



Please Note: This policy is currently under review and is still fit for purpose.

Appraisal Policy for Medical Staff of DBHFT as Designated Body

This is a new procedural document and supersedes any previous Trust documents relating to this subject.



Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Author/reviewer: (this version)	Dr R W Harris – Deputy Medical Director
Date written/revised:	September 2015
Agreed with:	Agreed with Local Negotiating Committee
Approved by:	Policy Approval and Compliance Group
Date approved:	18 May 2016
Date Issued	1 June 2016
Next review date:	April 2018 – extended to December 2019
Target audience:	All medical staff other than Deanery-based trainees and locum agency staff

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 1	1 June 2016	<ul style="list-style-type: none">This is a new procedural document and supersedes any previous Trust documents relating to this subject, please read in full.	Richard Harris

Contents

Section		Page No.
1	Introduction	4
2	Purpose	4
3	Duties and Responsibilities	5
4	Procedure	5
	4.1 Confidentiality and access to appraisal information	5
	4.2 The Appraisal	6
	4.3 Information needed for Appraisal	6
	4.4 Feedback from colleagues & feedback from patients	8
	4.5 Appraisal Timetable	9
	4.6 Appraisal discussion	10
	4.7 Output following Appraisal	11
	4.8 When should an appraisal meeting be adjourned?	11
	4.9 Documentation problems, disagreements and complaints arising from the appraisal process	12
	4.10 Unsatisfactory and missed appraisals	12
	4.11 Feedback from appraisee about the appraisal and/or the quality assurance process	13
	4.12 Deferment of an annual appraisal	13
	4.13 Link to Revalidation	14
	4.14 Certificate of Completion of Appraisal	14
5	Training/Support	14
6	Monitoring Compliance with the Procedural Document	14
7	Definitions	15
8	Equality Impact Assessment	15
9	Associated Trust Procedural Documents	15
10	References	15
Appendices		
Appendix 1	Process for Missed Appraisals	16
Appendix 2	Appraisal Date	17
Appendix 3	Equality Impact Assessment Part 1 Initial Screening	18
Table of Duties and Responsibilities		19-22

1. INTRODUCTION

Revalidation, a process put in place by the General Medical Council (GMC), started in December 2012. It is the process by which all doctors will confirm to the GMC that they are up to date and fit to practice. Appraisal will form the basis of non-training grade doctors being revalidated over a five year cycle.

This policy is based on guidance from the GMC. The process and rigour of appraisal is changing and as such until we conclude a full cycle of revalidation for all doctors, it will be a process of transition. We will strive to implement the new systems as they are announced and to update this document to reflect appropriate GMC guidance. As this process evolves, the GMC will provide up to date information on their website (www.gmc-uk.org). In case of any variation between this document and the guidance from GMC the guidance from GMC is likely to supersede this document.

Trainees will also need to go through revalidation but this will be run by the Deaneries; the Trust will be involved in providing much of the data that will be needed.

This document sets out an overview of how appraisal will work; additional documents (or amendments / appendices to this document) will describe many of the components in more detail.

2. PURPOSE

The appraisal policy will cover the following areas:

- Appointment / training of appraisers (and who should be appraisers)
- Training of appraisees
- Documentation / information that must be available for the appraisal
- When appraisals should occur
- Feedback from colleagues and patients
- Details of the actual appraisal, using GMC's Good Medical Practice Framework for Appraisal
- Feedback from appraisee about the appraisal
- Information to be sent to the Responsible Officer to allow revalidation to go ahead
- How to cope with 'failed' appraisals or other problems (e.g. missed appraisals)

Much of the national documentation refers to Designated Bodies (DB) and Responsible Officers (RO). DBs are the organisations which employ, or have responsibility for, medical practitioners (as defined in *The Medical Profession (Responsible Officers) Regulations 2010 – this document is on the Revalidation SharePoint Document Store*). The RO is a statutory role who will make recommendations to the GMC about revalidation. It should be noted that the RO can only recommend that a doctor is revalidated by the GMC or ask for a delay in the process so that additional data can be collected. The only other option is to inform the GMC that the doctor is 'failing to engage' in the process of appraisal and revalidation.

In our case, the DB is Doncaster and Bassetlaw Hospitals NHS FT; the Trust Board have appointed the Medical Director as the RO (the RO does not have to be the Medical Director but usually is).

A Deputy Medical Director has been appointed to oversee the processes around revalidation and appraisals.

3. DUTIES AND RESPONSIBILITIES

A table of responsibilities is included [here](#).

4. PROCEDURE

The procedure is highlighted in sections 4.1 to 4.14.

