

MEDICAL STAFF APPRAISAL AND REVALIDATION POLICY

Department / Service:	Medical Divisions
Originator:	Chief Medical Officer & Responsible Officer
Accountable Director:	Chief Medical Officer & Responsible Officer
Approved by:	LNC/MMC
Date of approval:	19 th September 2020
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Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All divisions
Target staff categories	Consultants, SAS doctors and career grade medical staff

Policy Overview:

Annual appraisal is a contractual requirement for all consultants, SAS doctors and career grade medical staff. On the basis of appraisals over a 5 year period and other information available to the Responsible Officer (RO) from local clinical governance systems the RO makes a recommendation to the GMC about the doctor's revalidation.

The aim of this policy is to ensure that all doctors with a prescribed connection to Worcestershire Acute Hospitals NHS Trust (hereafter the Trust) undergo a high quality and consistent form of annual medical appraisal that drives up quality and safety of healthcare.

The purpose of this policy is to outline the requirements and arrangements for conducting the appraisal of consultants, SAS doctors and career grade medical staff in the organisation, following direction by the General Medical Council and NHS England.

Key amendments to this Document:

Amendment	By:
To reflect key updates following the implementation of the NHS England Medical Appraisal Policy(NHS England 2015) http://www.england.nhs.uk/revalidation	Dr Andy Phillips
To reflect the addition of information in respect of Medical Revalidation	Dr Andy Phillips
To reflect change to MARAG membership	Dr Andy Phillips
To reflect the responsibility for managing apparent non-participation in appraisal process allocated to Divisional Management Teams	Dr Andy Phillips

Key proposed amendments to this Document: February 2017		
Date	Amendment	By:
4.7.2 Medical Appraiser	To reflect minimum number of appraisal network meetings to be attended per annum	Dr Andrew Short
4.8.2	To reflect minimum number of appraisals in a cycle.	Dr Andrew Short
5.1.5 Roles and Responsibilities	To reflect the minimum number of appraisees per appraiser	Dr Andrew Short
5.2 Allocation of Appraiser	To reflect key recommendation following NHS England Audit A review of the appraisal process to be undertaken to provide a consistent process across all sites A consistent appraisal process to be applied across the Trust to offer an equitable situation to all doctors, relating in particular to allocation	Dr Andrew Short
5.3.6.2	To reflect confidentiality and sharing of information	Dr Suneil Kapadia
5.5.4.1 Trust Appraiser Network	To reflect the minimum number of appraiser network attendance per year	Dr Andrew Short
5.5.7.2 Medical Appraisal and Revalidation Advisory Group (MARAG)	To reflect the frequency of MARAG meetings per year.	Dr Andrew Short
7.3.2 Implementation	To include specific training to be provided to new starters.	Dr Andrew Short
Appendix Referral letter 3	To reflect additional consequences for non-engagement.	Dr Andrew Short
Appendix 4	To replace Excellence Tool	Dr Andrew Short
Appendix 5 Appendix 5a	To reflect item 5.3.8 title Additional letter to reflect scope of work	Dr Andrew Short
Key proposed amendments to this document December 2018		
4.3.1 Clinical Lead for Appraisal and Revalidation	To reflect that Senior Appraisers can be recruited	Dr Suneil Kapadia
4.9.1	To reflect Equiniti Revalidation Management	Dr Suneil Kapadia

Locum responsibilities	System licences will only be provided to doctors who are on a contract greater than 12 months in length	
4.9.2 Zero hours /bank doctors	To reflect the criteria for zero hours / bank doctors who wish to hold a prescribed connection to the Trust	Dr Suneil Kapadia
5.4.1 Linking appraisal and job planning	To reflect that appraisal discussion will encompass the output of the job plan	Dr Suneil Kapadia
5.4.2 & 5.4.3	To be removed	Dr Suneil Kapadia
5.5.7.1 Medical Appraisal and Revalidation Advisory Group (MARAG) Membership	To reflect the updated membership of MARAG	Dr Suneil Kapadia
5.5.7.2 Medical Appraisal and Revalidation Advisory Group (MARAG)	To reflect the change in frequency of the MARAG meetings	Dr Suneil Kapadia
Page 32 Reminder letter 1	To reflect change in terminology of when appraisal is due and addition of request for confirmation that appraisal meeting has been arranged	Dr Suneil Kapadia
Page 33 Reminder letter 2	To reflect that Clinical Director and Divisional Medical Director are now also to be copied in	Dr Suneil Kapadia
Key proposed amendments to this document September 2020		
3.2	Appraisal year end changed to 28 February	Mr Michael Hallissey
Across whole document	Divisional Medical Directors updated to Divisional Directors	Mr Michael Hallissey
4.6.6 & 4.6.7	Divisional Management Teams changed to Appraisal and Revalidation Team	Mr Michael Hallissey
4.7.2	3 Appraiser Networks per year changed to several	Mr Michael Hallissey
4.9.1 & 4.9.2	Sections regarding zero hours / bank Drs removed as they now fall under NHS Professionals and not the Trust	Mr Michael Hallissey
5.1.2	Criteria for eligible Appraiser applications strengthened	Mr Michael Hallissey
5.2.2	Support Officer changed to team and timeframe added Grammar corrected in 2 nd bullet point Appraiser and points from policy to be included on e-mail added bullet point 4	Mr Michael Hallissey
5.3.1.1	Removal of reference to appraisal month being birth month as was not adopted	Mr Michael Hallissey
5.3.4.2	Additional information fields that appeared on previous system removed	Mr Michael Hallissey
5.3.4.2	Location of Royal College guidance on	Mr Michael Hallissey

	appraisal system added	
5.5.4.1	Frequency of Appraiser Network amended	Mr Michael Hallissey
5.5.7	MARAG membership updated in line with Terms of Reference	Mr Michael Hallissey
Appendix 3 Procedure bullet point 2	Clinical Lead/Director added to reminder letter 2	Mr Michael Hallissey
Appendix 3 Procedure bullet point 3	Divisional Manager updated to Revalidation Support Officer	Mr Michael Hallissey
Appendix 3 Procedure bullet point 6	Wording around contacting the GMC amended	Mr Michael Hallissey
Page 32	Timeframe for issuing letter 1 amended	Mr Michael Hallissey
Appendix 4	Timeline for submission added and Trust Clinical Lead for Appraisal title added as responder	Mr Michael Hallissey
Across whole document	References to Equiniti Revalidation Management System (RMS) amended to Allocate MedicAppraisal system	Mr Michael Hallissey

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1 Introduction

- 1.1 Revalidation is the process by which every five years licensed doctors will demonstrate to the GMC that they are up to date and fit to practise.
- 1.2 On the basis of annual appraisals undertaken over the five year period and other information available to the RO from local clinical governance systems, the RO makes a recommendation to the GMC about the doctor's revalidation. The GMC considers the RO's recommendation and decides whether to renew the doctor's licence to practise.
- 1.3 Annual appraisal is a contractual requirement for consultants, SAS doctors and other career grade staff medical staff.
- 1.4 The purpose of this policy is to outline the requirements and arrangements for conducting the appraisal and revalidation of consultants, SAS doctors and career grade staff medical staff in the organisation, following direction by the General Medical Council and NHS England.
- 1.5 The aim of this policy is to ensure that all doctors with a prescribed connection to the Trust undergo a high quality and consistent form of annual medical appraisal.
- 1.6 The Trust supports the following objectives for medical appraisal as described in NHS England's Medical Appraisal Policy:
 - to support the delivery of safe, committed, compassionate and caring services to patients;
 - to help supervise and support its doctors;
 - to support the process of medical revalidation;
 - to contribute to the achievement of the values of NHS England and our organisation

2 Scope of this document

- 2.1 This policy applies to all consultants and career grade staff medical staff including SAS doctors, specialty doctors, associate specialists, staff grades, clinical fellows and other non-training grades e.g. Trust appointed doctors including those on honorary or temporary contract, where they have a prescribed connection to the RO for this Trust.
- 2.2 This policy describes the four aspects for the medical appraisal:
 - Leadership and accountability of medical appraisal.
 - Role & responsibility of an appraiser.
 - The requirements and arrangements for conducting medical appraisal.
 - Quality Assurance and governance of medical appraisal.

This policy is supplemented by further information on medical appraisal. References and links are found in paragraph 10 of this policy.

