


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

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Amendment History	Version	Date	Author	Reason
	6	September 2023	Caroline Forman	Scheduled review and update of appraisal and revalidation escalation process
Intended Recipients:				
<ul style="list-style-type: none"> NHS consultants, career grade and other non-career grade doctors employed by University Hospitals of Derby and Burton NHS Foundation Trust (the Trust) and who wish to maintain a licence to practise (doctors in training are excluded) Clinical academic medical staff employed elsewhere who undertake activity on behalf of the Trust and who wish to maintain a licence to practise. For clinical academic staff, the appraisal process will be undertaken in conjunction with their substantive employer Medical Recruitment Medical Workforce. 				
Training and Dissemination: Launched through Medical Appraiser Forum and NET-i.				
To be Read in Conjunction with:				
<ul style="list-style-type: none"> Remediation and / or Rehabilitation of Medical and Dental Staff (Capability) - Trust Policy and Procedure Disciplinary - Trust Policy and Procedure Dealing with Concerns Relating to Medical and Dental Practitioners - Trust Policy and Procedure Freedom to Speak Up (Raising Concerns at Work) - Trust Policy and Procedure Medical and Dental Consultant and SAS Doctor Job Planning - Trust Policy and Procedure Professional Registration (Verification of) - Overarching Policy Concerns Resolution - Trust Policy and Procedure GMC Good Medical Practice GMC Good Medical Practice Framework for Appraisal and Revalidation GMC Supporting Information for Appraisal and Revalidation GDC Standards for the Dental Team Supporting Guidance for Appraisal from the Academy of Medical Royal Colleges 				
In Consultation with:				
<ul style="list-style-type: none"> Appraisal and Revalidation Group Joint Local Negotiating Committee (JLNC) Trust Delivery Group (TDG) 				
EIRA Stage one completed Yes				
Stage two completed No				

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Contact for Review	Caroline Forman – Responsible Officer Support Manager
Executive Lead Signature	 Executive Medical Director

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1. SCOPE

This Policy covers all non-training grade medical and dental doctors (hereafter referred to as doctors) employed by the Trust and for whom the Trust is the Designated Body (DB) and in addition those on honorary contracts, whether employed on National or Trust Terms and Conditions, irrespective of their place of work.

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.

2. EQUALITY AND DIVERSITY

The Trust is committed to preventing discrimination, valuing diversity, and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation, or trade union membership.

The Trust is committed to ensuring all services, policies, projects, and strategies undergo equality analysis.

3. PURPOSE

This Policy provides the basis for appraisal and revalidation and is intended to deliver a transparent, fair, and supportive process, informed by valid and verifiable supporting evidence that reflects the breadth of the individual doctors' practice.

4. DEFINITIONS / ABBREVIATIONS USED

ACDs	Assistant Clinical Directors
A&R Team	Appraisal and Revalidation Team
ARCP	Annual Review of Competence Progression – Process of assessment for junior doctors in approved medical training programmes
CDs	Clinical Directors
CEO	Chief Executive Officer
DB	Designated Body
DMDs	Divisional Medical Directors
EMD	Executive Medical Director
GMC / GDC	General Medical Council / General Dental Council
MA	Medical Appraiser
MAL	Medical Appraisal Lead
MSF	Multi Source Feedback (360 appraisal) – All doctors are required to participate in

	an MSF once each revalidation cycle (5 yearly)
PDP	Personal Development Plan
RO	Responsible Officer
ROF	Responsible Officer's Forum
ROSM	Responsible Officer Support Manager

5. ROLES AND RESPONSIBILITIES

The 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 MAs.

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

The RO ensures that appraisals are carried out in accordance with the standards in the GMC's Good Medical Practice framework for Appraisal and Assessment and complies with current NHS England Appraisal Guidance. They are responsible for ensuring that any follow-up action is taken, that comprehensive records are kept of all appraisals and for making recommendations for revalidation to the GMC (excluding dentists). Dentists must ensure that they have regular appraisals as per the GDC Standards for the Dental Team.

The MAL is appointed by and responsible to the 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 and GDC Standards for the Dental Team
- Supporting the MAs with advice and leadership for their role
- Overseeing an effective process and policy as the Chair of the Appraisal and Revalidation Group (A&R Group)
- Identifying a group of experienced senior appraisers to provide support and advice to the A&R Group
- Ensuring MAs 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.