4.1 Confidentiality and Access to Appraisal Information

Appraisal is a confidential process between the appraiser and the appraisee. There is, however, an explicit link between successful participation in, and outcome of, annual appraisal and GMC re-licensure through revalidation. There are times when it will be necessary for others to view appraisal documentation, including:-

1. Providing an accurate record for those involved (appraiser and appraisee).
2. Quality assurance of appraisers, which may include 'sampling' of appraisal documentation.
3. Addressing concerns highlighted in the appraisal interview.
4. Capacity to highlight Continuing Professional Development (CPD) themes that might need to be addressed by the Trust as a whole.

Appraisal documentation will be held in electronic format by the Appraisal Co-ordinator in personal secure electronic folders in line with The Trust's Information Governance Policy. The appraisal interview should not take place without the previous year's documentation being available to the appraiser prior to the meeting. If this is not provided by the appraisee it will be automatically emailed to the appraiser on request by the appraisal co-ordinator. Consent for this to be done is implicit in participation in appraisal. A summary of the purposes for which appraisal documentation is used, and details of personnel allowed access to the documentation is set out below.

Reason	Who can access	Comments
Corporate accountability for patient safety	Chief Executive; Medical Director, Responsible Officer	Have access to all appraisal records & Personal Development Plans (PDPs)
Care Group level	Care Group Director	Quality assurance (QA) for the service they are responsible to.

Typing & filing of completed appraisal documents	Appraiser; Secretarial staff nominated by appraiser.	Held in personal secure Electronic folder
Quality assurance of Appraisal process	Documentation available for random sampling under agreed 'sampling process' for QA purposes	QA process overseen by Medical Director/Deputy Medical Director/Responsible Officer/ appraisal lead
Investigation of complaints about appraisal process	Medical Director/DMD	
Review of performance against previous PDP; mapping of appraisee's progress towards revalidation.	Appraiser	Previous year's documentation.

4.2 The Appraisal

The appraisal process will be conducted in a consistent, fair and rigorous manner (so called 'enhanced appraisal' or 'Revalidation Ready Appraisal'). Appraisal is based on a discussion about the appraisee's professional, educational and personal development, including behaviours. It has the dual aim of ensuring high quality patient care and assisting the individual to achieve his or her full professional potential. Annual appraisal of medical staff is a professional responsibility and a statutory requirement contributing to medical revalidation. Appraisal and job planning are separate processes, although the outputs from each may inform the other. Personal development plans from the appraisal must feed into job planning. There may be other information which is agreed by appraiser and appraisee that informs job planning. The identification and management of serious concerns about individual doctors remains the function of clinical governance processes outside of appraisal. Any concerns should be dealt with at the earliest opportunity. Appraisal will be undertaken annually, based on a doctor's whole practice and conducted by a trained appraiser.

4.3 Information needed for appraisal

A document from the GMC sets out in some detail the type of information needed to support appraisal (*Supporting information for appraisal and revalidation*, GMC March 2011)

The nature of the supporting information will reflect an individual's practice and any other professional roles. The GMC guidance provides examples of each type of supporting information. All doctors are expected to provide the following six types of supporting information at appraisal, for the whole of their practice, over the course of their revalidation cycle.

- (1) Continuing professional development (CPD)
- (2) Quality improvement activity
- (3) Significant Incidents/Never Events
- (4) Feedback from colleagues

- (5) Feedback from patients
- (6) Review of complaints and compliments.

CPD and a review of complaints will need to be provided at every appraisal, whilst the other types of information will be required less frequently. Employers have a responsibility to ensure that their governance systems can generate accurate and timely outcomes data for doctors to include in their supporting information.

In addition, doctors will be expected to provide the following information at each appraisal.

- (1) Record of annual appraisals
- (2) Statements on their acceptance of the obligations outlined in *Good Medical Practice* in relation to probity and health
- (3) Declaration to demonstrate personal accountability for the supporting information and commentary presented.

Information on areas such as Continuing Professional Development will be the doctor's responsibility; information on performance and quality data, complaints, critical incidents and sickness statistics etc is a joint responsibility of the Trust and the doctor. It is envisaged that data on care quality and performance will be provided to facilitate appraisal. Currently, due to system limitations non-consultants will not be able to have individualised data and the consultant data will include patients seen by non-consultants and trainees. Where appropriate, non-consultants will be given data for the team / consultant with whom they work.

Where a small group of clinicians work as a team and the clinical data is based on the whole team, this will be accepted for revalidation purposes. It will not be necessary to try to break this down into individual data. A good example is the Critical Care audit and quality data produced by the Intensive Care National Audit and Research Centre (ICNARC).