3 Definitions

3.1 Medical Appraisal

3.1.1 Medical appraisal is a process of facilitated self-review conducted by a trained appraiser, supported by verifiable supporting information in accordance with the GMC guidance: Supporting information for appraisal and revalidation and based on the GMC's Good Medical Practice Framework for appraisal and revalidation reviewing the full scope of a doctor's work by a trained appraiser.

3.1.2 Medical appraisal can be used for four purposes:

- To enable doctors to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in the GMC document *Good Medical Practice* and thus to inform the RO's revalidation recommendation to the GMC.
- To enable doctors to enhance the quality of their professional work by planning their professional development.
- To enable doctors to consider their own needs in planning their professional development.

It may also be used;

- To enable doctors to ensure that they are working productively and in line with the priorities and requirements of the organisation they practise in.

3.2 Complete Appraisal

3.2.1 A completed annual medical appraisal is one which has taken place on or before the stipulated appraisal date. An appraisal should take place no less than 9 months from the previous appraisal date unless agreement has been obtained from the RO. Outputs of appraisal must be agreed and signed-off by the appraiser and doctor within 28 days of the appraisal meeting, and the entire process happened between 1 April and 28 February.

3.3 Missed appraisal

3.3.1 A missed appraisal is one which was due within the appraisal year but was not completed by 31 March, or which was completed outside the 12 month period for annual medical appraisal for that doctor, without an appropriate, agreed extension.

3.4 Incomplete appraisal

3.4.1 Incomplete appraisal is one where, the meeting has been held but, but the process has not been concluded, for example, because the appraisal discussion was not completed or where the personal development plan or appraisal summary or appraiser statements have not been signed off within 28 days of the appraisal meeting.

3.5 Performance review/Job plan review

3.5.1 Performance review/Job plan review involves measurement against set Trust standards and objectives. Job planning is a systematic activity designed to produce clarity of expectation for employer and employee about the use of time and resources to meet individual and service objectives.

3.6 Revalidation

3.6.1 Revalidation is the process by which licensed doctors demonstrate to the GMC that they are up to date and fit to practise. The cornerstone of the revalidation process is that doctors will participate in annual medical appraisal. On the basis of this and other information available to the RO from local clinical governance systems, the RO will make a recommendation to the GMC, normally every five years, about the doctor's revalidation. The GMC will consider the RO's recommendation and decide whether to renew the doctor's licence to practise.

4 Accountability and Leadership of Medical Appraisal

4.1 Chief Executive Officer

4.1.1 The Chief Executive Officer of the Trust is accountable to the Trust Board for supporting the function of the RO in respect of all their statutory duties, including the provision of medical appraisal as described by this policy. The Chief Executive Officer is also responsible for completing the annual statement of compliance as required by NHS England.

4.2 Responsible Officer

4.2.1 The Medical Profession (ROs) regulations 2010 and the Medical Profession (ROs) (Amendment) regulations 2013 require each body designated under the regulation to appoint a RO who must monitor and evaluate the fitness to practise of doctors.

4.2.2 Chief Medical Officer (CMO) is the RO of the Trust and is accountable to the regional RO and to the Trust Board for the provision of medical appraisal to all doctors with a prescribed connection to the Trust. The RO makes recommendations to GMC on doctor's fitness to practice on the basis of 5 years' appraisals and other information from clinical governance systems. The RO is responsible for periodic reporting as defined in the NHS England Framework for the quality assurance of revalidation (FQA) and addressing matters arising.

4.3 Clinical Lead for Appraisal and Revalidation

4.3.1 The Clinical Lead for Revalidation and Appraisal will be accountable to the RO for providing leadership in respect of the medical appraisal process to doctors and appraisers. They will attend NHS England network meetings and cascade good practice throughout the Trust. The Clinical Lead will undertake quality assurance reviews of appraisals in accordance with NHS England's guidance on Quality Assurance of Medical Appraisers (QAMA) and provide the RO with the necessary information to enable them to make a recommendation to the GMC. The Clinical Lead may appoint Senior Appraisers to support with Clinical Lead roles and responsibilities.

4.4 Revalidation Support Officer (RSO)

4.4.1 The Revalidation Support Officer will provide training and support on the Allocate MedicAppraisal system, oversee the appraisal process, coordinate and provide administrative support. To produce induction materials related to appraisal and revalidation. Maintain all related records and data systems including the Electronic Staff Record (ESR) and Allocate MedicAppraisal /e360 modules, maintain database of all trained appraisers, provide appraisal data for the Trustboard performance dashboard, and NHS England quarterly and annual reports. To support divisions by providing monthly RAG rated appraisal status reports.

4.5 Trust Revalidation Support Team

4.5.1 The RO, the Clinical Lead for Revalidation and Appraisal and Revalidation Support Officer work collaboratively:

- To facilitate implementation and progress of medical appraisal and revalidation for medical staff across the Trust.
- To support medical staff under notice for revalidation by the GMC in progressing through the revalidation cycle.
- Provide speciality specific medical appraisal RAG status to the Divisional Management Teams.
- To amend and update the Trust Medical Appraisal Policy.
- To maintain an informative and up to date intranet site with details of current policies and procedures relating to appraisal and revalidation.
- To provide quality assurance of the appraisal and revalidation process and outcomes.
- To provide assurance to the board against the GMC, NHS England and Royal College standards for appraisal and revalidation by way of quarterly and annual reports.
- The Trust will ensure that there are a sufficient number of trained appraisers to complete the necessary appraisal meetings on a timely basis.

4.6 Divisional Management Team (DMT)/Divisional Director (DD) /Clinical Director (CD)

4.6.1 The Divisional Management Teams are responsible for ensuring that all medical practitioners in their division are able to complete an annual appraisal in a timely manner and meet the requirements of this policy.

4.6.2 There may be a nominated divisional appraisal lead for the specialty or the role may be managed by the Clinical Lead/Clinical Director.

4.6.3 Clinical Directors will provide leadership in respect of the medical appraisal process within the specialty.

4.6.4 Divisional Directors or Clinical Directors in conjunction with Divisional Directors will identify individuals suitable for training as appraisers. **Appendix 1** refers to the appraiser person specification to be considered when nominating new doctors for this role.

4.6.5 The DMTs will assist and support the Trust in ensuring that all medical staff are up to date and engaging with annual appraisal by addressing and discussing appraisal status at directorate level.

4.6.6 The DMTs will escalate any cases of non-engagement or concerns in respect of a doctor's practice to the RO.

4.7 Medical Appraiser

4.7.1 Appraisers are accountable to the RO for providing medical appraisals and must engage with training, support and review processes as described in this policy.

4.7.2 Appraisers will be supported by the Trust's Clinical Appraisal Lead for Revalidation and Appraisal. Several appraiser network meetings will be schedule per year and appraisers will be expected to attend a minimum of one appraiser network meetings per annum to support their continuous professional development in this role.

4.7.3 If the appraiser has concerns about the fitness to practise of the doctor they are appraising they must inform the RO.

4.8 **Doctors / Appraisees**

4.8.1 Doctors are individually professionally accountable for their engagement with the annual medical appraisal process in accordance with GMC requirements and as described by this policy.

4.8.2 Arranging an annual appraisal in a timely manner is the responsibility of the individual doctor. Doctors will be required to have completed 5 appraisals in a revalidation cycle as expected and 4 in extenuating circumstances only.

4.8.3 Doctors employed or contracted to the Trust who have a prescribed connection to another designated body should have their annual appraisal performed within their designated body but an annual structured review of their performance in the Trust role will be performed and will, where relevant, be informed by this policy.

4.9 **Locum Responsibilities**

4.9.1 Locum staff have a responsibility to ensure they have an annual appraisal irrespective if they are employed by the Trust or contracted via a locum agency. The Trust will provide locum doctors employed by the Trust with access to the Allocate MedicAppraisal System.

4.10 **Doctors in Training**

Doctors in training appointed to the Health Education England working across the West Midlands (HEE) training scheme, have a prescribed connection to HEE and will undergo a review as part of the enhanced ARCP process. A recommendation for revalidation is based on the outcome of the enhanced ARCP process. Doctors in training must participate in the HEE ARCP/appraisal process which is separate to the provisions outlined in this Trust policy.

