

**Appraisal and Revalidation for Medical Staff**

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| This must be completed and form part of the document appendices each time the document is updated and approved | | | |
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# Introduction / Purpose

The purpose of this policy is to ensure Blackpool Teaching Hospitals NHS Foundation Trust (the Trust) requirements for medical appraisal and revalidation are transparent, understood and implemented consistently and fairly across the organisation.

The Trust believes that appraisal is a positive process to enable constructive dialogue to occur in which the doctor being appraised has a formal structured opportunity to reflect upon their performance and how it might be improved to enhance quality of care and the effectiveness of the organisation.

This policy will be monitored by the Revalidation Team which includes the Responsible Officer (RO), the Director of Professional Standards (DoPS) and Associate Medical Director for Revalidation and Appraisal (AMDR).

All information provided under this process will be treated with full regard to confidentiality, Information Governance, Data Protection requirements and used exclusively for purposes appropriate to medical appraisal and revalidation. Should any serious concerns emerge, they will be considered in line with the appropriate Trust policies and General Medical Council (GMC) guidance.

## Aim

The aim of the policy is to ensure that through effective annual appraisal medical staff are fit to practice and provide the highest standard of safe care to patients.

Appraisal is underpinned by continuing professional development and can help to develop a reflective culture within service and training. Medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor’s work.

Enabling the doctor to discuss their practice and performance with their appraiser and demonstrate they continue to meet the principles of Good Medical Practice to inform a Revalidation recommendation.

* To enhance the quality of a doctor’s professional work by planning their professional development.
* To ensure productivity in line with the priorities and requirements of the organisation they practice in.

Job planning, rather than appraisal, will normally be the primary means by which doctors ensure that they work in line with mutually agreed Job Plan and Trust objectives.

Medical appraisal ensures medical staff are equipped with all the skills to undertake their role, provides assurances to the Board, is a corner stone of revalidation, values staff through the developmental nature of appraisal, and helps to build a mutual accountability across the Trust in achieving our strategic plan.

# General Principles / Target Audience

The content of this policy applies to all medical staff in non-training grades, (Consultants, Specialty and Associate Specialist (SAS), Trust Grades and Trust locum appointments) and medical staff who work in more than one Trust but whose main body of work is contracted at the Trust. Doctors employed as Locum Appointment for Service (LAS) will also be covered by this policy.

The Dean (Health Education England (HEE) Northwest) is responsible for the appraisal and revalidation of doctors in training.

Locum agencies are responsible for their employees for revalidation, but an annual appraisal may be provided locally in some circumstances depending upon their duration of locum in the Trust.

