

Appraisal and Revalidation Policy for Medical Staff

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Local Negotiating Committee (NCG 20/03/2015)

TARGET AUDIENCE:
All non-training grade Medical Staff (Consultants, SAS grades, Trust Doctors and any other non-training grade posts)

POLICY NUMBER:
PPM08

POLICY CATEGORY:
Medical Personnel Policies (PPM)

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VERSION AND REVISION RECORD:			
Date	Ver. No	Details	Review date
10/2011	1	New Policy	10/2013
10/2013	2	Revised	10/2016
03/2015	3	Revised	10/2017

Contents

1	Introduction.....	4
2	Purpose and Objectives.....	4
3	Definitions.....	5
4	Scope of Policy.....	5
5	Duties.....	5
6	Medical Appraisal.....	9
7	Selection, Training and Support of Medical Appraisers.....	17
8	Revalidation Recommendations.....	18
9	Appraisal and Job Planning.....	18
10	Quality Assurance of Appraisals and Revalidation.....	19
11	Records and Confidentiality.....	19
12	Monitoring Compliance.....	20
13	Associated documents.....	20
14	Equality Impact Assessment.....	20
15	References.....	20
	Appendix 1: Appraiser Person Specification.....	22
	Appendix 2: Medical Appraiser Role - Summary of activities.....	24
	Appendix 3 – Medical appraisal process.....	25
	Appendix 4: Appraisal postponement request form.....	26

1 Introduction

This policy outlines the requirements and approach to enhanced medical appraisals for revalidation to ensure that licensed doctors remain up to date and fit to practice. It is also aimed at providing support to all those involved with the medical appraisal process.

Medical revalidation was formally launched by the General Medical Council (GMC) on 3rd December 2012. It is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice. Revalidation aims to give confidence to patients that their doctor is being regularly checked by their employer and the GMC.

Licensed doctors have to revalidate, usually every five years, by having regular appraisals with their employer which are based on the GMC's core ethical guidance, *Good Medical Practice*¹.

2 Purpose and Objectives

The purpose of this policy is to ensure that all licenced medical practitioners (doctors) with a prescribed connection to the Trust² undergo a high quality and consistent form of annual medical appraisal.

As described in the NHS Revalidation Support Team (RST) *Medical Appraisal Guide*³, medical appraisal can be used for four purposes:

1. To enable doctors to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in the GMC document *Good Medical Practice* and thus to inform the responsible officer's revalidation recommendation to the GMC.
2. To enable doctors to enhance the quality of their professional work by planning their professional development.
3. To enable doctors to consider their own needs in planning their professional development.
4. To enable doctors to ensure that they are working productively and in line with the priorities and requirements of the organisation they practice in.

The medical appraisal process is also designed to provide assurances to the Trust and the public that doctors are remaining up to date across their whole scope of practice.

Appraisal is not a mechanism by which concerns regarding health, capability, behaviour or attitude are identified or addressed. Such concerns should be

¹ *Good Medical Practice (General Medical Council: 2013)*

² *There may be other doctors employed or contracted to the Trust who have a prescribed connection to another designated body. Their professional medical appraisal should be performed within their own designated body with information included from their practice at Southend University Hospital.*

³ *Medical Appraisal Guide (NHS Revalidation Support Team v4, March 2013)*

managed in an appropriate and timely manner, following the Trusts processes for raising concerns⁴.

This policy defines the process, roles and responsibilities of all those involved in the medical appraisal and revalidation process and the relationship between appraisal and clinical governance.

3 Definitions

GMC	General Medical Council
RO	Responsible Officer
ORSA	Organisational Readiness Self Assessment Tool
AOA	Annual Organisational Audit
CPD	Continuing Professional Development
PDP	Personal and Professional Development Plan
Prescribed Connection	The association between an individual doctor and their designated body
Designated Body	The Organisation which is responsible for providing the Responsible Officer duties for a particular doctor. This is determined in Statute and is not determined by doctor choice
QA	Quality Assurance
FQA	Framework for Quality Assurance
DCC	Direct Clinical Care
SPA	Supporting Professional Activities

4 Scope of Policy

This policy applies to **all** medical practitioners with a prescribed connection to the Trust. Responsible officers are required to maintain a list of the doctors that have a prescribed connection to their designated bodies.

5 Duties

All medical practitioners have a responsibility for ensuring that the principles outlined within this document are universally applied. Key organisational duties are identified as follows:

5.1 Duties within the Trust (Committees)

Board of Directors

The Trust Board is responsible for approving the framework to support the revalidation of medical practitioners with a prescribed connection to the Trust and ensuring it is compliant with all relevant legislation. The Board will appoint the responsible officer (RO).

⁴ Southend University Hospital NHS Foundation Trust: Raising Concerns at Work Policy (Formerly Whistleblowing Policy) / CM28 / V5.0

5.2 Duties of Individuals within the Trust

Chief Executive

The Chief Executive is responsible for ensuring that adequate and appropriate resources are available to support the responsible officer in the discharge of his/her duties. The Chief Executive is also responsible for completing the annual statement of compliance as required by NHS England⁵.

Responsible Officer

The primary role for the successful delivery of enhanced medical appraisals for revalidation is that of the Responsible Officer. This role is incorporated into the Medical Director's portfolio of responsibility as the senior medical professional within the organisation. With board approval this role can be delegated to an Associate Medical Director if required. The RO is personally accountable to the GMC, Chief Executive and the Trust Board.

