TRUST-WIDE NON-CLINICAL POLICY

Revalidation & Medical Appraisal

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Lead Executive Director: Medical Director
Lead Author(s): Dr. David Anderson

Quality, recovery and wellbeing at the heart of everything we do
# Revalidation & Medical Appraisal

## Further information about this document:

<table>
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<tr>
<th>Document name</th>
<th>Revalidation &amp; Medical Appraisal (HR30)</th>
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<tr>
<td>Document summary</td>
<td>To provide guidance on the process for medical appraisal &amp; revalidation</td>
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| This document can be made available in a range of alternative formats including various languages, large print and braille etc | |

## Version Control:

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SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY’S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgment made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, Safeguarding Ambassadors or the trust’s safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session.

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the **protected characteristics** of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **Fairness, Respect, Equality, Dignity, and Autonomy**.
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1. PURPOSE AND RATIONALE

1.1 The policy describes the principles and process of medical appraisal necessary to support Revalidation for doctors with a Mersey Care contract of employment. Revalidation was introduced by the General Medical Council (GMC) in December 2012 (General Medical Council, 2012) to ensure that all licenced medical practitioners are fit to practice. The role of Responsible Officer was introduced in January 2011 (Department of Health, 2010) and was amended in 2013 (Departments of Health, 2013). NHS England is the Senior Responsible Owner for the Revalidation programme and a designated body in its own right. The GMC has overall responsibility for Quality Assurance of medical appraisal.

1.2 Revalidation requires doctors to collect a portfolio of supporting information through an annual medical appraisal which is measured against the standards of Good Medical Practice (GMP) (General Medical Council, 2013), and Good Psychiatric Practice (GPP) in the case of psychiatrists (Royal College of Psychiatrists, 2009).

1.3 Revalidation is a five year cycle of annual appraisal resulting in a recommendation, or otherwise, to the GMC that a doctor should be licenced.

1.4 The purpose of revalidation is to assure patients and the public, employees and other healthcare professionals that licensed doctors are up to date and fit to practise. In addition, revalidation is a process to identify for further investigation, and remediation, poor practice where local systems are not robust enough to do this or do not exist (Shelley & Judkins, 2009).

2. AIMS AND OBJECTIVES

2.1 To describe the process of annual medical appraisal for consultant and specialty doctors in Mersey Care NHS Foundation Trust.

2.2 To describe the process of medical revalidation.

2.3 To ensure that all consultants and specialty doctors will participate in a satisfactory annual appraisal that will be sufficient to meet the requirements laid out by the GMC toward revalidation.

2.4 The process of medical appraisal will be subject to methods that assure quality control.

3. SCOPE

3.1 This policy guidance applies to all consultants and specialty doctors employed by Mersey Care NHS Foundation Trust and who have a prescribed connection with the Trust. Medical appraisal will occur on an annual basis.

3.2 The responsible officer regulations establish a ‘prescribed connection’ between doctors and designated bodies. The prescribed connection creates a link between a doctor and a RO nominated or appointed by the designated body regardless of the number of settings in which the doctor works. This ensures a doctor can have one and only one RO. The regulations specify how a doctor identifies their RO, but for career grade doctors in Mersey Care NHS Foundation Trust it will usually be the RO for Mersey Care.
4. DEFINITIONS

GOOD MEDICAL PRACTICE FRAMEWORK FOR APPRAISAL & REVALIDATION

4.1 The purpose of revalidation is to ensure that doctors remain up to date and continue to be fit to practice. It aims to support doctors in their professional development, to contribute to improving patient safety and quality of care and to sustain and improve public confidence in the medical profession. In doing so it will support organisational objectives. It also seeks to facilitate the identification of the small proportion of doctors who are unable to meet the expected professional standards and remedy significant shortfalls in their standards of practice.

4.2 Appraisal has been defined as a process that enables doctors to have a formal and structured opportunity to reflect on their work and to consider how their effectiveness might be improved. It is also a two-way dialogue which focuses on the personal, educational and professional development needs of the appraisee. It has both summative (assessment) and formative (developmental) aspects. It should be seen as supportive and focused primarily on raising standards. Appraisal is the key process by which doctors will provide supporting information toward revalidation. For doctors in postgraduate training appraisal is provided by the Deanery.

