Wrightington, Wigan and Leigh NHS Foundation Trust

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MANAGER RESPONSIBLE FOR REVIEW (Must be Authors Line Manager)	**Medical Director**	

The WWL Way

CONTENTS PAGE

AT ALL TIMES, STAFF MUST TREAT PATIENTS WITH RESPECT AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY.

1 INTRODUCTION

1.1 Purpose of revalidation

To assure patients and public, employers and other health care professionals that licensed doctors are up to date and fit to practise.

1.2 Purposes of medical appraisal

1.2.1 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 "Good Medical Practice" and thus to inform the responsible officer's revalidation recommendation to the General Medical Council (GMC).

1.2.2 To enable doctors to enhance the quality of care that they offer patients by planning their professional development.

1.2.3 To enable doctors to consider their own needs by planning their professional development.

1.3 Purposes of appraisal

Appraisal is underpinned by continuing professional development and if used properly can help to develop a reflective culture within service and training. It is expected that regular successful annual appraisal will provide the foundation stone upon which a positive affirmation of continued fitness to practice can be made every five years by the doctor's Responsible Officer (RO).

2 POLICY STATEMENT

2.1 Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) is committed to ensuring robust systems of Appraisal and Revalidation are in place which meet the external standards set out by the GMC, Revalidation Support Team, Medical Royal Colleges and Department of Health.

2.2 In view of the fact that Medical Appraisal and Revalidation is a fast changing field this policy will be reviewed on an annual basis.

2.3 The appraisal process covers all consultants and all SAS doctors including specialty doctors, associate specialists, staff grades and other non-training grades and locums with an expectation stay of >/ 3 months e.g. trust doctors. The postgraduate dean will be the responsible officer for all training grade doctors who are on an accredited training programme with a training number.

3 RESPONSIBILITIES

3.1 Responsibility of the Trust Board

3.1.1 The responsibility for the provision of the policy on Medical Appraisal to Support Revalidation Policy ultimately rests with the Trust Board.

3.1.2 Additionally the Trust Board will ensure through the line management structure that this policy is applied fairly and equitably and that line managers and doctors are aware of the process of appraisal and revalidation.

3.1.3 The Trust Board will ensure that the Responsible Officer is provided with sufficient funds in order to carry out their duties.

3.2 Responsibility of Responsible Officer

3.2.1 To create and update the Medical Appraisal and Revalidation Policy and Procedures documents.
3.2.2 The Responsible Officer will oversee the introduction, operation and monitoring of the policy and will report to the Trust Board annually.
3.2.3 The Responsible Officer will ensure the provision of advice, guidance and support to line managers and employees on the operation of this policy.
3.2.4 The Responsible Officer has a statutory responsibility to establish and implement procedures to investigate concerns about a medical practitioners fitness to practise raised by patients, staff or other source.
3.2.5 The Responsible Officer has a statutory responsibility to refer concerns about a medical practitioner to GMC.
3.2.6 If a medical practitioner is subject to conditions imposed by, or undertakings agreed with, the GMC, the Responsible Officer has a statutory responsibility to monitor the compliance with those conditions and undertakings.
3.2.7 The Responsible Officer has a statutory responsibility to maintain records of practitioner's fitness to practise evaluations, including appraisals and any other investigations or assessments.
3.2.8 The Responsible Officer will ensure that all queries will be answered in relation to this policy at a local level and ensure the policy is applied fairly and consistently throughout the Trust.
3.2.9 The Responsible Officer will ensure the adoption of a consistent approach to revalidation.
3.2.10 The Responsible Officer has a statutory obligation to ensure that appraisals carried out involve obtaining and taking into account all the information relating to the medical practitioners fitness to practice.
3.2.11 The Responsible Officer will have a statutory responsibility for ensuring that a robust appraisal system is in place.
3.2.12 The Responsible Officer will have a statutory responsibility for ensuring that all Consultants and all other non-training grade doctors in the Trust's employment have an annual appraisal.
3.2.13 To provide quality assurance of the appraisal and revalidation process and outcomes.
3.2.14 To ensure appraisers are appropriately trained (with the help of the appraisal lead)
3.2.15 To provide assurance to the board against the GMC and Royal College Standards for appraisal and revalidation by way of an annual report.
3.2.16 To co-operate with the GMC and any of its committees, or any persons authorised by GMC.
3.2.17 To make recommendations to the GMC regarding revalidation of individual doctors.
3.2.18 The Responsible Officer (with the assistance of the Appraisal and Revalidation Manager) will email the Responsible Officer at the doctor's previous designated body and request that the Medical Practice Information Transfer (MPIT) Form be completed.

3.3 Responsibility of the Medical Director

3.3.1 The Medical Director will oversee the introduction, operation and monitoring of the policy and will report to the Trust Board, - annually.
3.3.2 The Medical Director will also ensure the provision of advice, guidance and support to line managers and employees on the operation of this policy.
3.3.3 The Medical Director will ensure the adoption of a consistent approach to revalidation.

3.3.4 To provide assurance to the board against the GMC and Royal College Standards for appraisal and revalidation by way of an annual report.

3.4 Responsibility of the Appraisal Manager and Lead

3.4.1 To assist with the creation of a portfolio suitable for collecting relevant information in line with GMC recommendations.
3.4.2 Will assist in ensuring doctors have an appropriate appraiser in conjunction with the clinical director or divisional medical director.
3.4.3 Will ensure an appropriate secure system for collecting and storing appraisal documentation.
3.4.4 Will provide all appraisal dates to the Workforce Informatics Department.
3.4.5 Will be responsible for maintaining and updating the appraisal lists.
3.4.6 Will be responsible for sending out feedback questionnaires to doctors.
3.4.7 Will be responsible for ensuring feedback is provided to appraisers.
3.4.8 Will be responsible for providing the Appraisal Lead with reports on Appraisal Compliance.
3.4.9 Will be responsible for maintaining a list of Appraisers and their appraisal training records.
3.4.10 Will offer and mutually agree with the doctor an appropriate appraiser for each doctor. Failure to agree an appraiser should be escalated to the Appraisal Lead. Usually (but not always) the appraiser will be from the same directorate or clinical area as the doctor.
3.4.11 The Appraisal Manager must ensure that a doctor has at least 2 appraisers in any 5 years cycle.
3.4.12 When a new doctor joins WWL the Appraisal and Revalidation Manager should request the following information from the doctor:

3.4.12.1 Name of previous Responsible Officer and designated body
3.4.12.2 Dates of last and next revalidation
3.4.12.3 Previous appraisal records (or ARCP) supporting documentation if the doctor is exiting a training programme
3.4.12.4 Any existing/relevant information of note about the doctor's practice.

3.4.13 The Appraisal Manager will be responsible for obtaining doctors previous appraisal documents and forwarding onto the Responsible Officer.

3.5 Responsibility of HR/Employment Services

3.5.1 The HR department will also ensure the provision of advice, guidance and support to line managers and employees on the operation of this policy.
3.5.2 The Employment Services team will be responsible for obtaining contact details of honorary doctors' primary employer.
3.5.3 The HR Department will ensure that any fixed term doctor's contracts that are extended inform the Appraisal Manager.

3.6 Responsibility of Clinical Directors

Divisional Medical Director and Clinical Directors will be responsible for ensuring that the appraisal of doctors within their directorate takes place every 12 months.

