




Medical Appraisal and Revalidation Policy

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|--|---|------------------------|
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| Policy author (if different from above) | Medical Directorate Manager | |
| Exec Sign off Signature (electronic) |  | |
| Disclosable under Freedom of Information Act 2000 | Yes | |



Policy Context

Revalidation of doctors is a key component of a range of measures designed to improve the quality of care for patients. It is a process by which the General Medical Council will confirm the continuation of doctors' licenses to practice in the UK.

The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practice.

Through a formal link with their organisation, determined usually by employment or contracting arrangements, doctors will relate to a senior doctor within the organisation, the Responsible Officer. The Responsible Officer will make a recommendation about the doctors' fitness to practice to the General Medical Council (GMC). The recommendation will be based on an outcome of the doctors' annual appraisals over the course of five years, combined with information drawn from organisational clinical governance systems.

Following the Responsible Officers recommendation, the GMC will decide whether to renew a doctor's license. All doctors wishing to retain their GMC license to practice will need to participate in revalidation.

Key Policy Issues

The policy describes how medical appraisal can be carried out effectively. It is designed to help:

- Doctors understand what they need to do to prepare for and participate in appraisal
- Appraisers and designated bodies ensure that appraisal is carried out consistently and to a high standard.

Policy requirement (see Section 2)

This policy provides the basis for revalidation and is intended to deliver a transparent, fair, supportive and effective annual appraisal process, informed by valid and verifiable supporting evidence that reflects the breadth of the individual doctors' practice.



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1. INTRODUCTION:

1.1 Rationale

1.1.1 This document sets out Birmingham and Solihull Mental Health NHS Foundation Trusts policy in relation to the annual medical appraisal and personal development planning process to support GMC revalidation.

1.2 Scope

1.2.1 This policy is applicable to Consultants, Specialist and Associate Specialist (SAS) doctors, honorary doctors and other non-training grade doctors with a designated body connection to Birmingham and Solihull Mental Health NHS Foundation Trust. It also covers Trust bank and locum doctors employed on fixed term contracts in these grades with a designated body connection to the Trust. It does not apply to doctors in training, agency staff and contractors.

1.2.2 Clinical Academics employed by universities and holding an honorary contract with the Trust will have a joint appraisal with a representative of the university. The appraisal must cover clinical activities and all university duties including teaching and research.

1.2.3 Doctors who are subject to capability or disciplinary procedures should continue to have an annual appraisal. The appraisal will be used to support the individual and the PDP should reflect the training and development needs previously identified to improve performance.

1.2.4 Consultants, Specialist and Associate Specialist (SAS) doctors, honorary doctors, Trust bank and locum doctors employed on fixed term contracts and other non-training grade doctors who are employed by Birmingham and Solihull Mental Health NHS Trust but have another organisation listed as their Designated Body are not within scope of this policy; however these doctors still have a responsibility to ensure that they undergo a timely annual appraisal ensuring that all completed documentation is forwarded to Birmingham and Solihull Mental Health NHS Foundation Trust to evidence that appraisal has been undertaken.

1.3 Principles

1.3.1 Medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor's work. Medical appraisal can be used for four purposes:

1. 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 Good Medical Practice and thus to inform the responsible officer's revalidation recommendation to the GMC

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

3. To enable doctors to consider their own needs in planning their professional development, and may also be used.

4. To enable doctors to ensure that they are working productively and in line with the priorities and requirements of the organisation they practice in.



2. POLICY

2.1 Purpose

2.1.1 This policy provides the basis for revalidation and is intended to deliver a transparent, fair, supportive and effective annual appraisal process, informed by valid and verifiable supporting evidence that reflects the breadth of the individual doctors' practice.

3. PROCEDURE

3.1 Preparation

3.1.1 The medical appraisal year runs from 1st April to 31st March each year.

3.1.2 Each appraisee will be assigned an individual due date which will remain the same each year regardless of when any previous appraisals are undertaken.

3.1.3 Each appraisee will be required to pre plan their appraisal in advance of their upcoming appraisal.

3.1.4 It is expected that all appraisals will be completed on the due date or no earlier than 3 months preceding the appraisal due date providing the meeting takes place within the same appraisal year.

3.1.5 At the time of arranging their appraisal the appraisee must contact the Appraisal and Revalidation administrator to request they be notified of their suggested appraiser.

3.1.6 The Appraisal and Revalidation administrator will suggest an appraiser from the Trust medical appraiser list. If an appraisee considers the suggested appraiser to be unsuitable, the Appraisal and Revalidation Administrator will suggest a second appraiser. If the appraisee rejects the second option then appendix 3, Form for Appealing against the Notification of a Specific Appraiser must be completed and returned to the Medical Directorate Manager without delay.

<http://connect/clinicalzone/Documentsfordoctors/Forms/AllItems.aspx>

3.1.7 It is the responsibility of the appraisee and appraiser to agree a mutually convenient time and location.


3.1.8 It is mandatory that the appraisal is carried out by a minimum of 2 different appraisers within a revalidation cycle. In addition the appraisee should have no more than three consecutive appraisals with the same appraiser and must then have a period of at least three years before being appraised again by the same appraiser.

3.1.9 All appraisees undergoing the Trust appraisal process **must** use the Allocate e-appraisal system for the creation of a personal appraisal document to record the appraisal discussion.


3.1.10 In recognition of the exceptional stresses that the COVID-19 pandemic has placed on healthcare workers, there has been widespread agreement that the medical appraisal must provide an opportunity for a confidential professional discussion as part of supporting professional development and well-being. Preparation must be straightforward and proportionate.

3.1.11 Prior to the appraisal meeting, the appraisee should populate the relevant sections within the electronic system.



3.1.12 Sections marked with  are the minimum essentials for appraisal and should be completed.

- Personal details
- Scope of work
- PDP's and their review
- Significant events
- Complaints and compliments
- Achievements, challenges and aspirations
- Personal and professional wellbeing
- Probity health statements
- Additional information
- PDP proposals
- Appraisal checklist and confirmation

3.1.13 Sections marked with  will form part of the appraisal discussion. Include any aspect of these in the appraisal for which the appraisee wants to particularly discuss in more details with the appraiser.