# Definitions and Abbreviations

AMDR Associate Medical Director for Revalidation and Appraisal

DCE Director of Clinical Education

DoPS Director of Professional Standards

GMC General Medical Council

HEE Health Education England

LAS Locum Appointment for Service

MAG Medical Appraisal Guide

MSF Multi Source Feedback

QA Quality Assurance

PDP Personal Development Plan

RM Revalidation Manager

RO Responsible Officer

SAS Specialty and Associate Specialist

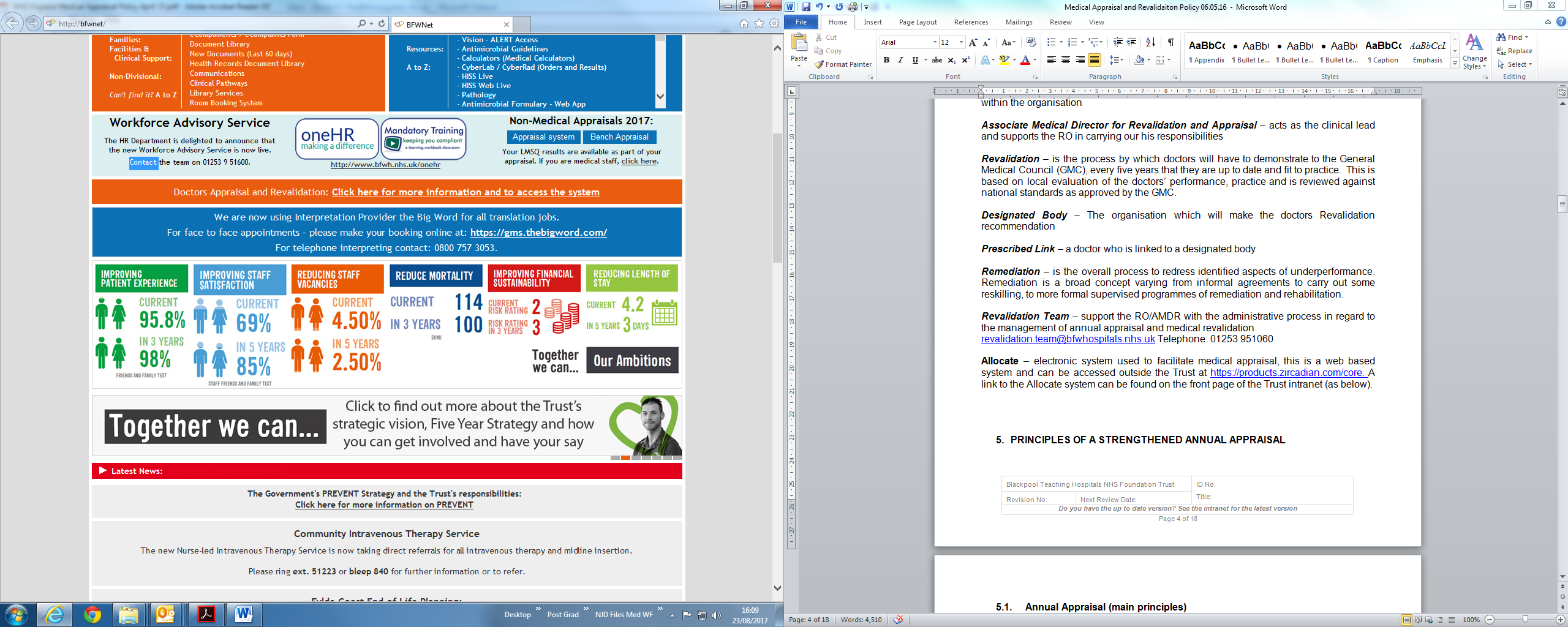
SPA Supporting Professional Activities

the Trust Blackpool Teaching Hospitals NHS Foundation Trust

1. **Policy**

## Definitions

* ***Revalidation*** – is the process by which doctors will have to demonstrate to the General Medical Council (GMC), every five years that they are up to date and fit to practice. This is based on local evaluation of the doctor’s performance, and practice which is reviewed against national standards as approved by the GMC.
* ***Medical Appraisal*** – is the appraisal of a doctor by a trained, appraiser informed by supporting information defined by the GMC, in which the doctor demonstrates that they are practising in accordance with GMC guidance Good Medical Practice across the whole of their scope of practice.
* ***Responsible Officer*** – is the primary role in the successful application of this policy. It is currently incorporated into the Medical Director’s role as the senior medical professional within the organisation. In the case of a conflict of interest support will be provided by an RO from a neighbouring Trust.
* ***Director of Professional Standards/Deputy Medical Director –*** has a portfolio of and an overview of all issues regarding professional standards including Medical Revalidation and Appraisal and Job Planning.
* ***Associate Medical Director for Revalidation and Appraisal*** – acts as the clinical lead and supports the RO in carrying out his responsibilities
* ***Designated Body*** – The organisation which will make the doctors Revalidation recommendation
* ***Prescribed Link*** – a doctor who is linked to a designated body
* ***Remediation*** – is the overall process to redress identified aspects of underperformance. Remediation is a broad concept varying from informal agreements to carry out some reskilling, to more formal supervised programmes of remediation and rehabilitation.
* ***Revalidation Team*** – support the RO / DoPS / AMDR with the administrative process regarding the management of annual appraisal and medical revalidation; please contact
* Medical Revalidation ad Appraisal Team [bfwh.revalidation.team@nhs.net](mailto:bfwh.revalidation.team@nhs.net) ;   
  Telephone: 01253 951060
* Medical Revalidation and Appraisal Manager: [nicola.di-vito@nhs.net](mailto:nicola.di-vito@nhs.net) ; Telephone 01253 957256
* ***MYL2P*** – electronic system used to facilitate medical appraisal, this is a web-based system and can be accessed outside the Trust at <https://www.l2p.co.uk> . A link to the electronic software system can be found on the front page of the Trust intranet (as below).



## Principles of a Strengthened Annual Appraisal

### Annual Appraisal (main principles)

Each doctor must undertake an annual appraisal in a defined Appraisal Month which is three months prior to their GMC revalidation month. This will ensure a doctor receives constructive feedback on their past performance, charts their continuing progress and identifies their development requirements and will ensure sufficient annual appraisals for a revalidation recommendation.

Appraisal is designed to recognise good practice and assist in the identification of any performance issues at an early stage. It can also be used to identify educational needs of individuals.

The Trust use an electronic software system for the completion of medical appraisal and multi-source feedback, support for using this system can be sourced by contacting the Revalidation Team.

*Appraisal is a reflective process allowing the doctor to review their development professionally with a trained colleague as an appraiser – involving support and challenge where necessary.*

#### Scope and Nature of Work

The doctor should record the scope and nature of work that they carry out as a doctor to ensure that the appraiser and the RO understand the doctors’ work and practice. This should include all roles and positions in which the doctor has clinical responsibilities and any other roles which require a license to practice whether paid or unpaid.

Including work within other area’s such as voluntary organisations, in private, independent practice, managerial, educational, research and academic roles.

The duties of individuals within medical annual appraisal are as follows:

### Appraiser

The role of appraiser includes the following activities:

* Operating in accordance with the Job Role Description (Appendix 1)
* Declaring a conflict of interest which would affect the appraisal
* Agreeing a date and location with the appraisee
* Reviewing the pre-appraisal section MYL2P at least two weeks prior to the appraisal meeting
* The appraiser should review the pre-appraisal documentation prior to the appraisal meeting and any missing evidence should be requested in advance of the discussion.
* Ensuring a supportive experience for the appraisee whilst ensure a balance of constructive challenge.
* Reviewing of the previous Personal Development Plan (PDP).
* Completion of the post appraisal documentation and sign off the electronic appraisal within 28 days of the meeting   
  (confirming agreement with the content of the PDP and appraisal summary).
* Reporting to the DoPS / AMDR any potentially serious performance issues that may require further investigation.
* Attendance at Local Appraiser Network Meeting at least once per annum

Each recognised Trust Appraiser will be recruited and selected in accordance with national guidance and must undertake a minimum of 5 appraisals per annum to maintain the appropriate level of quality and consistency required for the role. Recognised Trust Appraisers must discuss this role during the job planning process.

Allocated time for Acting as a Trust Recognised Appraiser:-

* 0.125 PA per week Completion of 5 Appraisals per annum
* 0.25 PA per week Completion of 6 to 9 Appraisals per annum
* 0.5 PA per week Completion of 10 or more appraisals per annum

(The NHS England recommends 0.25 Supporting Professional Activities (SPA) for 8-10 appraisals each year). The maximum number of medical appraisals for each appraiser is 20 per annum.

