## Appraisal for Revalidation Policy

**Version:** 2

### Summary:
The policy document states Southern Health NHS Foundation Trust requirements and approaches to Appraisal for Revalidation for Doctors.

### Keywords (minimum of 5):
Revalidation, Medical Appraisal, Maintaining High Professional Standards, Doctors Appraisal, General Medical Council.

### Target Audience:
All Doctors employed by Southern Health NHS Foundation Trust

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February 2020

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Local Negotiating Committee

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### Author:
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### Sponsor:
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## Version Control

### Change Record

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### Reviewers/contributors

<table>
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<tr>
<th>Name</th>
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<tr>
<td>Dr Vicky Banks</td>
<td>Responsible Officer</td>
<td>0 – 1st Draft, June 2013</td>
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1. **Introduction**

1.1 This policy document states Southern Health NHS Foundation Trust's (hereafter the Trust) requirements and approaches to Appraisal for Revalidation for Doctors.

1.2 Revalidation of licensed Doctors is a process by which Doctors will have to demonstrate to the General Medical Council (GMC) that they are up to date and Fit to Practice and that they are complying with relevant professional standards.

1.3 Revalidation is a statutory national process for all Doctors who wish to continue to practice. It is supported by a new appraisal process.

1.4 The Revalidation Support Team Medical Appraisal Guide sets out four purposes of Medical Appraisal:

- To enable doctors to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in the *Good Medical Practice* and to inform the Responsible Officer’s (RO) revalidation recommendation
- To enable doctors to enhance the quality of their professional work by planning their professional development
- To enable doctors to consider their own needs in planning their professional development
- To enable doctors to ensure that they are working productively and in line with the priorities and requirements of the organisation in which they practice.

The Trust supports the above four purposes and this policy outlines the Trust policy and process for appraisal to support revalidation.

2. **Scope**

2.1 This policy applies to all Doctors employed by, or with an employment link to this Trust other than trainee Doctors whose annual appraisal will be commensurate to the ARCP (Annual Review of Competence Progression) process for which Wessex Deanery is responsible.

2.2 For Doctors whose employment is with another NHS Trust an annual appraisal should be undertaken by their primary employer, the results of which should be shared with Southern Health.

3. **Definitions**

3.1 **Revalidation:** The process by which Doctors will have to demonstrate to the General Medical Council that they are up to date and Fit to Practice and that they are complying with the relevant professional standards.

3.2 **(RO) Responsible Officer:** Legislative requirement to have an RO. The RO is responsible for making the recommendation to the GMC about a doctor’s fitness to
practice and revalidation. Revalidation will usually occur every five years. The recommendation of the RO is based on annual appraisals and other relevant supporting information from the previous 5 year cycle.

3.3 **Appraisal:** An open, honest and fair discussion between a doctor and appropriately trained medical appraiser providing the opportunity for both individuals to have a constructive dialogue about the doctor’s performance, development needs and to agree a set of objectives for both these areas.

3.4 **Remediation:** Is the process of addressing performance concerns (knowledge, skills and behaviours) which arise through the appraisal process or which are identified through the appraisal process.

3.5 **Appraiser:** Doctor who has undergone relevant training to undertake medical appraisal for the purposes of revalidation.

3.6 **Doctor:** Doctor being appraised.

3.7 **GMC:** General Medical Council: Medical Professional governing body.

3.8 **NHS England:** NHS England leads the National Health Service (NHS) in England. They set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.

3.9 **Prescribed Link:** This is a doctor who has a contract with the Trust in some capacity, but may not be directly employed by the Trust (e.g. honorary contracts, university academics).

3.10 **Designated Body:** Under the GMC and revalidation process, the Trust is a designated body for the purposes of revalidation.

3.11 **AOA:** Annual Organisation Audit – return to NHS England of all doctors appraisal status.

3.12 **CPD:** Continuing professional development: evidence that doctors have undertaken additional training, coaching, mentoring, reflective writing in order to develop themselves in line with the requirements of their role and professional body.

3.13 **MHPS:** Maintaining High Professional Standards: statutory guide on dealing with ill health and performance issues with medical and dental staff.

3.14 **RMS:** Electronic Revalidation Management System where all appraisals are documented and completed.

4. **Duties / Responsibilities**

4.1 **Lead for Revalidation and Appraisal must ensure / will:**
- Ensure the development of the Appraisal process within the organisation and the completion of the AOA.
- Co-ordinate the appraisal training for Doctors within the organisation.
- Co-ordinate the training for Appraisers within the organisation.
- Co-ordinate the feedback on the appraisal process.
- Lead on the development of the remediation panel for tackling concerns.
- Initiate investigations and ensure these are carried out with appropriate qualified investigators separate from the decision making process.
• Initiate further monitoring where required.
• Initiate measures to address concerns which may include re-skilling, re-training, rehabilitation services, mentoring and coaching.
• Address any systematic issues within the designated body which may have contributed to concerns raised.
• Ensure robust systems are in place to notify the Responsible Officer, the Appraiser and the Doctor of any relevant information pertinent to the appraisal process.

