University Hospitals of Derby and Burton NHS Foundation Trust

TRUST MEDICAL APPRAISAL POLICY TO SUPPORT REVALIDATION FOR NON-TRAINING GRADE DOCTORS

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	2	July 2012	Sue Colledge	Policy to incorporate requirements for medical revalidation
	3	August 2016	Dr Tracy Tinklin	Policy revisions to incorporate updated requirements for medical revalidation
	4	March 2019	Shelley Cummings	Policy revisions to harmonise Sovereign Derby and Sovereign Burton Medical Appraisal Policies
	5	June 2020	Caroline Forman	Policy revision to incorporate Medical Director's Office restructure

Intended Recipients

- NHS consultants, career grade and other non-training grade doctors employed by University Hospitals of Derby and Burton NHS Foundation Trust (the Trust) and wish to maintain a licence to practice (doctors in training are excluded).
- Clinical academic medical staff employed elsewhere who undertake activity on behalf of the Trust and wish to maintain a licence to practice. For clinical academic staff, the appraisal process will be undertaken in conjunction with their substantive employer.

Training and Dissemination: Launched through Medical Appraiser Forum, Intranet, and Trust email circulation list.

To be Read in Conjunction with:

- Trust Policy and Procedure for the Remediation and/or Rehabilitation of Medical and Dental Staff (Capability
- Trust Policy and Procedure for Disciplinary of Medical and Dental Staff
- Trust Policy for Dealing with Concerns Relating to Medical and Dental Practitioners
- Freedom to Speak Up (Raising Concerns at Work) Policy
- Grievance and Dispute Resolution Policy
- GMC Good Medical Practice
- GMC Good Medical Practice Framework for Appraisal and Revalidation
- GMC Supporting Information for Appraisal and Revalidation
- Supporting Guidance for Appraisal from the Academy of Medical Royal Colleges (www.aomrc.org.uk)
- Medical and Dental Consultant and SAS Job Planning – Trust Policy and Procedure
- Professional Registration (Verification of) – Overarching Policy for University Hospitals of Derby and Burton NHS Foundation Trust

In Consultation with: • Joint Local Negotiating Committee (JLNC) • Appraisal and Revalidation Group (A&R) • Trust Delivery Group (TDG)	
EIRA stage one completed Stage two completed	
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Approving Body and Date Approved	Trust Delivery Group (TDG)
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Contact for Review	Caroline Forman – Improvement and Development Manager – Medical Director's Office
Executive Lead Signature	Executive Medical Director – Magnus Harrison
Approving Executive Signature	Executive Medical Director – Magnus Harrison

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TRUST MEDICAL APPRAISAL POLICY TO SUPPORT REVALIDATION FOR NONTRAINING GRADE DOCTORS

1. Introduction

This document sets out the Trust's Policy for the conduct of annual medical appraisal (appraisal) to support revalidation. It is applicable to consultant, career grade and non-training grade doctors (eg Trust grade doctors and fellows) with a prescribed connection to the Designated Body (DB), the Trust. It also covers locum doctors employed on short term contracts in these grades where the Responsible Officer (RO) has agreed there is a prescribed connection.

Locum doctors employed through agencies will be expected to have their appraisals conducted by their locum agency.

This Policy should be read in conjunction with the General Medical Council (GMC) guidance, which sets out generic requirements for medical practice and appraisal in four main documents:

- Good Medical Practice (GMC,2014)
- Good Medical Practice Framework for Appraisal and Revalidation (GMC, 2011)
- Supporting information for Appraisal and Revalidation (GMC, 2018)
- NHS England Revalidation guidance

These are supported by guidance from the medical royal colleges and faculties, which give the specialty context for the supporting information required for appraisal.

2. Purpose and Outcome

This Policy is intended to deliver a transparent and fair, supportive and effective annual appraisal process, informed by valid and verifiable supporting evidence across the scope of the individual doctor's practice.

3. Definitions Used

3.1 **Medical Appraisal** provides the framework to ensure all doctors have an annual discussion with a trained appraiser regarding their practice and development. Appraisal and job planning should be conducted by different individuals to allow a broader and more searching appraisal discussion, and should never be addressed in the same meeting.

3.2 **Revalidation** is the process by which doctors demonstrate to the GMC that they remain up to date and fit to practice. All licensed doctors go through the revalidation process on a 5 yearly cycle in order to retain their license to practice.

4. Equality and Diversity Statement

This Policy applies to all non-training grade medical staff contracted by the Trust (including substantive employees linked with honorary contracts / joint contracts or fixed term contracts) as per the Equality Act 2010 and any future amendments to the Act.

This Policy has had an Equality Impact Assessment which is monitored in line with the review of the Policy.

5. Roles and Responsibilities

5.1 **The Chief Executive Officer (CEO)** on behalf of the Trust, is responsible for ensuring the RO is provided with appropriate resources to allow them to discharge their duties. The CEO will ensure indemnity is provided for medical appraisers (MAs).

5.2 **The Trust Board** is responsible for monitoring and approving a framework to support the appraisal and revalidation of consultant and other career grade / non training grade doctors that is compliant with all relevant legislation, guidelines and best practice standards. The Trust Board must also approve the appointment of an RO.

5.3 **The Executive Medical Director (EMD)** is the nominated RO for the Trust. The RO has overall responsibility for the effective implementation and operation of appraisals for all non-training grade medical staff and is personally accountable to the Trust Board for ensuring Trust wide compliance with the medical appraisal Policy and for ensuring both Policy and processes comply with the relevant national guidance and legislation. Their responsibilities include ensuring appraisers are properly recruited, trained and assessed to carry out this role and that they are in a position to undertake appraisal of clinical performance, service delivery and management roles. As the RO, the EMD is also accountable for ensuring an annual report on appraisal is prepared for the Trust Board and for any actions arising from this.

Where a doctor is subject to conditions imposed by, (or undertakings agreed with) the GMC, the EMD, as the nominated RO, will be notified and will then be accountable for ensuring effective systems are in place to monitor compliance with those conditions or undertakings.

The RO will notify another Designated Body (DB) of work being undertaken at the Trust by a clinician with a prescribed connection to that body where there are concerns that the full scope of practice may not be being declared in the appraisal.

The RO for the Trust is the RO for St Giles Hospice according to the Service Level Agreement.

For trainees, the Regional Postgraduate Dean is the RO (either Health Education East Midlands or Health Education West Midlands).

On occasion, the RO may direct appraisals to be brought forward where specific concerns are raised.

The RO submits a revalidation recommendation to the GMC on each doctor at the end of a 5 year cycle and has three options:

- A positive recommendation that the doctor is up to date, fit to practise and should be revalidated
- Agreeing a deferral with the GMC for a specified period of time so that more information can be obtained about the doctor (for example if the doctor has had a period of absence or so that a fitness to practise concern can be addressed)
- A notification of non-engagement where the doctor has not engaged in the local processes, such as appraisal, that support revalidation.

ROs use existing mechanisms to refer fitness to practice concerns to the GMC when they emerge, not at the point of appraisal or revalidation.

5.4 **The Medical Appraisal Lead (MAL)** is appointed by and responsible to the EMD (as RO) for:

- Ensuring Trust wide compliance with this Policy and for the quality assurance of the appraisal and revalidation processes and outcomes

- Providing assurance to the Trust Board against the GMC *Good Medical Practice* domains for appraisal and revalidation by way of the annual report to the EMD
- Supporting the Medical Appraisers (MAs) with advice, support and leadership within their role
- Overseeing an effective process and policies as the Chair of the Appraisal and Revalidation Group (A&R Group) *(Appendix 1)*
- Identifying a group of experienced senior appraisers to provide support and advice to the A&R Group *(Appendix 1)*
- Ensuring appraisers are properly recruited, trained and regularly updated to carry out their role
- Monitoring compliance with conditions or undertakings, on behalf of the RO where a doctor is subject to conditions imposed by, or undertakings agreed with, the GMC.

