

APPRAISAL POLICY FOR MEDICAL STAFF

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DOCUMENT CONTROL

Reference SR/Apr14/APfMS	Version 4	Status Final	Author Medical Appraisal Lead
Amendments	This document replaces version 3.1 of the Appraisal Policy for Medical Staff. It has been updated to meet the requirements for strengthened medical appraisal and revalidation.		
Document objectives: This policy describes procedures involved in the appraisal of medical staff within the Trust. It sets out the roles and responsibilities of all those involved in the appraisal process, including the appraisee, appraiser and the Responsible Officer. Arrangements for ensuring the standards of appraisal are maintained are described.			
Intended recipients: All medical staff			
Committee/Group Consulted: Local Negotiating Committee			
Monitoring arrangements and indicators:			
<ul style="list-style-type: none"> • The policy will be reviewed and maintained through the Local Negotiating Committee. • The completion of annual appraisal by medical staff will be monitored through the Medical Director's office and reminders sent to medical staff who fall behind. Completion of annual appraisal will also be monitored through annual job plan review meetings with consultants and staff and associate specialists (SAS) doctors. • The quality of medical appraisal will be monitored through audit including information from feedback to appraisers. • The Medical Director will produce an annual report for the Trust Board following a review of submitted Appraisal documents. This will pick up key themes; all information will be anonymised. 			
<ul style="list-style-type: none"> • Training/resource implications: • Appraisers will be selected according to a defined person specification, which includes a requirement to have undergone appraisal training. • To maintain the quality of appraisal, all medical appraisers should undertake at least one appraisal review annually and refresher training every 3 years. • Doctors will require protected time to prepare for and undertake annual appraisal. • Sufficient administrative support to monitor and maintain governance systems for appraisal is required. 			

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Lead Director	Medical Director	

CONTRIBUTION LIST Key individuals involved in developing the document

Name	Designation or Group
All Group Members	Local Negotiating Committee
Andrew Dayani	Medical Director
Jeremy Smith	Head of Medical Services
Sunil Ram	Medical Appraisal Lead
All Group Members	Medical Appraisal Steering Group
Amanda Hoare	Associate Medical Director & Director of Medical Education
Antony Christopher	Associate Medical Director
Andrew Sinclair	Head of Corporate Business
Kathryn Allen	HR Advisor
All Group Members	Executive Management Team
All Group Members	Senior Managers Operational Group

CONTENTS

Section	Summary of Section	Page
Doc	Document Control	2
Cont	Contents	4
1	Introduction	5
2	Purpose & Scope	5
3	Duties and Responsibilities	6
4	Explanations of Terms Used	6
5	Policy Statement	8
5.1	Roles and Responsibilities of the Appraisee, the Appraiser and the Responsible Officer	8
5.2	GMC Appraisal Framework	11
5.3	Appraisal Processes	11
5.4	Appraisal and Job Planning	17
5.5	Performance Data for Consultant Appraisal	17
5.6	Information Governance and Sharing	17
5.7	Quality Improvement, Clinical Governance and Medical Supervision	18
5.8	Resource Requirements for Appraisal	19
6	Training Requirements	20
7	Equality Impact Assessment	20
8	Monitoring Compliance and Effectiveness	20
9	Counter Fraud	21
10	Relevant Care Quality Commission (CQC) Registration Standards	21
11	References, Acknowledgements and Associated documents	21
12	Appendices	22
Appendix 1	Job Description and Person Specification for Appraisers	23
Appendix 2	Supporting Information for Medical Appraisal	25
Appendix 3	Sample Appraisee Feedback Questionnaire	30
Appendix 4	Appraisal Portfolio Audit Tool	32
Appendix 5	Information Access, Security and Confidentiality Protocol	34