4.3 After the 5 year revalidation cycle the RO will make one of three recommendations to the GMC that will require satisfactory annual appraisal, namely, (1) to support revalidation (2) to defer while awaiting further information, or (3) that the doctor has failed to engage with the appraisal process. Persistent issues of poor quality appraisal or non-engagement will trigger a discussion with the doctor and RO and a formal process may follow.

4.4 Doctors are under a contractual requirement to participate satisfactorily in appraisal within every twelve months, and are not eligible for pay increments or application for a Clinical Excellence Award if they fail to participate in annual appraisal.

5. DUTIES

5.1 The Responsible Officer

The Health and Social Care Act 2008 established a new role of the Responsible Officer (RO), which came into effect on 1 January 2011 in England. The regulations require organisations such as health trusts (‘designated bodies’) to appoint or nominate a RO. In England the RO has an additional responsibility for clinical governance (Department of Health, 2010) and their main duties include:

To ensure that there is an integrated system for monitoring doctors’ performance, recognising good practice and encouraging and supporting development and learning that is closely linked with the Trust’s clinical governance structures and processes.

To ensure that effective systems, processes and training for doctors’ appraisals are in place.

To ensure appropriate action is taken to work with doctors to remedy identified areas of weakness in performance.
To ensure that doctors have qualifications and experience appropriate to the work to be performed and that appropriate references are obtained and checked.

To ensure doctors’ performance and conduct is monitored.

To ensure that appropriate action is taken when concerns about doctors’ performance or conduct are identified.

In Mersey Care NHS Foundation Trust the RO is the Medical Director, with the Associate Medical Director (AMD) for Revalidation and Appraisal providing support and will act as Deputy RO.

If a conflict of interest is raised regarding the Responsible Officer then the RO at NHS England will be contacted to provide advice about identifying a second RO for the particular case. Duties for the Associate Medical Director and Appraisal manager are included in the appendices.

6. PROCESS

6.1 The delivery of medical appraisal is an organisational responsibility. For doctors employed by Mersey Care to retain a license to practise they must satisfactorily complete the process of revalidation.

6.2 The policy consists of the following standards to be achieved:

- To ensure that all consultants and speciality doctors will participate in a satisfactory annual appraisal that will be sufficient to meet the requirements laid out by the GMC toward revalidation.
- The process of medical appraisal will be subject to methods that assure quality control.

6.3 Organisations will deliver strengthened medical appraisal, and thus prepare doctors for revalidation through the function of the RO role. Organisations are obliged to provide support for the RO to carry out their duties – it will be an offence if they fail to do so. The Trust recognises the link between high quality care and successful revalidation.

6.4 The essential elements of an effective medical appraisal system (Shelley & Judkins, 2009) include:

- Identifiable managerial responsibility and administrative support for appraisal and revalidation.
- Organisational ethos with unequivocal commitment from the highest levels of the responsible organisation to deliver a quality assured system of appraisal in support of revalidation that is fully integrated with local clinical governance systems.
- The responsible organisation has a process for selection of appraisers. Appraisers undertake initial training and their skills are reviewed and developed.
- The appraisal is informed by a portfolio of verifiable supporting information that reflects the whole breadth of the doctors practice and informs objective evaluation of its quality. The appraisal discussion includes challenges, encourages reflection and generates a Personal Development Plan (PDP) for the year ahead.

6.5 The 6 types of supporting information described by the GMC which the doctor is expected to provide and discuss at their appraisal are:
• Continuing Professional Development
• Quality improvement activity
• Significant events
• Feedback from colleagues
• Feedback from patients
• Review of complaints & compliments (GMC Medical Council (2013a))

6.6 It is also required that the appraisee include the most recent, signed-off job plan for reference.

6.7 While the GMC has overall responsibility for Quality Assurance of medical appraisal the trust will have a quality control process in place.

