BMA

Model Appraisal Policy

July 2012

Introduction

Revalidation is the process by which doctors will confirm to the GMC that they are up-to-date and fit to practise. Through a robust appraisal process, doctors will provide evidence to support their practise with a view to identifying developmental opportunities and providing greater assurance to patients.

The GMC has set out its requirements for revalidation and appraisal. These requirements will only come into force once the Secretary of State has considered whether systems are in place to support the introduction of revalidation and the legislation is enabled later this year:

Framework for appraisal and revalidation
http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp

Supporting information requirements:
http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp

Further guidance on how appraisal should work in England, along with a model appraisal form can be accessed here:
http://www.revalidationsupport.co.uk/Appraiser/about_rst_medical_app_guide.php

The AoMRC has also published guidance on how these requirements relate to each specialty:
http://aomrc.org.uk/revalidation/item/speciality-frameworks-and-speciality-guidance.html

Scope

This document sets out the Hospital Trust's policy for conducting the annual appraisal process for Consultants, SAS and any other types of doctor employed by the Trust, including those with sessional, part-time or temporary contracts.

Doctors in training will revalidate through the Annual Review of Competence Progression (ARCP) and will not need to participate in the appraisal process as described in this document.

Medical staff whose main employer is another NHS Trust, or who have an honorary contract with the Trust, will have their appraisal at their main employer.

The designated body[1] with whom a locum doctor is employed at the time their appraisal is due is responsible for appraising that doctor, irrespective of how long the doctor has held a position within the Trust.

This policy takes into account the requirements set out by the GMC and best practice outlined in the guidance documents outlined in the introduction.

Principles of appraisal

- Appraisal is based on a discussion about the appraisee's professional, educational and personal development, including behaviours. It has the dual aim of ensuring high quality patient care and assisting the individual to achieve his or her full professional potential.

- Annual appraisal of medical staff is a professional responsibility and a mandatory contractual obligation as well as a key component of medical revalidation. Appraisal and job planning are separate processes, although the outputs from each may inform the other and may be used to demonstrate that an individual is working in line with the priorities and requirements of the organisation they practise in.[2]

- The identification and management of serious concerns about individual doctors remains the function of clinical governance processes outside of appraisal. Any concerns should be dealt with at the earliest opportunity.

---

[1]

[2] *Medical Appraisal Guide*, Revalidation Support Team, March 2012

- Appraisal should be undertaken annually, based on a doctor's whole practice and conducted by a trained appraiser.

- Incremental pay progression and eligibility for Clinical Excellence Awards (CEAs)/Merit Awards are dependent on satisfactory involvement in appraisal and job planning.

Roles and responsibilities

1. The **responsible officer (RO)** is accountable, both to the GMC and employing organisation, for ensuring that the systems for appraisal, clinical governance and for gathering and retaining other local relevant supporting information are in place and are effective. These systems need to generate accurate and timely outcomes data for doctors to include in their support evidence. The responsible officer has a statutory duty to co-operate with the GMC while those in England also have a broader set of responsibilities relating to the monitoring of conduct and performance of doctors who give rise to concern, but do not require referral to the GMC.[3]

2. **Trusts** have a duty to support the responsible officer in the role by appropriately resourcing them. This is likely to require robust systems of clinical governance and ensuring these systems are fit for purpose and quality assured. The Trust has a large amount of data which should be made available to the individual to bring as supporting Information. This information includes:

- Audit activity
- Research activity
- Attendance/completion of mandatory training
- Serious Untoward Incidents
- Activity logs (ideally unbundled, but team based if necessary)
- Complaints
- Litigation
- Disciplinary proceedings
- CLIP report from CHKS
- Multisource feedback
- Infection Prevention data (antibiotic compliance)

3. The **appraiser** is responsible for the smooth running of the appraisal process, for evaluating a doctor's portfolio of supporting information and helping to inform the RO's recommendation to the GMC on an individual's fitness to practise.

4. Individual **doctors** will be responsible for maintaining a portfolio of supporting information to demonstrate the maintenance of their clinical and professional standards and, where applicable, their specialist skills. The AoMRC recommends that a minimum of 1.5 SPAs is required for doctors to revalidate although this may vary on a case-by-case basis.

Appraisal structure

There are three stages in the appraisal process – input, discussion and appraisal output.

For the 1st stage, the following information should generally be presented:

- Scope and nature of work
- Six types of supporting information, as defined by the GMC.
- Review of last year's PDP
- Commentary on achievements, challenges and aspirations

---

[3] The role and responsibilities of the RO can be found in the *Medical Profession (Responsible Officer) Regulations 2010* and in guidance from the Department of Health: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_119418.pdf

Scope and nature of work
The doctor should confirm all of the roles and responsibilities in which he/she has clinical responsibilities and any other roles for which a licence to practise is required. This could include private work, along with educational, academic, research and managerial roles.

Six types of supporting information
All doctors will be expected to provide the following types of supporting information at appraisal, for the whole of their practice, over the course of their revalidation cycle. CPD and a review of complaints will need to be provided at every appraisal, whilst the other types of information will be required less frequently[4]. Doctors can present their supporting information in a paper format or through an appropriate IT platform. Employers have a responsibility to ensure that their governance systems can generate accurate and timely outcomes data for doctors to include in their supporting information:

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

The GMC guidance provides examples of each type of supporting information. It is important that the questionnaires used to collect patient and colleague feedback comply with the standards set by the GMC. In the event that the GMC questionnaires are not used, it is the responsibility of the RO to ensure that locally-developed questionnaires meet these requirements:

http://www.gmc-uk.org/doctors/revalidation/colleague_patient_feedback.asp

The nature of the supporting information will reflect an individual's practice and any other professional roles. By providing this information, doctors should ensure that they meet the 12 attributes outlined in the GMC's appraisal framework, although it is important to note that it is not necessary to structure the appraisal around this framework or to map the evidence to each attribute.

