University Hospitals of Leicester NHS
NHS Trust

Medical Appraisal & Revalidation Policy

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CONTENTS

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Version	Date	Revision Description	Editor	Approval Status
1.0	1st April 2012	Initial draft for consultation	PNF	
1.1	25th April 2012	Modified after discussion at the Revalidation Support Network meeting	PNF	
1.2	28th May 2012	Minor modifications after consultation with UHL staff (including all non-trainee medical staff)	PNF	
1.3	6th July 2012	Modifications after consideration by the Policy and Guidance Committee	PNF	Approved
1.4	7th May 2014	Addition of section on dealing with missed or late appraisals. Approved by Revalidation Support Network and Local Negotiating Committee	PNF	Approved
1.5	1st August 2015	2015 review. Corrections of nomenclature and typographical errors only.	PNF	Approved

1.6	August 2019	Review. Update sections on appraisal reminder letters, appraisal support network team, role of ELA and Rev6 form, GDPR. Add sections about appraisee having the same appraiser for a maximum of 3 years and the timing of the first appraisal for new doctors and those returning to professional work after a period of absence. Addition of the Appraisal and Revaidation Guidance document as Appendix 1.	MCM/JJ/ TH	
1.7	February 2024	1. Merged Policy and Guidelines to make sure it is more user friendly and reduce repetition. 2. Updated in accordance with guidance from Academy of Royal Medical Colleges. 3. Updated the Non-Engagement Policy (Appendix 2). 4. Introduction of form for formal record of mitigating circumstances.	TS	

KEY WORDS

Revalidation; Medical Appraisal.

1 POLICY STATEMENT

1.1 The aim of this document is to assist medical staff and the Trust in the implementation and delivery of a robust, quality assured system of appraisal, in support of revalidation, that is fully integrated with local clinical governance systems and satisfies the requirements of the General Medical Council (GMC).

1.2 The Trust will carry out appraisal (in line with the requirements of the GMC) for doctors with which it has a Prescribed Connection as defined in the Responsible Officer Regulations and NHS England Medical Appraisal Guide, and by that method will fairly assess whether they meet the revalidation requirements and the standards of Good Medical Practice set by the GMC.

1.3 This policy applies to all doctors employed by University Hospitals of Leicester NHS Trust (UHL), other than those doctors employed in recognised training posts.

1.4 For doctors who are employed by more than one employer, only one appraisal should be carried out, normally by the lead employer.

1.5 Doctors in approved training posts within UHL will participate in evaluation of their performance in the format prescribed by the Postgraduate Dean. The Annual Review of Competence Progression (ARCP) process provides the vehicle through which such trainees revalidate.

2 WHAT IS A MEDICAL APPRAISAL

2.1 Medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor's work.

It has four purposes:

1. To enable doctors to enhance the quality of their professional work by planning their professional development.

2. To enable doctors to consider their own needs in planning their professional development.
3. To enable doctors to consider the priorities and requirements of the context(s) in which they are working.

4. To enable doctors to demonstrate that they continue to meet the principles and values set out in Good Medical Practice, and therefore inform the responsible officer's revalidation recommendation to the GMC

2.2 Effective medical appraisal can support career development and the retention of doctors and act as a catalyst to quality improvements in practice and in patient care. The appraiser will review various sources of information with the doctor to gain an overall opinion of that doctor's practice and inform a mutually agreed Personal Development Plan (PDP).

2.3 Appraisal will identify doctors who need support to provide the supporting information that is needed to demonstrate they are practicing in line with Good Medical Practice.

2.4 It will assist all doctors in identifying support and developmental needs at an early stage, before there is any question of concerns about patient safety.

3 THE ROLE OF MEDICAL APPRAISAL IN REVALIDATION (AoMRC 2022)

3.1 The General Medical Council (GMC) describes the professional behaviours expected of doctors in Good Medical Practice. This document is revised by the GMC at periodic intervals. All doctors who wish to retain their GMC licence to practise need to demonstrate their continued competence and professional behaviours through participation in revalidation and hence the governance and appraisal processes that support it.

3.2 Revalidation provides a periodic five yearly reaffirmation that a doctor remains up to date and fit to practise. It is a process with which doctors need to engage throughout their professional careers.

[1] General Medical Council: Revalidation home page. http://www.gmc-uk.org/doctors/revalidation.asp

[2] Responsible Officer Regulations. See http://www.legislation.gov.uk/uksi/2010/2841/made

4 DEFINITIONS AND ABBREVIATIONS

AoMRC - Academy of Medical Royal Colleges
ARCP - Annual Review of Competence Progression
CMG - Clinical Management Group
ELA - Employment Liaison Adviser
GDPR - General Data Protection Regulations
GMC - General Medical Council
GMP - Good Medical Practice
RO - Responsible Officer
ROAG - Responsible Officers Advisory Group
SA - Senior Appraiser
UHL - University Hospitals of Leicester

5 ROLES AND RESPONSIBILITIES

The Trust Board

The Board of Directors of UHL is ultimately responsible for ensuring that appropriate governance systems, including appraisal for doctors, are in place and are implemented and Andrew Furlong, as Medical Director, is the Executive Lead. This includes a statutory requirement to provide sufficient resources to deliver a system to support medical revalidation, to the standard required by the GMC.