It is very important that everyone understands that each doctor will only have one appraisal each year – so that it **MUST** cover every aspect of the clinicians work.

Where an appraisee carries out private practice, supporting information from that work should be provided to allow for a full appraisal of clinical practice. If no evidence is provided then a clear statement must be made that clinical practice from non-NHS work has not been appraised. It is expected however, that strengthened medical appraisal for the purposes of revalidation will be based on whole practice appraisal. Absence of supporting information from other practice settings may therefore risk the satisfactory completion of annual appraisal when revalidation is implemented.

If the clinician has a significant workload with the University, it might be appropriate for two appraisers to be present – one NHS, one University. **Evidence must be provided about every aspect of the work undertaken.**

4.4 Feedback from colleagues and feedback from patients

Appraisees are expected to obtain feedback from colleagues and, where appropriate, patients at least once in a revalidation cycle. The Trust is encouraging doctors to undertake colleague feedback every two years. If significant concerns are raised by this process, **an appraiser/RO can request the exercise to be repeated within the same cycle.** For those who only wish to do one 360 in 5 years this must be done for their second to last appraisal before their revalidation date rather than at the start of the cycle. This will ensure the result is reasonably current but also allow it to be repeated if it highlights issues.

The GMC allows a DB to use its own system of questionnaire to obtain feedback from colleagues and feedback from patients. This system must adhere to GMC Guidance of (1) All the information and responses will be held in line with the Data protection act 1998, (2) Doctors will not see any individual response from colleagues or patients, (3) feedback to the doctor will be based on answers from everyone taking part; (4) no respondent will be identified in any way. We will be using a simple e-mail / IT / web based system.

Appraisees will be asked to nominate a minimum of 15 colleagues to take part in completing feedback questionnaire. We will be following GMC guidance which suggests including:

- A good cross section of colleagues, including medical, nursing, managerial and admin staff. The appraiser must review this list and question those persons chosen as may the Revalidation Co-ordinator / DMD if it is felt the list is not 'wide enough'.
- When selecting medical colleagues we suggest choosing:
 - (1) at least one colleagues from your speciality
 - (2) at least one colleague to whom you regularly refer patients where appropriate
 - (3) at least one colleague with whom you regularly discuss patients or who refers patients to you
 - (4) for surgical specialities, at least one anaesthetist with whom you frequently work
 - (5) for anaesthetists, at least one surgical specialist with whom you frequently work
 - (6) your line manager (for example your named consultant, lead clinician or your clinical director). If there are situations of conflict with your line manager such as job plan mediation or appeal or any other issues and you feel you are not able to include them in the list of colleagues for feedback, please indicate this in your appraisal (this will not make the exercise invalid).
 - (7) the ward manager and a nurse/s from the wards you most frequently work in
 - (8) a staff nurse from out patients department
 - (9) for clinicians undertaking procedures, at least one theatre nurse with whom you frequently work.
- When selecting non-medical colleagues, you might consider:
 - (1) a pharmacist
 - (2) administrative staff such as reception or secretarial staff working within you team
 - (3) other health professionals with whom you work such as physiotherapist, occupational therapist, community nurses or laboratory technical staff.

- Someone from each hospital in which the appraisee works (including the private sector if appropriate).
- Someone from other areas in which the appraisee works if it is related to their medical practice (e.g. medico-legal work) – unless some other form of feedback is obtained, such as a statement from a senior member of staff.
- The doctor will also complete a self-assessment questionnaire.
- The Care Group Director is always informed that an appraisal is due, and has the opportunity to input into the appraisal process if they wish – this will **not** be in an anonymous fashion.

Another essential requirement of the GMC is some form of **feedback from patients and relatives** where this is appropriate (i.e. nearly all medical groups). We have developed questionnaires based on the original GMC one; this should be applicable to all specialties. We are developing a system, with the audit department, in which this will be used in outpatients (for most doctors), day-surgical lists / Theatre Admissions Unit (TAU) (anaesthetists), and on some wards (for those groups of doctors who work only on wards). The doctor involved will be told that the survey is going to take place but **must not** be involved. The result will be fed back as part of the appraisal.

An independent person (**not the appraisee**) will collate the response of patient feedback and provide a report (feedback summary) to the appraisee.

We will send the feedback summary to both the appraiser and appraisee shortly before the appraisal. We will ensure that the appraisee knows how to contact the appraiser before the appraisal should there be something in the summary they find upsetting.