- Clinical/Educational Supervisor development
- CPD
- Quality improvement activities
- Colleague and patient feedback

3.1.14 Sections which are not marked are no longer essential.

3.1.15 There is no change to the post appraisal output sections or the appraisal process.

3.1.16 Key points to note are:

- Appraisal is always an important chance to reflect on the appraisee's scope of work, achievements, challenges, aspirations and development.
- Appraisal is a facilitated professional reflection on the impact of the appraisee's experiences to date and plans going forward should form the focus of the appraisal.
- The appraisee should provide at least the minimum essentials for the appraisal.
- The appraisee should submit any supporting information that has been gathered since the last appraisal.
- The pre-appraisal portfolio must include any significant events, compliments and complaints in which the appraisee has been personally named or involved and any items that the appraisee has been asked to bring to the appraisal in the usual way.
- Any additional specific information required to support the appraisee's revalidation recommendation should also be included. If it is difficult for the appraisee to gather this, then discussion with the appraiser should be had to plan and agree how the appraisee can collect the information and reflect on it within the appraisal for their current revalidation cycle.
- The appraisal discussion will cover key learning from any CPD, quality improvement activity or significant events and any feedback from patients and colleagues (including complaints and compliments) that the appraisee has received since their last appraisal,



- Verbal reflection captured by the appraiser will be used as supporting information where appropriate.
- Maintaining the appraisees health and wellbeing is key in their ability to offer high quality, safe care. The appraiser will encourage an appraisee to reflect on this aspect of their professionalism and signpost them to suitable resources if needed.

3.1.17 The appraisee must record the full scope and nature of the work they carry out as a doctor to ensure the appraiser and Responsible Officer understand their work and practice. This must include **all** roles and positions in which they have clinical responsibilities, their roles as Clinical Supervisor and Educational Supervisor and any other roles for which a license to practice is required. This should include work for voluntary organisations and work in private or independent practice and should include managerial, educational research and academic roles.

3.1.18 Multi-source feedback (360 degree appraisal), including patient feedback will play an important part of the required evidence within the portfolio. This should be undertaken using the Trusts approved method at least once during a five year revalidation cycle. When multi-source feedback is undertaken it must be evidenced and discussed during that years appraisal.

3.1.19 Colleague 360 feedback will be managed electronically and cannot be requested until the self-assessment has been completed by the appraisee on the electronic system. Each appraisee must obtain feedback from 15 colleagues.

3.1.20 Patient feedback must be collected using paper questionnaires. These must be distributed independently by a nominated person. The appraisee **must not** distribute questionnaires under any circumstance.. An appraisee should collect feedback from patients, even if that patient contact is minimal. Exceptionally, depending on an individual's practice, a doctor may not be able to achieve the required number of patient feedback and alternatively may need to collect feedback from a number of other sources such as families and carers, students, suppliers or customers. If an appraisee believes that they cannot collect feedback from patients then they should discuss this (as well as proposed alternatives) with their appraiser and the Trusts revalidation team so that arrangements can be put in place. Each appraisee must obtain feedback from 10 patients or alternative source.

3.1.21 When the appraisee has fully completed entering their information they must make their portfolio available to the appraiser by selecting the appropriate tick box. The appraiser will then review the documentation.

3.1.22 The appraiser will review the portfolio of evidence in advance of the appraisal meeting and if there is evidence missing there should be an opportunity for the appraiser to request that the evidence is provided in advance of the meeting. For this reason, the appraisee **must** provide the appraiser with their information at least 14 working days prior to the appraisal meeting.

3.1.23 The appraiser and appraisee must agree an agenda of items to be discussed within the appraisal discussion.

3.2 The Appraisal Meeting

3.2.1 The appraisal meeting must be arranged at a mutually convenient time for both parties.

3.2.2 The appraisal meeting must be held in private, in an appropriate environment and must be free from interruptions. Face to face and video conference (with camera installed)



meetings are acceptable. Telephone meetings are not advised.

3.2.3 The appraisees PDP must be agreed between both parties and entered onto the electronic system.



3.3 Educational Appraisal

3.3.1 If the appraisee is a GMC accredited clinical or educational supervisor their educational role will also form part of the appraisal.

3.3.2 The accreditation will be formally reviewed by the Associate Director (Medical Education) at the time of revalidation based on the evidence in the previous five years' appraisal portfolios.

3.4 Outcomes of Appraisal

3.4.1 For most appraisees the appraisal process will result in a positive outcome with the development of an agreed PDP. The maximum benefit from the appraisal process can only be realised where there is openness between the appraisee and appraiser. The appraisal should identify individual needs, which will be addressed through the PDP. All records will be held online and any exported/printed copies kept on a secure basis with access fully compliant with requirements of GDPR.

3.4.2 The agreed PDP, appraisal summary and appraisal sign off **must** be completed within 28 days of the appraisal meeting in line with national guidance.

3.4.3 If concerns which either party believe to be significant have been identified through the appraisal process, these must be communicated to the Responsible Officer by both parties.

3.5 Strengthening the Links Between Complaints, Serious Incidents and Appraisals

3.5.1 Concerns must be dealt with in real time and not built up to be discussed at appraisal as an appraisal should be a supportive and developmental discussion. Fitness to Practice issues can be dealt with outside of this process but with reference within appraisal only when they have a bearing on revalidation and specific developmental needs.

3.5.2 Appraisal is **not** the forum for the Trust to address specific clinical governance or performance issues. In a small number of cases, the Responsible Officer may wish to ensure certain key items of supporting information are included in the appraisees portfolio and are discussed at appraisal so that development needs are identified and addressed. In some settings it is reasonable that this information is sent to the appraisee and to the appraiser (with the appraisees knowledge), but this will be undertaken in a secure way in accordance with information governance.

3.6 Discussing Complaints, Serious Incidents and Compliments at the Appraisal.

3.6.1 *Awareness:* The appraisee must be aware of the complaints procedures and the incident reporting mechanisms in the Trust. Additionally the appraisee must be made aware by the Trust of any complaints made about them or their teams performance, including any serious incidents.

3.6.2 *Actions taken in response to the complaint or serious incident:* As described in section 3.6.1, concerns must be dealt with in real time and not built up to be discussed at appraisal. . The appraiser will be interested in what the appraisee did with the information and their reflections on that information, not simply that they collected it and maintained it in a portfolio. The appraiser will want to know what the appraisee thinks the supporting information says about their practice and how they intend to develop or modify their practice as a result of that reflection. For example, how the appraisee responded to a significant event and any changes to their work as a result, rather than the number of significant events that occurred.



3.6.3 Identify opportunities for professional development: Complaints and serious incidents may potentially act as an indicator of performance and the way in which the appraiser uses their professional and clinical skills. Discussion at the appraisal must highlight any areas for further learning, which must then be included in the appraiser's PDP and continuous professional development.

3.6.4 The review of complaints, serious incidents and compliments should be viewed as another type of feedback, allowing both the appraiser and the Trust to review and further develop the appraiser's practice and to make patient centered improvements.

3.6.5 The Customer Relations team will forward relevant copies of complaints relating to individual doctors to the Medical Directorate Manager. The Medical Directorate Manager will forward copies of complaints to the appraiser upon receipt. A copy will also be kept on file.

3.6.6 The Investigations team will forward copies of Serious Incidents to the Medical Directorate Manager. The Medical Directorate Manager will forward copies of serious incidents to the appraiser upon receipt. A copy will also be kept on file.

3.6.7 Additionally the Learning from Deaths lead will forward copies Learning from Death case note reviews which the Medical Directorate Manager will forward to appraisers upon receipt. Copies will be kept on file.