6.8 The responsibility of appraisees, appraisers, AMD and appraisal manager are summarised in Appendix 1 – 4.

6.9 The appraisal year runs from 1 April to 31 March. Performance will be measured against this time frame in terms of Board reporting. The Trust will aim to complete appraisals between September to March and every doctor will have an appraisal month during which their appraisal discussion should take place. The appraisal must be completed between 9-15 months of the last appraisal. The RO will be made aware of any doctor who has been unable to complete an annual appraisal and the circumstances.

6.10 The Associate Medical Director (AMD) for Revalidation and Appraisal, on behalf on the Responsible Officer, will identify appraisers from within the trust medical body by open invitation to the medical body who meet requirements of a job description and person specification (Appendix 5,6) and will ensure appraisees and appraisers can access suitable training. AMD will notify all appraisees of the need to arrange the annual appraisal discussion at the beginning of each appraisal cycle.

6.11 To ensure transparency the AMD will identify an appropriate appraiser for each appraisee taking account of the appraiser role within Mersey Care. The preference of NHS England (2015) is for an appraiser to be allocated but selection from a pool of appraisers is acceptable if the RO deems it necessary for practical reasons. When allocating an appraiser Mersey Care will take account of the following principles adopted by NHS England:

6.12 The appraiser is normally a licensed doctor with knowledge of the context in which the appraisee works but the GMC has made clear that the appraiser does not have to be a licensed doctor (for example, if the appraisee has no clinical responsibility) and local decisions should determine suitability of the appraiser workforce but the RO needs to have confidence in appraiser ability.

• The appraiser should be an appropriate appraiser for the doctor taking account of their full scope of work, for example, medical management responsibilities.
• The appraiser should understand the professional obligations placed on doctors by the GMC.
• The appraiser should understand the importance of appraisal for the doctors professional development.
• The appraiser should have suitable skills for the context in which the appraisal is taking place
• There should be no conflict of interest or appearance of bias to ensure objectivity and doctors should be in agreement with the appraiser assigned.

6.13 Should the doctor have a legitimate objection to the selected appraiser they can appeal to the AMD using the template in Appendix 7. An alternative will be allocated and if the doctor still has a legitimate objection a final appraiser allocation will be determined by the AMD.

6.14 For the following year the appraisee will be offered the same appraiser, where this is practical, who should be retained for a maximum of 3 consecutive appraisals but would not then have the same appraiser for at least 3 years.

6.15 An appraiser should not act as appraiser to a doctor who has acted as their appraiser within the previous 3 years. Neither will a doctor’s line manager act as an appraiser. Appraisers will not receive any direct payments from an appraisee.

6.16 Mersey Care currently uses the Medical Appraisal Guide (MAG), (NHS Revalidation Support Team, 2013) which is accepted and recognised by NHS England to gather supporting information. Paper portfolios will not be accepted.

6.17 The appraisee will be expected to submit their portfolio of supporting information at least 2 weeks before the appraisal discussion. Supporting information should be collected throughout the year and submitted as an electronic portfolio. The framework for appraisal and necessary supporting information will follow that described by the GMC (2013; 2013a) and specialty guidance by the Royal College of Psychiatrists (2014). There should be supporting information to address every domain over the 5 year cycle (Appendix 8). The appraiser will contact the appraisee if they consider additional portfolio information is needed and whether the meeting can proceed as planned or will need to reschedule to allow time to provide necessary information.

6.18 Following completion of the appraisal discussion, the appraisal summary (including an agreed Personal Development Plan for the forthcoming year) will be signed by both parties within 28 days. The signed appraisal document will be sent to the RO. The date of the signed appraisal summary will be regarded as the date of completion of the annual appraisal. Any late sign off will be recorded with reasons and, where necessary, investigated by the AMD.

6.19 A completed appraisal is where sign off occurs between 9-15 months since the previous appraisal and within 28 days of the appraisal discussion.

6.20 A failed appraisal is when sign off is not completed by 31st March, or, beyond the 15 month point unless this delay has been previously agreed.

6.21 An incomplete appraisal is when sign off does not occur within 28 days of the appraisal discussion.

6.22 Any doctor failing to provide a satisfactory portfolio of supporting information or failing
to attend their appraisal discussion within 28 days of their scheduled appraisal without prior agreement of the AMD may be considered as failing to engage and the RO will be informed.