The Medical Revalidation and Appraisal Team allocate appraisee’s to each Trust Recognised Appraiser to ensure the correct number of appraisals are completed in line with number of PAs paid to each appraiser.

The team will monitor the number of appraisals completed by each Trust Recognised Appraiser to support them and escalate any issues to the DoPS / AMDR if necessary. However, if a Trust Recognised Appraiser experiences any issues within this role, please contact the Revalidation Manager who will support any requirements to find a resolution.

The appraiser is responsible for the satisfactory completion of the summary of appraisal and a doctor should have no more than three consecutive appraisals with the same appraiser. There must then be a period of at least three years before being appraised by the same appraiser again. Any appraisals which are undertaken outside these limits will not be accepted as valid by the RO.

In the rare event of an external appraiser being appointed, the local Trust policy for Medical Appraisal and Revalidation must be followed.

### Appraisee

The role of appraisee includes the following activities:

* Ensuring an annual appraisal is undertaken within the agreed appraisal month
* Collating paperwork and preparing evidence for the appraisal meeting using the electronic software system
* Agreeing a date and location with the nominated appraiser
* Ensuring all pre appraisal documentation, supporting information and evidence is uploaded onto the electronic software system a minimum of 2 weeks prior to the appraisal meeting by ticking the declaration at the end of the pre-appraisal preparation  
  (The declaration signifies acceptance of accountability and the material held within the appraisal is accurate)
* Writing reflection statements on supporting information (including private practice, charity / voluntary work, independent commercial work and educational activity) and any other relevant issues
* Writing commentary on achievements, concerns and aspirations
* Writing reflective statements around incidents
* Signing off the appraisal documentation within 28 days of the appraisal meeting
* Signing off statements about significant events, complaints, probity, health, the appraisal documentation are in line with GMC requirements
* Raising any concerns regarding the appraisal process to the AMDR
* Completing the electronic feedback form on the electronic software system following the appraisal meeting

Where a doctor has moved to the Trust from a previous organisation, there is no requirement to repeat the appraisal provided relevant documentation is supplied to the Revalidation Team upon commencement. It is the responsibility of the doctor to keep copies of appraisal documentation but if there are any difficulties, the doctor can contact the Revalidation Team for support.

Where a doctor leaves the Trust to work at another organisation, their designated body and RO will change accordingly. Any relevant appraisal documentation will be made available upon request.

If an appraisee wishes to use an appraiser that is external to the Trust this must be in agreement with the AMDR and all appraisals must be undertaken in line with this policy.

Where an appraisee is employed at more than one organisation a representative from both organisations may be present at the appraisal meeting, identifying a lead appraiser. This can only be done with agreement of all parties.

### Appraisal Process

The content of the appraisal is based on the GMC guidance published in ‘Good Medical Practice’. The appraisal process is as follows:

* Appraisal years run from 1st April to 31st March annually
* The appraisal will review a complete year’s activity and should be conducted within the appropriate appraisal month (3 months prior to the Revalidation submission month as guided by the Revalidation Team)
* An appraiser will be allocated and confirmed to the appraisee by the Revalidation Team at least 3 months prior to the appraisal month. If the appraisee has any concerns regarding the allocation of their appraiser, they should discuss the matter with the Revalidation Manager; the allocation of a mutually agreed appraiser will be discussed.

(Appraisers are allocated appraisees in line with and to support NHS England Guidelines to enable a robust Medical Appraisal process ‘an individual should undertake between 5 and 20 appraisals annually to maintain an appropriate level of quality and consistency’)

* The Revalidation Team will provide reminders to each appraisee to agree an appraisal meeting date in advance of the appraisal month.
* The appraisee is responsible for preparing pre-appraisal documentation via the electronic software system and making this available to the appraiser 2 weeks before the appraisal meeting.
* An appraisal meeting must be held within the Appraisal Month
* As part of local processes, the Revalidation Team will populate the appraisal documentation with key items of information on the Doctor’s behalf (including; specific complaints, significant events and outlying clinical outcomes) to enable discussion during the appraisal meeting.
* The appraisee must identify any issues he/she wishes to raise with the appraiser, for example untoward incidents
* The appraisee is required to write their own reflection on supporting information (including CPD, complaints, significant events, feedback from colleagues and patients, quality improvement activities and any other relevant issues).
* The appraiser should review the pre-appraisal documentation prior to the appraisal meeting and any missing evidence should be requested in advance of the discussion.
* The appraisal meeting should be held in an appropriate environment, setting aside an adequate amount of time with no interruptions.
* All documentation should be completed including the summary of appraisal and agreed PDP and signed off within 28 days of the appraisal meeting
* The appraisee should complete the feedback form within the electronic software system
* Medical appraisal links include Clinical Governance, Management of clinical performance, Workforce Planning, Human Resources, Risk Management, Service development and Complaints and litigation.
* Outputs of medical appraisals are shared with authorised personnel within the Trust, for example, the AMDR, Director of Clinical Education (DCE) (or delegated person)/ Deputy DCE / Revalidation Team/Quality Manager
* If disputes arise between the Appraisee and Appraiser which cannot be resolved out informally; the AMDR will arbitrate.
* Recognition of Trainers – the Appraisee will be required to provide one piece of evidence annually to retain the status of a Clinical or Education Supervisor. This evidence must be discussed with the Appraiser and the Appraiser will note the discussion and evidence provided within the Appraisal summary.

N.B. If a doctor is due to be revalidated all documentation must be completed 3 months prior to the GMC revalidation date to ensure a revalidation recommendation can be made timely by the Trust.

Doctors with concerns can refer to the Trust Handling Concerns policy or refer to Maintaining High Professional Standards. Any concerns regarding the appraisal process or in regard to a Trust recognised appraiser should be raised to the Revalidation Manager in the first instance.

