

Medical Appraisal and Revalidation Policy and Procedure

This policy and procedure describes the approach to medical appraisal for revalidation to ensure that licenced doctors remain up to date and fit to practice.

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Which Relevant CQC Fundamental Standards?	Regulation 18 – Staffing

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1.0	15/03/12	First draft
2.0	18/04/12	Draft amended following comments by Enhanced Appraisers
3.0	18/06/12	Draft amended following comments by medical managers
4.0	24/07/12	Added CQC standards (section 18)
5.0	19/11/14	Policy review and update
6.0	14/08/17	Policy review and update
7.0	04/01/21	Policy review and update – consultation commencement
7.1	03/03/21	Policy review and update – consultation completed

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Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination;
- LPT complies with current equality legislation;
- Due regard is given to equality in decision making and subsequent processes;

- Opportunities for promoting equality are identified.
Please refer to due regard assessment (Appendix 4) of this policy

Definitions/Abbreviations that apply to this Policy

ARCP	Annual Review of Competence Progression – Process of assessment for junior doctors in approved medical training programmes.
ESR	Electronic Staff Record
GMC	General Medical Council
GPs	General Practitioners
HEEM	Health Education East Midlands
HR	Human Resources
LPT	Leicestershire Partnership NHS Trust
MSF	Multi Source Feedback (360 appraisal) – All doctors are required to participate in an MSF once each revalidation cycle (5 yearly)
PDP	Personal Development Plan
Protected Characteristics	This policy is intended to protect employees and service users from unfair treatment, regardless of their background. Our definition of protected characteristics is based on those set out in the Equality Act 2010. The nine protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.
RO	Responsible Officer
SARD	Strengthened Appraisal and Revalidation Database – e-system for managing appraisal and revalidation.
SAS	Specialty and Associate Specialist grade doctors

MEDICAL APPRAISAL AND REVALIDATION POLICY AND PROCEDURE

1.0 Purpose of the policy

1.1 This policy supports legislation for the revalidation of doctors which began in December 2012. Revalidation is a process by which doctors demonstrate to the General Medical Council (GMC), normally every five years, through local clinical governance and appraisal processes that they are up to date, fit to practice and complying with the relevant professional standards. The policy will outline the requirements and arrangements for conducting appraisal and revalidation of medical staff.

2.0 Summary of the policy

2.1 The policy defines the responsibilities of key staff involved in appraisal including medical staff, managers and Human Resources (HR). The aim of the policy is to ensure that, through an effective appraisal mechanism, all medical staff are fit to practise and provide the highest standards of safe care to patients.

2.2 The primary aims of medical appraisal are:

- to identify personal, professional and organisational development needs of doctors
- to ensure that doctors are adhering to the GMC's Good Medical Practice framework.

2.3 This policy applies to all Consultants, Associate Specialists, Specialty Doctors, and other locally employed doctors including those with honorary contracts, where they relate to the Responsible Officer for this organisation.

2.4 The policy does not cover the annual review and assessment process for doctors in formal training programmes. This is undertaken by Health Education East Midlands as part of the formal Annual Review of Competence Progression (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 Maintaining High Professional Standards guidance in liaison with HEEM.

3.0 Introduction

3.1 Appraisal is a supportive mechanism focusing on enhancing the appraisees' safety and quality of patient care. It is designed to recognise good practice and performance provide feedback and assist in the identification of safety and quality of care performance issues so they can be dealt with at an early stage through professional development and support. The appraiser will review various sources of information and discuss these with the doctor to gain a rounded impression of that doctor's practice in order to inform a mutually agreed Personal Development Plan (PDP) for the appraisee. Appraisal will identify doctors who are struggling to provide the supporting information that is needed to demonstrate achievement of

generic and specialist standards. It will assist those doctors in identifying support and developmental needs at an early stage, preferably before there is any question of concerns about patient safety.

- 3.2 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. This is in accordance with the contractual requirements for all doctors.
- 3.3 For NHS England monitoring, an appraisal is not considered to have been completed without timely sign off of a mutually agreed appraisal report and PDP within 28 days of the appraisal meeting.
- 3.4 The purpose of Revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and are practicing to the appropriate professional standards.
- 3.5 Revalidation is to be used to cover both relicensing and recertification of doctors which will require periodic renewal of licences. Successful appraisals over the five year cycle will lead to revalidation.

