

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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Name of responsible committee:	Medical Education Group
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Type of Policy (tick appropriate box)	Non Clinical
Which Relevant CQC Fundamental Standards?	

Contents

	Version Control	3
	Equality Statement	3
	Due Regard	4
	Definitions/abbreviations that apply to this policy	5
1.0	Purpose of the Policy	6
2.0	Summary of the Policy	6
3.0	Introduction	6
4.0	Duties within the Organisation	7
5.0	The Main Principles and Process at LPT	8
6.0	Deferment of an Annual Appraisal	9
7.0	Procedure to be followed for doctors who have not completed an annual appraisal	10
8.0	Multi Source Feedback (MSF)	10
9.0	Records and Confidentiality	10
10.0	Selection, retention and review of Appraisers	11
11.0	Training needs	12
12.0	Doctors in difficulty	12
13.0	Responsible Officer's appraisal	12
14.0	Indemnity	12
15.0	Monitoring compliance and effectiveness	12
16.0	Standards/Performance Indicators	15
17.0	References and Bibliography	15
Appendix 1	Policy Training Requirements	16
Appendix 2	NHS Constitution checklist	17
Appendix 3	Stakeholders and Consultation	18
Appendix 4	Due record screening template statement	20
Appendix 5	Quality Assurance of appraisal inputs and outputs	22
Appendix 6	Consultant / SAS Doctors Appraisal Guiding Principles	24
Appendix 7	Guidelines for the Medical Appraisal Process and Documentation	26
Appendix 8	Multi Source Feedback (MSF) / 360° Appraisal	30
Appendix 9	Medical Appraiser Job Description	32
Appendix 10	Person Specification for Appraisers	34
Appendix 11	Non Engagement	35

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1.0	15/03/12	First draft
1.1	29/03/12	Draft amended following comments by Dr S Frost
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 update
5.1	30/07/15	Policy reformatted to meet Trust standard
5.2	18/04/16	Policy updated to address recommendations in 360 Assurance Audit Report Sept 2015 "Review of Medical Appraisal & Revalidation Systems and Processes"
6.0	14/08/17	Policy review

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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.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

LPT must have **due regard** to the aims of eliminated discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

The Due regard assessment template is Appendix 4 of this document.

Definitions/Abbreviations that apply to this Policy

AOA	NHS England Annual Organisational Audit – Process of monitoring compliance with medical appraisal and revalidation across England.
ARCP	Annual Review of Competence Progression – Process of assessment for junior doctors in approved medical training programmes.
Due Regard	Having due regard for advancing equality involves: Removing or minimising disadvantages suffered by people due to their protected characteristics. Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
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 has been designed in response to legislation for the revalidation of doctors which began in December 2012. Revalidation is a process by which doctors will have to 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 the Appraisal and Revalidation of Medical Staff, following direction by the General Medical Council and other relevant bodies

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, Staff Grades and other doctors employed in non training medical posts, including those with honorary contracts, where they relate to the Responsible Officer for this organisation. This policy will be overseen by the Clinical Governance / Risk Management / Quality Assurance Committee.

2.4 The policy does not cover the annual review and assessment process for doctors in formal training grades. 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 Annual Organisational Audit (AOA) 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 Trust Board sub-committees have the responsibility for ratifying policies and protocols.
- 4.3 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.
- 4.4 Clinical Directors, Divisional Directors and Heads of Service are responsible for clinical governance and performance monitoring systems to include collation of development needs to inform organisational development activity.
- 4.5 The Deputy Medical Director is responsible for quality assurance and reporting arrangements for the medical appraisal system.
- 4.6 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.

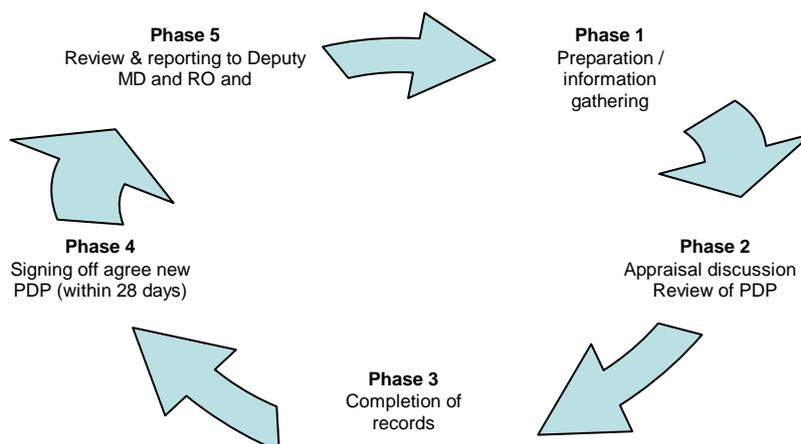
- 4.7 All doctors are responsible for ensuring they remain up to date with appraisal and that they are conducted in accordance with this policy. They are required to maintain a professional portfolio including feedback from each of their employers (whole practice review) including the independent sector, 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.
- 4.8 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 Deputy 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. These have been agreed and approved by the Division of Psychiatry, Community Pediatricians and the Trust Board.
- 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 Deputy 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 a choice of two appraisers 3 months before their appraisal month. The Doctor should select their appraiser and book the appraisal meeting. A reminder letter will follow on or around the due month if the appraisal is not progressing. A reminder will be issued requesting that a date is organised and confirmed within 7 days. If a date is not confirmed, 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. All registrations are co-ordinated through the Medical Staffing team.