The RO is bound by the Responsible Officer regulations (2010)⁶ and is responsible for ensuring appraisal/revalidation policies and associated processes comply with the relevant national guidance and legislation⁷.

The RO's duties include:

- Agreeing an appraisal policy that is compliant with national guidance and legislation.
- Supporting a programme of training for appraisers and ensuring they have sufficient resources for the role.
- Provide assurance to the Board of Directors (as outlined in NHS England's Framework for Quality Assurance⁸) that statutory responsibilities are being discharged effectively.
- Ensuring that there are appropriate systems and processes in place for collecting and holding data that inform the evaluation of fitness to practice.
- Agreeing a process for addressing conflicts of interest and bias.
- Agreeing and implementing a process for remediation for doctors in difficulty.

Clinical Directors

The Clinical Directors are responsible for ensuring that all medical practitioners in their areas are able to complete an annual appraisal in a timely manner and meets the requirements of this policy. They will also have overall responsibility for identifying individuals suitable for training as appraisers. Appendix 1 includes

⁵ *NHS England: A Framework of Quality Assurance for Responsible Officers and Revalidation – Annex E Statement of Compliance*

⁶ *2010 No. 2841 Health Care and associated professions: The Medical Profession (Responsible Officers) Regulations 2010*

⁷ *Ready for Revalidation – Making revalidation recommendations: the GMC responsible officer protocol (General Medical Council: 2012)*

⁸ *A Framework of Quality Assurance for Responsible Officers and Revalidation (NHS England: 2014)*

the appraiser person specification which should be considered when identifying new appraisers within the clinical directorates.

Clinical Directors will be responsible for making decisions on appraiser allocation if there is any perceived or actual conflict of interest between an appraisee and an appraiser.

The Clinical Director will highlight any concerns that they may have with a doctor's practice within their directorate to the Responsible Officer, as soon as the concern arises.

Appraisal Lead

The associate medical directors will undertake the role of appraisal lead for the Trust. Duties include:

- Ensure appraisals are carried out to uniformly high standard.
- Promote, support and facilitate implementation of national appraisal policies.
- Attend regional network meetings and cascade good practice throughout the organisation.
- Provide a full quality assurance process of appraisals due for revalidation and provide the RO with the necessary information required to make recommendations to the GMC.
- Provide feedback and guidance to appraisees on their reviewed appraisals.
- Provide support and guidance to the Trusts medical appraisers.

Appraisers

Doctors have a responsibility to support the profession in the delivery of appraisal and revalidation. Appraisers will be identified by their Clinical Director and RO and once trained, will receive a formal appointment letter (Appendix 2) from the RO which sets out the expected duties of the position.

As part of the quality assurance process within the Trust, there will be a continual review of appraiser skills and the Trust will obtain appraisee feedback on their performance and provide this to them for inclusion in their own appraisal.

In normal circumstances, an individual appraiser should undertake between four and ten appraisals a year, to maintain an appropriate level of quality and consistency. If an appraiser undertakes fewer or more than this, the reasoning and arrangements for re-training (if appropriate) will be recorded as part of the quality assurance process.

Appraisers should allow approximately 4 hours for each appraisal and training associated with the role. This time commitment is reflected in the Trusts allocation of SPA time for appraisers within Job Plans as 1 hour per week (0.25 SPAs).

Enhanced medical appraisals require the appraiser to assess the doctor's portfolio and consider whether the evidence meets the requirements of the

GMC's Good Medical Practice Framework for appraisal and revalidation⁹. The appraiser will be asked to assess whether the evidence submitted in the appraisal portfolio is appropriate for the doctor's scope of work and if reflection has been included. If the evidence and reflection is insufficient to inform an evaluation of the doctor's practice, the appraiser in the first instance should discuss this with the appraisee. If this does not resolve the problem, the matter should be referred to the lead appraiser and/or the RO.

If during the appraisal discussion, a concern arises that the doctor's health, conduct or performance poses a threat to patient safety, the appraiser should stop the appraisal meeting immediately and refer to the Appraisal lead/RO for further action.

Appraisers will be supported by the Trusts appraisal lead and will be expected to attend the regular appraiser support forums as part of their continuous professional development in the role.

Appraisees

It is the responsibility of individual doctor's to ensure that they participate in the annual appraisal process which meets GMC's requirements for enhanced medical appraisals for revalidation.

Responsibilities include:

- Ensure they are familiar with this policy
- Conduct an annual appraisal in accordance with this policy and GMC requirements
- Ensure that where reasonable practicable, every appraisal is conducted within the timeframes specified within this policy.
- Choose their appraiser in a timely manner and contacting them to arrange dates and times for appraisal meeting.
- Use the Trusts approved electronic system to complete their appraisal portfolio
- Ensure that where reasonable practicable, adequate time is set aside to prepare appraisal portfolio for appraiser's review.
- Contribute to the Trusts quality assurance framework for appraisal by completing feedback surveys upon completion of their annual appraisal within 4 weeks of sign off.

Appraisal and Revalidation Manager

The appraisal and revalidation manager will oversee the medical appraisal process for the Trust and develop procedures and practices that are in line with changes in legislation.

They will ensure that appropriate protocols, processes and records are followed to ensure all doctors, with a prescribed connection to the Trust, have access to

⁹ *Good Medical Practice Framework for Appraisal and Revalidation (General Medical Council: 2012)*

an annual medical appraisal which is in line with national requirements for revalidation.