The Responsible Officer and Revalidation Lead

The statutory post of Responsible Officer in UHL is the Deputy Medical Director; though the Responsible Officer may delegate day to day operations to a specific Associate Medical Director who is identified as the Revalidation Lead. The Responsible Officer is also regarded as being accountable to the Board for:

- Ensuring there is a robust appraisal system in place which complies with regional and national guidelines.
- Ensuring that the necessary links exist between the appraisal process and other Trust processes concerned with clinical governance, quality and risk management and the achievement of service priorities.
- Ensuring that an annual report on medical appraisal is made to the Trust Board.
- Ensuring that reports pertaining to medical appraisal and revalidation are made to the Department of Health as required.
- Confirming to the Board that any issues arising out of the appraisals are being properly dealt with.
- Confirming that there are adequate resources available to support the process.

Operationally, the Responsible Officer working with the Revalidation Lead will:

- Oversee a system for the appropriate recruitment, appointment, training and evaluation of an adequate number of appraisers across the medical specialties employed within UHL.
- Oversee the appraisal process and ensure that every doctor with whom UHL has a Prescribed Connection has an annual appraisal, unless there is a good and documented reason for an appraisal not to occur.
- Monitor and review progress on the numbers of appraisals during the appraisal year.
- Monitor the quality of appraisals throughout the year, by formal feedback from appraisees, by targeted or random review of appraisal documentation and by offering a route by which confidential complaints about appraisers can be lodged.
- Take action to suspend from the role any appraiser who appears, in the opinion of the Responsible Officer and Revalidation Lead, to be delivering appraisals of an insufficient standard. Such suspension may be either permanent or until such time as, in the opinion of the Responsible Officer, appropriate remedial action has been taken.
- Ensure that there is appropriate IT support for the appraisal and revalidation process (referred to below as ‘the UHL revalidation support system’), with appropriate data security.

- Deal with any disagreements and serious concerns, informally if possible or through

trust investigation and disciplinary procedures if appropriate.

- Identify any doctor not engaging in the process appropriately and encourage compliance.
- Report to the GMC, at times and in the format specified by the GMC, the names of any doctors that have been identified as having fulfilled the requirements for recommending revalidation; or who cannot be recommended for revalidation; or for whom it is reasonable to request deferment of revalidation; or who are not engaging adequately in the revalidation process.
- Oversee the budget for appraisal and revalidation, to ensure that resources are used with appropriate care and to ensure that sufficient resources are available.
- Implement and oversee an appropriate quality assurance process that satisfies the requirements of the GMC and NHS England.

UHL Appraisal Support Network

The composition of the Appraisal Support Network is currently as follows:

- Revalidation Lead (in the Chair)
- Responsible Officer
- Senior Appraisers
- Medical revalidation support manager
- Medical revalidation administrator

The Appraisal Support Network will meet once a year with the revalidation lead and any other relevant administrative staff and will maintain communication by correspondence between meetings as necessary. Its purpose is to consider the current UHL systems for appraisal and revalidation, to assess problems, to consider the need for changes and improvements and to advise the Revalidation Lead, RO and Trust Board as necessary.

The Human Resources Department

Is responsible for working with the revalidation team and ensuring that:

- All new medical practitioners receive a copy of the UHL Medical Appraisal & Revalidation Policy & Guideline document at induction.
- Information is requested from all new substantive medical appointees regarding previous appraisals to be uploaded on UHL electronic appraisal system.
- There is collaboration with the Revalidation Administrator to ensure that the list of doctors who have a Prescribed Connection to UHL as a Designated Body is maintained accurately and is up to date.
- That information is sought from the previous employer, if relevant, regarding any concerns about the new doctor (MPIT – Medical Practice Information Form).

The Senior Appraiser

There will be a number of senior appraisers (SA), each responsible for the doctors in one Clinical Management Group. The SAs will be appointed by the Revalidation Lead (Associate Medical Director), to whom they will report in relation to their work as Senior Appraisers.
Senior Appraisers have responsibilities to facilitate the processes of appraisal and revalidation, by supporting and advising appraisers and appraisees and by assisting the

Responsible Officer and Revalidation Lead in discharging their duties.

The Appraiser

Is responsible for ensuring that they:

- Undertake basic appraisal training and top-up training.
- Complete up to 10 appraisals annually, the number to be agreed through job planning, in a manner consistent with the UHL Medical Appraisal and Revalidation Guidance.
- In order to retain sufficient skills, appraisers will be expected to complete a minimum of 5 appraisals each year.
- Record the appraisal process in appropriate detail using the UHL Electronic appraisal system.
- Promptly raise any concerns identified during appraisal with the Revalidation Lead and/or the Responsible Officer.
- Collaborate in audit of the appraisal and revalidation processes as part of quality assurance.
- Collaborate when appropriate with a University Appraiser to deliver joint appraisal for clinical academics.

The Appraisee

Is required to:

- Participate annually in appraisal as part of their contractual obligations.
- Ensure that they understand the appraisal process and its link to medical revalidation requirements as per GMC.
- Approach their identified/allocated appraiser and make an appointment for the annual appraisal in a timely fashion.
- Use the UHL Electronic system for Appraisal and Revalidation Support to document appropriate supporting evidence required as per GMC advice.

If for some reason the UHL Revalidation Support System cannot be used, the appraisee must immediately inform the Revalidation Lead of the problem and resolve the issue or, in exceptional circumstances, agree an alternative approach.

Clinical academics require a joint appraisal. Co-ordination and co-operation is required with the University to ensure that the practitioner's full scope of practice is covered. The university will make contact with them at the beginning of each appraisal period to let them know who their university appraiser will be. In the event of a joint appraisal, the UHL appraiser will act as the primary appraiser for the purposes of medical revalidation and will be responsible for signing off the appraisal for the purpose of medical revalidation and will be responsible for signing off the appraisal record in the medical appraisal and revalidation system. Should a joint appraisal not be possible, the university appraisal should take place first and the output from the university appraisal should be uploaded as evidence for the UHL appraisal.

