Cheshire and Wirral Partnership NHS

NHS Foundation Trust

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Code: HR21
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Medical appraisal policy

Lead executive	Medical Director Medical Workforce, Performance & Planning
Authors details	Medical Appraisal & Revalidation Manager

Type of document	Policy
Target audience	Other - medical staff (excluding doctors in training)
Document purpose	To describe the process by which medical staff are appraised annually

Approving meeting	People and OD Sub Committee	Date 20/11/17
Implementation date	21/11/17	

CWP documents to be read in conjunction with	
HR9	Handling concerns about the conduct, capability and health of medical staff

Document change history	
What is different?	Revision of steps to be taken where the appraisal process does not proceed on time. Revised advice on declaration of interests, gifts and hospitality with links to the corporate registers.
Appendices / electronic forms	No change.
What is the impact of change?	Further clarity on the medical appraisal process and its governance

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Learning and Development (L&D)

Document consultation	
East locality	
Wirral locality	
West locality	
Corporate services	LNC
External agencies	

Financial resource implications	None

External references
1. NHS England - Medical Appraisal Policy version 2, April 2015 2. NHS England Medical Appraisal Logistics Handbook

Equality Impact Assessment (EIA) - Initial assessment	**Yes/No**	**Comments**
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	

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Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? Select		
Is the impact of the document likely to be negative? - If so can the impact be avoided? - What alternatives are there to achieving the document without the impact? - Can we reduce the impact by taking different action?	No N/A N/A N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted. If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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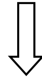
Quick reference flowchart

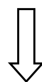
In normal circumstances, the appraisal meeting will take place during the doctor's identified appraisal month. It can be held earlier (minimum of 9 months after the last) but cannot be held later without the specific approval of the Responsible Officer.



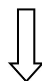
In January the Appraisal Office will allocate appraisers for the appraisal year commencing in April. This is the first reminder about annual appraisal and meetings could be booked at this stage. When booking the meeting the doctor should clarify with the appraiser the whole scope of their work and what evidence is required for work outside of CWP.

3 months before the doctor's appraisal month the Appraisal Office will remind the doctor to set up a meeting. Two further emails will be sent to those doctors who have not responded.

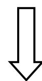
If the meeting is not booked 6 weeks (45 days) before the 1st day of the appraisal month, the doctor will receive another email from the Appraisal Office and the Director of Medical Workforce will be copied in. The doctor will be asked to respond with the date of the appraisal meeting within the next 5 working days.



The Appraisal Office will upload supporting evidence provided by the Trust to the doctor's portfolio at least 4 weeks before the appraisal meeting. At the same time the doctor's medical manager will be asked to provide to the doctor and the appraiser brief details of any performance issues dealt with during the appraisal period in order that the doctor can document reflections on the same.



The doctor should submit the electronic appraisal documentation to the appraiser 2 weeks prior to their meeting.



No later than 28 days after the appraisal meeting has taken place, the outputs (summary & personal development plan (PDP)) should have been agreed by the doctor and the appraiser and submitted to the Responsible Officer.

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1. Introduction

Medical appraisal is undertaken annually during a *confidential* meeting between the doctor and appraiser and can be used:

- To allow doctors protected time to reflect on their practice and performance over the previous 12 months.
- To demonstrate to their appraiser that they continue to meet the principles and values set out in the General Medical Council (GMC) document *Good Medical Practice.* The outcomes of this meeting will inform the Responsible Officer's revalidation recommendation to the GMC.
- To enable doctors to consider their own needs and to enhance the quality of their professional work by planning their professional development.
- To enable doctors to work productively and in line with the priorities and requirements of CWP.

Appraisal will *not* be the process by which serious concerns about health, capability, probity or behaviour are raised or addressed. Such concerns will be addressed as soon as they arise and dealt with using the guidance outlined in CWP Policy HR9 "Handling concerns about the conduct, capability and health of medical staff."

2. Policy synopsis

This policy describes the medical appraisal process in order that all licensed doctors for whom CWP is the Designated Body (DB) undergo a high quality and consistent annual medical appraisal.

The General Medical Council (GMC) defined the principles and values on which doctors should base their practice in their publication "Good Medical Practice."[1]

3. Definitions & duties

Revalidation is the process by which licensed doctors demonstrate to the GMC that they are up to date and fit to practise. This is achieved via participation in annual medical appraisal. The Responsible Officer will make a recommendation to the GMC, normally every five years, that 1) the doctor is fit to practise or 2) that a decision should be deferred for a specified period in order that further information is obtained or 3) that the doctor is not recommended as fit to practise. The latter would be likely only where the doctor is already suspended from duty. The GMC will consider the Responsible Officer's recommendation and decide whether to renew the doctor's licence to practise. The doctor is notified directly of the decision by email from the GMC.