Appraisee and appraiser will have access to training on how to understand feedback summaries.

4.5 Appraisal Timetable

Every doctor in the Trust has an annual appraisal date which does not change (other than a few exceptional circumstances). This is usually based on the doctor's appointment date but may have been changed initially to help the doctor or the Trust.

Eight weeks before – Appraiser coordinator will (1) notify appraisee (2) will start the process to collate evidence that the Trust is supplying, (3) will start the process of getting colleague or patient feedback if needed. Appraisee will contact the appraiser and agree time and place for the appraisal **and inform the Appraisal co-ordinator**. Appraisee will start preparing supporting evidence and completing the appraisal form.

Two weeks before – Appraisee receives report from the coordinator on feedback from colleagues and / or feedback from patient. Appraisee completes documentation and 'attaches' it to the Appraisal Database. S/he informs the appraiser that it is ready to be reviewed. This gives time for the appraiser to request for changes or additions if needed. We have developed a pro-forma to help both the appraisee and appraiser to ensure that the MAG appraisal document is correctly completed and that the correct information has been supplied.

Appraisal – Discuss supporting evidence and agree development needs.

Within 2 weeks – if the process is not completed at the appraisal, then a second brief meeting may be needed for the form to be finally agreed. This may be to review missing evidence etc. However, if the pro-forma has been used this should be very unusual, with missing evidence corrected before the appraisal takes place.

As soon as the appraisal is completed both the appraiser and appraisee MUST use the Appraisal Database to confirm the completion. This should be done at the time of the appraisal – but e-mail reminders will be sent out to both until the process is completed. This is necessary so that the Trust can report statistics about appraisal in the form required by NHS England.

If at the end of the appraisal process a satisfactory outcome cannot be agreed, the DMD must be informed.

We have decided to use the Revalidation Support Team’s electronic form (MAG – Model Appraisal Guide); this is a .pdf file that can have evidence uploaded to it.

A web-based appraisal / revalidation tool has been developed ‘in house’. This will be used to track appraisals, doctors approaching revalidation, initiating the colleague and patient feedback process, the number of appraisals each appraiser has done etc. Appraisees will ‘upload’ their appraisal document to it which can then be viewed by the appraiser.

There is a time commitment to complete an appraisal. A few hours, spread over the year, keeping records up to date. The appraisal itself will take between one and two hours. There then may be another hour or so writing up the appraisal, and logging the fact that it has been done.

4.6 Appraisal Discussion

The appraisal will provide an opportunity for the doctor to discuss and reflect on the supporting evidence, and suggest ways in which learning could be incorporated into future practice. The doctor should review their PDP and consider whether all of the objectives have been met. In some cases, these objectives may take some time to complete and this should be noted in the PDP. The appraisal portfolio should include the personal development plan and summaries of appraisal discussion for each year in the current revalidation cycle. The doctor should reflect on achievements, challenges and aspirations and consider their progress and identify further opportunities to develop to ensure that the appraisal is a useful, formative process.

It is the role of the appraiser to facilitate this discussion, support and constructively challenge the doctor. The content of this discussion is confidential, although the appraiser has a professional responsibility to discontinue the appraisal and refer the matter for further action should information come to light in the appraisal discussion which raises concerns about patient safety. This discussion, along with an assessment of the supporting information, should allow the appraiser to make a judgement as to whether the doctor continues to practice in accordance with the professional behaviours outlined in *Good Medical Practice*.

4.7 Output following Appraisal

The output from the appraisal should include a new PDP. The PDP is an itemised list of personal objectives for the coming year, with an indication of the period of time in which items should be completed. A summary of the appraisal should also be agreed. This should cover, as a minimum, a report on each part of the supporting information and the doctor's accompanying commentary. This should include the quality of and extent to which the supporting information relates to the doctor's scope of work, explanations as to how any deficiencies have occurred, and recommendations on how, if appropriate, the doctor should develop an approach to their supporting information and commentary the following year.

The appraiser is expected to provide a series of statements, agreed with the appraisee, to help inform the ROs decision on whether to recommend to the GMC that a doctor should revalidate. These statements should confirm that:

1. An appraisal has taken place that reflects the whole of a doctor's scope of work and addresses the principles and values set out in *Good Medical Practice*.
2. 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.
3. A review that demonstrates appropriate progress against last year's personal development plan has taken place.
4. An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year.
5. 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, they should discuss this with the RO – it does not necessarily mean that revalidation cannot take place. There may be a number of reasons for this, such as a doctor being unable to complete their PDP due to a period of sickness for example.