3.7 Responsibility of Appraisers

3.7.1 The WWL medical appraiser team will receive appropriate training and support to undertake their role, as outlined in 'Assuring the Quality of Training for Medical Appraisers.'
3.7.2 If the appraiser has concerns about the fitness to practise of the doctor they are appraising they must inform the RO without delay.
3.7.3 Appraisers should be aware that a doctor will be required to have at least 2 different appraisers within a rolling 5 year cycle.
3.7.4 Under normal circumstances appraisers should not carry out more than 12 appraisals a year and not normally less than4 appraisals.
3.7.5 Appraisers must have specific training to ensure that appraisal is carried out to an appropriate standard.
3.7.6 Appraisers must ensure that they conduct appraisals fairly, robustly and accordance with Trust guidelines.
3.7.7 Appraisers are responsible for ensuring that appraisals are completed on time and in accordance with the individual's appraisal schedule.
3.7.8 Appraisers who are not medical managers will be recruited by the MD, RO and AL. A job description and person specification (Appendix 2) outlines appropriate skills, training and support processes for an appraiser.
3.7.9 The recommended Trust Appraisal Package should be used to create an appraisal folder and record the appraisal discussion.
3.7.10 Appraisers should ensure completion of the required output forms and statements to an appropriate standard.

3.8 Doctor's Responsibilities

3.8.1 Appraisal will be arranged by CD's in conjunction with the Appraisal Manager Doctors should have an appraisal by an accredited appraiser, who is a member of the WWL appraisal team.
3.8.2 No doctor can appraise a colleague who has appraised them in the previous twelve months.
3.8.3 No doctor should appraise a colleague with whom they could have a conflict of interest -e.g. Business association, Private Practice Partnership.
3.8.4 Each doctor must have a change of appraiser at least every three years within the five yearly revalidation cycle. Appraisees must have at least 2 different appraisers in a 5 year cycle.
3.8.5 If the doctor and the line manager and appraisal lead cannot appoint a suitable appraiser the final decision will rest with the Responsible Officer.
3.8.6 Doctors are responsible for ensuring completion of annual appraisal and ensuring all evidence and supportive documents are submitted to their allocated appraiser two weeks before the agreed appraisal meeting date for review. Doctors are responsible for using the documentation/package recommended by the Trust.

4 THE APPRAISAL PROCESS

4.1 Professionalism

4.1.1 Appraisals should not be vulnerable to appearances of collusion; all doctors have a right to a robust appraisal that promotes their personal and professional development.
4.1.1 Both doctor and appraiser should be punctual. The appraisal will be conducted in a professional manner within an appropriate working environment (i.e. professional, private/confidential, no interruptions, able to access necessary resources/internet).

4.1.2 The appraiser and the doctor should report any concerns about the conduct of the appraisal to an appropriate person (e.g. appraisal lead)

4.2 Confidentiality and Good Medical Practice

4.2.1 The content of the supporting information and the appraisal discussion will normally be kept confidential by the appraiser.
4.2.2 The doctor and appraiser should understand that all doctors are subject to an over-riding duty to protect patients.
4.2.3 If a doctor reveals during the appraisal something that gives rise to such serious concerns about their personal safety (their health) or patient safety (their fitness to practise) that confidentiality is no longer the most important principle, then the appraisal process will be suspended and other processes started (occupational health or performance procedures).
4.2.4 Overall, the appraiser must apply their professional judgement, to establish whether there is a patient/personal safety issue, in accordance with section 43 of the GMC's Good Medical Practice.

4.3 Data Protection

4.3.1 The appraiser must not hold or retain (other than for the immediate purpose of undertaking the appraisal) their own independent records relating to the doctor or the appraisal.
4.3.2 Electronic information must always be sent using secure email systems in accordance with local appraisal and information governance policies.
4.3.3 All Trust Information Technology policies must be complied with during the appraisal process.
4.3.4 The appraiser has a professional and legal responsibility to handle all information in accordance within legal parameters and safeguards.
4.3.5 All appraisal documentation will be held in line with Trust policy.

4.4 Information Sharing

4.4.1 The completed appraisal documentation, including the supporting information will be available for access by the responsible officer (RO) or Deputy RO.
4.4.2 The Responsible Officer may, on occasion, need to share information about a doctor's practice with other persons, including persons responsible for the quality and safety of care in other organisations where the doctor is working, or with those in other bodies such as the GMC, in the interests of protecting patient safety, or legal persons, including the police. The doctor will be informed of information sharing in advance of it being shared unless there is an exceptional reason (ie: police enquiry). It is the policy of this organisation that on such occasions and with very few exceptions (eg. where doing so would compromise the investigation of criminal proceedings), we share the same information with the doctor in question, so that the doctor knows what is being shared. The exact information will depend on the matter at hand, but it may, on occasion, include documentation from appraisal.
4.4.3 Notwithstanding the above ad hoc requirement and in keeping with the NHS England guidance document 'Information flows to support medical governance and responsible officer statutory function', it is the policy of this organisation that appraisal information is not shared routinely with anyone in other places where a doctor is working. The sharing of such routine information is a matter between the doctor that organisation. Any doctor who works in an outside organisation which requires access to their medical appraisal documentation, as part of the

Organisation's governance processes, is therefore responsible for sharing that information with the organisation themselves.

4.4.4 When a doctor takes up new employment or engagement the Responsible Officer (or delegated person) will contact the doctor's previous Responsible Officer about the doctor's practice. The Medical Practice Information Transfer (MPIT) Form will be used for this process. This form is designed to be used to share information with the doctor's responsible officer in the following situations:
- 4.4.4.1 When a doctor's prescribed connection changes
- 4.4.4.2 When a concern arises about the doctor's practice in any place where the doctor is practising.

4.4.5 It may also have a role in providing routine information about the doctor's practice. The Responsible Officer Regulations and GMC guidance make it clear that there is an obligation to share information about a doctor when it is required to maintain patient safety. Information entered on this MPIT form will be held in confidence and viewed only by those with proper authority to do so.

4.4.6 The appraisal documentation may be used for:
- 4.4.6.1 Appraisal;
- 4.4.6.2 Monitoring and managing patient safety and the doctor's fitness to practise (including making fitness to practise recommendations);
- 4.4.6.3 To facilitate early recognition of patterns of capability or conduct concerns;
- 4.4.6.4 For management and quality assurance of the systems and processes;
- 4.4.6.5 For the protection of the public; and
- 4.4.6.6 For future legal action or defence by the designated body including indemnifying the responsible officer and/or appraiser.

4.4.7 The appraisal summary and Personal Development Plan (PDP) may be shared with Clinical Director's (CD's), Divisional medical directors, Appraisal lead, and medical director and analysed to understand collective learning needs and constraints.

4.4.8 Appraisal documentation will not be used for any other purpose, in a non-anonymised form, without the doctor's consent.

4.4.9 Anonymised forms may be used for Quality Assurance (QA) purposes.

4.5 Venue

4.5.1 The doctor will normally nominate an appropriate, mutually convenient venue for the appraisal meeting.

4.5.2 The venue must allow the discussion to be private and confidential, free from interruptions, and provide access to the internet and other necessary resources.