In addition, doctors will be expected to provide the following information at each appraisal:

- Record of annual appraisals
- Statements on their acceptance of the obligations outlined in *Good Medical Practice* in relation to probity and health
- Declaration to demonstrate personal accountability for the supporting information and commentary presented.

Review of last year's PDP
The doctor should review their PDP and consider whether all of the objectives have been met. In some cases, these objectives may take some time to complete and this should be noted in the PDP.

The appraisal portfolio should include the personal development plan and summaries of appraisal discussion for each year in the current revalidation cycle.[5]

Commentary on achievements, challenges and aspirations
The doctor should reflect on these areas, consider their progress and identify further opportunities to develop to ensure that the appraisal is a useful, formative process.

---

[4] Supporting information requirements:
http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp
[5] *Medical Appraisal Guide*, Revalidation Support Team, March 2012

Appraisal discussion

The appraisal will provide an opportunity for the doctor to discuss and reflect on the supporting evidence, and suggest ways in which learning could be incorporated into future practice. It is the role of the appraiser to facilitate this discussion, support and constructively challenge the doctor. The content of this discussion is confidential, although the appraiser has a professional responsibility to discontinue the appraisal and refer the matter for further action should information come to light in the appraisal discussion which raises concerns about patient safety. This discussion, along with an assessment of the supporting information, should allow the appraiser to make a judgement as to whether the doctor continues to practice in accordance with the professional behaviours outlined in *Good Medical Practice*.

Output

The output from the appraisal should include a new PDP. The PDP is an itemised list of personal objectives for the coming year, with an indication of the period of time in which items should be completed. A summary of the appraisal should also be agreed. This should cover, as a minimum, a report on each part of the supporting information and the doctor's accompanying commentary, including the quality and the extent to which the supporting information relates to the doctor's scope of work, explanations as to how any deficiencies have occurred, and recommendations on how, if appropriate, the doctor should develop an approach to their supporting information and commentary the following year.

The appraiser will be expected to provide a series of statements, agreed with the appraisee, to help inform the RO's decision on whether to recommend to the GMC that a doctor should revalidate. These statements should confirm that:

1. An appraisal has taken place that reflects the whole of a doctor's scope of work and addresses the principles and values set out in *Good Medical Practice.*
2. Appropriate supporting information has been presented in accordance with the *Good Medical Practice Framework for Appraisal and Revalidation* and this reflects the nature and scope of the doctor's work.
3. A review that demonstrates appropriate progress against last year's personal development plan has taken place.
4. An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year.
5. No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise. [6]

In the event that an appraiser feels unable to make these statements, this should be discussed with the RO – it does not necessarily mean that revalidation cannot take place. There may be a number of reasons for this, such as a doctor being unable to complete their PDP due to a period of sickness for example.

Appraiser selection, training and capacity

- The Trust should identify a number of appraisers, across all the relevant senior hospital grades, to manage the appraisal of their doctors. Those selected must be willing to assume the role and have the support of relevant clinical colleagues.

- Appraisers should meet the competencies identified by the Revalidation Support Team and undergo appropriate training. A role profile can be found here: www.revalidationsupport.nhs.uk/Appraiser/appraiser_training_support.php

- Clinical Directors will normally provide the names of at least two potential appraisers to each doctor. The doctor should select one and arrange the appraisal. In the event that both appraisers are deemed unacceptable, perhaps due to a conflict of interest, this should be discussed with the Trust lead appraiser or Medical Director.

- Appraiser/appraisee pairings will normally vary over the 5-year revalidation cycle.

[6] *Medical Appraisal Guide*, Revalidation Support Team, March 2012

- Sufficient time should be made available in the appraiser's job planning for training, appraising and CPD. Whilst the capacity of an appraiser will depend on the nature of their work, appraisers are typically expected to undertake between 5 – 10 appraisals. This role will be recognised in job planning, with for example at least 0.5 SPAs.

- Appraisers must collect and maintain a portfolio of evidence of their practice as an appraiser. An annual review of performance should be undertaken to ensure each appraiser is performing appraisals to the required standard and has the support required to undertake the role. Participating in this review should be a contractual requirement.

Appraisal timetable

- 4 weeks before – Agree time and place to meet with appraiser. Prepare supporting evidence.
- 2 weeks before – Complete documentation and forward to appraiser
- Appraisal – Discuss supporting evidence and agree development needs
- Within 2 weeks – Complete appraisal forms and submit summary and PDP to Clinical Director and Responsible Officer.

The GMC proposes that doctors will be informed of their revalidation date on two separate occasions. They will also be given notice by the GMC nine months before the due date and asked to confirm their GMC details[7]. Doctors will then be reminded of this date approximately 3 months beforehand.

Further help and guidance on appraisal and revalidation can be accessed at **www.bma.org.uk/revalidation**

[7] Paragraph 38, *Consultation on the General Medical Council (Licence to Practise and Revalidation) Regulations*