

MEDICAL APPRAISAL AND DEVELOPMENT POLICY

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| AUTHOR | Director of Medical Appraisal and Revalidation | |
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| COPYRIGHT | 2018-2021 | |
| POLICY SUMMARY | | |
| <p>This policy follows the framework that has been developed at national level for Medical Appraisal and Revalidation for Medical staff. It describes the steps to be taken by the Trust and the responsibilities of employees to comply with the Medical Profession (Responsible Officers) regulations 2010 and the Medical Profession (Responsible Officers) (Amendment) regulations 2013.</p> | | |
| The Trust monitors the implementation of and compliance with this policy in the following ways: | | |
| <p>This policy is subject to the monitoring and review in accordance with the agreed review schedule of Trust HR policies and as agreed by the Trust's Joint Local Negotiating Committee.</p> | | |
| Services | Applicable | Comments |
| Trustwide | ✓ | |
| Essex MH&LD | | |
| CHS | | |

The Director responsible for monitoring and reviewing this policy is the Executive Medical Director

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MEDICAL APPRAISAL AND DEVELOPMENT POLICY

Assurance Statement

This policy is designed to ensure that an appraisal system is in place which supports all medical staff* towards meeting the Good Medical Practice standards set by the General Medical Council. Staff appraisal is in line with Trust clinical governance requirements and aims to facilitate lifelong learning. It is intended to ensure that the medical staff are given feedback on their performance, know what standards are expected of them, and that they are supported to develop the skills needed to perform effectively.

*except doctors in training who come under the Deanery policies and procedures.

1.0 POLICY AIMS AND OBJECTIVES

AIM

The aim of this policy is to ensure that all licensed medical practitioners (doctors) with a prescribed connection to EPUT undergo a high quality and consistent form of annual medical appraisal.

As described in the NHS Revalidation Support Team (RST) Medical Appraisal Guide, medical appraisal can be used for four purposes:

- 1) To enable doctors to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in the GMC document Good Medical Practice and thus to inform the responsible officer's revalidation recommendation to the GMC.
- 2) To enable doctors to enhance the quality of their professional work by planning their professional development.
- 3) To enable doctors to consider their own needs in planning their professional development.
- 4) To enable doctors to ensure that they are working productively and in line with the priorities and requirements of the organisation they practise in.

(NHS Revalidation Support Team Medical Appraisal Guide v4, March 2013)

OBJECTIVES

- To support the delivery of safe, committed and compassionate patient care;
- To help supervise and support our doctors;
- To support the process of medical revalidation;
- To ensure EPUT discharges its statutory obligations in relation to its function as a designated body.

2.0 BACKGROUND

Responsible Officer Regulations

The Medical Profession (Responsible Officers) regulations 2010 and the Medical Profession (Responsible Officers) (Amendment) regulations 2013 require each Designated Body under the regulation to appoint a Responsible Officer who must monitor and evaluate the fitness to practise of doctors. It sets out the statutory obligations that each designated body needs to meet.

Revalidation

Medical revalidation was formally launched by the General Medical Council (GMC) on 3rd December 2012. Revalidation is the process by which licensed doctors demonstrate to the GMC that they are up to date and fit to practise. Revalidation aims to give confidence to patients that their doctor is being regularly checked by their employer and the GMC. The cornerstone of the revalidation process is that doctors will participate in annual medical appraisal along with completing a colleague and patient feedback a minimum of once per revalidation cycle. On the basis of this and other information available to the Responsible Officer from local clinical governance systems, the Responsible Officer will make a recommendation to the GMC, normally every five years, about the doctor's revalidation. The GMC will consider the Responsible Officer's recommendation and decide whether to renew the doctor's licence to practise.

Medical Appraisal

Medical appraisal is a process of facilitated self-review, supported by information gathered from the full scope of a doctor's work, undertaken annually at a meeting between a doctor and a colleague who is trained as an appraiser. It is the process, in which the doctor demonstrates that they are practising in accordance with the GMC Good Medical Practice Framework for appraisal and revalidation across the whole of their scope of practice.

3.0 SCOPE OF POLICY

- 3.1 This policy covers all medical staff except doctors in training.
- 3.2 This policy outlines the general principles for individual doctors either as appraisers or appraisees and is based on the national guidance.
- 3.3 Appraisal is a contractual requirement and must be carried out annually.
- 3.4 This policy documents the lines of accountability in relation to appraisal.

4.0 MANAGEMENT OF APPRAISAL

- 4.1 The Chief Executive is accountable to the Trust Board for supporting the function of the Responsible Officer in respect of all their statutory duties, including the provision of medical appraisal as described by this policy.
- 4.2 The Executive Medical Director/ Responsible Officer has the responsibility for the development and monitoring of the appraisal process in accordance with relevant guidance and the requirements of clinical governance and quality assurance.
- 4.3 The Executive Medical Director/ Responsible Officer may nominate a Director for Medical Appraisal who will review the arrangements for appraisal on an annual basis. They will be responsible for ensuring that systems and structures are in place to meet compliance with agreed arrangements and the developing requirements of revalidation, as well as linkages with clinical governance.
- 4.4 The Appraisal and Revalidation Manager will oversee the medical appraisal process for the Trust and develop procedures and practices that are in line with changes in legislation. They will ensure that appropriate protocols, processes and records are followed to ensure all doctors, with a prescribed connection to the Trust, have access to an annual medical appraisal which is in line with national requirements for revalidation.
- 4.5 Medical appraisers are accountable to the Responsible Officer for providing medical appraisals as described by this policy, and for engaging with training, support and review processes as described in this policy.
- 4.6 Doctors with a prescribed connection to EPUT are individually professionally accountable for their engagement with the medical appraisal process as described by this policy.
- 4.7 Any doctor who is employed by EPUT, but does not have a prescribed connection with the Trust is required to provide their annual appraisal summary and outcome to the Medical Director as evidence of engagement in the process within their Designated Body.