5 **Medical Staff Appraisal & Revalidation Policy Detail**

5.1 **Roles and Responsibilities of the Medical Appraiser**

5.1.1 The Trust will recruit, train, support and review the performance of medical appraisers in line with the NHS England (formerly Revalidation Support Team) QAMA and make provision for revalidation ready appraisal training for all appraisers followed by 3 yearly update. Medical appraisers are responsible for maintaining and developing their skills on an on-going basis.

5.1.2 Medical staff who wish to undertake the role of medical appraiser must have an informed discussion with their Clinical Lead/Clinical Director first to assess their job plan in order to incorporate time to undertake the new role of medical appraiser followed by an application to become a medical appraiser to the Clinical Lead for Revalidation and Appraisal or RO. Applicants must meet the person specification to be considered for the role and provide a letter of support from their appraiser and Clinical Lead/Clinical Director and Appraiser.

5.1.3 Each medical appraiser's own Personal Development Plan (PDP) should highlight priorities in the development of his or her appraiser skills and competencies.

5.1.4 To maintain the appropriate level of skills, quality, competency and consistency, an individual appraiser should undertake between five and eight appraisals in a year. If an

appraiser is to undertake fewer or more appraisal than this, it should be agreed in advance by the Clinical Lead for Revalidation and Appraisal/RO and the reasoning and arrangements for supervision of this will be recorded as part of the quality monitoring process. Other than in very exceptional circumstances and only with the advance agreement of the Clinical Lead for Revalidation and Appraisal/RO an appraiser should not undertake more than two appraisal discussions on the same day.

5.1.5 Appraisers' job plans should recognise an annualised commitment to carry out a fixed set of appraisals in line with the parameters above each year. An appraiser with 5-8 appraisees/doctors would be entitled to 0.25 SPA in accordance with the Trust Job Planning for Consultants, Staff grade or Associate Specialist doctors policy.

5.1.6 All medical appraisers should have knowledge of the context in which the doctor works, taking into account their full scope of work, understand the professional obligations placed on doctor by the GMC, understand the importance of appraisal for the doctor's professional development, have suitable skills and training for the context in which the appraisal is taking place.

5.1.7 Where concern arises about the performance of a medical appraiser, which cannot be addressed by the normal processes described in QAMA, this will be managed according to the Trust Conduct Capability and Ill Health Policy & Procedures – Medical and Dental Staff and in keeping with the contractual arrangement between the Trust and the appraiser in question.

5.1.8 Medical appraisers are 'relevant persons' for the purposes of the NHS Litigation Authority Third Party Liability Scheme and as such are covered by this scheme in terms of liability for their actions whilst acting in the role of appraiser. Appraisers who are licensed medical practitioners should note that this cover does not extend to representing them in the case of a challenge to their licence and should therefore consider whether they also need to maintain appropriate professional insurance

5.1.9 The RO will not be an appraiser.

5.2 Allocation of Appraiser

5.2.1 The Trust preferred approach is for the centralised Appraisal and Revalidation Team to allocate doctors to appraisers with consultation with the appraisers. This process will also form part of new doctor's induction process. Arranging an annual appraisal is the responsibility of the individual doctor.

5.2.2 Central Allocation Process

- Appraisal and Revalidation team to allocate an appraisee to an appraiser a minimum of 3 months before the appraisal due date.
- The Revalidation Support Officer will select an appraiser from the Trust medical appraiser list for their speciality or a closely allied speciality. Generally a mutual agreement will be sought for cross specialty appraisals. This will be via an email sent to the appraiser and appraisee with the suggested pairing details and next appraisal dates with 2 weeks' notice to respond stating if they are happy or can foresee any issues with the allocation. Where there are existing equitable allocations of appraisees within a particular Division this will be honoured.

- At the time of arranging their appraisal the appraisee/doctor must contact the Revalidation Support Officer to request they be allocated an appraiser if they haven't already been allocated one.
- An email will be sent to the appraisee and appraiser notifying them of the suggested pairing including points 5.2 – 5.2.7 and 5.4.2 from this policy for both parties to read to ensure there are no conflicts of interest. It is the responsibility of the appraisee and appraiser to agree a time and location.
- The allocation process will then be monitored monthly, and the allocation list reviewed and notification sent 3 months in advance of the appraisal due date if changes have been made.

5.2.3 According to the Academy of Medical Royal Colleges, in general, it would be preferable but not mandatory for an appraiser to be of the same specialty. The GMC has made it clear that to satisfy the requirements of revalidation, it is not mandatory for an appraiser and doctor (appraisee) to be from the same Royal College. There is guidance available on the 'eAppraisal Documents' section on Allocate MedicAppraisal.

5.2.4 A doctor should normally have no more than three consecutive appraisals with the same appraiser and must then have a period of at least three years before being appraised again by the same appraiser. This does not prevent an appraisee from also meeting with their usual appraiser to continue a mentoring relationship. If, in exceptional circumstances, it is deemed appropriate for a doctor to have the same appraiser for more than three consecutive appraisals, the justification for this will be recorded within the governance review processes.

5.2.5 A doctor should not act as appraiser to a doctor who has acted as their appraiser within the previous five years. Similarly, a doctor who has entered the Trust appraisal process from a training programme should not be allocated their educational supervisor as their appraiser for the first three years after exiting training.

5.2.6 It is important that both the doctor and the RO have confidence in the appraiser's ability to carry out the role to the required standard and there must be no conflict of interest or appearance of bias between a doctor and their appraiser, to ensure the objectivity of the appraisal. If the doctor or another person objects to the allocated appraiser they should complete an appeal form explaining their reasons (**Appendix 2**) and send it to the RO. If the appeal is accepted, the doctor should be allocated an alternative appraiser. The appeal process should be repeated once if there is still no agreement after the first appeal.

5.2.7 In cases where the Clinical Lead for Revalidation and Appraisal and the doctor cannot agree a suitable appraiser after two appeals, an appraiser will be allocated by the RO; their decision will be final.

5.3 Medical appraisal process and timescales

5.3.1 Medical Appraisal Timescales

5.3.1.1 Each doctor will have an agreed, fixed appraisal date each year. Doctors will be expected to have their appraisal during the period beginning 3 months before their appraisal date, unless by specific, written agreement of the Clinical Appraisal Lead / RO. The process and timescales are as below:

TIME SCALES

At least **56 days** prior to the last day of the doctor's appraisal month, doctor confirms name of agreed appraiser. A notification email is sent out to the agreed appraiser.

At least **28 days** prior to last day of the doctor's appraisal month, doctor and appraiser mutually agree an appraisal date.

At least **14 days** prior to agreed appraisal date, doctor **submits pre-appraisal documentation to appraiser**.

At least **7 days** prior to agreed appraisal date, appraiser reviews pre-appraisal documentation and clarifies any necessary aspects with the doctor. If necessary, doctor and appraiser agree a new date.

**Doctor and appraiser hold appraisal discussion.
Appraiser and doctor draft / agree summary and PDP.**

No later than 28 days after appraisal meeting, doctor and appraiser sign off agreed appraisal documentation, and complete the appraisal outputs.

No later than 28 days after appraisal meeting, appraiser submits the completed appraisal documentation.

5.3.2 Medical Appraisal Process

5.3.2.1 The medical appraisal cycle consists of:

- Preparation
 - Gather evidence over the year for supporting information based on the Good Medical Practice framework from all areas of work including educational responsibilities and non-NHS work. See appendix 5a
 - Include output report from any management review (if doctor has a management role eg Clinical Director/Divisional Director/SAS Tutor) see paragraph 5.3.8.1.
- Job planning meeting with the Divisional Management Team. The doctor may use the job plan output document and objectives set from this meeting as supporting information to inform appraisal discussion.
- Appraisal discussion including review of last year's PDP.
- Sign off and submission of appraisal output with new PDP.
- Review by RO ahead of revalidation date.
- Appraisee to share the relevant sections of the PDP with the Divisional Management Team.

5.3.2.3 In order to manage their appraisal scheduling in the final month of the appraisal year, the Clinical Lead for Revalidation and Appraisal/RO may exercise discretion to minimise the number of doctors who are allocated March as their appraisal month.

5.3.3 Format of Appraisal

5.3.3.1 The Trust utilises the Allocate MedicAppraisal system to support medical appraisal and undertaking of 360 degree multi-source feedback exercises. The system is compliant in requiring appraisers and doctors/appraisees to make the mandatory statements in accordance with the GMC Medical Appraisal Guide and structure is compatible with the GMC Good Medical Practice domains. The MedicAppraisal system also requires doctors to provide evidence to support the seven core attributes as described by the Academy of Medical Educators Framework/GMC for doctors who have Educational/Clinical Supervisor responsibilities.