4.8 When should an appraisal meeting be adjourned?

The identification and management of serious concerns about individual doctors remains the function of clinical governance processes outside of appraisal. Any concerns should be dealt with at the earliest opportunity.

However, it may become apparent during the appraisal process that there is a potentially serious performance, health or conduct issue (not previously identified) that requires further discussion or investigation. In this case the appraisal meeting must be stopped by the appraiser and they must refer the matter immediately to the Medical Director to take appropriate action.

4.9 Documentation problems, disagreements and complaints arising from the appraisal process

Where there is disagreement on the wording of the appraisal documentation or PDP, which cannot be resolved between appraiser and appraisee, then the appraiser should record this and seek advice from the DMD/RO. They will then consult the appraiser, the appraisee and any other individual appropriate (e.g. previous appraiser) before reaching a decision on the most appropriate way forward.

Where the appraisee continues to disagree with the content of the appraisal, and/or the process that has been followed, and/or satisfactory completion of appraisal documentation such that satisfactory completion of appraisal cannot be confirmed, then s/he will be advised of his/her right to raise their concern formally in accordance with the Trust's Grievance Procedure.

The guidance on Responsible Officer reference advises on issues of conflict of interest with RO.

4.10 Unsatisfactory and missed appraisals

The Revalidation Support Officer (RSO) will keep track of appraisals and alert the DMD where there are significant delays in one occurring. Hopefully this will usually be simply down to difficulties in finding suitable time for the appraisal to take place. However, if following an investigation deliberate non-engagement is proven then that doctor will not be eligible for pay progression and for application to Clinical Excellence Awards (CEA). In addition the RO may have to report the doctor to the GMC.

An appraisal can be unsatisfactory if any part of the essential documentation is not identified in a portfolio (unless the appraisee can offer a satisfactory explanation).

The appraiser must bring this to the attention of the appraisee prior to the appraisal meeting. This should provide an opportunity for the appraisee to produce the relevant piece of information. If delay is anticipated in obtaining the missing information, the appraisal meeting may be delayed at the discretion of the appraiser. If the information is still not forthcoming, or if there is no justifiable reason for the unavailability of the information, then the appraisal meeting should not go ahead and the DMD should be informed.

An unsatisfactory outcome of appraisal may also arise from:-

- Failure to address issues that have been previously raised about clinical performance or personal behaviour
- The appraiser's judgement that there is inadequate evidence in any section of the appraisal toolkit
- Failure to complete the previous year's PDP without adequate explanation.

Part of the developmental approach to appraisal should be in supporting the appraisee in improving the quality of evidence year on year in the appraisal portfolio. It is only when there has been a clear failure to respond to actions outlined in previous appraisal discussions that the

appraisal could be considered as being unsatisfactory. If the issues cannot be resolved with the appraisee then the matter should be referred to the DMD

4.11 Feedback from appraisee and appraiser about the appraisal / Quality assurance process

There will be a simple feedback form for the appraisee that will be completed after each appraisal. This will be used by the DMD to assess the appraisal process and be used as part of the assessment of the appraisers.

There will also be a short questionnaire for the appraiser to highlight elements of the appraisal – this will help the next appraiser.

4.12 Deferment of an annual appraisal

We expect all appraisees will undergo an appraisal annually. There are, however, exceptional circumstances when an appraisee may request that an appraisal be deferred such that no appraisal takes place during one appraisal year or that it is significantly late.

Instances when an appraisee may request a deferment, for example (1) Breaks in clinical practice due to sickness or maternity. (2) Breaks in clinical practice due to absence abroad or sabbaticals.

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. An appraisal, however, can often be useful when timed to coincide with a doctor's re-induction to clinical work to help plan their re-entry.

Appraisers will use their discretion when deciding the minimum evidence acceptable for these exceptional appraisals.

As a general rule it is advised that doctors having a career break (1) In excess of 6 months should try to be appraised within 6 months of returning to work. (2) Less than 6 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 are likely to have to produce the required total amount of CPD credits stipulated for the five year revalidation cycle, even if they have had some periods of leave during these five years.

Appraisees who think they may need to defer their appraisal should discuss their deferment with their current appraiser in the first instance. The DMD should be informed of the outcome of this discussion.

4.13 Links to Revalidation

We have developed systems to track appraisals, colleague and patient feedback. This will inform the RO of who is due revalidation in the current year and how they are progressing with the appraisals. The RO will also have access to the appraisal documents.

There will also be systems for an external RO to do the revalidation in cases of 'conflict of interest'.