5.5 Divisional Medical Directors (DMDs) are accountable to the EMD for:

- Ensuring all necessary administrative and managerial systems are in place within their Division to manage the appraisal process effectively
- The selection of MAs within their Division
- Ensuring all consultant, career grade and non-training grade doctors within their Division undertake an annual appraisal in line with the standards outlined in this Policy
- Facilitating the choice of an appraiser if there is conflict of interest between a doctor and an appraiser from the same clinical background
- Providing a report for the doctor to take to the appraisal meeting if an appraisal is undertaken outside of the Business Unit (BU), where the doctor is either a Clinical Director (CD) or Assistant Clinical Director (ACD) *(Appendix 2)*
- Attending the Responsible Officer Forum (ROF)
- Arranging an appraiser to participate in the appraisal process for small BUs eg consisting of 1 or 2 doctors. In this situation they will take advice from the doctor(s) to be appraised in relation to selecting an appropriate appraiser.

5.6 CDs and ACDs are responsible to DMDs for:

- Carrying out appraisals and / or identifying appraisers in their service area and for ensuring appraisals are carried out in line with the standards outlined in this Policy
- Ensuring that the appraisal for each doctor is carried out by a minimum of 2 different appraisers within a Revalidation cycle
- Providing a report for the doctor to take to the appraisal meeting if an appraisal is undertaken outside of the BU *(Appendix 2)*
- Appointing an adequate number of appraisers for the size of their BU(s)
- Making decisions on appraiser allocation if there is any perceived or actual conflict of interest between a doctor and an appraiser.

5.7 Improvement and Development Manager (IDM) – Medical Director's Office (MDO) is responsible to the Associate Director – MDO and is accountable to the MAL and RO and MDO

The IDM will support the RO with the submission of recommendations; including notifying doctors under notice in writing regarding their responsibility to submit information to enable the RO to make a recommendation to the GMC on the renewal of their Licence to Practice.

The MDO will also be responsible for:

- The operational management of all day to day aspects of projects and pilots relating to the medical revalidation programme in the Trust

- Requesting relevant patient and clinical governance data (complaints, SUIs etc.), and workload operational and performance information to the doctor for inclusion in their appraisal portfolio where necessary
- Ensuring all data held centrally in relation to revalidation, of which the majority is highly confidential, is in compliance with the Data Protection Act
- Providing reports and updates on revalidation progress for the RO, MAL and non-training grade medical staff in the Trust, and for the NHS England, GMC, and / or Royal Colleges, as and when required
- Maintaining accurate records for appraisal and revalidation dates and coordinate the information flows within the organisation
- Issuing appraisal and revalidation information to all new doctors in consultant, career grade and other non-training posts.
- Issuing reminder letters to doctors on behalf of the RO, who may inform the GMC on the grounds of non-engagement *(Appendices 5, 6, 7 and 8*)
- Supporting the appraisee with the coordination of multi-source feedback (MSF) from colleagues and patients in preparation for their revalidation date and upload these reports onto the relevant database
- Producing weekly overdue appraisal reports for submission to the RO, MAL and AD - MDO
- Seeking information from each doctor's previous RO and / or employing or contracting organisation will be sought on appointment to the Trust via the MDO (known as a Medical Practice Information Transfer (MPIT) form or Transfer of Information (TOI) form, or similar)
- Following local guidelines for the appraisal and revalidation process
- Ensuring proper IT systems are in place
- Producing quarterly reports of all appraisals not signed off within **28 days** of the appraisal meeting. An appraisal that has not been signed off within this period will be regarded as incomplete and included in the audit of missed / incomplete appraisals so the reason for the delay can be explored
- Organising and recording A&R meetings.

5.8 **MAs** will be covered by the Trust's indemnity for their actions in the role, providing they comply with the standards outlined in this Policy.

MAs will be appointed by the MAL, in line with the numbers of MAs that are required, covering a ratio of 1:5 – 1:10 per annum to maintain quality of the appraisal, as per the Job Planing Policy.

MAs in non-management roles will be remunerated as per the Job Plan Policy. (Managerial roles consist of CD; ACD; DMD).

Training and Support

The MA will receive formal training and support to undertake their role, have a job description and fulfil the criteria set out in the person specification.

The CD or ACD will confirm support for doctors who apply to be MAs within their area.

The MA will disclose this role in the Scope of Work section of their appraisal.

Commitment

The MA should receive the portfolio of evidence at least 10 working days prior to the appraisal meeting. The evidence should be reviewed in advance of the meeting to allow time to request any missing evidence, so as to avoid postponement of the appraisal meeting.

The MA should complete the Summary of Medical Appraisal Discussion section, the agreed Personal Development Plan (PDP), and sign off within 28 days of the appraisal meeting.

To avoid any conflict of interest, the MA will not appraise a colleague with whom they have a close business or financial association e.g. private practice partnership, a personal or family relationship e.g. spouse, sibling.

MAs will:

- Carry out a minimum of 5 and a maximum of 10 annual appraisals to the standards outlined in this Policy, as per the Job Planning Policy
- Ensure they have an understanding of the doctor's scope of work
- Ensure the PDP is SMART

  - **S**pecific
  - **M**easurable
  - **A**chievable and agreed
  - **R**ealistic
  - **T**imed and tracked

- Undertake the Trust's Equality and Diversity training
- Assess the portfolio of evidence provided by the doctor against the attributes in '*Good Medical Practice'* and the speciality supporting information guidance provided by their Royal College or Faculty with a view to identifying areas for development so these can be addressed in the doctor's PDP
- Review the previous year's PDP and where this has not been completed satisfactorily ensure the reasons for this are understood and clearly recorded
- Record where the doctor is in the revalidation cycle
- Raise any concerns with the MAL about the fitness to practise of the doctor they are appraising
- Not hold reciprocal appraisals where two doctors appraise each other in the same appraisal year; therefore removing the risk of bias
- Not appraise the same doctor on more than 3 consecutive years, allowing a period of at least three years before appraising that doctor again
- Attend at least 1 internal MA Forum annually
- Receive annual feedback and a review of their performance. They will require on-going refresher training and their development needs will be identified in their own PDP.

5.9 **Doctors** are responsible for:

- Identifying a MA from the Trust Accredited MA list and agreeing a date for the annual appraisal meeting with that MA (usually, the MA will be in the same, or a closely allied, specialty to that of the doctor. If not, it is expected that the doctor will provide a report from the DMD / CD / ACD, at each appraisal) *(Appendix 2)*
- Collating and preparing supporting evidence for the appraisal meeting
- Submitting their portfolio of supporting evidence to their MA at least 10 days prior to the appraisal meeting
- Raising any concerns about the appraisal process in accordance with this Policy

- Sharing relevant objectives of the PDP with the BU management team; eg CD, ACD, General Manager
- Completing the appraisal feedback form using the electronic appraisal system prior to signing off their appraisal.

Clinical Academics employed by the Universities and holding an honorary contract with the Trust must have a joint appraisal meeting with an Academic Appraiser of the University and a MA to ensure requirements of the post are understood by all. Accredited Academic Appraisers should be selected from the Academic Appraiser list. The appraisal must cover the clinical activities and all University duties including teaching and research.

5.10 Medical Recruitment

As part of the recruitment process, it is the responsibility of the recruiting team to request evidence of appraisal (or ARCP), colleague / patient feedback and revalidation (where applicable). This should be collected at the same time as other pre-employment documentation and passed onto the MDO *(Appendix 3)*.