An appraisee should normally have no more than 3 consecutive appraisals with the same appraiser.

Newly employed doctors, who had a previous appraisal or ARCP, should have an appraisal within twelve months of their most recent appraisal with their previous employer, or within twelve months of achieving their Certification of Completion of Training (or equivalent), as appropriate. If these events occurred more than nine months before starting work at UHL, then an appraisal should be scheduled within 3 months of starting work. The timing of the first appraisal of a doctor who is new to UHL and who has no previous appraisal or ARCP will be determined on an individual basis taking into account the revalidation date, but in general should be between 6 and 9 months after the start date.

A doctor who is seeking to return to practise after a period of absence should discuss their circumstances with the revalidation team and the responsible officer 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 practice in the relevant areas during their absence. In general, the first appraisal should take place between 6 and 9 months after re-entry to professional practice.

The local Employment Liaison Adviser (ELA) of the General Medical Council

The ELA will fulfil their role in relation to doctors where there is a significant concern about conduct or performance, as defined by the GMC.

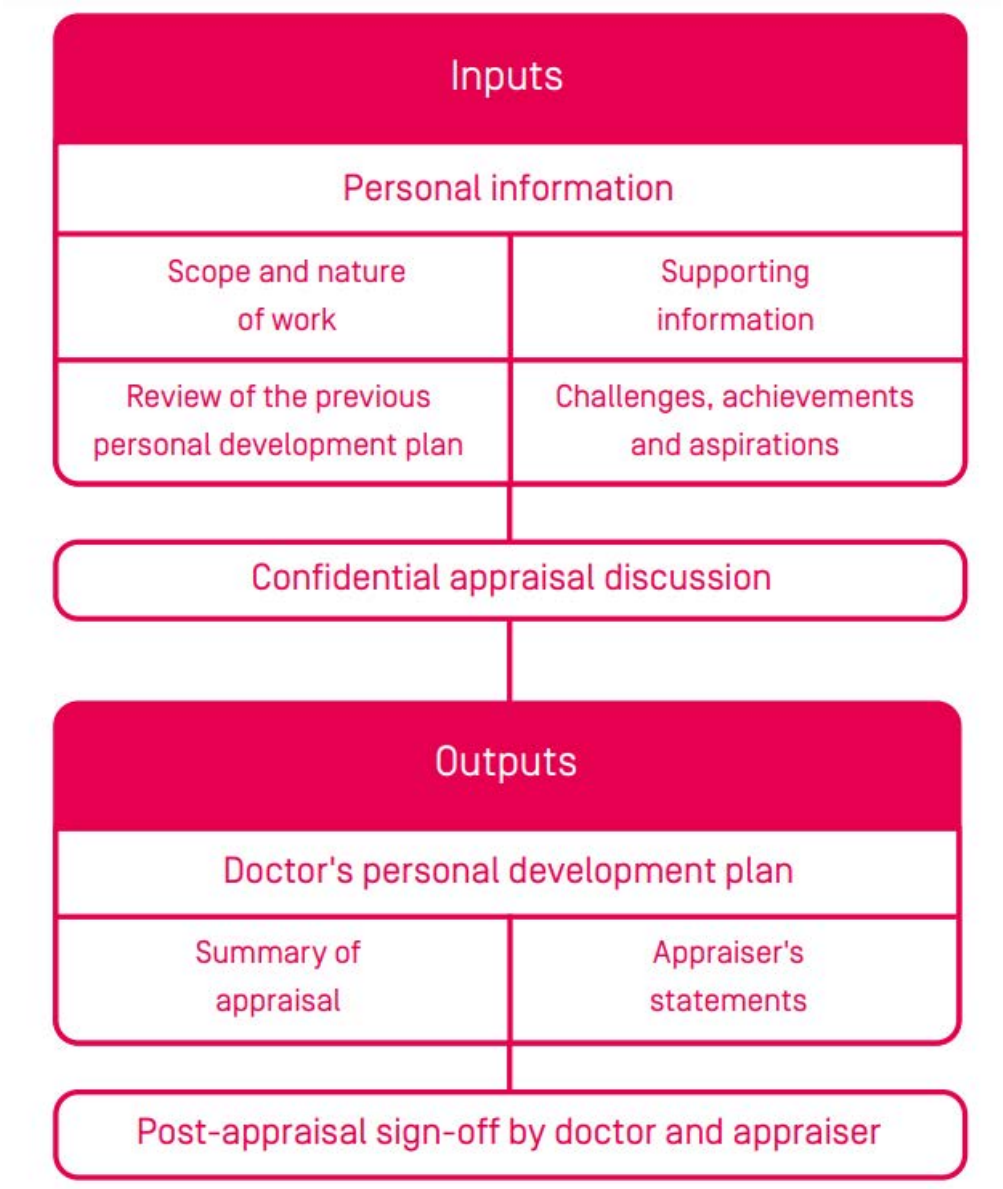
The Responsible Officers Advisory Group (ROAG)

The ROAG will receive regular monthly updates from the UHL appraisal and revalidation lead which will include the status of doctors who have not completed an annual appraisal in line with the trusts agreed processes and timelines. Where required the ROAG will decide if individual cases require escalation to the Medical Director to consider formal disciplinary processes and/ or for the RO to escalate the case to the GMC as potential non- engagement.