#### Escalation Process

The appraisee will receive a total of two reminder emails to set up an appraisal meeting with an identified appraiser within a set appraisal month. Each reminder will ask the appraisee to provide the Revalidation Team with an agreed appraisal date (Appendix 2)

If no date is provided, the local escalation procedure will be followed which includes a notification to the appropriate Head of Department and three formal escalation emails.

#### Appraisal for Non-Trust Employees

It is reasonable for a Recognised Trust Appraiser to appraise a non-Trust employee, for example an Agency Locum colleague. However, this should be completed via a Medical Appraisal Guide (MAG) form and not within the electronic software system.

Feedback on the performance of colleagues during their placement identifying (both good and poor) practice should be provided to the Revalidation Team on a Placement Feedback Form (Appendix 3).

### Support for Medical Appraisal/Training

The Trust is committed to raising the consistency, quality and experience of medical appraisal through the appropriate training of both medical appraisers and appraisees. The appraisal process must be standardised and follow the guidance issued by the GMC and NHS England North.

The criteria for eligibility to become a Trust appraiser are outlined in the Job Role Description (Appendix 1)

Outcomes of appraisals support the Revalidation process, the aspirations of the individual, realise the Trust’s objectives and inform the Trust Board of medical development requirements.

Each Recognised Trust appraiser must complete a minimum of 5 appraisals per annum and attend one Local Network Meeting to ensure that their skills remain up to date and an appropriate level of quality and consistency is provided within the Medical Appraisal process. If these requirements are met there is no requirement to undertake Medical Appraisal refresher training, however, colleagues are welcome to book onto any training provided by the Medical Revalidation and Appraisal Team.

For Recognised Trust appraisers who do not meet the above criteria, refresher training will be required to continue within the role.

Appraisee training will be offered to all newly appointed colleagues and is available to staff who feel they would benefit. The revalidation team will act as a central booking point for all training activity.

### Personal Development Plan (PDP)

A mutually agreed PDP is part of the appraisal process; any agreed actions must be in line with Trust requirements and the doctor’s developmental requirement. This is also a means by which to address any identified needs.

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 indicates certain aspects of the doctors’ professional behaviour and thus the ability to produce an effective PDP in itself contributes to the assessment against the standards set out in the Good Medical Practice framework for appraisal and revalidation.

Appraisees are encouraged to share their PDP within their department and with their Head of Department, Divisional Director if appropriate.

### Outcome of Appraisal

It is anticipated that the appraisal process will be a positive experience with the development of an agreed PDP. The maximum benefit of the process can only be realised where there is openness between the appraisee and appraiser.

All records are kept online, and any printed documents will be kept securely and fully compliant with requirements of the Data Protection Act (1; 2).

The appraiser should record any comments that will assist the RO to understand the reason for the statements made within the summary; this may also be relevant for the revalidation recommendation. The appraisee may respond to any comments made by the appraiser within the sign off process.

The appraiser’s statement and sign off confirms that:

* the appraisal reflects the whole of the doctor’s scope of work,
* appropriate supporting information was provided,
* a review that demonstrates appropriate progress against the previous PDP has taken place,
* a new PDP plan is in place and
* no concerns have been presented or discussed that raise a concern about the doctor’s fitness to practice.

Where any significant disagreement occurs during the appraisal process this should be raised to the AMDR in the first instance for resolution. If the disagreement continues with regard to either the content of the appraisal or the process that has been followed, then the appraiser should advice the appraisee to raise a formal concern in accordance with the Trust Grievance Procedure (3).

An example of such concerns would be:

* Failure to address issues that have been previously raised about clinical performance or personal behaviour
* The appraiser’s judgement that there is inadequate evidence
* Failure to complete an agreed PDP from the previous year   
  (where possible to complete).

Part of the developmental approach to appraisals should be in supporting the appraisee in improving the quality of evidence year on year. Where there has been a clear failure to respond to actions outlined it in the previous appraisal then the appraisal should be considered as being unsatisfactory. Where issues cannot be resolved with the appraisee this should be raised to the AMDR.

Where a potentially serious performance issue is identified during appraisal meeting that required further examination or discussion, the appraiser must raise the matter with the AMDR / RO immediately to take appropriate action.

Medical managers need to deal with performance issues as they arise and not wait for the appraisal meeting.

#### Records and Confidentiality

The detail of the appraisal is confidential discussion between the appraisee and appraiser which can be divulged with the appraisee with consent; however, the RO can view documentation in line with GMC Revalidation.

#### Grievances

Grievances arising from the appraisal process should be addressed in the first instance to the Medical Director (RO), or, if they concern the Medical Director to the Chief Executive. This will be regarded as Stage 3 of the Grievance Procedure.

Grievances may be discussed with the Director of Workforce and OD.

#### Deferral of Annual Appraisal

All doctors should undergo an appraisal annually; this is a requirement for a successful revalidation. However, there are circumstances when an appraisal may not take place within a Revalidation year, for example:

* Breaks in clinical practice due to sickness, maternity or adoption leave
* Breaks in clinical practice due to absence abroad or sabbaticals
* Breaks in clinical practice due to suspension from clinical work as a result of the doctor being investigated (i.e., concerns over his/her performance or behaviour)
* Delay of an appraisal beyond the last day of their appraisal month due to unforeseen personal or work-related issues.

If a revalidation recommendation is deferred by the Trust, the minimum period is 4 months and maximum period is 12 months. This decision will be made by the AMDR, or RO and the doctor will be informed of the decision, the reason for deferral and any actions that are required.

## Selection of Appraisers and Indemnity

The Trust selection process will ensure that doctors with the appropriate expertise, skills and commitment are selected for this key role. The AMDR will ensure that there are sufficient numbers of trained appraisers within the Trust to match this requirement.