Where there is no appraisal or ARCP evidence (i.e. overseas doctors); a statement to that effect should be submitted.

5.11 Locum Responsibilities

As part of their induction, locum doctors will be asked to provide evidence of annual appraisal. If they have been in post for 6 months the Trust will provide them with an appraisal and if it is their turn for revalidation, the Trust will provide an RO.

Doctors on 'As and When' contracts do not automatically have a prescribed connection to the Trust. However, if the work they undertake is regular and they have been in the Trust over 6 months, the Trust will provide them with an appraisal. If the doctor is within 6 months of their revalidation, the Trust will provide them with an RO.

It will be the doctors' responsibility to indicate that they require an appraisal.

Locum doctors employed through agencies will be expected to have their appraisals conducted by their locum agency.

6. Implementation

6.1 Confidentiality

Appraisal discussions and system records which contain personal information under GDPR are considered personal information; as such would be exempt under Section 40 of the Freedom of Information Act, personal information.

They may be accessed by the appraiser appraising the individual, members of the A&R Group, the EMD / RO, Human Resources Managers and external auditors for audit purposes on a time limited basis.

The appraisal process serves a number of purposes which influence the circumstances in which appraisal documentation may be viewed by individuals other than the doctor and appraiser. These include:

- Providing an accurate record for those involved (doctor and MA)
- Quality assurance of appraiser work, including 'sampling' of appraisal documentation
- Addressing concerns highlighted in the appraisal interview

- Reviewing appraisal documentation as part of the process of making a revalidation recommendation
- Exchanging information between Trusts where a doctor changes employment, has a appraisal or has practicing privileges elsewhere
- Highlighting continuing professional development (CPD) issues that might need to be addressed by the Trust.

The summary of appraisal discussion documentation will be held by the MDO, on a secure electronic system. The appraisal interview should not take place without the previous year's summary of appraisal being available to the appraiser prior to the meeting. This is available via the electronic appraisal system; however, if the doctor is new to the Trust, the doctor should provide a copy of their previous appraisal(s) as proof and to maintain a clear record of their appraisals. A copy of the summary must be provided and included in the latest appraisal. Consent for this to be done and access to the Summary of Medical Appraisal form and PDP as described in this Policy is implicit in participation in appraisal.

6.2 Investigations and Disciplinary Procedures

Appraisals of doctors who are subject to performance or disciplinary procedures should be addressed on an individual basis.

In the event that an appraisee is under investigation or subject to disciplinary procedures then the appraisee must inform the MA.

The appraisal meeting will carry on as usual; however, the MA must make a note that the doctor is under investigation or subject to disciplinary procedures in the appraisal summary.

The MA must not factor in any on-going investigations or on-going disciplinary procedures when signing off the appraisal.

The EMD / RO cannot undertake an appraisal or influence the appraisal discussion, however if concerns have been raised against a doctor's practice then the RO can inform the MA that issues must be explored fully at the appraisal meeting.

Reflection is an important part of the appraisal process and must represent a balanced overview of learning.

6.3 Complaints

Any complaints about the appraisal process or the outcome of the appraisal should be raised via the Trust's Grievance and Dispute Resolution Policy.

6.4 New Appointments

Information from each doctor's previous RO and / or employing or contracting organisation will be sought on appointment to the Trust via the MDO.

It will be the doctors' responsibility to indicate that they require an appraisal.

6.5 Scheme of Access

This table outlines what levels of access are required and to whom, in relation to revalidation and appraisal.

Documentation	Individuals Involved	When
Appraisal form, including attachments	Doctor Administrator (except locked attachments) RO MAL IDM	At all times throughout the process
Appraisal form, including attachments	MA RO MAL IDM	The MA can only view the appraisal form when the doctor confirms the appraisal is complete. The RO and designated others have access at any time
Summaries and PDP	The above including: A&R Group	Only when necessary and appropriate prior to the RO making a recommendation. Redacted information, provided by the \MAL/ IDM for discussion at the A&R Group meetings
Quality assurance of appraisal process	MAL IDM	Appraisal outputs (summary, PDP, appraisers statements) usually, although full document if needed

6.6 The Appraisal Process

Scheduling the Appraisal

It is the responsibility of the individual doctor to ensure that they participate in the appraisal process. This responsibility also applies to doctors employed by the Trust in locum appointments (Agency Locums must refer to their employer).

The following outlines the requirements for appraisal:

- Doctors with appraisal evidence and a PDP should complete their appraisal 9-12 months after their last appraisal. However, the appraisal must not exceed a 3 month delay without an approved deferral
- Doctors without appraisal evidence or a PDP should meet with their Clinical Supervisor to set a PDP within 6 weeks after joining the Trust, followed by an appraisal 9-10 months later. This will then set their appraisal month going forward
- Doctors who have completed their ARCP should have an appraisal 9 - 12 months after their ARCP date, which will set the appraisal month going forward; *(if this falls within the same year that ARCP was completed, the appraisal can take place in April of the new appraisal year)*Occasionally, although a doctor has completed their ARCP, the Health Education England (HEE) provider is unable to make a revalidation recommendation where the doctor is not 'under notice' at the point of leaving HEE; therefore, the doctor must undergo a complete appraisal and colleague / patient feedback on joining the Trust so that their new RO can make a recommendation to the GMC. The RO may defer the revalidation to allow the doctor time to obtain the necessary evidence; however, the appraisal process must be completed in an efficient and timely manner as per guidance from the MDO

- Doctors who have no evidence of colleague / patient feedback should complete it in their 1st year of being in post if proximate to their revalidation; 2nd year if not, allowing at least 3 months prior to their appraisal
- The electronic auto-reminders are set at 12 and 8 weeks prior to the provisional appraisal due date. The MA MUST confirm the date in the system to stop the reminders.
- At 4 weeks prior to the appraisal due date, the escalation process will be put in place. See section 6.7 *(Appendix 5).*

Preparing for Appraisal

The content of appraisal is based on the GMC guidance published in '*Good Medical Practice'* consisting of four domains which cover the spectrum of medical practice; they are:

- Knowledge, skills and performance
- Safety and quality
- Communication, partnership and teamwork
- Maintaining trust.

Appraisal documentation should be used to inform the creation of a personal appraisal folder and to record the appraisal discussion.

The GMC appraisal year runs from 1st April to 31st March. All appraisals MUST be completed by the 31 March each year, and signed off within 28 days of the appraisal.

The doctor will be allocated an appraisal date; this can only be adjusted after approval from the RO.

The doctor must select a MA from the Trust Accredited MA list usually from their specialty or a closely allied specialty, if not, it is expected that the doctor will provide a report from the DMD / CD / ACD, at each appraisal *(Appendix 2).*

It is mandatory that the appraisal is carried out by a minimum of 2 different appraisers within a revalidation cycle. This should usually be 3 consecutive years with each MA to allow for on-going development.

The doctor must agree a date with the MA at least 6 weeks in advance of the appraisal due date.

The doctor should prepare for the appraisal by identifying issues to raise with the MA, collecting a portfolio of relevant supporting evidence and by considering proposals for the following years PDP.

The portfolio of evidence to support the appraisal discussion should include the following inputs:

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

The portfolio of supporting information should reflect the scope of professional practice – including indirect patient care activities such as clinical audit, management and advisory roles across all healthcare organisations (including private practice) and must show evidence of appropriate personal reflection by the doctor;

The doctor should record the scope and nature of the work they carry out as a doctor to ensure the MA and the RO understand their work and practice. This should include all roles and positions in which they have clinical responsibilities and any other roles for which a licence to practise is required. This should include work for voluntary organisations and work in private or independent practice *(Appendix 2)*, and should include managerial, educational and clinical supervision, and research and academic roles.