4.5.3 Either the doctor or the appraiser may request reallocation if a venue cannot be agreed.

4.5.4 If an unusual venue is agreed the agreement and reasons should be recorded in case an explanation is required later and it must always meet the venue criteria,

4.6 Timing

4.6.1 The appraisal will normally be in working hours, at a time and date that is mutually convenient and allows sufficient time for the appraisal discussion.

4.6.2 Either the doctor or the appraiser may request reallocation if personal timetables prove incompatible

4.6.3 The appraisal meeting will normally take between 1.5-3.5 hours, depending on what is discussed and whether time is included to write up and agree the appraisal outputs.

4.6.4 The doctor and appraiser will build in appropriate flexibility so that the appraisal is not cut short, they are fresh enough to give the appraisal discussion their full attention and there is appropriate time for reflection afterwards.

4.6.5 If, in exceptional circumstances, doctor and appraiser mutually agree to meet at a time outside normal working hours, the agreement and reasons should be recorded in case an explanation is required later and they must ensure they are both able to give the appraisal discussion the time it requires.

4.7 Cancellation

4.7.1 If something unexpected happens, the affected party will make every effort to communicate with the other party and, where applicable, the administrative team, to explain that there has been an unavoidable change of plan (sickness, transport failure etc.)

4.7.2 The Doctor should inform the Appraisal Manager with the new appraisal meeting date.

4.8 Setting the boundaries to the appraisal discussion

4.8.1 There should be a shared explicit understanding of the expectations of a professional appraisal, the roles of both the doctor and the appraiser and the limitations of confidentiality, prior to the appraisal discussion.

4.8.2 It is recommended that the appraiser directly addresses the issue of confidentiality and GMC requirements with the doctor at the start of the appraisal interview. This has been found, in practice, to help create a professional atmosphere without interfering with the building of rapport. An appropriate statement at the start of the appraisal meeting makes the responsibility and accountability of both parties explicit.

4.8.3 Example of appraiser statement: “This is your appraisal. I want to make sure that this time is useful to you and addresses the areas that are your main priorities but there are some formalities to cover first. You are aware that all appraisals are conducted under GMC guidance, and that all doctors have a duty of care towards each other and to promote patient safety. We are both responsible for taking appropriate action, should either you or I make any statement that raises an issue of patient safety. This might involve suspending the appraisal process, or exploring our options around how we proceed with this appraisal, until the issue has been addressed appropriately. We might have to take advice in such a situation. Are you OK with that?”

4.8.4 **Table 1- The annual process for medical appraisal is summarised below:**

	Action	**Responsibility**	**Timeframe**
Pre-appraisal	1. Reminder to doctor that appraisal is due	Appraisal manager	Within 1 month of due date
	2. Appraisal /manager send trust-derived data to appraiser and doctor	Appraisal Manager	Should be available within 4 weeks of appraisal date
	3. Appraisee collects data for the set period and inputs all information into the Appraisal Documentation System. Submits to	Appraisee	Appraisal submitted 2 weeks of appraisal date

	appraiser 2 weeks before agreed meeting date.		
At appraisal	1. Review last year's PDP and confirm outcomes 2. Review and discuss whole appraisal, and identify new PDP for coming year 3. Notify Appraisal Manager if appraisal not held, reason, and plans for new date	Appraiser and doctor Appraisee	 Within 1 week of cancelled appraisal
Post appraisal	Appraiser completes Summary of Discussion under the 4 GMC domains and submits back to doctor Doctor reviews appraisers comments and finally signs off appraisal	Appraiser Doctor	Within 28 days of appraisal meeting date Within 28 days of appraisal meeting date

4.8.5 WWL annual appraisal cycle runs from September to February.
4.8.6 Doctors will be issued with an appraisal month by the Appraisal Manager
4.8.7 Failure to undertake appraisal within the nominated appraisal b month will be subject to the following escalation.

4.8.7.1 1st – Email reminder sent on the 1st of the month (or nearest date) proceeding allocated month to all doctors who have not completed their appraisal
4.8.7.2 2nd – Email sent 4 weeks from 1st reminder date again to those doctors who have still not completed appraisal
4.8.7.3 3rd Email reminder from RO sent 4 weeks from 2nd reminder date
4.8.7.4 4th Email reminder from RO sent 4 weeks from 3rd reminder to GMC ELA.

4.8.8 All substantive doctors must have an appraisal every 12 months. They will use the electronic Appraisal Toolkit system to complete their appraisal. Information held in electronic format complies with the organisation's data security and confidentiality policy.
4.8.9 All locums employed by the Trust for three months or more should be included in the appraisal process. All locum doctors will use the Medical Appraisal Guide Form (MAG form) to complete appraisal.
4.8.10 All newly appointed doctors must inform the Employment Services of when their last appraisal took place and provide them with a copy of it.
4.8.11 The date for appraisal meeting should be arranged in advance and should be in the doctor's SPA time for those on the new contract and in flexible time for those on the old contract.
4.8.12 It is important that the appraiser has time to consider the documentation and plan for the meeting, and therefore the appraisal folder must be submitted to the appraiser 2 weeks prior to the meeting.
4.8.13 The appraisal documentation must be completed within 28 days from the date the appraisal is held.

4.8.14 Information to support appraisal has been described at website gmc-uk.org/supporting information pdf and the 'Good Medical Practice framework for appraisal and revalidation is available at website gmc-uk.org/GMP framework for appraisal and revalidation

4.8.15 Specialty specific guidance with regard to supporting information is available at website aomrc.org.uk/introduction/news-a-publications/208-speciality-framewroks-and-speciality-guidance

4.8.16 Quality Improvement Data – this is usually in 4 types. 1. Clinical Audit (there is an expectation of all doctors having annual evidence of involvement in audit. 2) Structured case reviews with learning outcomes. 3) Clinical data collection. 4) Reviews of clinical outcomes. There is an expectation that if there should be engagement in national registries, national outcomes projects and confidential enquiries if relevant to the speciality. There should be evidence of MDT activity, and attendance at morbidity and mortality meetings, if appropriate to the speciality within the appraisal documentation.

4.8.17 The GMC has translated 'Good Medical Practice' into a framework against which an individual doctor's practice can be appraised and objectively assessed in four key Domains:

Domain 1 – Knowledge, Skills and Performance	**Domain 3 – Communication, Partnership and Team work**
Attribute 1: Maintain your professional competence **Attribute 2:** Apply knowledge and experience to practice **Attribute 3:** Keep clear, accurate and legible records	**Attribute 7:** Communicate effectively **Attribute 8:** Work constructively with colleagues and delegate effectively **Attribute 9:** Establish and maintain partnerships with patients
Domain 2 – Safety and Quality	**Domain 4 – Maintaining Trust**
Attribute 4: Put into effect systems to protect patients and improve care **Attribute 5:** Respond to risk to safety **Attribute 6:** Protect patients and colleagues from any risk posed by your health	**Attribute 10:** Show respect for patients **Attribute 11:** Treat patients and colleagues fairly without discrimination **Attribute 12:** Act with honesty and integrity

4.8.18 The appraisal will consider evidence in the 4 domains each with 3 attributes to inform judgements about the doctor's continuing fitness to practise.