MAs will:

- Act in accordance with the job description for MAs
- Be covered by Trust indemnity for their actions in the role, providing they comply with the standards outlined in this Policy as per the Medical and Dental Consultant and SAS Doctor Job Planning - Trust Policy and Procedure
- Receive formal training and support to undertake their role
- Have a job description and fulfil the criteria set out in the person specification

- Disclose this role in the Scope of Work section of their appraisal
- Not appraise a colleague with whom they have a close business or financial association eg private practice partnership, a personal or family relationship eg spouse, sibling in order to avoid any conflict of interest
- Carry out a minimum of 5 and a maximum of 7 annual appraisals to the standards outlined in this Policy, as per the Job Planning Policy Medical and Dental Consultant and SAS Doctor Job Planning - Trust Policy and Procedure
- Ensure they have an understanding of the doctor's scope of work
- Ensure the PDP is SMART
 - **Specific**
 - **Measurable**
 - **Achievable and agreed**
 - **Realistic**
 - **Timed and tracked**

- Undertake the Trust's Equality and Diversity training
- 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
- Require on-going refresher training.

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 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 BU, where the doctor is either a CD or ACD)
- Attending the 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.

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
- Appointing an adequate number of appraisers for the size of their BU
 - Making decisions on appraiser allocation if there is any perceived or actual conflict of interest between a doctor and an appraiser
 - Confirming support for doctors who apply to be MAs within their area.

ROSM is responsible to the Medical Directors Office Manager and is accountable to the MAL and RO

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

The A&R Team will be responsible for:

- Ensuring all data held centrally in relation to revalidation, of which the majority is highly confidential, is in compliance with the Data Protection Act
- Maintaining accurate records for appraisal and revalidation dates and coordinate the information flows within the Trust
- Issuing appraisal and revalidation information to all new doctors
- Issuing reminder letters to doctors on behalf of the RO, who may inform the GMC on the grounds of non-engagement
- Supporting doctors with the coordination of MSF from colleagues and patients in preparation for their revalidation date and upload these reports onto the relevant database
- Seeking information from new starter doctor's previous RO and / or employing or contracting organisation on appointment to the Trust (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
- Organising and recording A&R Group meetings.

Doctors are responsible for:

- Identifying a MA from the Trust Accredited MA list and agreeing a date for their 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)
- 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.

Medical Recruitment / Medical Workforce are responsible for:

- 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 2*). Where there is no appraisal or ARCP evidence (ie overseas doctors); a statement to that effect should be submitted.
- Advising the A&R Team of new starters and leaves in a timely manner.

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 Trust is their main employer and the work they undertake is regular and they have been in the Trust over 6 months, the Trust will agree to be their DB and provide them with an appraisal.

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

Confidentiality

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

They may be accessed by the MA appraising the individual, members of the A&R Group, the EMD and 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 an 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 A&R Team, 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.

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 or 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.

Complaints

Any complaints about the appraisal process or the outcome of the appraisal should be raised via the Trust Policy for Concerns Resolution - Trust Policy and Procedure.

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 ROSM	At all times throughout the process
Appraisal form, including attachments	MA Administrator (except locked attachments) RO MAL ROSM	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/ DM for discussion at the A&R Group meetings
Quality assurance of appraisal process	CAL ROSM Administrator (except locked attachments)	Appraisal outputs (summary, PDP, appraisers statements) usually, although full document if needed

The Appraisal Process

Every doctor should have an appraisal due date. This remains fixed from year to year, regardless of whether an appraisal in one year is early or late. Where a doctor does not have an appraisal due date, their appraisal due date is the last day of the twelfth month after their last 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 A&R Team

- 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 1 week post appraisal due date, the escalation process will be put in place.

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.

As set out by NHSE, appraisal should be 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 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 and should include managerial, educational and clinical supervision, and research and academic roles.

Patient and Colleague MSF

Doctors must undertake MSF 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.

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 online, 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. 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, 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.

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.

Escalation

Where an appraisal has not been scheduled 1 week after the appraisal due date, the escalation process will be put in place (*Appendix 3*).

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.

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 ROSM 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 ROSM, completes a Statement of Compliance to confirm that the Trust 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:

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

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.

Deferral 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 / DMD / ACD 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 MAL must receive a request for a deferred appraisal in advance so that the doctors' appraisal record can be kept up to date (*Appendix 4*).

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 Appraisal and Revalidation Team.

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.

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.

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 1* of this Policy (or a version used by that provider) to include in their appraisal and return a copy to the ROSM.

The Revalidation Process

The Trust will confirm the date for revalidation of its doctors using the GMC Connect website. The GMC will notify individuals of their revalidation date. The A&R Team will maintain records of doctors' forthcoming revalidation dates and follow the escalation process *Appendix 4* in order to ensure all supporting evidence is available in order for the RO to make a revalidation recommendation.

