# Medical Appraisal for Revalidation Policy

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

## Keywords
Revalidation, Medical Appraisal, Maintaining High Professional Standards, Doctors Appraisal, General Medical Council, Designated body

## Target audience
All Doctors connected with Southern Health NHS Foundation Trust as their designated body

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Appraisal for Revalidation Policy

1. Introduction

1.1. This policy describes the appraisal and revalidation process for doctors connected with Southern Health NHS Foundation Trust (SHFT) for the purposes of revalidation.

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

1.3. Revalidation is a statutory process for all Doctors who wish to continue to use their license to practice. It is dependent on the appraisal process.

1.4. SHFT is committed to ensuring robust systems of Appraisal and Revalidation are in place, which meet the external standards set out by the GMC and NHS England (NHSE), and acknowledges current and future guidance from the Medical Royal College’s.

1.5. SHFT has the following objectives for medical appraisal:

- To support the delivery of safe, committed, compassionate and caring services to patients.
- To helpfully challenge and support doctors with their professional development, achievement of their objectives set at job planning, and their health and well-being.
- To support the process of ensuring doctors connected to SHFT are fit to practice and support the processes for medical revalidation as laid out by the GMC.
- To contribute to the achievement of the values of Southern Health NHS Foundation Trust and service improvement initiatives.

2. Scope

2.1. The policy sets out Trust and national requirements and guidance, to enable doctors to demonstrate their fitness to practice and to achieve revalidation. It describes roles and responsibilities for the workforce related to medical appraisal and revalidation. It describes the processes required to deliver medical appraisal and revalidation and the governance around the processes.

2.2. This policy applies to all Doctors employed by, or with an employment link to this Trust. It includes all consultants and non-training grade medical staff, those with honorary contracts, bank contracts or Trust locum doctors who have are connected to SHFT as their designated body. This document does not relate to:

- Doctors in training where the Postgraduate Dean will be the RO, via the Annual Review of Competency Progression (ARCP) process.
- Doctors on the Performers list who revalidate via NHS England
- Locum doctors who are connected to their agency as their designated bodies

2.3. The Responsible Officer (RO) is accountable for all doctors connected to SHFT as a designated body. They are also responsible for ensuring this fitness to practice extends across the doctors’ entire scope of practice, including roles outside of the organisation, and the NHS. Thus all areas of a doctor’s scope of practice must be reviewed in depth at their appraisal. The Deputy Chief Medical Officer for Professional Standards (DCMO) will oversee the implementation of this policy, and governance around medical appraisal and revalidation on behalf of the RO.

2.4. 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.
2.5. Locum Doctors employed by an agency will be required to share their annual appraisal with SHFT on request.

3. Roles and Responsibilities

3.1 Responsibility of the Trust Board include:
- Must approve the appointment of an RO.
- Ensure that appropriate resources are in place to support revalidation, medical appraisal and for access to high quality trained appraisers.

3.2 Responsibilities of the RO include:
- Complete and be fully engaged with available training.
- Ensure the SHFT system for appraisal to support medical revalidation meets national requirements, and that there is a robust quality assurance process in place.
- Ensure deputising arrangements are clear to cover relevant responsibilities during periods of leave. The RO is responsible for all GMC revalidation submissions but can delegate the submission.
- Ensure that systems are in place to provide doctors with any available Trust collated quality and clinical governance information, to support their appraisal.
- Ensure submissions to the GMC are made in a timely way and ensure the doctor is aware of the contents of such submissions.
- Ensure there are pre-employment systems in place for all new doctor’s:
  - To confirm their fitness to practice from the GMC
  - To confirm their identity.
  - Up to date fitness to practice information is requested from the doctor’s previous RO, via an RO to RO request, within one month of joining the organisation.
- Where GMC imposed conditions or undertakings for doctors exist, ensure systems in place to monitor compliance
- Assuring the appointment of appropriate individuals to deliver a robust appraisal system for SHFT, and that their training is supported.
- Must be appraised by a trained RO appraiser.
- Ensure that the Appraisal and Revalidation policy is in date and reviewed regularly.
- Will Chair the ROAG.

3.3 Responsibilities of the DCMO for Professional Standards include:
- Provide overall leadership for the Medical Appraisal and Revalidation team in SHFT.
- Provide cover for the RO when on leave.
- Retain skills as an experienced trained appraiser for revalidation.
- Complete RO training, and be fully engaged with available training updates.
- Be fully engaged with the NHS RO and Appraisal Leads Network.
- Ensure there is a robust appraisal system and
  - All appraisals are conducted within the timescale and parameters of this policy.
  - Appropriate appraisal documentation is collated and stored in a secure manner.
  - Establish a process to approve and record any incidences when appraisal falls outside of the timescale parameters within this policy.
  - Develop and implement quality assurance of the appraisal process.
- For appraisers:
  - Coordinating guidance, educational and benchmarking opportunities and performance review.
  - Ensure a pool of trained appraisers is available in the Trust.
  - Conduct an annual review of their role including feedback.
  - Ensure all doctors have at least two different appraisers within each five year revalidation cycle.
• Support the revalidation coordinator to deliver the revalidation process
• Oversee the functioning of the ROAG.
• Ensure medical appraisal and revalidation compliance statistics are provided to the Trust Board and national revalidation bodies.
• 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.

3.4 Responsibilities of Appraisers include:
• Conduct appraisals in line with the trust appraisal policy and with the aims of medical appraisal for revalidation, and maintain confidentiality.
• To manage their appraisal processes including:
  o Adequate time to prepare for the meeting, or defer if not available.
  o Contact the appraisee if additional supporting information is needed.
  o Time manage the meeting.
  o Complete appraisal outputs within 28 days of the meeting.
  o Address non-engagement by notifying the DCMO.
  o Space out appraisals across the appraisal year (April to December).
• Ensuring this policy is adhered to in respect of the doctors that they appraise.
• Ensure there is no conflict of interest between them and the doctors they appraise, e.g. family relationship, business interest. They must discuss uncertainty with the DCMO.
• The meeting should include:
  o Encourage the doctor to reflect on all aspects of their medical practice within the framework of the GMC guidelines for good medical practice.
  o Support and challenge the doctor in their reflections regarding their practice.
  o Where appropriate give feedback and guidance regarding the quality of supporting information.
  o Offer guidance about the quality of the portfolio and hi-light areas that may require further development or fall short of the standard required.
  o Identify if SI does include personal identifiable information and ensure removed.
  o Review all essential SI, and record gaps in evidence in the outputs.
• Inform the DCMO or RO about any concerns regarding the progression towards revalidation of any doctor they are appraising, using the electronic Trust appraisal system, by email or in person.
• Inform the DCMO or RO immediately about serious concerns related to patient safety or the health and safety of the doctor that they become aware of during an appraisal process.
• Whilst they are covered by Trust indemnity for their actions in their role appraising doctors whose Designated Body is SHFT, they should notify their own medical defence organisation of their full scope of practice if they have one.
• Will not appraise a colleague who has appraised them in the previous twelve months.
• Will appraise a doctor no more than three times in succession, and then again only after a further three years has passed.
• Engage in the trust appraisal network attending at least two meetings a year, discuss their role as an appraiser at their appraisal and undertake CPD relevant to the role regularly.
• Refresher training will be included in the Trust network meetings to support this process. Appraisers should attend two network meetings per year.
3.5 Responsibilities of Doctors includes:

- The following applies to all Doctors requiring revalidation where SHFT is their designated body, i.e. with a license to practice, and they are personally responsible for the following.
- Ensure on joining the Trust they inform the GMC with immediate effect that SHFT is their designated body.
- Ensure that they participate in an annual appraisal within the parameters of this policy, and engage in the revalidation process.
- Arrange their appraisal in a timely way in the month designated for their appraisal.
- Will only use the Trust appraisal system and Trust appraisers.
- Ensure patient confidentiality is preserved included in SI uploaded.
- Comply in a timely-way with post-employment checks required by the Appraisal and Revalidation team.
- On appointment will provide SHFT with:
  - the date of their last appraisal
  - their last appraisal outputs on request
  - the date AC or S12 certification expiry
  - confirmation of outstanding SIRI or investigations from previous designated body/roles
- Liaise with the Trust Appraisal Administrator to be allocated their appraiser, or notify the Trust appraisal administrator if they have already had agreement from a Trust approved appraiser they have identified. Normally the doctor will remain with that appraiser for three years.
- Collating the required supporting information for appraisal and revalidation purposes.
- Ensuring their whole scope of practice is reflected in all areas of their appraisal documentation
- Ensuring that they have appropriate indemnity for their whole scope of practice which can be evidenced at appraisal.
- Complete quality assurance feedback after their appraisal
- Informing their line manager immediately of any fitness to practice issues or matters that would meet the GMC thresholds for a GMC referral, who in turn will notify the RO. If there is doubt notify the RO or Dep CMO directly
- Ensuring on leaving SHFT that they connect to their new designated body.
- Take their PDP and appraisal outputs to their job planning meeting.

3.6 Responsibilities of Revalidation Administrator include:

- The post holder(s) reports to the RO and/or DCMO for matters concerning revalidation and will work in liaison with both.
- Development of the post will be informed by a yearly appraisal.
- Ensure secure management of appraisal documents.
- Oversee Individual revalidation scheduling, tracking and communication.
- Co-ordinate information of SUIs and complaints to ensure Appraisers and Doctors are aware of relevant reports.
- Engagement with NHS Regional and National Revalidation Network.
- Monthly Monitoring GMC Connect to ensure the Trust’s list of doctors with a prescribed connection to SHFT is accurate.
- Work with the appraisal administrator where indicated.
- Monitoring the doctors under notice for revalidation via GMC Connect.
- Collation of essential documents to facilitate Revalidation.
- Liaise with RO /DCMO over RO to RO information requests.
- Oversea ROAG scheduling and invitations, record actions.
- Ensure GMC recommendations for revalidation are actioned following ROAG.
- Ensure GMC ELA meetings are scheduled.
3.7 Responsibilities of Trust Appraisal administrator includes:

- The post holder reports DCMO/Trust appraisal lead for matters concerning medical appraisal.
- Ensures all new doctors requiring SHFT revalidation are identified and are embedded in the trust appraisal system.
- Provide appraiser and appraisee admin management on the electronic appraisal tool, currently Allocate.
- Support the provision of medical appraisal and revalidation compliance statistics to feed the Trust Board and national revalidation bodies.
- Oversee Individual appraisal scheduling, tracking and communication.
- Work with the revalidation officer where indicated.
- Support appraiser recruitment and training, as well as regular communication.
- Arrange appraisal network meetings and training days.
- Maintain the appraisal database and trust webpages as directed for medical appraisal.
- Allocate an appraiser to doctors joining the Trust through liaison with the DCMO where needed.
- Send feedback questionnaires three months after each appraisal to the appraiser.
- Support the QA process for appraisal outputs.

4 The Appraisal Process

4.1 Introduction and background

Annual appraisal provides baseline evidence to support revalidation. With other sources of information this is the process by which licensed doctors will demonstrate to the RO that they remain up-to-date and fit to practice. The RO normally recommends revalidation after this evidence is reviewed by the RO Advisory Group (ROAG). Revalidation normally occurs every five years unless deferral is agreed by the ROAG.

The GMC and SHFT requires all doctors to engage with annual appraisal. This includes those doctors who are considering relinquishing their license to practice before the next revalidation renewal date. The Trust views failure to undertake annual appraisal as non-engagement, unless special circumstances have been proactively discussed with the RO or the DCMO. The ROAG will review cases of non-engagement.

Licensed doctors should remain up to date and continue to be fit to practice. The appraisal will confirm that the licensed doctor’s practice is in accordance with GMC generic standards. Appraisal will identify gaps and identify if further investigation is needed, or if remediation for poor practice should be considered. The RO’s team and ROAG will become involved in this situation.

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.

4.2 Appraisal timing

NHSE reviews compliance to national requirements via the Annual Organisational Audit (AOA), quarterly returns and Board Compliance statements. The appraisal year is described by NHSE as running from 1 April to 31 March. Appraisals must be undertaken annually and every doctor should have an appraisal signed off within each appraisal.
year. In order to meet this deadline SHFT requires all appraisals to be signed off by the appraiser and appraisee by 31st December each year, in order to meet this requirement, and allow job planning cycles to commence from January.

Appraisals should occur in the anniversary month of the previous year’s appraisal meeting or within the preceding 3 months. If a doctor should have an appraisal later than their appraisal due date their next appraisal should revert to their original appraisal month. The completed appraisal should be signed off by both the appraiser and appraisee within 28 days. The appraisal outputs must be signed off by the doctor for the appraisal to be considered completed, and include:

- Appraisal summary
- Appraisal outputs to RO
- Personal Development Plan (PDP)

4.3 Deferred Appraisals (Appendix A-D)

In exceptional circumstances requests for a delayed appraisal should be made to the DCMO (see Appendix A and B). Please apply using the form at Appendix C. NHSE guidance for exceptions to this standard are agreed and implemented by the Appraisal and Revalidation Team e.g. sickness, maternity leave etc. Doctors who have not had an agreement for a delayed appraisal may be viewed by the Trust as not engaging in the revalidation system. Confirmation will sent see Appendix D.