There are 3 things that the RO can do. Firstly, recommend to the GMC that the doctor is fit to be revalidated. Secondly, defer making a decision for up to a year. This will usually be where a positive recommendation is expected but something is missing from the 'revalidation ready' appraisals. Once this item is completed satisfactorily, the recommendation can be made. Exceptionally, deferment can be made for a second year.

The third action that an RO can make is to inform the GMC that a doctor is failing to engage with the processes around appraisal. This will lead to an investigation by the GMC.

Assuming the RO recommends revalidation, the GMC state they will inform the doctor within a week. The next revalidation date will be in 5 years from this date.

4.14 Certificate of completion of appraisal

Although a certificate will not normally be issued, when a doctor needs to provide evidence to an outside organisation they may request one from the appraisal co-ordinator.

5. TRAINING/ SUPPORT

The DBHFT will provide training to appraisers and appraisees, in line with the Trust Essential to Role Training Needs Analysis.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Progress towards Revalidation	Medical Director	A review of 'successful' appraisals on an annual basis.	Intervention by MD to resolve problems with results of appraisals, or where a doctor is not engaging with the process *
Numbers of appraisals and recommendations for Revalidation	Medical Director	Ongoing	Reported to Trust Board

* A separate policy will be developed to address remediation following issues identified in appraisal.

7. DEFINITIONS/ABBREVIATIONS

DB	Designated Bodies (for this document it is DBHFT)
DBHFT	Doncaster & Bassetlaw Hospitals NHS Foundation Trust
DMD	Deputy Medical Director responsible for Appraisal and Revalidation
RO	Responsible Officers
RSO	Revalidation Support Officer
CPD	Continuing Professional Development
PDP	Professional Development Plan

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 3)

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Conduct, Capability, Ill Health & Appeals Policies & Procedures for Practitioners - CORP/EMP 13
 Statutory and Essential Training (SET) Policy - CORP/EMP 29
 Grievance and Dispute Procedure - CORP/EMP 3
 Fair Treatment for All - CORP/EMP 4
 Career Break Policy - CORP/EMP 45
 Parental Leave Policy - CORP/EMP 15
 Appraisal Policy - CORP/EMP 32

10. REFERENCES

All reference material is available on the Revalidation SharePoint site and on websites of relevant organisations:

<http://www.gmc-uk.org/doctors/revalidation.asp>

<http://www.revalidationsupport.co.uk/>

http://www.legislation.gov.uk/ukxi/2010/2841/pdfs/ukxi_20102841_en.pdf

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_119418.pdf

APPENDIX 1 – PROCESS FOR MISSED APPRAISALS

When an appraisal is triggered, the appraisee is given 2 months' notice of their appraisal. In fact they have much more than this, as appraisal dates are now fixed – the triggering should only be a reminder that their appraisal date is due. The revalidation system alerts the Revalidation Support Officer (RSO) that an appraisal is due; the RSO selects an appraiser and triggers the appraisal.

The system then provides a series of alerts / prompts to the RSO so that progress towards the appraisal can be tracked. We expect the appraisee to do the following:

- Tell the RSO that they are happy with the appraiser (or exceptionally request someone else)
- Contact their appraiser and agree a date – and then tell the RSO what this is
- Provide complete documentation for the appraisal at least a week before the appraisal date

After the appraisal has taken place we expect the appraiser to tell the RSO that it was completed satisfactorily (or exceptionally that there was a problem which needs dealing with).

The alerts allow the RSO to send out reminders if these steps are not followed. These are sent out as emails and letters – initially to the appraisee only but if the delay becomes greater than 3 weeks, the reminders are copied to the appraiser and also the Care Group Director. This is aimed at encouraging the appraisal to take place before more serious reminders are needed.

If these efforts still do not work the DMD will personally speak to the appraisee to find out what the problem is. In practice this usually sets the appraisal process running.

If after a further 2 weeks and a final warning letter there is still no response, the DMD will send a 'REV6' form to the GMC alerting them to a 'lack of engagement' in the appraisal process by the appraisee. This results in a letter to the appraisee from the GMC warning them of the consequences if they do not start to 'engage'. The GMC then follow this up with the DMD in about 2 months' time, asking if there has been any progress.

If there has still not been any real progress towards getting appraised, a second letter is sent to the appraisee by the GMC – and more importantly, their revalidation date is brought forward to 3 months' time.

The final step is a meeting between the appraisee and the RO / Medical Director, after further consultation with the GMC. The appraisee will be given 4 weeks' notice that their licence to practice will be withdrawn by the GMC unless urgent action is taken towards a completed appraisal. This will also mean that they cannot be employed by the Trust.