Other responsibilities include:

- Maintain the GMC Connect list of all doctors that have a prescribed connection with the Trust as a designated body under the regulation of the Medical Profession (Responsible Officer) Regulations (2010).
- Manage the Trust's electronic appraisal system and provide administrative support to its users.
- Maintain and develop a pool of trained medical appraisers to ensure there are sufficient numbers to meet the needs of the medical workforce.
- Provide monthly performance reports to Clinical Directors of appraisal activity within their Directorates.

Clinical Governance Leads

The departmental clinical governance leads will be responsible for ensuring that relevant clinical governance systems are maintained so specific data can be obtained by each doctor in relation to appraisal and revalidation requirements. They should also ensure that there is a regular process established for feeding clinical governance information through the relevant channels to support the appraisal system within the Trust.

6 Medical Appraisal

Medical appraisal for doctors with a prescribed connection to the Trust will be carried out in accordance with the GMC guidance: *Supporting information for appraisal and revalidation*, and be based on the GMC's *Good Medical Practice Framework for appraisal and revalidation*.

6.1 Requirements

Enhanced medical appraisals are based on the principles and values set out by the GMC's *Good Medical Practice* guidance for doctors. This guidance describes the standards of competence, care and conduct expected of doctors in all aspects of their professional work. These aspects include:

- Good clinical care
- Maintaining good medical practice
- Teaching and training
- Relationship with patients
- Working with colleagues
- Probity
- Health

The GMC's *Good Medical Practice framework for appraisal and revalidation* forms the basis of a standard approach for all enhanced medical appraisals. The framework consists of four domains which cover the spectrum of medical

practice. Each domain is supported by three attributes which in turn are defined by standards of behaviour. The majority of these attributes apply to the practices or principles of the profession as a whole whereas a minority relate specifically to care of or relationships with patients. The supporting information which will be collected within each doctor's appraisal portfolio will largely be specific to their specialisation

The four domains of the GMC's Good Medical Practice are:

Domain 1 – Knowledge, Skills and Performance

- Maintain your professional performance
- Apply knowledge and experience to practice
- Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible.

Domain 2 – Safety and Quality

- Put into effect systems to protect patients and improve care
- Respond to risks to safety
- Protect patients and colleagues from any risk posed by your health

Domain 3 – Communication, Partnership and Teamwork

- Communicate effectively
- Work constructively with colleagues and delegate effectively
- Establish and maintain partnerships with patients

Domain 4 – Maintaining Trust

- Show respect for patients
- Treat patients and colleagues fairly and without discrimination
- Act with honesty and integrity

The expectation is that, by developing a portfolio of wide-ranging supporting information from their professional practice, a doctor will be able to show how they exhibit the above attributes to a satisfactory level. Supporting information will cover a 5 year cycle of revalidation and will be linked to all attributes. The 6 types of supporting information as outlined in the GMC's *supporting information for appraisal and revalidation* are:

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

By providing all six types of supporting information over the 5 year revalidation cycle doctors should demonstrate, through reflection and discussion, that their practice meets all 12 attributes in the above 4 domains.

In discussing the supporting information, the appraiser will be interested in what the doctor did with the information and the reflections on the lessons learnt from completing the activity, not simply that it was collected and maintained in a portfolio. The appraiser will want to know what the doctor thinks the supporting information says about their practice and how they intend to develop or modify their practice as a result of that reflection.

Every doctor is responsible for ensuring that they are appraised annually on their **whole practice**, so will need to make arrangements to share information from each of their employers, including private practice, on an annual basis. In order for a doctor to be appraised on their whole practice, it is acknowledged that information requests will need to be handled in a timely manner and transferred according to information governance methods.

A Trust guidance document is available to assist doctor's understand the type of information required their appraisal portfolios. This guidance document is an important tool for individuals to use when preparing for their appraisal and should be referred to for advice on local and national requirements for each type of supporting information. The guidance document is available on the revalidation section of the Trusts intranet site or upon request from the Revalidation office.

Doctors in specialist practice should also consult the supporting information guidance provided by their medical Royal College or Faculty. The specialty supporting information guidance details what each medical Royal College or Faculty expects to be included in a doctor's appraisal portfolio, based on their specialty expertise.

6.2 Process

For the purpose of auditing the appraisal system and to align with NHS England's appraisal periods, the appraisal year will run from 1st April to 31st March. A completed annual medical appraisal is one where the appraisal meeting takes place between 9 and 15 months since the date of the last appraisal and the outputs of appraisal have been agreed and signed off by the appraiser and the doctor within 28 days of the appraisal meeting.

The Trust has mechanisms in place to report appraisal completion rates to NHS England as outlined in section 10 of this policy.

Individuals should use the e-appraisal system throughout the year to populate their portfolio and prepare for their annual appraisal.

Appendix 3 outlines the Trust's appraisal process along with timescales.

6.3 Format

To assist doctors with the collection of supporting information, the Trust uses Allocate Software's Zircadian system. This is a secure, internet based system which will allow doctors to collect and build a portfolio of appraisal evidence throughout the year.

Zircadian appraisal form is based upon NHS England's *Medical Appraisal Guide* format and includes the relevant sections required for revalidation¹⁰

The use of Zircadian is mandatory and where possible, all supporting information pertaining to the appraisal should be uploaded onto the system. All patient identifiable information must be removed prior to uploading onto Zircadian. The appraisal form contained within the system must be used for every appraisal, hand written documentation will not be accepted under any circumstances.