5.0 GUIDING PRINCIPLES

- 5.1 The appraisal will be a 'whole practice appraisal' which will involve details and supporting information covering all areas of the work of the appraisee as a doctor both within the NHS and outside, irrespective of this being voluntary or paid.
- 5.2 The Trust appraisal year runs from 1st April to 31st March. Individual appraisals may be staggered throughout this 12 month period but every doctor will be appraised at least once in each appraisal year unless there are exceptional circumstances for exemption – see procedure re. absences.

- 5.3 The organisation has a responsibility to facilitate the process of appraisal and revalidation by ensuring that the relevant information is made accessible including those held by it in relation to the doctor, such as complaints, incidents etc.

6.0 THE APPRAISER

- 6.1 The Responsible Officer will ensure that there are enough trained appraisers to carry out the annual appraisals of the doctors employed by the Trust on a timely basis. A role description for the medical appraiser is available and can be found in Appendix 2 of this policy
- 6.2 Only in exceptional circumstances, agreed by the Executive Medical Director/Responsible Officer, may an appraisal be undertaken outside the organisation (see Procedure for Organising Medical Appraisals).
- 6.3 Where concern arises about the performance of a medical appraiser, which cannot be addressed by the normal processes described in Assuring the Quality of Medical Appraisers, this will be managed according to the relevant EPUT human resource policies.

7.0 PROCEDURE

- 7.1 The appraisal procedures are outlined separately in the 'Organising Medical Appraisal' (CLPG78). The medical appraisal process outlined as a flow chart in Appendix 4 of this policy is to be followed for all appraisals.

8.0 REVALIDATION

- 8.1 Revalidation is a personal regulatory responsibility for all doctors which is necessary to continue with their practice. Revalidation by the GMC will be primarily based on the recommendations made by the doctor's Responsible Officer. The Responsible Officer will ensure that there are local systems for appraisal, maintaining high professional standards, collating patient and colleague feedback and clinical governance of the doctors to assist his/her decision about revalidation.
- 8.2 The Responsible Officer will review the outcome of all appraisals within the five year revalidation cycle and consider these alongside other relevant information regarding the individual doctor when making a revalidation recommendation to the GMC. The Responsible Officer will make each revalidation recommendation in line with the Medical Profession (Responsible Officers) Regulations 2010 and the GMC protocol for making revalidation recommendations using the Revalidation Checklist tool (Appendix 5).

9.0 NON-ENGAGEMENT

- 9.1 This Policy and associated Procedures are in place to support engagement with the annual appraisal, remind doctors of their professional responsibilities, and advise them as to the potential implications of non-engagement. Failure to engage with the appraisal process will be a breach of their contractual obligations and potentially risk the doctor's employment status and their GMC licence to practice.

The process to follow in such cases is detailed within Appendix 6.

10.0 QUALITY ASSURANCE

- 10.1 NHS England's Framework for Quality Assurance provides an overview of the elements defined in the Responsible Officer Regulations, along with a series of processes to support the Responsible Officer and Designated Bodies in providing the required assurance that they are discharging their respective statutory responsibilities.

As part of quality assurance, completed appraisals will be reviewed by Senior Appraisers/Medical Management team using appropriate tools.

- 10.2 The Responsible Officer will be required to submit quarterly and annual reports to their higher level Responsible Officers in accordance with the guidance contained in the Framework for Quality Assurance.
- 10.3 An Annual Organisational Audit (AOA) will be carried out on the implementation of appraisal and revalidation, in line with the Framework for Quality Assurance. A report will be submitted to the Trust Board based on the Annual Organisational Audit (AOA). The Trust Board will submit an annual statement of compliance to their higher level Responsible Officer.

11.0 CONFIDENTIALITY

- 11.1 The doctor's commentary on achievements, concerns and aspirations, and the appraisal discussion, can be kept confidential to the doctor and the appraiser at the discretion of the appraisee. In order to ensure that the final revalidation recommendation is based on a truly transparent process, all the remaining essential components of the appraisal process should be available for review, as necessary, by the Responsible Officer or their appropriately delegated staff.
- 11.2 All those involved in the appraisal and revalidation process must ensure that they abide by the Trust policies for confidentiality, data security and ensure that all patient identifiable information is removed prior to uploading into the portfolio.

11.3 When a doctor leaves the organisation, the Trust will keep a copy of their previous appraisal documents as part of the Storage, Retention and Destruction of Records Procedure (CPG9c).

12.0 REFERENCE TO OTHER TRUST POLICIES AND PROCEDURES

12.1 This policy should be applied in conjunction with all other relevant Trust policies, in particular:

- RM01 Corporate Health and Safety
- CP24 Equality and Diversity
- HR18 Training and Study Leave
- HR26 Workforce Wellbeing and Stress Management
- CPG9c Storage, Retention and Destruction of Records Procedure

END