The RO will on a monthly basis review the portfolios of any doctors coming up to their revalidation date and consider the recommendation for revalidation. In most cases this recommendation will be completed without the doctor's involvement. However, in some circumstances it may be necessary to meet with the doctor to review and assess the online portfolio to provide assurance of their progress towards Revalidation before making a recommendation.

In the event that the RO is unable to make a positive recommendation, the RO will clarify with the individual what is required in order to achieve the desired outcome. This may be a case of providing further information or evidence to support the RO's decision or it may be that Remediation is required in order to address performance concerns. In which case the Trust's Remediation and / or Rehabilitation of Medical and Dental Staff (Capability) Policy must be referred to.

All doctors and dentists need an annual appraisal as per the terms and conditions of their contract and in the case of doctors for revalidation. This is in keeping with the process agreed at the time by the GMC, BMA, GDC, BDA, and Department of Health and Social Care. There is no requirement for dentists to be revalidated.

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:	ROSM
Monitoring Report presented to:	A&R Group
Frequency of Report	Monthly

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 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	
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 above 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:	

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 (<i>most recent first</i>)	Date / Year Undertaken	Attached Yes / No
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 Yes / No
ARCP	Date / Year	

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

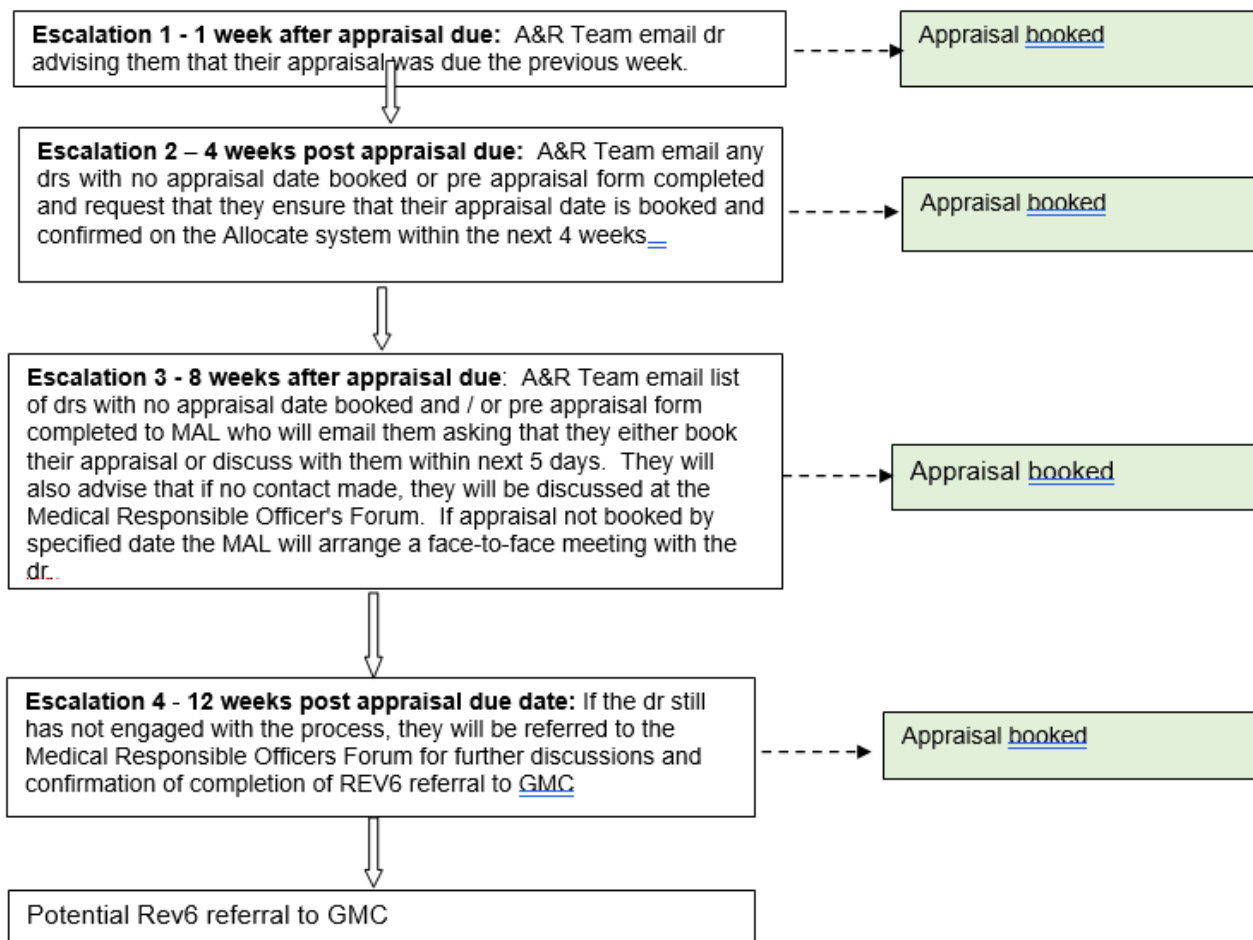
Date of Last Appraisal:		Revalidation Date:	
Name of Current Designated Body:		Name of Current Responsible Officer:	
Doctors Signature:			
GMC Number:			
Print Name:			
Date of Signature:			

