

Appraisal & Revalidation Consultant & SAS (MD22)

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Links or overlaps with other policies:			
MD 24 Job Planning			

Amendment History

Issue	Date	Reason for Change
1.1	May 2019	Removal of Appraiser Review form from the Appendices
1.2	August 2021	General review. Change of job titles, removal appendix Job Description for Appraiser & Appraiser Review Form
2	August 2023	General Review. Rewording of Section 3 and Section 12 relating to locums to mirror Appt of Locum policy

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Appraisal & Revalidation	Version and Date	V2 Aug 2023	
Policy Author		Medical Workforce			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.					
Who may be affected by this document?					
Patients/ Service Users <input type="checkbox"/>		Staff <input checked="" type="checkbox"/>	Other, please state... <input type="checkbox"/>		
Could the policy treat people from protected groups less favorably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
Are the services outlined in the policy fully accessible ⁶ ?				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
Does the policy encourage individualised and person-centered care?				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
EXTERNAL FACTORS					
Is the policy a result of national legislation which cannot be modified in any way?					Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
Who was consulted when drafting this policy?					
Patients/ Service Users <input type="checkbox"/>		Trade Unions <input checked="" type="checkbox"/>	Protected Groups (including Trust Equality Groups) <input type="checkbox"/>		
Staff <input type="checkbox"/>		General Public <input type="checkbox"/>	Other, please state... <input type="checkbox"/>		
What were the recommendations/suggestions?					
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>					Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts					
Action	Person responsible		Completion date		

Please contact the Equalities team for guidance: For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net **This form should be published with the policy and a signed copy sent to your relevant organisation.**

- ¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
- ² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
- ³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
- ⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated
- ⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives
- ⁶ Consider both physical access to services and how information/ communication is available in an accessible format
- ⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

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1 Policy Statement

- 1.1 This policy is to ensure that Torbay and South Devon NHS Foundation Trust (TSDFT)'s requirements for appraisal and revalidation are clear, understood and implemented fairly.
- 1.2 For Dentists employed by TSDFT this policy applies only for the purposes of appraisal.
- 1.3 Medical appraisal differs fundamentally from appraisal in other settings due to its direct link with external professional regulation and revalidation.
- 1.4 Revalidation is the process by which doctors will have to demonstrate to the General Medical Council (GMC) that they are compliant with relevant professional standards, have up-to-date skills and competencies and are fit to practise.

2 Purpose

- 2.1 All doctors who wish to practise medicine in the United Kingdom must be both registered and licensed with the General Medical Council (GMC). This applies whether they practise full time, part time, as a locum, privately or in the NHS.
- 2.2 The purpose of revalidation is to assure patients, the public, employers and other healthcare professionals that licensed doctors are up-to-date and are practising to the appropriate professional standards.
- 2.3 Doctors who wish to keep their licence to practise will need to demonstrate to the General Medical Council (GMC) every five years that they are up-to-date and fit to practise.
- 2.4 The evidence to support revalidation will be collected during annual appraisals. Revalidation will not involve a point in time assessment of a doctor's knowledge and skills, but will be based on a continuing evaluation of a doctor's practice. It will be based on local systems of appraisal and clinical governance.
- 2.5 Appraisals happen on an annual basis within each appraisal year. An appraisal is not considered to have been completed without timely sign-off of the appraisal process on the Trust's electronic appraisal system (PReP) within 28 days of the appraisal meeting taking place.
- 2.6 Medical appraisal also has a role in enabling doctors to enhance the quality of their professional work by planning their professional development and supporting maintenance of health and wellbeing.

- 2.7 Application for Clinical Excellence Awards and pay progression are dependent on the completion of annual appraisal and Job Planning.
- 2.8 Based on the evidence provided during the five-year revalidation cycle the Responsible Officer (RO) will make one of three recommendations to the General Medical Council (GMC) as follows:
- a recommendation to revalidate, because they are satisfied the doctor is up to date and fit to practise
 - a recommendation to defer because they need more information to make a recommendation about the doctor. This might happen if the doctor has taken a break from their practice (for example, maternity or sick leave).
 - a recommendation of non-engagement because the doctor has failed to engage with any of the local systems or processes (such as appraisal) that support revalidation.

