

Medical Appraisal & Revalidation Policy

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Services	Applicable
Trustwide	All M&D permanent staff
Mental Health and LD	All M&D permanent staff
Community Health Services	All M&D permanent staff

Version Control Summary

Version	Date	Author	Status	Comment
2	19 July 2013	Shamima Chowdhury, Senior Medical HR Advisor Sue Esser, Deputy HR Director	Final	Update to Trainee & GP Revalidation Process
3	1 July 2018	Colin Lovett, Medical Revalidation Manager	Final	Inclusion of Standards of Business Conducts Policy

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Executive Summary

Revalidation is the process by which all doctors will have to demonstrate to the General Medical Council (GMC) that they are compliant with relevant professional standards, have up to date skills and competencies and are fit to practise.

This policy outlines the process and provides guidance for conducting the appraisal and revalidation of medical staff in non-training grades at East London Foundation NHS Foundation Trust (hereafter referred to as the Trust). However, it is not an exhaustive policy.

1.0 Introduction

- 1.1 The Policy covers Medical staff in non-training grades - Consultants, Associate Specialists, Salaried GPs, Staff Grades and Specialty doctors are contractually obligated to participate in appraisal and revalidation.
- 1.2 Medical staff in training grades are also contractually obligated to participate in appraisal and revalidation however, for these doctors this process is undertaken by the Health Education North Central & East London Training Board.
- 1.3 Medical staff who hold a valid honorary contract for clinical work carried out within the Trust and who do not hold an employment contract with another NHS Trust or medical organisation will also be obligated to participate in appraisal and revalidation.
- 1.4 Appraisal and revalidation are the focal point of enhancing the delivery of high quality care for our patients. It is intended to assist in the early identification of performance issues.
- 1.5 The Trust's Responsible Officer is accountable to the Trust Board for ensuring that all medical staff in non-training grades are appraised and any remedial action is taken.
- 1.6 The Second Responsible Officer is the Medical Director of West London Mental Health Foundation NHS Trust. The Second RO will be contacted by the Trust RO where there is a potential conflict of interest.
- 1.7 The Medical Appraisal Lead has completed RO training and has been appointed Deputy RO. As part of the business continuity plan, he would be able to act as RO, should the current RO require any prolonged periods of leave.

2.0 Equality Statement

This policy applies to all Trust substantially employed / trainee and contracted doctors irrespective of age, race, religion, disability, nationality, ethnic origin, gender, sexual orientation, marital status or trade union membership.

All employees / trainees and contractors will be treated in a fair and equitable manner and reasonable adjustments will be made where appropriate.

The policy will be reviewed every 3 years or earlier following a change in legislation, codes of practice or as a result of the outcome of national pilots.

3.0 Scope

This policy applies to all Medical staff in non-training grades - Consultants, Associate Specialists, Salaried GPs, Staff Grades and Specialty doctors contracted directly by the Trust on a substantive or locum basis.

This policy has specific internal linkages to a number of existing organisational strategies, policies and procedures to ensure that appraisal systems locally are integrated fully and appropriately. These are listed in Appendix 1.

This policy is not exhaustive and is not intended to contain information on all aspects of Appraisal and Revalidation. Appraisal is not a new concept, however, the approach and use of information is clarified and strengthened. The policy adheres to the principle that all qualified medical staff will undertake annual appraisal in keeping with up to date agreed process of the GMC, BMA and Department of Health.

The policy refers to the annual review and assessment process for doctors in formal training grades but does not cover these processes in depth. These processes are undertaken by the Local Education Training Board for East London – this is the Health Education North Central & East London Training Board as part of the formal ARCP procedures for assessing progress in training. Issues related to health, conduct and behaviour of doctors in training grades will be dealt with under the normal trust policies and procedures and in liaison with the Postgraduate Dean.

The process and rigour of appraisal has changed with the introduction of medical revalidation. The trust has implemented new systems which follow appropriate guidance on the standards for quality assessment.

4.0 Revalidation

Revalidation of licenced doctors will usually be required every five years. All licensed doctors will have to demonstrate that they are compliant with relevant professional standards, have up to date skills and competencies and are fit to practise.

The information used in the revalidation exercise is based on appraisals over a five year period. All consultants and middle grade doctors are expected to participate in the revalidation exercise and be revalidated once every five years.

4.1 Aims of Revalidation

Revalidation is designed to improve the quality of patient care and enhance public confidence in the services provided. Revalidation is made up of two elements.

4.1.1 Relicensure & Recertification

The purpose of relicensing is to show that doctors are practising in accordance with the generic standards set by the GMC. Doctors who are on a specialist or GP register must be able to demonstrate that they meet the standards that apply to their specialty.

4.1.2 The Identification of Those Whose Practice Falls Below Acceptable Standards.

To investigate, monitor and take remedial action as necessary where poor practice has been highlighted.

5.0 Appraisal: Principles

Appraisal should be a positive process that provides feedback on past performance, charts continuing progress and identifies development needs. It is a progressive process, essential in identifying the developmental and educational needs of individuals. Appraisal is a reflective process that allows the individual to review his/her development professionally with a trained colleague as appraiser - involving challenge where necessary.