Patient and Colleague Feedback

Doctors must undertake patient and colleague feedback using the Trust's in-house delivery system, which plays an important part of the required evidence within the portfolio.

Feedback must be completed at least once within a 5-year revalidation cycle (ideally between years 2 and 4, and not in the year of revalidation). It can be started any time during the required year; however, the doctor should aim to complete the process allowing at least 6 months prior to the appraisal by starting as soon as possible after the previous year's appraisal.

On occasion, doctors might be prompted to undertake additional colleague and / or patient feedback at the discretion of the RO / DMD/ CD.

The Appraisal Meeting

The appraisal meeting is an opportunity for the doctor to have a confidential discussion with their MA. Ideally, it should take place in a neutral setting or a private office to minimise interruptions.

Confidential issues relating to the doctor, colleagues or patient safety may arise, therefore the suspension of the meeting may be considered with the need to re-schedule. This would allow the MA to seek further advice where appropriate, or for the doctor to bring further evidence to the appraisal.

If the doctor or MA anticipates a difficult appraisal, scheduling an earlier meeting will allow sufficient time for suspension and still ensure the final meeting occurs within 12-months of the previous appraisal.

1-2 hours should be set aside to allow for a meaningful discussion.

Appraisal Documentation

All appraisals must take place using the electronic system.

The web-based appraisal system is based on the GMC's Medical Appraisal Guide's, Model Appraisal Form (MAG).

Appraisal accounts are managed by the Appraisal and Revalidation Administrator.

- The doctor must complete the pre-appraisal inputs before the appraisal discussion
- The MA must complete the post-appraisal outputs within 28-days of the appraisal meeting
- Personal Identifiable Data (PID) should not be included anywhere within the appraisal form; this includes patients and colleagues**.**

Outcomes of Appraisal

For most doctors the appraisal process will result in a positive outcome with the development of an agreed PDP. The maximum benefit from the appraisal process can only be realised where there is openness between the doctor and MA.

The appraisal should identify individual needs which will be addressed through the PDP.

All records will be held on line and any printed copies must be retained on a secure basis and access / use must comply fully with the requirements of the Data Protection Act.

Summary of Appraisal Discussion

The key points of discussion and outcome must be fully documented. Both parties must sign the Appraisal Outputs section to confirm that this is an accurate reflection of the appraisal meeting. (This must be completed within 28 days of the appraisal meeting).

Personal Development Plan

As an outcome of the appraisal, approximately 3 - 6 key development objectives should be set for the following year and subsequent years. These objectives may cover any aspect of the appraisal such as development needs, organisational issues, acquisition/consolidation of new skills and techniques, quality improvement activity.

Where there is disagreement which cannot be resolved at the appraisal meeting, this should be recorded and the matter referred, in the first instance, to the CD, (or where the CD is the appraiser, to the DMD) for mediation. In the event that mediation fails to resolve the disagreement, further advice should be sought from the MAL who will consult with the MA, doctor and any other individual they deem appropriate (e.g. previous appraiser) before reaching a decision on the most appropriate way forward.

The Trust will include details of the annual appraisal process in the 'New Starter' Divisional induction packs which all new doctors receive *(Appendix 4).*

The Trust will maintain an informative and up to date intranet site with details of current policies, procedures and documentation relating to appraisal and revalidation.

Strengthening the Links between Complaints, Serious Incidents and Appraisals

Feedback is often provided by patients and others by way of complaints, serious incidents and compliments which should also be reviewed as part of the appraisal process.

A complaint is a formal expression of dissatisfaction or grievance. It can be about an individual doctor, the team or about the care of patients where a doctor could be expected to have had influence or responsibility.

Appraisal is **not** the forum for the Trust to address specific clinical governance or performance issues. In a small number of cases the RO may wish to ensure certain key items of supporting information are included in the doctor's portfolio and are discussed at appraisal so that development needs are identified and addressed. In some settings it is reasonable that this information is sent to the doctor **and** to the MA (with the doctor's knowledge) but this will be done in a secure way and in accordance with information governance.

Where a doctor is undergoing remediation, the *Remediation Policy for Medical and Dental Staff* should be read in conjunction with the Policy. The *Remediation Policy* provides a clear formal framework in order to address issues of remediation which arise in relation to an inability to perform or sustain the required standard for a post.

The Trust's *Policy for Dealing with Concerns Relating to Medical and Dental Practitioners* should also be taken into consideration in this regard.

Including Reflection on Complaints, Serious Incidents and Compliments at the Appraisal

The review of complaints, serious incidents and compliments should be seen as another type of feedback, allowing both the doctor and the Trust, to review and further develop the doctor's practice and to make patient centred improvements.

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.

Awareness: the doctor should be aware of the complaints procedures and the incident reporting mechanisms in the Trust and of any complaints received about them or their team or any serious incidents.

Participation in the Investigation and Response*:* the doctor should participate in the investigation and respond to the complainant or serious incident where appropriate. They should show that they are aware of the advice in the *Good Medical Practice Framework* when investigating and responding to complaints, and in the continued treatment of the complainant, where appropriate.

Actions Taken in Response to the Complaint or Serious Incident: the MA will be interested in what the doctor did with the information and their reflections on that information, not simply that they collected it and maintained it in a portfolio. The MA will want to know what the doctor thinks the supporting information says about their practice and how they intend to develop or modify their practice as a result of that reflection.

Identify Opportunities for Professional Development*:* complaints and serious incidents may be an indicator of performance and the way in which the doctor uses their professional and clinical skills. Discussion at appraisal should highlight areas for further learning, which should then be included in the doctor's PDP and continuous professional development.

6.7 Escalation

Where an appraisal has not been scheduled 4 weeks after the second reminder, the escalation process will be put in place *(Appendix 5).*

All exceptional circumstances will be considered by the MAL.

Where it is an agreed deferred appraisal the RO will not be required to inform the GMC, but Trust protocol must be followed.

6.8 Assuring the Quality of Appraisal and Revalidation

Assurance of the process will be carried out as part of the annual report to the Trust Board. Quality assurance (QA) of appraisal will comprise of:

- Assurance of the process
- Assurance of the work of MAs.

Assurance of the Process

The MAL will produce an annual report with support from the IDM that will include the following sections:

- ***Activity Levels*** - the number of doctors appraised and the total due for appraisal in the reporting year will be identified together with an exception audit of all missed or incomplete appraisals
- ***Quality Assurance of the Appraisal Process*** - the report will summarise the outcome of the annual assessment of appraisals including work done to address previously identified areas for development
- ***Organisational Development*** – issues that need to be addressed by the Trust will be identified. Specific issues relating to the selection and training for MAs will be reported
- ***Doctors*** who have failed to satisfactorily complete the appraisal process will form the basis for the exception report
- ***Summary*** - the report will include a summary of important issues arising from the appraisal cycle.

The MAL, with support from the IDM, completes and returns quarterly figures to NHS England Revalidation in the form of an Framework of Quality Assurance (FQA); this is followed up by the Annual Organisational Audit (AOA) and a Statement of Compliance to confirm that the organisation is compliant with The Medical Profession (RO) Regulations 2010 (as amended in 2013).