3.7 Deferment of an Annual Medical Appraisal

3.7.1 Trust policy requires all doctors with a designated body connection to Birmingham and Solihull Mental Health NHS Foundation Trust undergo an appraisal annually. This is also a requirement for successful revalidation. There are; however exceptional circumstances when a doctor may request that an appraisal is deferred so that no appraisal takes place during one appraisal year or is rescheduled for another time within the appraisal year.

3.7.2 An individual doctor may request a deferment where there is a break in clinical practice due to:

- A period of long term sickness or maternity/adoption leave.
- An approved sabbatical/career break.
- Exclusion from clinical work as a result of the doctor being investigated for conduct or capability issues in line with fitness to practice procedures.
- As a general rule, doctors on a career break in excess of 6 months should attempt to be appraised within 6 months of returning to work. Doctors returning to work within 6 months should attempt to be appraised no more than 18 months after the previous appraisal wherever possible so that an appraisal year is not missed altogether.

3.7.3 Each case will be dealt with on its own merits and the Trust recognises 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 more difficult 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 if timed to coincide with a doctor's re-induction into clinical work. Appraisers will use their discretion when deciding the minimum evidence acceptable for these exceptional appraisals.



3.7.4 Doctors who think they may need to defer their appraisal must complete the Appraisal Deferment Application form (Appendix 2, section A) and submit to their Clinical Director who will make a decision in consultation with the appraisees' line manager. The Clinical Director must complete section B and submit to the Responsible Officer via the Medical Appraisal and Revalidation Team for final approval in all instances.

3.7.5 Deferment requests must be submitted at the earliest opportunity and no later than 3 months prior to when the appraisal is due; however exceptions will be made for exceptional unforeseen circumstances e.g. sickness. Only in exceptional circumstances will capacity issues be accepted as a reason for deferment.

3.7.6 The decision to allow deferment will depend on a number of factors (list not exhaustive):

- How many appraisals have or will be missed in a 5 year period.
- Whether it is anticipated for 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 their performance or behaviour.
- Despite all reasonable efforts on the part of the appraisee, they have been unable to secure a date for the meeting with the appraiser.

3.7.7 Informal advice on the likelihood of a deferment being agreed can be obtained from the Deputy Medical Director (Professional Practice, Legal and Transformation).

3.7.8 A formal response to the application of a deferment will be provided in writing.

3.8 Unapproved Late and Missed Appraisal

3.8.1 In the event of an appraisal being undertaken late or missed within an appraisal year with no request for deferment received, the appraisee will be asked to provide a reason and will be reminded of their responsibilities within the remit of the policy, as well as contractually and professionally of the need to engage with the appraisal and revalidation process.

3.8.2 Appraisees who do not complete their annual appraisal will not be eligible for routine pay progression or local clinical excellence awards unless a postponement has been agreed in advance or where, through no fault of their own, it has not been possible for the appraisal to take place.

3.8.3 The Trust has the right to instigate a conduct investigation in line with the Trusts disciplinary procedure should a doctor fail to participate in annual appraisal without good reason. The Responsible Officer may also see fit to submit a recommendation of non-engagement to the GMC (REV6). A doctor is deemed not to be engaging in revalidation where, in the absence of reasonable circumstances they do not participate in the local processes and systems that support revalidation on an on-going basis.

3.8.4 Under regulation 4 of the License to Practice Regulations, the GMC may then withdraw a doctors license to where that doctor has failed 'without reasonable excuse' to comply.



3.8 Disputes or Concerns

3.8.1 In the first instance, any concerns regarding the process must be directed to the immediate line manager, or if there is a conflict of interest, their line manager. Managers must then seek the appropriate support from Human Resources.

3.8.2 Any appeal will be considered in line with The Trusts Appeals procedure.

3.9 Appealing Against a Suggested Appraiser

3.9.1 In the first instance, form Appendix 3 (Appealing against a Suggested Appraiser) must be completed and forwarded to the Medical Directorate Manager for consideration. Request for changes will be reasonably considered.

3.9.2 A formal response to the appeal against appraiser allocation will be provided in writing.

3.10 Training and Support

3.10.1 The Trust will provide guidance for medical staff on the Medical Appraisal and Revalidation Policy and will also ensure that all staff that are required to participate in a medical appraisal are made aware of this policy as appropriate.

3.10.2 Training is a key component in the delivery of a successful appraisal process. Medical appraisers must be able to facilitate and deliver consistently high quality appraisals. The personal attributes of appraisers and the quality of training offered to them by the Trust are significant factors in the successful implementation of medical appraisal. Appraisers also need to be aware of their own performance in undertaking appraisals and to have support in improving and developing their skills.

3.10.3 Appraisers must:

- Undertake initial appraisal training and complete refresher training every 2 years.
- Attend a minimum of 1 peer support group sessions in each appraisal year.
- Ensure the following mandatory training is up to date as practicably possible within their control:
 - Clinical risk assessment
 - Equality and Diversity
 - Information Governance
 - Safe Guarding
- Carry out a minimum of 4 appraisals per appraisal year (and no more than 8 without valid reason) in order to maintain their skills.

3.10.4 The Trust will arrange training in line with guidelines for all new appraisers and refresher training for existing appraisers.

3.10.5 Supporting information for appraisers and appraisees, e.g. user manuals, release notes and Trust documents are provided in the e-appraisal documents section within the Electronic system. Any problems should be discussed with the line manager in the first instance.

3.10.6 The Appraisal and Revalidation Administrator in conjunction with the Medical Directorate Manager will maintain a list of suitably trained appraisers.



3.11 Assuring the Quality of Medical Appraisal and Revalidation

3.11.1 Quality assessment of appraiser work will be delivered as follows:

- Appraiser updates (formal, refresher training and peer review groups)
- Recruitment and selection of appraisers – overseen by the Deputy Medical Director (Professional Practice, Legal and Transformation)
- Review of appraiser performance assessed against the following standards:
 - Be appointed by the Deputy Medical Director (Professional Practice, Legal and Transformation) and will have completed an approved accredited training course.
 - Undertake refresher training every 2 years.
 - Carry out a minimum of 4 and a maximum of 8 appraisals annually.
 - Attend a minimum of 1 peer review group per appraisal year.
 - Not appraise the same doctor on more than 3 occasions within a revalidation cycle.
 - Undergo audit (appendix 4).