4.2 **Responsible Officer must ensure / will:**
• Have overall responsibility for the effective implementation and operation of Appraisals for all non training medical staff within the organisation i.e. those with a prescribed link.
• Be accountable to the Board.
• Be compliant with RO Regulations.
• Make the recommendation to the GMC on a Doctor’s fitness for Revalidation based on an assessment of their practice through annual Appraisals.
• Be responsible for ensuring that systems of Clinical Governance and Appraisal are working and are appropriate for Revalidation.
• Be responsible for the Appraisal and Revalidation of Doctors employed by or contracted to the designated body or organisation, or who have some other prescribed link for example through membership.
• Initiate investigations and ensure these are carried out with appropriate qualified investigators separate from the decision making process.
• Initiate further monitoring where required.
• Initiate measures to address concerns which may include re-skilling, re-training, rehabilitation services, mentoring and coaching.
• Address any systematic issues within the designated body which may have contributed to concerns raised.

4.3 **Appraisers must ensure / will:**
• Organise all the Appraisals with the new Appraisal time frame.
• Work to the appraisal and revalidation policy.
• Review Appraisal documentation at least 2-4 weeks before the Appraisal interview takes place identifying key areas for discussion.
• Ensure all paperwork is processed as required on completion of the Appraisal including the signing off of the PDP by both parties.
• Report on the outcome of their Appraisals through RMS to the Responsible Officer.
• Undertake Appraisal training and attend updates at least one every 2 years.
• Take part in a performance review including feedback on their performance and their role.
• Organise own Appraisal in a timely manner.
• Ensure their statutory and mandatory periodic training is up to date.
• Attend the Trust Appraiser Network – at least one every 4 months.

4.4 **Doctors must ensure / will:**
• Arrange their own annual appraisal between 1st April and 31st March period
• Participate in annual Appraisal cycle to meet the requirements for Revalidation.
• Support the appraiser in organising the appraisal in a timely fashion (e.g. by responding to requests for meetings).
• Maintain a professional portfolio including feedback from each of their employers.
• Make information and portfolio available to their Appraiser at least 2-4 weeks before the date of the Appraisal.
• Ensure their statutory and mandatory periodic training is up to date and provide evidence of this in their portfolio.
• Individual doctors will be responsible for maintaining a portfolio of supporting
  information to demonstrate the maintenance of their clinical and professional
  standards and, where applicable, their specialist skills.
• Ensure they have completed at least one 360° feedback, including patients, within
  each revalidation cycle.
• Sign off on RMS within 28 days of the appraisal meeting.

4.5 **Medical HR, Office of the RO must ensure / will:**
• Oversee the Revalidation process and ensure that related procedures and practices
  are regularly reviewed in line with changes in legislation.
• Support the Lead for Revalidation and Appraisal and the RO in developing a
  remediation panel and managing the ESR and RMS systems.
• Support the Lead for Revalidation with the completion of AOA.
• Maintain the website and co-ordinate and work with medical workforce to monitor
  the appraisal activity within the organisation.

5. **The Appraisal Process**

5.1 For most Doctors appraisal and revalidation will be a straightforward process. All
  appraisal meetings are based on the premise of 'no surprises', however, for a small
  number of Doctors, they may find that the process raises concerns about their
  performance and/or ability to revalidate without participation in some remedial activity.
  Within the Trust the process of managing concerns will be through the MHPS policy.

5.2 The Appraisal process is initiated on an annual basis between 1st April and 31st March;
  doctors are responsible for identifying an appraiser from the list of Trust approved
  Medical Appraisers, provided on the Trust website
  [http://www.southernhealth.nhs.uk/workday/medical-hr/medical-appraisal/trust-
  appraisers/](http://www.southernhealth.nhs.uk/workday/medical-hr/medical-appraisal/trust-
  appraisers/). If there are issues or concerns regarding identifying an appraiser, doctors
  can discuss this with the Lead for Revalidation and Appraisal or the RO. For the
  purposes of revalidation a doctor should have had at least two (2) appraisers during a
  five (5) year revalidation cycle.

5.3 There may be exceptional circumstances where a deferral of appraisal may be
  appropriate – this must be requested by the Doctor (see Appendix 5).5.4 Once an
  appraiser has been contacted they will confirm a request to conduct an appraisal. The
  appraiser may send the Doctor an invitation email confirming the venue, date and time
  of the appraisal; it will also give the deadline by which time the Doctor has to provide
  their portfolio. This email should be sent to the Doctor at least 8 weeks prior to the
  appraisal.

5.4 The Doctor will be responsible for ensuring their portfolio of supporting information
  is made available to the appraiser 2-4 weeks prior to the appraisal process. This will be
  through the electronic Revalidation Management System (RMS) Equiniti. The Doctor
  must ensure that no PID information is in the RMS portfolio. The portfolio is evaluated
  by the appraiser and provides the basis for the appraisal discussion. There may be
  discussions between the appraiser and the Doctor prior to the appraisal taking place to
  ensure that the appraisal portfolio is sufficiently robust for the appraisal process to take
  place.

Prior to the appraisal, the appraiser will contact the medical line manager to ask for
  information about job planning, performance, complaints, SIRIs (Appendix 3). Any
  information shared with the appraiser / medical line manager will also be shared with
  the doctor.
5.5 The overall aim of the appraisal is to encourage and support every doctor to reach and sustain a high standard of performance and ensure that the highest quality of clinical care is provided to patients. The Appraisal will form a key part of the process of assuring the quality of clinical care within the Trust and the NHS.