APPENDIX 2 – APPRAISAL DATE

Initially we used the doctor's appointment date as their appraisal due date. This was designed to spread the appraisal workload over the course of a year. Inevitably there were considerable delays with some appraisees getting to grips with the concept of appraisal. Where these delays had been significant we allowed some discretion with the date of their second appraisal.

Everyone has now been informed through emails and newsletters that their appraisal date is fixed, as we are well into the second year of the new system. If there are delays with an appraisal then no allowance is made for this; the next appraisal will still be on their annual appraisal date even if this is only 10 months after the previous appraisal.

The only exceptions to this will be if illness, or sabbatical, or maternity leave (or similar) are the cause of the delay. An adjustment will then be made to the annual appraisal date.

APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Policy	Care Group/Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Appraisal Policy for Medical Staff of DBHFT as Designated Body – CORP/EMP 38 v.1	Medical Director	Richard Harris	New Policy	April 2016
1. Who is responsible for this policy? Medical Director				
2. Describe the purpose of the policy? Process/guidance on the appraisal process for medical staff.				
3. Are there any associated objectives? Provide consistent approach to implementation and application of medical appraisals across the Trust				
4. What factors contribute or detract from achieving intended outcomes? Staff may be unaware of their roles & responsibilities				
5. Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact N/A 				
6. Is there any scope for new measures which would promote equality? No				
7. Are any of the following groups adversely affected by the policy?				
a. Protected Characteristics	Affected?	Impact		
b. Age	No			
c. Disability	No			
d. Gender	No			
e. Gender Reassignment	No			
f. Marriage/Civil Partnership	No			
g. Maternity/Pregnancy	No			
h. Race	No			
i. Religion/Belief	No			
j. Sexual Orientation	No			
8. Provide the Equality Rating of the service/ function/policy /project / strategy				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
9. Date for next review: April 2018				
Checked by: Richard Harris		Date: April 2016		

Duties and Responsibilities:

Chief Executive	The CEO Is accountable to The Trust Board for ensuring the resources and systems are in place for robust medical appraisal. S/he is accountable for ensuring that appraisal and clinical governance systems are integrated and co-ordinated at both strategic and operational level. The Chief Executive will ensure that indemnity is provided for all appraisers
Medical Director / Deputy Medical Director (MD, DMD)	The MD Is accountable to the Chief Executive and The Trust board for implementing and managing the appraisal process including appraisal outcomes. The Medical Director (or his/her deputy) will be responsible for a system to receive, review, act upon appropriately and securely store all appraisal documentation. S/he will also be responsible for preparing an annual report on appraisal for the Clinical Governance Committee and the Board of Directors and for any actions arising from this. S/he will ensure that appraisers are properly recruited, trained and regularly assessed to carry out their role. S/he will ensure that all necessary administrative and managerial systems are in place to manage the appraisal system effectively. S/he will have overall responsibility for appointing appraisers. In conjunction with the Care Group Directors / lead clinicians / general manager / Care Group Governance Lead, s/he will support the provision of data collection, complaints, Serious Incidents and other essential organisational information to enable the appraisee to provide appropriate evidence for appraisal. S/he will also be responsible for making decisions on appraiser allocation where there is perceived or actual conflict of interest between an appraisee and an appraiser
Responsible Officer (RO, in this case the MD)	<p>The RO is accountable, to both the GMC and employing organisation, for ensuring that the systems for appraisal, clinical governance and for gathering and retaining other local relevant supporting information are in place and are effective. These systems need to generate accurate and timely outcomes data for doctors to include in their support evidence. The responsible officer has a statutory duty to co-operate with the GMC while those in England also have a broader set of responsibilities relating to the monitoring of conduct and performance of doctors who give rise to concern, but do not require referral to the GMC. More information can be found at</p> <p>http://www.legislation.gov.uk/uksi/2010/2841/pdfs/uksi_20102841_en.pdf</p> <p>http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_119418.pdf</p>