The Responsible Officer (RO) at CWP is the Medical Director, Effectiveness and Medical Workforce. He will provide assurance to the GMC that each doctor is and remains fit to practise. Where there is a conflict of interest (e.g. a relationship between the RO and an individual doctor) an alternative RO is available.

The Director of Medical Workforce, Performance and Planning (DoMW) has devolved responsibility from the RO to provide leadership in respect of the medical appraisal process, in collaboration with the RO, local appraisers, the individual doctors and the Medical Appraisal and Revalidation Manager. The DoMW signs off all completed appraisals, provides feedback to appraisers on a sample of their appraisal summaries and chairs the trust's Medical Appraiser Group.

The Medical Appraisal and Revalidation Manager (MARM) supports the RO and DoMW by keeping the medical appraisal process on track; allocating appraisers; ensuring medical managers are aware of appraisal dates for their doctors; sourcing CWP clinical governance data for the appraisal meeting; training doctors in new systems, generally supporting them with the appraisal process and completing reports/audits. She gathers assurances from other Designated Bodies that their doctors undertaking sessional work in CWP are subject to satisfactory annual appraisal. She is a member of the trust's Appraiser Group and collates annual feedback reports for appraisers.

The HR Administrator - Medical Appraisal, supports the Medical Appraisal and Revalidation Manager by daily monitoring of the appraisal database to ensure timeframes are maintained; Revalidation dates and registration updates are recorded; obtaining and uploading CWP governance

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information into individual appraisal folders; administering the 360 feedback process; and providing the initial response to queries from the medical workforce.

Medical appraisal is the appraisal of a doctor by a trained appraiser, informed by supporting information, in which the doctor demonstrates that he/she is practising in accordance with the GMC's *Good Medical Practice Framework for appraisal and revalidation* across the whole of their scope of practice.

Whole practice appraisal - doctors whose main appraisal is undertaken in CWP but who carry out additional work in any other setting, *whether paid or unpaid*, will be appraised on their performance in all. Annually they must provide evidence and bring assurances to support safe practice in all environments. Similarly doctors who work in CWP but who sit in another Designated Body should take information to external appraisal to satisfy their appraiser that they are working satisfactorily in CWP.

Appraisers will be trained and will receive on-going support and feedback to support fair and consistent appraisal across the trust.

SARD is the electronic appraisal management system in use at CWP.

4. Management of the appraisal process

A. Leadership of medical appraisal

The Responsible Officer (RO) is accountable to the Board and NHS England for ensuring that all doctors have an annual appraisal within 9-15 months of their last but ideally at the 12 month point. Any requests for appraisal outside of this timescale must be personally agreed by the RO. The RO is supported in his role by the Director of Medical Workforce and the Medical Appraisal and Revalidation Manager. The RO has a duty to report to the GMC those doctors who are regarded as not engaging in medical appraisal, i.e. not arranging the annual appraisal meeting within timeframe, not providing supporting information or not attending to the outputs of the appraisal meeting. This would be a last resort only, where all possible support has already been provided to an individual doctor, with no success.

B. Appraisers

a) The aim is that CWP appraisers undertake approximately 5 appraisals a year. This will prevent appraisers becoming over-burdened whilst maintaining an appropriate level of quality and consistency. Appraisers should record this work in their job plan.
b) An appraiser would usually be pared with a doctor for 3 consecutive years unless the RO has agreed or requested a change.
c) All appraisers must be trained.
d) An appraiser should not appraise an individual doctor more than three times consecutively (unless the RO agrees there are exceptional circumstances) and there should be a break of at least three years when this number is reached.
e) A doctor should not appraise a doctor who has acted as their appraiser within the previous 5 years.
f) An appraiser should not appraise a doctor for whom they acted as an educational supervisor in the previous three years.
g) An appraiser should not be pared with a doctor with whom he/she has more than a professional working relationship.
h) Where concern arises about the performance of a medical appraiser, the DoMW should be contacted in the first instance.
i) Appraisers should prioritise attendance at the Medical Appraiser Group meetings.
j) Appraisers will receive annual feedback collated from a variety of quality assurance measures.
k) Appraisers must discuss the whole scope of the doctor's work. They should discuss in advance with the doctor what evidence is required for work completed outside of CWP.
l) Appraisers are indemnified in their work as appraisers in the normal course of their duties.