5.6 The diagram below demonstrates the contributions to and outcomes of the appraisal process:

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>OUTPUTS</th>
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<tbody>
<tr>
<td><strong>Personal Information</strong></td>
<td><strong>Confidential Appraisal Discussion</strong></td>
</tr>
<tr>
<td>Scope and nature of work</td>
<td>Doctors Personal Development Plan</td>
</tr>
<tr>
<td>Supporting information</td>
<td>Summary of appraisal</td>
</tr>
<tr>
<td>Information from CSD</td>
<td>Appraisers statement</td>
</tr>
<tr>
<td>Review of last year’s personal development plan</td>
<td>Information to CSD for job planning</td>
</tr>
<tr>
<td>Achievements, challenges and aspirations</td>
<td></td>
</tr>
<tr>
<td>Complaints and SIRI reference issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post Appraisal Sign-off by Doctor and Appraiser</td>
</tr>
<tr>
<td></td>
<td>By Exception</td>
</tr>
<tr>
<td></td>
<td>If concerns at time of the appraisal, information about concerns passed to the CSD</td>
</tr>
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</table>

5.7 **Contributions from Appraiser and Doctor:**
The Doctor must ensure that their portfolio on RMS is up to date. This will enable the Doctor to collate supporting information that shows evidence of that Doctor’s practice in all areas of their work. It should identify areas of practice where the Doctor can make improvements or undertake further development. It should demonstrate that the Doctor is up to date and Fit to Practice.

The GMC Good Medical Practice Framework consists of 4 domains which cover the spectrum of medical practice which are:

- Knowledge, skills & performance
- Safety & quality
- Communication, partnership & teamwork
- Maintaining trust

The portfolio of supporting information will describe the scope of the Doctor’s practice and professional work and how they are keeping up to date. The portfolio will include the review of the Doctor’s practice including quality improvement activity, audit, service improvement and reflection on significant events. It will also include feedback on
professional practice including patient feedback (360) at least one in a 5 year cycle (kept live on RMS), patient and carer feedback, complaints and compliments.

5.8 **Confidential Appraisal Discussion:**

The Appraisal will cover all areas of the Doctor’s practice which will include roles and responsibilities that may well be held outside of the Trust. The expectation is that the Doctor will provide supporting information concerning roles that are held outside the Trust. For example:

- Training Programme Director
- Head of School
- Position within the Royal College
- Work for the Department of Health
- Secondment to other organisations
- Private or other independent practice
- Academic appointments

The Trust will contribute information collected through internal governance systems for the purpose of monitoring and managing the quality of the service:

- Job Plans
- Role descriptions
- Clinical Outcome information
- Performance & quality information
- Clinical audits,
- Significant events/SUls
- Complaints
- Results of structured feedback
- Results of any review of performance
- Information relating to the Doctor’s Fitness to Practice.

The information the Doctor contributes may include all of those listed above and a description of the scope of work undertaken in all medical roles. It is expected that the Doctor will reflect on the feedback about their practice include their Continuing Professional Development activities, case reviews, peer review of their activities, their management activities, information about challenges, aspirations and development needs and information about health and probity.

Doctors have a professional responsibility to include relevant information from all medical roles in the revalidation portfolio. All complaints and serious incidents relating to the Doctor must be included and the expectation is that the Doctor will reflect on all such events following the incident.

5.9 **The Outcomes of the Appraisal**

In order for the Personal Development Plan (PDP) to be embedded in the job planning process, the output from the appraisal should include a new Personal Development Plan (PDP). The PDP is an itemised list of personal objectives for the coming year, with an indication of the period of time in which objectives should be completed. The PDP should also be discussed with the Doctor’s Medical Line Manager with job planning.

A summary of the appraisal should also be agreed. This should cover, as a minimum, evidence of a discussion about last years’ PDP; a report on each part of the supporting information and the doctor’s accompanying commentary, including the quality and the extent to which the supporting information relates to the doctor’s scope.
of work, explanations as to how any deficiencies have occurred, and recommendations on how, if appropriate, the doctor should develop an approach to their supporting information and commentary the following year.

The appraiser will be expected to confirm a series of Statements of Assurance, agreed with the Doctor, to help inform the RO’s decision on whether to recommend to the GMC that a doctor be revalidated. These statements should confirm that:

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

Appropriate supporting information has been presented in accordance with the Good Medical Practice Framework for Appraisal and Revalidation and this reflects the nature and scope of the doctor’s work.

A review that demonstrates appropriate progress against last year’s personal development plan has taken place.

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

No information has been presented or discussed in the appraisal that raises a concern about the doctor’s fitness to practise.

In the event that an appraiser feels unable to make these statements, this should be discussed with the RO – it does not necessarily mean that revalidation cannot take place. There may be a number of reasons for this, such as a doctor being unable to complete their PDP due to a period of sickness.

Incremental pay progression and eligibility for Clinical Excellence Awards (CEAs)/Merit Awards are dependent on satisfactory involvement in appraisal and job planning. Additionally it is the Doctors responsibility to ensure their appraisal is signed off in RMS within 28 days. Failure to do so may result in a delayed payment.

5.10 What to do where concerns are raised during the Appraisal Process

If issues with clinical performance are raised within an Appraisal it may be that concerns about poor performance emerge. Both Appraiser and Doctor need to recognise that as registered medical practitioners they must protect patients if they believe that a colleague’s health, conduct or performance is a threat to patients (GMC Good Medical Practice, para 25).

A concern about a doctor’s practice may arise in a number of different ways, through an incident where there has been harm / potential of harm to a patient, member of staff or the organisation, where there is a pattern of repeated mistakes or behaviours which are inconsistent with the professional and Trust standards.

