

## MEDICAL APPRAISAL AND DEVELOPMENT PROCEDURE

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<b>AUTHOR</b>	Director of Medical Appraisal and Revalidation	
<b>CONSULTATION GROUPS</b>	JLNC	
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<b>PROCEDURE SUMMARY</b>		
<p>This procedure follows the framework that has been developed in line with the nationally agreed process for medical appraisal in preparation for the revalidation of doctors. It describes the steps to be followed by the Trust and medical practitioner during the annual appraisal to ensure compliance and quality assurance.</p>		
<b>The Trust monitors the implementation of and compliance with this procedure in the following ways:</b>		
<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>		
<b>Services</b>	<b>Applicable</b>	<b>Comments</b>
Trustwide	✓	
Essex MH&LD		
CHS		

**The Director responsible for monitoring and reviewing this procedure is  
the Executive Medical Director/ Responsible Officer**

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**ORGANISING MEDICAL APPRAISALS PROCEDURE**

**CONTENTS**

THIS IS AN INTERACTIVE CONTENTS LIST – PLEASE CLICK ON THE SECTION HEADINGS TO GO TO THE SECTIONS

- 1.0 TRUST DOCUMENTATION/APPRAISAL FRAMEWORK**
- 2.0 THE PORTFOLIO OF EVIDENCE**
- 3.0 PRE-APPRAISAL**
- 4.0 DURING APPRAISAL**
- 5.0 AFTER APPRAISAL**
- 6.0 DOCTORS IN DIFFICULTY**
- 7.0 REFERENCES**

SAMPLE ONLY

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**MEDICAL APPRAISAL PROCEDURAL GUIDELINE**

**Assurance Statement**

The Trust aims to ensure that medical staff undergo high quality appraisals which provides assurance to the Responsible Officer that each medical practitioner is up to date, fit to practise and also provides a safe environment for personal development needs to be discussed and agreed. The Trust seeks to ensure this is carried out through training, support and transparency in all processes.

**1.0 TRUST DOCUMENTATION/APPRaisal FRAMEWORK**

- 1.1 Medical appraisal for doctors with a prescribed connection to EPUT will be carried out in accordance with the GMC guidance: Supporting information for appraisal and revalidation, and be based on the GMC's Good Medical Practice Framework for appraisal and revalidation.
- 1.2 Appraisal will be undertaken annually at a meeting between a doctor (the appraisee) and a trained appraiser who will generally be selected from an agreed pool of medical appraisers.
- 1.3 The annual appraisal will be carried out using an electronic platform provided by the Trust and this will be available for each appraisee to access in order to prepare for their appraisal. The appraisal documentation, once completed, should be submitted with the evidence to the appraiser at least 2 weeks before the appraisal meeting date.
- 1.4 Training will be given in the use of the electronic systems and on-going support will be available.
- 1.5 All appraisees should be briefed prior to their first appraisal so that they understand what is required of them and are able to fully utilise the process to assist them and their appraisers.
- 1.6 Doctors who are clinical academics will have a joint appraisal governed by Follett principles. This states that: joint appraisal and performance review for clinical duties should be based upon the system that is used for NHS consultants and the permission of the doctor must be obtained for the exchange of sensitive personal data, such as medical records, between the honorary and substantive employers.
- 1.7 All newly appointed doctors will be contacted by the Appraisal and Revalidation Team as soon as practicable after their start date to obtain the details of their previous appraisals and revalidation. This will include records of appraisals, relevant performance monitoring information, records of any investigations, disciplinary procedures, conditions/restrictions and unresolved concerns. It is expected that the doctor will provide the requested information in a timely manner.

- 1.8 When a doctor leaves this Trust, the Responsible Officer has a duty to share the details of the doctor's appraisals and revalidation with their new Responsible Officer. These will be made available within three months of their last day of service. This will include records of appraisals, relevant performance monitoring information, records of all investigations, disciplinary procedures, conditions/restrictions and unresolved concerns.
- 1.9 Where an NHS employed doctor has been employed for between one week and six months, the medical manager will be required to complete an exit report (Appendix 1) on performance which should be discussed with the individual doctor, signed off by both parties and sent to the Appraisal and Revalidation office. All other NHS employed doctors that have been in post for more than six but less than 12 months will be expected to participate fully in the appraisal process unless there are exceptional circumstances. This will be determined by the Responsible Officer on a case by case basis. All appraisals must be completed whilst the doctor is in employment with the Trust.
- 1.10 **Appraisers**
- i) The Trust will maintain a designated list of medical practitioners who are appropriately trained as appraisers. This list will consist of all medical managers and medical education managers for the tenure of that job role. In addition, there will be a further group of Consultants and Specialty Doctors who will be recruited by the Responsible Officer to undertake this role for three years subject to satisfactory performance and this will be reflected in their job plans.
  - ii) In normal circumstances, an individual appraiser should undertake between 4 and 8 appraisals a year, to maintain an appropriate level of quality and consistency. If an appraiser undertakes fewer or more than this, the reasoning and arrangements for supervision of this will be recorded as part of the quality monitoring process.
  - iii) There will be an annual assessment/evaluation of all appraisers and feedback will be given in the form of appraisee feedback which will be used in their own individual appraisals.