5.3.4 Supporting Information

5.3.4.1 There are six types of supporting information the GMC expect doctors to provide and produce for appraisal which include:

- Continuing professional development
- Quality improvement activity
- Significant events
- Feedback from colleagues
- Feedback from patients
- Review on complaints and compliments

5.3.4.3 The Academy of Medical Royal Colleges (AoMRC) refers to speciality specific guidance on the supporting information required for revalidation ready appraisal for the different specialties which is available from the appropriate Royal College. Royal College guidance is available in the 'eAppraisal Documents' area on Allocate MedicAppraisal.

5.3.4.4 A doctor's appraisal documentation will be reviewed by the RO prior to their revalidation submission date and feedback given to the doctor as appropriate. Appraisal outputs may be quality reviewed more frequently, as required. Should a doctor be subject to fitness to practise concerns or on-going internal process during their employment, the RO will routinely review the appraisal input and output documentation following their appraisal.

5.3.4.5 The RO may request certain key items of supporting information are included in a doctor's portfolio and discussed at appraisal so that development needs are identified and addressed. The appraisal outputs would be reviewed by the RO in this circumstance to ensure the requested information has been included and reflected upon.

5.3.4.6 Additional evidence is required for particular roles e.g. education and clinical supervisors role and this is described in the Academy of Medical Educators guidance in paragraph 9 of this policy.

5.3.5 Personal information / Patient Identifiable Data

5.3.5.1 Doctors are personally responsible for presenting supporting information used for appraisal and revalidation and must be anonymised to ensure that all personal identifiers, including names, dates of birth, addresses, hospitals and NHS numbers, are removed and that patients, carers, relatives and staff are not directly identifiable.

5.3.5.2 It is possible that in some circumstances the information contained in appraisal and revalidation portfolios would allow those with local knowledge to identify individuals. Whilst all information used within appraisal and revalidation portfolios is held and shared in confidence,

appropriate safeguards must be put in place to minimise the use of information which may identify individuals.

This can be achieved by:

- Pseudonymisation – this is described by the NHS as “the technical process of replacing person identifiers in a dataset with other values (pseudonyms) available to the data user, from which the identities of individuals cannot be intrinsically inferred, for example replacing an NHS number with another random number, replacing a name with a code or replacing an address with a location code”.
- Confidentiality NHS Code of Practice (DH, 2003).
- Consent – where practical the consent of those identified should be sought.
- Notification – patients may be notified in leaflets and notices that all records are stored and processed confidentially and that anonymised information may be used for the purposes of professional development and revalidation.

5.3.6 Confidentiality of appraisal information

5.3.6.1 The appraisal discussion is an important opportunity for a confidential open discussion between a doctor and a trained appraiser. The RO will normally base their decision to recommend for revalidation on the basis of the appraisal outputs, i.e. the summary of discussion, the new personal development plan, and the appraiser’s statements. However, the RO may view any relevant information to assure their recommendation about the doctor’s fitness to practise. In the context of appraisal this may on occasion include the completed full appraisal documentation and the doctor’s supporting information.

5.3.6.2 Confidentiality is an important principle that enables people to feel safe in sharing their concerns and ask for help. However, the right to confidentiality is not absolute and that by exception all or part of your appraisal and revalidation process may be shared with others such as the police, GMC or other regulatory authorities.

This list is not exhaustive and the decision to share information will only be made by either the CMO or CEO.

5.3.7 Whole Practice Appraisal

5.3.7.1 Annual medical appraisal of a doctor is a whole practice appraisal. This includes all sectors in which a doctor works i.e. all private establishments/other NHS organisations/voluntary sectors etc. Each doctor is responsible for declaring any other places of work outside of their employment with the Trust and must obtain his/her data from the areas in which they work, so that work undertaken on behalf of other organisations can also be considered at the time of their Trust appraisal. This information must be included in the appraisal portfolio at the time of submitting it to the medical appraiser no less than two weeks prior to the appraisal.

5.3.8 Doctors with Senior Management Role (Divisional Director / Associate Medical Director / Clinical Director)

5.3.8.1 Doctors with a management role must have a management review with their direct line manager. The management review outcome report and objectives (template found at

Appendix 5) will form part of the supporting information and will be discussed at the whole practice annual appraisal.

5.3.9 Education and Research

5.3.9.1 Some doctors will have significant education and/or research responsibilities. Clinical Academics employed by or holding an honorary contract with the Trust, should have a joint appraisal with an appraiser from the Trust and an appraiser from the University. In cases of joint appraisal, at least one of the appraisers, who will be responsible for the final sign-off statements, will have been recruited, trained, supported and reviewed in accordance with the NHS England Quality Assurance of Medical Appraisers framework (QAMA).

5.3.10 Management of apparent non-participation of appraisal by a doctor

5.3.10.1 All doctors with a licence to practice are required to participate in annual appraisal in accordance with GMC revalidation regulations. In the majority of cases, most doctors engage with the system. However for a small minority of doctors who do not engage, they will be managed under the General Medical Council (Licence to Practise and Revalidation) Regulations 2012 and contractual terms using process set out by NHS England as described in **Appendix 3**.

5.3.11 Interrupting an appraisal

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

5.3.12 Performance Issues

5.3.12.1 The Trust is committed to dealing with doctors' 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. 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. Appraisers are responsible for raising performance issues with the RO if they arise during the appraisal process.

5.3.13 Doctors who are subject to capability or disciplinary procedures

5.3.13.1 Where possible, doctors who are subject to capability or disciplinary procedures should continue to have an annual appraisal. The appraisal will be used to support the individual and the PDP should reflect the training and development needs previously identified to improve performance.

5.3.14 Postponement of annual appraisal

5.3.14.1 All doctors with a prescribed connection to the Trust are required to undergo annual appraisal. There are circumstances when a doctor may request that an appraisal is deferred such that no appraisal takes place during one appraisal year (which runs 1st April to 31st March), or that the appraisal is postponed to take place later than their appraisal due date.

5.3.14.2 Doctors may request a postponement of an appraisal due to:

- Breaks in practice due to sickness or maternity leave.
- Breaks in practice due to absence abroad or sabbaticals.

- Delay of an appraisal beyond the last day of their appraisal month due to unforeseen personal or work related issues.
- It may be appropriate to postpone appraisal if a doctor is excluded from work, but it may also be appropriate to continue with appraisal and the individual circumstances in such situations should be considered on their own merit by the RO.

This list is not exhaustive and other reasons may also be identified.

5.3.14.3 Prior to submitting a formal request for postponement of appraisal, a doctor may choose to seek informal advice from their directorate appraisal lead for appraisal / and or Clinical Lead/Director in conjunction with the Divisional Director.

5.3.14.4 A doctor who thinks they may need to postpone their appraisal should complete a formal request and submit this to the Clinical Lead for Appraisal and Revalidation (see **Appendix 4**). Postponement applications should be submitted at the earliest possible opportunity and in most circumstances no later than 28 days before the doctor's appraisal due date.

5.3.14.5 The Clinical Lead will consider postponement requests and applicants will be informed in writing of the decision within seven working days.

5.3.14.6 The decision can be appealed; appeals will be dealt with by the RO whose decision will be final.

5.3.15 **Appraisal on returning from a Career Break**

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

- In excess of six months - should aim to be appraised within three - six months of returning to work.
- Less than six months - should aim to be appraised at their usual date, and no more than 18 months after the previous appraisal.

5.3.15.2 A doctor who is seeking to return to practise after a significant period of absence (6 months or more) should discuss their circumstances with their RO at the earliest opportunity. The timing of their first appraisal will be determined to some extent by their individual circumstances, including whether they can demonstrate that they have maintained fitness to practise in the relevant areas during their absence and hence whether a bespoke re-training programme or period of supervision is required prior to resuming practice. In general, the first appraisal should take place between 6 and 12 months after re-entry to professional practice. Where possible and practical, if the doctor had a previously agreed appraisal month this should be reinstated. Also, if the doctor has had an appraisal previously and circumstances permit, their first appraisal should be undertaken within 15 months of the last one.