If as a result of the appraisal process the Appraiser believes that the activities of the Doctor are such as to fall under the examples given above, the appraisal process may be stopped. A robust assessment of the likely cause of the concerns should be made, with particular regard to whether the concerns may relate to performance, conduct or health issues. The Trust’s policy on Maintaining High Professional Standards should be referred to.
5.11 Confidentiality throughout the appraisal process
Appraisals are a personal and confidential meeting between the doctor and the appraiser and all records of discussions will be held securely either electronically or on hard copy in the doctor’s personal file.

The appraiser will need to report to the RO and the doctors medical line manager (Clinical Service Director (CSD) or Clinical Director (CD)) that the appraisals have been completed satisfactorily. They will also be required to report to the RO and the doctors Clinical Service Director or Clinical Director any concerns they may have about a particular doctor. At this point it may be necessary for information to be shared.

The RO will hold records about every appraisal undertaken annually in their organisation in order to make Revalidation recommendations to the GMC every five (5) years.

The Revalidation and Appraisal Lead will have access to individual training records.

The RO and Revalidation and Appraisal Lead will need to access individual appraisal records if there are concerns and also to quality check sample appraisals to ensure they are being undertaken to the required standard. There is an annual quality audit of PDPs.

5.12 Appraiser Support
The appraisal process for Revalidation requires a greater time contribution from the appraiser. Appraisers need time for evaluation and assessment of the portfolio in addition to negotiation prior to the appraisal and the time taken for the appraisal itself.

Appraisers are expected to attend the monthly Appraiser Network sessions as a minimum once every 4 months, contribute to feedback and participate in appropriate training and any updates that are required.

This commitment and contribution to Appraisal and Revalidation for the Trust should be recognised with the allocation of 1PA within the Job Plan of Appraisers with somewhere between 8-10 Doctors. If no PA allocation, expectation is between 5-7 doctors. This will need to be negotiated within localities and with Clinical Directors.

5.13 Failure to comply with this policy and annual appraisal
Appraisal processes and revalidation are mandatory for all doctors. Where doctors do not participate in the appraisal process, the Trust in conjunction with this will consider if this falls as professional misconduct in which case it will be dealt with under MHPS policy, or else it may be considered an issue of conduct and it will be dealt with under the Trust’s disciplinary policy.

Doctors are aware that in order to be considered Fit to Practice by the GMC they must participate in the Revalidation process every five (5) years and that part of this process refers to annual appraisal.

Failure to engage with the appraisal / revalidation process is a serious matter and will be referred to the GMC (see Appendix 4).

6. Training Requirements
There are training requirements for all Doctors within the Trust which is mandatory. This concerns the process of Appraisal and the implications of this. The Trust has developed a training programme for Appraisers which will be co-ordinated and led by
the Lead for Revalidation and Appraisal. The Responsible Officer (RO) and the Lead for Revalidation and Appraisal will have attended Responsible Officer training and will be a member of the NHS England Revalidation Network. There will be training requirements for the Remedial Panel Members and the HR department.

7. Monitoring Compliance

Compliance with this policy will be monitored by HR through the ESR and RMS systems. They will work with the Trust Governance Structures and support any remedial work for Doctors that may be required.

There is an annual report to Board with quarterly updates of both revalidation and appraisal.

There is an annual quality assurance review undertaken by the revalidation/appraisal lead and a lay advisor. Feedback to the appraisers is provided after this.

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<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
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<td>That all doctors have had annual appraisal</td>
<td>Responsible Officer supported by Medical HR Team</td>
<td>Return from individual doctor and ESR</td>
<td>Annually</td>
<td>Workforce Strategic Committee</td>
</tr>
<tr>
<td>That all doctors are fit to practice &amp; hold a licence to practice</td>
<td>Responsible Officer supported by Medical HR Team</td>
<td>GMC Connect &amp; GMC website</td>
<td>Annually</td>
<td>Workforce Strategic Committee</td>
</tr>
<tr>
<td>Concerns about Doctors are managed</td>
<td>Responsible Officer</td>
<td>Supporting Best Medical Practice group</td>
<td>bi-monthly</td>
<td>Workforce Strategic Committee</td>
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8. Policy Review

8.1 This policy will be reviewed after 3 years to ensure it remains fit for purpose and to take account of any new guidance issued by NHS England.

9. Associated Documents

All documents mentioned here are available on the Trust website - [http://www.southernhealth.nhs.uk/workday/medical-hr/medical-appraisal/](http://www.southernhealth.nhs.uk/workday/medical-hr/medical-appraisal/)

- Good Medical Practice Guide (GMC)
- Maintaining High Professional Standards in the Modern NHS (Department of Health)
- Disciplinary Policy and Procedure
- Exclusion Policy and Procedure
- Managing Performance Policy and Procedure
- Workforce Investigation Policy and Procedure
• Revalidation & Appraisal - Failure to Engage definition
• Revalidation & Appraisal – Indicators of Concern
• Revalidation & Appraisal – Discussions of Concern
• Raising and acting on concerns about patient safety

• Documents for Doctor for their Appraisal (these may be used to aid discussion)
  o Appraisal form 2 – Personal Development Plan Template
  o Appraisal form 3 – Case Based Discussion Template
  o Appraisal form 4 – General Reflective Template
  o Appraisal form 5 – Complaint Reflective Template
  o Appraisal form 6 – Serious Untoward Incident Template
  o Appraisal form 7 – Self Appraisal for Non-Clinical Roles

• Documents for Appraiser
  o Appraiser form 1b – Letter to Doctor (appraisee)
  o Medical Appraisal Competency Self-Assessment Tool

• Documents for Revalidation
  o Proforma and Guidance notes for Doctors

• General Documents
  o List of useful Appraisal and Revalidation Links
  o Equiniti 360 Feedback Application Form

10. Supporting References

• http://www.gmc-uk.org/doctors/revalidation.asp General Medical Council, UK governing body for all doctors.