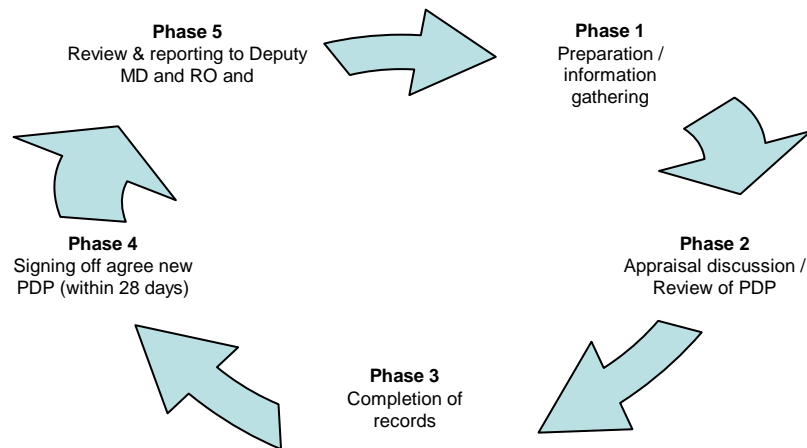
4.0 Duties within the Organisation

- 4.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
- 4.2 The Trust Policy Committee is mandated on behalf of the Trust Board to adopt policies.
- 4.3 The Professional Standards Learning Group has responsibility for this policy as the Trust Level 3 Committee
- 4.4 The Revalidation Responsible Officer (RO) ensures that appraisal is carried out by LPT in accordance with the standards in the GMC's Good Medical Practice framework for Appraisal and Assessment and complies with current NHS England Appraisal Guidance. He/she is responsible for ensuring that any follow up action is taken, that comprehensive records are kept of all appraisals and for making recommendations for Revalidation to the General Medical Council.
- 4.5 Clinical Directors, Directors and Heads of Service are responsible for clinical governance and performance monitoring systems to include supporting medical staff with any training and development needs.
- 4.6 The Associate Medical Director for Medical Governance is responsible for quality assurance and reporting arrangements for the medical appraisal system.
- 4.7 Medical Appraisers are responsible for conducting appraisals, in accordance with this policy, and for alerting the Responsible Officer of any significant concerns or patient safety issues arising within appraisal.

- 4.8 All doctors are responsible for ensuring they remain up to date with appraisal and that they are conducted in accordance with this policy. They are required to maintain a professional portfolio including feedback from each of their employers (whole practice review) including the independent sector, records of their training, reflective practice and additional documentation as specified by the GMC. This evidence must be available to their Appraiser two weeks before the date of the appraisal.
- 4.9 The Medical Staffing team of the Human Resources department (HR) together with the Responsible Officer will oversee the Revalidation Appraisal process and ensure that related procedures and practices are regularly reviewed in line with changes in legislation. They will ensure that appropriate protocols, processes and records are developed and maintained to ensure that all Medical Staff undertake annual appraisal in line with National Guidance. The Medical Staffing team are also responsible for the central monitoring of appraisal and revalidation information for medical staff.

5.0 The Main Principles and Process at LPT

- 5.1 The Appraisal process is comprised of five phases:
- Phase 1: Preparation work and information gathering by both appraiser and appraisee. Appraisals for revalidation are made up of whole practice appraisal and therefore appraisees must provide information from all organisations that employ them
 - Phase 2: Appraisal discussion including a review of the previous year's PDP
 - Phase 3: Completion of appraisal records and agreement of a new PDP
 - Phase 4: Signing of Revalidation Statements and submission of appraisal records to the Responsible Officer within 28 days of the appraisal meeting
 - Phase 5: Review and reporting by the Associate Medical Director and Responsible Officer.
- 5.2 The reporting appraisal cycle is annually between 1 April to 31 March according to the cycle below:



- 5.3 There are a number of Appraisal Principles developed within LPT which are provided in Appendix 6.
- 5.4 Guidelines for the appraisal preparation and meeting are provided in Appendix 7.
- 5.5 There will be a process of both clinical and academic appraisal for doctors who are employed on academic contracts by the University and holding a clinical contract with LPT. This could be joint or sequential.
- 5.6 All practising doctors must relate to one RO. There will a Deputy RO within the Trust to be used only in exceptional circumstances where a predictable conflict of interest arises. For all other situations or appeals where the role of the RO may be inappropriate the Trust will arrange for an external RO to act (probably in a Trust pairing arrangement).
- 6.0 Deferment of an Annual Appraisal**
- 6.1 All doctors with a prescribed connection to LPT are obliged to undergo an annual appraisal. All doctors are required to maintain an appraisal “month” to ensure the required number of appraisals are completed within each revalidation cycle. The appraisal month will typically be 12 months after the last ARCP or last appraisal.
- 6.2 There are some circumstances when a doctor may request that an appraisal is deferred/postponed, due to:
- breaks in practice due to sickness, maternity or adoption leave;
 - breaks in practice due to other long term absences such as career breaks and sabbaticals;
 - due to unforeseen personal or work related issues.
- 6.3 If any doctor does not think that he/she can complete their appraisal within the month it is due, they are required to contact the Associate Medical Director at the earliest opportunity and before the appraisal due date. The reasons for deferral

should be clearly stated and an indication of when the appraisal will be completed by. Requests for deferral will be considered on a case by case basis.

6.4 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 plan their re-entry. Appraisers will use their discretion when deciding the minimum evidence acceptable for these exceptional appraisals.

6.5 As a general rule it is advised that doctors having a break in service:

- In excess of 6 months should try to be appraised within 6 months of returning to work.
- Less than 6 months should try to be appraised no more than 18 months after the previous appraisal and wherever possible so that an appraisal year is not missed altogether.

7.0 Procedure to be followed for doctors who have not completed an annual appraisal

7.1 All doctors will be aware of their appraisal month. Doctors will be allocated an appraiser which they will retain for a three year period. The Doctor should liaise directly with their appraiser to arrange the appraisal meeting. A reminder will be sent on or around the due month if the appraisal is not progressing. If appraisal is not progressed the matter will be escalated to the RO who will request to meet with the doctor. If a response is not received or there is not satisfactory progress, a discussion will take place between the RO and the GMC

7.2 Further information on referral to the GMC is provided in Appendix 11.

7.3 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 LPT.