6.4 Timings and Reminders

Every doctor will have an agreed, fixed appraisal month every year. Where not already established, and where a different month is not agreed to be appropriate, a doctor's appraisal month will need to be agreed by the Responsible Officer. Doctors will be expected to have their appraisal meeting during the month of their appraisal due date. Any doctor who cannot complete their appraisal in the month it is due, must obtain prior approval by the Responsible Officer to postpone the appraisal date as outlined in section 6.9 of this policy.

Reminders of forthcoming appraisals will be sent at approximately 90 and 56 days before the due date of the appraisal. Doctors should schedule their appraisal date with their chosen appraiser at least 6-8 weeks before the due date and submit the appraisal documentation for review to the appraiser at least 2 weeks before the agreed appraisal date. The revalidation office must be notified of the chosen appraiser and agreed appraisal date once this information has been confirmed.

For appraisals which are being realigned with a doctor's revalidation date, the appraisal must be completed and signed off at least 12 weeks before a revalidation recommendation is due. This allocated timeframe allows the responsible officer to conduct a thorough review of the submitted appraisal prior to considering a recommendation.

Failure to adhere to this timeframe may result in the responsible officer referring the matter to the GMC for investigation into non-engagement of the doctor. Please refer to section 6.10 for further information relating to non-engagement with the appraisal and revalidation process.

6.5 Selecting an Appraiser

Doctors may select their appraiser from an approved list which can be found on the Revalidation section of the Trusts intranet site, according to the following principles:

¹⁰ *Medical Appraisal Guide – A guide to medical appraisal for revalidation in England (NHS Revalidation Support Team: 2013)*

- Doctors may not select the same appraiser more than three times in one 5 year revalidation cycle and must then have a period of at least 3 years before being appraised again by the same appraiser.
- Appraisers should be selected and agreed at least 6 weeks before the scheduled appraisal meeting.
- If an appraiser is not chosen within 6 weeks of the appraisal date, the responsible officer reserves the right to appoint an appraiser on the doctor's behalf.
- Appraisers do not have to be from the same speciality or discipline as the doctor being appraised, but they should be familiar with their role and working circumstances.
- A doctor should not act as an appraiser to a doctor who has acted as their appraiser within the previous five years.
- The responsible officer reserves the right to appoint an appraiser where there are performance or conduct issues with the doctor.
- Failure to agree a choice of appraisers can be appealed to the HR Director
- External appraisers may be considered in circumstances where there is a perceived conflict of interest or appearance of bias that cannot be resolved internally.

Once an appraiser has been selected, doctors should contact the revalidation office so the appraiser can be formally assigned to them on the appraisal system.

6.6 Conflict of Interest and Risks of Collusion

Appraisers and appraisees must avoid any situations where a conflict of interest may exist between an appraiser and appraisee, including;

- Personal or family relationships
- Sharing of close business or financial interests
- Reciprocal appraisals (where two doctors appraise each other)
- Any payment or other gifts or favours in connection with the appraisal
- Collusion between an appraiser/appraisee within the revalidation cycle, for example in periodic joint appraisal or in qualitative evaluation of appraisal outputs

Where these situations arise, they must be reported to the RO as they may constitute professional misconduct or fraud and may be subject to disciplinary action or dismissal.

6.7 The Appraisal Meeting

The appraisal portfolio must be submitted to the appraiser at least two weeks prior to the date of the appraisal, taking into account any leave arrangements that may impact on the ability of both parties to prepare for the formal appraisal meeting. If the appraisal portfolio is not submitted to the appraiser with sufficient time for review, the appraiser reserves the right to postpone the appraisal to allow two weeks for the review of documentation prior to the appraisal meeting.

If the quality of the portfolio of supporting information and/or the accompanying commentary appears incomplete or inadequate, the appraiser should discuss this with the doctor, with a view to the doctor amending or supplementing the supporting information before the appraisal meeting. If the appraiser is satisfied as to why the portfolio and commentary are as they are, the appraisal discussion can proceed, and the appraiser should record the reasons given as part of the appraisal summary. In the event where it is necessary to postpone the appraisal meeting because of incomplete or inadequate information, the doctor should inform the revalidation office immediately and rearrange a suitable time for the appraisal meeting.

Colleagues should allow at least two hours to conduct the formal appraisal meeting. This time must be scheduled at the convenience of the appraiser and during SPA time. Appraisal meetings should not normally be scheduled during DCC time however if it proves impossible to arrange a convenient time for both parties to meet during SPA time, an appraisal meeting may be scheduled during clinical time. This is subject to the usual period of notice being given and an agreement to compensate for the lost clinical time, for example, by carrying out additional activities during alternative designated SPA time.

All formal appraisal meetings should be conducted on the hospital site, unless specific permission is given contrary by the RO or their nominated deputy.

6.8 Concerns Arising from an Appraisal Meeting

On very rare occasions, an unexpected serious concern may come to light in the course of an appraisal. In such circumstances the appraiser should suspend the conversation, should not complete the appraisal outputs and should notify the RO as soon as reasonably practicable, so the matter may be addressed. The RO will decide within 28 days of the referral when and how the appraisal process should be reinstated and how the issues raised should be addressed.

6.9 Postponement/Deferment of Appraisal

It is mandatory for all doctors with a prescribed connection to the Trust to complete an appraisal annually and within the month it is due.