• https://www.england.nhs.uk/revalidation/ Revalidation Support Team has been set up to provide guidance to organisations that employ doctors on the revalidation processes.

• http://www.rcpsych.ac.uk/training/revalidation.aspx Royal College of Psychiatry provides guidance to its members on revalidation.

• http://www.rcplondon.ac.uk/projects/revalidation-tools-support-and-training Royal College of Physicians provides guidance on revalidation for its members.


• http://www.aomrc.org.uk/revalidation.html Academy of Medical Royal Colleges speaks on standards of care, medical education across the UK.
## Appendix 1 - Training Needs Analysis

If there are any training implications in your policy, please complete the form below and make an appointment with the LEAD department (Louise Hartland, Strategic Education Lead or Sharon Gomez, Essential Training Lead on 02380 774091) before the policy goes through the Trust policy approval process.

<table>
<thead>
<tr>
<th>Training Programme</th>
<th>Frequency</th>
<th>Course Length</th>
<th>Delivery Method</th>
<th>Trainer(s)</th>
<th>Recording Attendance</th>
<th>Strategic &amp; Operational Responsibility</th>
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</thead>
<tbody>
<tr>
<td>Revalidation Appraisal training for doctors</td>
<td>Appraisers will need to attend initial training and then on-going training as required or in line with any changes to appraisal process</td>
<td>Usually be half a day and will run as required</td>
<td>Face to face training</td>
<td>Lead for Appraisal &amp; Revalidation</td>
<td>Medical HR</td>
<td>Responsible Officer</td>
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### Directorate

<table>
<thead>
<tr>
<th>Division</th>
<th>Target Audience</th>
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<tbody>
<tr>
<td>MH/LD</td>
<td>All Career Grade Doctors / Appraisers</td>
</tr>
<tr>
<td>Learning Disability Services</td>
<td>All Career Grade Doctors / Appraisers</td>
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<tr>
<td>Corporate Services</td>
<td>All Career Grade Doctors / Appraisers</td>
</tr>
</tbody>
</table>

For Corporate Services, all career grade doctors/appraisers include: Workforce & Development, Finance & Estates, Commercial.
Appendix 2

Southern Health NHS Foundation Trust: 
Equality Impact Analysis Screening Tool

Equality Impact Assessment (or ‘Equality Analysis’) is a process of systematically analysing a new or existing policy/practice or service to identify what impact or likely impact it will have on protected groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. The form is a written record that demonstrates that you have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.

For guidance and support in completing this form please contact a member of the Equality and Diversity team

<table>
<thead>
<tr>
<th>Name of policy/service/project/plan:</th>
<th>Medical Appraisal for Revalidation Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Number:</td>
<td>SH HR 61</td>
</tr>
<tr>
<td>Department:</td>
<td>Human Resources</td>
</tr>
</tbody>
</table>
| Lead officer for assessment:        | Interim Lead Manager for Transaction, Pay and Medical HR 
                                        Equality and Diversity Lead |
| Date Assessment Carried Out:        | July 2013                                   |

1. Identify the aims of the policy and how it is implemented.

<table>
<thead>
<tr>
<th>Key questions</th>
<th>Answers / Notes</th>
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</thead>
<tbody>
<tr>
<td>Briefly describe purpose of the policy including</td>
<td>This policy document states Southern Health NHS Foundation Trust requirements and approaches to Appraisal for Revalidation for Doctors.</td>
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<tr>
<td>• How the policy is delivered and by whom</td>
<td></td>
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<tr>
<td>• Intended outcomes</td>
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</tbody>
</table>

2. Consideration of available data, research and information

Monitoring data and other information involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Please consider the availability of the following as potential sources:

- Demographic data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data**
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

<table>
<thead>
<tr>
<th>Key questions</th>
<th>Data, research and information that you can refer to</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 What is the equalities profile of the team delivering the service/policy?</td>
<td>The Equality and Diversity team will report on Workforce data on an annual basis.</td>
</tr>
<tr>
<td>2.2 What equalities training have staff received?</td>
<td>All Trust staff have a requirement to undertake Equality and Diversity training as part of Organisational Induction (Respect and Values) and E-Assessment</td>
</tr>
<tr>
<td>2.3 What is the equalities profile of service users?</td>
<td>The Trust Equality and Diversity team report on Trust patient equality data profiling on an annual basis</td>
</tr>
<tr>
<td>2.4 What other data do you have in terms of service users or staff? (e.g. results of customer satisfaction surveys, consultation findings). Are there any gaps?</td>
<td>The Trust is preparing to implement the Equality Delivery System which will allow a robust examination of Trust performance on Equality, Diversity and Human Rights. This will be based on 4 key objectives that include:</td>
</tr>
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</table>

**Applied to all protected characteristics:**
The medical appraisal and revalidation process is an essential part of the trust’s commitment to its employees and requires all medical practitioners working within their services to be aware of, understand and deliver the vision, values and culture of the organisation in the conduct of their duties.

Revalidation has been designed so that it does not discriminate against anyone. The introduction of revalidation will ensure all doctors engage in regular appraisal, which will give them the opportunity to discuss any concerns they have with their working environment and identify any reasonable adjustments they may require to enable them to progress their career.