Assurance of the Work of MAs

Quality Assessment of a MA's work is delivered through 4 processes:

1. Annual appraiser updates (formal training and appraiser support) – overseen by the MAL
2. Recruitment and selection - overseen by the MAL
3. A quality review of appraisals by the MAL and the IDM using the ASPAT Tool *(Appendix 6) (this will comprise of 10 per quarter – 6 Consultants / 2 Career Grade Doctors / 2 Non-Training Grade Doctors)*
4. A review of a MA's performance assessed against the following standards:

MAs will:

- Have completed a Trust approved accredited training course
- Normally carry out 5 to 10 appraisals annually
- Not appraise the same doctor for more than 3 consecutive years, allowing a period of at least three years before appraising that doctor again;
- Attend at least 1 internal MA Forum annually
- Complete the appraisal outputs section to the required standards within 28 days of the appraisal meeting
- Ensure all appraisals are summarised in accordance with the ASPAT Tool's recommendations for completing the appraisal
- Check their Scope of Work includes all roles; to include any activity where the doctor uses their professional practice, including voluntary work, private practice, practice privileges and their managerial roles including appraiser role where applicable
- Provide evidence of training in equality and diversity.

The evidence will be collated for each MA into an annual appraiser feedback report by the IDM.

Annual MA Feedback

The annual MA feedback report is based on the following information:

- A record of the number of appraisals carried out in the last appraisal cycle
- A summary of feedback from the doctors appraised
- A record of attendance at a MA forum
- A record of how many days it has taken to sign off an appraisal
- A self-declaration of equality and diversity training.

If the performance of a MA causes concern following the annual review, the MAL will meet with that MA. A plan of action, if agreed, will be documented in the summary of the annual review of a MA's performance. There should then be an early assessment as to whether the quality of the subsequent Summary of Medical Appraisal Discussion forms has improved.

If agreement cannot be reached on how the performance of the MA can be improved or if there has been failure to improve following a previous review then the MAL may recommend to the RO that this individual is deselected as an MA. The RO will have the final say in this matter.

Signing off the Appraisal

The MA must sign a statement on the appraisal form that the appraisal was considered satisfactory.

If the MA is not satisfied that there is enough information provided by the doctor to make a judgement, the MA may request further information and the medical appraisal will be postponed until this information has been provided.

Deferment of an Annual Appraisal

Trust policy requires all doctors to undergo an appraisal annually. This is also a requirement for successful revalidation. There are however, exceptional circumstances when a doctor may request that an appraisal is deferred such that no appraisal takes during one appraisal year.

An individual doctor, the MAL or the CD may request a deferment where there is a break in clinical practice due to:

- Maternity leave over 6 months
- Sickness absence over 6 months
- An 'approved' sabbatical over 6 months
- Exclusion from clinical work as a result of the doctor being investigated due to concerns over their performance or behaviour.

The IDM must receive a request for a deferred appraisal in advance so that the doctors' appraisal record can be kept up to date *(Appendix 7).*

The decision to allow a deferment will depend on a number of factors:

- How many appraisals have or will be missed in a 5 year period
- Whether further breaks from clinical practice are anticipated in the near future
- If there have been problems with evidence in previous appraisals
- If the doctor is undergoing any investigation about their performance or behaviour.

This list is not exhaustive.

The deferral request will be approved by the MAL on behalf of the RO, and the deferral outcome will be issued from the MDO.

Where the doctor returns to work within 6 months, the appraisal must be scheduled as close to the original appraisal month as possible. If the appraisal month has been missed, then the new appraisal should be scheduled as early as possible but no more than 3 months after returning to work. The subsequent appraisals must return to the original month.

Where the doctor returns to work after a 6 month period, an appraisal must be scheduled within 3 months of returning and their following appraisal should take place 9-12 months later. This will be their new appraisal month going forward.

The Trust recognises that no doctor must be disadvantaged or unfairly penalised as a result of pregnancy, sickness or disability.

Doctors who have a break from clinical practice may find it harder to collect evidence to support their appraisal; however, an appraisal can be useful to formulate a PDP when a doctor is returning to clinical work.

MAs will use their discretion when deciding the minimum evidence acceptable for these exceptional appraisals.

The Trust has the right to terminate the contract of a doctor if they do not undergo an appraisal without having good reason. This Policy aims to ensure that these circumstances are dealt with in an appropriate, timely and consistent manner, minimising bureaucracy and ensuring all doctors benefit from appraisal at a time which meets their professional needs.

6.9 Working outside the Trust

If a doctor undertakes regular clinical activity outside the Trust (including the independent sector) they will be required to provide sufficient supporting evidence to demonstrate good clinical practice. It will be their responsibility to arrange for the provider(s) to complete *Appendix 2* of this Policy (or a version used by that provider) to include in their appraisal and return a copy to the IDM.

7. Monitoring

Monitoring Requirement :	Compliance with the Medical Appraisal Policy to Support Revalidation for Non-Training Grade Doctors would be indicated by the following attributes
Monitoring Method:	All monitoring will be undertaken using the Trust Medical Appraisal Central Records Database
Report Prepared by:	IDM
Monitoring Report presented to:	A&R Group
Frequency of Report	Bi-monthly

8. References

- National Terms and Conditions – Consultants (England) 2003 as published on the NHS Employers Website
- Trust Policy for Dealing with Concerns Relating to Medical and Dental Practitioners
- Trust Policy for Remediation for Medical and Dental Staff
- Good Medical Practice (GMC, 2013 / updated 2014)
- Good Medical Practice Framework for Appraisal and Revalidation (GMC, 2013)
- Guidance on supporting information for Appraisal and Revalidation (GMC, 2018)
- Supporting guidance for appraisal from the medical royal colleges and faculties
- NHS England Medical Appraisal Logistics Handbook
- Quality Assurance of Medical Appraisers Engagement, training and assurance of medical appraisers in England (RST, 2014).

Appendix 1

Appraisal and Revalidation (A&R) Group

TERMS OF REFERENCE

Accountable To: People and Culture Committee

Reports To: Workforce Review Group

Constitution

Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice in their chosen field and able to provide a good level of care. Licensed doctors have to revalidate usually every five years, by having an annual medical appraisal (appraisal) based on the GMC Core Guidance for Doctors, Good Medical Practice.

This meeting is held to ensure that the Trust works consistently, following appraisal and revalidation good practice and processes.

Key Functions and Responsibilities

1. To continue development of appraisal and revalidation processes for consultants and career grade doctors with a prescribed connection to the Trust as Designated Body
2. To ensure that appraisal and revalidation processes are working to improve standards of care for patients
3. To provide quality assurance of the appraisal and revalidation process, including quality of appraisal outputs
4. Inform the Medical Director's Office (MDO) of any issues that have implications for Trust wide action and inform the Executive Medical Director (EMD) of action taken to address
5. To ensure there is a sufficient resource provided to support thorough appraisal and revalidation across the Trust
6. To ensure that adequate training and development in appraisal and revalidation skills are available for staff
7. To make recommendations to the Responsible Officer (RO) regarding the revalidation of individual doctors
8. To scrutinise detail of appraisals where non-engagement is of concern in order to alert the EMD escalation plan
9. To receive reports regarding compliance with recommendations from the GMC
10. To develop the Trust's overall strategy and commitment to the management of appraisal and revalidation, including response to external audits
11. To provide a monthly report to the Board of Directors and send a copy to the LNC for assurance

Frequency of Meetings

The Group will meet at least bi-monthly.

Membership

Medical Appraisal Lead (Chair)
Associate Director – MDO (Deputy Chair)
Improvement and Development Manager - MDO
Lay Member
LNC Representative
3 Experienced Medical Appraisers – 2 consultants and 1 SAS

Quorum

The minimum number of members present for a meeting to be quorate will be three, which will include the Chair or Deputy Chair and one experienced appraiser.

