK IMG

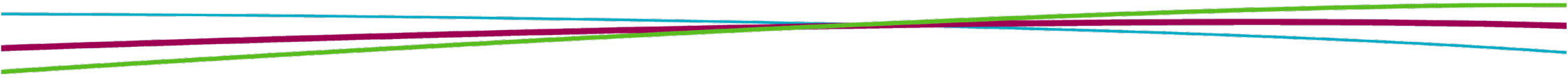
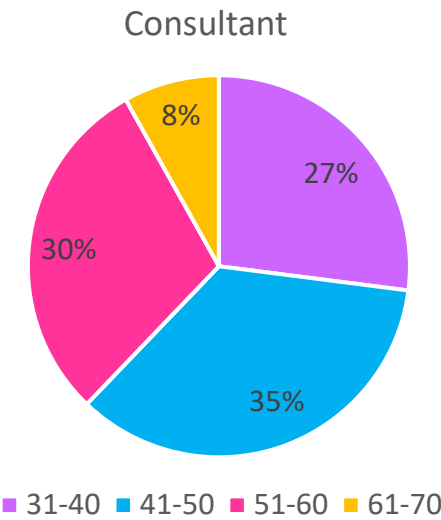
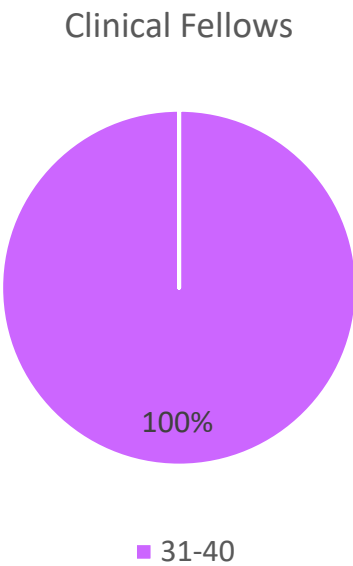
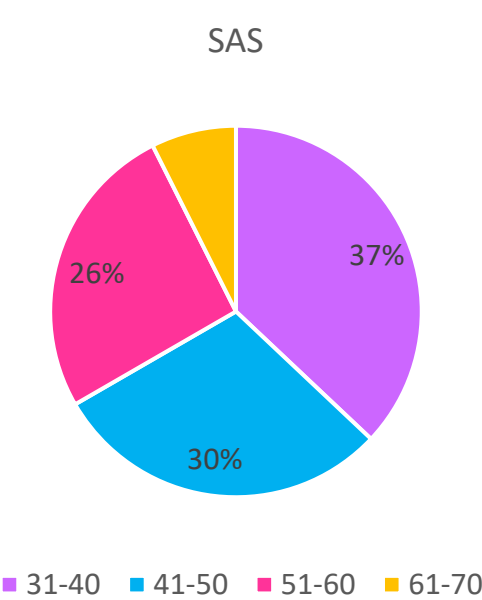


Appraiser Grade Ratio

Consultant Specialty Doctor



Age Demographic as of 31st March 2025



Agency Locums who have been contracted to work for SHSC between 1st April 2024 and 31st March 2025

Number of Agency Doctors:

This data relates to agency locums as individuals and is not representative of the number of shifts completed by each locum.

Agency Referrals to Responsible Officer by Gender

Male Female



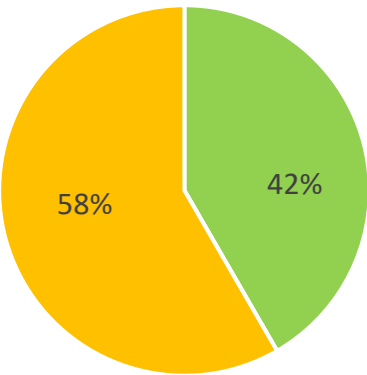
Agency Referrals to Responsible Officer BAME Ratio

BAME Other



Agency Referrals to Responsible Officer by Medical Qualification

UK IMG



Responsible Officer Referrals for 2024/25 Appraisal Year

Overview:

One doctor has been referred to GMC..