6.23 If the appraisee and appraiser cannot agree on the outcome of the appraisal or if either have a complaint about the process these should be formally directed to the AMD who will determine the course of action.

6.24 RO will ensure that all appraisal information is held in a secure fashion.

6.25 In the event that the appraiser encounters an unexpected serious concern the appraisal discussion should stop without sign off and the RO notified who will determine, within 28 days, how to proceed. This may lead to further action as specified with the Trust policy (HR 12) ‘Handling Concerns about the Conduct, Performance and Health of Medical Staff Employed by Mersey Care NHS Foundation Trust.’

6.26 Doctors who are subject to GMC conditions or undertakings will be monitored by the Responsible Officer on a case by case basis in liaison with the GMC.

6.27 The participation of service users and carers throughout is encouraged and will contribute to quality control, for example, being present as an observer only during the appraisal discussion if requested by the appraiser.

6.28 Information relating to all new doctors will be obtained from the doctors previous responsible officer and/or employing or contracting organisation. Pre-employment checks by the Human Resources Revalidation Support Administrator will make available relevant information to the RO before the doctor starts work. This will include references, qualifications and experience, current RO, revalidation due date, GMC conditions or restrictions and within three months of starting information about a doctor’s fitness to practise e.g. records of appraisal, performance monitoring information etc. Accurate records of all steps will be made.

6.29 Using the proforma in Appendix 9, the Clinical Director, or delegated consultant representative will complete a summary of all locums and temporary doctors who have worked within the Trust for more than one week on their exit and within three working days. This will be sent to the RO and locum doctor. Locum doctors in post for 6 months or longer will complete appraisal.

6.30 Appraisal of doctors holding a joint clinical & academic appointment will require representation from the clinical & academic organisations for the appraisal discussion and the doctor will relate to one RO. This process will follow the Follett principles.

6.31 When a doctor returns to work after an absence that interrupts their annual appraisal cycle an appraisal should be arranged by the AMD within 6 months of the doctors return to work though this can be brought forward to facilitate return to professional practice, or, deferred to facilitate acquiring the necessary supporting information.

6.32 The RO will not undertake appraisals, and will be appraised by an external appraiser appointed by NHS England.

6.33 The Trust will identify a manager who will maintain an up to date database of all appraisal activity, including exceptions, sufficient to provide detailed and accurate reports. They will be a central point for all doctors, communicate with doctors about their appraisal month and appraisers, arrange and receive post appraisal feedback
and support the AMD arranging necessary training for appraisers, implementing quality control, organise and minute appraiser meetings, and along with the AMD remain informed about developments in Revalidation through local, regional and national networks.

6.34 After each appraisal discussion is completed the Appraisal Manager sends a feedback form to each appraisee to report their experience of the process employing a standard form (Appendix 9). This is sent to the appraiser as personal feedback and used as a quality control measure of appraiser performance and to inform development of the appraisal process.

6.35 At the end of each appraisal cycle feedback from appraisees and audit of outputs will be considered when selecting appraisers the following year. At the beginning of each appraisal cycle appraisers will be asked to re-affirm their competencies to perform this role.

6.36 Job Planning is distinct from medical appraisal (see Trust Policy for medical job planning) but they compliment one another by producing Personal Development Plans which create a compatibility between the aims, objectives and aspirations of both the doctor and the organisation.

6.37 The operation and performance of the appraisal process will be reported to the Trust Board annually employing the Board Report Template (Framework for Quality Assurance for Responsible Officers and Revalidation. This contains audit of missed appraisals and compliance with GMC requirements.

7. CONSULTATION

7.1 Responsible Officer Group
7.2 Local Negotiating Committee
7.3 Policy Group

8. TRAINING AND SUPPORT

8.1 Appraisers complete refresher training every 3 years and all doctors are supported by the appraisal manager with the process.

9. MONITORING

9.1 The AMD will be responsible with the Revalidation manager to put in place local processes to quality control the appraisal process that will include various measures outlined in Appendix 10. These take account of national guidance and recognise that the quality and professionalism of medical appraisers (NHS Revalidation Support Team, 2014).