6 PROCESSES INVOLVED IN APPRAISAL

There are three stages in the medical appraisal process (see diagram below from AoMRC June 2022):

1. Inputs to appraisal
2. The confidential appraisal discussion
3. Outputs of appraisal.



Supporting information: The supporting information should relate to the doctor's complete scope and nature of work. The GMC document Supporting information for Appraisal and Revalidation describes six types of supporting information doctors must reflect on and discuss at their appraisal:

1. Continuing professional development (CPD)
2. Quality improvement activity (QIA)
3. Significant events or serious incidents
4. Feedback from patients or those they provide medical services to
5. Feedback from colleagues

6. Compliments and complaints.

The supporting information is important, but it is also the doctor's reflection on the information and the record of that reflection that informs the appraisal discussion. This allows the appraiser and the doctor to discuss the doctor's practice and performance.

6.1 Input Form (Information required for Appraisal)

Personal information

The doctor's personal details, including their name, GMC number and contact details should be provided and kept up to date to ensure that the appraiser can contact the doctor

Scope of Work

Appraisee needs to describe the full breadth of any clinical activity carried out including that in the NHS, private sector, voluntary work, charitable work etc.

- This includes work for voluntary organisations and work in public and private or independent practice and all leadership, managerial, academic, research and educational roles, including teaching and training, whether paid or unpaid.

- The doctor should include the contact details of any employing organisations and places that they work (or have worked in the period since their last appraisal

- Private work: Evidence from private work is to be routinely included and there are no governance issues identified. Private hospitals provide this evidence routinely and should be requested in a timely fashion and attached.

Previous appraisals in this revalidation cycle

The appraiser should have access to the doctor's last appraisal and any previous appraisals in the current revalidation cycle, or an explanation for any 'approved missed appraisal', for example due to parental leave. If this is the first ever appraisal, this should be made clear.

Review of the previous personal development plan (PDP)

The doctor should provide a brief reflection on their progress with the personal development plan (PDP) arising from their previous appraisal or final ARCP. Exceptionally, a doctor may have no PDP to review. For example, a doctor new to the UK may come from a system without a PDP process.
If no progress has been made with a goal, or it has only been partially achieved, the doctor should describe the reasons for this, for discussion and subsequent agreement about whether the goal should be dropped or modified and carried forward.

Continuing Professional Development

- This is any professional development activities as mapped against the scope of work and previous years PDP. These should be captured using the SMART format (Specific, Measurable, Achievable, Relevant, and Time-Bound)

- For those with affiliation to Medical Royal Colleges, they can provide evidence of diary satisfying the college requirements.

- For those in non-consultant posts, examples of evidence can be local, regional and national courses and conferences, e-portfolios, work-based assessments, log books, departmental educational sessions.
- A written or verbal reflection on the learning and relation of CPD to scope of practice must be included at the appraisal. The GMC emphasise the quality rather than the quantity of supporting information required. It is not a GMC requirement to submit a college CPD log however these can be a helpful piece of evidence

Quality Evaluation / Quality Improvement Activity (and associated Supporting Information). This is an area where specialty-specific guidance from the appropriate medical Royal College is particularly likely to be relevant.

Examples of evidence can include local and any regional / national data collection of activities linking to recognised databases, Quality improvement activities / audits, Learning and reflection from Morbidity and mortality meetings, quality and safety meetings.

Significant Events (and associated Supporting Information). It is the appraisee's duty to declare involvement in significant events. The appraiser should discuss the learning from the event and any PDP that may come from that learning. Significant events may be positive as well as negative events.

Patient and Colleague Feedback: Multisource feedback (MSF; 360 degree appraisal)
This is an essential requirement once in each revalidation cycle. It is conducted through the trust electronic feedback tool. Detailed process is described on the electronic system. It should be completed, discussed with the appraiser and discussion documented before revalidation recommendation is due.
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Complaints and compliments (and associated Supporting Information). It is the appraisee's duty to declare any complaints received since the last appraisal (unless they have been investigated and found to be unjustified). The appraiser should assess whether the appraisee responded to the complaints appropriately and has reflected on the learning from it. Any further professional development needs identified should form a part of the PDP.

Being asked to bring specific items of information to the appraisal
On occasion, the responsible officer may wish to ensure that certain key items of supporting information are included in the doctor's portfolio and discussed at appraisal so that specific development needs are addressed. Where such information is sent to the doctor to be included in their appraisal portfolio, this should be undertaken securely and in accordance with appropriate information management guidance. When the responsible officer has defined specific information for inclusion in a doctor's appraisal, they may check subsequently in the appraisal summary that appropriate reflection and discussion has taken place. The doctor is required to make a declaration at every appraisal about whether they have been asked to bring anything to their appraisal. This should prompt their awareness of any information they have been asked to bring and remind them to provide it.

For clinical academic staff, a joint appraisal should be arranged with the approved University Appraiser, so the documentation should include the evidence and forms specified by the University.

Mandatory & Statutory Training. It has been agreed that the appraisal will review the completion of mandatory training and essential to role training. Any missing or out of date elements should form part of the new PDP with an appropriate time scale. Advice should be available from the head of service in terms of what is essential to role training for a particular specialty. This is a mandatory employment requirement. It should be made clear which training is a statutory requirement for employment in the Trust and which is considered essential for the job role.

Update: Good Medical Practice has been updated and came into effect 30 January 2024. It sets out the standards of patient care and professional behaviour expected of all doctors in the UK, across all specialties, career stages and sectors. Evidence for appraisal must therefore cover these 4 domains from April 2025:

1. Knowledge, skills and Development
2. Patients, partnership and communication
3. Colleagues Culture and Safety
4. Trust and Professionalism

6.2 ACCESSING THE MEDICAL APPRAISAL & REVALIDATION SYSTEM

UHL has purchased the online medical appraisal support system provided by SARD (Strengthened Appraisal and Revalidation Data), which is available at https://uhl.sardjv.co.uk. This includes GMC-compliant tools for Colleague and Patient Feedback.