3 Scope

- 3.1 This policy applies to all Consultant, SAS and Locally Employed Doctors permanently employed by Torbay & South Devon NHS Foundation Trust, together with those on a joint contract with the organisation and another employer.
- 3.2 For locum doctors on a fixed term post for a minimum 6 months who work the majority of their time for the Trust we will endeavour to facilitate a formal appraisal.
- 3.3 Locum Consultants and SAS doctors on the Bank or booked via an Agency through TempRE will not be entitled to a Trust Appraisal. For locums employed via an agency, the Responsible Officer (RO) may be within the locum agency or can be identified by the GMC website.
- 3.4 General practitioners who conduct work within the organisation will undertake their medical appraisal through the employing body for which they are on the Performers' list. The Trust will require a copy of the completed Appraisal Output form.
- 3.5 Doctors in training will participate in a process of appraisal and revalidation led by Health Education South West and supported by the Director of Medical Education.
- 3.4 University Academics with Honorary Contracts of more than 12 months will need to provide evidence of appraisal and revalidation from their employing organisation.
- 3.5 Military doctors have their own Responsible Officer but will use the Trust's electronic appraisal system.

4 Equality and Diversity Statement

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

5 Roles and Responsibilities

5.1 Responsible Officer

- 5.1.1 The Responsible Officer (RO) has overall responsibility for the effective implementation and operation of appraisals for all non-training grade medical and dental staff within the organisation.
- 5.1.2 At TSDFT this will be incorporated into the Medical Director's role as the senior medical professional within the organisation, who is personally accountable to the Trust Board.
- 5.1.3 The Responsible Officer (RO) will make a recommendation to the General Medical Council (GMC) on a doctor's fitness for revalidation based on an assessment of their practice through annual appraisals over five years.
- 5.1.4 The Responsible Officer (RO) will ensure that arrangements are in place so that all information necessary to complete revalidation held by the organisation on each doctor's practice within the organisation is made available.

5.2 Trust Appraisal Lead

- 5.2.1 The Trust Appraisal Lead is appointed by the Responsible Officer (RO) to oversee the quality and delivery of the appraisal process within the Trust. They will provide leadership and training for appraisers; peer support and quality assurance for the RO. They will work closely with the Medical Workforce Support Officer (MWSO) to ensure the provision of robust levels of internal and external reporting.

5.3 Trust Deputy Appraisal Lead

- 5.3.1 The Trust Deputy Appraisal Lead is appointed by the Responsible Officer and will liaise closely with the Trust Appraisal Lead and Medical Workforce Support Officer to support the appraisal and revalidation process within the Trust.

5.4 Medical Workforce Support Officer

- 5.4.1 The Medical Workforce Support Officer (MWSO) works closely with the Appraisal Lead and Deputy Appraisal Lead co-ordinate and provide administrative support to the appraisal and revalidation process. The MWSO will co-ordinate and monitor the selection of appraisers by appraisees using the Trust's electronic appraisal system (PReP).

5.5 Head of Medical Workforce Service

- 5.5.1 Ensures that related procedures and practices are regularly reviewed in line with changes in legislation. The Appraisal Lead, Deputy Appraisal Lead and Head of Medical Workforce Service will ensure that appropriate protocols, processes and records are developed and maintained to ensure that all medical staff undertake annual appraisal in line with national guidance.