The primary aim of appraisal is to consolidate and improve on good performance, aiming towards excellence. In doing so, it should identify areas where further development may be necessary or useful; the purpose is to improve performance and right across the spectrum. It can help to identify concerns over performance at an early stage and also to recognise factors, which may have led to performance problems, such as ill health.

Appraisal is underpinned by continuing professional development and if used properly can help to develop a reflective culture within service and training. In time it is expected that regular successful annual appraisal will provide the foundation stone upon which a positive affirmation of continued fitness to practice can be made every five years by the doctor's Responsible Officer.

The aims of appraisal are to:

- Set out personal and professional development needs and agree plans for these to be met
- Regularly review a doctor's work and performance, utilising relevant and appropriate comparative operational data from local, regional and national sources
- Consider the doctor's contribution to the quality and improvement of services and priorities delivered locally
- Optimise the use of skills and resources in seeking to achieve the delivery of general and personal medical services
- Identify the need for adequate resources to enable any service objectives in the agreed job plan review to be met
- Provide an opportunity for doctors to discuss and seek support for their participation in activities for the wider NHS

Utilise the annual appraisal process and associated documentation to meet the requirements for revalidation using the domains and attributes outlined in the General Medical Council's (GMC) Good Medical Practice framework for appraisal and assessment.

The Trust's Medical Appraisal Procedure (Appendix 2) gives further guidance on the appraisal process.

6.0 Trust Protocol for Appraisals

Each directorate's Clinical Director (CD) or Lead Appraiser (LA) is responsible for ensuring the appraisal policy is adhered to within their locality. Where it is deemed to be too onerous for the CD or LA to hold sole responsibility for appraisals in any one locality, due to the number of appraisals required and the proportion of work this will constitute based on their other commitments, the Trust RO will appoint a trained lead appraiser to support the CD in conducting appraisals.

Doctors who have additional responsibility such as medical management, education or academics will be appraised for both. Where the doctor has separate line management reporting lines, this will mean separate reviews are carried out however, the outcome of these reviews should inform the doctor's appraisal. Please note the doctor cannot undergo for revalidation purposes more than one appraisal per year.

6.1 Rescheduling an Appraisal

Where a potentially serious performance, health or conduct issue (not previously identified) becomes evident during the appraisal process, which requires further discussion or investigation, the appraisal meeting must be stopped. The matter must be referred by the appraiser immediately to the Trust RO to take appropriate action.

6.2 Evaluation of the Appraisal Process

- 6.2.1 The appraisee will send an evaluation of appraiser form using SARD once their appraisal has been completed to the Trust RO's office.

Medical staff with appraiser responsibilities will have this form included in their own appraisal to ensure their competence and performance is satisfactory.

- 6.2.2 Appraisers will also need to undergo an annual assessment of their performance. This is to ensure that appraisers are appropriately supported, their development needs are being addressed and that appraisals are being performed to the required standard. This review will be carried out by the appraiser's line manager. Where the appraiser's performance in this role is identified to be unsatisfactory, the line manager will liaise with the Trust RO regarding the appropriate action to take in accordance with Maintaining High Professional Standards and relevance guidance from the GMC.

6.3 Review of appraisal documentation by the Trust RO

Review and feedback meetings will be held between the Trust RO, CDs and Lead Appraisers as appropriate, to review individual summaries, prepare feedback and any actions required. Where necessary, other relevant members of staff may attend these meetings.

6.4 New Medical Staff

All new non-trainee medical staff appointed to the Trust will be asked by HR at their pre-employment stage to complete a form confirming the date of their GMC revalidation and the name of their previous RO. The completed form along with the summary of their last appraisal and/or their exit report should be forwarded to the Trust Revalidation Team. The Trust's RO is responsible for writing to the new employee's previous RO near the date of their revalidation to ensure there were no concerns. It is the responsibility of all new non-trainee medical staff to provide this information.

6.5 Locum Doctors and Exit Reports

All medical staff are contractually obligated to participate in appraisal and revalidation. This includes locum doctors contracted by the Trust where the Trust is the designated body with whom the locum doctor is employed at the time of their appraisal. This is irrespective of how long the locum doctor has held a position within the Trust.

For locum doctors contracted by the Trust who leave the Trust before their time of appraisal, they should receive an exit report (Appendix 3) on their last working day prepared by their supervising consultant.

For locum doctors contracted via an external agency, the agency will be the designated body responsible for the locum doctor's appraisal. Locum doctors employed via external agencies should also receive an exit report (Appendix 3) on their last working day prepared by their supervising consultant.

6.6 Deferring an Appraisal

There are a few exceptional circumstances where a doctor may request for his/her appraisal to be deferred, which would result in no appraisal taking place during the appraisal year. Such instances are:

- Where a break in clinical practice has occurred due to extended sickness absence or maternity/adoption leave
- Where a break in clinical practice has occurred due to sabbaticals or absence abroad

Absences of the above nature may make it more difficult for a doctor to collate sufficient evidence in support of their appraisal especially where the appraisal date falls due shortly after their return to clinical practice.

It may, however, be useful for an appraisal to take place at this point in order to assist with the doctor's re-induction to clinical practice. Appraisers at their own discretion will in these instances, decide what the minimum acceptable levels of evidence should be.