## **2.0 THE PORTFOLIO OF EVIDENCE**

- 2.1 It is the responsibility of the doctor to ensure that they are appraised annually on their whole practice and to make arrangements to share information from each of their employers, including any private practice or voluntary work, on an annual basis.
- 2.2 The doctor who is being appraised is required to collect supporting information about all areas of their practice and present this to their appraiser along with adequate reflective notes for discussion at the appraisal meeting. Appraisees are advised to collect evidence throughout the year. If the doctor experiences any difficulty accessing relevant data from the Trust information system, it is their responsibility to advise the Appraisal and Revalidation office of this.

- 2.3 The supporting information used for appraisal and revalidation must be anonymised by removing all personal identifiers, including names, dates of birth, addresses, hospitals and NHS numbers, ensuring that patients, carers, relatives and staff are not directly identifiable
- 2.4 The Trust will facilitate the collection of Multisource Feedback as required by the GMC. This will be made available electronically or paper based depending on the circumstances. Doctors are encouraged to use this. The acceptance of any other means for Multisource Feedback gathering for the purpose Revalidation will be at the discretion of the Responsible Officer.

### **3.0 PRE- APPRAISAL**

#### **3.1 Selecting the Appraiser and arranging the Appraisal**

- 3.1.1 To avoid collusion and ensure objectivity in appraisal process, the following guidance must be used in the choice of appraiser:
- No doctor will be appraised by the same appraiser for more than three consecutive years and must then have a period of at least three years before being appraised again by the same appraiser.
  - In any five year cycle at least one, preferably of the last two appraisals before revalidation recommendation by the Responsible Officer, will be undertaken by a medical manager.
  - A doctor should not act as an appraiser to a doctor who has acted as their appraiser within the previous/same year.
  - There must be no conflict of interest or appearance of bias between a doctor and their appraiser.
- 3.1.2 Soon after an appraisal is completed, or when a doctor is identified as in need of an appraisal, they will be given a list of available appraisers for their next appraisal. The appraisee will be required to notify the Appraisal and Revalidation office of their 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices within two weeks. If no response is received to this request within two weeks, the Appraisal and Revalidation office will allocate the appraiser and notify the doctor and appraiser concerned. Every effort will be made to allocate them one of their choices but this will be subject to the regulations in point 3.1.1 above being met and to the capacity of the appraisers.
- 3.1.3 When the appraisal is undertaken by a doctor who is not the appraisee's medical manager it is essential that the medical manager be kept aware of the arrangements and the outcomes. The medical manager will be required to submit, at least two weeks in advance of the appraisal date, a 'Medical Manager Report' (Appendix 3 of the Medical Appraisal and Development Policy) which will contain any relevant information to the designated appraiser including complaints and any matters outstanding from the last appraisal, together with their assessment and any issues they believe need to be

discussed. Any disagreements with the contents or other details, especially factual inaccuracies of this information must be resolved before the appraisal could take place. The appraisee must submit this information along with other supporting information for their appraisal.

### **3.2 Procedure**

- 3.2.1 Approximately three months prior to their appraisal due date, the Appraisal and Revalidation office will issue a reminder notice to all appraisees about their upcoming appraisal, copying to the appraiser and the medical manager if they are not the same. Upon notification, the medical manager, if they are not undertaking the appraisal, will be required to submit any relevant information as stated in point 3.1.3 above within two weeks.
- 3.2.3 It is the responsibility of the appraisee to contact their appraiser and arrange a suitable date for the appraisal meeting and to ensure that they submit the appraisal documentation and supporting evidence to their appraiser two weeks before the appraisal meeting date. Once a date has been agreed or if there is a problem arranging a date, this should be notified to the Appraisal and Revalidation office as soon as possible.

### **3.3 Postponing an appraisal**

- 3.3.1 There will be occasional situations whereby a postponement of appraisal may be necessary. In such situations a written request should be submitted by the doctor to the Responsible Officer, a minimum of 3 months in advance of their appraisal due date or as soon as possible.
- 3.3.2 A doctor who is seeking to return to practice after a period of absence should discuss their circumstances with the Responsible Officer at the earliest opportunity. The timing of their first appraisal will be determined to some extent by their individual circumstances, including whether they can demonstrate that they have maintained fitness to practice in the relevant areas during their absence and hence whether a bespoke re-training programme or period of supervision is required prior to resuming practice. The first appraisal should take place between 6 and 12 months after re-entry to practice. The Responsible Officer may also exercise discretion to decide their next appraisal based on the information available at that time. Where possible and practical, if the doctor had a previously agreed appraisal month this should be reinstated. Also, if the doctor has had an appraisal previously and circumstances permit, their first appraisal should be undertaken within 15 months of the last one.