4.4 Stages of appraisal

The appraisal process is comprised of five steps:-

1. Preparation work and information gathering by both appraiser and doctor being appraised. This must cover the whole scope of practice. Line managers may be contacted by the appraiser. The appraiser will review the supporting information and the appraisal folder.
2. Appraisal meeting held in a professional venue, including a review of the previous year’s PDP.
3. Appraiser completion of agreed documentation, GMC domains and complete RO statements*
4. Appraisee sign-off of appraiser documentation.
5. The appraisee will send their medical line manager a copy of their appraisal outputs and PDP to ensure job planning consistency and urgent issues raised are addressed in a timely way.

*Steps 3 and 4 are to be done within twenty-eight days of the appraisal meeting.

4.5 Appraisers

All Trust approved appraisers undergo training, refresher updates and receive feedback on performance. Only a trust approved appraiser may undertake an appraisal. Doctors are responsible for identifying an appraiser from the list of Trust approved Medical Appraisers, provided on the Trust website:

http://intranet.southernhealth.nhs.uk/all-about-me/hr/medical-hr/medical-appraisal/H:\List of Medical Appraisers updated Feb 2020.docx
If there are issues or concerns regarding identifying an appraiser, doctors can discuss this with the appraisal administrator or DCMO.

4.6 Pre-appraisal

The doctor will

- Contact their appraiser and agree the venue, date and time at least eight weeks ahead of their appraisal
- Inform the appraiser who their line manager is
- Complete all appraisal fields in their portfolio two weeks before the meeting date and release to the appraiser
- Check the “Allocate”/electronic tool meeting date for accuracy
- The appraiser has the right to defer the appraisal if the portfolio is presented late.

The appraiser should communicate with the line manager before the appraisal to establish if there are any areas of concern to explore, see form at Appendix E.

4.7 Preparing the portfolio

Medical appraisals will be based on a doctor’s performance as described in the GMC’s Good Medical Practice covering the following areas:

- Quality of clinical care, including Quality Improvement Activities
- CPD
- Feedback from patients
- Feedback from colleagues
- Complaints, clinical incidents and significant events
- Probity and Health statements

A portfolio of supporting information will be required to support the appraisal discussion. Compilation of this portfolio is the responsibility of each doctor. This information must reflect the whole scope of practice.

The content of the portfolio should be based on guidance set by the relevant Royal College or Faculty, but note that this is guidance only. It is the responsibility of the doctor to familiarise themselves with this guidance and demonstrate compliance.

All doctors with a GMC connection to SHFT as their designated body will receive a license and login to access their appraisal e-portfolio on ALLOCATE, and normally access to e360 for multi-source feedback. All doctors are required to use this system. Handbooks are available as is face to face training on request. A login will be sent by the appraisal administrator to access the tool.

The appraisal portfolio should include evidence of fitness to practice, referred to as Supporting Information (SI). It must include up to date information in the following areas:

- Confirmation that the entire scope of practice for which they apply their licence to practice has been disclosed.
- A description of their scope of practice and where it takes place.
- Evidence that supports their entire scope of practice.
- A description of independent practice.
• Confirmation that they hold indemnity to cover all of their scope of practice outside of their NHS role, and should be aware of the risks of not holding indemnity for their NHS work.
• Latest job plan and objectives.
• Health declarations including reference to periods of sickness with relevant reflections.
• Probity declarations and reflections where relevant.
• Reflections on complaints, untoward events and SIRIs.
• Reflections on CPD learning.
• Statutory and mandatory training status.
• Reflections on quality improvement activities completed or underway.
• Feedback as available with reflections, formal clinical and peer 360 once in every revalidation cycle.
• Documentation as evidence confirming Approved Clinician and Section 12 training status with expiry dates.
• Previous years appraisal output and PDP with progress reflections.

The Doctor must ensure that no patient identifiable information is in the ALLOCATE 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 may contact the medical line manager to ask for information about job planning, performance, complaints, SIRIs. Any information shared with the appraiser / medical line manager will also be shared with the doctor. The appraisee should inform their medical line manager their appraisal is arranged.

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 SHFT.

4.8 **Confidential Appraisal Discussion and Concerns**

Appraisals are a personal and confidential meeting between the doctor and the appraiser and all records of discussions will be held securely electronically.

The appraisal outputs are seen by the DCMO/RO and the medical line manager but are treated confidentially.

The Revalidation team hold these outputs for five years, at which point they are filed in the doctor’s personal HR file.

Other employers/private hospitals normally request a copy of the appraisal outputs.

All appraisers are required to inform the DCMO/RO and the doctor’s medical line manager of any concerns they may have about a particular doctor. At this point it may be necessary for information to be shared. If any significant patient safety issues arise during the appraisal process, these must be brought to the immediate attention of the DCMO, the RO or the doctor’s line manager if appropriate.

The DCMO will review appraisal outputs at intervals for quality assurance purposes.

The appraisal record is confidential and exempt from the Freedom of Information Act.
If any health issues documented in the appraisal process relating to work pressure become apparent during appraisal the appraiser should encourage the doctor to address these with their line manager. If concerns are significant the appraiser may, following discussion with the doctor, inform the line manager directly. The appraisal outputs and PDP should be shared with the line manager, confidentiality surrounding the document remains.

The line manager will be expected to assist the doctor in developing plans to address any identified problems with the job plan, and any resources needed to deliver the job plan.

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.

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

- Job Plans
- Clinical Outcome data including Tableau data
- Performance & quality information
- Clinical audits
- Significant events/SUIs
- Complaints
- Results of structured feedback
- Results of any review of performance
- Information relating to the Doctor’s Fitness to Practice.

4.9 The Outcomes of the Appraisal

There are three required outputs from medical appraisal that are shared with the Revalidation team and the line manager:

1. Revalidation statements - The Allocate tool requires the following revalidation statements to be confirmed by the appraiser:
   - An appraisal has taken place that reflects the whole of the 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 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 DCMO/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.

2. A summary of the appraisal that covers the four domains of good medical practice that includes:
• Evidence of a discussion about last year’s 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.
• Recommendations on how, if appropriate, the doctor should develop an approach to their supporting information and commentary the following year.

3. A Personal Development Plan (PDP)
• An itemised list of personal objectives for the coming year (s), with an indication of the period of time in which objectives should be completed.