8.0 Multi Source Feedback (MSF)

8.1 The GMC requires that feedback from both colleagues and patients is obtained at least once in each five year appraisal cycle. This should normally occur within the first three years of a five year cycle to allow for repeat if necessary. Further guidance on the principles and operating arrangements for MSF are provided in Appendix 8.

8.2 LPT funds a MSF for all doctors responsible to LPT and contracted for at least six months

9.0 Records and Confidentiality

- 9.1 A satisfactory appraisal has to be evidenced within an appraisal portfolio. Appraisal records for all doctors responsible to LPT are managed and maintained via an e-system.
- 9.2 Where there is disagreement on the wording of an appraisal record, which cannot be resolved between appraiser and the doctor, then this should be recorded and advice should be sought from the Medical Director/Associate Medical Director who will consult with appraiser, doctor and any other individual that s/he thinks appropriate (e.g. previous appraiser, clinical director) before reaching a decision on the most appropriate way forward. The RO will decide on whether to proceed or seek an alternative appraisal.
- 9.3 Where the doctor continues to disagree with the content of the appraisal, and/or the process that has been followed, and/or completion of appraisal documentation such that satisfactory completion of appraisal cannot be confirmed then s/he will be advised of his/her right to raise their concern formally in accordance with the Trust's Grievance Procedure.
- 9.4 The detail of discussions during the appraisal interview would generally be considered to be confidential to the doctor and appraiser. However within the context of appraisal for revalidation, the appraiser will be reporting to the Responsible Officer on the general outcomes of the appraisal. Therefore the appraiser will need to escalate any concerns about safety, practice or performance that arise during the appraisal discussion, in line with the Trust's relevant policies and guidelines.
- 9.5 Both the Trust and the doctor will need to retain copies of the appraisal documentation over a five year period. Appraisal records will be held electronically.
- 9.6 An Appraiser should not maintain or keep personal records about a doctor's appraisal for any reason.
- 9.7 The Responsible Officer has overall accountability for ensuring appraisal takes place for all doctors for whom they are responsible. The Responsible Officer is also responsible for the quality of the appraisals undertaken by the organisation.

10.0 Selection, retention and review of Appraisers

- 10.1 The Responsible Officer should scope the number of appraisals that will be needed and ensure there is a sufficient pool of trained appraisers within the organisation to carry out these appraisals.
- 10.2 Selection of Appraisers will be done in accordance with guidance from NHS England "Quality Assurance of Medical Appraisers" The Appraiser job description and person specification are provided in Appendix 9 & 10. Applicants will provide an application statement on their skills and suitability for

consideration by the Associate Medical Director. Appointments will be confirmed in writing to those appointed as Appraisers and training will be provided before commencing appraisals.

- 10.3 The list of appraisers will be reviewed on a regular basis to ensure that numbers reflect demand.
- 10.4 Medical staff with appraiser responsibilities will have this included in their own appraisal to ensure their competence and performance is satisfactory. The Associate Medical Director will monitor performance and ensure consistent standards are maintained.
- 10.5 Appraisers must declare, to the Responsible Officer, any conflicts of interest with their appraisee. Examples may include:
- A personal or family relationship
 - Paired appraisals where two doctors appraise each other
 - An appraiser receiving direct payment from an appraisee for performing the appraisal.
- 10.6 The Trust will ensure that the medical appraiser workforce receives appropriate support to conduct their role. This will include:
- Access to leadership and advice on all aspects of the appraisal process from the Associate Medical Director.
 - Access to training and professional development resources to improve medical appraiser skills.
 - Peer support with opportunity to discuss handling the difficult areas of medical appraisal in an anonymised and confidential environment.
 - Annual review of performance in the role of medical appraiser.

11.0 Doctors in Difficulty

- 11.1 In the event that the appraisal process indicates that a doctor is 'in difficulty', the appraiser must discuss this with the Responsible Officer and relevant Clinical Director without delay, who will deal with the issues in accordance with the Trust's relevant policies and guidelines.
- 11.2 However, it should be noted that the Trust has a responsibility to deal with performance issues as they arise, and not to wait until the appraisal. It may be appropriate to delay an appraisal under such circumstances, but a doctor's appraisal for revalidation has to take place annually within the financial year. Arrangements should be made as quickly as possible for the appraisal to be rescheduled. Where this is not possible records must be kept and timescales clearly documented.

12.0 Responsible Officer's appraisal

- 12.1 Responsible Officers also need to undergo appraisal themselves and to be revalidated every five years. This will be arranged at a regional level

13.0 Indemnity

- 13.1 The Responsible Officer and doctor's working as appraisers on behalf of LPT will be indemnified for their actions in the pursuance of their work as part of their usual indemnity arrangements with the Trust as their employer.

14.0 Training needs

- 14.1 There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as role development training.