5.3.15.4 Each case will be dealt with on an individual basis and no doctor will be disadvantaged or unfairly penalised as a result of pregnancy, health issues or disability.

5.3.16 **Appraisal of Responsible Officers**

5.3.16.1 The RO should be appraised annually by a trained appraiser who is;

- appointed or agreed by that RO's own RO
- not a doctor for whom they have statutory responsibilities.

5.4 Linking Appraisal and Job Planning

5.4.1 Appraisal and job planning should be conducted as two separate processes to allow a broader and more searching appraisal discussion. Job plan takes into account the development needs of the individual. The appraisal discussion may encompass the output of the individual Job Plan.

5.4.2 No doctor can appraise a colleague with whom they have a personal relationship e.g. wife, husband, parent or child or an undisclosed close business association e.g. Private Practice Partnership.

5.5 Governance and Quality Assurance of Medical Appraisal

5.5.1 The RO for the Trust will manage an appraisal system that complies with the requirements of NHS England Framework for the quality assurance of revalidation (FQA) and is subject to effective governance. The quality of appraisals and revalidation will be assured through regular reports to internal and external groups.

5.5.2 Training

5.5.2.1 Training for the RO, Clinical Lead for Revalidation and Appraisal and appraisers will be provided in line with national guidance.

5.5.2.2 The Trust will make provisions for revalidation ready appraisal training for all appraisers and 3 yearly updates and ensure all appraisers undergo appropriate equality and diversity training on a regular basis in line with Trust training requirements.

5.5.2.3 There is a supported probationary period for new appraisers covering the first 3 appraisals followed by an initial review. Doctors who cannot demonstrate the competencies of a Medical Appraiser in accordance with national requirements do not become/will not be appointed as medical appraisers.

5.5.3 Appraisal Quality Assurance

5.5.3.1 A qualitative analysis of two appraisal outputs (including Appraisal Summary Agreement & Sign Off and Personal Development Plan (PDP) per appraiser will be carried out using the ASPAT tool (**Appendix 6**). Appraisal inputs by the doctor/appraisee will also be quality assured using a locally developed tool using key headings as described by NHS England (**Appendix 7**).

5.5.3.2 Feedback will be provided to each appraiser on an annual basis including number of appraisals undertaken, a review of missed or incomplete appraisals, summary of appraisee feedback and outcome of the QA tools used.

5.5.3.3 Areas of development will be addressed in the appraiser's Personal Development Plan (PDP).

5.5.4 Trust Appraiser Network

5.5.4.1 Trust Appraiser Network meetings for appraisers will be held throughout the year providing opportunity for feedback, peer review, updates and discussion regarding difficult and challenging appraisal discussions. A record of the appraiser's attendance at the

Appraiser Network meetings will be held with a requirement to attend a minimum of one network meeting each calendar year.

5.5.5 Trust Board Report

5.5.5.1 Trust Board will receive annual reports based on the template provided by NHS England.

5.5.6 NHS England Quarterly Report and Annual Organisational Audit (AOA)

5.5.6.1 The Regional RO for NHS England requires quarterly updates on the numbers of appraisals completed and missed appraisals. Where an appraisal has been missed, the RO must confirm whether the reason was accepted and deemed appropriate. The Trust RO is responsible for submitting this information to the Regional RO, in addition to completing an end of year questionnaire.

5.5.7 Medical Appraisal and Revalidation Advisory Group (MARAG)

5.5.7.1 Membership consists of:

Chief Medical Officer/Responsible Officer, (Chair)

Deputy Chief Medical Officer

Clinical Lead for Appraisal and Revalidation, (Deputy Chair) (Responsible Officer or Clinical Lead must be present to be quorate)

Head of Medical Staffing

Revalidation Support Officer and other Human Resources Appraisal and Revalidation team members (at least one to attend to be quorate)

5.5.7.2 The Group will meet every second month (and additional meetings will be arranged as required to discuss urgent issues if necessary) and outcomes from the group meetings will report into the Clinical Lead for Appraisal and Revalidation meetings with the RO on a regular basis. The group will be responsible for discussing any particular concerns or issues with regards to medical appraisal, updating the medical appraisal policy prior to ratification, assisting and facilitating its implementation and improving appraisal rates. It will make recommendations to the RO regarding the revalidation of individual doctors, specifically in the case of apparent non-engagement with medical appraisal.

5.5.8 Complaints process

5.5.8.1 Doctors with a prescribed connection to the Trust who undergo appraisal can expect their appraisal to be conducted under the terms of this policy. The process should be well organised and professionally carried out by the staff supporting the process, the appraiser and any other personnel contributing to the process. If an individual doctor has a concerns regarding their appraisal this should be raised in the first instance with the individual concerned. If the doctor feels unable to raise the matter with the individual or the doctor remains unhappy with the response they have received they should contact the Trust Clinical Lead for Revalidation and Appraisal in writing with the details of their complaint.

6 Revalidation

6.1 The RO is required to make one of the following recommendations to the GMC around a doctor's whole scope of work:

- a positive recommendation that the doctor is up to date and fit to practise
- a request to defer the date of the recommendation
- a notification of the doctor's non-engagement in revalidation

6.2 **The recommendation will be based on:**

- Evidence of annual appraisals based on a doctor's whole scope of work with appropriate supporting information and reflection in accordance with the GMC Supporting Information for Appraisal and Revalidation guidance;
- Where the appraisal has identified developmental needs, there is evidence of continuing development and reflection between appraisals;
- Other information gathered from local governance streams.

6.3 In order for the RO to make a recommendation to the GMC, the RO requires evidence of all supporting information no less than 4 weeks prior to a doctor's revalidation submission date.

6.4 The RO will make each revalidation recommendation in line with the Medical Profession (ROs) Regulations 2010 and the GMC protocol for making revalidation recommendations.

7 **Implementation**

7.1 **Plan for implementation**

7.1.1 Ratification of this Policy will be via the Local Negotiating Committee/Medical Management Committee. This Policy will be implemented immediately following ratification.

7.2 **Dissemination**

7.2.1 Awareness of this Policy will be raised throughout the Trust, through dissemination via Divisional Directors, Directors of Operations, Clinical Directors/Clinical Leads and Directorate Managers.

7.3 **Training and awareness**

7.3.1 The Policy will be included as part of induction documentation provided to doctors with a prescribed connection to the Trust and will be published on the Trust's Document Library.

7.3.2 Specific training and awareness sessions will be provided at Induction and periodically to enable all doctors in understanding what is expected of them.

8 **Monitoring and compliance**

8.1 This Policy will be monitored regularly as part of the on-going obligation in accordance with NHS England, General Medical Council, Academy of Medical Royal Colleges, NHS Employers and Health Education England core standards.

Page/Section of key Document:	Key Control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to:	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
Page 1	Key requirements of the Trust Medical Appraisal Policy mirror those in the NHS England Medical Appraisal Policy	Review NHS England Medical Appraisal Policy and GMC guidance	Annually or more frequently as required (following any update issued by NHS England)	HR/Trust Clinical Lead for Revalidation & appraisal	Chief Medical Officer (CMO), Trust Clinical Lead for Revalidation & Appraisal, Medical Appraisal and Revalidation Advisory Group (MARAG)	Once per year
Page 1	Appraisal is contractual obligation in accordance with contract of employment	Review NHS Employers guidance to assess if any changes in contractual requirements	Annually or more frequently as required (following any update issued by NHS Employers)	HR	Chief Medical Officer (CMO), Trust Clinical Lead for Revalidation & Appraisal, Medical Appraisal and Revalidation Advisory Group (MARAG)	Once per year
Page 1	Medical undertake an annual appraisal as per contractual obligation	Review Electronic Staff Record (ESR) PDR Report and Allocate MedicAppraisal system for appraisals completed	Monthly	HR	Chief Medical Officer (CMO), Trust Clinical Lead for Revalidation & Appraisal, Divisional Directors, Trust Board and NHS England	12 times per year
Page 10 & 12	Medical staff undertake an annual appraisal which reviews the whole scope of work and includes the core areas of supporting information as described by the GMC	Quality assurance check on appraisal inputs and outputs	Review of appraisal inputs/outputs by RO/Clinical Lead for Revalidation & Appraisal ahead of a doctor's revalidation date in addition to QA reviews in accordance with QAMA i.e. QA check on first 3 appraisals for new appraisers and 2 checks for existing appraisers per year.	Trust Clinical Lead for Revalidation & Appraisal	Outcome to be feedback to appraise, appraiser, Trust board and NHS England.	Once per year
Page 14	Appraisers undertake appraiser update training	Trust to provide appraiser training and maintain record of attendance	Every 3 years	HR	Chief Medical Officer (CMO), Trust Clinical Lead for Revalidation & Appraisal and NHS England	Once per year
Page 15	Appraisers maintain appraiser competencies	Attendance at Appraiser Network meetings – record attendance at network sessions maintained by HR. Appraisers to provide supporting information of appraiser role as part of annual appraisal. Quality assurance check on appraisal output	Mandatory for appraisers to attend 2 network sessions per year. QA check on first 3 appraisals and 2 checks for existing appraisers per year.	Trust Clinical Lead for Revalidation & Appraisal	Chief Medical Officer (CMO) and Trust Clinical Lead for Revalidation & Appraisal	Once per year

9 Policy Review

- 9.1 Unless there are significant national or local issues/changes that will affect the validity of the Policy, it will be reviewed every two years to ensure its continued efficacy.