4.10 Post-meeting:
• The appraisal will be signed off within 28 days by both doctor and appraiser.
• The appraiser will complete the appraisal forms within three weeks.
• The appraisee will sign off the appraisal if agreed within one week.
• The appraiser will inform the RO, DCMO or line manager if any serious concerns arise immediately.
• The appraisee will download the appraisal summary, PDP and appraisal outputs to the RO and send them to their line manager or divisional medical director within four weeks of the appraisal sign-off.
• The appraisal administrator will send a feedback form to the appraisee three months after the appraisal that should be completed and returned to the administrator.

4.11 Relationship to Job Planning

Job planning is a formal meeting between a doctor and their service line manager, where their working relationship with the Trust is articulated and performance objectives are agreed. These objectives are linked to the service’s business plans. Job planning and appraisal feed into each other, in particular through objective setting and PDP development.

The appraisal summary and other outputs (see 4.9) are to be sent to the doctor’s Divisional Medical Director (DMD), within 28 days of sign-off, or their nominated deputy on agreement. All outputs will be reviewed by the doctor’s DMD. In particular the DMD will review the PDP components to consider resourcing implications, and ensure any issues identified are managed in a timely way.

The PDP will describe personal objectives for the coming year that are based on several areas including:
• Staying up to date across the whole scope of practice.
• Issues arising from events.
• Job plan objectives from the previous year.

The previous years’ job plan and objectives should be discussed in the appraisal to identify development needs related to it. If there is no job plan in place, the reasons for that should be discussed and recorded in the appraisal summary.

The appraisal outputs will also be reviewed by the RO or DCMO to ensure triangulation with revalidation.

Job planning and appraisal should not normally be carried out by the same person, and never in the same meeting.
4.12 Quality Assurance

Revalidation appraisals should have a positive impact on the doctor’s health and well-being, as well as support service improvement. SHFT is committed to ensuring appraisers are trained to a high standard, so that high quality appraisals are conducted. Appraisers will maintain their skills through update training each year relevant to the role, and by receiving feedback. Both audits of appraisal outputs, and appraisee feedback will provide quality assurance evidence. This data will be fed back to individual appraisers.

Ongoing Quality Assurance of the process will meet the national requirements set by the GMC and NHS England.

Trust quality assurance of the process involves:

1. Audit of at least 10% of appraisal outputs from each appraiser, conducted by the DCMO and a lay advisor using an adapted PROGRESS tool (appendix L).
2. All outputs for new appraisers will be reviewed for the first three appraisals and feedback provided by the DCMO.
3. Feedback in 1:1 appraiser review meetings annually.
4. Feedback questionnaires sent 3 months after the appraisal to the appraisee.
5. Completion of NHSE appraisal activity and annual quality report.

The impact of appraisal will be assessed. A process to support reflection on the appraisal and changes/development facilitated by the appraisal will be implemented. This will take the form of an opportunity to describe positive actions/developments resulting from the doctor’s appraisal. A questionnaire is sent to the appraisee at approximately 3 months post-appraisal, seeking statements from doctors outlining action taken post-appraisal meeting. All appraisees will be sent a questionnaire three months after their appraisal asking the following three questions and asked for comments (see Appendix F):

1. What things have you started doing since your last appraisal
2. What have you stopped doing since your last appraisal
3. Would you like to have the same appraiser again

An annual report on the appraisal process will be made to the Trust Board by the Responsible Officer.

Any complaints or concerns about the appraisal process to be directed in the first instance to the DCMO for Professional Standards/Trust Medical Appraisal Lead.

4.13 Support for Medical Appraisal / Revalidation Process

The Trust has identified a cohort of trained appraisers within the organisation, who are remunerated via job planning for the role. Their job plans will recognise an annualised commitment to carry out an agreed number of appraisals each year. A recommendation of 16 annualised SPAs is made based on 6-7 appraisals, attendance at network meetings, 1:1s and continuous development in the role. If an appraiser is undertaking more, then a review of time allocated may be needed. Two SPAs per appraisal are allocated, for more experienced appraisers 1.5 SPA may be needed. Job description is at Appendix G.

All medical staff for whom SHFT is their Designated Body, will have dedicated time within their job plan to support successful revalidation and participation in the appraisal process. A full time doctor will have 1.5 SPA for all activities related to appraisal and
revalidation, including CPD and quality improvement activities. Part-time contracts will be considered case by case. This policy does not differentiate between consultants and specialty doctors.

All medical staff for whom SHFT is their Designated Body, will be supported in accessing appropriate professional development to meet the requirements of revalidation.

All medical staff for whom SHFT is their designated body will be supported in accessing externally facilitated and collated patient and colleague feedback at least once within each five-year revalidation cycle.

All medical staff will be given a license for the Trust appraisal system, Allocate, or a replacement system if procured, to prepare and record their appraisal, and manage their 360 multi-source feedback.

4.14 Remediation

If issues requiring remediation are identified it is expected that the doctor, supported by their line manager, will focus their CPD on this and implement an action plan to address the concerns.

If they cannot be addressed within the normal parameters of CPD, the line manager and relevant Operational Director can agree reasonable additional resources in time or financial support to deliver an appropriate action plan.

If issues persist or an action plan cannot be agreed, the Trust will endeavour to seek external expertise to develop a mutually agreed action plan within reasonable expense and affordability. The RO or DCMO will be involved in this situation.

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). Examples could be:

- Through a serious 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.

Such examples would normally lead to the appraisal process be stopped and advice sought from the DCMO or RO. 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.

4.15 Revalidation Decision

The GMC places doctors approaching revalidation ‘under notice’ four months before the date of their revalidation review. The GMC should receive a recommendation made by the RO at least 14 days prior to the Revalidation date. This recommendation is made following a review at the ROAG of all required evidence. The RO makes the final decision. The process has four stages.
Stage 1
Four months prior to the doctor’s revalidation date the doctor will receive notification both from the GMC and the Revalidation Coordinator. The doctor will be sent a proforma that must be completed and returned in good time to the Revalidation Coordinator (Appendix H). This must include all details of other organisations where the doctor practices using his or her license to practice. In addition, it will require the appraisee to provide other details related to their appraisals, involvement in complaints or investigations. The doctor will be expected to provide all the necessary evidence to the Appraisal and Revalidation Facilitator at least 8 weeks prior to the Revalidation submission date.

Stage 2
The DCMO works with the Revalidation Coordinator to review the doctor’s Revalidation evidence and ensures a Revalidation Checklist is completed (Appendix I). The line manager will be sent a Fitness to Practice statement form to return (Appendix J).