15.0 Monitoring compliance and effectiveness

- 15.1 The quality of appraisals and revalidation will be assured through regular reports to internal and external groups, as defined in the table overleaf. The Strategic Workforce Group (SWG) will receive an annual report at year end, based on the Annual Organisational Audit (AOA) return, confirming the numbers of appraisals completed across the organisation (as a percentage), any key themes that are emerging and recommendations for improving the process and quality (if relevant) for the following year in line with national guidance. Any feedback provided by doctors and appraisers, incorporated into such a report would be anonymised as appropriate.
- 15.2 All doctors will be asked to complete a feedback questionnaire after every annual appraisal. This feedback will be collated and reported to the Responsible Officer. The Appraisee feedback questionnaires will also be used to monitor the performance of appraisers. Any such feedback would be anonymised as appropriate.
- 15.3 The inputs and outputs of the appraisal will be reviewed at varying intervals by using the template attached in Appendix 5.
- 15.4 It is acknowledged that an external review of the Trust appraisal process would be useful every 3-5 years.

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
Page 6	The Responsible Officer ensures that appraisal is carried out by LPT in accordance with the standards in the GMC's Good Medical Practice framework for Appraisal.	Paragraph 4.4	Completion of Quality Assurance Audit (Appendix 5)	Revalidation Manager & Associate Medical Director	Monthly
Page 6	The Associate Medical Director is responsible for the quality assurance of the medical appraisal system.	Paragraph 4.6	Completion of Quality Assurance audit (Appendix 5)	Revalidation Manager & Associate Medical Director	Monthly
Page 8	All doctors with a prescribed connection to LPT are obliged to undergo an annual appraisal.	Paragraph 6.1	Monthly report on appraisal compliance	Revalidation Manager	Monthly
Page 11	The performance of medical appraisers will be monitored to ensure consistency and standards are maintained.	Paragraph 10.4	Feedback is requested after every appraisal. The feedback is reviewed each month and collated into an annual report	Revalidation Manager & Associate Medical Director	Monthly review and Annually written report

16.0 Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Care Quality Commission Fundamental Standards	Regulation 18 – Staffing Sufficient numbers of suitably qualified, skilled and experienced persons must be employed.

17.0 References and Bibliography

This policy was drafted with reference to the following:

Royal College of Psychiatrists:

Good Practice Guidelines for Appraisal

Supporting information for appraisal & revalidation: guidance for psychiatrists

<http://www.rcpsych.ac.uk/workinpsychiatry/revalidation.aspx>

Royal College of Paediatrics and Child Health:

Guidance on supporting information for revalidation for paediatrics

<https://www.rcpch.ac.uk/education-careers/revalidation>

NHS England

Medical Appraisal Guide

Quality Assurance of Medical Appraisers

<http://www.england.nhs.uk/revalidation/ro/info-docs/>

Policy Training Requirements

Training Needs Analysis

Training topic:	Training for Appraisers
Type of training:	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role specific <input type="checkbox"/> Personal development
Directorate(s) to which the training is applicable:	There will be trained medical appraisers across all Services
Staff groups who require the training:	All medical appraisers
Regularity of Update requirement:	2 yearly
Who is responsible for delivery of this training?	Associate Medical Director for Medical Governance
Have resources been identified?	Yes, within Medical CPD funding
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	<input type="checkbox"/> Trust learning management system <input checked="" type="checkbox"/> Other (please specify) The records of all medical appraisers are held within Medical Staffing, HR. This includes training records and feedback on performance in the role.
How is this training going to be monitored?	Every doctor is asked to complete feedback about their appraiser. An annual report is then sent to each appraiser and their senior appraiser.

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay.

The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input type="checkbox"/>
Support and value its staff	X
Work together with others to ensure a seamless service for patients	<input type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input type="checkbox"/>

STAKEHOLDERS AND CONSULTATION

Key individuals involved in developing the document

Name	Designation
Angela Salmen	Medical Staffing & Revalidation Support Manager
Dr Saquib Muhammad	Associate Medical Director


Circulated to the following individuals for comment

Name	Designation
x28 Consultants	All medical Appraisers
Various	Members of the medical Local Negotiating Committee (LNC) to include Consultant rep, SAS doctor reps, training grade reps and BMA rep.

Due Regard Screening Template

Section 1	
Name of activity/proposal	Medical Appraisal and Revalidation Policy and Procedure
Date Screening commenced	4th January 2021
Directorate / Service carrying out the assessment	Medical Directorate
Name and role of person undertaking this Due Regard (Equality Analysis)	Angela Salmen, Medical Staffing & Revalidation Support Manager
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: This policy and procedure describes the approach to medical appraisal for revalidation to ensure that licenced doctors remain up to date and fit to practice.	
OBJECTIVES: Through an effective appraisal mechanism, all medical staff are fit to practise and provide the highest standards of safe care to patients.	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact - please give brief details
Age	Neutral impact
Disability	Neutral impact – reasonable adjustments will be made to allow doctors with a disability to fully participate in the appraisal process.
Gender reassignment	Neutral
Marriage & Civil Partnership	Neutral
Pregnancy & Maternity	Neutral – arrangements are included in the policy to allow for the postponement of appraisals for doctors on maternity, paternity or adoption leave.
Race	Neutral
Religion and Belief	Neutral
Sex	Neutral
Sexual Orientation	Neutral
Other equality groups?	
Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.	
No	
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4.
Section 4	
If this proposal is low risk please give evidence or justification for how you reached this decision:	

No general issue has been identified in relation to the protected characteristics in the context of this policy. There is a mechanism in place whereby individuals with an observation of this nature may share this with their Responsible Officer to consider and make appropriate arrangements to accommodate the needs of the individual in question.