4.8.19 The Royal Colleges are developing speciality specific evidence to support 'Good Medical Practice'

4.8.20 E-mandatory training records can be obtained by contacting the Training and Development Department. Failure to provide evidence of mandatory training will be reported to the appraisal lead and CD of the appropriate service. Absence of this evidence should not otherwise curtail the appraisal process.

4.8.21 The Appraisal Manager will support the doctor in providing a colleague and patient feedback. Under normal circumstances this should be considered in the latter two years prior to the revalidation date and is undertaken at least once every revalidation 5 year cycle. An appropriate period of time should be given for its completion (at least six months before the last appraisal prior to the revalidation date). The questionnaire used will fulfil GMC guidance. The GMC recommends that at least 34 completed patient questionnaires and 15 colleague questionnaires are used to gain an accurate view of performance.

4.8.22 An appraisal portfolio must not contain personally identifiable information. (Whether patient, colleague or any other person). To do so is a breach of information

governance rules. It also increases the risk of being compelled to disclose appraisal documents to a third party in a legal challenge.

4.8.23 Appraisers must appraise doctors against the standards in the appraisal guidance and training that has been provided.

4.8.24 The responsible officer and medical director may require evidence that key items of information (such as specific complaints or events, or outlying clinical outcomes) are included in the appraisal portfolio and discussed at the appraisal meeting, so that development needs are identified. If so this requirement will be notified to the appraiser and the doctor (in writing) at least 2 weeks prior to the appraisal.- please note important conduct or performance issues should be dealt with out-with the appraisal process and in a timely manner. Appraisal is not a time to spring surprises or investigate a clinicians conduct or performance.

4.8.25 On completion of the annual appraisal process, doctors/appraisers will submit their completed Appraisal using the Trust's recommended package. The details will be recorded on the relevant Electronic Staff Record.

4.8.26 Any appraisals submitted that have missing documentation will not be accepted and will be returned to the doctor by reverting the submission.

4.8.27 Any complaints about the appraisal process should be raised with the appraisal lead or Responsible officer

4.8.28 The Trust will include details of the annual appraisal process in the 'New Starter' induction packs which all new Doctors will receive.

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

5 THE PERSONAL DEVELOPMENT PLAN

5.1 The appraisal process should identify areas where there may be requirements for training, and these should cover all elements of the doctor's role – for example, communication skills, development in educational or management roles. It should also highlight areas where more evidence will be needed to support revalidation, such as a specific audits and outcome data, in the remainder of the 5 year cycle.

5.2 Beyond the immediate appraisal requirements, this should be an opportunity to reflect on career development and achievements to date and to recognise what the doctor wishes to achieve in the future.

5.3 The PDP should mainly reflect personal professional development, Service developments should be in keeping with the directorate's strategic plans. The latter should be discussed and addressed at the time of job plan reviews with the Clinical Director and Service Manager. The PDP should contain goals for the individual in the coming year, based upon learning or development needs. These in turn may relate to CPD requirements, results of audit, new service initiatives requiring developed skills and expertise and also to any professional issues that have arisen.

5.4 Between 3-5 goals may be agreed for the coming year which should be:-

5.4.1 Clear and explicit
5.4.2 Relevant to individual practice and his/her service
5.4.3 Should address priority needs/concerns discussed at appraisal
5.4.4 Measurable- so possible to demonstrate when achieve
5.4.5 Achievable within the reported time frame

6 OUTPUTS FROM APPRAISAL

6.1 The doctor's personal development plan (PDP)

6.1.1 The doctor and the appraiser should agree a new PDP at the end of appraisal.

6.1.2 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. The PDP represents the primary developmental output for the doctor.

6.2 The summary of the appraisal discussion

6.2.1 The doctor and the appraiser should agree the content of a written summary of the appraisal discussion.

6.2.2 This written summary should cover, as a minimum, an overview of the supporting information and the doctor's accompanying commentary, including the extent to which the supporting information relates to all aspects of the doctor's scope of work, (including private practice) 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. It should also include, where appropriate and mutually agreed a more general record of the doctor's progress, achievements and important issues.

6.3 The appraiser's statement

6.3.1 As the final output of the appraisal process the appraiser will make a series of statements to the responsible officer. The set of statements are:-

6.3.1.1 An appraisal has taken place that reflects the whole of the doctor's scope of work and addresses the principles and values set out in Good Medical Practice.

6.3.1.2 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.

6.3.1.3 A review that demonstrated progress against last year's personal development plan has taken place.

6.3.1.4 An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year.

6.3.1.5 No information has been presented for discussion in the appraisal that raises a concern about the doctor's fitness *to practice.*

6.4 The doctor's post-appraisal statement

The doctor statement indicating agreement with the content of the PDP and the summary of the appraisal discussion.

7 CONSULTANTS WHO UNDERTAKE PRIVATE WORK

7.1 All work undertaken in the private sector should be covered in the annual appraisal. Each consultant is responsible for providing clinical information of their practice.

7.2 The individual consultant should write to the respective Director of Operations/Medical Director/Responsible officer/clinical lead of the independent organisation at least four weeks before the annual appraisal is due and attach the Private Practice Form for completion. This completed form must be uploaded to the recommended Trust package.

8 EXEMPTIONS FROM APPRAISAL

Appraisal is an annual process and should be completed in advance of the annual job planning review. In very few circumstances an appraisal meeting may be postponed e.g. if a consultant is on leave (sick leave, maternity leave etc.) for more than 6 months in a year. Before an appraisal is postponed **(for any reason)** to the following 12 months period, advice must be taken from the Appraisal Lead/Manager to confirm it is appropriate. Otherwise any omission of an appraisal in the year could affect the progress to Revalidation in the 5 year cycle.

9 WHEN AN APPRAISAL MEETING SHOULD BE ADJOURNED

Where it becomes apparent during the appraisal that there is a serious performance, health or conduct issue (not previously identified) that requires further discussion or investigation, the appraisal meeting must be stopped. The matter must be referred to the DC, HR and MD immediately to take appropriate action

10 WHAT HAPPENS WHERE AN ISSUE OF POOR PERFORMANCE IS/CONCERNS IS RAISED DURING THE APPRAISAL DISCUSSION?

10.1 If, as a result of the appraisal process the appraiser believes that the activities of the doctor are such as to put patients at risk, the appraisal process should be stopped and action taken. The appraiser must refer the matter immediately to the Medical Director/RO to take appropriate action. This may, for example, include referral to any support arrangements that may be in place.

10.2 Issues concerning poor clinical performance should be dealt with under the Trusts Conduct, Capability and Ill Health Appeals Policy and Procedure for Practitioners (Medical Staff Only).

10.3 If the situation is then remedied the appraisal process can continue. Nothing in the operation of the appraisal process can over-ride the basic professional obligation to protect patients.

11 HONORARY DOCTORS

11.1 Honorary Doctors will need to ensure that all of their pre-employment checks have been carried out by the Employment Services Team before they come and work for the Trust.

11.2 Honorary Doctors must provide the Employment Services Team and Appraisal Lead with the name and contact details of the Medical Director of their primary employer.

11.3 Doctors holding an honorary contract with WWL NFT, have a responsibility to ensure that the Medical Director of their primary employer replies to WWL confirming that they have undertaken and annual appraisal and confirms that they are fit to practice.

11.4 Honorary Doctors who breach 4.3 of the policy will not be able to work for the Trust and will not be paid for sessions worked until the information has been received by WWL.