Postponement of an appraisal can only be agreed with the prior and express permission of the RO using the postponement request form in Appendix 4 and cannot be postponed any longer than 3 months from the due date. Failure to complete an appraisal within this timeframe will result in a doctor's appraisal being reported as 'missed' for the period and this will be escalated to the RO for action.

Agreement to postpone an appraisal date will only be given in exceptional circumstances and will not lead to a change to the agreed appraisal month for future years. The original appraisal month should therefore be adhered to in future years if a postponement request is authorised.

There are also exceptional circumstances when a doctor may request that an appraisal is deferred such that no appraisal takes place during a particular appraisal year.

Examples (not an exhaustive list) when a doctor may request a deferment (or postponement) include:

- Breaks in clinical practice due to sickness or maternity leave
- Breaks in clinical practice due to absence abroad or sabbatical

Doctors who have a break from clinical practice may find it harder to collect evidence to support their appraisal, particularly if being appraised soon after their return to clinical practice. An appraisal however can often be useful when timed to coincide with a doctor's re-induction to clinical work to help their re-entry.

Appraisers will use their discretion when deciding the minimum evidence acceptable for these exceptional appraisals.

As a general rule it is advised that doctors having a career break:

- In excess of six months should try to be appraised within six months of returning to work.
- Less than six months should try and be appraised no more than eighteen months after their previous appraisal and wherever possible so that an appraisal year is not missed.

Each case can be dealt with on its merits and the Trust will ensure that no doctor is disadvantaged or unfairly penalised as a result of pregnancy, sickness or disability.

Doctors are likely to have to produce the total recommended total amount of CPD credits for the five year cycle revalidation cycle, even if they have had some periods of leave during the revalidation cycle.

Appraisals may also be deferred at the specific request of the RO where a doctor is already under investigation for concerns that have been raised.

The RO is unable to make a positive revalidation recommendation for any doctor who does not have an agreed and valid reason for the deferment of their appraisals and do not have a sufficient number of completed appraisals within each 5 year revalidation cycle.

6.10 Escalation Process for Non-Engagement

The Trust has processes in place to support engagement with the annual appraisal process, remind doctors of their professional responsibilities, and advise them as to the potential implications of non-engagement. Failure to engage with the appraisal process will place a doctor's employment status, and potentially their GMC licence to practice at risk.

The escalation process for non-engagement is as follows:

- The doctor will be provided with reminders of when their annual appraisal is due for completion as outlined in section 6.4 of this policy.
- If the revalidation office has not been notified that an appraisal meeting has been booked 4 weeks prior to the appraisal due date, a reminder that their annual appraisal is due in 4 weeks time will be sent via email and a hard copy will be sent to their current registered address (as recorded on their employee files) by the revalidation office.
- If an appraisal is not completed on the Zircadian system within 15 months from the date of their last appraisal and there has not been an agreed postponement to their date, the RO will write to the doctor by email with a hard copy sent to their current registered address giving them 28 days' notice to complete their appraisal. The letter will outline the relevant policies and procedures, including the escalation process. They will be required to complete and return a postponement form (see Appendix 3) explaining the reasons for the delay.
- If the doctor has not completed their appraisal within the 28 days' notice, a second letter will be sent from the RO by email and letter to the doctor giving a further 10 days' notice to complete their appraisal and reminding them of their professional responsibilities and potential consequences for failing to engage with the appraisal and revalidation processes. The names of these doctors will be discussed with the regional GMC Employer Liaison Advisor.
- If the doctor has not completed their appraisal within the 10 days' notice, the RO will review the revalidation and regulatory implications of non-engagement and in the absence of any mitigating factors will consider further action. Typically this will include notifying the GMC of a non-engagement concern for the doctor and formal action under disciplinary procedures/contract of employment may also be considered. The RO will inform the doctor and their clinical director of the action taken and notify them that the doctor is no longer eligible for pay progression or clinical excellence award application.
- If the RO has considered that there is no evidence to support the doctor not being able to participate in local processes that support revalidation, a non-engagement concern notification (REV6)¹¹ will be submitted to the GMC which will stipulate a compliance date for the doctor to start engaging in the appraisal and revalidation processes. The GMC will then write to the doctor to outline that a non-engagement concern has been raised and the compliance date will be given. If the doctor continues with non-engagement, the RO will inform the GMC after the compliance date has passed who can place the doctor into their 4 month statutory notice period and bring forward their revalidation date. The RO may also formally review

¹¹ GMC – Registration and licencing – Revalidation: About notifications of non-engagement

the matter in line with the Trust policies and processes which may result in a decision being made about the doctors on-going employment with the Trust.

- If the doctor continues with non-engagement, the GMC will then commence their proceedings for non-engagement with revalidation directly with the doctor which may result in the removal of their licence to practice.
- If the doctor subsequently begins engaging in the appraisal and revalidation process they will follow the usual appraisal process.

7 Selection, Training and Support of Medical Appraisers

7.1 Review of Skills

There will be an annual assessment/evaluation of all appraisers and feedback provided by the Responsible Officer, in the form of appraise feedback and a review of appraisal outputs/documentation.

7.2 Person Specification and Job Description

A person specification and a summary of activities expected from the medical appraiser role is available and can be found in Appendix 1 and 2 of this policy.