Signed by reviewer/assessor		Date	04/01/21
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed		Date	

DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Medical Appraisal and Revalidation Policy and Procedure	
Completed by:	Angela Salmen	
Job title	Medical Staffing & Revalidation Support Manager	Date 04/03/2021
Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	All information to be collected is recorded in the document.
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	All information that individuals need to provide is recorded in the document.
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	The only occasion for such a disclosure would be if the GMC had a Fitness to Practice Investigation and asked for specific information from the Responsible Officer
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	Information is used for the purpose of Appraisal and Revalidation as described in the document
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	Trust uses the SARD system for managing appraisal and revalidation as it has for several years.
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	Potentially	As described in section 7. If a doctor does not complete an annual appraisal the matter may eventually be referred to the GMC
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	Potentially	Section 14 of the SARD appraisal form requests agreement to a health statement "I declare that I accept the professional obligations placed on me in Good Medical Practice about my personal health". If a doctor is unable to make the statement they are asked to provide further

		information.
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:		
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

Quality assurance of appraisal inputs and outputs

Appraisal Summary and PDP Audit Tool (ASPAT) Template

Name of Appraiser	
Initials of Doctor	
Date of Appraisal	
Name of Auditor	
Date of Audit	

Scale: Score each time out of two

0 Unsatisfactory

1 Needs improvement

2 Good

1. Setting the scene and overview of supporting information	Score 0, 1, 2
a) Has the appraiser set the scene and summarised the doctor's scope of work?	
b) Is there supporting information to cover the whole scope of work?	
c) Are there objective statements about the quality of the evidence?	
d) Are all statements made by the appraiser supported by evidence?	
e) Does the appraiser comment or refer to the four GMC domains and associated attributes set out in the GMC Guidance Good Medical Practice?	
f) Has reference been made to local mandatory training?	
Total	

Comments on section 1:

2. Reflection and effective learning	Score 0, 1, 2
a) Is there evidence to show that the doctor has reflected on learning that has taken place or has the appraiser discussed how the doctor may document their reflection?	
b) Is there evidence to show that learning has been shared with colleagues or has the appraiser challenged the doctor to do so?	
c) Is there evidence to show that learning has improved patient care/practice or has the appraiser explored this further with the doctor?	
Total	

Comments on section 2:

--

3. The PDP and development progress	Score 0, 1, 2
a) Is there positive recordings of strengths, achievements and aspirations?	
b) Is there documentation of appropriate challenge in the discussion of the PDP?	
c) Is the completion (or not) of last year's PDP recorded?	
d) Are the reasons why any PDP learning needs that were not followed through stated? <i>If the PDP was completed, then score 2</i>	
e) Are there clear links between the summary of discussion and the agreed PDP?	
f) Does the PDP have SMART objectives?	
g) Does the PDP cover the doctor's whole scope of work and personal learning needs and goals?	
h) Does the PDP contain between 3-6 items?	
Total	

Comments on section 3:

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4. General standards and revalidation readiness	Score 0, 1, 2
a) There is no evidence of appraiser bias or prejudice of information that could identify a patient/third party	
b) Has the stage of the revalidation cycle been commented on?	
c) Is there documentation regarding the revalidation readiness relating to the supporting information e.g has the appraiser stated that 360 feedback is complete, that QIA is satisfactory etc. Are any areas outstanding for revalidation commented on with a plan to address them?	
d) Are the appraiser statements signed off, including health and probity. If not, has an explanation given?	
Total	

Comments on section 4:

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Total score

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Medical Appraisal Guiding Principles

1. Appraisers should conduct a minimum of 2 appraisals up to a maximum of 10 in a 12 month period.
2. A appraiser will be allocated to each doctor by Medical Staffing. The doctor should retain the same appraiser for three year.
3. An appraiser should not undertake more than two appraisal meetings on the same day.
4. Whilst a doctor may be appraised by his/her Clinical Director the appraiser should be without direct line management responsibility for the doctor if possible.
5. The appraise should maintain an “appraisal month” and ensure that all appraisals within the revalidation cycle occur within that month.
6. There should be no more than three consecutive appraisals with the same appraiser. There should then be a break of at least 3 years before being appraised again by the same appraiser.
7. Within a 5 year revalidation cycle, at least 2 appraisals should be carried out with an appraiser as close as possible to the specialty.
8. There should be no “cross appraising” by two appraisers appraising each other.
9. A doctor should not act as appraiser to a doctor who has acted as their appraiser within the previous five years.
10. The Trust e-system should be used to complete and manage the appraisal and revalidation process. Any evidence to be reviewed in the appraisal process should be uploaded or referred to on the e-system
11. The Clinical Director is to be given the date and name of the appraiser in advance, by the appraisee, in order to have an opportunity of feeding issues/concerns into the appraisal through the appraiser.
12. Any issues/concerns raised by the Clinical Director should be addressed during the appraisal and documented in the appraisal record and PDP.
13. Appraiser to consider with the appraisee “continued fitness to practice” as a specific question which will form part of the appraisal record/PDP.
14. Any issues arising from “continued fitness to practice” to be discussed with the Responsible Officer.