4. ROLES AND RESPONSIBILITIES

| Post(s) | Responsibilities | Ref |
|-----------------------------------|---|-----|
| Chief Executive Officer | <ul style="list-style-type: none"> • Has overall accountability for ensuring the Trusts compliance with the delivery of GMC relicensing and revalidation, ensuring appraisal processes take place. • On behalf of the Trust is responsible for ensuring the Responsible Officer is provided with appropriate resources to allow them to discharge their duties. • Responsibility for sign off of NHS England Annual Statement of Compliance for Medical Appraisal. | |
| Trust Board | <ul style="list-style-type: none"> • The Trust Board will monitor any issues or areas of concern highlighted in the Non- Executive Directors annual report on appraisal and revalidation. | |
| Executive Medical Director | <ul style="list-style-type: none"> • Is the nominated Responsible Officer for the Trust • Accountable to the Trust Board for ensuring Trust wide compliance with the medical appraisal policy and for ensuring both policy and processes comply with relevant national guidance | |



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| | <p>and legislation.</p> <ul style="list-style-type: none">• Accountable for ensuring the annual report on medical appraisal is prepared and submitted to NHS England and for any actions arising from this.• Where a doctor is subject to conditions imposed by, or undertakings agreed with GMC, the Executive Medical Director as the nominated RO will be notified and will then be accountable for ensuring effective systems are in place to monitor compliance with those conditions or undertakings.• When submitting a recommendation, The RO has three options:<ul style="list-style-type: none">○ A positive recommendation that the doctor is up to date fit to practice and should be revalidated.○ Agreeing a deferral with the GMC for a specified period of time so that more information can be obtained about the doctor (for example the doctor has had a period of absence or so that a fitness to practice concern can be addressed).○ A notification of non-engagement where the doctor has not engaged in the local systems or processes, such as appraisal that support revalidation. This is not a mechanism for addressing concerns about a doctor's fitness to practice and an RO should use existing mechanisms to refer fitness to practice concerns to the GMC when they emerge, not at the point of revalidation• The Executive Medical Director will not act as an appraiser. | |
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| <p>Deputy Medical Director (Professional Practice, Professional Practice, Legal and Transformation)</p> | <ul style="list-style-type: none"> • Is the nominated Deputy Responsible Officer and Appraisal and Revalidation Medical Lead for the Trust. • Oversees the effective implementation of this policy and provides assurance that the systems and processes defined within the policy including linked systems for clinical governance and quality assurance that are necessary to support effective appraisal are in place. • Responsibilities include ensuring appraisers are properly recruited, trained and assessed to carry out this role and that they are in a position to undertake appraisal of clinical performance, service delivery and management roles. • Ensuring that appraisers meet the standards of training and performance set out in this policy. • The Deputy Medical Director (Professional Practice, Legal and Transformation) will not act as an appraiser | |
| <p>Associate Medical Director (Medical Education)</p> | <ul style="list-style-type: none"> • Has oversight of the appraisal and accreditation of clinical and educational supervisors | |
| <p>Senior Appraisal Auditor</p> | <ul style="list-style-type: none"> • Has oversight of the quarterly appraisal audit process • Undertakes quarterly audit of appraisals • Production of quarterly audit reports • Attends Quarterly Revalidation Oversight Committee meetings • Participates in appraiser peer support sessions | |
| <p>Appraisal Auditor</p> | <ul style="list-style-type: none"> • Undertakes quarterly audit of appraisals • Inputs into quarterly audit reports • Deputises for the Senior Appraisal Auditor in their absence | |



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| <p>Senior Medical Appraisers</p> | <ul style="list-style-type: none"> • Provides support to medical appraisers • Assists in appraiser peer support sessions where required • Appraisers must not appraise a colleague with whom they have a close or adverse personal, business or financial association, e.g. private practice partnership, a personal or family relationship such as wife, husband, sibling etc. • Appraisers will be responsible for carrying out a minimum of 4 and a maximum of 8 annual appraisals (without valid reason) to the standards outlined in this policy • Responsible for agreeing a meeting date and location with their appraisee raising any concerns with the RO about the fitness to practice of the doctor they are appraising | |
| <p>Medical Appraisers</p> | <ul style="list-style-type: none"> • Appraisers must not appraise a colleague with whom they have a close or adverse personal, business or financial association, e.g. private practice partnership, a personal or family relationship such as wife, husband, sibling etc. • Appraisers will be responsible for carrying out a minimum of 4 and a maximum of 8 annual appraisals (without valid reason) to the standards outlined in this policy • Responsible for agreeing a meeting date and location with their appraisee raising any concerns with the RO about the fitness to practice of the doctor they are appraising | |
| <p>Clinical Leads/Clinical Directors</p> | <ul style="list-style-type: none"> • Ensures that all doctors within scope of this policy in their remit undertake an annual appraisal in line with the standards outlined in this policy. Provides advice and support to doctors | |



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| | <p>as necessary, regarding the process and completion of forms.</p> <ul style="list-style-type: none"> • Monitors compliance with conditions or undertakings where a doctor is subject to conditions imposed by, or undertakings agreed with the GMC. • In conjunction with the Directorate Manager supports the provision of data collection, complaints, serious untoward incidents and other essential organisational information to the appraiser to enable them to provide appropriate evidence for their appraisal portfolio. | |
| <p>Appraiser</p> | <ul style="list-style-type: none"> • Appraisers are responsible for ensuring they make all reasonable efforts to participate in an annual appraisal to meet the requirements of medical revalidation. • Collating and preparing supporting evidence for the appraisal meeting. The portfolio of supporting information should reflect the breadth of professional activity, including indirect patient care activities such as clinical audit, management and advisory roles across all healthcare organisations (including private practice) and must show evidence of appropriate personal reflection by the appraiser. • Responsible for agreeing a meeting date and location with their allocated appraiser • Submitting their portfolio of supporting evidence to their appraiser at least 14 working days prior to the appraisal meeting. • Raising any concerns about the appraisal process in accordance with this policy and completing the feedback survey form at the end of the electronic process. • Each doctor must ensure that they are | |



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| | connected to the most appropriate Designated Body. | |
| Medical Directorate Manager | <ul style="list-style-type: none"> • Responsible for the overall operational management of all day to day aspects of work relating to appraisal and revalidation processes within the Trust. • In conjunction with the Clinical Directors, supports the provision of data collection, complaints, serious untoward incidents and other essential organisational information to the appraisee to enable them to provide appropriate evidence for their appraisal portfolio. • The writing of and provision of all reports and updates on appraisal and revalidation progress for the Responsible Officer, Trust Board, committees and NHS England Revalidation Support Team as and when required. | |
| Appraisal and Revalidation Administrator | <ul style="list-style-type: none"> • Ensures that the necessary systems infrastructure is in place to administer the appraisal process accurately and effectively. • Collation of all necessary information for reports and updates on appraisal and revalidation progress for the Responsible Officer, Trust Board, committees and NHS England Revalidation Support Team and others as and when required. • Identification of appraisers from the Trust Medical appraiser list. It is also mandatory that the appraisal is carried out by a minimum of 2 different appraisers within a revalidation cycle. In addition a doctor should normally have no more than three consecutive appraisals with the same appraiser and must then have a period of at least three years before being appraised again by the same appraiser. | |