12 TRAINING

12.1 Training is a key component in the delivery of a successful appraisal process. Medical appraisers must be able to facilitate and deliver consistently high quality appraisals. The personal attributes of appraisers and the quality of the training offered to them by the Trust are significant factors in the successful implementation of medical appraisal. Appraisers also need to be aware of their own performance in undertaking appraisal and to have support in improving and developing their skills.

12.2 All appraisers should have evidence of appropriate training for the role. This training should be agreed with the Appraisal Lead/Manager. All appraisers should attend the regular training update meetings facilitated by the Appraisal Manager/Lead and RO. Appraisers at their own appraisal will consider this role and their skills and include development action in their PDP for their role as necessary

13 EDUCATION AND RESEARCH

The appraiser will recognise that education and research will vary significantly from doctor to doctor.

14 ASSURING THE QUALITY OF MEDICAL APPRAISAL AND REVALIDATION

14.1 WWL will use the tools proposed by NHS England.

14.2 A qualitative analysis of appraisal summary documentation and personal development plans will be carried out. A 10% sample will be reviewed using an appropriate QA tool.

14.3 The responsibility for quality assuring the process lies with the RO and MD who has an overseeing role

14.4 Annual feedback will be provided to each appraiser concerning the doctors views and an assessment of the documentation.

14.5 The Appraisal Lead/Manager and the RO will lead two appraisal meetings annually which appraisers should attend. This will allow discussion and peer support and review of the process. Appraisal Lead/Manager and RO will provide ongoing support and advice as required throughout the year.

14.6 In a 5 year cycle an appraiser will receive the following feedback on his/her skills which will be supporting information for their own appraisal:

14.6.1 360 feedback summary from appraisees – annually
14.6.2 Attendance record at Appraiser Update meetings
14.6.3 Feedback from RO– annually

14.7 The Appraisal and Revalidation Team will submit an annual progress report to the Trust Board. The Trust Board will receive an annual medical appraisal report in structured format, (Appendix 5).

15 APPRAISAL AND PAY

15.1 If an appraisal is postponed due to failure of the doctor to engage in the appraisal process, this may lead to ineligibility to be considered for a Clinical Excellence Award and ultimately, failure to be revalidated

15.2 If an appraisal is not carried out within the appraisal cycle this will result in delay to pay progression, ineligibility to be considered for a Clinical Excellence Award and ultimately, failure to be revalidated.

16 ASSOCIATED DOCUMENTS

This policy should be read in conjunction with the Trust's Medical Appraisal and Revalidation Procedures document.

17 DISSEMINATION AND IMPLEMENTATION

17.1 This policy is available to all staff via the Trust intranet site – Policy Library.

17.2 The policy update is communicated via global email.

17.3 The policy is discussed and communicated at the HR Policy Development Group and LNC ensuring that staff side representatives are fully briefed. Staff side chair will determine if any further dissemination of this policy to staff side colleagues is required via the monthly staff side meeting, and will confirm this with the Deputy HR Director in advance of the policy being presented to PARC.

18 HUMAN RIGHTS ACT

Implications of the Human Rights Act have been taken into account in the formulation of this document and they have, where appropriate, been fully reflected in its wording.

19 INCLUSION AND DIVERSITY

The document has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and, as far as we are aware, there is no impact on any protected characteristics.

20 MONITORING AND REVIEW

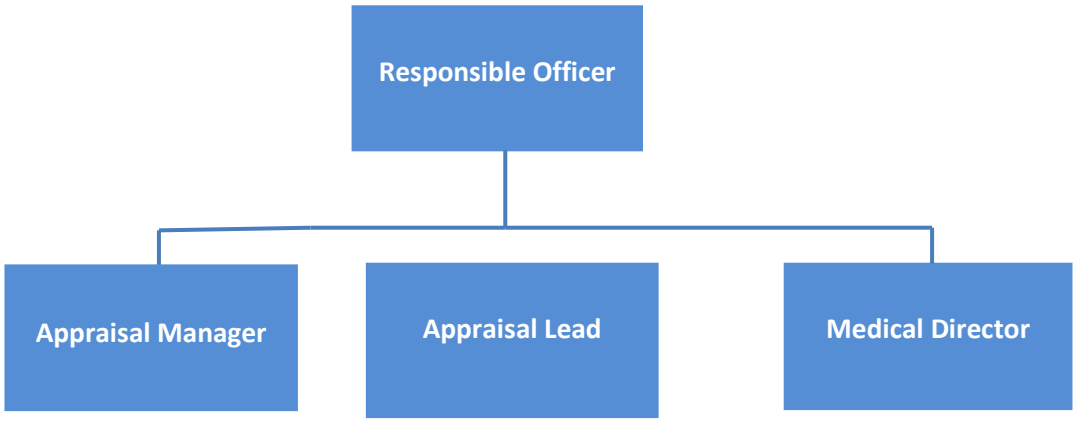
Annual Organisational Audit to be completed for NHS England. Results presented to Trust Board annually.

21 ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g. large print, Braille and audio cd.
For more details, please contact the HR Department on 01942 77 3766 or email equalityanddiversity@wwl.nhs.uk

Appendix 1

The Revalidation Team



Appendix 2

MEDICAL APPRAISERS
JOB DESCRIPTION

Wrightington, Wigan and Leigh NHS FT

Background

Revalidation will begin in 2013. Revalidation will occur every five years and will be enabled by strengthened medical appraisal. This will involve annual appraisals where evidence is brought by the doctor to link with the module of domains and attributes described in Good Medical Practice (GMC 2006).

In order for the process of strengthened medical appraisal to be effective quality assurance of the whole process is required. This is described in *Assuring the Quality of Medical Appraisal for Revalidation* (Revalidation Support Team 2009). This document states that the appraisers role is key to the process. Appraisers should be selected for their skills which should be continuously reviewed and developed.

This document describes the selection and role of medical appraisers in WWLFT whether this is part of a medical management role or not.

Other documents that should be read in conjunction include:

- *Guidance for Senior Medical Staff Appraisal, WWL FT 2011*
- *Assuring the Quality of Appraisal for Revalidation, Revalidation Support Team 2009*
- *Assuring the Quality of Training for Medical Appraisers, Report of the NHS Clinical Governance Support Team Expert Group. NHS Clinical Governance Support Team, 2007.*

Selection of Medical Appraisers

The quality and consistency of appraisal relies heavily on the skills and professionalism of the appraiser. The role of appraiser is an integral part of a broader medical management role and the core components of the person specification for the role of the appraiser are incorporated in the person specification for medical managers. Where the appraiser is not a medical manager they will be recruited as follows:

- Consultant appraisers will be selected by the MD, RO and Appraisal Lead from the pool of doctors who have expressed an interest in becoming an appraiser.
- The appraisers will need to have the necessary skills (see person specification) and an understanding of the role.
- Approved appraisers will have the skills outlined in the person specification
- Approved appraisers will have appropriate training and support

Responsibilities of the medical appraiser

- The appraiser will attend the Trust's 1 day training programme to be updated on Appraisal and Revalidation before undertaking any appraisals
- The appraiser will undertake a minimum of 4 and maximum of twelve appraisals a year
- The appraiser will follow the guidance as in the document *Revalidation and Appraisal Guidelines*