9.2 This guidance suggests that as a minimum the following should be included:

- Record of the scope of appraisal work undertaken
- Number of appraisals undertaken
- Timeliness of completion
- Quality of outputs
- Structured feedback from appraises
• Record of reasons for missed or incomplete appraisals
• Appraisers update training (every 3 years)
• A local appraiser and appraisal network.

9.3 Every doctor for whom Mersey Care is their designated body will be expected to participate in quality control processes where necessary.

10 Equality and Human Rights Analysis to be added please

11. REFERENCES
11.2 Department of Health (2013) The Medical Profession (Responsible Officers (Amendment) Regulations.
11.3 General Medical Council (2012) The General Medical Council (License to Practice and Revalidation) Regulations.
11.4 General Medical Council (2013) Good Medical Practice framework for appraisal and revalidation.
11.5 General Medical Council (2013a) Supporting information for appraisal and revalidation.
11.7 NHS Revalidation Support Team (2013) Medical Appraisal Guide.

BIBLIOGRAPHY


NHS Employers (2008) National Terms & Conditions of Service for Specialty Doctors & Associate Specialist
Appendix 1

Role of Appraisee

Recognise that all doctors should be aware of their professional responsibilities with regard to appraisal and Revalidation and engage with the appraisal process.

Be familiar with the standards of the GMC Good Medical Practice and the Royal College of Psychiatrists Good Psychiatric Practice.

Should develop a portfolio of supporting information throughout the year for their annual appraisal that reflects all areas of professional practice.

Will submit their electronic portfolio to their appraiser at least 2 weeks in advance of the appraisal discussion.

Complete feedback on their appraisal and comply with quality control processes.
Appendix 2

Role of Appraiser

Recognise that it is essential that both doctors and their RO have confidence in appraisers ability to carry out the role of the required standards.

Agree to act as an appraiser for Mersey Care NHS Foundation Trust for a minimum of 3 years.

Confirm they have received appropriate training and complete refresher training at least every 3 years.

Confirm each year that they are confident that they have the competencies to perform this role.

Attend Trust appraiser meetings.

Inform the RO of serious concerns about an appraisee’s professional practice.

Use the appraisal discussion to facilitate reflection and the personal development of an appraisee.

Provide a detailed summary of the appraisal discussion, agree a PDP and record information for the RO which they need to know in making the decision to recommend progress toward Revalidation.

Participate in all quality assurance processes.

Appraiser performance will be monitored by the AMD through quality control mechanisms deemed in the policy.

Appraisers will be supported through the Appraiser Group meeting or by direct contact with the AMD.
Appendix 3

Role of Associate Medical Director

Recognise the need to remain up to date on developments relating to medical appraisal and revalidation through regional and national networks and guidance.

Take overall responsibility for organising and developing the appraisal process.

Keep the RO informed of any concerns or development needs of the appraisal process.

Attend the RO group meetings.

Take responsibility for quality control of the appraisal process through developing local processes and completing quarterly and annual regional and national reporting.

Ensure the Trust has sufficient number of trained appraisers.
Appendix 4

Role of Appraisal Manager

Recognise the need to remain up to date with medical appraisal developments sufficient to support the AMD.

Maintain an up to date database that records all appraisal activity necessary to provide detailed and accurate reports which includes exception reporting and reasons for delayed or incomplete appraisal.

Be up to date with the medical workforce of Mersey Care NHS Foundation Trust and make the AMD aware when appraisals are due/needed and of any delayed or incomplete appraisals.

Support the AMD when implementing quality control processes and collect data.

Inform every appraisee of their appraisal month at the beginning of each annual cycle and their selected appraisers.

Inform appraisers of the appraisals they are required to complete in any cycle and the appraisees appraisal month.

Act as a central point of advice for all doctors in relation to the appraisal process.

Provide guidance and individual training on the use of the MAG.

Support the AMD in all aspects of their role.

Attend RO group, keep and distribute minutes.

Attend appraisers group meetings, keep and distribute minutes.

Facilitate organisation of necessary training events as they relate to appraisal and Revalidation.

Keep complete records of appraisers training, self reported competencies and all data relating to quality control.