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| <p>Resourcing / PGME Teams</p> | <ul style="list-style-type: none"> • Responsible for undertaking doctors pre-employment checks and forwarding new starter forms to the Medical Directorate Manager prior to a doctor commencing in post • The forwarding of monthly lists in relation to Trust locums and agency staff | |
| <p>Workforce Information Team</p> | <ul style="list-style-type: none"> • The forwarding of monthly lists in relation to medical bank staff, current medical staff list, appraisal traffic light compliance and medical staff starters and leavers. • Production of adhoc reports to support the Appraisal and Revalidation team as and when required | |
| <p>Customer Relations Team</p> | <ul style="list-style-type: none"> • Forward copies of complaints relating to individual doctors as and when they arise to the Medical Directorate non clinical manager | |
| <p>Investigations Team</p> | <ul style="list-style-type: none"> • Forward copies of serious incidents relating to individual doctors as and when they arise. | |
| <p>Learning from Deaths Lead</p> | <ul style="list-style-type: none"> • Forward copies of Learning from Deaths case note reviews as and when they arise. | |



5. DEVELOPMENT AND CONSULTATION PROCESS

| Consultation summary | | |
|--|--|---------------------------|
| Date policy issued for consultation | | |
| Number of versions produced for consultation | | |
| Committees / meetings where policy formally discussed | Date(s) | |
| Workforce and Education Committee JLNC MAC JLNC | 26/05/2021 27/05/2021 06/07/2021 29/07/2021 | |
| Where received | Summary of feedback | Actions / Response |
| No feedback received | | |
| | | |
| | | |



6. REFERENCE DOCUMENTS

<http://www.gmc-uk.org/>
<https://www.england.nhs.uk/>

7. BIBLIOGRAPHY

As above

8. GLOSSARY

Medical Appraisal provides the framework to ensure all doctors have an annual two-way discussion regarding their practice and career development. Appraisal and job planning should, where practical be conducted by different individuals to allow a broader and more searching appraisal discussion.

Revalidation is the process by which doctors will demonstrate to the General Medical Council that they remain up to date and fit to practice. All doctors are required to go through the revalidation process on a 5 yearly cycle in order to retain their licence to practice.

9. MONITORING

| Element to be monitored | Lead | Tool | Frequency | Reporting Arrangements |
|---|-----------------------------|---|-----------------------|----------------------------------|
| Appraisals are completed on the due date or no earlier than 3 months preceding the appraisal due date (3.1.4) | Medical Directorate Manager | Verbal feedback | Quarterly | Revalidation Oversight Committee |
| | | Written report | Annually | Trust Board |
| | | Electronic submission | Annually | NHS England |
| Unapproved, late and missed appraisals (3.7) | Medical Directorate Manager | Verbal feedback | Quarterly | Revalidation Oversight Committee |
| | | Electronic submission Written report | Quarterly Annually | NHS England Trust Board |
| | | Electronic submission | Annually | NHS England |
| Assuring Quality of the Medical Appraisal (3.11) | Appraisal Audit Lead | Written Report | Quarterly | Revalidation Oversight Committee |

10. APPENDICIES

Appendix 1:

Equality Analysis Screening Form

| | | | | |
|---|--------------------------|---|------------------------|--|
| Title of Proposal | | Medical Appraisal and Revalidation Policy | | |
| Person Completing this proposal | | Kerry Rowley | Role or title | Medical Directorate Manager (Non Clinical) |
| Division | | Medical Directorate | Service Area | Corporate |
| Date Started | | 28th April 2021 | Date completed | 28th April 2021 |
| Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation. | | | | |
| <p>Revalidation of doctors is a key component of a range of measures designed to improve the quality of care for patients. It is a process by which the General Medical Council will confirm the continuation of doctors' licences to practice in the UK.</p> <p>The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practice.</p> | | | | |
| Who will benefit from the proposal? | | | | |
| Doctors, the Trust, employers, healthcare professionals and service users | | | | |
| Impacts on different Personal Protected Characteristics – Helpful Questions: | | | | |
| <i>Does this proposal promote equality of opportunity?</i> | | <i>Promote good community relations?</i> | | |
| <i>Eliminate discrimination?</i> | | <i>Promote positive attitudes towards disabled people?</i> | | |
| <i>Eliminate harassment?</i> | | <i>Consider more favourable treatment of disabled people?</i> | | |
| <i>Eliminate victimisation?</i> | | <i>Promote involvement and consultation?</i> | | |
| <i>Protect and promote human rights?</i> | | | | |
| Please click in the relevant impact box or leave blank if you feel there is no particular impact. | | | | |
| Personal Protected Characteristic | No/Minimum Impact | Negative Impact | Positive Impact | Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics. |
| Age | x | | | |

| | | | | |
|---|----------|--|--|---|
| Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups | | | | |
| Disability | x | | | Consideration has been given to individuals with either dyslexia or visual impairment and reasonable adjustments will be made to accommodate this. |
| Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families? | | | | |
| Gender | x | | | |
| This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal? | | | | |
| Marriage or Civil Partnerships | x | | | |
| People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships? | | | | |
| Pregnancy or Maternity | x | | | |
| This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity? | | | | |
| Race or Ethnicity | x | | | |
| Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language? | | | | |
| Religion or Belief | x | | | |
| Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met? | | | | |
| Sexual Orientation | x | | | |

| | | | | |
|--|--------------------|----------------------|-------------------|------------------|
| Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea? | | | | |
| Transgender or Gender Reassignment | x | | | |
| This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service? | | | | |
| Human Rights | x | | | |
| Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position? If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998) | | | | |
| | Yes | No | | |
| What do you consider the level of negative impact to be? | High Impact | Medium Impact | Low Impact | No Impact |
| | | | x | |
| If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required. If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding. If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead . | | | | |
| Action Planning: | | | | |
| How could you minimise or remove any negative impact identified even if this is of low significance? | | | | |

| |
|---|
| Provide reasonable adjustments as required on an individual basis |
| How will any impact or planned actions be monitored and reviewed? |
| Will be assessed locally by managers |
| How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic. |
| Equality analysis has been conducted on this policy; however if any disproportionate impact is identified on implementation this should be reported to the policy owner at the earliest opportunity so that any reasonable adjustment or policy modifications can be made |
| Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at hr.support@bsmhft.nhs.uk . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis. |

Appendix 2:

| Appraisal Deferment Application Form | |
|--|--------------------------------|
| Section A: Doctor's Details and Request for Deferment | |
| Doctor's Name: | |
| Role: | |
| GMC Number: | |
| Email address: | |
| Telephone Number: | |
| Appraisal Due Date: | |
| Date of Last Appraisal: | |
| Revalidation Due Date: | |
| Reason for Request: | |
| Proposed Date for Next Appraisal | |
| Appraiser Signature | |
| Date of Request | |
| Section B: For Completion by Clinical Director | |
| Name: | |
| Recommend Postponement: | Yes/No (delete as appropriate) |
| Comments: | |
| Clinical Director Signature: | |
| Date of sign Off: | |
| Section C: Responsible Officer Approval | |
| Recommend Postponement | Yes/No (delete as appropriate) |
| Comments | |
| Signature: | |
| Date of Sign off: | |