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C. Allocation of appraisers and booking the appraisal meeting

a) Annually in January the HR Administrator, Medical Appraisal will remind doctors of their appraisal month and notify them of the name of their appraiser.
b) If the doctor is aware of any factors which will prevent the appraisal going ahead in the allocated month, he/she should discuss with the MARM either bringing the appraisal forward (no less than 9 months after the last one) or the mechanism to request a postponement.
c) Any decision to delay the appraisal will be made by the RO/DoMW.
d) *Doctors* are responsible for booking their annual appraisal meeting in good time (see flowchart.) The latest it can be booked is 6 weeks (45 days) before the 1st day of the appraisal month. The doctor should record the date and name of their appraiser in Section 3 of the SARD appraisal and notify the HR Administrator.
e) If the allocated appraiser is not acceptable to the doctor, he/she should contact the MARM to indicate the reason. If the appeal is accepted, a different appraiser will be allocated. The appeal process will be repeated once, via the DoMW if there is still no agreement after the first appeal.
f) In cases where the DoMW/RO and doctor cannot agree after two appeals, an external appraiser will be allocated by the Regional RO. This decision will be final. Any costs incurred for an external appraiser will not normally be funded by the trust.

D. Doctors

a) Doctors should attend an in-house appraisal training session so that they are clear about the RO's & GMC's expectations of annual appraisal and where it fits into revalidation.
b) Doctors will agree an appraisal month with the MARM (March is not available to newly appointed doctors.) For doctors in their 1st consultant post, it will be 12 months after their last ARCP.
c) It is the *doctor's responsibility to book a meeting* with an appraiser and to record having done so on SARD. They should also inform the appraiser of their whole scope of work and agree with the appraiser what evidence is required for work outside of CWP. If arrangements have not been finalised 6 weeks before the 1st day of the appraisal month, the RO/DoMW will be contacted and the procedure as in 7 below will be followed.
d) Doctors are responsible for uploading their own data to SARD and for submitting their electronic appraisal documentation to the appraiser two weeks prior to the meeting.
e) Doctors should reflect in their portfolio on any clinical governance information uploaded by the HR Administrator/MARM.

E. The supporting evidence for the appraisal meeting

The appraisal is based on the GMC's GMP framework for appraisal and revalidation.

Doctors' performance will be appraised against the criteria below.

i. Knowledge, skills & performance.
ii. Safety and quality
iii. Communication, partnership and team work
iv. Maintaining trust.

The doctor may provide whatever evidence supports his/her practice in all domains, within CWP and externally, over the preceding year. The quantity of supporting information is less important than the quality. Thoughtful reflections on the most challenging/rewarding aspects of the doctor's work, wherever undertaken, should form the basis of the appraisal discussion and evidence must be produced which covers the whole scope of work. The doctor must provide sufficient information for the appraiser to make an informed assessment of his/her performance within CWP and externally.

These are the essentials;

a) A Certificate of Good Standing from the Royal College of Psychiatrists and reflections on a selection of the continuing professional development (CPD) undertaken. (In exceptional

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circumstances if the doctor is not part of the Royal College process, a record of CPD with reflections will suffice.)

b) A personal development plan (PDP) with evidence of progression from last year and a draft PDP, agreed by the doctor's Peer Group, for the forthcoming year.
c) Declaration of complaints producing individual learning, with reflection.
d) Declaration of involvement in serious untoward incidents producing individual learning, with reflection.
e) Formal feedback, independently administered, from colleagues and patients (twice in 5 years.)
f) Quality improvements with reflections – for example, evidence of having taken part in an audit, research, quality improvement, service (re)design/implementation, representing the trust in a lead role with an external partner.
g) 10 *documented* case based discussions (CBDs) over a 5 year cycle, ensuring there are no patient identifiers. The Royal College of Psychiatrists CBD template may be helpful.
h) If the doctor has a trainee and is a clinical or educational supervisor educational CPD must be included annually in section 7 of the portfolio, in order to retain the status. This information is reported annually to Health Education Northwest by the MARM.
i) Appraisers will not always be the doctor's medical manager. The MARM will notify the medical manager of their doctors' appraisal meetings and will prompt the CD to share with both the appraiser and doctor brief details of any performance matters dealt with during the appraisal period. The expectation is that the doctor will document a reflection in the portfolio.
j) Declarations of probity to include:-
   i. a declaration of **all** the doctor's business interests (including where no income is received) both in the appraisal documentation and also on the CWP intranet Staff Register of Interests
   ii. secondary or other employment
   iii. insurance cover for the whole scope of work.
   iv. declarations about receipt of gifts, hospitality or sponsorship, both in the appraisal documentation and on the CWP intranet Staff declarations of gifts.