Each case should be decided on its own merit ensuring that no doctor is unfairly disadvantaged or penalised. It should be noted that doctors are likely to have to produce the documents required for their five-yearly revalidation regardless of any absence that has occurred during this time.

Doctors who may need to defer their appraisal should discuss their deferment with their Clinical Director in the first instance and inform the Trust RO.

6.7 Procedure for Doctors Who Have Not Completed an Annual Appraisal

Although appraisal is the responsibility of the individual doctor as it will count toward revalidation in every 5 year cycle, the clinical director/lead appraiser will be asked by the Trust RO to carry out an investigation into the reasons why the individual doctor has not completed an appraisal.

Following the investigation, a report will be submitted to the Trust RO and appropriate action will be taken. If the reason for failure to complete the appraisal is due to a failing on the part of the appraiser or trust (e.g. limited appraiser availability), the Trust will endeavour to ensure that an alternative appraiser is nominated which, will not put the appraisee at a disadvantage.

Doctors who have not completed an annual appraisal will not be eligible for routine pay progression or local clinical excellence awards unless deferment on exceptional grounds has been agreed with the Trust.

Furthermore, a doctor who has not completed an appraisal may be ineligible for revalidation. In such circumstances the clinical director/lead appraiser and Trust RO will meet with the doctor concerned to discuss how this matter will be resolved. Please see section 11, 'Doctors in Difficulty' for further information.

Where the Trust RO, cannot recommend a doctor for revalidation, this may result in the GMC withdrawing the doctor's licence to practice. In such case s/he may not be allowed to practice as a doctor, under these circumstances the Trust may consider terminating the contract of a doctor in accordance with Maintaining High Professional Standards and the Trust Disciplinary Policy & Procedure.

This policy aims to ensure that these circumstances are dealt with in an appropriate, timely, and consistent manner, minimising bureaucracy and ensuring that all doctors benefit from appraisal at a time which meets their professional needs.

7.0 Job Planning

The process of job planning is separate to the appraisal process and should not be undertaken the same time as the appraisal. Reference Job Planning Policy for all doctors

8.0 Private Practice

Where a doctor carries out private practice, supporting information from that work should be provided to allow for a robust appraisal of clinical practice. It is anticipated that the strengthened medical appraisal for the purposes of revalidation will be based on whole practice appraisal. Absence of supporting information from other practice settings will mean the appraisal cannot proceed. It is therefore, important that the doctor provides this supporting information.

All private practice must be declared and conducted in accordance with the Trust's 'Policy on Undertaking Private Practice & Fee Paying Work' and the 'Standard of Business Conduct' Policy as stipulated in paragraph 4.16. of the 'Standards of Conduct & Disciplinary Rules', Appendix 3 of the Trust's 'Disciplinary Policy & Procedure'. All doctors will be required to complete a non-ELFT declaration to be submitted with their appraisal portfolio. This form is attached as Appendix D.

9.0 Clinical Governance

The Trust must ensure that robust and adequately resourced systems of clinical governance are available to enable and support the trust wide Continuing Professional Development (CPD) of doctors. Practice will be monitored through the provision of an agreed dataset, which will include clinical information and performance indicators relating to patient outcomes.

The Trust will support doctors in the process of obtaining multi-source feedback from patients, peers, trainees and sources essential to personal and professional development and good clinical practice.

10.0 Multi Source Feedbacks (MSF)

GMC recommendation is for doctors to engage in MSF once every 5 years. A second MSF will only be used where there are concerns about a doctor's practice.

The Trust registers any doctor wishing to participate in MSF with the RC Psych's multi source assessment tool - ACP 360°. Suitable alternative MSF tools will be available for use by non-psychiatric doctors. Further information can be obtained from the Medical Appraisal and Revalidation Manager.

11.0 Doctors in Difficulty

Where the appraisal process suggests that a doctor is in difficulty, the Trust RO and relevant CD / appraiser will at the earliest opportunity, devise an action plan to support the doctor in accordance with Maintaining High Professional Standards.

The Trust will fund any reasonable remediation programme to be agreed with the doctor as a part of the action plan.

Clinical Directors and line managers are expected to take appropriate action at the earliest opportunity where they believe there are issues with a doctor's performance. It is expected that performance issues are identified and managed prior to a doctor's appraisal process. This includes early intervention to ensure a supportive approach is taken.

12.0 Confidentiality

Other than the content of the submitted appraisal documents, the specific detail of appraisal discussions remains confidential between the appraisee and appraiser. A copy of the appraisal summary for all doctors, including GP's, will be made available to the Trust RO. The exception to this will be where concerns are raised in which

case the Trust RO or a nominated deputy and another senior officer of the Trust may need to see the full documents. Both appraisee and appraiser will retain a copy each of the signed off appraisal documentation. This documentation and all the supporting evidence will be added to the appraisal folder of the appraisee and kept in his/her possession.

13.0 Trainee Revalidation

Revalidation applies to all doctors with a licence to practice, this includes trainees. Trainee doctors are closely monitored and assessed through a number of internal and external processes. In order to reinforce existing processes Royal Colleges and faculties will embed the GMC good medical practice into revised Certificate of Completion of Training (CCT) curricula.