Appendix 3:

| Form for Appealing against the Notification of a Specific Appraiser | |
|--|--|
| Part A: To be Completed by Person Making The Appeal | |
| Doctor: | |
| Doctors GMC Number: | |
| Appraiser: | |
| Reason(s) for appealing against the allocation (tick all that apply): | |
| Potential conflict of interest or appearance of bias: <input type="checkbox"/> Close or adverse personal or family relationship (past or present) <input type="checkbox"/> Close or adverse financial or business relationship <input type="checkbox"/> Professional relationship <input type="checkbox"/> Appraiser suitability <input type="checkbox"/> Other (please describe under "further details" below) | |
| Please Provide Further Details: | |
| Name of Person Making the Appeal (if Different to Doctor): | |
| Designation: | |
| Contact Details: | |
| Part B: To be Completed by Medical Directorate Office | |
| Decision: | |
| Decision Approved By: | |
| Name: | |
| Position: | |
| Date: | |

Appendix 4:

Appraisal Summary and PDP Audit Tool (ASPAT)

Appraisal Summary and PDP Audit Tool Template

| | |
|----------------------|---------------------------|
| Appraisal identifier | Click here to enter text. |
| Date of appraisal | Click here to enter text. |
| Auditor name | Click here to enter text. |

Scale:

0 Unsatisfactory

1 Needs improvement

2 Good

Score each item out of two

Setting the scene and overview of supporting information

| | |
|---|-----------------|
| a) The appraiser sets the scene summarising the doctor's scope of work | Choose an item. |
| b) The evidence discussed during the appraisal is listed <i>(not all senior appraisers feel that this is necessary, so if not required score 2)</i> | Choose an item. |
| c) There is documentation of whether the supporting information covers the whole scope of work | Choose an item. |
| d) Specific evidence is summarised with a description of what it demonstrates | Choose an item. |
| e) Objective statements about the quality of the evidence are documented | Choose an item. |
| f) All statements made by the appraiser are supported by evidence | Choose an item. |
| g) Appraiser comments about evidence refer/fit in to the four GMC domains and associated attributes set out in the GMC guidance <i>Good medical practice framework for appraisal and revalidation</i> | Choose an item. |
| h) Reference is made to whether speciality specific guidance for appraisal has been followed e.g. college recommendations for CPD and quality improvement activity <i>(this is not a GMC requirement so if the senior appraiser does not feel that this is necessary, score 2)</i> | Choose an item. |
| i) Reference to completion of locally agreed required training (e.g. safeguarding training, basic life support training) is made <i>(please insert agreed requirements, score 2 if none agreed)</i> | Choose an item. |
| Comments: Click here to enter text. | |

Reflection and effective learning

| | |
|---|-----------------|
| a) There is documentation of evidence showing that reflection on learning has taken place or that the appraiser has discussed how the doctor should document their reflection | Choose an item. |
| b) There is documentation of evidence showing that learning has been shared with colleagues or that the appraiser has challenged the doctor to do so | Choose an item. |
| c) There is documentation of evidence showing that learning has improved patient care/practice or that the appraiser has explored how this might be taken further with the doctor | Choose an item. |
| Comments: Click here to enter text. | Choose an item. |

The PDP and developmental progress

| | |
|---|-----------------|
| a) There is positive recording of strengths, achievements and aspirations in the last year | Choose an item. |
| b) There is documentation of appropriate challenge in the discussion and PDP e.g. significant issues discussed and new suggestions made | Choose an item. |
| c) The completion (or not) of last year's PDP is recorded | Choose an item. |
| d) Reasons why any PDP learning needs that were not followed through are stated (if the PDP was completed then score 2) | Choose an item. |
| e) There are clear links between the summary of discussion and the agreed PDP | Choose an item. |
| f) The PDP has SMART objectives (specific, measurable, achievable, relevant, timely) | Choose an item. |
| g) The PDP covers the doctor's whole scope of work and personal learning needs and goals | Choose an item. |
| h) The PDP contains between 3-6 items | Choose an item. |
| Comments: Click here to enter text. | |

General standards and revalidation readiness

| | |
|--|-----------------|
| a) The documentation is typed and uploaded onto an electronic toolkit in clear and fluent English | Choose an item. |
| b) There is no evidence of appraiser bias or prejudice or information that could identify a patient/third party information | Choose an item. |
| c) The stage of the revalidation cycle is commented on | Choose an item. |
| d) There is documentation regarding revalidation readiness relating to supporting information (e.g. states that feedback and satisfactory QIA are already done). Any outstanding supporting information/other requirements for revalidation are commented on with a plan of action to address them | Choose an item. |
| e) Appraisal statements (including health and probity) have been signed off or if not, an explanation given (if signed off score 2) | Choose an item. |
| Comments: Click here to enter text. | |

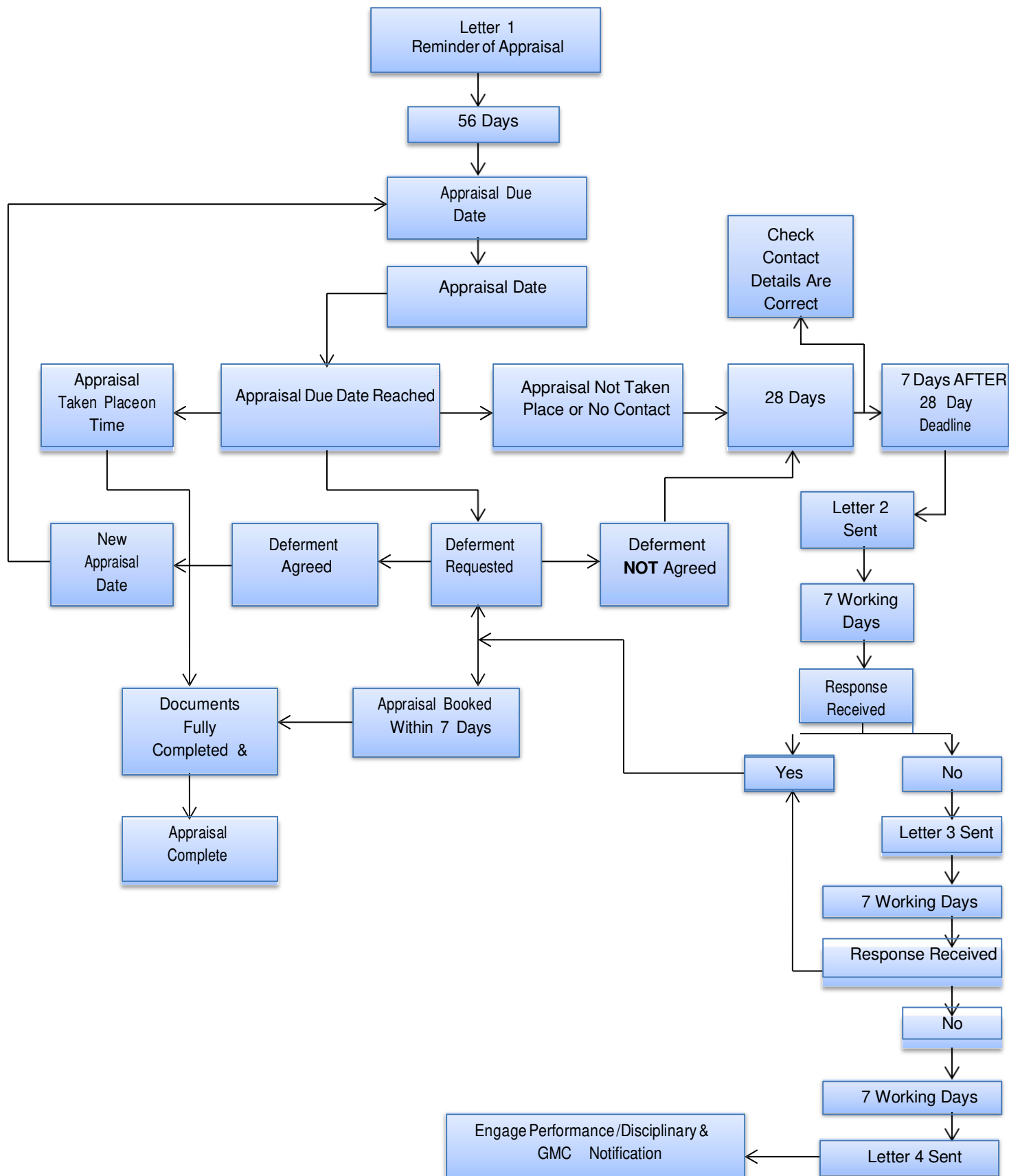
| | |
|--------------------------------|---------------------------|
| TOTAL SCORE (OUT OF 50) | Click here to enter text. |
|--------------------------------|---------------------------|