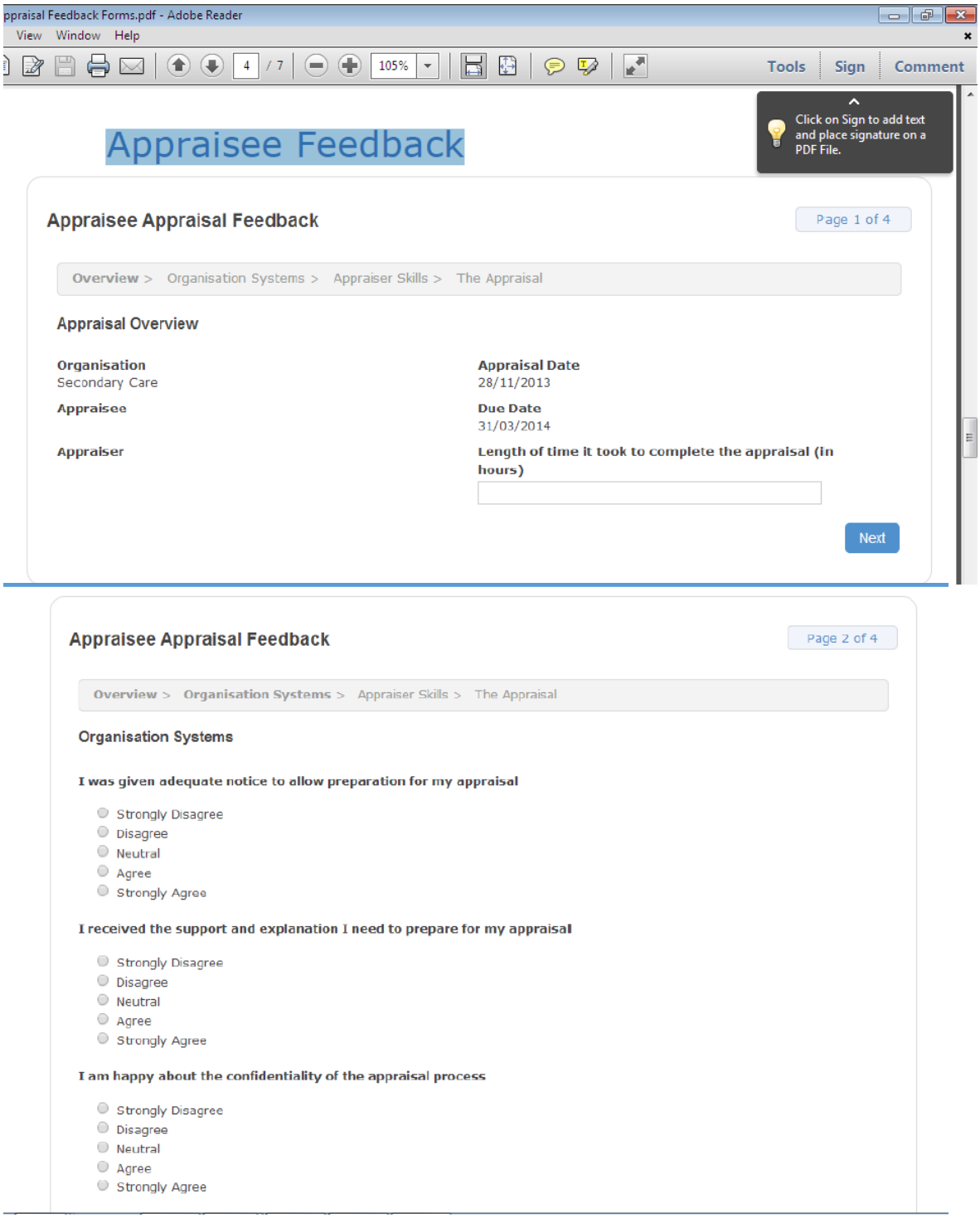
- The appraiser will understand the confidentiality of the process and circumstances when this can be breached
- The appraiser will undertake pre-appraisal preparation and appraisal discussion and will be complete the documentation and agree the PDP
- The appraiser will be expected to take note of feedback on his/her appraisal skills and undertake development as appropriate incorporating this in his/her PDP
- The appraiser will attend two Appraisal Support Group (ASG) meetings a year to keep updated locally and nationally of events which will be led by RO, MD and Appraisal lead
- The appraiser will liaise with the Appraisal Lead or RO for appraisal and revalidation for advice and support as necessary
- The appraiser will be reviewed in regard to progress in the role after 12 months by the Appraisal lead.

Appendix 3

PERSON SPECIFICATION
POST TITLE: **Medical Appraiser**

	Essential	Desirable
Qualifications:	• Medical Degree (plus any Postgraduate qualification required) • GMC License to Practice • Where appropriate entry on the GMC Specialist Register • Completion of Appraisal Training	
Experience :	• Has been subject to a minimum of two medical appraisals not including those in training grades • Experience of managing own time to ensure deadlines are met • Experience of applying principles of adult education or quality improvement	
Knowledge :	• Knowledge of the role of the appraiser • Knowledge of the appraisal process and its links to revalidation • Knowledge of educational techniques which are relevant to appraisal • Knowledge of responsibilities of doctors as set out in Good Medical Practice • Knowledge of relevant Royal College speciality standards and CPD guidance • Knowledge of health sector in which appraisal duties are performed • Knowledge of local and national healthcare context • Knowledge of Evidence Based Medicine and clinical effectiveness	
Expertise, Skills and Aptitudes :	• Oral communication and listening skills – including the ability to understand and summarise a discussion, ask appropriate questions, provide constructive challenge and give feedback • Excellent written communication skills – including the ability to summarise a discussion clearly and accurately • Objective evaluation skills • Commitment to own on-going education and development • Good working relationships with professional colleagues and stakeholders • Ability to work effectively in a team • Motivating, influencing and negotiating skills • Understanding of equality and diversity • Adequate IT skills for the role	