The Annual Review of Competency Progression (ARCP) process will be enhanced to take trainee revalidation into account. Educational supervisors will give their recommendations prior to the ARCP, any patient safety or service issues raised by the trust will inform the ARCP. In addition the Trust's Medical Education Department is required by the Deanery to complete returns bi-annually regarding each trainee. These returns will also inform the ARCP process.

The Postgraduate Dean is the Responsible Officer for trainee revalidation. The RO will triangulate with any outstanding concerns about fitness to practice, patient / colleague feedback to further enhance the ARCP process. A trainee's first revalidation will be either five years post registration or on attainment of CCT, whichever is the earlier. Further information can be obtained from the Health Education North Central & East London Training Board at www.londondeanery.ac.uk.

14.0 GP Revalidation

The Trust will obtain information from the GP's Responsible Officer for all GP's employed by the Trust to ensure their revalidation is compliant with GMC guidelines and policy.

15.0 Exit Reports for Locum Doctors

Locum doctors employed directly by the Trusts who leave Trust employment prior to their appraisal date or who are employed via external agencies should receive an exit report (Appendix 3) on their last working day prepared by their supervising consultant.

16.0 Quality Assurance of Appraisals and Revalidation

Quality assurance will be given through internal and external reporting and based on the following four high level indicators, which have been defined by the NHS Clinical Governance and Revalidation Support Teams.

16.1 High Level Indicators (HLI's)

- Organisational Ethos
- Appraiser Selection, Skills and Training
- Appraisal Discussion
- Systems and Infrastructure

16.2 The quality assurance process consists of three key stages:



16.3 Quality Assurance

When	What	Who
Monthly	<ul style="list-style-type: none"> Monitoring Overall Performance <ul style="list-style-type: none"> Review Quality of Form 4s received Review of appraisal evaluation form Perform & review impact assessment 	Trust RO Office Appraisal and Revalidation Manager, Medical Appraisal Lead
Monthly	<p>Clinical Directors</p> <ul style="list-style-type: none"> Review activity reports to monitor compliance with appraisals by each locality. 	Clinical Directors
Quarterly	<p>Appraisers</p> <p>Monitor actions for doctors in difficulty</p>	Appraisers
Annually	<p>Appraisers</p> <ul style="list-style-type: none"> Review existing mechanism in place for appraisals to ensure they are fit for purpose Monitoring initiatives e.g. informatics, 360, locum monitor, inter-trust intelligence Monitor the team of appraisers against agreed measures: selection, training, assessment, random sampling of summary forms 	Appraisal and Revalidation Manager
Annually	<p>ANNUAL ORGANISATIONAL AUDIT (AOA) overall performance</p>	Trust Board
3-yearly	<p>External Peer Review</p>	GMC NHS Revalidation Support Team

Associated Policies

The following policies, guidance and procedures should be used in conjunction with this policy:

Trust

- Medical Appraisal Procedure (Appendix B)
 - Capability Policy & Procedure*
 - Disciplinary Policy & Procedure*
 - Dignity at Work Policy & Procedure*
 - Grievance Policy & Procedure*
 - Policy & Procedure for Checking the Professional Registration of Staff*
 - Statutory & Mandatory Training Policy*
 - Equal Opportunity Policy*
 - Clinical Governance Policies & Procedures*
 - Complaints Policies & Procedures*
- *Available via the Trust intranet.

- Standards of Business Conduct Policy

External

- Maintaining High Professional Standards in the Modern NHS -
- Revalidation Support Team: helpful guidance for the Appraiser and Appraisee – <https://www.england.nhs.uk/revalidation/appraisers/mag-mod/>
- GMC Revalidation Guidance – including ‘Ready for Revalidation - the Good Medical Practice Framework for appraisal & revalidation’ & ‘Ready for Revalidation – supporting information for appraisal & revalidation’ available at <http://www.gmc-uk.org/doctors/revalidation.asp>

Medical Appraisal Procedure

1. Introduction

All doctors including GP's must undertake an annual appraisal in order to demonstrate and record that they comply with good medical practice as recommended by the General Medical Council. The process and content of appraisal is strengthened in order to meet the higher quality that will be required for revalidation. This policy focuses principally on the appraisal of medical staff in non-training grades within the Trust. Similar principles apply to doctors' in training however, specific questions regarding the appraisal of training grade doctors' should be addressed to the relevant directorate college tutor and Training Programme Director in the first instance.

2. Principles of Appraisals

Appraisal and Revalidation are supportive mechanisms focusing on enhancing local systems of quality improvement and are designed to assist in the identification of performance issues so they can be dealt with at an early stage. Appraisals happen on an annual basis.