7.3 Required Competences for Appraisers

These include:

- The ability to summarise a discussion clearly and accurately
- Objective evaluation skills
- Commitment to on-going personal education and development
- Good working relationships
- Ability to work as part of a team
- Motivating, influencing and negotiating skills
- IT skills

The Responsible Officer will confirm that a doctor is suitable to be an appraiser and will review the performance of all new appraisers in their first year in order to confirm their continuation in that role.

7.4 Training and Development of Appraisers

Trust appraisers will have attended a nationally approved training course for new medical appraisers for revalidation.

Trained appraisers will be expected to keep their skills up to date by attending periodic update training and in house appraiser forums.

7.5 Access to Leadership, Support and on-going Development

Support for appraisers will be available from the Responsible Officer and Associate Medical Directors.

7.6 Recognition of the Role of Appraiser

It is recognised that the role of a medical appraiser is a significant time commitment therefore time should be included as a supporting professional activity through proper, robust job planning. Directorates should therefore ensure that the job plans for appraisers incorporate an additional 0.25 SPAs per week for the role.

8 Revalidation Recommendations

The RO will review the outcome of all appraisals within the five year revalidation cycle and consider these alongside other relevant information regarding the individual doctor when making a revalidation recommendation to the GMC.

In making this decision, ROs will consider the following areas:

- There is evidence of annual appraisals with supporting information. This will be provided by the appraisal outputs, including the summary completed by the appraiser.
- Where appraisal has identified developmental needs, there is evidence of continuing development and reflection between appraisals.
- There is evidence of reflection on the supporting information. This will be provided by the appraiser's summary;
- There is evidence that the risk of complacency and collusion between appraiser and the doctor is minimised. This will be demonstrated through altering appraisers every 3 years, verification of clinical data, patient and colleague feedback and appropriate appraiser training.

The RO will make each revalidation recommendation in line with the Medical Profession (Responsible Officers) Regulations 2010 and the GMC protocol for making revalidation recommendations¹².

9 Appraisal and Job Planning

Appraisal is not the process by which the Trust reviews or judges performance against an individual's contract of employment, job plan or service objectives. This is conducted under the Trust Job Planning review process. However it is expected that individuals will present their job plan to their appraiser as part of their appraisal documentation. Any issues arising from the job plan, clinical outcomes or other governance data may be relevant to the appraisal will form part of the appraisal discussion.

¹² GMC protocol for making revalidation recommendations (http://www.gmc-uk.org/Responsible_Officer_Protocol.pdf_56096180.pdf)

10 Quality Assurance of Appraisals and Revalidation

NHS England's Framework of Quality Assurance¹³ provides an overview of the elements defined in the RO Regulations, along with a series of processes to support RO and Designated Bodies in providing the required assurance that they are discharging their respective statutory responsibilities.

The Trust will be expected to receive an annual board report on the implementation of revalidation and submit an annual statement of compliance to their higher level RO. RO's will also be required to submit quarterly and annual returns to their higher level responsible officers in accordance with the guidance contained in the FQA.

The Trust Board will receive an annual report at year end, based on the Annual Organisational Audit (AOA), confirming the numbers of appraisals that have been completed across the organisation, any key themes that are emerging and recommendations for improving the process and quality (if relevant) for the following year in line with the FQA.

It is a requirement that appraisees are asked for feedback on their appraisal experience on an annual basis. The results collected from this feedback will be used to identify areas of improvement in the process for future years as well as providing an overview of the appraisers performance for the year.

11 Records and Confidentiality

Whilst the details of an appraisal meeting are confidential to the appraiser and doctor, the revalidation office and RO will have access to the portfolio and appraisal documentation through the Zircadian system. Doctors can mark documentation that they wish to keep entirely confidential as 'private' within the Zircadian system which can then only be viewed by their appraiser, RO and their nominated deputy.

Appraisers have a duty under *Maintaining Good Medical Practice* to inform the RO if concerns arise for patient safety during the appraisal meeting. If concerns regarding the doctor's fitness to practice arise during the appraisal meeting, the appraiser should suspend the meeting and seek advice from the RO. In the absence of the RO, advice can be sought from the Associate Medical Directors/Appraisal Leads.

The appraiser must ensure that there are no comments referring to personal health in the appraisal summary or personal development plan.

The Trust must ensure that all data and appraisal information is held securely by the appraisal and revalidation manager.

All those involved in the appraisal and revalidation process must ensure that they abide by the Trust policies for confidentiality, data security and ensure that all patient identifiable information is removed prior to uploading into the portfolio.

¹³ NHS England – A Framework of Quality Assurance for Responsible Officers and Revalidation (April 2014)

12 Monitoring Compliance

In order to ensure quality assurance throughout the appraisal process, the Trust will undertake the following monitoring.

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual/department responsible for the monitoring	Frequency of the monitoring activity	Group/committee/forum which will receive the findings/monitoring report	Committee/individual responsible for ensuring that the actions are completed
Quality of Appraisals	Audit of documentation	RO	Continuous process	Trust Board/Medical appraiser forum	RO
Ensuring annual appraisals are completed	RAG rated report to monitor activity and quarterly reports to NHS England	Appraisal & Revalidation Manager	Monthly/Quarterly	Corporate Team/RO	Clinical Directors/RO
Appraisal process	Review existing mechanisms for appraisal to ensure they remain fit for purpose	Responsible Officer/Appraisal & Revalidation Manager	Annually	Medical appraiser forum	RO
Quality assurance of appraisers	Audit/refresher training	Appraisal & Revalidation Manager	Annually	Appraisal & Revalidation Manager/Medical Appraiser Forum	RO
Overall performance	AOA	Appraisal & Revalidation Manager	Annually	NHS England/RO/Chief Executive	Trust Board/RO/Appraisal & Revalidation Manager

13 Associated documents

This policy is linked to the following documents:

- Producing a quality appraisal at SUH
- PPM09 Remediation Policy
- PPM10 Consultant Job Planning Policy

14 Equality Impact Assessment

This policy has been the subject of an Equality Impact Assessment. The output of the assessment demonstrates that no one as a consequence of this policy is placed at a disadvantage over others.