6.3 SCHEDULING AN APPRAISAL

- Appraisal is an annual process and the responsibility of the appraisee to arrange with their appraiser within the required time frame. Each doctor should have at least one appraisal within the annual appraisal period beginning 1 April and ending 31 March each year. The minimum time allowed between two routine sequential appraisals is 9 months.

- **If an appraisal is late, the date on which the next appraisal is due will not be altered (unless by specific agreement with the Revalidation Lead).**

- Appraisal records must be signed off in the system within 28 days so that a new appraisal record can be created for the next appraisal period. Failure to do so could result in an invalid appraisal for that year and could have an adverse impact on revalidation.

- Appraisal can take place at any time during the year but must be completed by the appraisal due date. There is no reason to wait until the end of the appraisal year. Indeed, to do so risks making it difficult to complete the process, especially if any problems are identified, or because trained appraisers are likely to be in high demand at that time.

- If two appraisals are held within one appraisal year, that does not justify 'skipping' an appraisal in the following year.

- An appraisal will be regarded as completed only when the appraiser has completed the appraisal form, providing a summary of the appraisal, and the content of the appraisal form has been formally accepted as accurate by the appraisee.

- Successful appraisal depends on the appraisee and appraiser giving their contribution some thought beforehand. All parties should give themselves enough time to produce, submit and review the necessary documents before the appraisal meeting takes place.

6.4 PREPARING FOR APPRAISAL (APPRAISEE)

After the appraiser(s) and appraisal date have been entered in the system, the appraisee must:

- Enter all supporting evidence into the portfolio
- An input form will be automatically populated with the evidence from the portfolio in the relevant section
- Fill the appraisal input form for further details as required and reflect on the evidence submitted
- Once appraisee is satisfied about the evidence, it should be submitted to the appraiser at least 2 weeks in advance of the meeting.

If there is insufficient progress in collecting supporting information, or the appraisee is not engaging in the process, then it will be at the discretion of the UHL appraiser to decide if the appraisal meeting should be postponed until enough information is presented to adequately inform the appraisal discussion, or escalate to the Senior Appraiser/ Revalidation lead.

6.5 PREPARING FOR APPRAISAL (APPRAISER)

At the end of each appraisal period, the UHL appraiser should make sure that all previous appraisal records that they are responsible for have been either signed off in the system or escalated to the Senior Appraiser/Revalidation lead if concerns. Appraisals that are not signed off in the system will be considered incomplete and may affect appraisee's revalidation.

During each appraisal period, the UHL appraiser should be assigned to a maximum of 10 appraisees. Appraisal dates should be agreed in advance with the appraisee, appraiser and university appraiser if applicable.

It is essential that the appraisal process is based on a 'no surprises' approach. A generic NHS England appraisal meeting agenda can be used

The appraiser should thoroughly review the appraisee forms, with the following main questions in mind:

- Does the information appear reasonable, accurate and complete?
- Does any of the information generate concern about fitness to practice?

- Are there any missing items of information that will be needed before appraisal can be conducted or revalidation can be recommended?
- What areas need to be discussed in respect of the 'formative' elements of appraisal, to help to improve the doctor's practice still further?

6.6 APPRAISAL MEETING

The confidential appraisal discussion remains at the heart of every effective appraisal process. The appraiser is in a unique position to support, encourage and challenge the doctor constructively, having reviewed the supporting information and commentary provided, by facilitating their verbal reflection.

Appraiser must ensure that:

- There is appropriate venue for the appraisal which is private and not subject to any interruptions. If conducted virtually, it should be mutually agreed and a private space used to conduct it to preserve confidentiality.
- Appropriate IT is available to be able to access any information required and the appraisal software.
- They come fully prepared with the information in the input form and items for discussion.
- Conducts the appraisal in a fair, supportive manner with active listening, open questioning throughout facilitating reflection.
- Completes the output form in a timely fashion.
- Sets aside adequate time to conduct and complete the appraisal.
- Documents accurately the discussion, outcome and make appropriate recommendation to the RO.

If an appraisal meeting is cancelled or fails to take place or is stopped, for whatever reason, then the appraiser should record the failure to complete the meeting and the reason. It is the appraisee's responsibility to ensure that another meeting is scheduled at the earliest opportunity. If the consequent delay will mean that an appraisal does not take place within the necessary period as defined above (*Scheduling an appraisal*), then the Revalidation Lead must be informed by the appraisee. The Revalidation Lead will discuss alternative arrangements which may include selecting another appraiser in order to expedite the process.

6.7 APPRAISAL SIGN OFF PROCESS

Once the appraisal meeting is complete, the appraiser will send a summary of the appraisal to the appraisee who will agree the content and sign off the appraisal. Only at this stage, will the appraisal be complete. This needs to be completed within 28 days of the appraisal meeting.

6.8 PROCEDURES PRIOR TO A REVALIDATION RECOMMENDATION

In the weeks prior to a doctor's revalidation recommendation being due, the Responsible Officer or a deputy will examine the appraisal record of the doctor, for two purposes; to confirm that the doctor has satisfied the GMC's requirements for revalidation and to undertake a check of the quality of the appraisal process and its documentation.

If it is found that the doctor has not satisfied the requirements of the GMC, the Responsible Officer or a deputy will contact the doctor by email or letter, explaining the problem and inviting either the submission of evidence that the GMC's requirements actually have been met, or a plan with a clear timescale by which those requirements will be met.

In the light of any response, the Responsible Officer will make a decision on whether it is appropriate to recommend revalidation or deferral. If no response is received, or if an inadequate response is received, the Responsible Officer will decide next steps in conjunction with the GMC Employment Liaison Advisor as necessary.