Other Trusts where the doctor practices and private hospitals will be contacted using the form at Appendix K.

Stage 3
The doctor’s revalidation will be reviewed and considered at the next ROAG, normally leading to revalidation recommendation. The doctor will be informed of this decision.

The evidence reviewed by ROAG includes:

- Review of appraisals outputs over the past 5 years
- Quality Improvement Activity and reflections
- 360° Patient and Colleague feedback and reflections
- Evidence of reflections on supporting information, complaints and serious untoward incidents
- Evidence of any unaddressed concerns
- Completion of the Trust’s Mandatory Training
- Declaration of scope of practice
- Health and Probity declarations
- Up to date review of GMC Register entry re ‘Undertakings and Conditions’
- Declaration of Scope of Practice and fitness to practice statements or similar from other areas of work
- Fitness to Practice Statement from Clinical Director/Divisional Medical Director
- The DCMO summarises view on evidence raising any areas of concern for consideration by the RO and the ROAG

Stage 4
The ROAG and RO reviews the Revalidation Checklist, evidence and summary view by the DCMO. The ROAG will discuss any issues leading to the RO making a recommendation to the GMC. The doctor is notified of the decision in writing.

If a recommendation to defer or non-engagement concerns, this is formally communicated to the doctor with a plan for further action and support, which is shared with their medical line manager.

The RO will make their decision based on the evidence provided and in liaison with the ROAG. The Revalidation decision is noted on the checklist which is stored on the Doctor’s Trust personal file and the doctor will be advised in writing.
4.16 Failure to comply with this policy and annual appraisal (see Appendix M)

Appraisal processes and revalidation are mandatory for all doctors to retain a license to practice. Where doctors do not participate in the appraisal process, the Trust will consider the following options:

- Whether there is a professional misconduct case under MHPS policy
- Whether there is misconduct dealt with under the Trust’s disciplinary policy
- Refer to the GMC for non-engagement

5. Monitoring Compliance

Compliance with this policy will be monitored by the Appraisal and Revalidation team, and Medical Workforce through ESR, GMC Connect and the ALLOCATE 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, and quarterly returns of compliance.

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

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>That all doctors have had annual appraisal</td>
<td>RO DCMO Medical HR</td>
<td>AOA return</td>
<td>Annually</td>
<td>Workforce Strategic Committee NHS E Board report</td>
</tr>
<tr>
<td>That all doctors are fit to practice &amp; hold a licence to practice</td>
<td>RO DCMO Medical HR</td>
<td>GMC Connect &amp; ROAG</td>
<td>Monthly</td>
<td>Workforce Strategic Committee</td>
</tr>
<tr>
<td>Concerns about Doctors are managed</td>
<td>DCMO and RO</td>
<td>ROAG</td>
<td>Monthly</td>
<td>Workforce Strategic Committee</td>
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6. Policy Review

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

7. Associated Documents

All documents mentioned here are available on the Trust website - 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

8. **Supporting References**

- [https://www.england.nhs.uk/revalidation/](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](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](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](http://www.aomrc.org.uk/revalidation.html) Academy of Medical Royal Colleges speaks on standards of care, medical education across the UK.

9. **Definitions**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Revalidation</td>
<td>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.</td>
</tr>
<tr>
<td>(RO) Responsible Officer</td>
<td>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.</td>
</tr>
<tr>
<td>ROAG</td>
<td>RO Advisory Group</td>
</tr>
<tr>
<td><strong>Appraisal</strong></td>
<td>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 doctors performance, development needs and to agree a set of objectives for both these areas.</td>
</tr>
<tr>
<td><strong>Remediation</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Appraiser</strong></td>
<td>Doctor who has undergone relevant training to undertake medical appraisal for the purposes of revalidation.</td>
</tr>
<tr>
<td><strong>Doctor</strong></td>
<td>Doctor being appraised.</td>
</tr>
<tr>
<td><strong>GMC</strong></td>
<td>General Medical Council: Medical Professional governing body.</td>
</tr>
<tr>
<td><strong>NHS England</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Prescribed Link</strong></td>
<td>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).</td>
</tr>
<tr>
<td><strong>Designated Body</strong></td>
<td>Under the GMC and revalidation process, the Trust is a designated body for the purposes of revalidation.</td>
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<tr>
<td><strong>AOA</strong></td>
<td>Annual Organisation Audit – return to NHS England of all doctors appraisal status.</td>
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<tr>
<td><strong>CPD</strong></td>
<td>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.</td>
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<tr>
<td><strong>MHPS</strong></td>
<td>Maintaining High Professional Standards: statutory guide on dealing with ill health and performance issues with medical and dental staff.</td>
</tr>
<tr>
<td><strong>Allocate</strong></td>
<td>Electronic Revalidation Management System where all appraisals are documented and completed.</td>
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Appendix A

DEFERMENT OF AN ANNUAL APPRAISAL

Trust policy requires all doctors to undergo an appraisal annually before 31\textsuperscript{st} 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 Workforce**
Hawthorn Lodge, Moorgreen Hospital, Botley Road, West End, Southampton SO30 3JB. Tel: 023 8047 5102 Email: shft.medicalworkforce@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 B

FLOW CHART FOR APPRAISAL DEFERRAL/DELAY

Every doctor should have 5 annual appraisals ready for their revalidation. However, there may be exceptional circumstances where fewer appraisals have completed. For example, doctors who have had long sick leave; career break or maternity leave.

It is the responsibility of the doctor to request a delay or deferral from the Responsible Officer (RO).

DOCTOR NEEDS A DELAY

CONTACT DCMO BY EMAIL REQUESTING DELAY STATING REASONS WHY

RO/DCMO AGREES

DELAY/DEFER
AGREE APPRAISAL MONTH

THE APPRAISAL COVERS ENTIRE PERIOD SINCE LAST APPRAISAL

NEXT APPRAISAL TO GO BACK TO ORIGINAL TIME OF YEAR

RO/DCMO DOES NOT AGREE

COMPLETE ANNUAL APPRAISAL AT USUAL TIME
Appendix C

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.