General comments from the auditor:

Click here to enter text.

Appendix 5:

Non Participation flowchart



Appendix 6:

Reminder letter 1 – sent 56 days before deadline for appraisal meeting

Medical Directorate
Unit 1, B1
50 Summer Hill Road
Birmingham B1 3RB

Tel: 0121 301 1016
Fax: 0121 301 1301

[Enter contact details here]

[Enter date here]

Dear Dr [enter name here]

REMINDER: Your [enter appraisal year here] appraisal

This is to remind you that you are due to have your appraisal at the latest by [enter date here]. For your appraisal to be considered complete, your appraisal is required to be fully signed off by [enter appraisal due date here] + 28 days.

If you do not think you need an appraisal this year please inform the appraisal and revalidation team of the reasons in writing at the above address or by e-mail to bsmhft.medicappraisals@nhs.net to avoid you receiving further reminder. You must inform us about the circumstances that mean that you do not need to undertake your appraisal.

If you have mitigating circumstances, please advise the appraisal and revalidation team so that we can consider invoking the formal process to postpone your appraisal. The enclosed document (Appendix 2: Appraisal deferment application form) will help you to decide how to proceed.

Should you have any queries, please do not hesitate to contact me.

Yours sincerely

[Enter name here]

Medical Directorate Manager

Enclosed

Appendix 2: Appraisal Deferment Form

Appendix 7:

Reminder Letter 2 - sent 28 +7 days after deadline for appraisal meeting

Medical Directorate
Unit 1, B1
50 Summer Hill Road
Birmingham B1 3RB

Tel: 0121 301 1016
Fax: 0121 301 1301

[Enter contact details here]

[Enter date here]

Dear Dr [enter name here]

Failure to participate in the Birmingham & Solihull Mental Health NHS Foundation Trust appraisal system

Our records indicate that you should have had your [Enter appraisal year here] appraisal by [Enter appraisal due date here]. To date we have not received confirmation that your appraisal has been undertaken.

Please can you inform me if your appraisal has been undertaken. If you have not had your appraisal please inform me of the reason for this by email to bsmhft.medicappraisals@nhs.net within the next 5 working days. I also attach details of the non-participation in the appraisal escalation process for your information (Appendix 5).

I have to inform you that participation in the appraisal system provided by Birmingham & Solihull Mental Health NHS Foundation Trust is a regulatory and/or contractual requirement for all doctors with a prescribed connection to Birmingham & Solihull Mental Health NHS Foundation Trust. Failure to participate without agreed postponement places you at risk of action being taken against you under the various provisions of the regulations and/or your contract.

Annual appraisal is viewed by NHS England as a valuable component of a doctor's professional development. Participation in annual appraisal is also a requirement to remain on the Medical Performers' List of NHS England. In addition, a satisfactory annual appraisal is now a GMC requirement for revalidation and non-participation places you at risk of the matter being referred to the GMC.

Yours sincerely

[Enter name here]

Medical Directorate Manager

cc: Responsible Officer

Appendix 8: Reminder letter 3 – sent 7 days after reminder letter 2

Medical Directorate
Unit 1, B1
50 Summer Hill Road
Birmingham B1 3RB

Tel: 0121 301 1016
Fax: 0121 301 1301

[Enter contact details here]

[Enter date here]

Dear Dr [enter name here]

Failure to participate in the Birmingham & Solihull Mental Health NHS Foundation Trust appraisal system

Further to the letter dated [enter date here] from [enter name here], Medical Directorate Manager (Non Clinical), I am writing to express my concern that you have failed to respond and participate in the annual appraisal process.

I would remind you that it is a GMC requirement that you participate in the appraisal system provided by Birmingham & Solihull Mental Health NHS Foundation Trust. You will also be aware that with the introduction of revalidation I will be required as your responsible officer to make a recommendation on your fitness to be relicensed. One of the questions I will be obliged to answer will be in relation to your participation with the appraisal process.

I therefore urge you to book your appraisal within 7 working days of the date of this letter and to make the necessary arrangements for your appraisal to be carried out as a matter of urgency. If there are any practical problems in arranging your appraisal please contact the Appraisal and Revalidation team without delay. I have requested the Appraisal and Revalidation team to advise me should you fail to do so.

If I do not receive confirmation from you that you are taking urgent steps to arrange your appraisal by [enter date here] I intend to refer your case to the Trusts Decision Making Group to consider formal regulatory and/or contractual action as appropriate. If I do not receive confirmation from you that you are taking urgent steps to arrange your appraisal, your failure to participate will also be recorded in the local revalidation system and I will begin discussions with the local GMC Employer Liaison Adviser about your non-participation with the appraisal system. As annual appraisal is a GMC requirement I have to inform you that you are at risk of a formal referral to the GMC in respect of your revalidation.

I look forward to being advised that you have taken the appropriate steps to remedy the situation.

Should you have any queries, please do not hesitate to contact me.