Support AMD completing local, regional and national reporting.

Support AMD conducting audit of any aspect of the appraisal process.
Appendix 5

Appraiser Job Description Role

a) The appraiser will be expected to contribute fully to the medical appraisal process of the Trust and meet the standards for medical appraisal determined by the Trust contained in the Trust policy.

b) The appraiser will be expected to be familiar with appraisal documents used by the Trust and complete these to the Trust’s satisfaction.

c) The appraiser will be directly accountable to the Responsible Officer when conducting these duties.

d) The appraiser will be expected to contribute to the quality assurance of the appraisal process as defined in the Trust policy on Appraisal, including, receiving feedback on their performance as an appraiser.

e) The appraiser may be called upon to participate in performance review.

Competencies

a) The appraiser will confirm they have completed appraiser training of a standard expected by the Trust, confirm they have the competencies required by completing a checklist and maintain their skills as an appraiser to confirm they retain these competencies.

b) The appraiser will confirm they understand the principles and process of appraisal by completing the competency checklist.

c) The appraiser is expected to maintain their appraisal skills through continuing professional development and attend an approved refresher course every 3 years.

Confidentiality

a) The appraiser will maintain confidentiality of information contained in Supporting Information and the appraisal discussion but will report any concerns they have about a doctor’s performance to the Responsible Officer immediately.

Duration and Activity

a) The appraiser would usually be expected to commit to the annual appraisal process for 5 years (minimum 3 years) and complete the competency framework on an annual basis.

b) The appraiser will usually be expected to perform a maximum of 5 appraisals in any one year.

Performance

a) The appraiser must not be appraised by a doctor who has appraised them within the previous 3 years.
b) The appraiser will complete satisfactory annual appraisal themselves and be licensed by the General Medical Council.

c) The appraiser will be removed from the Trust appraiser list should they be the subject of performance or conduct review.

**Indemnity**

a) In performing the duties of an appraiser the appraiser will be indemnified by the Trust.
but would need to be completed before performing appraisals)

<table>
<thead>
<tr>
<th>Experience</th>
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<tr>
<td>(Arguably these descriptions may not be required as competence and aptitude are more important. However the potential acceptability of an inexperienced junior doctor appraising a senior specialist should be taken into consideration.)</td>
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<tr>
<td>10 years since completion of primary medical degree</td>
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<td>2 years since completion of Specialist or GP training (if applicable)</td>
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<td>Involvement in medical education or training</td>
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<tr>
<th>Skills, aptitudes and knowledge</th>
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<tr>
<td>High level interpersonal and communication skills</td>
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<tr>
<td>Understanding the role of appraiser</td>
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<td>Willingness to engage in CPD in the role of appraiser</td>
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<td>Understanding of the appraisal process</td>
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<td>Understanding of the revalidation process</td>
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<td>Understanding of equality and diversity</td>
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<td>Understanding of learning needs assessment</td>
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<td>Knowledge of current CPD guidance from relevant Royal College if appropriate</td>
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<td>Giving feedback – may not be essential prior to appointment as would be covered in training</td>
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<td>Providing constructive challenge – may not be essential prior to appointment as would be covered in training</td>
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<tr>
<td>Knowledge of local professional development and education structures – may not be essential prior to appointment as would be covered in training</td>
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<table>
<thead>
<tr>
<th>Personal Qualities</th>
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<tr>
<td>Motivated and conscientious and able to deliver to deadlines</td>
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<td>Emotional intelligence</td>
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<td>Has respect of colleagues – see above under Experience</td>
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<thead>
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<th>Health and Physical abilities</th>
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<tr>
<td>Psychologically capable of work as an appraiser – may be difficult to assess</td>
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**Form for appealing against the allocation of a specific appraiser**

**Part A – to be completed by person making the appeal**

<table>
<thead>
<tr>
<th>Doctor:</th>
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<tr>
<td>Appraiser:</td>
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Reason(s) for appealing against the allocation (tick all that apply):
- Potential conflict of interest or appearance of bias:
- Close personal or family relationship (past or present)
- Close financial or business relationship
- Professional relationship
- Known or longstanding personal animosity
- Other (please describe under ‘further details’ below)