5.6 Trust Appraisers

- 5.6.1 Trust Appraisers will be appointed by the Appraisal Lead. The role involves:
- Adherence to the Appraisal and Revalidation Policy
 - Declaration of any conflict of interest which would affect the appraisal
 - Ensuring that, when appraising outside speciality, the appraiser should give consideration as to whether specialty specific advice and guidance is required from the appropriate Clinical Service Lead.
 - Agreeing a date and appropriate venue for the appraisal
 - Reviewing the submitted PReP Appraisal Input Form, ideally a minimum of two weeks before the appraisal interview takes place and identifying key areas for discussion.

- If the PReP Appraisal Input Form requires further clarification or additional evidence identified by the appraiser, the Appraisal Input Form will be returned to the appraisee for appropriate amendment and re-submission.
- If the PReP Appraisal Input Form does not meet an appropriate standard for the appraisal meeting to take place the appraiser should inform the Medical Workforce Support Officer (MWSO) or Trust Appraisal Lead. Further assistance and support would then be offered to the appraisee and a new appraisal date agreed. The Responsible Officer (RO) would be informed.
- Ensuring that the appraisal output forms eg Appraisal Summary and Personal Development Plan (PDP) are completed and signed off within twenty-eight days of the appraisal meeting.
- Reporting concerns directly to the Responsible Officer (RO) and/or Appraisal Lead as appropriate
- Engaging in Peer Support e.g. attending the Appraiser Update Sessions organised by the Medical Workforce Support Officer (MWSO).
- Taking part in performance reviews, including feedback on performance in their appraiser role

5.7 Trust Appraisees

5.7.1 Trust Appraisees are responsible for:

- Ensuring that they participate in the annual appraisal cycle to meet the requirements of revalidation. Guidance can be found on the General Medical Council (GMC) website and specialty-based guidance from the appropriate Royal College's website or the Academy of Royal Colleges' website.
- Maintaining their PReP portfolio ensuring that supporting evidence is provided across all General Medical Council (GMC) domains for their whole scope of practice.
- Ensuring they liaise with the Medical Workforce Support Officer regarding support and assistance.

- Ensuring that they liaise with Medical Workforce Support Officer regarding a 360° Colleague and Patient Feedback Appraisal once during the five-year revalidation cycle
- Ensuring they contact their appraiser to arrange a date and appropriate venue for the appraisal meeting.
- Ensuring that the PReP Appraisal Input Form is submitted to the appraiser ideally a minimum of two weeks prior to the appraisal meeting date.
- Ensuring that sign off of the appraisal and completion of appraiser feedback takes place within twenty-eight days of the appraisal meeting.
- Ensuring that, for non NHS work, a medical indemnity form and Trust Scope of Practice form is uploaded annually.

6 Appraisal Main Principles

- 6.1 Appraisal happens on an annual basis within each appraisal year. Appraisal should be a positive process that gives doctors' feedback on past performance, charts continuing progress and identifies development needs. It is designed to recognise good performance, provide feedback and assist in the identification of performance issues so these can be dealt with at an early stage. It is a forward-looking process essential in identifying the developmental and education needs of individuals. Appraisal is, at its heart, a reflective process with challenge where necessary allowing the doctor to review his/her development professionally with a trained colleague as an appraiser. Appraisal also has a role in supporting maintenance of health and wellbeing.
- 6.2 The Trust Appraisal Lead will allocate an appraisal month to each doctor depending on individual circumstances. For new appointees, the Trust Appraisal Lead will meet the individual doctor to agree the appropriate appraisal month based on previous appraisals and starting date.
- 6.3 Every doctor is responsible for ensuring that they are appraised annually, in their previously allocated appraisal month, on their whole scope of work for which they use their licence to practise medicine (including any voluntary work).
- 6.4 For the avoidance of doubt, should a doctor have an appraisal later than their appraisal due date (whether or not by agreement with their Responsible Officer) their next appraisal should revert to their original appraisal month.
- 6.5 It is mandatory for all doctors to use the Trust's electronic appraisal management system, (PReP), for annual appraisal.