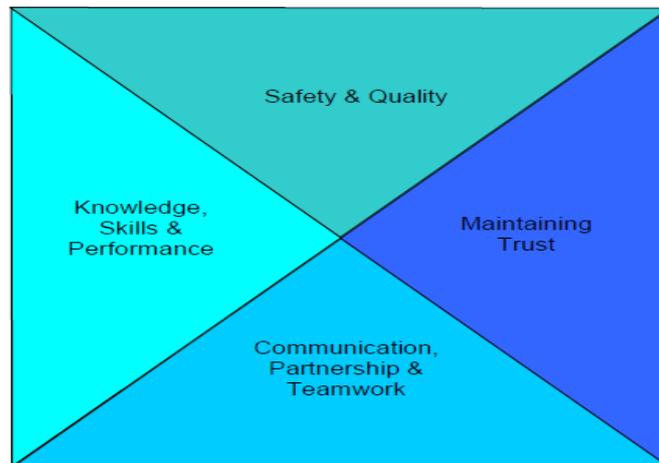
The doctor will need to bring to their appraisal supporting information outlined in paragraph 4 below. The appraiser will review this information with the appraisee to gain a rounded impression of that doctor's practice and inform a mutually agreed professional development plan.

Appraisal will identify doctors who are struggling to provide the supporting information that is needed to demonstrate achievement of the required standards. It will assist those doctors in identifying support and developmental needs at an early stage, before there is any question of concerns about patient safety.

3. Appraisal Framework

Medical appraisal is intrinsically linked to other external professional regulatory bodies and to revalidation. As such it differs from appraisal in other professions. The GMC provides a framework for appraisal based on Good Medical Practice, it details four domains on which medical appraisal should be based.

The domains are:



3.1 Areas covered in medical appraisal

Domain 1 – Knowledge, Skills & Performance

1. Maintain your professional competence
2. Apply knowledge & experience to practice
3. Keep clear, accurate and legible records

Domain 2 - Safety & Quality

4. Put into effect systems to protect patients and improve care
5. Respond to risk safely
6. Protect patients & colleagues from any risk posed by your health

Domain 3 – Communication, Partnership & Teamwork

7. Communicate effectively
8. Work constructively with colleagues & delegate effectively
9. Establish & maintain partnerships with patients

Domain 4 – Maintaining Trust

10. Show respect for patients
11. Treat patients & colleagues fairly without discrimination
12. Act with honesty & integrity

4. Supporting Information

The doctor will need to bring to their appraisal supporting information which will fall under four broad headings:

- General Information – providing context about what a doctor does in all aspects of their work
- Keeping up to date – maintaining & enhancing the quality of a doctor's professional work
- Reviewing practice –evaluating the quality of a doctor's professional work

- Feedback on practice – how others perceive the quality of a doctor's professional work

There are six types of supporting information that a doctor will be expected to provide and discuss at their appraisal:

1. Continuing professional development
2. Quality improvement activity
3. Significant events
4. Feedback from colleagues
5. Feedback from patients
6. Review of complaints & complements.

Further information regarding the supporting information required for appraisal and revalidation can be found in the GMC's 'Ready for Revalidation – supporting information for appraisal & revalidation' available at <http://www.gmc-uk.org/doctors/revalidation.asp>.

5. Responsibilities

The Trust Responsible Officer (RO) holds overall responsibility to ensure that all the doctors and GP's employed by the Trust take part in annual appraisals and to liaise with necessary parties to monitor compliance.

The Medical Appraisal Lead has completed RO training and has been appointed Deputy RO. As part of the business continuity plan, he would be able to act as RO, should the current RO require any prolonged periods of leave.