Name: 

Address: 

Contact numbers: 
  Work
    - Mobile
    - Home

E-mail: 

GMC number: 

Directorate: 

Clinical Speciality: 

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:

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<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>Please indicate WHY you wish to request a deferment of your appraisal and WHEN you would next like to be appraised</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>
<td></td>
</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 D

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 xxxxxxx

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

Trust Responsible Officer

Date: ...............................................................
APPRAISER REQUEST TO MEDICAL LINE MANAGER FOR INFORMATION

Dear [MD / 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 F

MEDICAL APPRAISAL FEEDBACK QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Name of Doctor</th>
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<tbody>
<tr>
<td>Name of Appraiser</td>
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<tr>
<td>Date of Appraisal</td>
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As part of the process of looking at the quality of appraisals, we would like you to tell us:

Describe one thing you started doing as a result of your appraisal meeting.

Describe one thing you have stopped doing as a result of your appraisal meeting.

Would you be happy to have the same appraiser? Yes / No Comments:

IN-122 Version 6 August 2019 20

Medical Staff Appraisal to Support Revalidation
APPENDIX G

JOB DESCRIPTION – MEDICAL APPRAISERS

- Medical appraisers will carry out the role as an integral part of a broader clinical or medical management role within the Trust.
- The role will be fulfilled via an annualised time commitment in job planning, as part of SPA. This is normally 16PAs a year to deliver at least six appraisals and attend the network/1:1s.
- All medical appraisers will fulfil the person specification for the role and be fully trained.

KEY ACCOUNTABILITIES

- Medical appraisers will be accountable to the Responsible Officer and Deputy Chief Medical Officer (appraisal and revalidation lead).

KEY RESPONSIBILITIES

- Medical appraisers will undertake an agreed number of medical appraisals (at least 6) in line with the Trust policy for medical appraisal to support revalidation.
- Appraisals will take place in accordance with Trust Policy and national guidance.
- Conduct appraisals in line with the trust appraisal policy and with the aims of medical appraisal for revalidation.
- To manage the appraisal process in order that time is allowed for preparation, the meeting and completion of the appraisal outputs in a timely way, and to ensure appraisals are spaced out across the appraisal year (April to December).
- Responsible for ensuring this policy is adhered to in respect of the doctors that they appraise.
- Ensure there is no conflict of interest between them and the doctors they appraise, e.g. family relationship, business interest. They must discuss uncertainty with the DCMO.
- Prepare for the appraisal in a timely way and ensure the appraisee is contacted if additional supporting information is needed with adequate time.
- To undertake the appraisal meeting encouraging the appraisee to reflect on all aspects of their medical practice and patient care within the framework of the GMC guidelines for good medical practice.
- To support and challenge the appraisee in their reflections regarding their practice and where appropriate to give feedback and guidance regarding the quality of supporting information produced by the appraisee.

- To offer guidance to the appraisee about the quality of their Revalidation Portfolio and any areas which may require further development or fall short of the standard required.

- Inform the DCMO or RO about any concerns regarding the progression towards revalidation of any doctor they are appraising, using the electronic Trust appraisal system, by email or in person.

- Inform the DCMO or RO immediately about serious concerns related to patient safety or the health and safety of the doctor that they become aware of during an appraisal process.

- Are covered by Trust indemnity for their actions in their role appraising doctors whose Designated Body is SHFT but should notify their own medical defence organisation of their full scope of practice if they have one.

- Will not appraise a colleague who has appraised them in the previous twelve months.

- Will appraise a doctor no more than three times in succession, and then again only after a further three years has passed.

- Engage in the trust appraisal network, discuss their role as an appraiser at their appraisal and attend refresher training regularly. Refresher training will be included in the Trust network meetings to support this process. An appraiser should attend two network meetings per year.

**TRAINING AND ONGOING SUPPORT AND DEVELOPMENT**

All medical appraisers are required to attend an initial approved training programme.

Medical appraisers will be expected to have a good working knowledge of, and keep up to date with national standards for appraisal and revalidation set by the Royal Colleges, the GMC and the Department of Health.

Medical appraisers will have their performance monitored with regular feedback from appraises and an annual role review with the DCMO.

Medical appraisers will attend at least two meetings per year chaired by the DCMO focusing on quality and consistency of appraisal process and Personal Development Plan (PDP) production.
DURATION OF APPOINTMENT

Initial appointment of the medical appraiser will be for 3 years in the first instance, subject to satisfactory annual reviews of role.

INDEMNITY

Medical appraisers will be indemnified by the Trust Indemnity Scheme for appraisals conducted within the remit of the Trust's Medical Appraisal to support revalidation.
Revalidation Proforma INFORMATION REQUIRED TO SUPPORT THE REVALIDATION OF DOCTORS

Please read the accompanying guidance / information when completing the following proforma and submitting information requested in the accompanying checklist.

Return the form to: medrevalidation@southernhealth.nhs.uk

1. PERSONAL DETAILS

<table>
<thead>
<tr>
<th>Your Name</th>
<th>Date of Birth</th>
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<tr>
<th>GMC Number</th>
<th>Date of registration</th>
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Date of your last appraisal

Date of you last 360°

Your contact details

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<tr>
<th>GMC registered address</th>
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<thead>
<tr>
<th>Phone number</th>
<th>Office:</th>
<th>Mobile:</th>
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Email address

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2. SCOPE OF PRACTICE

Provide details of ALL CURRENT professional roles (clinical or non-clinical) in any organisations (NHS / independent / private / voluntary)

<table>
<thead>
<tr>
<th>Role</th>
<th>Name, address and contact details of Organisation/s</th>
<th>Start date in this role</th>
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3. DETAILS OF YOUR APPRAISER

<table>
<thead>
<tr>
<th>Name of Appraiser</th>
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Job title

<table>
<thead>
<tr>
<th>Name and address of appraiser’s employing organisation</th>
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<table>
<thead>
<tr>
<th>Phone number</th>
<th>Office:</th>
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</tbody>
</table>
Appraisal Declaration

My last four appraisals were (please insert the date):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DD/MM/YYYY</td>
</tr>
<tr>
<td>2</td>
<td>DD/MM/YYYY</td>
</tr>
<tr>
<td>3</td>
<td>DD/MM/YYYY</td>
</tr>
<tr>
<td>4</td>
<td>DD/MM/YYYY</td>
</tr>
</tbody>
</table>

4. CLINICAL GOVERNANCE AND FITNESS TO PRACTICE INFORMATION

Please provide contact details for clinical governance contacts for each role described in Section 2. (i.e. Clinical Director, Medical Director or Chief Executive).

We will contact them to provide information relating to previous or current fitness to practise issues.

<table>
<thead>
<tr>
<th>Contact name, telephone number and email address</th>
<th>Role</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CD</td>
<td>Southern Health</td>
</tr>
</tbody>
</table>

5. PROBITY DECLARATION

“I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to probity, including the statutory obligation on me to ensure that I have adequate professional indemnity for all my professional roles and the professional obligation on me to manage my interests appropriately.”