1. INTRODUCTION

- 1.1 Appraisal for NHS doctors involves a process of constructive dialogue in which the appraisee has a structured opportunity to reflect on his/her work and contribution to the Trust, consider how his/her effectiveness might be improved and explore opportunities for development and progression. The employer has opportunity to give the doctor feedback on their performance, to consider their contribution to improving the quality of services locally, to identify any resource or development needs and to agree plans for these needs to be met.
- 1.2 Annual appraisal for medical staff has taken on a new significance in light of the requirement for revalidation introduced by the General Medical Council (GMC) in 2012. The purpose of revalidation is to ensure that doctors remain up to date and continue to be fit to practise. It aims to support doctors in their professional development, to contribute to quality improvement and patient safety and to sustain and improve public confidence in the profession. It also aims to identify the small proportion of professionals who are unable to remedy significant shortfalls in their standards of practice and remove them from the register of doctors. For most doctors revalidation will take place every five years.
- 1.3 Revalidation will rely on recommendations from Responsible Officers, who will, amongst other things, base their conclusions on the outputs from local appraisal systems. As a consequence the GMC will need assurance that local systems and processes function effectively in distinguishing between satisfactory and unsatisfactory performance and that Responsible Officers are making correct and valid recommendations. This policy sets out how appraisal for medical staff in Somerset Partnership will comply with and contribute to these requirements.
- 1.4 From its inception it was proposed that appraisal should follow a set format using standardised documentation to ensure that individual NHS employers recorded appraisal consistently (AL (MD) 5/01). This documentation was prepared with the General Medical Council's (GMC) revalidation proposals in mind. The GMC has produced two core documents relating to the implementation of revalidation of all doctors in the United Kingdom. These documents are the following:-
- The Good Medical Practice Framework for Appraisal and Revalidation
 - Supporting Information for Appraisal and Revalidation

2. PURPOSE & SCOPE

- 2.1 This policy sets out the procedures associated with the appraisal of medical staff within the Trust in light of national guidance including procedures for revalidation. It describes requirements for doctors in the role of both appraiser and appraisee.
- 2.2 The policy applies to all medical staff who have a licence to practice, including consultants, specialty doctors and associate specialists (SAS doctors) employed by Somerset Partnership NHS Foundation Trust where the doctor has a prescribed connection with the Trust. It applies to temporary staff in post and doctors acting as medical managers employed

by the Trust. Revalidation of doctors working for the Trust employed by a different organisation or through local agencies is managed by the organisation with which they have a prescribed connection. Revalidation of doctors in training is managed through Health Education South West (HESW), as the designated organisation for revalidation of trainees.

3. DUTIES AND RESPONSIBILITIES

3.1 Duties in respect of the requirements of this document are as follows:-

- The **Trust Board** has overall responsibility for procedural documents and delegates responsibility as appropriate.
- The **Chief Executive** is accountable to the Trust Board for the appraisal process, including arrangements to ensure appraisers are appropriately trained, ensuring adequate resources are available to support the process and providing an annual report on appraisal to the Trust Board. Responsibility for this role is delegated to the Medical Director who is also the Responsible Officer.
- The **Responsible Officer** has a statutory responsibility for evaluating the fitness to practice of doctors with a prescribed connection to the Trust. The Responsible Officer will ensure that appraisal is carried out to a good standard, work with doctors in addressing any shortfalls, ensure any concerns or complaints have been addressed, oversee formal investigations and collate this information to support a recommendation on the revalidation of individual doctors to the GMC.
- The **Identified Lead (Author)** is the **Medical Appraisal Lead** and he will be responsible for producing written drafts of the document and for consulting with others, including members of the Medical Appraisal Steering Group, as well as amending the draft as appropriate. The Medical Appraisal Lead is responsible for the development of the appraisal process.
- Responsibility for implementing the policy is devolved to the **Medical Appraisers**.
- **All Medical staff**, including temporary staff, are individually responsible for their actions including complying with this policy.

3.2 **Consultation and Communication with Stakeholders.** The process for consultation and communication with stakeholders is summarised in the Document control front sheet and the Contribution list.

3.3 **Approval of the Guidelines.** This document is approved by the Regulation Governance Group in agreement with the Local Negotiating Committee.

4. EXPLANATIONS OF TERMS USED

- **Appraisal** A process that aims to improve individual performance through personal development. It is a two way, positive, forward looking, developmental procedure in which the appraisee is given feedback on their performance, their continuing progress is charted and training needs are identified.