7 Medical Appraiser Appointment and Training

- 7.1 The Trust will provide an adequate pool of trained appraisers. The Appraisal Lead will identify the number of appraisals needed and ensure that there are a sufficient number of trained appraisers within the organisation to carry out these appraisals.
- 7.2 The list of appraisers will be held by the Medical Workforce Support Officer, and will meet the personal specification set out in the appraiser Job Description contained in Appendix A.
- 7.3 The selection and training, following national guidelines, of new appraisers will be carried out as and when required.
- 7.4 Each appraiser will be required to conduct seven medical appraisals each year. The time taken for undertaking the role of appraiser must be recognised through additional SPA in Job Plans and will be subject to Job Planning sign-off arrangements, guided by the assessment of time commitments outlined in the existing Appraiser Job Description. This is estimated, based on a maximum of seven doctors, as 0.25 of an SPA per week.
- 7.5 The following assumptions have been made with regard to appraisal:
- Time required per appraisal (including preparation): six hours
 - Number of appraisals per appraiser per year: seven per year (suggested maximum number)
 - Total amount of time per appraiser: forty-two hours per year to include time to update knowledge and skills on revalidation/appraisal and engagement in appropriate quality assurance processes within the organisation. This will be evidence as part of the appraiser's own annual appraisal. Continuing Professional Development (CPD) should be carried out in generic Study Leave SPA time.
- 7.6 Appraisers will be supported by the Appraisal Lead through ongoing professional development such as attending Appraiser Update sessions to ensure that consistently high standards are maintained across the Trust.
- 7.7 In situations where there is a perceived or actual conflict of interest that may impact on the completion of a transparent and high standard appraisal, the appraiser will be expected to step down and request that the doctor seeks another appraiser.
- 7.8 Each new appraiser will undertake the requisite training and will initially complete a minimum of two appraisals which will be reviewed by the Appraisal Lead. Feedback following this will also provide evidence of satisfactory performance which the appraiser can use in their annual appraisal. It may also identify training needs which can be incorporated into the appraiser's annual Personal Development Plan.

- 7.9 Continued performance as a medical appraiser will be subject to annual review. Samples of individual appraiser's appraisal summaries and Personal Development Plans will be subject to quality assurance by the Appraisal Lead. This quality assurance will further comprise of review of feedback questionnaires from doctors; a review of the number of appraisals carried out and of any complaints or other significant events involving the appraiser, in either their appraiser role or in other professional roles which they may carry out for TSDFT.
- 7.10 Serious complaints involving the appraiser may result in temporary or permanent suspension from the role of medical appraiser

8 Allocation of Appraiser

- 8.1 A list of trained Trust Appraisers is held by the Medical Workforce Support Officer
- 8.2 The Trust Appraisal Lead and Medical Workforce Support Officer, will allocate an appraiser on an annual basis. The appraisee can request a different appraiser if a conflict of interest is identified after the allocation.
- 8.3 Where appropriate the Responsible Officer (RO) will allocate an appraiser of their choice eg if he/she is aware of specific performance issues relating to a doctor
- 8.4 An individual appraiser should provide three consecutive appraisals, where practical, for an individual doctor.
- 8.5 Within the five-year revalidation cycle the doctor will have both in and out of specialty appraisals.
- 8.6 The RO will identify an appropriate appraiser for all doctors undertaking senior management and leadership roles within the Trust.
- 8.7 Where a doctor has concerns that no appraiser with suitable knowledge and insight is available within the organisation, the Responsible Officer (RO) will assist in finding an alternative appraiser for the individual. It is permitted to use trained appraisers employed within partner NHS organisations in Devon to carry out appraisals with the agreement of the individual concerned.