15. As a minimum, a satisfactory appraiser should include:
- Evidence that the previous year's PDP has been appropriately addressed.
 - Evidence of quality improvement activity e.g. audit
 - Evidence that significant events and complaints have been discussed
 - Evidence that Multi Source Feedback/360° appraisal has been completed within a 5 year cycle and that any issues arising from this have been addressed
 - Completion of Trust mandatory training
 - Declarations for health and probity
 - Evidence that the appraisal covers the whole scope of practice with statements/evidence from all other employing organisations as necessary
 - Evidence that the appraisal contains an element of appropriate 'challenge' and reflection
 - Evidence that despite the above structural demands that the appraisal contains formative as well as summative elements
16. Feedback to be gathered from each appraisee regarding the system and the performance of the appraiser and provided as an anonymised summary on a 12 month basis to the Associate Medical Director and to individual Appraisers.

Guidelines for the Medical Appraisal Process and Documentation

1. Introduction

The GMC's requires a five-yearly demonstration of all doctors' fitness to practise, to be based on information and evidence that should already be available to employing organisations, as it forms part of good clinical governance. While there is a clear connection between revalidation and appraisal, there are also differences.

Revalidation concerns itself with a standard measured against the framework of the GMC's guidance *Good Medical Practice*, while NHS appraisal takes, in addition to this, a broader look at a doctor's safety, work, service delivery and developmental needs.

2. Appraisal documentation

Appraisal records will form part of the overall process but while completion of information on the Trust's e-system for managing appraisal is an important facet of appraisal, as it provides a written agreement and encourages consistency, dialogue between individuals and the exchange of views is equally important.

Every doctor being appraised should prepare an appraisal folder of all the documents (information, evidence and data) which will help inform the appraisal process, and this can and should be updated as necessary. The documentation should represent their whole practice, including private practice, and include information from each of their employers. Documentation should be held in an individual's e-portfolio of the Trust's e-system for managing appraisal. An appraiser should not maintain or keep any personal records about a doctor's appraisal.

As part of revalidation, the Trust may need to make more information available to appraisers, and to ensure that appraisers are fully trained in the interpretation of this information. Annual appraisal documentation will need to be stored securely over the five year revalidation cycle by both the Responsible Officer and appraisee.

3. Preparing for appraisal

It is essential that adequate time is allocated for preparation, both for the appraiser and appraisee. Preparation time and time for carrying out the appraisal should take place during usual working hours; proper time should be included in the job plan of the appraiser for this purpose.

Successful appraisal depends on both parties giving their contribution some thought beforehand. Both parties should give themselves enough time to produce, exchange and consider any documents necessary for the appraisal – a few weeks rather than a few days in advance is best. Where, for whatever reason, a third party needs to contribute to an appraisal this should also be discussed and agreed well in advance.

It is very important that the discussion, a vital component of appraisal, is planned in diaries well ahead and protected. Ad hoc arrangements will fail to properly support either the appraisee, or the appraiser. Appraisal for revalidation requires that annual appraisals are carried out and signed off in year, in line with the Trust's appraisal cycle. Therefore, the timing, location and people involved in the appraisal need to be discussed and confirmed at least six weeks beforehand.

4. Selecting an appraiser

An appraiser will be allocated to each doctor by Medical Staffing. The doctor should retain their appraiser for three years.

Each appraiser should have a job plan which recognises an annualised commitment to carry out a fixed number of appraisals.

It is recommended that over the course of five years, there should be no more than three consecutive appraisals with the same appraiser and that at least 2 appraisals should be carried out with an appraiser as close as possible to the specialty. This is to ensure objectivity, avoidance of conflicts of interest and a diversity of viewpoints. It would be the responsibility of the Clinical Director to ensure that all doctors have been appraised and their PDP signed off during the current year.

5. Conflicts of interest

Appraisers must declare any conflicts of interest with their appraisee to the Responsible Officer. This may include:

- A personal or family relationship
- Reciprocal appraisal – where 2 doctors appraise each other
- An appraiser receiving direct payment from an appraisee for performing the appraisal
- An appraiser and appraisee sharing close business or financial interests
- An appraiser appraising a doctor who acts as their line manager
- A Responsible Officer or a doctor's direct employer acting as their appraiser

6. Multi Source Feedback (MSF) / 360° appraisal

The revalidation process will require practitioners to receive formal feedback from both patients and colleagues at least once every five years. The Trust has developed guidance on the administration of the MSF. See Appendix 8.

7. Actions required should concerns arise during the appraisal

Both the appraiser and the appraisee need to recognise that as registered medical practitioners they must protect patients if they believe that a colleague's health, conduct or performance is a potential risk to patient safety. If, as a result of the appraisal process, the appraiser believes that the activities of the appraisee are such as to put patients at risk, then the appraisal should be stopped and the matter referred to the Responsible Officer in line with the organisation's policies

immediately. It is understood that this would happen only on the rarest of occasions. However a doctor's appraisal for revalidation has to take place annually. Arrangements should therefore be made as quickly as possible for the appraisal to be re-scheduled.

8. Development needs

Any other concerns or development needs which are highlighted through the appraisal process need to be presented to the Clinical Director and/or RO that these can be discussed and the appraisee can (with the relevant support) take appropriate steps to address these. Where appropriate the completed appraisal form should be taken by the appraisee into his / her job planning meeting.