Please tick to confirm □

Relevant Probity information/documents

“In relation to suspensions, restrictions on practice or being subject to an investigation of any kind since my last appraisal.”

I have nothing to declare □

I have something to declare □

6. HEALTH DECLARATION

“I declare that I accept the professional obligations placed on me in Good Medical Practice about my personal health.”

Please Tick here to confirm □

Comments
## DOCUMENT CHECK LIST

Please **confirm** the following documents have been completed and attached, or are available on “Allocate” * (you do not need to print these off) 

Please indicate below as requested.

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Available on Allocate (Y/N)</th>
<th>Additional document submitted (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Statutory and Mandatory training certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Job plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Evidence of quality improvement activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Doctors Summary and sign off</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Current PDP and progress on previous PDP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Appraiser Assessment of Portfolio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Reflective notes summary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Evidence of 360 feedback</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Complaint reflections in appraisal portfolio will be checked. Please send reflections for any more recent formal complaints (use appendix A template attached)

Serious Untoward Incident (SUI) reflections in appraisal portfolio will be checked. Please send reflections for any more recent significant events or SUIs (use appendix A template attached)

Details of any unresolved significant events or complaints
1. Personal details and data protection
The information you provide as well as any related information that is requested from your employing organisation/s is solely for the purposes of supporting your responsible officer to make your revalidation recommendation. The information will be securely stored and accessible only by the responsible officer and those supporting him/her with revalidation.

2. Scope of practice
The revalidation recommendation is based on information relating to the whole scope of practice of the doctor.

To support this, you are asked to provide details of other posts or responsibilities you hold as a doctor, both clinical and non-clinical.

3. Your appraiser
The appraiser should:

- Be an appropriate appraiser taking into account the full scope of work
- Understand the professional obligations placed on doctors by the GMC
- Understand the importance of appraisal for the doctor’s professional development
- Have suitable skills and training and be a recognised Trust appraiser
- Be able to carry out the role to the required standard
- Have no conflicts of interest or bias
- For significant joint roles eg a University academic, a joint appraisal is recommended
- Will use the Allocate appraisal system to generate your appraisal outputs

It is recommended that a doctor has two different appraisers over the course of the five year appraisal cycle.

4. Your “revalidation ready” appraisal
The Trust uses the Allocate appraisal system and information will be used towards your revalidation recommendation review. If other systems are used after commencing work in the Trust the appraisee must gain prior approval from the Trust Appraisal and Revalidation lead.

Your appraisal should cover the full scope of your work and focus on the four domains described in the Good Medical Practice framework:

- Domain 1 – Knowledge, Skills and Performance
- Domain 2 – Safety and Quality
- Domain 3 – Communication, Partnership and Teamwork
- Domain 4 – Maintaining Trust

Your portfolio of supporting information should comply with the GMC’s guidance on Good Medical Practice and it must include information in the following areas:

- Continuing professional development
- Quality improvement activity
- Significant events*
- Feedback from colleagues
• Feedback from patients (if appropriate)
• Review of complaints and compliments

The nature of the supporting information will reflect your particular specialist practice and any other professional roles.

The Appraisal Summary should be structured by domain, refer to each of your roles and reflect upon each of the six (6) areas mentioned above.

*GMC definition of ‘significant events’*
A significant event (also known as an untoward or critical incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes Incidents which did not cause harm but could have done, or where the event should have been prevented

*GMC definition of ‘concerns’*
"a concern about a doctor’s practice can be said to have arisen whether an incident causes, or has the potential to cause, harm a patient, staff or the organisation; or where the doctor develops a pattern of repeating mistakes, or appears to behave persistently in a manner inconsistent with the standards described in Good Medical Practice” (GMC, 2006).

4.1 Multisource feedback

You should have undertaken multi-source feedback from colleagues and patients in accordance with GMC Guidance.

The feedback should be discussed at your appraisal.

You are asked to supply a summary of your most recent colleague and patient feedback report.

4.2 Appraisal summary

The appraisal summary form should:

• Encompass the whole scope of your practice
• Summarise key aspects of each of the domains discussed and key actions for the coming year
• List and refer to relevant evidence and reflection
• Include a review of progress on the previous year’s personal development plan
• Include a personal development plan for the coming year which is specific, measurable, achievable, and relevant to your practice and needs and time limited.

5. Conduct and performance of doctors

The responsible officer has a statutory duty to monitor the conduct and performance of the doctors for whom they have responsibility and make revalidation recommendations which take all relevant information into account. This includes reviewing general performance information held by the designated body, identifying any issues arising from the information and where necessary, taking all reasonable steps to ensure that the designated body addresses these issues.

To achieve this, the responsible officer may seek information about the doctor relating to any aspect of their work including:
• Information about their appraisals, performance reviews and their portfolio of supporting information

Fitness to practise concerns including:

  o relevant complaints, significant events and outlying performance or clinical outcomes
  o measures taken to address concerns, including investigations, formal action plans or remediation processes
  o conditions, restrictions or undertakings relating to the doctor’s practice

You are asked to provide contact details for individuals (usually human resource and clinical governance leads, or the Chief Executive) for all the organisations for which you work who will be able and willing to provide information relating to previous or current fitness to practise issues.
## Appendix I

### Revalidation Checklist for RO

<table>
<thead>
<tr>
<th>Name of Doctor</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Appraisal Date</td>
<td>GMC number</td>
</tr>
<tr>
<td>Revalidation Date</td>
<td></td>
</tr>
</tbody>
</table>

### 1. Statutory and Mandatory Training
- Y / N

### 2. Completed Proforma returned
- Y / N

### 3. Scope of Practice*
- Y / N

### 4. 360 feedback – Colleague/Patient*
- Y / N

### 5. Appraisal*

1. Confirm previous appraisals completed in this cycle
- Y / N
2. Quality Improvement Activities
- Y / N
3. Review of GMP Domains
- Y / N
4. Appraisal confirmation by doctor
- Y / N
5. Agreed PDP
- Y / N
6. Appraisal summary and sign off
- Y / N

### 6. Ulysses

<table>
<thead>
<tr>
<th>I.</th>
<th>II. Allocate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUI</td>
<td>Y/N</td>
</tr>
<tr>
<td>Complaints</td>
<td>Y/N</td>
</tr>
</tbody>
</table>

### 7. External Fitness to Practice Declarations

<table>
<thead>
<tr>
<th>Site</th>
<th>Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Y/N</td>
</tr>
<tr>
<td>II.</td>
<td>Y/N</td>
</tr>
</tbody>
</table>