6.9 CONFIDENTIALITY/CONCERNS

The discussions during the appraisal meeting are confidential unless a serious issue threatening patient safety is identified. However, the contents of the appraisal record will be available to be seen by the doctor's appraisers in the subsequent years of that revalidation cycle, by the Responsible Officer and by those who support him or her in delivering the revalidation recommendation process.

If during the appraisal meeting the appraiser becomes aware of a serious issue, whether it is a health, conduct or performance matter requiring further investigation then the appraiser may stop the appraisal. The appraiser must advise the appraisee that the issue will be escalated, as appropriate, to the appraisal lead, RO or CMG Lead who will determine what action should follow.

If, on studying the supporting information or during the meeting itself, any question arises about the likely progression to a recommendation of revalidation, that matter must be addressed as a priority. If the matter is serious, the meeting must be suspended, and the problem referred to the Revalidation lead. If less serious, it might form a key part of the next year's Personal Development Plan. That decision can be reviewed at any time during the appraisal meeting. The circumstances under which an appraisal should be terminated are discussed in the training of medical appraisers.

If the appraiser has concerns about signing off the appraisal record, then the appraiser must inform the appraisee that the sign off process is being escalated to the Revalidation lead.

In the event that the sign off process is escalated to the Revalidation lead /RO, a meeting will be arranged between the appraisee and the Revalidation lead/RO. This meeting will review the facts and determine next steps.

If the concern is resolved, the appraiser will be instructed by the RO to sign off the appraisal record with 'no issues', which will close the appraisal record.

Information from the appraisal process shall not be made available for other purposes unless the doctor concerned has been informed about the request for data and consent to release the information has been received in writing.

Specifically, it should be recognised that a doctor's appraisal record must contain information about the whole of that doctor's scope of practice, and as a result it may contain commercially sensitive information from health service providers other than UHL. Such information must be treated with confidentiality appropriate to its source and nature.

UHL will keep the appraisal process confidential in line with the General Data Protection Regulation 2018.

Data stored relating to appraisals will be held securely. Access and use of data will adhere to the requirements of the General Data Protection Regulation 2018. Under the Freedom of Information Act (2000), appraisal documentation is classed as data of a personal or confidential nature and is not accessible under the Act. This restriction will remain in force until such time as the information has been anonymised.

7 MISSED APPRAISALS

If it is clear that an appropriate appraisal cannot be arranged for a prolonged period (for example due to ill health or absence) then it will be necessary to recommend to the GMC for revalidation to be deferred for a period of time.

8 PROCESS OF DEALING WITH LATE OR MISSED APPRAISALS

Every doctor for whom UHL is the Designated Body will be provided with an 'appraisal due' date. When a doctor joins UHL this date will be set taking into consideration the doctor's history of appraisals and evaluations in any previous employment.

The Appraisal Year runs from 1st April to 31st March. If an appraisal is not completed within that time but occurs after 31st March, it will continue to be regarded as an appraisal for the previous appraisal year, so another appraisal will be required before the following 31st March.

Appraisees will be provided with automated email reminders of the need to arrange an appraisal, issued automatically by the medical appraisal and revalidation system to the email address stored in that system, at approximately 8 weeks, 4 weeks and 2 week before the appraisal due date.

In addition, if an appraisal has not been completed, a warning will be sent by email 1 day after the appraisal due date, pointing out that completion of an annual appraisal is a requirement of the GMC and of the doctor's contract of employment at UHL, followed by further reminders at 2 weeks and 4 weeks overdue.

Non-engagement Process

In addition to the automated emails sent out by the appraisal system Appendix 2 identifies the sequence of actions that will be taken to support engagement with appraisal system and remind practitioners of their professional responsibilities.

The escalation process takes the form of standarised letters which will be sent via email to the doctor's email address registered on the appraisal system at the described time points and unless a mitigation has been agreed by the Appraisal and Revalidation Clinical Lead or RO the sequential escalation letters will continue to be sent as per the process until the appraisal is complete.

If a completed appraisal has not been documented by the end of the appraisal date, a letter will be sent to the doctor pointing out the problem and inviting the doctor to submit any mitigating information, explaining why an appraisal has not taken place and what steps are proposed to remedy this problem.

With continued failure to engage, the matter may need to be escalated to the Responsible Officers Advisory Group (ROAG) for appropriate action (Appendix 2) which includes discussion with the Medical Director regarding formal conduct proceedings (MHPS)

If there is a risk of failure to engage with revalidation recommendation being made, the RO will escalate to the GMC ELA.

It should not be assumed that completing an appraisal after the end of the appraisal year will necessarily result in sanctions being dropped.

9 CONFLICTS OF INTEREST

Conflicts of interest between appraiser and appraisee, as defined by the GMC and NHS England, must be avoided when an appraiser is selected. Two doctors must not appraise each other within a 12 month period.

If, despite this, a conflict of interest is identified between the appraisee and the appraiser, the Responsible Officer and Appraisal lead should be informed in writing, explaining the conflict and providing as much background information as is necessary and relevant. After due consideration the Responsible Officer (or deputy) will set out an appropriate solution to resolve or avoid the conflict of interest.

Should a conflict of interest arise at any point during the appraisal meeting, either party is entitled to stop the appraisal and report it immediately to the Revalidation Lead who will determine what action should follow. In the event that an appraisal meeting is stopped, the appraisal record must not be signed off until a suitable replacement appraiser has been identified and another meeting scheduled. The new appraiser will complete the sign off process.

If a conflict of interest is identified that involves the Responsible Officer, then the Revalidation Lead should be informed and will take appropriate action to resolve or avoid the conflict.