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

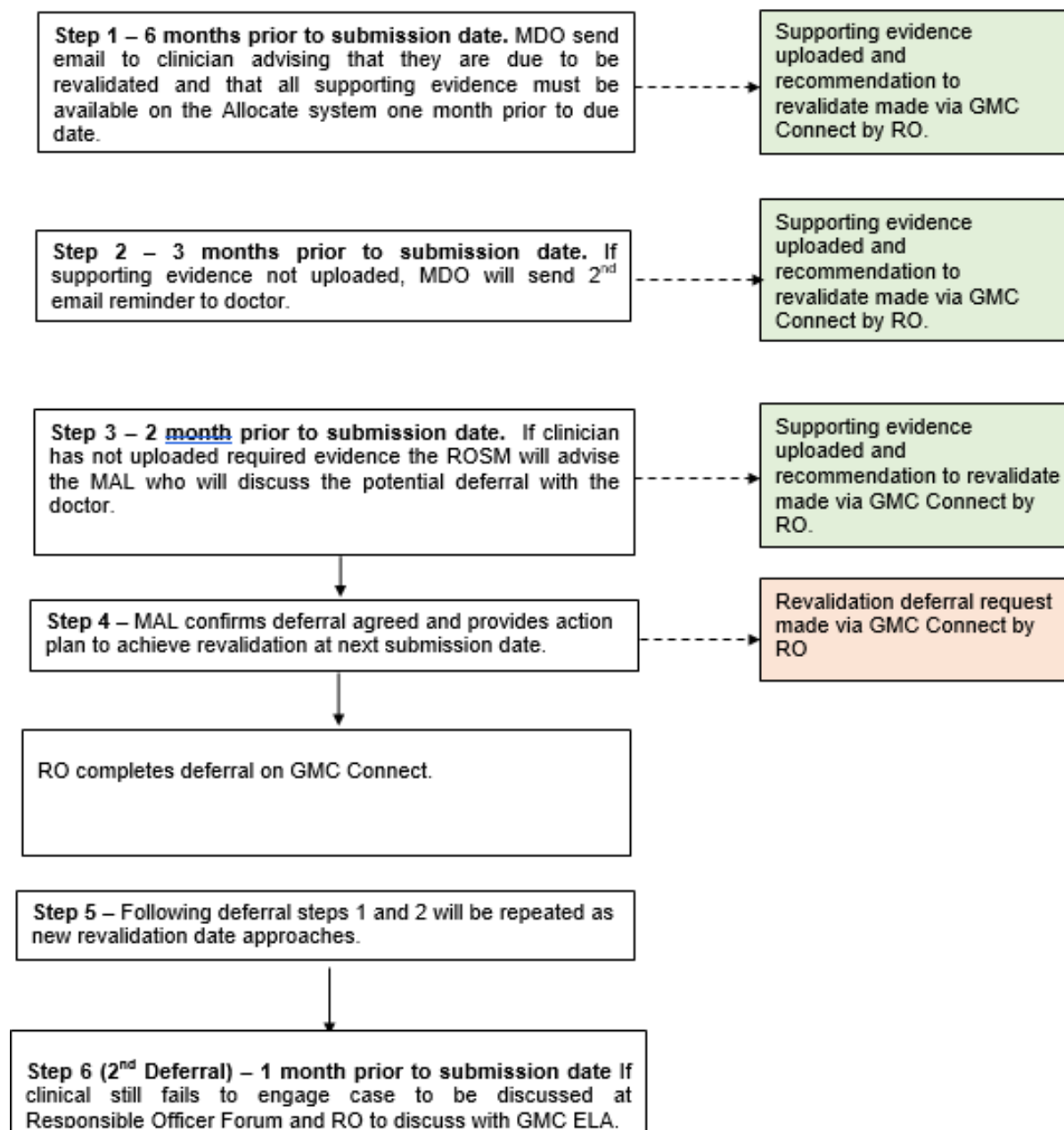
Appraisal Escalation Process

A log of the below actions will be maintained on the Appraisal Spreadsheet by the A&R Team.



Revalidation Flow Charta

Revalidation Flow Chart



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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment:	
Agreed New Appraisal Due Date:	
Date of Decision:	