10 References

Associated Documents

This policy should be read in conjunction with the following;

NHS England Medical Appraisal Policy http://www.england.nhs.uk/revalidation
NHS England http://www.england.nhs.uk/revalidation/appraisers/app-pol/
Allocate MedicAppraisal software https://www.healthmedics.allocatehealthsuite.com/core
Academy of Medical Royal Colleges http://www.aomrc.org.uk/revalidation/revalidation.html
The Good Medical Practice framework for appraisal and revalidation, GMC, 2011 http://www.gmc-uk.org/GMP_framework_for_appraisal_and_revalidation.pdf_41326960.pdf
Supporting information for appraisal and revalidation, GMC, 2012 http://www.gmc-uk.org/static/documents/content/Supporting information for appraisal and revalidation.pdf
Medical appraisal guide (MAG): A guide to appraisal for medical practitioners in England, RST (currently v4; will be updated from time to time) http://www.gmc-uk.org/static/documents/content/RST1.pdf
Worcestershire Acute Hospitals NHS Trust Conduct Capability and Ill Health Policy & Procedures – Medical and Dental Staff
Academy of Medical Educators (AoME) http://www.medicaleducators.org/
Worcestershire Acute Hospitals NHS Trust - Job Planning Consultants and SAS Doctors Policy
Worcestershire Acute Hospitals NHS Trust Mandatory Training Policy

11 Background

11.1 Equality requirements

This policy is based on medical appraisal policy by NHS England, the impact of which on equality have been reviewed in consultation with trade union and other employee representatives in line with its duties as a public sector body. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of the protected characteristics in the Equality Act 2010: age, disability, gender reassignment,

marriage or civil partnership, pregnancy and maternity, race, religion or belief, gender and sexual orientation.

11.1.1 Equality and diversity are at the heart of the Worcestershire Acute Hospitals NHS Trust strategy. Due regard to eliminate discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, has been given throughout the development of this policy and the processes described in this document.

11.1.2 Reasonable adjustments will be made to allow doctors with a disability to fully participate in the appraisal process. Arrangements are included in the policy to allow for the postponement of appraisals for women on maternity leave, those on long-term adoption leave and those on long-term absence as a result of sickness. No other potential detriments have been identified.

11.1.3 The rates of participation in the appraisal process and the profiles of appraisers and doctors being appraised will be reported on the basis of the protected characteristics and reported as part of the overall governance review of the appraisal process. This will include the profile of doctors not participating in the appraisal process. A brief description of the findings of the equality assessment are in Supporting Document 1.

11.2 **Financial risk assessment**

There are no direct financial risks associated with the policy.

11.3 **Consultation Process**

Consultation will be sought via the LNC/MMC, Divisional Directors, Clinical Directors/Clinical Leads and Operational Managers.

11.4 **Approval Process**

This Policy will be ratified by the Local Negotiating Committee/Medical Management Committee.

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Name of Lead for Activity	
----------------------------------	--

Details of individuals completing this assessment	Name	Job title	e-mail contact
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title:		
What is the aim, purpose and/or intended outcomes of this Activity?			
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____

Is this:	<input type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				
Disability				
Gender Reassignment				
Marriage & Civil Partnerships				
Pregnancy & Maternity				
Race including Traveling Communities				
Religion & Belief				
Sex				
Sexual Orientation				

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

Appendix 1 Person Specification – Medical Appraiser

REQUIREMENTS	ESSENTIAL
<p>Qualifications/ Training</p>	<ul style="list-style-type: none"> • Medical Degree • Full GMC Registration with a Licence to practice • Completion of appraisal training (to be completed prior to any appraisal being performed).
<p>Knowledge & Skills</p>	<ul style="list-style-type: none"> • Knowledge of the purpose and process of medical appraisal • Knowledge of relevant specialty specific documents including Royal College Guidance on continuing professional development requirements • Knowledge of the principles of revalidation • Knowledge of responsibilities as described in the NHS England Framework for the quality assurance of revalidation • Knowledge of the role and responsibilities of the medical appraiser • Knowledge of responsibilities of doctors as described in Good Medical Practice Framework and GMC supporting information for appraisal and revalidation • Knowledge of educational principles and techniques which are relevant to medical appraisal • Understanding of principles of equality and diversity and commitment to E&D practice within medical appraisal • Knowledge of the principles of clinical governance, evidence based medicine and clinical effectiveness • Knowledge of local and national healthcare context • Motivating, influencing and negotiating skills • Objective evaluation skills • Good oral and written communication skills including active listening skills, the ability to clearly summarise, ask appropriate questions and provide constructive challenge. • Appropriate IT skills to perform the role including: familiarity with web-based appraisal systems, online resources, web based discussion forums and electronic communication

	<ul style="list-style-type: none"> • Knowledge and understanding of information governance, data, protection and confidentiality.
Experience	<ul style="list-style-type: none"> • Has been subject to a minimum of 3 medical appraisals, not including those in training grade posts. • Experience of applying principles of adult education and quality improvement • Experience of managing time to ensure deadlines are met
Personal Attributes	<ul style="list-style-type: none"> • Operates with personal integrity, openness and self-awareness • Promotes high standards to consistently improve patient outcomes • Ability to adapt behaviour to support different doctors • Ability to challenge constructively to drive improvements to quality and standards • Values diversity and difference • Commitment to ongoing personal education and development • Good working relationships with professional colleagues and stakeholders and ability to work in a team.

Appendix 2 Form for appealing against the allocation of a specific appraiser

Form for appealing against the allocation of a specific appraiser.	
Part A – to be completed by person making the appeal	
Doctor:	
Doctor's GMC number:	
Appraiser:	
Reason(s) for appealing against the allocation (tick all that apply):	
Potential conflict of interest or appearance of bias: <input type="checkbox"/> Close personal or family relationship (past or present) <input type="checkbox"/> Close financial or business relationship <input type="checkbox"/> Professional relationship <input type="checkbox"/> Known or longstanding personal animosity <input type="checkbox"/> Appraiser suitability <input type="checkbox"/> Other (please describe under "further details" below)	
Further details:	
Name of person making the appeal (if not the doctor):	
Contact details (in case appraisal office needs more information):	
Designation:	
Part B – to be completed by Clinical Lead for Revalidation and Appraisal / RO	
Decision:	
Decision approved by:	
Name:	
Position:	
Date:	

Appendix 3 Process for managing apparent non participation with medical appraisal