F. The appraisal meeting

The electronic portfolio of supporting information forms the basis for discussion at the appraisal meeting, together with the completed SARD appraisal form. If the doctor submits insufficient information to the appraiser on aspects of his/her work, the meeting should not go ahead and the guidance in 5 below will be followed. The appraiser must remain aware when conducting an appraisal of their duty as a doctor as laid out in *Good Medical Practice*.

5. Factors that may impact upon the appraisal process

In the circumstances below, where it can reasonably claimed a conflict of interest exists, appraisal should not be undertaken:

- A family relationship
- A personal relationship greater than would normally exist between professional colleagues
- Two doctors appraising each other reciprocally
- Any payments passing between the appraiser and doctor in CWP or an external setting.
- An appraiser appraising a doctor who acts as their line manager in CWP or another organisation.

If insufficient information is available to the appraiser when submitted prior to the meeting, the appraiser will advise the doctor what additional information is required, in the hope the meeting can go ahead as planned. If the additional information cannot be provided within the next 5 working days, the meeting will be postponed, the doctor given 14 working days to provide further supporting information and the MARM notified of the delay. A further meeting in 3-4 weeks should be set and an alternative appraiser may be allocated if this allows the appraisal to proceed within this timeframe. If these deadlines cannot be met, the MARM will be notified by the doctor who will liaise with the DoMW/RO.

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Should serious performance, behaviour or health issues, of which the appraiser was previously unaware, become apparent during the appraisal meeting, the appraisal process should be suspended. The guidance outlined in CWP Policy HR9 "Handling concerns about the conduct, capability and health of medical staff" will be implemented. The DoMW/RO will make a decision (no later than 28 days) as to how to proceed.

If the appraisal meeting is unsatisfactory for any other reason, the MARM/DoMW should be contacted as a priority in order that next steps can be agreed.

Where a doctor has grounds for believing that he/she has not received a fair appraisal, the DOMW will explore the issues and may allocate a different appraiser in such circumstances for the current or future years.

Extended absence from work is the only exception to the annual appraisal process. Doctors on long-term absence will be offered the opportunity of an appraisal but may decline. The RO will be formally notified where postponement or exception to appraisal are likely as this may affect the 5 year Revalidation cycle. Doctors returning from an extended absence will be appraised between 6-12 months of their return, accepting that there will be a reduced period of performance to appraise.

6. The outputs of the appraisal meeting

SARD will require the doctor and the appraiser to agree several statements with regard to the integrity of the appraisal meeting and that both are aware of their duty as a doctor as defined in *Good Medical Practice.*

Following the meeting, the appraiser will complete the summary of appraisal and the doctor will input the agreed PDP to SARD. Both parties will agree the various affirmations with regard to declaration of information and fitness to practice. This should be completed no later than 28 days after the appraisal meeting and submitted to the DoMW/RO. The HR administrator may issue prompts as the deadline approaches and late outputs will be escalated to the MARM/DoMW.

7. Doctors who do not participate in the appraisal process

If an appraisal meeting has not been set by a doctor, or a request for postponement received 28 days before the first day of the appraisal month, the MARM and will write to the doctor, copying in the DoMW, asking him/her to set up a meeting within 7 working days.

If no further action is taken by the doctor, on the 8th day, the DoMW/RO will write to the doctor to remind him/her of their responsibilities, the potential consequences of not participating in appraisal and request the doctor sets up the meeting within the next 7 days.

If the appraisal meeting has not been set up by the 1st day of the appraisal month, the doctor will be considered by the RO as not engaging in the appraisal process. The RO will write to the doctor to detail the steps to be taken should he/she fail to engage and set up a meeting, within the next 5 working days, to take place during the appraisal month. If short notice prevents the appraiser being available, alternative arrangements will be made.

If the doctor continues not to respond and/or the appraisal meeting is not booked in a further 5 working days, one final letter will be sent to the doctor, after which the RO, together with colleagues, will consider local disciplinary action and/or formal notification to the GMC of the doctor's non-participation in appraisal.

If there are extenuating or personal circumstances in play, it is the doctor's responsibility to make the Medical Appraisal and Revalidation Manager/Director of Medical Workforce/RO aware of them in order that support can be provided. It is not in the doctor's or trust's interests to reach the point of non-participation.