9 Conflict of Interest

- 9.1 Examples of conflicts of interest between appraiser and appraisee include:
- A personal or family relationship
 - Paired appraisals where two doctors appraise each other within the same revalidation cycle

- An appraiser receiving direct payment from a Trust employee for performing the appraisal
- Line management responsibility, where this is felt to present a barrier to the principles of good and independent appraisal
- Situations where there is a performance issue under consideration, in which case a doctor with line-management responsibility such as a Clinical Service Lead, should not undertake appraisal of the individual concerned

9.2 Examples of conflicts of interest between appraisee and Responsible Officer (RO) include:

- A personal relationship between the appraisee and the Responsible Officer (RO)
- A financial or business relationship between the appraisee and the Responsible Officer (RO)
- Third party involvement in a personal relationship
- Known and long-standing animosity between the appraisee and the Responsible Officer (RO)

10 Responsible Officer's Appraisal

10.1 NHS England is responsible for medical appraisal of the Responsible Officer (RO) and making recommendation regarding his/her revalidation. NHS England will allocate a trained external appraiser to conduct the appraisal of the Responsible Officer (RO). The Responsible Officer (RO) is required to provide additional evidence in regard to his/her role as a Responsible Officer (RO) in addition to their general evidence as a doctor.

11 Appraisal arrangements of appointees/leavers

11.1 Where a doctor has moved to TSDFT from another organisation, then they will be obligated to participate in this Trust's appraisal process. An appropriate appraiser will be allocated in accordance with this policy. Arrangements will need to be made for the relevant appraisal records to be transferred. This will be the responsibility of the doctor but he/she will be assisted in any case of difficulty by TSDFT.

11.2 Where a doctor moves from TSDFT to another organisation, then they will become the responsibility of the relevant Responsible Officer (RO) in the new organisation. The Trust will ensure that, on request from the doctor, the relevant appraisal records are transferred to the new organisation with the normal safeguards regarding confidentiality.

11.3 As part of their induction programme, all newly employed non-training grade doctors will be invited to meet the Appraisal Lead to ensure they meet their

obligations with regard to appraisal and eventual revalidation and to decide on their appraisal date for the forthcoming appraisal year. Support and guidance will be offered as required.

12 Locum Doctors

- 12.1 Torbay and South Devon NHS Foundation Trust has a duty to ensure that patients receive a good standard of medical care and ensure as far as possible the safety of patients
- 12.2 For Locum Consultants or SAS Doctors in a Fixed Term post for a minimum of six months or more, the Trust will endeavour to facilitate a formal appraisal as per Torbay and South Devon NHS Foundation Trust appraisal process.
- 12.3 Locum Consultants and SAS doctors on the Bank or booked via an Agency through TempRE will not be entitled to a Trust Appraisal. They will be required to arrange an appraisal through their own means in order to meet the GMC standards.

13 Electronic Appraisal system (PReP)

- 13.1 It is mandatory for 'all doctors' (See Section 3 of this policy) to use the Trust's electronic appraisal system (PReP).
- 13.2 The PReP Appraiser User Guide can be accessed via the Medical Workforce Office or via the Help facility within the PReP system.
- 13.3 PReP will be used to record supporting information and reflection across their whole scope of practice to demonstrate that the doctor is up-to-date and fit to practise.
- 13.4 All queries should be directed to the Medical Workforce Support Officer.

14 Supporting Information

- 14.1 Over the five-year revalidation cycle and via annual appraisals doctors will have to demonstrate evidence including reflection and discussion at appraisal of all six types of supporting information encompassing their whole scope of practice. All doctors need to have demonstrated their practice against the domains and attributes outlined in the GMC Good Medical Practice Framework for appraisal and revalidation.
- 14.2 It is essential that third-party information eg patient identifiable data is not uploaded to the PReP system. This information should be brought to the appraisal meeting in hard-copy if required.