Documentation Control

Developed By: Associate Director – MDO

Consultation with: Workforce Review Group

Approved by:

Review Date:

Medical Appraisal Supporting Evidence Report (for appraisals undertaken outside of usual service)

This document should be included in a doctor's portfolio where the doctor has:

- Has practice privileges within the private sector
- Holds a service level agreement within the community sector
- Undertakes voluntary work in relation to their professional scope of practice
- Is appraised outside of their usual Business Unit within the Trust.

Please note, the doctor may need to include multiple copies where they meet all / any of the above criteria

Name of Doctor			
Date of Appraisal		**Appraisal Year (i.e. 2019/20)**	
Are there any specific achievements, noteworthy contributions to the service or possible opportunities for career development you would like to highlight?			
Are you aware of any on-going formal disciplinary, conduct, capability and ill health investigations or remediation programmes?		**Yes**	**No**
Are you aware of any reported or unreported incidents and / or complaints?		**Yes**	**No**
If you have answered **Yes** to either of the questions, please give further details, including what plans are in place to address the issues, and what progress (if any) has been made. **If you have Fitness to Practice concerns which are not already under formal investigation, these should be raised separately with the Medical Director's Office outside of the appraisal process.**			

This report has been approved by: *Divisional Medical Director, Clinical Director or Assistant Clinical Director*

Title:	
Name:	
Signature:	

University Hospitals of Derby and Burton NHS Foundation Trust

Revalidation Documentation (Medical Recruitment Pre-Employment Checks)

Revalidation Documentation

As an employee of University Hospitals of Derby and Burton NHS Foundation Trust (the Trust) you are required to engage with all Trust processes for GMC Revalidation and Appraisal in order for your Responsible Officer (RO) to make a revalidation recommendation to the GMC when it is due.

Therefore, as part of the pre-employment request, please provide documentary evidence of all appraisal outputs and any patient and colleague feedback undertaken in your 'current' revalidation cycle (if you have recently been revalidated, please provide a copy of your last two appraisal outputs prior to the recommendation).

	Document (*most recent first)*	**Date / Year Undertaken**	**Attached**
1	Appraisal report	Date / Year	
2	Appraisal report	Date / Year	
3	Appraisal report	Date / Year	
4	Appraisal report	Date / Year	
5	Appraisal report	Date / Year	
	MSF report	Date / Year	
	MSF report	Date / Year	

For doctors coming out of a Health Education England managed training post, please attach a copy of your ARCP outcome:

Document	**Date Undertaken (Year)**	**Attached**
ARCP	Date / Year	

Alternatively, if you have no evidence of either appraisal or ARCP, please tick here: ☐

Date of Last Appraisal:		**Revalidation Date:**	
Name of Current Designated Body:		**Name of Current Responsible Officer:**	
Doctors Signature:			
GMC Number:			
Print Name:			
Date of Signature:			

Once you have commenced in post, the Medical Director's Office will make contact with you.

Please return the completed form and documents to Medical Recruitment

University Hospitals of Derby and Burton NHS Foundation Trust

Medical Appraisal and Revalidation Information
For Non-Training Grade Doctors including:
Consultants, SAS Doctors,
Trust Employed Doctors on a Fixed Term Contract

Since the introduction of Revalidation in December 2012, the Trust continues to support all doctors in non-training grades with local appraisal procedures.

Revalidation is the process by which doctors with a licence to practise are required to demonstrate that they are up to date and fit to practice on a regular basis. This is achieved by having annual appraisals with their employer, based on the GMC's core guidance for doctors *Good Medical Practice*.

Appraisal documentation and information

- The appraisal must be completed using Allocate Software's E-Appraisal System*
- 360 Colleague and patient multisource feedback processes (MSF)** are undertaken using Allocate Software's E-360 System
- The appraisal is only valid if an appraiser has been chosen from the Trust's Accredited Medical Appraiser List
- The appraisal and revalidation process is managed from the Medical Director's Office.

It is the responsibility of the individual doctor to ensure that they participate in the appraisal process. This responsibility also applies to doctors employed by the Trust in locum appointments.

The following outlines the requirements for appraisal:

- Doctors with appraisal evidence and a PDP should complete their appraisal 9-12 months after their last appraisal
- Doctors without appraisal evidence or a PDP should complete their appraisal 3-6 months after joining the Trust; this will set their appraisal month going forward
- Doctors who have completed their ARCP should have an appraisal 6-9 months after joining the Trust, which will set the appraisal month going forward; *(if this falls within the same year that ARCP was completed, the appraisal can take place in April of the new appraisal year).*

Contacts

For all queries regarding Trust appraisal processes and revalidation; please contact the Appraisal and Revalidation Administrator in the first instance:

Designated Body:	University Hospitals of Derby and Burton NHS Foundation Trust
Responsible Officer:	**Dr Magnus Harrison** Executive Medical Director

Medical Appraisal Lead: **Dr D Watmough**
Consultant Gastroenterologist
01283 511511 Ext 4164
Email: david.watmough@nhs.net

Improvement and Development Manager – Medical Director's Office:
Contact: Caroline Forman
01332 (7)88449
c.forman1@nhs.net

Appraisal and Revalidation Administrator:
Contact: Laura Butterworth
(01332) (7)88166
Email: laura.butterworth1@nhs.net

Relevant appraisal information can be found on the Trust intranet pages.

What do you need to do now?

It is each doctor's responsibility to maintain their GMC accounts and they should ensure that their Designated Body is kept up to date and reflect that of their current employer.

* An e-appraisal account will be set up once the above details have been received; an email will be issued from healthmedics@allocate.com to the doctor's NHS EMAIL ACCOUNT (personal email addresses are NOT to be used as a primary email; all correspondence will take place using NHS email address).

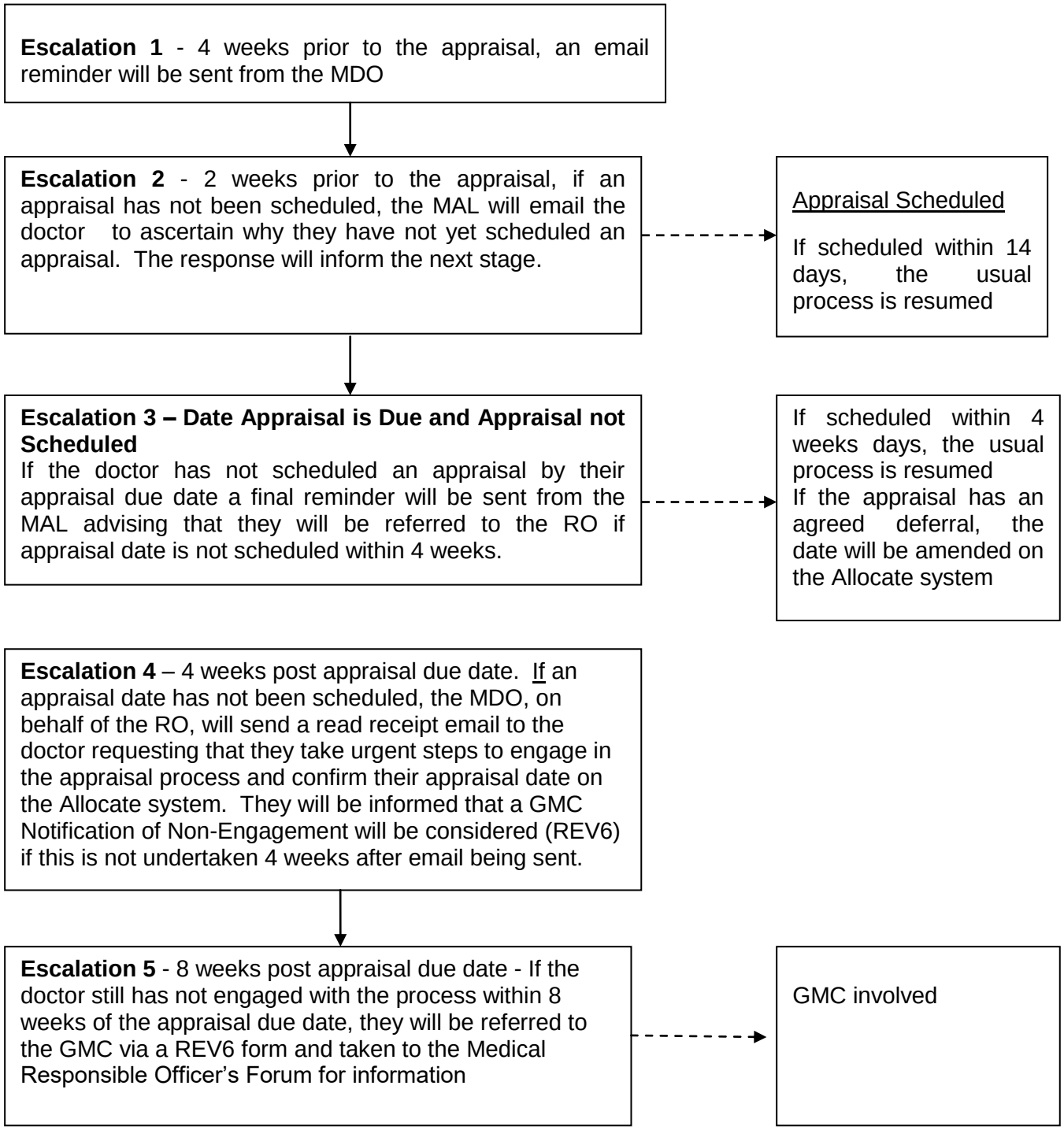
** Trust employed doctors on a Fixed Term Contract: if a Revalidation recommendation is due within this period of employment and MSF is required, this **MUST be completed allowing at least 3 months prior to your appraisal** (NOT WITHIN the last 3-months of employment or the revalidation date).