If a conflict of interest is identified that involves the Revalidation Lead, then the Responsible Officer should be informed and will take appropriate action to resolve or avoid the conflict.

There will be a post appraisal evaluation report which appraisees will be asked to complete at the end of their appraisal. This will provide an opportunity confidentially to raise any concerns or issues about the appraisal, the appraiser, the electronic support system or any aspect of the appraisal process. The post appraisal evaluation reports will be reviewed by the Revalidation Lead. Appropriate outcomes will be agreed and communicated back to the Trust and, at the discretion of the Revalidation Lead, to individual appraisers.

10 INVESTIGATIONS AND DISCIPLINARY PROCEDURES

If a doctor is under formal investigation by the Trust or is subject to disciplinary procedures, including any such investigations or procedures occurring outside UHL, then the doctor must inform the appraiser.

The appraisal meeting will carry on as usual, however the appraiser must make a note that the doctor is under investigation or subject to disciplinary procedures in the appraisal summary.

In respect of formal investigation or disciplinary procedures within UHL, the appraiser should not factor in the investigation or disciplinary procedure when signing off the appraisal record, because the Responsible Officer will already be aware of those processes.

In respect of formal investigation or disciplinary procedures outside UHL, the appraiser should not factor in the investigation or disciplinary procedure when signing off the appraisal record, but should (with the knowledge and consent of the appraisee) take steps after the appraisal to ensure that the Responsible Officer is aware of those processes.

11 POSTPONEMENT OF MEDICAL APPRAISAL

There are circumstances when a doctor may request that an appraisal is deferred such that no appraisal takes place during one appraisal year (which runs 1 April to March 31), or that the appraisal is postponed to take place later than the last day of their appraisal month.

Doctors may request a postponement of an appraisal due to:

- Breaks in practice due to sickness or maternity/adoption leave, or
- Breaks in practice due to absence abroad or sabbaticals.

As a general rule it is advised that doctors having a career break:

- In excess of six months - should aim to be appraised within six months of returning to work; and
- Less than six months - should aim to be appraised at their usual date, and no more than 18 months after the previous appraisal.

A doctor who thinks they may need to postpone their appraisal should complete a formal request (Appendix 3) and submit this to Trust Medical Appraisal Lead or Responsible Officer as appropriate.

Postponement applications should be submitted at the earliest possible opportunity before the appraisal is due.

Trust Medical Appraisal Lead as appropriate will consider postponement requests and applicants will be informed in writing of the decision within 10 working days, and never later than 21 working days.

12 EDUCATION AND TRAINING

12.1 APRAISER RECRUITMENT

Appraisers who have been trained as appraisers will be regarded as UHL appraisers unless they resign from that role, or fail to undertake essential top-up training or are judged by the Revalidation Lead to be discharging the role ineffectively (for example, on the basis of appraisee feedback).

New appraisers will be recruited on the basis of attendance at an appraisal training course and assessment by Revalidation Lead.

It is the responsibility of the Clinical Management Group (CMG) Clinical Directors to ensure that their CMG has an appropriate number of medical appraisers in relation to their number of doctors and should be considered part of the job planning process.

It is the responsibility of the Revalidation and Appraisal Team to report the ratio of appraisers to appraisees on an appropriate frequency.

Medical appraisers will be medically qualified but need not be consultants. It is however envisaged that consultants normally will be appraised by consultant appraisers. New appraisers must complete a course of initial appraiser training before taking up the role. Informal support for new appraisers will be offered by the Senior Appraisers.

12.1 APPRAISER TRAINING

There are two forms of appraiser training.

Initial training is intended for those who have not previously acted as a medical appraiser. It will include generic appraisal skills in addition to training on the specific features of medical appraisal that arise from its link to medical revalidation.

Top-up training is intended for those who are already trained as appraisers, to ensure that they keep up to date with developments and that standards are maintained. Its minimum frequency and content will be adjusted on the basis of the rate of change of the appraisal process.

The Revalidation Lead may insist that any appraiser undertakes either the initial training or the top-up training before continuing to undertake appraisals.

Further development of appraiser training will be guided by feedback from appraisers on what they perceive as their training needs.

12.2 APPRAISER EVALUATION AND FEEDBACK

After each appraisal the appraisee will be invited to complete a short feedback questionnaire, with an invitation to identify any potential improvements in the appraisal process or the approach of the appraiser. Each appraiser will receive a summary of their feedback. The results will be assessed in confidence by the Revalidation Lead, who can insist on additional appraiser training or (after confidential discussion with the Senior Appraisers) to remove the appraiser from the list of approved UHL appraisers.

12.3 SENIOR APPRAISERS

The number of senior appraisers (SA) will be decided by the Revalidation Lead in consultation with the Responsible Officer; there will be at least one from each of the clinical management groups. The SAs will be appointed by the Revalidation Lead (Associate Medical Director), to whom they will report in relation to their work as Senior Appraisers.

Once the appraisal process has begun, the SA will act as the first level of escalation for any appraisal records or appraisal interviews where problems have been identified. The SA will receive written notification (normally by email) of any such appraisal and, together with the Revalidation Lead, will review each case to determine whether these records can be turned into appraisal records with no issues with an agreed action plan added to the PDP, or whether the appraisal record need to be escalated to the RO for resolution.

If an action plan is agreed, then the SA will document his/her involvement in the appraisal system and complete a SA Summary. The appraisee will approve these actions before the record is closed with ‘no issues’ and reported to the RO as a ‘green’ appraisal record.

The Senior Appraisers will be empowered to seek further advice (for example, from appropriate representatives of medical Royal Colleges in relation to specialty-specific issues) but will be expected to discuss any such cases with the Revalidation Lead.