### 8. Internal Fitness to Practice (Clinical Director)
- Y/N

### 9. Previous GMC Undertakings in this revalidation cycle
- Y/N

### 10. Probity and Health Statement*
- Y/N

<table>
<thead>
<tr>
<th>Checked by PM</th>
<th>1st Check Date and Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checked by LRA</td>
<td>2nd Check Date and Sign</td>
</tr>
<tr>
<td>Checked by ROAG</td>
<td>3rd Check Date and Sign</td>
</tr>
<tr>
<td>Checked by RO</td>
<td>Final Check</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation to GMC</th>
<th>Y / N</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>If No – What actions/concerns</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* From Allocate database
Appendix J

**Fitness to Practice Information Form**

**Doctor Name:**

**GMC Number:**

<table>
<thead>
<tr>
<th>Time Period to which this form relates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Start Date:</strong></td>
</tr>
</tbody>
</table>

**During this period have there been concerns about the fitness to practice of this doctor?**

NO

**Details of Individual completing this form:**

<table>
<thead>
<tr>
<th>Full name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email address</td>
<td>Job Title</td>
</tr>
<tr>
<td>Telephone number</td>
<td>Date</td>
</tr>
<tr>
<td>Name of the Organisation</td>
<td>Name of the Responsible Officer</td>
</tr>
</tbody>
</table>

| Southern Health NHS FT | Karl Marlowe |

**Details of concerns/investigations:**

<table>
<thead>
<tr>
<th>Conduct, Capability Investigation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious Untoward Incident/Significant Event Investigation</td>
<td>Description</td>
</tr>
<tr>
<td>Complaints</td>
<td>Description</td>
</tr>
<tr>
<td>Remediation</td>
<td>Description</td>
</tr>
<tr>
<td>Referral to GMC or NCAS</td>
<td>Description</td>
</tr>
</tbody>
</table>

| This doctor has been involved in a conduct or capability investigation | |
| This doctor has been involved in a formal Serious Untoward Incident / Significant Event investigation | |
| This doctor has been named in complaint(s) | |
| This doctor has been required to undertake a programme of remediation | |
| This doctor has been the subject of a referral to the GMC and or NCAS | |

**Further details**

If you have answered “Yes” to any of the above, please give a brief summary of the current position and the anticipated date of the outcome *OR* brief details where ongoing concerns are being addressed through reskilling/remediation.
Once completed, please return this form to:
Revalidation Officer, Trust HQ, Tatchbury Mount, Calmore, Southampton SO40 2RZ
MedRevalidation@southernhealth.nhs.uk

If you have any queries, please contact Dr Jane Hazelgrove, Dr Karl Marlowe or the
Revalidation Coordinator, Erica Lifford on 023 8087 4319
Appendix K

Private Practice Declaration Form

Appraisal Information for Doctors for whom Southern Health NHS Foundation Trust is their Designated Body

Dear Responsible Officer / Senior Manager

In order for SHFT Appraisers to adequately appraise the whole scope of a doctor’s work it is necessary to receive standardised information from the above time period for doctors who work across a variety of settings.

The following information is required by Southern Health NHS Foundation Trust from your Organisation and I would be grateful if this could be completed in any convenient format and returned to the Doctor for use in his / her appraisal.

- General outline of duties

- Any complaints in the last year, involving the Doctor and any relevant action plans

- Any compliments received

- Any Serious Incidents, involving the Doctor and any relevant action plans
Any CQC Visit Reports and actions plans that are relevant for the Doctor to reflect on

Any patient / colleague feedback to be discussed in appraisal

Any other relevant information that needs to be discussed in a whole scope appraisal

Thank you for your assistance with this information.

Dr Jane Hazelgrove
Deputy Chief Medical Officer for Professional Standards
Southern Health NHS Foundation Trust

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

Responsible Officer / Deputy Responsible Officer / Senior Delegated Lead (please delete)

Date: ..............................................
## APPENDIX L - Progress Tool

<table>
<thead>
<tr>
<th>Appraiser:</th>
<th>Quality Assured by:</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2579-001</td>
<td></td>
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</tbody>
</table>

**PROGRESS QA tool**
Quality assurance and development of post appraisal documentation

Score from 0-2 or 0-4
0=absent, 1(or 1-3)=room for improvement, 2 (or 4)=well done

<table>
<thead>
<tr>
<th>Appraisal identifier (Dr initials)</th>
<th>1</th>
<th>2</th>
<th>3</th>
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</table>

**PROFESSIONAL (2)** — objective, free from bias or prejudice, describes a professional appraisal, good information governance, and confirms no identifiable third party information is included

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</table>

**REFLECTS A GOOD APPRAISAL DISCUSSION (4)** — demonstrates support, challenge and focus on the reflection and needs of the doctor. Describes challenge in the appraisal discussion. Reference to previous PDP completion.

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**OVERVIEW (2)** — includes a description of the whole scope of work and context for the doctor, the appraisal and the revalidation cycle

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</table>

**GAPS (2)** — identifies any gaps in requirements for revalidation or scope of work and specifies how they will be addressed (or states if no gaps)

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<th>3</th>
</tr>
</thead>
</table>

**REVIEWS SUPPORTING INFORMATION (SI) AND LESSONS LEARNED (4)** — reviews SI in relation to Good Medical Practice; comments on SI not supplied electronically and any information the doctor was asked to bring. Reflects on lessons learned, changes made and actions agreed. AC or S12 certification confirmation. Clear reference to reflections on relevant SI eg CPD, SIRI, 360, QI and complaints.

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</table>

**ENCOURAGES EXCELLENCE (2)** — affirms good practice, celebrates achievements and actions accomplished, gives examples of good practice and records aspirations (some of which may have a timescale over one year)

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<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

**SIGN OFFS & STATEMENTS (2)** — ensures the input and output statements, including health and probity, have been completed

<table>
<thead>
<tr>
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<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>commented on and, where appropriate, explanation made to the RO</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>SMART PDP (2)</strong> – PDP objectives arise from the SI and appraisal discussion and are SMART: Specific, Measurable, Achievable, Relevant and have a Timescale Free from job planning objectives. Reflects scope of practice.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>/20</td>
<td>/20</td>
</tr>
</tbody>
</table>

**Overall impression:**
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 December each year without agreement from revalidation team (see policy for deferral process).

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 APPELLAISAL**

1. Failure to sign off the appraisal / PDP on ALLOCATE 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, ALLOCATE 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, and sarcastic and/or generally lacking in respect.