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and included staff
4. Inclusive leadership
As an equal opportunities employer, Southern Health promotes equality with due regard to the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. We recognise that the experiences and needs of every individual are unique and strive to respect and value the diversity of our patients, service users, carers, public and staff.

**How do we ensure policies and practices supporting medical revalidation are fair and non-discriminatory, and comply with legal requirements?**

In April 2011 the Department of Health launched the Equality Delivery System (EDS). The Trust embraces the EDS to embed and mainstream equality of opportunity and eliminate unlawful discrimination both in the provision of services and in our role as a major employer. In response to the requirements of the public sector Equality Duty, we publish information to demonstrate compliance with the general duty including information relating to employees and other persons affected by the trust policies and practices who share a relevant protected characteristic; and prepare and publish equality objectives that are specific and measurable.

Our Equality, Diversity and Human Rights Policy aims to embed equal opportunity in everything that we do. The policy integrates our equality objectives of improving health outcomes for all; improving patient access and experience; and empowering, engaging and supporting our staff.

We have redesigned our Equality Analysis toolkit and guidance to impact assess all our policies and procedures. Equality analysis is an integral part of our policy development and review process to ensure compliance with requirements of the Equality Act 2010, Human Rights Act 1998 and public sector Equality Duty.

The Equality and Diversity team have designed a Diversity Scorecard to analyse patient and workforce data. Of particular importance will be the following key headings: patient diversity; workforce diversity; recruitment and selection; disciplinary, performance management action; grievances; bullying and harassment; sickness absence; access to learning, education and development; appraisal; staff turnover; and complaints.

| 2.5 | What internal engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? Service users/carers/Staff |
| 2.6 | What external engagement or consultation has been |
| undertaken as part of this EIA and with whom? | What were the results? General Public/Commissioners/Local Authority/Voluntary Organisations |

In the table below, please describe how the proposals will have a positive impact on service users or staff. Please also record any potential negative impact on equality of opportunity for the target:

In the case of negative impact, please indicate any measures planned to mitigate against this
<table>
<thead>
<tr>
<th>Positive impact (including examples of what the policy/service has done to promote equality)</th>
<th>Negative Impact</th>
<th>Action Plan to address negative impact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&quot;Achieving Age Equality in Health &amp; Social Care&quot;, was undertaken to support the implementation of the age provisions of the Equality Act 2010, which received Royal Ascent in April 2010. It reviewed the practices of healthcare professionals, including doctors. As part of demonstrating that they are up to date and fit to practise, doctors will need to show they are compliant with the standards of GMP,</td>
<td>The Academy of Medical Royal Colleges stated in their Equality Impact Assessment for revalidation, that there is a risk that older doctors may find it more difficult to participate for a number of reasons.</td>
</tr>
<tr>
<td>Age</td>
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</table>

**Actions to overcome problem/barrier** | **Resources required** | **Responsibility** | **Target date**
---|---|---|---
| | | |
| Disability | Southern Health will respond positively to requests for information in alternative formats. This includes easy read, Braille, sign language and large font. As part of demonstrating that they are up to date and fit to practice, doctors should ensure they are engaging with current best practice on how to treat disabled patients, and understand the | Revalidation has been designed so that it does not discriminate against anyone. The introduction of revalidation will ensure all doctors engage in regular appraisal, which will give them the opportunity to discuss any concerns they have with their working environment and identify any reasonable adjustments they may require to enable them to progress their career. |
particular health needs of this group.

It is important to differentiate between disability and ill-health in relation to fitness to practise. “Having an impairment does not mean that a person is in a permanent state of poor health”. The GMC standards of GMP also do not stipulate that a doctor has to be in good health in order to practise. However, the GMC states strongly that, if necessary, doctors must seek and follow advice from a suitably qualified professional about their health (DH).

| Gender Reassignment | Appraisal for Revalidation offers a mechanism to address areas where further training is required to ensure | There is very little information available on transgender/transsexual people who are doctors. The BMA produced a report “Career barriers |

Appraisal for Revalidation Policy
Version: 2
January 2016
doctors are better able to care for transgender patients or patient who are in the process of gender reassignment.

In medicine: doctors’ experiences” in June 2004. Although transgender doctors may have similar experiences to gay, lesbian and bisexual doctors in terms of stereotypes and assumptions, there are several key differences. In particular, many of the issues and concerns for the transgender/transsexual community are focused on gender identity and legality. Although the BMA made attempts to interview transgender doctors there were no available participants.

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<thead>
<tr>
<th></th>
<th>Marriage and Civil Partnership</th>
<th>Pregnancy and Maternity</th>
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<tbody>
<tr>
<td></td>
<td>No negative impacts have been identified at this stage of screening</td>
<td>No negative impacts have been identified at this stage of screening</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td>Doctors qualifying outside of the UK might need support to fully understand and engage with the process, particularly on first entry to the UK.</td>
<td>No negative impacts have been identified at this stage of screening</td>
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<tr>
<td><strong>Religion or Belief</strong></td>
<td>Doctors have a duty to care/treat their patients irrespective of whether they belong to any of the equality groups. There are many different religions and beliefs, and consideration should be given to how patients wish to be treated in line with these.</td>
<td>No negative impacts have been identified at this stage of screening</td>
</tr>
<tr>
<td></td>
<td>All doctors against the same criteria.</td>
<td></td>
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<tr>
<td>------------------</td>
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</tr>
<tr>
<td><strong>Sex</strong></td>
<td>Revalidation/Appraisal may cause more difficulties for women who are going on or returning from maternity leave if they are away from practice for a large proportion of a revalidation cycle. Revalidation and the collection of appropriate supporting information may be more challenging for women who work on a part time basis to accommodate child care needs.</td>
<td>Maternity, Paternity and Adoption Policy and Procedure</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td>Regular appraisal will give doctors the opportunity to feedback any concerns they may have.</td>
<td>No negative impacts have been identified at this stage of screening</td>
</tr>
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</table>
Appendix 3

APPRAISER REQUEST TO MEDICAL LINE MANAGER FOR INFORMATION

Dear [CSD / CD],

I am the appraiser for _______________________________ and we have an appraisal booked on ___________________.