<p>Appraisee</p>	<p>All GMC registered doctors with licence to practice will have to revalidate usually every five years by having regular appraisals based on GMC core guidance for doctors “Good Medical Practice”. It is a statutory requirement to have an annual appraisal. All licensed doctors should have a connection with one organisation that will provide them with a regular appraisal and help them with revalidation. This organisation is the ‘Designated Body’. A doctor’s connection with this organisation ensures (1) support with appraisal and revalidation (2) an environment that monitors and improves the quality of its services, regardless of how or where you practise in the UK.</p> <p>It will be the RO of this DB that will make a recommendation to the GMC that its doctors are up to date, fit to practise and should be revalidated. There is a clear set of rules that determines which organisation is each doctors designated body. For most doctors, this is quite straightforward. Detailed information on how to decide on which DB relates to which doctors is available on the GMC website. Before revalidation started in December 2012 the GMC needed to know every licensed doctor’s designated body. This is displayed in each doctor’s online GMC account.</p> <p>It is the responsibility of each doctor to make sure they are connected with a DB. It is most likely that those Doctors directly employed by the DB are connected with that DB and the responsibility of the RO. For example, this will include those on non-permanent contracts if they are non-training posts (e.g. Trust SHOs) and some locums. Agencies are usually DBs and will have their own RO; these will have responsibility for doctors who work solely as agency locums. Locums (or rather fixed term appointee doctors) are more complex; currently the GMC expect Trusts to assume the DB/RO role for these doctors even if on very short term contracts.</p> <p>The appraisee is responsible for collating and preparing supporting information for the appraisal meeting. The portfolio must show evidence of appropriate personal reflection by the appraisee. This portfolio should include supporting information provided by an appraisee reflecting the full breadth of his/her professional practice – including direct clinical care, other activities such as clinical audit, management and advisory roles across all healthcare organisations. The appraisee is responsible for submitting their portfolio/electronic access to their appraiser in a timely manner and will be expected to take part in the appraisal quality assurance process set up by DBHFT.</p>
<p>Appraisers</p>	<p>The appraiser is responsible for evaluating each doctor’s portfolio of supporting evidence and helping to inform the RO’s recommendation to the GMC on an individual’s fitness to practice. Eventually DBHFT plan to interview and formally appoint all appraisers, using a standard job description though this will not be possible initially. This will include how long the appointment is for and the minimum number of appraisals per year that need to be undertaken (a minimum of 5 and a maximum of 10).</p>

	<p>Normally appraisers will be medically qualified.</p> <ul style="list-style-type: none"> • Appraisers will receive formal training. • Appraisers will receive annual feedback and review of their performance using a quality assurance process • The quality assurance process will have an input from appraisees and will involve review of sample of documentations by RO, MD, Deputy MD. • We have about 60 appraisers from consultant and SAS doctors who will do a minimum of five appraisals per year. • As far as possible, the appraiser coordinator will select an appraiser from the same or similar speciality as the appraisee. If there are good reasons, the appraisee can request a different appraiser than the one allocated initially. • In order to ensure a minimum of 5 appraisals per appraiser we will need to do some 'out of specialty appraisals'; this will be with agreement of both parties. • The co-ordinator will need to make sure there is some consistency with the appraiser for each appraisee but also that at least 2 are used for each 5 year cycle. • To ensure independence Care Group Directors and Associate Care Group Directors will not be acting as appraisers in DBHFT • The Director of Medical Education, College Tutors, Deputy / Associate Medical Directors and Clinical Governance leads can act as appraisers. • From the date this policy is approved or as a result of 2015 job plan review, appraisers will receive an appropriate allocation of SPA time or other form of reimbursement to conduct appraisals • In order to raise appraisal standards, appraisers must undergo training on an on-going basis: <ul style="list-style-type: none"> ○ They should attend the annual update day (at least 2 every three years) ○ They must attend the 1 to 1 with the DMD or Lead Appraiser ○ They must attend the 2 update sessions held annually (several dates will be given for each session) • Failure to engage in on-going training, consistently poor feedback from appraisees or poor scores from the MAG form assessments will lead to the appraiser being asked to step down from this role.
Lead Appraiser	<p>The Trust has appointed a Lead Appraiser. Their role will be to support appraisers in improving the quality of appraisals, assisting with the quality assurance of appraisals / appraisers, helping with Revalidation recommendations, and helping with the annual 1:1s and appraiser update days.</p>

Appraiser Coordinator	<p>The Appraisal Co-ordinator is key to the successful running of the appraisal system. Using the Appraisal Database (jointly developed with the DMD and IT) s/he will trigger appraisals as appropriate, set up 360 and patient feedback when needed, and liaise with Legal / Complaints Department.</p> <ul style="list-style-type: none">• S/he will also be providing quality and performance data to clinicians when appropriate.• Along with the DMD, s/he will be arranging on-going training for appraisers and appraisees. S/he will be involved with the feedback for appraisers and in preparing the annual report for the Board.• S/he will be accessing the GMC Connect to ensure that it is up to date with doctors connected to DBHFT.• S/he is a vital contact for appraisees having problems with the appraisal process.
------------------------------	--