15 References

- Producing a quality appraisal at SUH:
[http://intranet/hr/mhr/medreval/Trust%20documents/Producing%20a%20quality%20appraisal%20at%20SUH%20\(Nov%202014\).pdf](http://intranet/hr/mhr/medreval/Trust%20documents/Producing%20a%20quality%20appraisal%20at%20SUH%20(Nov%202014).pdf)
- General Medical Council - Good Medical Practice:
www.gmc-uk.org/guidance
- Ready for Revalidation – Making revalidation recommendations: the GMC responsible officer protocol:
http://www.gmc-uk.org/static/documents/content/Responsible_Officer_Protocol.pdf
- General Medical Council – Good Medical Practice Framework for appraisal and revalidation:
http://www.gmc-uk.org/GMP_framework_for_appraisal_and_revalidation.pdf_41326960.pdf
- General Medical Council – Supporting Information for Appraisal and Revalidation: http://www.gmc-uk.org/Supporting_information100212.pdf_47783371.pdf
- NHS England – Medical Appraisal Guide:
<http://www.england.nhs.uk/revalidation/appraisers/med-app-guide/>
- Terms and Conditions – Consultants/Consultants Contract 2003:
http://www.nhsemployers.org/~media/Employers/Documents/Pay%20and%20reward/Consultant_Contract_V9_Revised_Terms_and_Conditions_300813_bt.pdf

Appendix 1: Appraiser Person Specification

The role of appraiser may be a stand-alone role or an integral part of a broader medical management role (e.g. clinical lead). To ensure quality and consistency the person specification of medical appraisers should include core elements relating to the role of appraiser. The following is an example.

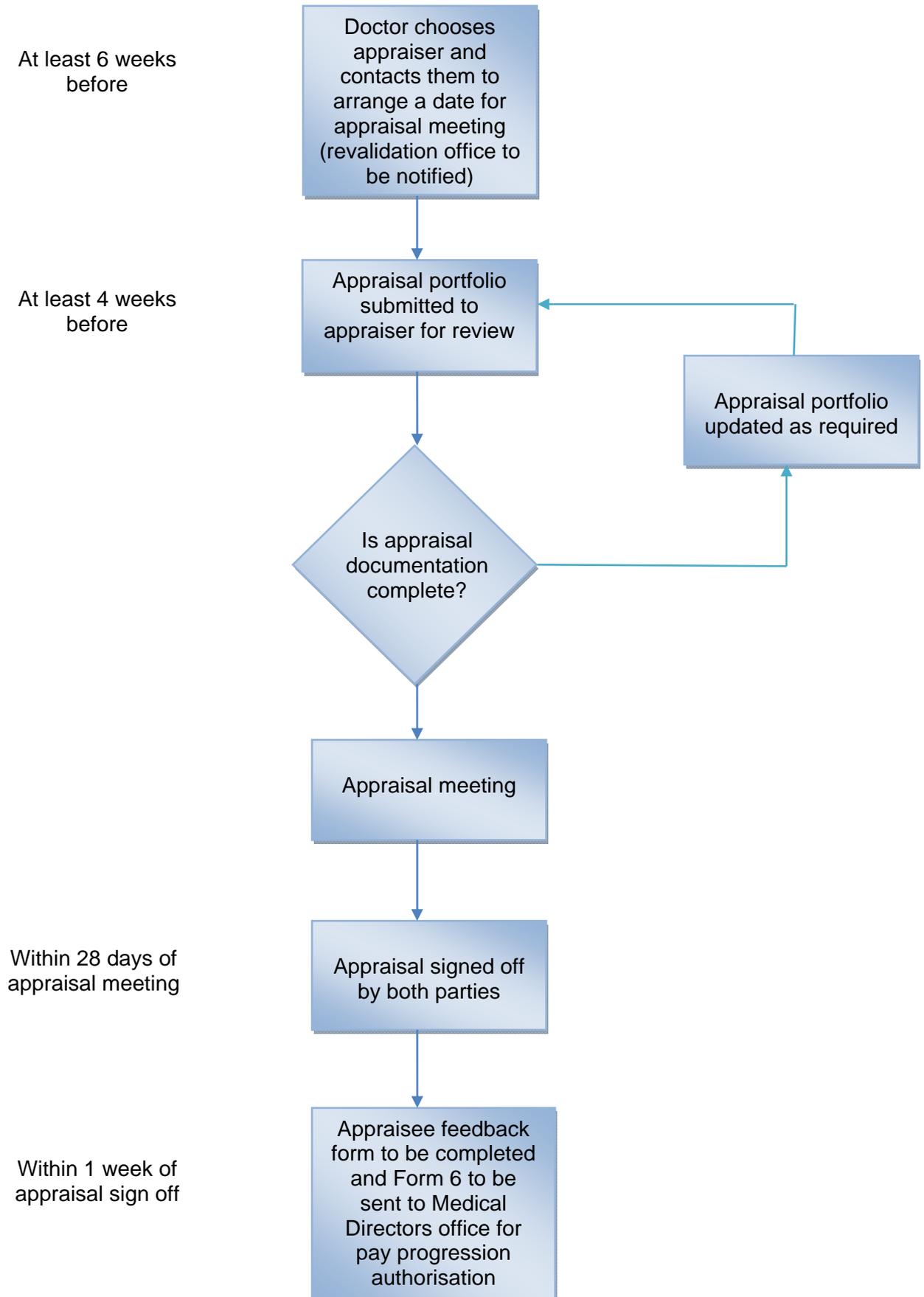
Core elements of a person specification for medical appraiser	
<p>No distinction has been made between 'essential' and 'desirable' as the importance of each of these qualities should be determined in relation to the local context</p> <p>Probationary periods or provisional appointment subject to satisfactory completion of training and/or demonstration of competence should be described in the job description</p>	
Qualifications	<p>Medical Degree (plus any Postgraduate qualification required)</p> <p>GMC License to Practice</p> <p>Where appropriate, entry on GMC Specialist or General Practitioner Register</p> <p>For General Practitioners, entry on a Performers List</p>
	<p>Completion of Appraisal Training (this may not be a requirement prior to appointment but would need to be completed before appraisals are performed)</p>
Experience	<p>Has been subject to a minimum of 3 medical appraisals, not including those in training grades. (There may be unusual situations where this is not possible for example where medical appraisal has not occurred in the past in that organisation)</p>
	<p>Experience of managing own time to ensure deadlines are met</p>
	<p>Experience of applying principles of adult education or quality improvement</p>
Knowledge	<p>Knowledge of the role of appraiser</p> <p>Knowledge of the appraisal purpose and process and its links to revalidation</p> <p>Knowledge of educational techniques which are relevant to appraisal</p>
	<p>Knowledge of responsibilities of doctors as set out in Good Medical Practice</p> <p>Knowledge of relevant Royal College speciality standards and CPD guidance</p> <p>Understanding of equality and diversity, and data protection and confidentiality legislation and guidance</p>
	<p>Knowledge of the health sector (e.g. Primary Care, Secondary Care, Mental Health) in which appraisal duties are to be performed</p> <p>Knowledge of local and national healthcare context</p> <p>Knowledge of Evidence Based Medicine and clinical effectiveness</p>
	<p>Excellent integrity, personal effectiveness and self-awareness, with an ability to adapt behaviour to meet the needs of an appraisee</p> <p>Excellent oral communication skills – including active listening skills, the ability to understand and summarise a discussion, ask appropriate questions, provide constructive challenge and give effective feedback</p>
Expertise, Skills and Aptitudes	<p>Excellent written communication skills – including the ability to summarise a discussion clearly and accurately</p>
	<p>Objective evaluation skills</p>
	<p>Commitment to on-going personal education and development</p>