14.3 The domains are supported by the following six types of information:

- Continuing Professional Development (CPD). This should reflect the scope of the doctor's clinical practice including professional, managerial and academic activities. Doctors can choose to upload their Royal College CPD summary, rather than individual CPD certificates to their PReP portfolio. However, reflection on learning from their CPD activities must also be included in their PReP portfolio. A reflective summary of the whole of CPD rather than individual courses can be useful to identify gaps across an individual's practice.
- Quality Improvement activity. For the purposes of revalidation doctors will be required to demonstrate that they regularly participate in activities that review and evaluate the quality of their own work eg clinical audit and review of clinical outcomes.
- Significant events and complaints. The Medical Workforce Support Officer (MWSO) will upload this evidence to the individual PReP account in the month prior to the identified appraisal month.
- Feedback from colleagues. A 360° Feedback Appraisal should be carried out at least once, ideally in years two or three, of the five-year revalidation cycle. Doctors should contact the Medical Workforce Support Officer to request access to the 360° Feedback Appraisal system
- Feedback from patients (where appropriate). The Trust's 360 Feedback should ideally be used for patient feedback. However, in certain circumstances an alternative validated tool can be used provided that collection and analysis of the data is carried out by a third party. Where feedback from patients is not possible to obtain advice should be sought from the. Appraisal Lead, Deputy Appraisal Lead or Responsible Officer.
- Leadership 360° appraisal. Where appropriate, a management 360° appraisal should be undertaken by those doctors in a senior leadership role.
- Review of complaints and compliments. The Medical Workforce Support Officer will upload complaints evidence to the individual PReP account in the month prior to the identified appraisal month. The doctor must include reflection on their compliments in their PReP portfolio but should bring hard copies of this evidence, i.e. thank you cards etc to the appraisal meeting. This will avoid disproportionate time and effort spent anonymising patient identifiable data from their supporting information.

15 Completion of Appraisal

- 15.1 Following an annual appraisal discussion, a Personal Development Plan (PDP) and Appraisal Output Form must be generated and agreed before the appraisal is deemed complete. A doctor will revalidate every five years, and will use their annual appraisals as evidence of good practice. Quality assurance of the process is monitored through appraisee feedback on their appraisers and the quality of the Appraisal Output Forms.
- 15.2 The Personal Development Plan (PDP) will contain a set of actions and activities to be undertaken by the doctor over the following twelve months. The Personal Development Plan (PDP) must include actions that are specific. They must also contain a statement of how the actions/activity will be undertaken and the way in which this will be measured and demonstrated at subsequent appraisal. Actions must contain a time limit. Review of the success of completion of the previous year's Personal Development Plan (PDP) will be an integral part of the discussion in subsequent appraisals.

16 Outcomes of Appraisal

Appraisal Output Form

- 16.1 This will contain a succinct, informative summary of the appraisal discussion and include reference to the supporting information reviewed by the appraiser. Both the Appraisal Output Form and Personal Development Plan (PDP)s will be used by the Responsible Officer (RO) to assist in making a recommendation for revalidation. It is important that the appraisee reviews this form and ensures that they agree with the content.

Appraiser Feedback Form

- 16.2 To assist with quality assurance of the appraisal process, appraisees will be automatically asked to complete an appraiser feedback form. This will be reviewed by the Appraisal Lead and anonymised summaries will be made available to appraisers.

Unsatisfactory Outcomes of Appraisal

- 16.3 Where there is a significant disagreement which cannot be resolved, advice should be sought from the Appraisal Lead and Responsible Officer (RO). Where the doctor continues to disagree with the content of the appraisal or the process that has been followed then the doctor will be advised of his/her right to raise their concern formally by the Responsible Officer (RO).

16.3.1 An unsatisfactory outcome of appraisal may also arise from:

- Failure to address issues that have previously been raised about clinical performance or personal behaviour
- The appraiser's judgement that there is inadequate evidence in any section of the appraisal portfolio.
- Failure to complete the previous year's Personal Development Plan (PDP) without adequate explanation.