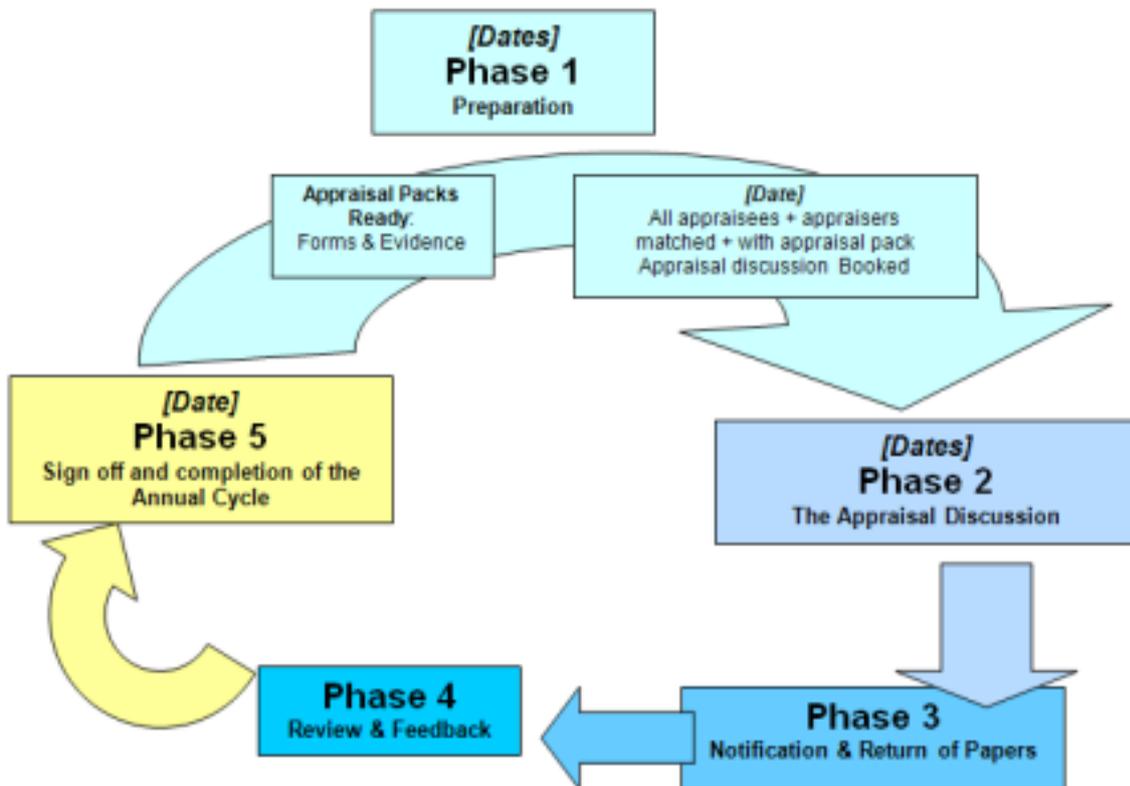
The Lead Appraisers

The Clinical Director / Lead Appraiser for each directorate will hold the responsibility for scheduling appraisals for colleagues within their directorate and informing the Trust RO's office of the proposed schedules. Where there is potential for conflict, the appraisee will in consultation with the Trust RO, have the option of changing appraiser.

6. The Appraisal Cycle

The appraisal cycle needs to run in line with the revalidation date. The penultimate appraisal prior to revalidation should be completed 2 months before revalidation. The annual planning exercise, should inform all the job plans agreed in the year April - March and in turn appraisal preparation and meetings. Please see the diagram below for further details.

Following the annual plan, Clinical Directors and Lead Doctors will agree with consultants, middle grades and salaried GPs within their localities, proposals for scheduling job planning and appraisals in the year ahead. Both appraisee and appraiser will in turn begin to prepare for the appraisal meeting, collating relevant information.



7. Trust Appraisers

Any new lead appraisers will be nominated or appointed as appropriate with agreement of peers and in rotation. All existing appraisers were appointed through open competition and are versed in conducting appraisals within their respective localities.

The selection process will ensure that doctors with the appropriate, experience, skills and commitment are appointed to the role.

All trust appraisers are accountable to the Responsible Officer.

7.1 Core Skills for Appraisers

A number of the core skills required to undertake the role of lead appraiser are listed below:

- Good understanding of the appraisal and revalidation processes
- Excellent interpersonal, communication and relationship skills
- Excellent understanding of equal opportunities and the role this plays within the workplace
- Accurate analysis of information and ability to make sound judgments
- Ability to constructively challenge and give objective feedback
- Recognition of issues that may require the appraisal process to be delayed or stopped

7.2 Training & Retention of Appraisers

All newly appointed lead appraisers will undertake formal appraisal training through an approved provider. Thereafter, appraisers will have 3 yearly refresher training.

The Medical Appraisal lead will periodically review the number of trained appraisers to ensure that an effective appraiser to appraisee ratio is maintained.

National guidelines will be followed with regard to curriculum and approved training.

7.3 Appraiser Support

In order to foster the sharing of good practice and create opportunities to discuss difficult areas of appraisal and significant events in a confidential environment, Clinical Directors will discuss this as an agenda item at the Clinical Directors meeting two to four times annually.

These will allow for monitoring, evaluation and maintenance of standards and consistency across the Trust

8. Indemnity

The Trust will indemnify the actions of all appraisers. The Trust will provide explicit assurance of indemnity for the appraisers.

8.1 Development and Performance Review of Appraisers

Clinical Directors and lead appraisers will be appraised on their role as appraisers. Please see paragraph 6 for further information.

8.2 The Appraisal process

The appraisal process is comprised of the following stages:

Stage 1: Preparation

Stage 2: The appraisal meeting

Stage 3: Completion and sign off of appraisal paperwork and PDP

Stage 4: Review of appraisal documentation

Stage 1 Preparation

Whom	What	About & Why	When
Appraiser Preparation	Notifies Trust RO's Office Medical Appraisal and Revalidation Manager	Appraisal Schedules <i>Name of appraisee & proposed appraisal date</i>	At least two weeks before first schedules appraisal.
	Notifies Appraisee	Appraisal date, time & venue Documentation checklist	At least one month before due date
	Medical Appraisal and Revalidation Manager updates the SARD in respect of complaints and SUIs after liaising with the respective managers	Any complaints received involving names of relevant clinicians, as well as SUIs	As soon as possible
	Notifies appraiser & appraisee and ask the Medical Appraisal and Revalidation Manager to log it on SARD	Any complaints received/involving names person(s) on schedule	As soon as possible after notification received
	Review & assessment of portfolio supporting information & performance	Preparation for discussion	Pre-appraisal
	Explore feedback	Refine assessment as necessary	During appraisal
	Sign off paperwork	Quality Assurance	Within 14 days of appraisal date
SUI Team	Notifies appraiser & appraisee	Any SUI's involving named person(s) on schedule	As soon as possible after notification received
Appraisee preparation	Fill in appraisal forms using Dataset & SRT'S for guidance & collation of supporting information for portfolio	Self-assessment of portfolio supporting information & performance	As soon as possible after notification received pre-appraisal
	Sends copy of preparatory forms & presents portfolio & supporting documentation to appraiser	N/A	At least one week before scheduled appraisal
	Exploring the portfolio	Refinement of assessment	During appraisal
	Production of PDP Sign off paperwork	Quality Assurance	Within 14 days of appraisal date

Supporting Information

There are six types of supporting information that a doctor will be expected to provide and discuss at their appraisal:

1. Continuing professional development
2. Quality improvement activity
3. Significant events
4. Feedback from colleagues
5. Feedback from patients
6. Review of complaints & complements.