### **3.4 Concerns regarding choice of Appraiser**

- 3.4.1 In circumstances where the appraisee is not satisfied with any issues regarding the selection of their appraiser, these should be put in writing within 7 days of receiving the notification of their appraiser to the Executive Medical Director/ Responsible Officer whose decision will be final.

### **3.5 Request for an External Appraiser**

3.5.1 Only in exceptional circumstances, agreed by the Executive Medical Director/ Responsible Officer, may an appraisal be undertaken outside the organisation. The procedure to be followed if a member of the medical staff believes that such exceptional circumstances apply is as follows:

- The appraisee must put their request in writing to the Director of Medical Appraisal and Revalidation immediately after they are notified their appraisal is due or earlier if possible, giving detailed reasons for their request.
- The Director of Medical Appraisal and Revalidation will consider the request in discussion with the Executive Medical Director/ Responsible Officer and make a decision within 7 days of receipt of the letter. The decision will be final.
- If the request is agreed, the Director of Medical Appraisal and Revalidation in discussion with the Executive Medical Director/ Responsible Officer will identify a suitable external appraiser and notify the appraisee. During the process of identifying, written confirmation will be required from the external appraiser of their own appraisal training and agreement to follow the Trust procedures, use the Trust's electronic platform and abide by confidentiality.
- The appraisee's medical manager must be kept aware of the arrangements and must submit any relevant information to the designated appraiser including complaints and anything outstanding from the last appraisal together with their assessment and any issues they believe need to be discussed.

### **3.6 Dealing with Non-engagement**

Reasonable attempts will be made to engage with the doctor prior to initiating actions on non-engagement protocol. This will be generally in line with the NHS England principle of managing non-engagement. The protocol is detailed in Appendix 7 of the Medical Appraisal and Revalidation Policy.

## **4.0 DURING APPRAISAL**

4.1 Appraisal is an open, honest and fair discussion between an appraisee and his/her appraiser, providing the opportunity for constructive dialogue about the appraisee's performance and developmental needs. To undertake this, the appraiser must ensure privacy and allocate a minimum of 1-2 hours of uninterrupted time.

4.2 Appraisal is not a forum for raising initial concerns about performance except in exceptional circumstances. On very rare occasions, an unexpected serious concern may come to light in the course of an appraisal. In such circumstances the appraiser should suspend the appraisal, and should notify the Responsible Officer without delay depending on the nature of the concern. Within 28 days of being notified the Responsible Officer will decide on addressing the issues raised and restarting the appraisal process as appropriate.

- 4.3 The appraisal is an opportunity for both the appraiser and appraisee to discuss what the supporting information demonstrates about the appraisee's practice not simply that it has been collected and maintained in a portfolio. Discussion at appraisal should include any systematic learning from errors or events such as investigations and serious incidents. The appraiser will be expected to discuss/review the doctor's reflection on the information submitted and to explore how the appraisee intends to develop or modify his/her practice as a result of that reflection.
- 4.4 The appraiser must work with the appraisee to ensure that the PDP reflects both the individual's needs and the Trusts aims and objectives. It should also be noted that any cost implications will be subject to agreement by the respective Clinical Director.

## **RESPONSIBILITY TO PROTECT PATIENTS**

- 4.5 Both appraiser and appraisee must recognise their professional duty to protect patients. Nothing in the appraisal process can override the basic professional obligation to protect patients.

## **5.0 AFTER APPRAISAL**

- 5.1 The doctor's commentary on achievements, concerns and aspirations, and the appraisal discussion, can be kept confidential to the appraisee and the appraiser.
- 5.2 The appraisal process will be complete once the Appraisal and Revalidation Office has received notification that the electronic appraisal portfolio has been completed and signed off which must be done within 28 days of the appraisal meeting.
- 5.3 A confidential feedback form will be available on the electronic platform upon appraisal completion for both the appraisee and the appraiser. This will assist the Director of Medical Appraisal and Revalidation to audit the appraisal process and to ensure quality standards are maintained.
- 5.4 In the rare event of any significant concerns being identified during quality assurance process of a signed off appraisal, such as missing documents or other information, the appraisee and the appraiser will be informed of the same for any comments and any corrective action as needed.

## **6.0 DOCTORS IN DIFFICULTY**

- 6.1 If at the time an appraisal is due, the doctor is under investigation for concerns that have been raised, it may be appropriate to delay the appraisal and this decision will need to be made by the Responsible Officer and documented. Arrangements should be made as quickly as possible for the appraisal to be rescheduled. Where this is not possible records must be kept and timescales clearly documented.



**7.0 REFERENCES**

NHS Revalidation Team MAG/GMC/ORSA

**END**

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