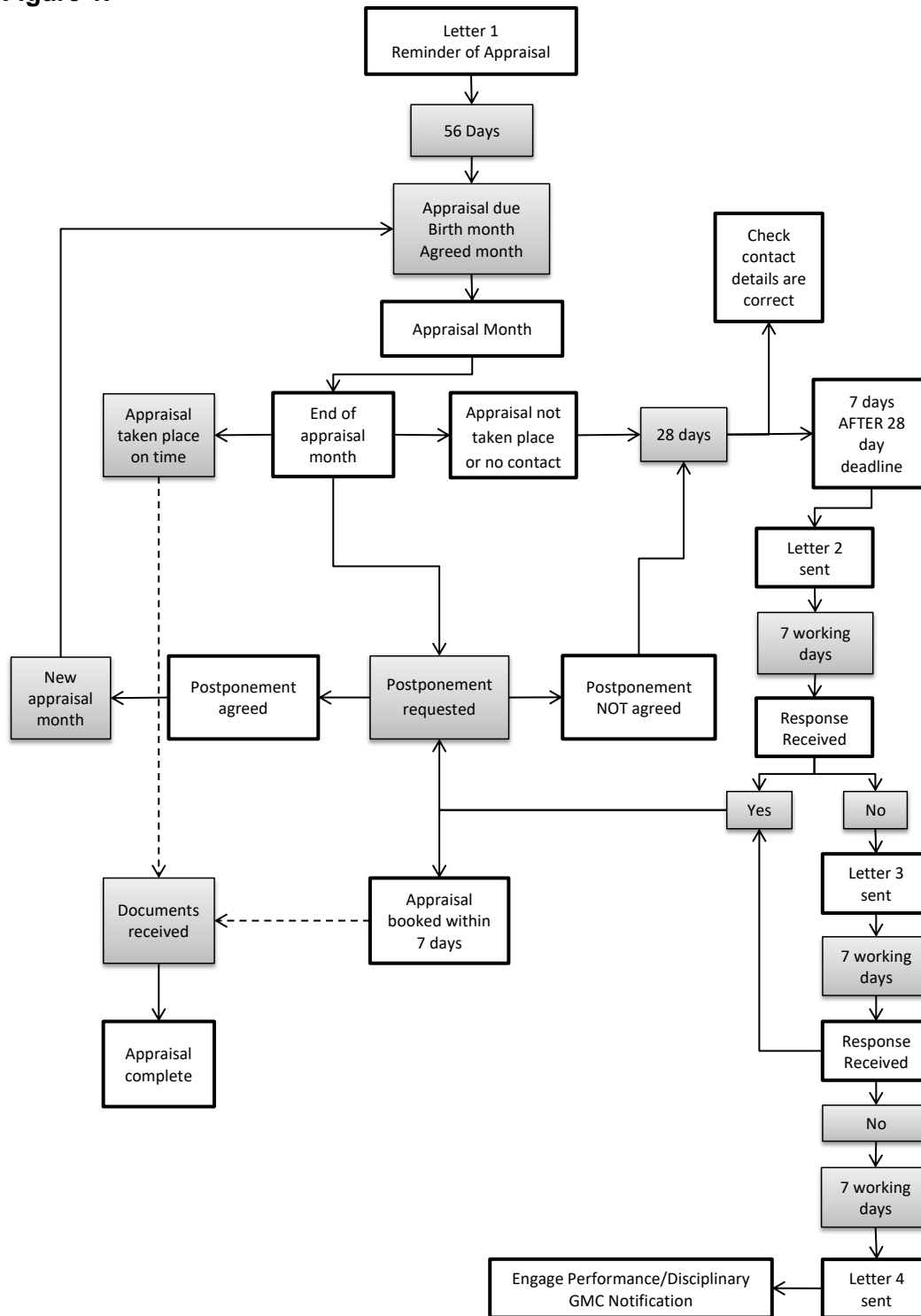
All doctors with a licence to practice are required to participate in annual appraisal in accordance with GMC revalidation regulations. In the majority of cases, most doctors engage with the system. However for a small minority who do not engage, processes need to be established to clarify how such non engagement will be handled under the provisions of the National Health Service (England) Regulations 2013 in respect of their breach of the undertakings agreed and implicit in the General Medical Council (Licence to Practise and Revalidation) Regulations 2012.

The procedure below identifies the sequence of actions which will be taken to support engagement with the appraisal system, remind practitioners of their professional responsibilities, and advise them as to the potential implications on their employment contract, and revalidation and their licence to practice. Failure to engage with the process will place their employment status, and potentially their GMC licence to practice at risk.

Procedure

The following procedure notes and figure 1 relate how the Trust will operate in relation to apparent non participation with the medical appraisal.

Figure 1.



- In keeping with the appraisal process described in paragraph 5.3.1 doctors will receive at least one, normally electronic, reminder of the need to arrange their appraisal at least 56 days prior to the doctor's appraisal due date (Reminder Letter 1), issued by the Appraisal and Revalidation Support Officer.

- **If 32 days following the doctor's appraisal due date the doctor has not confirmed the date of the appraisal to the Revalidation Support Officer**, and where there is no record of a postponement having been agreed, local systems will be checked to verify the current, or most recent, email and registered address for the doctor. A second reminder letter will then be sent out by e-mail (**Reminder Letter 2**), to the e-mail address held on record for the doctor, and by letter to the doctor's current address with a copy to the RO, Clinical Lead/Director and Divisional Director.
- If a response is received within 5 working days to Reminder Letter 2 and the doctor has requested or has booked their appraisal within 28 days, the normal process is resumed and the Revalidation Support Officer updates the RO.
- **If no response is received, or that no appraisal has been booked, the Appraisal and Revalidation Support Officer** must escalate to the RO. A third reminder (**Reminder Letter 3**) will be issued by the RO 7 working days after the date of the second reminder by email and by letter recorded delivery with a copy to the Divisional Director.
- If a response is received to Reminder Letter 3 and the doctor has either requested or booked their appraisal within 28 days, the normal process is resumed.
- If no response is received or a response is received advising that no appraisal has been booked, a fourth and final letter (**Reminder Letter 4**) will be sent to the doctor from the RO 7 working days after the date of the third reminder by email and letter recorded delivery advising that formal action under either the Conduct Capability and Ill Health Policy & Procedures Policy for Medical and Dental Staff, and/or notification of non-participation to the GMC will be made and the failure to engage has been referred to the relevant decision making group (MARAG) for review. The RO will also record any failure to participate in appraisal in the Revalidation Management System.
- Divisions will monitor and record all correspondence issued and responses received from doctors in accordance with this process, and will provide a monthly status report to the RO with escalation of doctors failing to engage as appropriate.

Having considered the facts, the Medical Appraisal and Revalidation Advisory Group will then determine the appropriate course of action which may involve engaging the disciplinary procedures.

Reminder letter 1 – sent at 56 days before appraisal due date



Division contact details
Date

Dear Dr xxxx

REMINDER: Your appraisal 20XX-XX

This is to remind you that are due to have your annual medical appraisal between **xx/xx/xxxx – xx/xx/xxxx**. For your appraisal to be considered complete, your appraisal meeting needs to be undertaken between these dates, and signed off by no later than **xx/xx/xxxx**.

If you have mitigating circumstances, where there is a possibility your appraisal may need to be postponed, please advise so that we can consider invoking the formal process to postpone your appraisal. The enclosed document (Medical Staff Appraisal and Revalidation Policy Appendix 4: Requesting postponement of appraisal) will help you to decide how to proceed. Should you have any queries, please do not hesitate to contact me.

Please can you confirm your appraisal meeting has been arranged with your appraiser by **xx/xx/xxxx**.

Yours sincerely

Xxxx
Revalidation Support Officer

Enclosed: Medical Appraisal and Revalidation policy Appendix 4: Requesting postponement of appraisal

Reminder Letter 2 - sent seven days after paperwork due (i.e. 28 +7 days after deadline for appraisal meeting)

Division contact details

Date

Dear Dr

Failure to participate with annual medical appraisal

Our records indicate that you should have had your 20xx-20xx appraisal by **dd/mm/yyyy**. To date we have not received confirmation that your appraisal has been undertaken.

Please can you inform me if your appraisal has been undertaken and if so the date and name of your appraiser.

If you have not had your appraisal please inform me of the reason for this by email within the next 5 working days. My email address/contact details are as shown at the top of this letter. I also attach details of the non-participation in the appraisal escalation process for your information (Figure 1).

I have to inform you that participation in the appraisal system is a contractual requirement for all doctors with a prescribed connection to the Trust. Failure to participate without agreed postponement places you at risk of action being taken against you under the various provisions of the regulations and/or your contract.

Annual appraisal is viewed by the Trust as an essential component of your professional development. In addition, a satisfactory annual appraisal is now a GMC requirement for revalidation and non-participation places you at risk of the matter being referred to the GMC.

This letter has been sent by email and hard copy to the most recent address you have supplied to the Trust.