Appendix 4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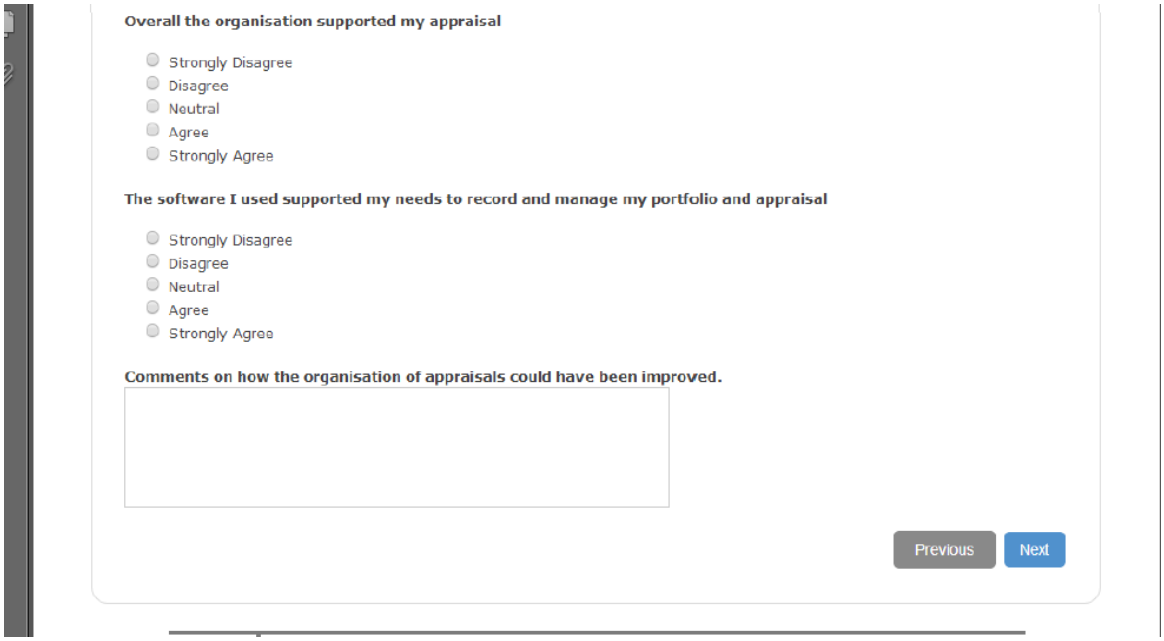
Appraisee Feedback
Appraisee Appraisal Feedback
Page 1 of 4
Overview > Organisation Systems > Appraiser Skills > The Appraisal
Appraisal Overview
Organisation
Secondary Care
Appraisee
Appraiser
Appraisal Date
28/11/2013
Due Date
31/03/2014
Length of time it took to complete the appraisal (in hours)
Next
Appraisee Appraisal Feedback
Page 2 of 4
Overview > Organisation Systems > Appraiser Skills > The Appraisal
Organisation Systems
I was given adequate notice to allow preparation for my appraisal
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
I received the support and explanation I need to prepare for my appraisal
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
I am happy about the confidentiality of the appraisal process
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree



Overall the organisation supported my appraisal

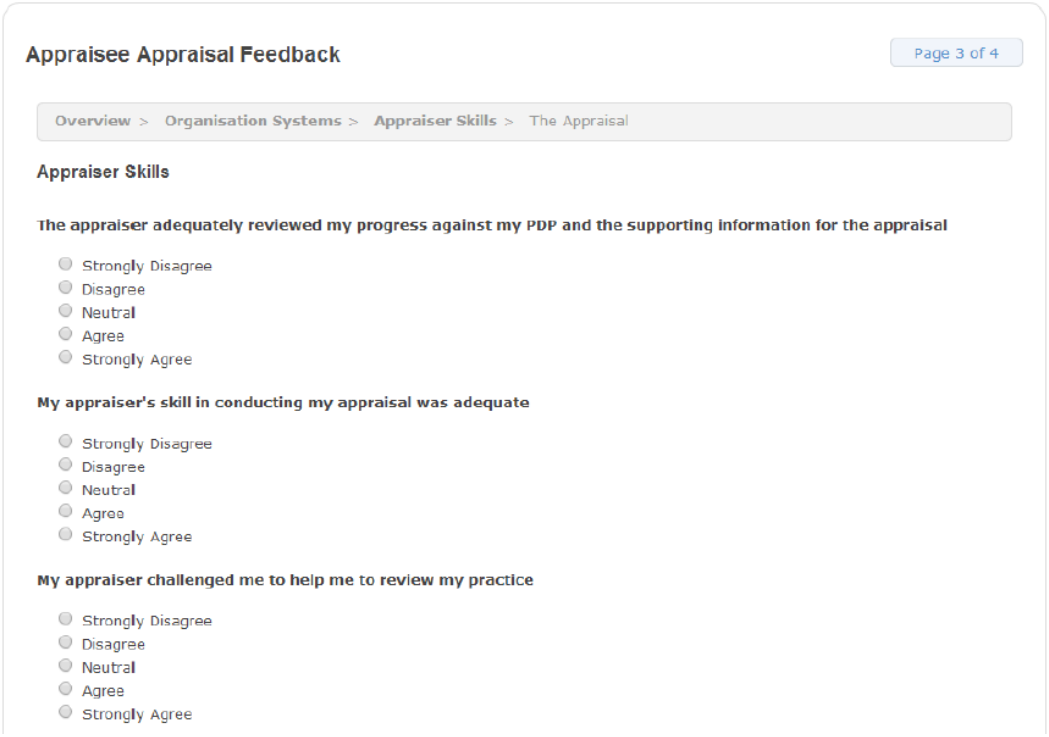
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

The software I used supported my needs to record and manage my portfolio and appraisal

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Comments on how the organisation of appraisals could have been improved.

Previous Next



Appraisee Appraisal Feedback

Page 3 of 4

Overview > Organisation Systems > Appraiser Skills > The Appraisal

Appraiser Skills

The appraiser adequately reviewed my progress against my PDP and the supporting information for the appraisal

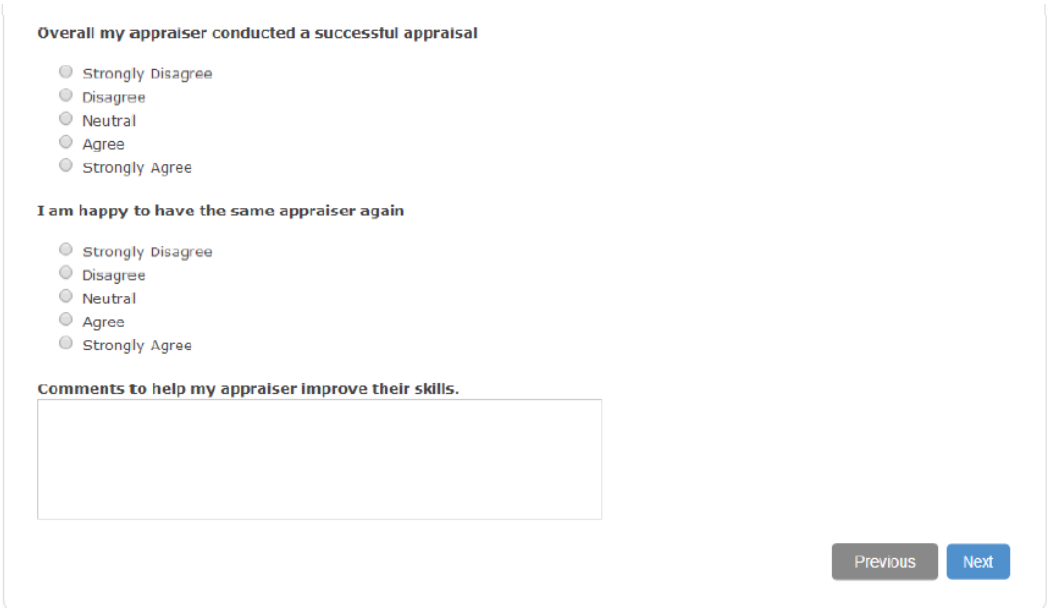
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