Yours sincerely

[Enter name here]

Responsible Officer and Executive Medical Director

Appendix 9:

Final reminder letter 4 – sent 7 days after reminder letter 3

Medical Directorate
Unit 1, B1
50 Summer Hill Road
Birmingham B1 3RB

Tel: 0121 301 1016
Fax: 0121 301 1301

[Enter contact details here]

[Enter date here]

Dear Dr [enter name here]

Failure to participate in the Birmingham & Solihull Mental Health NHS Foundation Trust appraisal system

Further to my letter dated [enter date here], a copy of which is attached for your information, I have been advised that you have still failed to comply with your regulatory requirement to engage in the annual appraisal system in accordance with the provisions of Regulation 9(7) of the NHS (Performers Lists) Regulations 2004 and/or the GMC Revalidation Regulations 2011.

I am therefore writing to advise you that my request for you to complete an appraisal is a reasonable management request and failure to comply with this may result in disciplinary action being taken.

In addition, your failure to participate will also be recorded in the local revalidation system. As annual appraisal is a GMC requirement, I have to inform you that I will now discuss your case with the local GMC Employer Liaison Adviser, and that you are at risk of a formal referral to the GMC in respect of your revalidation.

I urge you to make immediate contact with me so that this matter can be resolved.

Yours sincerely

[Enter name here]

Responsible Officer and Executive Medical Director

cc Local GMC Employer Liaison Advisor

Appendix 10:

Invitation to Medical Appraisal

Medical Directorate
Unit 1, B1
50 Summer Hill Road
Birmingham B1 3RB
Tel: 0121 301 1016
Fax: 0121 301 1301

[Enter contact details here]

[Enter date here]

Dear Dr [enter name here]

RE: Invitation to Medical Appraisal.

Thank you for contacting me to arrange your annual appraisal. I can confirm that the following arrangements have been agreed:

- **Date of appraisal meeting:** [enter date here]
- **Time:** [enter time here]
- **Location:** [enter location here]

In preparation for our meeting, it would be greatly appreciated if you can ensure that your information and required documentation is fully uploaded onto the electronic system and made available to me at the earliest opportunity and at least 14 working days prior to our meeting. This will then give me sufficient opportunity to review your portfolio in advance of our meeting.

The appraisal process should be fairly straight forward and all information should be completed on the Allocate platform. There is a checklist of items that you will want to consider which can be found in the appraisal policy document. In addition, reflections on practice are really important and should be written down and uploaded to the appraisal documents. Reflections on clinical practice, courses that you have attended and any significant events that have occurred should follow a similar format:

- A description of the event or situation you are reflecting on
- How you felt about that experience
- What you have learned
- What you will do differently in the future.

The link below to the Trusts Medical Appraisal policy, including appraisee checklist should support you in confirming what is required for this year's appraisal and to support you with your GMC revalidation.

<http://connect/corporate/governance/Policies/Forms/Human%20resources%20policies.aspx>

Should you have any queries, please do not hesitate to contact me.

Yours sincerely

[Enter name here]

Medical Appraiser

Appendix 11:**Remediation Guidance****Doctors Requiring Training and Support**

Further training may be considered as a means of resolving concerns about knowledge, skills or behaviours in several circumstances to focus on enabling revalidation. For example:

- Practitioners whose performance has been identified as a concern through formal processes. A need for further training might have been identified by organisational clinical governance procedures including investigation and ensuing competency or disciplinary action or there might have been regulatory, NCAS, deanery or royal college/faculty performance assessment or review.
- Practitioners for whom the appraisal process has identified very early signs of difficulties. Further training at this stage may enable the practitioner to stay within the appraisal system without triggering other clinical governance processes.
- Practitioners who have had a significant career/organisational break or other absence from practice. For example, this might have arisen through suspension/exclusion (with or without identified clinical deficiencies), a change in career path, ill-health/maternity/carers leave or other types of statutory leave, or a period working outside the NHS or outside the UK. Whether a break is 'significant' will be a matter for judgement, based on specialty, experience, job plan/content, confidence, health and work context. Absence from active practice for six months or more is a reasonable guide, consistent with current college, regulator and health department practice.

The Trust is committed to using the principles set out in the National Clinical and Advisory Service (NCAS) "Back on Track Framework" to support enabling further training to be provided for doctors in the above categories. A copy of this framework can be located via the following link <http://www.ncas.nhs.uk/publications/>

As part of its responsibility to provide safe, high quality services, the Trust actively encourages the reporting of concerns about staff members conduct and capability. Where such concerns are reported in relation to medical staff the Trust uses the National Maintaining High Professional Standards Framework. This provides an agreed range of responses to any concerns.

Staff are reminded that regulations require them to report any significant concerns they may have. A flowchart appended to the Trusts Disciplinary Policy set out in Appendix 1, page 27 the "Raising Concerns Flowchart" which outlines the procedure for addressing concerns.

Further support and guidance on staying on course through difficulty through early and effective action can be found on the below link from NHS Employers.

http://www.nhsemployers.org/-/media/Employers/Documents/Plan/Staying_on_course.pdf

If you have any questions or concerns please contact the Human Resource Department for further advice and support.

Appendix 12:

Appraisee Checklist

All areas below to be fully reviewed and evidenced prior to the appraisal meeting:

1. Full scope of practice has been included
2. Supervision / RMS/ reflection list
3. Reflection on own wellbeing
4. Positives and recognition of good work
5. Evidence of attendance at peer groups including feedback
6. Evidence provided of 2 x case based discussions
7. In date job plan in place for the role being undertaken
8. Section 12 approval up to date
9. Indemnity insurance in place to cover full scope of practice
10. Fundamental training traffic lights are up to date
11. Information related to SUI's included
12. Complaints and Fitness to Practice information included
13. Safeguarding issues
14. Examples included in relation to Trust values and behaviours
15. Awareness of when revalidation is due
16. In date 360 appraisal in place covering the current revalidation cycle (colleague and patient/alternative stakeholder)

Appendix 13:**Trust Appraiser Checklist**

The following to be confirmed as part of the appraisal meeting:

1. Full scope of appraisees practice included
2. Evidence of supervision / RMS/ reflection list
3. Reflection on the appraisees wellbeing
4. Positives and recognition of good work
5. Evidence of attendance at peer groups, including feedback
6. Evidence provided of 2 x case based discussions
7. Evidence of an in date job plan for the role being undertaken
8. Evidence of in date Section 12 approval
9. Indemnity insurance in place to cover full scope of practice
10. Fundamental training traffic lights are up to date
11. Information related to SUi's included
12. Reflections of complaints and fitness to practice concerns
13. Safeguarding issues
14. Examples included in relation to Trust values and behaviours
15. Revalidation due date has been discussed and documented
16. Evidence of an in date 360 appraisal in place covering the current revalidation cycle (Colleague and patient/alternative stakeholder) – if not then to agree when feedback will be undertaken. All 360 feedback undertaken since the last appraisal must be discussed.