Yours sincerely

xxxx

Revalidation Support Officer

Cc

Dr xx, Clinical Lead/Director,

Dr xx, Divisional Director

Dr xxx, Responsible Officer

Enclosed: Process for non-participation in appraisal (Figure 1) of the Trust Medical Appraisal and Revalidation policy

Reminder letter 3 – sent seven days after reminder letter 2

Date

RO details

Dear Dr xxxx

Failure to engage with the annual medical appraisal

Further to the letter dated **dd/mm/yyyy** from **xxxx**, Revalidation Support Officer, Appraisal and Revalidation team, I am writing to express my concern that you have failed to respond and engage with the annual appraisal process.

I would remind you that it is a GMC requirement that you participate in the appraisal system. You will also be aware that with the introduction of revalidation I will be required as your RO to make a recommendation on your fitness to be relicensed. One of the questions I will be obliged to answer will be in relation to your participation with the appraisal process.

I therefore urge you to book your appraisal within 7 working days of the date of this letter and to make the necessary arrangements for your appraisal to be carried out as a matter of urgency. If there are any practical problems in arranging your appraisal please contact me without delay. I have requested the Divisional Director to advise me should you fail to do so.

If I do not receive confirmation from you that you are taking urgent steps to arrange your appraisal by **dd/mm/yyyy**. I intend to refer your case to the Medical Appraisal and Revalidation Advisory Group (MARAG) to consider formal contractual action as appropriate. If I do not receive confirmation from you that you are taking urgent steps to arrange your appraisal, your failure to participate will also be recorded in the local revalidation system and **I will begin discussions with the local GMC Employer Liaison Adviser about your non-participation with the appraisal system and formal action under disciplinary procedures/contract of employment and/or suspension of eligibility for pay progression, professional/study leave and Clinical Excellence Award (CEA) application. As annual appraisal is a GMC requirement I have to inform you that you are at risk of a formal referral to the GMC in respect of your revalidation.**

I look forward to being advised that you have taken the appropriate steps to remedy the situation.

This letter has been sent by email and hard copy by registered mail to the most recent address you have supplied to Trust.

Should you have any queries, please do not hesitate to contact me.

Yours sincerely

Dr xxxx

Responsible Officer

cc Divisional Director

Final reminder letter 4 – sent 7 working days after reminder letter 3

Date
RO details

Dear Dr xxxx

Failure to participate in the appraisal system

Further to my letter dated **dd/mm/yyyy**, a copy of which is attached for your information, I have been advised that you have still failed to comply with your regulatory requirement to engage in the annual appraisal system provided by the Trust in accordance with the provisions of the GMC Revalidation Regulations 2011.

I am therefore writing to advise you that I have referred your case to the Medical Appraisal and Revalidation Advisory Group (MARAG).

In addition, your failure to participate will also be recorded in the local revalidation system. As annual appraisal is a GMC requirement, I have to inform you that I will now discuss your case with the local GMC Employer Liaison Adviser, and that you are at risk of a formal referral for non-engagement to the GMC.

I urge you to make immediate contact with me so that this matter can be resolved.

This letter has been sent by email and hard copy to the most recent address you have supplied to the Trust and to the local GMC Employer Liaison Adviser.

Yours sincerely

Dr xxxx
Responsible Officer

cc **Local GMC Employer Liaison Advisor**
 Divisional Director

Appendix 4 Appraisal postponement application form – to be submitted at least 28 days prior to the end of the doctor’s appraisal due month

Appraisal Postponement Application Form	
<u>Section A</u>	
Doctor’s name:	
GMC number:	
Contact details:	
Doctor’s appraisal month:	
Date of last appraisal:	
Name of last appraiser:	
Revalidation due date:	
Reason for request for postponement of appraisal:	
Proposed date for next appraisal:	
Date of request:	
<u>Section B – RO Decision</u>	
Name:	
Position: Trust Clinical Lead for Appraisal and Revalidation	
Postponement agreed:	Yes/No
Comment:	
Agreed new appraisal due date:	
Date of decision:	
Signed:	

Appendix 5 Senior Management Review Outcome Report

Annual Management Review Report

Please ensure that this form is completed by your manager and included within your appraisal portfolio.

Reviewee Name: Role:	Date of last review:
Reviewer Name:	Date of Review:

Achievements and progress

--

Challenges/Areas for improvement

--

Objectives (in SMART format)

Objective	Agreed action and measure of achievement	Completion/Target date

Reviewee's Comments

--

Reviewer's comments

--

Reviewee

Signed:

Date:

Name (CAPITALS):

Reviewer

Signed:

Date:

Name (CAPITALS):

Policy



**Worcestershire
Acute Hospitals**
NHS Trust

An editable version can be found on the Trust intranet:
<http://www.worcsacute.nhs.uk/departments-a-to-z/human-resources/consultant-and-medical-staff-information/>

Appendix 5a

Your address

Date

Date

Their name and address

Dear Dr xxxx

Re: My professional practise at (Name of institution)

I need to present evidence of my fitness to practise relating to the whole of my professional activities as evidence for my medical appraisal in NHS England Midlands & East, my Designated Body for the purposes of medical revalidation.

I am not aware that you have any information that raises any concerns about my work in your organisation but as an additional reassurance my Responsible Officer asks that, as the appropriate person within this organisation, you affirm the following on your organisation's headed paper:

- 1) I comply with all the appropriate guidelines/regulations within the organisation.
- 2) You have no concerns about my work within the organisation.
- 3) You have no other issues regarding my practice.

Please send your response to me at your earliest convenience so I can include it in my appraisal portfolio.

Please let me know if there are any issues that we need to discuss.

Yours sincerely

Your name

Appendix 6 Appraisal summary and PDP audit tool (ASPAT)

Appraiser identifier	Click here to enter text.
Doctor identifier	Click here to enter text.
Date of appraisal	Click here to enter a date.
Organisation	Click here to enter text.
Auditor (usually the senior appraiser)	Click here to enter text.

Scale:

0 Unsatisfactory

1 Needs improvement

2 Good

Score each item out of two

Setting the scene and overview of supporting information

a) The appraiser sets the scene summarising the doctor's scope of work	Choose an item.
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>	Choose an item.
c) There is documentation of whether the supporting information covers the whole scope of work	Choose an item.
d) Specific evidence is summarised with a description of what it demonstrates	Choose an item.
e) Objective statements about the quality of the evidence are documented	Choose an item.
f) All statements made by the appraiser are supported by evidence	Choose an item.
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>	Choose an item.
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>	Choose an item.

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>	Choose an item.
Comments: Click here to enter text.	

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	Choose an item.
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	Choose an item.
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	Choose an item.
Comments: Click here to enter text.	

The PDP and developmental progress

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

g) The PDP covers the doctor's whole scope of work and personal learning needs and goals	Choose an item.
h) The PDP contains between 3-6 items	Choose an item.
Comments: Click here to enter text.	

General standards and revalidation readiness

a) The documentation is typed and uploaded onto an electronic toolkit in clear and fluent English	Choose an item.
b) There is no evidence of appraiser bias or prejudice or information that could identify a patient/third party information	Choose an item.
c) The stage of the revalidation cycle is commented on	Choose an item.
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	Choose an item.
e) Appraisal statements (including health and probity) have been signed off or if not, an explanation given <i>(if signed off score 2)</i>	Choose an item.
Comments: Click here to enter text.	

TOTAL SCORE (OUT OF 50)	Click here to enter text.
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General comments from the senior appraiser:

Click here to enter text.

Appendix 7 Appraisal input and output Quality Assurance Tool

KEY:

Y	Good Evidence
N	No Evidence
I	Inadequate Evidence – room for improvement

Appraisee:	Appraisal Date:
Appraiser:	
Appraisal inputs	
Scope of work: Has a full scope of practice been described?	
Continuing Professional Development (CPD): Is CPD compliant with GMC requirements?	
Quality improvement activity: Is quality improvement activity compliant with GMC requirements?	
Patient feedback exercise: Has a patient feedback exercise been completed?	
Colleague feedback exercise: Has a colleague feedback exercise been completed?	
Review of complaints: Have all complaints been included?	
Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included?	
Is there sufficient supporting information from all the doctor's roles and places of work?	
Is the portfolio sufficiently complete for the stage of the revalidation cycle (year 1 to year 4)? Explanatory note: For example <ul style="list-style-type: none"> • Has a patient and colleague feedback exercise been completed by year 3? • Is the portfolio complete after the appraisal which precedes the revalidation recommendation (year 5)? • Have all types of supporting information been included? 	
Appraisal Outputs	
Appraisal Summary	
Appraiser Statements	
PDP	