I would be grateful if you could send me any information about the following that you think is relevant to the appraisal discussion:

1. SIRIs
2. Complaints
3. Job Planning / Performance issues

Appraiser name and signature: ____________________________________________

Date: ________________________________
Appendix 4

DOCTORS’ REVALIDATION & APPRAISAL

Failure to Engage – Definition

The DoH and GMC have stipulated that it is mandatory that all licenced doctors are appraised annually by trained appraisers in their Designated Body, whether they work in clinical or non-clinical roles in that organisation.

A consistent and compliant appraisal history will enable the Responsible Officer to submit revalidation recommendations with confidence that a robust process has been followed.

There are three options for revalidation recommended by Responsible Officers:

- Recommend
- Defer
- Non engagement

Non engagement in the appraisal or revalidation process can be defined as a combination of one or more of the following situations:

SUPPORTING INFORMATION

1. Failure to prepare a comprehensive portfolio with adequate evidence-based material which will form the foundation of their appraisal discussion.

2. Failure to submit their portfolio as per Trust Policy.

3. Failure to submit their portfolio to their appraiser 2 weeks’ prior to their appraisal, or if this proves impossible to do (for reasons beyond their control, or given special circumstances which have been discussed and mutually agreed between appraiser and doctor); the doctor then fails to give the appraiser adequate time to review the material.

4. Failure to submit their portfolio at any time, either in paper or electronic form.

5. Failure to submit signed Probity, Health, Scope of Practice forms as part of their supporting information.

6. Submits a poor quality portfolio which includes material that may be considered (by his/ her appraiser) to be:

   i. difficult or impossible to read and/or make sense of,

   ii. poor quality reproductions of original material e.g. photocopies or scanned papers that are difficult or impossible to decipher and review accurately,

   iii. irrelevant information with no core job-related facts included.

Then, (having submitted inadequate supporting information) when asked to re-submit a more comprehensive portfolio, they either refuse to do so or continue to present information deemed not be reflect their full scope of practice.
7. Refuses to take part in a 360 feedback exercise, and has little or no history of doing so, either at the current or at a previous Designated Body.

8. Is evasive when asked to take part in a 360 feedback exercise.

9. Refuses to submit some areas of supporting information deemed relevant to their appraisal e.g. complaints, GMC letters and/or SUI reflections, private practice.

APPRAISAL MEETING
1. Failure to attend and/or fails to give adequate notice to his/her appraiser.

2. Failure to rearrange a cancelled appraisal, citing on more than one occasion (when challenged by the appraiser or one the appraisal team), for example, lack of time / too much time devoted to clinics, or any similar circumstances.

3. Is present at their appraisal meetings but refuses to discuss areas identified for discussion by the appraiser.

4. Behaviour in what is perceived to be a devious, deflective, dis-engaged, defensive, evasive or aggressive manner during the appraisal meeting, the result of which is that a mutually acceptable and penetrating appraisal discussion cannot take place.

5. Is perceived as using consistent jocularity throughout the appraisal meeting, which might lead the appraiser to perceive that the doctor wishes to deflect the appraiser from potential areas of contention.

6. Leaves the appraisal meeting before the appraiser is satisfied that all areas of discussion have been adequately covered.

7. Refuses to discuss his/her full scope of practice e.g. private work.

8. Refuses to discuss SUIs or complaints (GMC or NGH/local) identified by the appraiser for discussion.

9. Is perceived (by his/her appraiser) to behave in an evasive fashion when asked to discuss any negative event, perception, feedback or any other issue or event.

DOCTOR
1. Fails to have an appraisal in the period 1st April to 31st March each year.

2. Fails to contact his/her designated appraiser to schedule / re-schedule their appraisal.

3. Fails to respond to his/her appraiser when contacted, either by email, telephone or paper memo / letter.

4. Is perceived (by his/her appraiser) to be behaving in an obstructive, rude, evasive or other negative manner when attempting to manager the appraisal and/or their portfolio of supporting information (see Appraisal Meeting, point 4 above).
5. Criticises their appraiser before and after their appraisal but fails to complete a formal feedback from and/or identify and discuss any issues arising with their appraisal support team lead or Associate Medical Director responsible for appraisal.

POST APPRAISAL

1. Failure to sign off the appraisal / PDP on RMS by both the appraiser and appraised doctor, either within the 28 day policy-stated period, or as soon after that period as is mutually agreed by the appraiser and doctor. Dependent upon circumstances, RMS may not be signed off by the 28-day period end, for example, if the appraiser/doctor goes on leave, take sick leave or there are other, unforeseen exceptional circumstances, which have been identified and documented by the appraisal management team, appraiser and doctor.