9. Outcome of meeting

A matrix of relationship between the quality of supporting information and associated judgement of performance is illustrated below:

	Good performance	Poor performance
Good quality supporting information	a. Satisfactory appraisal	b. Unsatisfactory appraisal due to performance concerns. Further actions needed e.g. PDT, Clinical Director, Responsible Officer, GMC, NCAS
Poor quality supporting information	c. Unsatisfactory appraisal. Adjourn with clear agreement about what information is required. Reschedule within 3 months	d. Unsatisfactory appraisal. Adjourn and consult Clinical Director, Responsible Officer, GMC, NHS Resolution

a) Satisfactory appraisal – This is the judgement that is made when good supporting information is presented and no performance concerns are raised throughout the appraisal meeting.

b) Unsatisfactory appraisal as significant performance concerns – This is when the appraisee has provided good supporting information but the information reveals concerns. The PDP must reflect this and have clear objectives that set out how and when the performance will improve. The appraiser must refer to the Clinical Director and Responsible Officer who in turn will refer to NHS Resolution and the GMC if appropriate.

c) Unsatisfactory appraisal – poor quality information – The appraisee has not provided sufficient supporting information to satisfy the appraiser that GMC standards have been met. There may be no performance concerns but the appraisal is adjourned for no longer than 3 months, to ensure that the required information is required.

d) Unsatisfactory appraisal, poor quality information and significant performance concerns – The appraisee has not provided sufficient supporting information and there are concerns about performance. The appraisal is adjourned and the Clinical Director, Responsible Officer, NHS Resolution or GMC may be notified. The appraiser may need to seek advice before rescheduling a further appointment.

10. After the appraisal

The electronic appraisal records should be completed by both parties within 28 days of the appraisal interview and should be submitted to the Responsible Officer as part of the ongoing portfolio of evidence for revalidation. Although it is the responsibility of the Responsible Officer to recommend to the GMC for revalidation the appraiser must make known to the Responsible Officer any concerns arising from the appraisal which might delay a recommendation for revalidation, within each appraisal year, so that action can be taken to resolve these issues in a timely manner.

Multi Source Feedback (MSF) / 360° Appraisal

Introduction

1. The GMC requires that feedback from both colleagues and patients is obtained at least once in each five year appraisal cycle. This should normally occur within the first three years of a five year cycle to allow for repeat if necessary. LPT provides MSF via SARD – the same e-system for recording and managing appraisals and job plans.

Guidance for undertaking MSF

2. The appraisal should cover the doctor's whole practice. The MSF should reflect the whole scope of work and therefore the selection of colleagues and patients will depend on the nature of the practice.
3. When selecting medical colleagues for feedback, it is suggested that
 - at least one colleague is from the same specialty;
 - at least one is someone that the doctor regularly refers patients to;
 - where applicable, at least one is someone the doctor regularly discusses patients with;
 - there is inclusion of doctors in training for whom the doctor might be the clinical or educational supervisor for;
 - other medical staff are included, such as GPs with whom the doctors works closely with; and
 - the doctor's line manager is asked for feedback.

Hospital based doctors should also try to include a ward manager or nurse (or nurses from the ward the doctor most frequently works in and a staff nurse from the outpatients department).

4. When selecting non medical colleagues for feedback, it is suggested that this may include a pharmacist, administrative staff such as reception or secretarial staff working within the doctors team and other health professionals with whom the doctor may work with (such as physiotherapist, occupational therapist etc)
5. At least 15 feedback questionnaires are required from colleagues to provide a meaningful report.

Patient feedback

6. There are three options available to collect patient feedback:

The GMC have stated that a minimum of 34 questionnaires is required for valid feedback.

a) **Electronically by web link** – Send the web link below directly to patients/families/carers along with the doctors individual code to fill the form online. The code (patient feedback code) can be found on the MSF page and is used to ensure the feedback being submitted is to the right SARD account.

leicspart.sardjv.co.uk/input_patient_feedback,

b) **Electronically from SARD MSF page** - Send patient feedback requests via email directly from the SARD MSF page by clicking on the 'Email Patient Feedback Request' button near the top of the MSF page. This option does require the user to have their email synched to their web browser so that when they click the button, the website links to their email account and generates a draft email with the instructions and the doctors unique MSF code.

(This works in the same way, for example, for most office based personnel who use Outlook and are able to generate emails from websites using their outlook accounts).

c) **Paper based** - Arrange the distribution of questionnaires by reception staff or other clinical staff. Patients should be encouraged wherever possible to complete their questionnaire in the waiting area, immediately after their appointment with you,

- Ensure that the doctors name and GMC number appears at the top of each questionnaire.
- Hand out one questionnaire, information sheet, and envelope to each patient.
- Offer a questionnaire pack to every patient who the doctor consults with during the survey period.
- After collecting all the questionnaires, please sent them together in a large envelope, to:

SARD JV
Suite 2D
Foresters Hall
25-27 Westow Street
London
SE19 3RY

Or scan and email them to support@sardjv.co.uk

- Ensure to include a cover letter stating the doctors full name, the name of the Trust and GMC number.
 - **Please note:** SARD aim for a 14 day turnaround period between receiving the forms, and the forms being uploaded to the SARD account. The status can be checked at any time via the 'Summary' section at the top of the MSF page.
8. The questionnaires should be distributed to 45 consecutive patients and to 20 colleagues. Research undertaken on the questionnaires recommends that a minimum of 34 completed patient questionnaires and 15 completed colleague questionnaire are required to obtain an accurate view of performance. Results are less reliable if these targets are not achieved, but it does not invalidate the activity. If you do not think it will be possible to achieve this number of responses please discuss with your appraiser or Dr Muhammad as the Appraisal and Revalidation Lead at LPT.