Stage 2: The appraisal meeting

The appraisal meeting is not a forum for airing issues or raising problems and should not introduce any information that would be a surprise to the appraisee/er.

It should be used constructively to reflect upon the achievement and challenges of the preceding year, the identification of strengths and areas for development and to develop SMART objectives and a personal development plan for the year ahead.

Objectives should be:

Specific Measurable Achievable Realistic Time-bound

Stage 3: Completion and sign off of appraisal paperwork and PDP

The appraisal documentation system used by the Trust is the 'Strengthened Appraisal & Revalidation Database (SARDjv).

Following the appraisal meeting, the appraisee and appraiser should agree and sign off of the relevant paperwork *within 14 days* of the appraisal date.

Notification and Return of documents

The appraiser should send a copy of the completed SARDjv form to the Trust RO's office *within 28 days* of the appraisal date.

The appraiser is also required to make a series of statements to the Trust RO which will, in turn inform the Trust RO's revalidation recommendation to the GMC. The appraiser should discuss these statements with the doctor. These statements are as follows:

1. An appraisal has taken place that reflects the whole of a doctor's scope of work and addresses the principles and values set out in the GMC's 'Good Medical Practice'.
2. Appropriate supporting information has been presented in accordance with the 'Good Medical Practice Framework for Appraisals & Revalidation' and this reflects the nature and scope of the doctor's work.
3. A review that demonstrates appropriate progress against last year's personal

development plan has taken place.

4. An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year.
5. No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practice.

Further information can be found in the GMC's 'Medical Appraisal Guide' at www.revalidationsupport.nhs.uk.

Paperwork should include adequate details of the discussion held including an appraisal summary. The names of the appraisee and appraiser, including the appraisee's GMC registration number must be legible on the sign off page.

Stage 4: Review of appraisal documentation

Review of appraisal documentation will be held between the RO, CDs and Lead Appraiser's as appropriate to review individual summaries, prepare feedback and any actions required. Where necessary, other relevant members of staff may attend these meetings.

10. Evaluation of the Appraisal Process

The appraisee will send an evaluation of appraiser form using the SARD system to the Trust RO's office.

EXIT REPORT FOR LOCUM APPOINTMENTS

This form should be completed by the locum doctor's supervising consultant. Once completed the form should be given to the locum for their portfolio.

1	Details of locum:	Name	GMC Number
		Contact details [email/phone]	
2	If employed via an agency please list details of locum agency:	Name of agency	Contact details [email/phone]
3	Details of locum's Responsible Officer:	Name	Contact details [email/phone]
4	Details of locum role performed:	Title/grade/Specialty	Dates
		Description of duties [if not standard for the role]	
		Name/address of the Trust/organisation	
5	Details of person completing the report:	Name	GMC Number [if appropriate]
		Title/Role	Contact details [email/phone]

6	The doctors performance was:	Unsatisfactory Borderline Satisfactory Good Excellent Please describe issues or concerns
7	The doctors conduct/behaviour was:	Unsatisfactory Borderline Satisfactory Good Excellent Please describe issues or concern
8	Would you be happy for this doctor to be employed in the same role in the future:	Yes/No If no, please describe reasons
Additional optional information:		
9	GMC Domain 1: Knowledge skills and performance	Unsatisfactory Borderline Satisfactory Good Excellent
10	GMC Domain 2: Safety and quality	Unsatisfactory Borderline Satisfactory Good Excellent
11	GMC Domain 3: Communication partnership and teamwork	Unsatisfactory Borderline Satisfactory Good Excellent
12	GMC Domain 4: Maintaining trust	Unsatisfactory Borderline Satisfactory Good Excellent

Appendix D – Non ELFT Work



PLEASE COMPLETE THIS FORM, SIGN and Upload to Section 12 of your portfolio, also copy to THE MEDICAL REVALIDATION TEAM

Please tick this box if you **DO NOT** undertake any medical work (paid or unpaid) outside ELFT

Please complete the chart below if you **DO** currently carry out any non-ELFT medical work (paid or unpaid).

Employing/contracting organisation including address	Role Undertaken	Responsible Officer/ Lead Clinician/ Consultant or Senior Manager	RO email Address	RO Tel No

Name _____ ELFT Job Title _____

I agree that this information is an accurate record of my current medical work. If this information changes at all, I will inform ELFT. I agree that you can contact these organisations for information necessary to complete my revalidation.

Signature _____ Date _____

Appendix E

Equalities Impact Assessment - HR Policies

This checklist must be completed for all new policies to understand any potential impact on equalities and to assure equality in service delivery and employment.