17 Complaints and Remediation

17.1 Where a doctor has concerns about the way in which their appraisal has been conducted, they should make an initial complaint in writing to the Responsible Officer (RO) who will consider how to pursue this. In some cases, it may be necessary for the doctor to repeat their annual appraisal with a second appraiser. The Responsible Officer (RO) may decide that this appraisal is undertaken by two independent appraisers – one selected by the doctor and one selected by the organisation.

17.2 The appraisal process is not designed for remediation or for dealing with areas of clinical or professional concern. Where these are identified during the appraisal process, the appraiser will notify the Responsible Officer (RO) and the issues raised will be dealt with in accordance with the Trust's guidance on remediation as attached to 'Maintaining Higher Professional Standards in a Modern NHS' or through the appropriate Trust policy.

18 Deferment of Appraisal

18.1 All doctors should undergo appraisal annually within their previously allocated appraisal month. This is also a requirement for successful revalidation. There are, however, exceptional circumstances when a doctor may request that an appraisal is deferred such that no appraisal takes place during one appraisal year. Instances when the doctor may request a deferment are:

- Breaks in clinical practice due to sickness or maternity
- Breaks in clinical practice due to absence abroad or sabbaticals
- Breaks In practice due to suspension from clinical work as a result of the doctor being investigated as a result of concerns over his/her performance or behaviour

18.2 A doctor who is seeking to return to practice after a period of absence should discuss their circumstances with the Appraisal Lead 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 practise 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 six and twelve months after re-entry to practice. The Responsible Officer (RO) may also exercise discretion as to whether within this range it occurs earlier to support the doctor's return to practice or later to facilitate the accrual of supporting information. Where possible if the doctor had a previously agreed appraisal month this should be reinstated

19 Confidentiality

- 19.1 Supporting information contained in the portfolio can be accessed by the doctor, their appraisers, and officers directly accountable to the Responsible Officer (RO) only. The information must not include any patient identifiable details.
- 19.2 The appraisal discussion is strictly confidential to the doctor and appraiser except by prior agreement. However, if the appraiser identifies issues that lead him/her to question the fitness to practise of the doctor this will be brought to the attention of the Responsible Officer (RO).
- 19.3 The Appraisal Input and Output forms and the Personal Development Plan (PDP) will be shared with the Responsible Officer (RO). These documents may be shared with other organisations with the agreement of the doctor. This may occur when an employee works for more than one organisation or where an employee ceases employment at TSDFT and moves to a new organisation.

20 Quality Assurance

- 20.1 Internal Quality Assurance (QA) of appraisal comprises:
- Assurance of the process
 - Assurance of work of appraisers
- 20.2 Assurance of the process addressing systems of medical appraisal; revalidation and deferral recommendations; monitoring performance and responding to concerns will be carried out as follows:
- Exception reporting to the Trust Board by the Medical Director
 - Quarterly reporting to NHS England
 - Annual Organisational Audit (AOA) report to NHS England
 - Annual report to the Trust Board by the Medical Director
 - Statement of Compliance by the Trust Board to NHS England
- 20.3 Quality Assurance of the appraisers will be undertaken each year by the Appraisal Lead using:

- Recruitment and selection
- Review of probationary appraiser performance after their first two appraisals
- Review of Appraisal summaries using the ASPAT tool - [NHS England » Medical appraisal policy](#)
- Review of established appraisers' performance through regular feedback questionnaires from appraisees
- Appraiser Update sessions

21 Job Planning

- 21.1 The process of Job Planning is separate to the appraisal process and should not be undertaken at the same time as appraisal. Please refer to the TSDFT Job Planning Policy MD 24

22 Training and Awareness

- 22.1 Advice and support will be provided by the Medical Workforce Service to support staff and managers in their understanding of this policy. Any queries regarding this policy should be directed to:

sdhct.medicalhr@nhs.net

23 Monitoring, Audit and Review Procedures

- 23.1 This policy will be monitored and audited on a regular basis. A full review will take place every two years by the Medical Workforce Service unless legislative changes determine otherwise.