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8. Doctors working at CWP whose RO/Designated body is elsewhere

These doctors will not be appraised in CWP but should provide assurances to their external appraiser that their work in the trust is safe and satisfactory. The MARM will require from them the name of their RO and will seek annual assurance from their RO that appraisal is satisfactory.

Locums directly employed by CWP will be part of the appraisal process. Their previous RO and appraisal history will be established upon appointment and assurances regarding previous satisfactory appraisal obtained.

Locums working at CWP via an agency will not be appraised in CWP but they will be required to provide supporting information on their performance in the trust to their external appraiser. The trust will obtain assurances from the agency RO regarding previous and on-going satisfactory appraisal.

9. Assuring the quality and integrity of the appraisal process

Old paper documentation will be retained confidentially by the appraisal office in locked cabinets. Individual records on SARD are accessible only by password, which should not be shared. Passwords can be changed as required by doctors themselves. Inappropriate access to information contained on SARD will be dealt with as a disciplinary matter.

Only where there are serious concerns about the performance or conduct of a doctor and it is believed the appraisal documentation may contain significant information, will the DoMW/RO consider whether such information can be accessed. In all cases the doctor will be informed.

Appraisers will not personally keep any appraisal information relating to their doctors over and above what is accessible in SARD.

Appraisers and doctors will be offered training to ensure they are clear about CWP's and the GMC's expectations of the appraisal process; that it is fair and incorporates all the necessary checks to assure the RO that individual doctors continue to practise safely and should be recommended to the GMC for revalidation.

Doctors will be required to complete feedback on their appraisal; SARD will generate a questionnaire automatically on completion of the process.

Annual feedback reports will be provided to appraisers on their performance and activity.

Appraisers may be observed by another appraiser or the DoMW (with the consent of the doctor being appraised) if this would support their development and quality assurance of the appraisal process.

All appraisal outputs will be reviewed by the DoMW who will assess them against an appraisal tool. This is currently the Excellence Quality Assurance Tool (see Appendix 1) but may change depending upon advice from NHS England.

Appraisers should prioritise attendance at the Medical Appraiser Group meetings in order to receive support and updates and to assist the trust to achieve consistency amongst appraisers. Attendance at least once a year is mandatory. Where attendance falls below the desired level, the DoMW will contact the appraiser for further information.

The RO, DoMW and MARM will attend NHS England network events to ensure calibration with national policies and procedure.

10. Reporting arrangements

The Medical Appraiser Group will report into the People and Organisational Development Sub-Committee (PODSC.)

The Medical Appraisal and Revalidation Manager will provide quarterly reports to PODSC on the number of medical appraisals undertaken and revalidation recommendations made.

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The DoMW and MARM, on behalf of the RO, will report back annually to the July Board and the Chief Executive will confirm to NHS England that this has been done.

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Appendix 1 - Excellence QA Tool
Improving and Quality Assuring appraisal output documentation

Doctor ………………………………………….…... Appraiser ……………………………………………..

	The summary of appraisal, sign off statements and PDP should:	**Score** *0=absent from summary* *1= partially (room for improvement)* *2 = Yes (well done)*	**Comments**
Overall	**Encompass all.** Does the summary comment on context, including stage of revalidation cycle and reflection on the whole of the scope of work?		
	Exclude bias and prejudice. Are all statements objective, free from bias and prejudice and based on evidence. Is it a professional document?		
	Challenge, support and encourage. Does the summary demonstrate that the appraisal was challenging, supportive and focussed on the needs of the doctor?		
	Explain why any statements (inc. health and probity) have not been agreed. Does appropriate commentary explain any 'no' or 'disagree' answers?		
Reviewing	**Look at supporting information, lessons learned & changes made.** Does the summary drive quality improvements by reflecting what has been learned and what needs to be changed as a result?		
	Look at last year's PDP and reflect on each objective. If any objectives were not achieved, have the reasons been discussed and documented?		
	Encourage excellence, celebrate accomplishments and record aspirations. Does the summary capture examples of good practice and record aspirations (some of which may have a timescale of over 1 year.)		
Planning ahead	**Note any gaps/no gaps in the requirements for revalidation and how they will be addressed.** What supporting information is outstanding for each role?		
	Contain SMART PDP objectives. Are they specific, measurable, achievable, realistic and timely? Do they challenge the doctor to make quality improvements?		
	Explain the new PDP items. Does the summary/PDP template show how the PDP objectives are relevant and derive from the supporting information and appraisal discussion?		

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