If an action plan cannot be agreed then the appraisal record will be escalated to the RO for resolution.

The SA will have access to a regional Appraisal Support Network that will be managed and chaired by the Revalidation Lead and whose membership is specified in the UHL Medical Appraisal and Revalidation Policy.

13 PROCESS FOR MONITORING COMPLIANCE

13.1 Participation in appraisal processes and documentation completion will be monitored, the results to be included in reports to the Trust Board on an annual basis and to the Department of Health as requested.

13.2 The Revalidation Lead will ensure that a review of the appraisal documentation produced in relation to a subset of appraisees is undertaken each year.

13.3 There will be compliance with the systems of oversight and quality assurance and audit imposed by the General Medical Council and NHS England.

13.4 Implementation and audit of compliance with this policy will be the responsibility of the Revalidation Lead, with subsequent submission of an annual report to the Trust Board.

14 EQUALITY IMPACT ASSESSMENT

14.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

14.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

15 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

15.1 This document is based primarily upon the requirements and recommendations of the General Medical Council, available at http://www.gmc-uk.org/doctors/revalidation.asp, and NHS England, available at https://www.england.nhs.uk/medical-revalidation.

15.2 AoMRC June 2022 https://www.aomrc.org.uk/wp-content/uploads/2022/06/Medical_Appraisal_Guide_2022_0622.pdf

15.3 NHSE appraisal guidance

16 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

16.1 This document was developed initially in consultation with the Revalidation Support Network. Consultation was pursued in compliance with the UHL policy on the development of new policies. Draft copies of this policy were also made available on the UHL intranet to all UHL non-trainee medical staff, with an email requesting comments to the Revalidation Lead. The Local Negotiating Committee was consulted previously about the process for dealing with missed or late appraisals.

POLICY MONITORING TABLE

This policy is to be reviewed 3 yearly by the Appraisal Support Network, with review by the Policy and Guidance Committee as instructed.

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to
Compliance with NHS England QA framework for medical appraisal	RO	Yearly requests for information from NHS England	annual summary	To NHS England
Number of missed appraisals	Revalidation Lead	UHL Revalidation Support System	Monthly review	Responsible Officer ROAG
Training of appraisers	Revalidation Lead	Records of training maintained by Revalidation Support Manager	Regular communication of any changes/ updates Training 3 yearly	Responsible Officer

MONITORING COMPLIANCE

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting Arrangements
Quality assurance of Appraisals	Inspection of Input and Output forms and use of ASPAT audit forms	Revalidation Lead	On an annual basis, a review of the quality of at 10% of the appraisal documentation will be undertaken	If, as a result of the scrutiny of the appraisal record, the Responsible Officer or Revalidation Lead becomes concerned about the quality of the work of the appraiser, the Responsible Officer or Revalidation Lead will decide what steps are appropriate to improve the standard of the appraisal and/or its documentation. Options may include a discussion with the appraiser (followed by monitoring of the quality of future appraisal documentation), demanding that further appraisal training be undertaken, or removing the appraiser from UHL's list of approved appraisers.

CONTACT AND REVIEW DETAILS	
Guideline Lead: Tanu Singhal Consultant Obstetrician and Gynaecologist	**Executive Lead:** Daniel Barnes Deputy Medical Director, Responsible Officer
Details of changes made during review: 1. Merging of Policy and Guidance document 2. Updating evidence from new AoMRC guidance 2022	

APPENDIX 1

ESCALATION PATHWAY FOR NON-ENGAGEMENT

TIMELINE FOR APPRAISAL COMPLIANCE CHECKS : PROCESSES FOR REMINDER PLAN AND ESCALATION PLAN

Letter 1 at beginning of every appraisal cycle 1st April

PRE-APPRAISAL REMINDER	BY SARD, AUTO – EMAIL, AT 8 weeks, 4 weeks, 2 weeks, 1 day before appraisal due. Appraisal Postponement form* submission if applicable
↓	
APPRAISAL DUE DATE	Appraisal not completed – issue Letter 2 (1st escalation)
↓	
APPRAISAL NOT DONE 4 WEEKS	Inform ROAG, Issue letter 3 (2nd escalation)
↓	
APPRAISAL NOT DONE 8 WEEKS	Discussion at ROAG Letter 4, Inform SDTPSHG (3nd escalation)
↓	
APPRAISAL NOT DONE 12 WEEKS	

Disciplinary action may be taken against you under the UHL Disciplinary Policy and Procedures

PS: **Appraisal postponement application form**: this form should be filled and returned to tracey.hammond@uhl-tr.nhs.uk if it is anticipated that appraisal cannot be completed in a timely fashion (due by date) and there are mitigating circumstances for it. It will need approval by the appraisal and revalidation team which will be provided in writing via email.
ROAG: Responsible Officers Advisory Group
SDTPSHG: Supporting Doctors to Provide Safe Healthcare Assurance Group.

APPRAISAL POSTPONEMENT

Appraisal postponement application form

Appraisal postponement application form	
Section A	Doctor's details and request for postponement
Doctor's name:	
GMC number:	
Telephone number(s):	
Mobile:	
UHL Contact details	
Email for contact:	
Doctor's appraisal date:	
Date of last appraisal:	
Revalidation Date:	
Postponement Requested By:	
Reason for postponement of appraisal:	
Proposed date for next appraisal:	
Date of request:	
Section B	Responsible Officer / Associate Medical Director decision
Name of person considering request:	
Position:	
Postponement agreed:	Yes ☐ No ☐
Comment:	
Agreed new appraisal due date:	
Date of decision:	

On completion please return to tracey.hammond@uhl-tr.nhs.uk

* Doctor to complete section