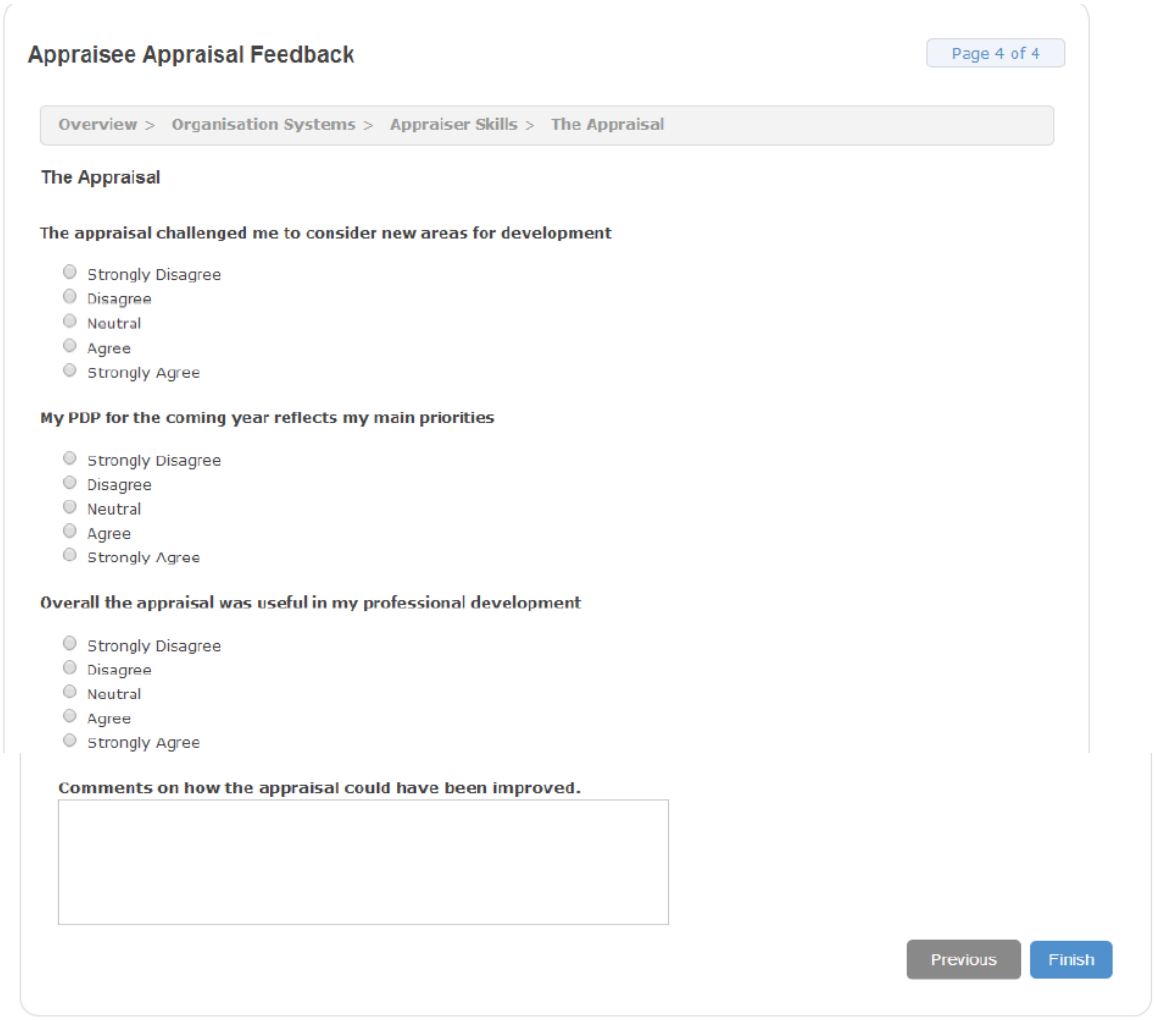
My appraiser's skill in conducting my appraisal was adequate

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

My appraiser challenged me to help me to review my practice

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree


Overall my appraiser conducted a successful appraisal
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
I am happy to have the same appraiser again
Strongly Disagree
Disagree
Neutral
Agree
Strongly Agree
Comments to help my appraiser improve their skills.
Previous
Next



Appraisee Appraisal Feedback

Page 4 of 4

Overview > Organisation Systems > Appraiser Skills > The Appraisal

The Appraisal

The appraisal challenged me to consider new areas for development

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

My PDP for the coming year reflects my main priorities

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Overall the appraisal was useful in my professional development

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Comments on how the appraisal could have been improved.

Previous Finish

Appendix 5

Annual Medical Appraisal Board Report

The annual medical appraisal and revalidation board report may form part of a wider report on clinical governance or workforce development and should be structured so that the following information is clearly accessible.

1. Executive Summary
2. Introduction – Includes purpose of appraisal and revalidation in Trust and purpose of this report
3. Background – Includes some background to reporting in Trust and previous reports

4. Management of Appraisal and Revalidation
   - Outline of organisational structures and responsibility
   - Detailed activity levels of appraisal outputs in individual departments:
     - Number of doctors
     - Number of completed appraisals
     - Number of doctors in remediation and disciplinary processes

Details of exceptions i.e.: missed appraisals and reasons, incomplete appraisals etc.

Number of doctors recommended for revalidation, deferred etc.

5. Quality Assurance
   - Review of appraisal folders by whom and sign offs
   - 360 feedback from doctors for each appraiser - annually
   - Appraisers attendance at Appraiser Update Meetings
   - Feedback from RO - annually

6. Performance Review, Support and Development of Appraisers
   - Outline support and development and any additional needs

7. Clinical Governance
   - Outline data for appraisal. Corporate data used for individual doctors to contribute to supporting information. What is provided to individuals for appraisal .e.g clinical incident and complaints, activity data

8. Access, security and confidentiality
   - Results of audit of compliance with access, security and confidentiality protocol and reports of investigations of breaches

9. Conclusion and Next Steps
   Summary of important issues
   Include future developments

10. Recommendations
    Ask board to accept report and to consider any needs/resources

Equality Impact Assessment Form

STAGE 1 - INITIAL ASSESSMENT

Appendix 6

For each of the protected characteristics listed answer the questions below using **Y** to indicate Yes and **N** to indicate No	Protected Characteristics														Reasons for negative / positive impact
	Sex	**Age**	**Ethnicity**	**Learning Disability**	**Hearing Impairment**	**Visual Impairment**	**Physical Disability**	**Mental Health**	**Gay / Lesbian / Bisexual**	**Transgender**	**Religion / Belief**	**Marriage / Civil Partnership**	**Pregnancy & Maternity**	**Carers**	
Does the policy have the potential to affect individuals or communities differently in a negative way?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
Is there potential for the policy to promote equality of opportunity for all / promote good relations with different groups – Have a positive impact on individuals and communities.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?	N	N	N	N	N	N	N	N	N	N	N	N	N	N	If Yes, please state how you are going to gather this information.

Job Title	**Responsible Officer**	**Signed**		**Date**	12 October 2019

IF 'YES an NEGATIVE IMPACT' IS IDENTIFIED - A Full Equality Impact Assessment STAGE 2 Form must be completed. This can be accessed via
http://intranet/Departments/Equality_Diversity/Equality_Impact_Assessment_Guidance.asp

Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an EIA. By stating that you have NOT identified a negative impact, you are agreeing that the organisation has NOT discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.

Appendix 7

POLICY MONITORING AND REVIEW ARRANGEMENTS

Para	Audit / Monitoring requirement	Method of Audit / Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
	Annual Organisational Audit for NHS England	Annual Report	Appraisal & Revalidation Manager	Annually	Trust Board	Report	Via Appraisal & Revalidation Manager