AGENCY LOCUMS, please refer to your employer (the Agency) for information on appraisal and revalidation

A COMPREHENSIVE VERSION OF THIS DOCUMENT IS AVAILABLE ON THE TRUST INTRANET AND INCLUDED ON THE NEW TO NHS COURSE RUN BY THE POSTGRADUATE OFFICE

Escalation

Where the appraisal has not been scheduled after the 2 automatic reminders (sent out at 12 and 8 week intervals) from the Allocate system, the following escalation process will take place until an appraisal is scheduled. If at any stage the appraisal is cancelled the process in the top box will be picked up



Email Escalation 1 – sent 4 weeks prior to appraisal due date by MDO

Dear XXX

Further to the recent automated eAppraisal Reminders.

Your appraisal is due to take place no later than <insert date>. I would be grateful if you would inform me of your appraisal date within the next 4 weeks.

Annual appraisal is a valuable component of a doctor's professional development. Participation in annual appraisal is also a requirement to remain on the Medical Performers' List. In addition, a satisfactory annual appraisal is also a GMC requirement for revalidation and non-participation places you at risk of the matter of being referred to the GMC.

If you wish to change your appraiser, please inform Laura Butterworth, Appraisal and Revalidation Administrator using the email address below:

Laura.butterworth1@nhs.net

A list of up to date appraisers is available on the Trust intranet site using the link below:

https://neti.uhdb.nhs.uk/download.cfm?doc=docm93jijm4n6142.pdf&ver=11189
.

Kind regards

Email Escalation 2 – sent 2 weeks prior to appraisal due date from MAL

Dear Dr xxxxx

Further to recent communications sent to you regarding your forthcoming appraisal.

Please can you ensure that you have booked your appraisal within 7 working days of the date of this email and made 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 the Revalidation and Appraisal Administrator, Laura Butterworth via laura.butterworth@nhs.net.

I look forward to being advised that you have taken the appropriate steps to remedy the situation, should you have any queries, please do not hesitate to contact me.

Regards

Medical Appraisal Lead

Email Escalation 3 – Sent on appraisal due date from MAL

Dear XXX

Further to my email dated xxxx I note that you have not yet booked your appraisal.

If you have not booked your appraisal by (insert date 4 weeks after this email), I am required to inform the Responsible Officer of your lack of engagement.

Kind regards

Medical Appraisal Lead

Escalation 4 - Read Receipt Email from RO sent 4 weeks post appraisal due date

Dear

Further to previous email reminders**,** I am writing to express my concern that you have failed to respond and participate in the annual appraisal process.

If I do not receive confirmation from you that you are taking urgent steps to engage in the appraisal process and confirm your appraisal date on the Allocate system by **[insert date 4 weeks after date of email],** I will be contacting the GMC, to request that they send a Revalidation Engagement Concern Letter (REV6) to you:

Kind regards

Executive Medical Director

REV6

General Medical Council

Request to send a non-engagement concern letter to a doctor

When to use this form

You have a doctor who is not sufficiently engaging with your local processes and is not meeting the requirements for their revalidation .You want us to send a non-engagement concern communication to them.

You have read the criteria for non-engagement and are satisfied that you are in the process of taking all possible local action to secure the doctor's engagement.

The effect of this form

We will send a non-engagement concern communication to the doctor. This tells the doctor that they must meet the requirements for their revalidation and to contact you.

Next Steps

- Doctor is not under noticeIf they continue not to sufficiently meet the requirements for their revalidation we may bring their revalidation submission date forward so that you can submit a recommendation of non-engagement to us.
- We will contact you shortly after the date you request below to ask if you are satisfied the doctor is now meeting their revalidation requirements.

Doctor is under notice:

- If the doctoris under notice you should make a recommendation by their submission date. You should refer to the recommendation protocol before making your recommendation. If you make a recommendation of non-engagement, we will begin the process to remove the doctor's licence to practise.

How to return this form

Enter the details and click on the 'Submit Form' button in the top right hand corner. Follow the instructions on the screen.

If you have any problems submitting the form please email it to revalidation-support@gmc-uk.org.

This form must be submitted by the Responsible Officer or Suitable Person, or their authorised delegate

Designated body name	Designated body name
Submitted by	Responsible officer name/Authorised delegate name
Date	D D M M Y Y Y Y

Working with doctors Working for patients

Details of the doctor you would like us to send a non-engagement concern letter sent to

Doctor's full name	GMC reference number	Date you want the doctor to comply by
Doctor's full name		D D M M Y Y Y Y

I have read the criteria for non-engagement and confirm that:

- The doctor is not engaging in appraisal or other activities to support a recommendation to revalidate or the level of engagement is not sufficient to support a recommendation to revalidate
- Should this continue, I do not anticipate having sufficient information on which to base a recommendation about the doctor's fitness to practise
- The doctor is being provided with sufficient opportunity and support to engage with revalidation
- Based on the information available to me, there are no extenuating circumstances which account for their failure to engage.
- I will continue local efforts to secure the doctor's engagement.
- I have notified the GMC of any outstanding concerns about the fitness to practise of the named doctor, in accordance with GMC guidance on raising concerns about doctors.
- I would like the GMC to send a revalidation non-engagement concern letter to the named doctor.
- I have advised the doctor of this request

Responsible Officer:	Responsible officer name

QUALITY CONTROL – ASPAT (NHS England tool)
Appraisal Summary and PDP Audit Tool Template

Medical Appraiser (MA) Identifier	
Doctor Identifier	
Date of Appraisal	
Organisation	
Auditor (usually the MAL)	

Scale:
0 - Unsatisfactory
1 - Needs improvement
2 - Good
Score each item out of tw.