The selection and training of new Trust appraisers will be on going as required, Medical staff with appraiser responsibilities will have this included in their own appraisal to ensure their competence and performance is satisfactory (by way of feedback and discussion between appraiser and appraisee Appraiser Network Support Meetings will take place bi-annually to ensure consistent standards are met and maintained.

## Quality Assurance (QA)

QA comprises of two elements which are; assurance of the appraisal process and assurance of the appraisal summary to reflect the discussion within the appraisal meeting. The quality of the appraisal process will require regular internal and external audit to demonstrate that the appropriate standards and consistency are being met.

* **Internal Audit** – is completed by the Trust Quality Assurance Manager in line with the NHS England Tool designed to improve the quality assure the appraisal outputs (Appraisal Summary).
* **External Audit** – is completed by when required by an external bodies, such as NHS England, Peer Review by neighbouring Trusts or professional auditing firms i.e. KPMG

QA of appraisers is carried out by the AMDR and the Revalidation Manager in conjunction with the Trusts Quality Manager. Any trends identified within the QA process may require tailored and additional support by the Revalidation Team for individual recognised Trust appraisers.

An annual report is presented to the Board by the Medical Director for Trust assurance.

## Link to Revalidation

Revalidation of licensed doctors is required every five years and is based on comprehensive appraisals undertaken over revalidation cycle (5-year period). It is designed to improve the quality of patient care by ensuring that licensed doctors remain up to date and continue to be fit to practice:

* To confirm that licensed doctors practice I accordance with the GMCs Good Medical Practice
* For doctors on the specialist register, to confirm that they meet the standards appropriate for their speciality
* To identify, for further investigation and remediate, poor practice where local systems are not robust enough to do this (or do not exist)

The RO will make a revalidation recommendation to the GMC based upon the triangulation of information from appraisal, clinical governance and any other source:

* Positive recommendation to revalidate
* Request for a deferral
* Notification of non-engagement

### Multi Source Feedback (MSF)

Each doctor must complete an MSF exercise once every revalidation cycle (5 years) via the electronic software system E-360 package. The exercise requires feedback from colleagues, peer and patients and or service users.

Colleague feedback is managed by the doctor requiring feedback (on E-360) and patient/service user feedback is supported by the Revalidation Team as the doctor must take no part in this activity. However, it is the doctors responsibility to inform the Revalidation team of when, where and what time to conduct the patient feedback exercise.

It is a requirement that an MSF has been completed for the current cycle 4 months prior to the doctors GMC Revalidation Date. This is to enable discussion and reflection of the MSF document within an appraisal prior to a revalidation recommendation.

If any issues are identified within in undertaken MSF, a doctor may be required to repeat the exercise. Reflection upon the feedback and discussion at the next appraisal will be required.

***Please Note****: This is a live document and further changes to Trust Procedure may be made in line with NHS England and GMC updates.*

# References and Associated Documents

1. **Crown.** Data Protection Act 2018. [Online] 2018. [Cited: 03 11 2022.] https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted.

2. **BTHFT - Policy.** Data Protection. [Online] 13 06 2022. [Cited: 03 11 2022.] http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-064.docx. CORP/POL/064.

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4. **General Medical Council.** Good medical practice. [Online] 03 2020. [Cited: 30 11 2022.] https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice. Code: GMC/GMP/112 ISBN: 978-0-901458-73-5.

5. —. Guidance on supporting information for appraisal and revalidation. [Online] 11 2020. [Cited: 30 11 2022.] extension://elhekieabhbkpmcefcoobjddigjcaadp/https://www.gmc-uk.org/-/media/documents/rt---supporting-information-for-appraisal-and-revalidation---dc5485\_pdf-55024594.pdf. Code: GMC/GSIAR/1120.

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7. —. Information flows to support medical governance and responsible officer statutory function. [Online] 11 08 2016. [Cited: 30 11 2022.] https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2016/10/cg-information-flows-oct16.pdf.