2. Constant failure to respond to reminders for sign off sent by the appraisal management team and/or the appraiser.

TRAINING & COMMUNICATION

1. Consistent failure to attend for mandatory update training sessions, and further, fails to respond to emails, phone calls or other forms of communication from the appraisal management team, appraiser, CD, directorate or appraisal support team leads about appraisal related matters.

2. Consistent failure to respond to appraisal management team queries.

3. Responds to queries from the appraisal management team, appraisal support team leads or any other person discharging appraisal-related duties, in ways that are perceived as rude, offhand, evasive, belligerent, sarcastic and/or generally lacking in respect.

nb: Please refer to MAG Statements of Assurance
Appendix 5

DEFERMENT OF AN ANNUAL APPRAISAL

Trust policy requires all doctors to undergo an appraisal annually before 31st March. This is also a requirement for successful revalidation. There are however exceptional circumstances when a doctor may request that an appraisal is deferred such that no appraisal takes places during one appraisal year.

Instances when doctors or the Trust Lead for Clinical Governance may request a deferment:

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

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

1. In excess of six months should try to be appraised within six months of returning to work.
2. Less than six months should try to be appraised no more than 18 months after the previous appraisal and wherever possible so that an appraisal year is not missed altogether.

Each case can be dealt with on its merits and the Trust is mindful that no doctor must be disadvantaged or unfairly penalised as a result of pregnancy, sickness or disability. Doctors who have a break from clinical practice may find it harder to collect evidence to support their appraisal, particularly if being appraised soon after their return to clinical practice. However, often an appraisal can be useful when timed to coincide with a doctor's re-induction to clinical work. Appraisers will use their discretion when deciding the minimum evidence acceptable for these exceptional appraisals.

The Trust has the right to terminate the contract of a doctor if they do not undergo an annual appraisal without having good reason. This policy aims to ensure that these circumstances are dealt with in an appropriate, timely, and consistent manner, minimising bureaucracy and ensuring that all doctors benefit from appraisal at a time which meets their professional needs.

Doctors who think they may need to defer their appraisal should complete the deferment application form (see Appendix 6) and submit it to Medical HR and the Trust Lead for Revalidation and Appraisal. The decision can be appealed and appeals will be dealt with by the Medical Director.

Deferment application should be submitted at the earliest possible opportunity and no later than the end of June of the year in which the appraisal was due.
The decision to allow a deferment will depend on a number of factors:

- How many appraisals have or will have been missed in a 5 year period.
- Whether there is anticipated to be further breaks from clinical practice in the near future.
- If there have been problems with evidence in previous appraisals.
- If the doctor is undergoing any investigation about his/her performance (this list is not exhaustive).

Informal advice on the likelihood of a deferment being agreed can be obtained from Medical HR and the Trust Lead for Appraisal and Revalidation. A formal response to the application will be either a letter advising against a deferment of appraisal or a deferment certificate (Appendix 6).

Medical HR  
Hawthorn Lodge, Moorgreen Hospital, Botley Road, West End, Southampton SO30 3JB  
Tel: 023 8047 5102 Email: medrevalidation@southernhealth.nhs.uk

Trust Lead for Revalidation and Appraisal  
Sterne 7, Tatchbury Mount, Calmore, Southampton SO30 2RZ  
Tel: 023 8087 4307 Email: medrevalidation@southernhealth.nhs.uk
Appendix 6
APPLICATION FORM FOR DEFERMENT OF APPRAISAL

This application is for appraisees who wish to postpone their appraisal in such a way that they will not have an appraisal during one April to March appraisal year.

<table>
<thead>
<tr>
<th>Name:</th>
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<tr>
<td>Address:</td>
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<tr>
<td>Contact numbers:</td>
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<td>- Work</td>
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<td>- Mobile</td>
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<td>- Home</td>
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<td>E-mail:</td>
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<tr>
<td>GMC number:</td>
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<tr>
<td>Directorate:</td>
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<tr>
<td>Clinical Speciality:</td>
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</tbody>
</table>

Please indicate the dates of your last 4 appraisals (month and year) and names of your appraisers.

<table>
<thead>
<tr>
<th>Name of Appraiser</th>
<th>Date of Appraisal (month and year)</th>
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Please answer the questions below:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Please indicate WHY you wish to request a deferment of your appraisal and WHEN you would next like to be appraised</td>
<td></td>
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<tr>
<td>Do you anticipate having any breaks in practice in the next 2 years?</td>
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<tr>
<td>If you have missed appraisals in the last 4 years please indicate the reasons why</td>
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</tr>
<tr>
<td>Are you currently under investigation by the Trust or GMC for any issue regarding your clinical performance?</td>
<td></td>
</tr>
<tr>
<td>Any further comments</td>
<td></td>
</tr>
</tbody>
</table>

Name: ______________________________________________________________________

Date: ______________________________________________________________________

Signature: __________________________________________________________________

Medical Line Managers’ name: __________________________________________________________________

Date: ______________________________________________________________________

Signature: __________________________________________________________________

By signing this form the Medical Line Manager is supporting this application. (this form can be sent electronically or posted)

Completed form to be sent to: Lead for Revalidation and Appraisal, Sterne 7, Tatchbury Mount, Calmore, Southampton, Hampshire SO40 2RZ or MedRevalidation@southernhealth.nhs.uk
Appendix 7

Certificate of Deferment or Exemption of Appraisal 20XX/XX

This certificate confirms that the Trust has agreed that

XXX

Can defer their next appraisal until xxxxxx

Signed: .................................................................

Trust Responsible Officer

Date: .................................................................