1.1.1 Setting the Scene and Overview of Supporting Information

a) The MA sets the scene summarising the doctor's scope of work.	
b) The evidence discussed during the appraisal is listed. *(not all senior appraisers feel that this is necessary, so if not required score 2)*	
c) There is documentation of whether the supporting information covers the whole scope of work.	
d) Specific evidence is summarised with a description of what it demonstrates.	
e) Objective statements about the quality of the evidence are documented.	
f) All statements made by the MA are supported by evidence.	
g) MA comments about evidence refer / fit in to the four GMC domains and associated attributes set out in the GMC guidance *Good Medical Practice Framework for Appraisal and Revalidation.*	
h) Reference is made to whether speciality specific guidance for appraisal has been followed e.g. college recommendations for CPD and quality improvement activity. *(this is not a GMC requirement so if the senior appraiser does not feel that this is necessary, score 2)*	
i) Reference to completion of locally agreed required training (e.g. safeguarding training, basic life support training) is made. *(please insert agreed requirements, score 2 if none agreed)*	
Comments:	

1.1.2 Reflection and Effective Learning

a) There is documentation of evidence showing that reflection on learning has taken place or that the MA has discussed how the doctor should document their reflection.	
b) There is documentation of evidence showing that learning has been shared with colleagues or that the MA has challenged the doctor to do so.	

c) There is documentation of evidence showing that learning has improved patient care / practice or that the MA has explored how this might be taken further with the doctor.	
Comments:	

1.1.3 The PDP and Developmental Progress

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

1.1.4 General Standards and Revalidation Readiness

a) The documentation is typed and uploaded onto an electronic toolkit in clear and fluent English.	
b) There is no evidence of MA bias or prejudice or information that could identify a patient / third party information.	
c) The stage of the revalidation cycle is commented on.	
d) There is documentation regarding revalidation readiness relating to supporting information (e.g. states that feedback and satisfactory QIA are already done). Any outstanding supporting information / other requirements for revalidation are commented on with a plan of action to address them	
e) Appraisal statements (including health and probity) have been signed off or if not, an explanation given. (*if signed off score 2)*	
Comments:	
TOTAL SCORE (OUT OF 50)	.

General Comments from the MAL:

Deferment of an Annual Medical Appraisal

Appraisal Deferment Application Form		
Section A: Doctor's details and request for postponement		
Doctor's Name:		
GMC Number:		
Telephone Number(s):	Mobile:	
	Work: :	
Work Email:		
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:		
Section B: Local Decision		
Name of Person Considering Request:		
Position:		
Postponement Agreed:		☐ Yes ☐ No
Comment:		
Agreed New Appraisal Due Date:		
Date of Decision:		

ESSENTIAL APPRAISAL EVIDENCE FOR EDUCATIONAL SUPERVISORS AND CLINICAL SUPERVISORS

All named Educational Supervisors (ES) and named Clinical Supervisors (CS) need to be recognised to continue in role and must provide evidence that they have covered the relevant GMC requirements as part of education-related continuing professional development (CPD) in their appraisal.

The GMC requirements relate to 7 areas drawn from the Academy of Medical Educators Framework for the Professional Development of Postgraduate Medical Supervisors. These are:

1. Ensuring safe and efficient patient care through training
2. Establishing and maintaining an environment for learning
3. Teaching and facilitating learning
4. Enhancing learning through assessment
5. Supporting and monitoring educational progress
6. Guiding personal and professional development

7. Continuing professional development as an educator

ES must show evidence of meeting all 7 areas whereas CS must show evidence of meeting areas 1 - 4 and 7. This can be accomplished by completing an appropriate supervisor training course as identified and endorsed by their Royal College or Health Education England.

Information about the requirements for training as a named C and / or ES and examples of suitable CPD can be found on a series of webpages which start on https://www.eastmidlandsdeanery.nhs.uk/page.php?id=1769

Please read in conjunction with the NHS Health Education England publications:

- How to be appraised in your educational role in Secondary Care (October 2016)
- Professional Development Framework for Educators (2018)

Further information can also be obtained from the Postgraduate Education Co-ordinator within the Postgraduate Office, Medical Education, Education Centre, Royal Derby Hospital.

MEDICAL APPRAISER

JOB DESCRIPTION

ACCOUNTABLE TO: Responsible Officer
RESPONSIBLE TO: Divisional Medical Director / Clinical Director

JOB SUMMARY

To appraise consultants and other non-training grade doctors in a supportive and developmental manner in line with the standards set out in the Trust Medical Appraisal Policy (MAP).

Medical Appraisers (Mas) are covered by Trust indemnity in the appraiser role when complying with the Trust MAP.

MAs will be appointed to the role for a 5 year term, which can be renewed thereafter.
There is the potential for remuneration within Job Planning for MAs not in a managerial role.

KEY TASKS AND RESPONSIBILITIES

- Attend Trust Accredited Appraisal Training and participate in on-going training to address development needs in the role of appraiser throughout the term of office
- Undertake a minimum of 5, and a maximum of 10 appraisals annually, in line with the standards set out in the Trust MAP
- Undertake the Trust's Equality and Diversity training
- Assess the portfolio of evidence provided by the doctor against the attributes in *'Good Medical Practice'* and the specialty supporting information guidance provided by the Royal College or Faculty, with a view to identifying areas for development so these can be addressed in the doctors PDP
- Complete all post appraisal outputs in line with the Trust MAP within 28 days, observing the standards on confidentiality and the requirements of the Data Protection Act in respect to the storing of documentation
- Participate in quality assurance of the role of appraiser as outlined in the Trust MAP
- Escalate any potentially serious performance issues where a colleague's health, conduct or performance poses a threat to patients in line with the Trust policies, Medical Appraisal, Remediation or Dealing with Concerns. It would be exceptional for such serious concerns to be first identified at appraisal, but both MAs and doctors need to recognise that as registered medical practitioners, patients must be protected
- Leadership and advice on all aspects of the appraisal process will be provided by the Medical Appraisal Lead. The opportunity for peer support and discussion of challenging appraisals and significant events in an anonymised and confidential environment will be provided through attendance at regular Medical Appraiser Forums.

PERSON SPECIFICATION

Qualifications	Medical degree, plus any postgraduate qualifications	Essential
	GMC licence to practise	Essential
	Entry on GMC specialist register	Essential
	Completion of medical appraiser training prior to appointment	Essential
Experience	Experience of managing time to ensure deadlines are met	Essential
	Experience of applying principles of adult education or quality improvement	Desirable
	Has been subject to a minimum of 3 medical appraisals.	Essential
Knowledge	Knowledge of the role of medical appraiser	Essential
	Knowledge of the purpose and process of medical appraisal	Essential
	Knowledge of the principles of revalidation	Essential
	Knowledge of educational principles and techniques which are relevant to medical appraisal	Desirable
	Knowledge of responsibilities of doctors as described in *Good Medical Practice*	Essential
	Knowledge of principles of clinical governance	Essential
	Knowledge of local professional development and education structures	Desirable
	Understanding of principles of equality and diversity	Essential
	Understanding of principles of information governance	Essential
	Understanding of legislation and guidance relating to data protection and confidentiality	Essential
Skills	Motivating, influencing and negotiating skills	Essential
	Good oral communication skills, including active listening skills, the ability to understand and summarise a discussion, ask appropriate questions, provide constructive challenge and give effective feedback	Essential
	Good written communication skills, including the ability to summarise clearly	Essential
	Adequate computer skills for the role –including familiarity with web-based appraisal support systems	Essential
Attributes	Motivated, enthusiastic, positive role model	Essential
	Ability to adapt behaviour to meet the needs of the doctor	Desirable
	Commitment to ongoing personal education and development	Essential