| Appendix 1: Medical Appraiser Job Description |
| --- |
| Job Description  **Job Title: Medical Appraiser**  **RESPONSIBLE TO:** Clinical Lead for Medical Appraisal and Revalidation  **LIAISES WITH:** Responsible Officer  Director of Professional Standards  Medical Revalidation and Appraisal Manager  Head of Departments  Medical Revalidation and Appraisal Team  **TENURE:**  3 years (subject to an Annual Review)  **JOB SUMMARY:**  A minimum of three annual appraisals to be completed via ARCP or at either Consultant or SAS level and to appraise a minimum of 5 medical colleagues per annum (with a maximum of 20 medical colleagues). Appraisals will be allocated by the Medical Revalidation team in line with the standards set out in the Appraisal and Revalidation for Medical Staff Policy  **Key Responsibilities**   * To complete medical appraisals as allocated by the Medical Appraisal and Revalidation Team within the required timescales. * To undertake pre-appraisal preparation and appraisal discussion in line with local and national guidance. * To complete post appraisal documentation in line with local and national guidance and to a high standard within the required timescales. * Participate in annual peer sessions and update training to address development needs in the role of medical appraiser. This includes attendance at one Local Appraiser Network Meeting per annum. * There is a requirement to participate in performance review and quality assurance of the role of appraiser as outlined in the Trust policy. * There is a requirement to use the Trust medical appraisal software system for all aspects of the appraisal process. * Manage difficult situations and difficult appraisees, working with the Clinical Lead for Medical Appraisal and Revalidation. * Be a key member of the Appraiser group attending regular meetings as required.   **Knowledge and Understanding**   * To attend initial appraiser training and refresher training * Understand the purpose of medical appraisal and revalidation and the role of appraisal in the revalidation of a doctor * Understand how healthcare organisations work in general and relate this to the context withing which the appraise is working * Develop, maintain and apply skills in assessing the portfolio of supporting information with rigour and consistency * Judge whether the supporting information shows the appraisee is on track to revalidate * If there is a patient safety issue or emerging performance concern to act appropriately * To ensure that the appraisee has appropriately participate in their appraisal, including the facility to reflect.   **Person Specification: Medical Appraiser**   |  |  |  | | --- | --- | --- | |  | **Essential** | **Desirable** | | **Education/Qualifications:** | | | | Medical Degree | Y |  | | Completion of Appraisal Training | Y |  | | Completed Equality and Diversity Training | Y |  | | **Experience:** | | | | Has been subject to a minimum of 3 medical appraisals not including those in training grades | Y |  | | Experience of managing own time to ensure deadlines are met | Y |  | | Experience of applying principles of adult education or quality improvement |  | Y | | **Skills and Knowledge:** | | | | Knowledge of the role of appraiser | Y |  | | Knowledge of the appraisal purpose and process and its links to revalidation | Y |  | | Knowledge of educational techniques which are relevant to appraisal |  | Y | | Knowledge of responsibilities of doctors as set out in Good Medical Practice | Y |  | | Knowledge of relevant Royal College Specialty standards and CPD guidance |  | Y | | Understanding of equality and diversity and data protection and confidentiality legislation and guidance | Y |  | | Knowledge of health sector in which appraisal duties are performed |  | Y | | Knowledge of local and national healthcare context |  | Y | | Knowledge of Evidence Based medicine, clinical effectiveness and clinical governance | Y |  | | Excellent integrity, personal effectiveness and self-awareness, with an ability to adapt behaviours to meet the needs of the appraisee | Y |  | | Excellent oral communication skills, including active listening skills, the ability to understand and summaries a discussion, ask appropriate questions, provide constructive challenge and give effective feedback | Y |  | | **Expertise, Skills, Aptitudes:** | | | | Excellent written communication skills – including the ability to summarise a discussion clearly and accurately | Y |  | | Objective Evaluation Skills | Y |  | | Commitment to ongoing personal education and development | Y |  | | Good working relationships with professional colleagues and stakeholders. Ability to work effectively as a team. Motivating, influencing and negotiating skills | Y |  | | Adequate IT skills for the role |  | Y | | **Personal Qualities:** | | | | Motivated and conscientious | Y |  | | **Health and Physical abilities:** | | | | Psychologically capable of work as an appraiser | Y |  |   **Please note:**   * You will need to have the agreement of your HOD and/or DD as necessary prior to interview |