Feedback

9. The doctor is required to demonstrate, in the appraisal meeting, that they have reflected on the MSF feedback and what actions have been taken as a result of the feedback. Only the conclusions should be recorded in the appraisal summary form and personal development template.

Medical Appraiser

Job Description

1. Appointment

Appointment to the role of Medical Appraiser will be by expression of interest to the Associate Medical Director.

Duration of appointment as an appraiser is for a period of three years subject to satisfactory evaluations.

2. Accountability

The role will be accountable to the Responsible Officer of Leicestershire Partnership NHS Trust (LPT).

3. Duties and Responsibilities

3.1 Undertake pre appraisal preparation and appraisal discussion in line with the Trust policy and core principles from the appraiser training, current guidance and quality standards. This will include:

- agreeing an agenda and time frame with the appraisee which should include an appropriate balance of personal, professional and local objectives
- Considering the quality and validity of supporting information provided by the appraisee for the appraisal
- Supporting the doctor in considering practice over the last year and agreeing objectives and development plan with the doctor
- Judgement on performance of appraisee for safety and quality of care.
- Decision on recommendation for continued fitness to practise of appraisee
- Agreeing a summary of the appraisal meeting

3.2 Complete appraisal records within the Trust's e-system for managing appraisals in line with current local and national guidance and quality standards in a timely fashion, ensuring records are signed off within 28 days of the appraisal occurring.

3.3 Conduct a minimum of 2 appraisals up to a maximum of 10 in a 12 month period.

- 3.4 Participate in initial training and ongoing training and support as required.
- 3.6 Participate in performance review in the role of appraiser.
- 3.7 Participate in arrangements for quality assurance of the appraisal system as appropriate.
- 3.8 Ensure that any Conflicts of Interest with an appraisee are declared to the Responsible Officer.

4. Confidentiality

- 4.1 Whilst the detail of discussions during the appraisal interview would generally be considered to be confidential to the appraisee and appraiser, within the context of appraisal for revalidation, the appraiser is responsible for reporting on the general outcomes to the Responsible Officer. The appraiser is required to escalate any concerns about performance that arise during the appraisal discussion, in line with the Trust's relevant policies and guidelines

5. Indemnity

- 5.1 Doctors working as appraisers on behalf of LPT will be indemnified for their actions in the pursuance of their work as part of their usual indemnity arrangements with the Trust as their employer.

Person Specification for Appraisers

Person Specification for Appraiser	Essential/Desirable
Education	
Medical Degree	E
GMC Registration	E
Completion of Appraisal Training before appointment	E
Experience	
3 years since completion of specialist or GP training	E
Experience in managing time to ensure deadlines are met	E
Involvement in medical education or training	D
Skills, aptitudes and knowledge	
Good oral communication skills, active listening, ability to understand and summarise a discussion, provide constructive challenge	E
Good written communication skills including the ability to summarise clearly and accurately.	E
Knowledge of role and responsibility of medical appraisers	E
Knowledge of purpose and process of appraisal	E
Understanding of equality and diversity best practice	E
Understanding of learning needs assessment	D
Personal Qualities	
Motivated, enthusiastic, positive role model	E
Personal integrity and self awareness	E

Non-Engagement

Criteria for Revalidation recommendations

1. For revalidation licensed doctors must:
 - Participate in annual appraisals with [Good Medical Practice](#) at their core, which consider the whole of their practice; and
 - Collect supporting information that meets the requirements of the GMC's guidance [Supporting information for appraisal and revalidation](#)

Deciding on a notification to the GMC of non-engagement

2. A doctor is not engaging in revalidation where, in the absence of reasonable circumstances, they:
 - have not participated in the local processes and systems that support revalidation on an ongoing basis.
 - have not participated in the formal revalidation process.
3. The Responsible Officer will make a judgement as to whether there are reasonable grounds that account for a doctor's failure to engage.
4. The Responsible Officer may wish to discuss any concerns about a doctor's revalidation or their failure to engage in the local process with their GMC Employer Liaison Adviser.
5. The GMC will be notified of a doctor's failure to engage, by the Responsible Officer, when:
 - There are no reasonable circumstances that account for a doctor's incomplete information or failure to participate in appraisal and revalidation.
 - The individual has been provided with sufficient and fair opportunities to support their participation in appraisal and revalidation.
 - The individual has not acted on the opportunities available to them to collect information or participate in appraisals.
 - The local process, described in section 4 above, has been exhausted.
6. The Responsible Officer can contact the GMC at any time about a doctor's failure to engage with the appraisal and revalidation process. It does not have to wait until a recommendation about a doctor's revalidation is due.

The GMC Process of responding to notifications of non-engagement

7. A notification of non-engagement can potentially result in the GMC withdrawing a doctor's licence to practise, through the existing processes for administrative removal.
8. Once the GMC receives a notification of non-engagement from an RO they will begin the process of administratively removing the doctor's licence to practise.
9. The individual will be informed by the GMC that they are withdrawing their licence to practise and will have 28 days in which to make representations to the GMC if they wish to appeal.
10. The contract of employment is dependent on a doctor maintaining registration and a licence to practise with the GMC. The removal of a licence to practise will result in a termination of the contract of employment.