Further details:

**Part B – to be completed by appraisal office**

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Decision approved by:

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Appendix 8

Domain 1 – Knowledge, skills and performance

- Attribute 1 – maintain professional performance
- Attribute 2 – apply knowledge & experience to practice
- Attribute 3 – keep clear, accurate & legible records

Domain 2 – Safety and quality

- Attribute 4 – put into effect systems to protect patients & improve care
- Attribute 5 – respond to risks to safety
- Attribute 6 – protect patients & colleagues from any risk posed by your health

Domain 3 – Communication, partnership & teamwork

- Attribute 7 – communicate effectively
- Attribute 8 – work constructively with colleagues & delegate effectively
- Attribute 9 – establish & maintain partnerships with patients

Domain 4 – Maintaining trust

- Attribute 10 – show respect to patients
- Attribute 11 – treat patients & colleagues fairly & without discrimination
- Attribute 12 – act with honest and integrity
### Exit reports for locum appointments

Exit report for locum appointments. The completed report should be forwarded to the locum doctor and their Responsible Officer.

|   | Details of locum doctor: |   | Details of locum agency [if appropriate]: |   | Details of the locum’s Responsible Officer: |   | Details of locum role performed: |   | Details of person completing the report: |   | The doctor’s performance was: |   | The doctor’s conduct/behaviour was: |   | Would you be happy for this doctor to be employed in the same role in the future: |
|---|--------------------------|---|------------------------------------------|---|--------------------------------------------|---|-----------------------------------|---|-------------------------------------|---|----------------------------------|---|-----------------------------------|---|----------------------------------|---|
| 1 | Details of locum doctor: | Name | GMC Number | Details of locum agency [if appropriate]: | Name of agency | Contact details [email/phone] | Details of the locum’s Responsible Officer: | Name | Contact details [email/phone] | Details of locum role performed: | Title/grade/Specialty | Description of duties [if not standard for the role] | Name/address of the Trust/organisation | Dates | Details of person completing the report: | Name | Title/Role | GMC Number [if appropriate] | Contact details [email/phone] | The doctor’s performance was: | Unsatisfactory | Borderline | Satisfactory | Good | Excellent | The doctor’s conduct/behaviour was: | Unsatisfactory | Borderline | Satisfactory | Good | Excellent | Would you be happy for this doctor to be employed in the same role in the future: | Yes/No | If no, please describe reasons | Additional optional information: | GMC Domain 1: Knowledge skills and performance | Unsatisfactory | Borderline | Satisfactory | Good | Excellent | GMC Domain 2: Safety and quality | Unsatisfactory | Borderline | Satisfactory | Good | Excellent | GMC Domain 3: Communication partnership and teamwork | Unsatisfactory | Borderline | Satisfactory | Good | Excellent | GMC Domain 4: Maintaining trust | Unsatisfactory | Borderline | Satisfactory | Good | Excellent

Appendix 9

Organisational Readiness Self Assessment: End of Year Report 2010-11 v1.0
Appendix 10

Quality Control

The following steps will be completed:
1. The Trust will make available appraisal training for all doctors as and when necessary.

2. Appraisers will be selected on the basis of a job description and person specification.

3. Appraiser group meeting will be held twice yearly for feedback and development.

4. Appraisees will complete an assessment template on the quality of the appraisal discussion and appraiser which will be fed back to the appraiser and reviewed by AMD.

5. User/carer observers at appraisal discussions will be offered by the trust who will be encouraged to provide feedback.

6. The trust will invite an external review of the appraisal process every 3 years.

7. Associate Medical Director will complete an annual report for the Medical Director and all necessary regional and national reporting,

8. New appraisers will be required to observe at least one Trust appraisal with an experienced appraiser before conducting their own.

9. Appropriate appraisers will be identified by the AMD for each appraisee who the appraisee can elect to retain for a maximum of 3 consecutive appraisals.

10. At the end of each appraisal cycle an audit of appraisal inputs and outputs will include 2 appraisal documents from each appraiser to check consistency of practice and ensure they comply with GMC requirements and national guidance.

11. Appraisers will be required to confirm their competencies annually.