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/Deputy 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 initially complete a short application form for consideration by the Deputy 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 Deputy 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 Deputy 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 Training needs

11.1 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.

12.0 Doctors in Difficulty

12.1 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.

12.2 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.

13.0 Responsible Officer's appraisal

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

14.0 Indemnity

14.1 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.

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 and as part of the SWG annual report. 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 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 7	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 4.3	Completion of AOA annual monitoring report.	Revalidation Manager & Deputy Medical Director	Annually
Page 7	The Deputy Medical Director is responsible for the quality assurance of the medical appraisal system.	Paragraph 4.5	Completion of Quality Assurance audit (Appendix 5)	Revalidation Manager & Deputy Medical Director	Annually
Page 9	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 9	As above.	Paragraph 6.1	Completion of AOA monitoring report	Revalidation Manager & Deputy Medical Director	Quarterly
Page 11	The performance of medical appraisers will be monitored to ensure consistency and standards are maintained.	Paragraph 10.4	Feedback is request after every appraisal. The feedback is reviewed each month and collated into an annual report to measure performance of	Revalidation Manager & Deputy Medical Director	Monthly review and Annually written report

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
			appraisers		

16.0 Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Care Quality Commission registration standards (outcome 14) <i>Supporting Workers</i> (21) of the Health & Social Care Act (2008) (Regulated Activities Regulations 2010 CQC essential standards)	That the trust maintains compliance with CQC registration standards, this policy supports outcome standards 14

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

<http://www.rcpch.ac.uk/training-examinations-professional-development/revalidation/supporting-information/supporting-inform>

NHS England

Medical Appraisal Guide

Quality Assurance of Medical Appraisers

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

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

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
Division(s) to which the training is applicable:	<input type="checkbox"/> Adult Learning Disability Services <input type="checkbox"/> Adult Mental Health Services <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Families Young People Children <input type="checkbox"/> Hosted Services There will be trained medical appraisers across all Services
Staff groups who require the training:	All medical appraisers
Update requirement:	2 yearly
Who is responsible for delivery of this training?	Deputy Medical Director/Lead for Appraisal & Revalidation
Have resources been identified?	Yes, within Medical CPD funding
Has a training plan been agreed?	Training has been provided every 2 years. The last training was provided in January 2017.
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 is 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.

NHS Constitution Checklist

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

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Bhaumik. Sab	Consultant Psychiatrist/ Appraiser
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Rao, Sanjay	Consultant Psychiatrist / Deputy Chair of the LNC
Sekaran, Devanitha	Consultant Community Paediatrician / Appraiser
Smith, Sue	Consultant Psychiatrist / Appraiser
Stocking Korzen, Rob	Consultant Psychiatrist / Appraiser
Stringer, Jim	BMA Industrial Relations Officer
Subramaniam, Hari	Consultant Psychiatrist / Appraiser
Suribhatla, Sri	Consultant Psychiatrist / Appraiser
West, Judith	Consultant Community Paediatrician / Appraiser
Witcomb, Alex	Consultant Psychiatrist / Appraiser

Due Regard Screening Template

Section 1	
Name of activity/proposal	Medical Appraisal and Revalidation Policy and Procedure
Date Screening commenced	15th August 2017
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	15/08/17
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed		Date	

Quality assurance of appraisal inputs and outputs
Appraisal Summary and PDP Audit Tool (ASPAT) Template

Appraiser identifier	
Doctor identifier	
Date of appraisal	

Scale:

- 0 Unsatisfactory
- 1 Needs Improvement
- 2 Good

1.1.1 Setting the scene and overview of supporting information	
a) The appraiser sets the scene summarising the doctor's scope of work	
b) The evidence discussed during the appraisal is listed <i>(not all senior appraisers feel that this is necessary, so if not required score 2)</i>	
c) There is documentation of whether the supporting information covers the whole scope of work	
d) Specific evidence is summarised with a description of what it demonstrates	
e) Objective statements about the quality of the evidence are documented	
f) All statements made by the appraiser are supported by evidence	
g) Appraiser comments about evidence refer/fit in to the four GMC domains and associated attributes set out in the GMC guidance <i>Good medical practice framework for appraisal and revalidation</i>	
h) Reference is made to whether speciality specific guidance for appraisal has been followed e.g. college recommendations for CPD and quality improvement activity <i>(this is not a GMC requirement so if the senior appraiser does not feel that this is necessary, score 2)</i>	
i) Reference to completion of locally agreed required training (e.g. safeguarding training, basic life support training) is made <i>(please insert agreed requirements, score 2 if none agreed)</i>	
1.1.2 Reflection and effective learning	
a) There is documentation of evidence showing that reflection on learning has taken place or that the appraiser has discussed how the doctor should document their reflection	
b) There is documentation of evidence showing that learning has been shared with colleagues or that the appraiser has challenged the doctor to do so	

c) There is documentation of evidence showing that learning has improved patient care/practice or that the appraiser has explored how this might be taken further with the doctor	
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1.1.3 The PDP and developmental progress

a) There is positive recording of strengths, achievements and aspirations in the last year	
b) There is documentation of appropriate challenge in the discussion and PDP e.g. significant issues discussed and new suggestions made	
c) The completion (or not) of last year's PDP is recorded	
d) Reasons why any PDP learning needs that were not followed through are stated <i>(if the PDP was completed then score 2)</i>	
e) There are clear links between the summary of discussion and the agreed PDP	
f) The PDP has SMART objectives (specific, measurable, achievable, relevant, timely)	
g) The PDP covers the doctor's whole scope of work and personal learning needs and goals	
h) The PDP contains between 3-6 items	

1.1.4 General standards and revalidation readiness

a) The documentation is typed and uploaded onto an electronic toolkit in clear and fluent English	
b) There is no evidence of appraiser bias or prejudice or information that could identify a patient/third party information	
c) The stage of the revalidation cycle is commented on	
d) There is documentation regarding revalidation readiness relating to supporting information (e.g. states that feedback and satisfactory QIA are already done). Any outstanding supporting information/other requirements for revalidation are commented on with a plan of action to address them	
e) Appraisal statements (including health and probity) have been signed off or if not, an explanation given <i>(if signed off score 2)</i>	

Consultant /SAS Doctors 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 choice of two appraisers will be allocated to each doctor by Medical Staffing. The doctor should select their appraiser from the two options and make arrangements to agree a date/time for the meeting.
2. An appraiser should not undertake more than two appraisal meetings on the same day.
3. Whilst a doctor may be appraised by his/her Clinical Director/Lead Consultant, the appraiser should be without direct line management responsibility for the doctor if possible.
4. The appraisal should maintain an “appraisal month” and ensure that all appraisals within the revalidation cycle occur within that month.
5. 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.
6. Within a 5 year revalidation cycle, at least 2 appraisals should be carried out with an appraiser as close as possible to the specialty.
7. There should be no “cross appraising” by two appraisers appraising each other.
8. A doctor should not act as appraiser to a doctor who has acted as their appraiser within the previous five years.
9. 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 system.
10. 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.
11. Any issues/concerns raised by the Clinical Director should be addressed during the appraisal and documented in the appraisal record and PDP.
12. Appraiser to consider with the appraisee “continued fitness to practice” as a specific question which will form part of the appraisal record/PDP.

13. Any issues arising from “continued fitness to practice” to be discussed with the Responsible Officer.
14. 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
15. 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 Deputy Medical Director and to individual Appraisers.
16. Appraisal records, held on SARD, to be subject to a random sampling process.

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

A choice of two appraisers will be allocated to each doctor by Medical Staffing. The doctor should select their appraiser from the two options and make arrangements to agree a date/time for the meeting

Each appraiser should have a job plan which recognises an annualised commitment to carry out a fixed number of appraisals, and who would be assigned to appraise a set number of doctors each year.

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. All registrations should

be made via the Medical Staffing Department. 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, NCAS

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 NCAS 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, NCAS 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. All registrations are co-ordinated through the Medical Staffing team.

Guidance for undertaking MSF

2. The doctor should identify someone to feedback their MSF report before commencing the process. This is usually their appraiser. The doctor should discuss the technicalities of the process with their feedback person/appraiser including how colleagues and peers are to be selected. The appraisee should suggest the names/roles of colleagues and peers but it should be for the appraiser to decide who is selected.
3. The appraisal should cover the doctor's whole practice. Therefore 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.
4. 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).

5. 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)

6. One of the most effective ways to obtain patient feedback is to 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 the doctor, and return it in a sealed envelope to a deposit box in the clinic. The doctor may also wish to consider collecting views from people who are not conventional patients but have a similar role, like families and carers, students or even suppliers or customers.
7. The doctor should arrange to meet with the person identified to feedback their MSF (usually their appraiser) prior to the appraisal meeting. 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 application to the Deputy 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.
- 3.5 Participate in the twice yearly Appraiser development sessions
- 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.