| Appendix 2: Medical Appraisal Management and Escalation Process |
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| **Medical Appraisal Management and Escalation Process**  All doctors with a licence to practice are required to participate in annual appraisals in accordance with GMC revalidation regulations. Doctors employed by the NHS are required to do so within the terms of their contract of employment.  The pre and post medical appraisal escalation processes are designed to support and enable active participation with the completion of an annual appraisal.  The MYL2P system will provide reminders automatically to doctors and appraisers as appraisals dates draw closer.  All correspondence to be sent and received via the Revalidation email address:  [bfwh.Revalidation.Team@nhs.net](mailto:bfwh.Revalidation.Team@nhs.net)  **Overview of Appraisal Process Prior to Appraisal Meeting (Software System)**   * Appraisal dates are input within the MYL2P system when a doctor is provided an account * An appraisal date is arranged by the Appraisee and confirmed by the Appraiser six weeks prior to the provisional date * If no confirmation takes place, reminder emails are sent to the Appraise * When the date is confirmed, the system will be set with the appraisal date * Pre appraisal documentation must be completed one month (no less than two weeks) prior to the appraisal meeting to enable the appraiser to review the documentation   **Overview of Appraisal Process Post Appraisal Meeting (Software System)**   * Appraiser completes the ‘Post Appraisal PDP, Summary and Statements’ * Appraiser signs off post appraisal documentation outputs * The appraisal will move to ‘Awaiting Appraisee sign off’ to be signed off by the doctor * Appraisal documentation must be signed off within 28 days of the appraisal meeting |
| **Pre-Medical Appraisal Process Template Emails**   * **Email 1 (Appraisee) – Sent by the Revalidation Team  (3 months prior to the Appraisal month)** * Appraisal Date (LP1)**[This is the subject on e-mail]** * Dear Dr * **Re:Appraisal Date** * This is a polite reminder that your appraisal month is XXMONTHXX and your annual appraisal should be undertaken at the latest by XXDATEXX. * Your allocated appraiser is XXNAMEXX (Dept:      ) * For your appraisal to be considered complete, your post appraisal paperwork needs to be ‘signed off’ by both appraiser and you within 28 days of the appraisal meeting. * We would be grateful if you could contact your allocated appraiser to arrange an appraisal meeting date at your earliest convenience, once arranged please inform us the agreed date by email or phone ([bfwh.revalidation.team@nhs.net](mailto:bfwh.revalidation.team@nhs.net)) or 01253 951060. * If you have any issues or mitigating circumstances, please contact the Revalidation Team to discuss the matter. * Yours sincerely,   [**https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2015/05/map-annex-d.pdf**](https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2015/05/map-annex-d.pdf) |
| **Email 2 – Sent by the Revalidation Team (sent after 1 month of LP1)**   * Appraisal Date (LP2)**[This is the subject on e-mail]** * Dear Dr * **Re:Appraisal Date** * Further to my e-mail dated (XXDATEXX), we do not appear to have received a response in relation to your appraisal date. * We will be grateful if you could please confirm the date you have arranged with XXNAMEXX. * If you have any issues or mitigating circumstances, please contact the Revalidation Team to discuss the matter. * If you have any comments or concerns about your appraisal please do not hesitate to contact the Revalidation Team on 01253 951060 or email the team at [bfwh.revalidation.team@nhs.net](mailto:bfwh.revalidation.team@nhs.net). * Thank you for your co-operation in this matter.   Yours sincerely,  Revalidation Team |
| **Email 3 – Reminder of Appraisal Date (LP3) cc: HoD & DD (Sent 1 month after LP2)**   * Appraisal Date (LP3)**[This is the subject on e-mail]** * Dear Dr * **Re:Appraisal Date** * Further to our previous emails: * Email 1 XXDETAILSXX * Email 2 XXDETAILSXX * The Revalidation Team do not appear to have received a response, we would be grateful if you could look into this matter and provide your agreed appraisal meeting date to the Revalidation Team as soon as practicable ([bfwh.revalidation.team@nhs.net](mailto:bfwh.revalidation.team@nhs.net)). * Your Head of Department has been copied into this email for their awareness. * If you have any comments or concerns about your appraisal, please do not hesitate to contact the Revalidation Team on 01253 951060 or email the team at [bfwh.revalidation.team@nhs.net](mailto:bfwh.revalidation.team@nhs.net). * Thank you for your co-operation in this matter. * Yours sincerely, |
| **Failure to arrange an Annual Medical Appraisal, Formal Process Template Emails**   * **Formal Reminder 1 – Sent by the Revalidation Team (Sent 14 days after Appraisal due date)** * Appraisal Date (FP1)**[This is the subject on e-mail]** * Dear Dr * **Re:Appraisal Date** * Our records indicate that you should have arranged your appraisal meeting for 20XX- 20XX by XXDATEXX.   We have not been notified of your appraisal date. * We would be grateful if you please arrange your appraisal meeting as soon as possible and let us know the date or mitigation. * However as your annual appraisal month has passed, in accordance with NHS England Regulations and local policy, we have sent you this e-mail as a formal process. * If you have any comments or concerns about your appraisal please do not hesitate to contact the Revalidation Team on 01253 951060 or email the team at [bfwh.revalidation.team@nhs.net](mailto:bfwh.revalidation.team@nhs.net). * Thank you for your co-operation in this matter.   Yours sincerely, |
| **Formal Reminder 2 – Sent by Revalidation Manager (Sent 14 days following Formal Process 1)**   * Appraisal Date (FP2)**[This is the subject on e-mail]**   ***On Behalf of Nicola Di Vito, Revalidation & Appraisal Manager***  ***cc*: Nicola Di Vito**   * Dear Dr * **Re:Appraisal Date** * Further to the last email XXDATEXX from the Revalidation Team, we have not been notified of your appraisal date. * We would be grateful if you please arrange your appraisal meeting as soon as possible and let us know the date or mitigation. * However as your annual appraisal month has passed, in accordance with NHS England Regulations and local policy, we have sent you this e-mail as a formal process. * If you have any comments or concerns about your appraisal please do not hesitate to contact the Revalidation Team on 01253 951060 or email the team at [bfwh.revalidation.team@nhs.net](mailto:bfwh.revalidation.team@nhs.net). * Thank you for your co-operation in this matter. * Yours sincerely, * XXNAMEXX * Revalidation Manager   **Under Formal Process 2 – Sent via Revalidation Team  (Sent after all Formal Process 2 emails have been delivered)**  For his awareness, an email is sent to Dr Steve Wiggans with an attached list of all doctors currently at FP2 stage. |
| **Reminder 3 – Sent on behalf of the Associate Medical Appraisal Lead  (sent 14 days following FP2)**  ***cc*: Nicola Di Vito, Steve Wiggans & Ravi Gulati**  **Appraisal Date (FP3) [This is the subject on e-mail]**  Dear Dr XXX  Re: Appraisal Date  I have been informed that the Revalidation Team have not heard from you despite the following email reminders:  Email: XXDATEXX (Local Process 1)  Email: XXDATEXX (Local Process 2)  Email: XXDATEXX (Local Process 3)  Email: XXDATEXX (Formal Process 1)  Email: XXDATEXX (Formal Process 2)  This e-mail (Formal Process 3)  I would be grateful if you please arrange your appraisal meeting as soon as possible and let them know the date or mitigation.  I look forward to being advised that you have taken the appropriate steps to remedy the situation by contacting the Revalidation Team on 01253 951060 or email bfwh.revalidation.team@nhs.net.  Regards,  **XXNAMEXX**  **Medical Appraisal Lead**  ***Additional Responsible Officer Steps***  Depending upon discussions between the Associate Medical Director and Responsible Officer further correspondence may be sent depending upon circumstance. However, involvement with the GMC will be ongoing at this time. |
| **Illustration of Process**  **Appendix 1 Non-Participation Flowchart**  **+3 months prior to proposed Appraisal month**  **Local Process Email Reminder 1**  Reminder of Appraisal date  **+1 Month**  **Local Process Email Reminder 2**  Reminder of Appraisal date  **(sent 1 month after local process email reminder 1)**  **+1 Month**  **Head of Department Notification**  Notification of non-confirmation of Appraisal Date by Doctor  **(sent 7 days after local process email reminder 2)**  *Managed by the Trust Administrator*  **+14 days following Overdue Appraisal**  **Formal Reminder 1**  Failure to participate in Medical Appraisal  **(sent 7 days following Overdue Appraisal)**  **+14 days**  **Formal Reminder 2**  Failure to participate in Medical Appraisal  **(sent 14 days following Formal Reminder 1)**  **+14 days**  Arrangements for an appointment to be made to Revalidation manager within 7 days.  A list to be created and sent to Dr Steve Wiggans to inform of doctors at FP2.  **Formal Reminder 3**  Failure to participate in Medical Appraisal  **(sent 14 days following Formal Reminder 2)**  Arrangements for an appointment to be made to Associate Medical Director within 7 days |