	Good working relationships with professional colleagues and stakeholders Ability to work effectively in a team
	Motivating, influencing and negotiating skills
	Adequate IT skills for the role
	Commitment to Equality and Diversity practice within enhanced medical appraisals

Appendix 2: Medical Appraiser Role - Summary of activities

- To prepare appropriately for the appraisal interview by reviewing the appraisee's e-portfolio and contact the appraisee before the appraisal interview in good time should further information be required.
- To ensure that the post-appraisal PDP, summary and sign off is completed and submitted to the Responsible Officer as soon as it is agreed by both parties. The content should be an accurate and comprehensive summary of the appraisal discussion.
- To be available to the appraisee, if needed to discuss problems in meeting the identified requirements and using this opportunity to signpost the appraisee to other resources of help.
- To conduct each appraisal in accordance with the Trust's policy and procedures which meets the GMC's requirements for appraisal and revalidationⁿ
- Both appraiser and appraisee must recognise their professional duty to protect patients. If during the appraisal process the appraiser believes that the appraisee may pose a risk to patients the appraisal should be suspended immediately and the Medical Director notified immediately using agreed Trust procedures. The appraisal may be continued at a later date once the issue is resolved. Nothing in the appraisal process can override the basic professional obligation to protect patients.
- To ensure that any information which raises concerns about patient safety are brought to the attention of the Medical Appraisal Board.
- Stay up to date and remain aware of any changes to the appraisal process within the Trust by ensuring all communication from relevant managers and appraisal leads are read.
- Undertake continuing professional development appropriate to the role as an appraiser and document this in your personal development plan.
- Participate fully in the Trust's Quality Assurance process of the appraisal system by gaining feedback on your appraisal meetings. The appraiser will undertake to have this role included in their own appraisal to review their performance and structure their future development needs and results obtained from feedback will be included in their appraisal portfolio. The appraiser will submit information for scrutiny by external regulatory bodies as appropriate.
- Participate in the management and administration of the appraisal systems within the Trust, including the use of the e-appraisal system.

Appendix 3 – Medical appraisal process



Appendix 4: Appraisal postponement request form



Appraisal postponement application form	
Doctor's name:	
GMC number:	
Telephone number(s):	
Email:	
Doctor's appraisal month:	
Date of last appraisal:	
Name of last appraiser:	
Revalidation due date:	
Reason for request for postponement of appraisal:	
Proposed date for next appraisal:	
Date of request:	
Responsible Officer decision	
Postponement agreed:	Yes No
Comment:	
Agreed new appraisal date:	
Date of decision:	
Signature:	