Policy Name:	Medical Appraisal and Revalidation Policy
Author (Title):	Kam Mander, Senior Medical HR Advisor Tanya Carter, Associate HR Director
Date	June 2018

- If any of the questions are answered 'yes', then the proposed policy is likely to be relevant to the Trust's responsibilities under the equalities duties. Please provide the ratifying Committee with information on why 'yes' answers were given and whether or not this is justifiable for clinical reasons.
- The author should consult with the Associate Director of HR to develop a more detailed assessment of the Policy's impact and, where appropriate, design monitoring and reporting systems if there is any uncertainty.
- A copy of the completed form must be submitted to the relevant committee when submitting the document for ratification.

Equalities Impact Assessment Question	Yes	No	Always give further information if you answer "YES"
1. How does the attached policy/service fit into the Trust's overall aims?			It ensures that medical staff comply with the relevant professional standards, have up to date skills and are fit to practice. This contributes directly to the quality of service received by service users and their safety.
2. How will the policy/service be implemented?			The Responsible Officer (RO) will have Board accountability for ensuring that the policy is implemented and operated across the Trust.
3. What outcomes are intended by implementing the policy/delivering the service?			High quality care to our service users and enhanced public confidence in the services provided by the Trust.
4. How will the above outcomes be measured?			Through targeted peer review and externally verified self-assessment. Quality Assurance (QA) will be monthly, quarterly, annually and 3 yearly.
5. Who are they key stakeholders in respect of this policy/service and how have they been involved?			Medical staff in the Trust, the Trust RO, Clinical Directors, the GMC and the BMA. These stakeholders have been involved in or consulted on the formulation of this policy.
6. Does this policy/service impact on other policies or services ?	√		Trust Medical Appraisal Procedure (Appendix 2) Capability Policy & Procedure

			<p>Disciplinary Policy & Procedure Dignity at Work Policy & Procedure Grievance Policy & Procedure Policy & Procedure for Checking the Professional Registration of Staff Statutory & Mandatory Training Policy Equal Opportunity Policy Clinical Governance Policies & Procedures Complaints Policies & Procedures Standards of Business Conduct Policy</p> <p>External Maintaining High Professional Standards in the Modern NHS - Revalidation Support Team: helpful guidance for the Appraiser and Appraisee GMC Revalidation Guidance – including 'Ready for Revalidation - the Good Medical Practice Framework for appraisal & revalidation' & 'Ready for Revalidation'</p>
7. If YES is that impact understood?	√		
8. Does this policy/service impact on other agencies ?	√		The GMC.
9. If YES is that impact understood?	√		
10. Is there any data on the policy or service that will help inform the equalities impact assessment?	√		Monitoring of the policy through the QA process will inform the impact of its implementation on equalities.
11. Are there are information gaps, and how will they be addressed/what additional information is required?		√	Information will be available through the QA process.
Equalities Impact Assessment Questions	Yes	No	
12. Does the policy or service development have an adverse impact on any particular group?		√	If implemented and operated with due regard for equalities it will not.
13. Could the way the policy is carried out have an adverse impact on equality of opportunity or good relations between different groups?	√		If the policy was implemented and operated without due regard for equalities this would be a risk.
14. Where an adverse impact has been identified can changes be made to minimise it?	√		Implementation will be monitored through the QA process and changes proposed if necessary.

15. Is the policy directly or indirectly discriminatory, and can the latter be justified?		√	
16. Is the policy intended to increase equality of opportunity by permitting Positive Action or Reasonable Adjustment? If so is this lawful?	√		All staff covered by the policy will be treated in a fair and equitable manner and reasonable adjustments will be made where appropriate.

Policy Submission Form

To be completed and attached to any policy or procedure submitted to the Trust Policy Group

1	Details of policy	
1.1	Title of Policy:	
1.2	Lead Executive Director (job title)	
1.3	Author (job title)	
1.4	Lead Sub Committee	
1.5	Reason for Policy	
1.6	Who does policy affect?	
1.7	Are national guidelines/codes of practice incorporated?	
1.8	Has an Equality Impact Assessment been carried out?	
1.9	Is this a revision of an existing policy?	
1.10	If yes have you identified the changes in the document? – changes should be highlighted for the Policy Group	
2	Information Collation	
2.1	Where was Policy information obtained from?	
3	Policy Management	
3.1	Is there a requirement for a new or revised management structure if the policy is implemented?	
3.2	If YES attach a copy to this form	
3.3	If NO explain why	
4	Consultation Process	
4.1	Was there internal/external consultation?	

4.2	List groups/Persons involved	
4.3	Have internal/external comments been duly considered?	
4.4	Date approved by relevant Sub-committee	
4.5	Signature of Sub committee chair	
5	Implementation	
5.1	How and to whom will the policy be distributed?	
5.2	If there are implementation requirements such as training please detail?	
5.3	What is the cost of implementation and how will this be funded?	
6	Monitoring	
6.1	List the key performance indicators e.g. core standards	
6.2	How will this be monitored and/or audited?	
6.3	Frequency of monitoring/audit	

Date policy ratified by Joint Staffside Committee:

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