| Appendix 3: Placement Feedback form |
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| **Placement Feedback Form**  (For Responsible Officer and Blackpool Teaching Hospitals Revalidation Team)   |  |  | | --- | --- | | Doctor Name: |  | | GMC Number: |  | | Job Title: |  | | Period of Employment: |  | | Head of Department Name: |  | | Key Duties: |  | | Any Issues/Concerns/Feedback:  Yes or No – If yes please specify and provide written details |  | | Additional Comments  (if applicable): |  |   Please return this form to the Revalidation Team at [bfwh.Revalidation.Team@nhs.net](mailto:bfwh.Revalidation.Team@nhs.net) or telephone 01253 951060  Alternatively, please send to: Revalidation Team, Medical Education, Home 15, Blackpool Victoria Hospital, Whinney Heys Road, FY3 8NR |

| Appendix 4: Equality Impact Assessment Form | | | | | | | | | | | | | | |
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| **Department** | Medical Education | | | **Service or Policy** | Appraisal and Revalidation | | | **Date Completed:** | | | | April 2018 | | |
| **GROUPS TO BE CONSIDERED**  Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders. | | | | | | | | | | | | | | |
| **EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED**  Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation. | | | | | | | | | | | | | | |
| **QUESTION** | | | **RESPONSE** | | | | | | | **IMPACT** | | | | |
| Issue | | | Action | | | | Positive | | | | Negative |
| What is the service, leaflet or policy development?  What are its aims, who are the target audience? | | | Completion of Medical Appraisals for Trust Employed Prescribed Links. | | | To incorporate Allocate Software system and updates both National from GMC and NHS England and locally from the Revalidation Team and Responsible Officer | | | | The changes will support the completion of Medical Appraisal and Multi Source Feedback at the Trust | | | | N/A |
| Does the service, leaflet or policy/ development impact on community safety   * Crime * Community cohesion | | | No specific impact on the community safety, crime and community cohesion | | | N/A | | | | N/A | | | | N/A |
| Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need. | | | Currently there is no evidence in the Trust that identifies a group who does not benefit | | | Patient Involvement is sourced from all groups (multi source feedback) | | | | Patient liaison and input is being sourced | | | | N/A |
| Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population? | | | Not apparent | | | Patient Feedback is sourced from all groups | | | | Liaison with the Patient Experience Team | | | | N/A |
| How does the service, leaflet or policy/ development promote equality and diversity? | | | All Prescribed Links are required to complete a Medical Appraisal across all specialties within the Trust | | | All doctors who are linked to Blackpool Teaching Hospitals are included within this process | | | | Liaison with the Patient Experience Team to include all service users | | | | N/A |
| Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact? | | | To ensure doctors are fit to practice and improve the standards of patient care | | | To improve standards of care for all patients | | | | Provides an opportunity for doctors to reflect upon their practice | | | | N/A |
| Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups | | | The workforce is ethnically diverse and data on disadvantaged groups is not collated as a separate group therefore we have no clear data | | | No current evidence but must continue monitoring and checking for any adverse impacts, and changes in data collection | | | | N/A | | | | N/A |
| Will the service, leaflet or policy/ development   1. Improve economic social conditions in   deprived areas   1. Use brown field sites 2. Improve public spaces including creation of green spaces? | | | N/A | | | N/A | | | | N/A | | | | N/A |
| Does the service, leaflet or policy/ development promote equity of lifelong learning? | | | Continuing Professional Development (CPD) is required and to be evidence within the Medical Appraisal Process | | | Evidence of continuing learning, attendance at courses and evidence of reflection | | | | CPD to be completed in line with Royal College Recommendations | | | | N/A |
| Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health? | | | Non-compliance with the policy | | | Ensure an Annual Medical Appraisal takes place for each doctor | | | | Ensure any risks are addressed and this impacts on patient safety | | | | N/A |
| Does the service, leaflet or policy/ development impact on transport?  What are the implications of this? | | | N/A | | | N/A | | | | N/A | | | | N/A |
| Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person’s ability to remain at home? | | | N/A | | | N/A | | | | N/A | | | | N/A |
| Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups? | | | Nothing evidence: for example a doctor absent due to long term sickness or maternity leave are not required to complete an Annual Appraisal until their return | | | No Evidence | | | | N/A | | | | N/A |
| Does the policy/development promote access to services and facilities for any group in particular? | | | N/A | | | N/A | | | | N/A | | | | N/A |
| Does the service, leaflet or policy/development impact on the environment   * During development * At implementation? | | | N/A | | | N/A | | | | N/A | | | | N/A |
| **ACTION:** | | | | | | | | | | | | | | |
| **Please identify if you are now required to carry out a Full Equality Analysis** | | | | | | |  | | **No** | | **(Please delete as appropriate)** | | | |
| **Name of Author:**  **Signature of Author:** | | ***Nicola Di-Vito*** | | | | | | | **Date Signed:** | | | | **22.11.22** | |
|  | | | | | | | | | | | | |  | |
| **Name of Lead Person:**  **Signature of Lead Person:** | | ***Ravi Gulati*** | | | | | | | **Date Signed:** | | | | **22.11.22** | |
|  | | | | | | | | | | | | |  | |
| **Name of Manager:**  **Signature of Manager** | | ***Steve Wiggans*** | | | | | | | **Date Signed:** | | | | **22.11.2** | |
|  | | | | | | | | | | | | | | |