- **Appraiser** A doctor who possess the skills and has undergone appropriate training to carry out appraisal.
- **Appraisee** The doctor undergoing appraisal.
- **ARCP** Annual Review of Competence Progression.
- **BMA** British Medical Association.
- **Clinical Governance** A system through which Health Care Organisations are responsible for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish.
- **CPD** Continuing professional development.
- **CME** Continuing Medical Education.
- **GMC** General Medical Council.
- **HESW** Health Education South West.
- **Line Manager** This refers to the person who has medical line management responsibility for the work of the doctor. This is the medical practitioner who is immediately responsible for the doctor's clinical and professional performance.
- **LNC** Local Negotiating Committee (British Medical Association)
- **Medical Appraisal Lead** Licensed Medical Practitioner with appropriate seniority who is responsible for the implementation of policies, procedures and systems relating to appraisal, including setting date of appraisal for each doctor, providing leadership, training and support to the team of appraisers, supporting the Responsible Officer in developing appraisal and revalidation processes, carrying out quality assurance of appraisals and monitoring of new appraisers. The Medical Appraisal Lead is professionally accountable to the Medical Director.
- **Multi-source feedback/360° Assessment** A tool to obtain the views of patients or colleagues on a doctor's performance. This is usually a questionnaire circulated to a group of patients or colleagues with whom the doctor works on a regular basis. The summary of the data can then be used as part of the information to inform appraisal.
- **PDP** Personal Development Plan.
- **Remediation** is the process of addressing performance concerns (knowledge, skills and behaviours) that have been recognised through assessment, investigation, review or appraisal, so that the practitioner has the opportunity to practice safely. It is an umbrella for all activities, which provide help; from the simplest advice through formal mentoring, further training, re-skilling and rehabilitation.
- **Revalidation** A formal affirmation that a licensed doctors remains up to date and continues to be fit to practice. Evidence of annual appraisal within a managed organisation with appropriate documentation

indicating that a doctor's practice is in accordance with GMC standards is likely to fulfil the requirements of revalidation.

- **Responsible Officer** A licensed medical practitioner with appropriate seniority (either a Board member or reporting directly to a Board member), usually a Medical Director. Responsible Officers will lead on local systems relating to fitness to practice. They will ensure that appraisal is carried out to a good standard, work with doctors in addressing any shortfalls, ensure any concerns or complaints have been addressed, oversee formal investigations and collate this information to support a recommendation on the revalidation of individual doctors to the GMC.
- **SAS doctors** Specialty doctors and associate specialists.
- **SMAG** Senior Medical Advisory Group

5. POLICY STATEMENT

5.1 Roles and responsibilities

- 5.1.1 Duties and responsibilities in relation to this policy are set out in Section 3. The information provided below provides additional detail on the roles and responsibilities of the appraiser, appraisee and Responsible Officer.
- 5.1.2 The appraisee – All consultants and SAS doctors employed by the Trust are required to make arrangements for an annual appraisal and to prepare and maintain a portfolio of information electronically for appraisal purposes. The contents of the appraisal portfolio are identified in section 5.3 below. The doctor also has a professional responsibility to include all relevant information from all medical roles, including paid private practice and medical roles undertaken on a voluntary basis. The contents of the portfolio and the outputs from appraisal will also provide the basis for revalidation.
- 5.1.3 The appraisee must comply with all aspects of this policy and cooperate with the doctor conducting the appraisal in order to complete the appraisal process and provide the necessary returns to the Responsible Officer for the purposes of revalidation. In circumstances where the appraisee and appraiser cannot reach agreement then any points of disagreement should be referred to the Medical Appraisal Lead or where the Medical Appraisal Lead is conducting the appraisal, the dispute should be referred to an Associate Medical Director. Participation in appraisal is an objective in the Somerset Partnership job plan template for consultants and SAS doctors. Pay progression for consultants will be approved by the Chief Executive only if this job plan objective is met.
- 5.1.4 Annual appraisals for doctors in training are undertaken through the annual review of competence progression (ARCP) process of Health Education South West (HESW).
- 5.1.5 For consultants, including associate medical directors and for SAS doctors, annual appraisal will be undertaken by a trained Medical Appraiser. For the Medical Director, the appraiser is nominated by the NHS England Tier 2 Responsible Officer.

- 5.1.6 In the case of a doctor working for another NHS Trust in addition to Somerset Partnership, one organisation will need to be identified as the designated organisation to which the individual has a prescribed connection for the purposes of revalidation. The rules for prescribed connections are set out in the Responsible Officer regulations (Medical Profession (Responsible Officers) Regulations 2010). That organisation will also be the lead Trust for appraisal purposes. If the lead Trust is Somerset Partnership, the Medical Director will act as the Responsible Officers for the purposes of revalidation. General Practitioners employed on bank, service and casualty fund contracts have appraisal arrangements co-ordinated through NHS England. NHS England is the designated organisation for these doctors and they will relate to their Responsible Officer for the purpose of revalidation.
- 5.1.7 The appraiser – The role of the appraiser is to:
- manage the process of the review meeting.
 - manage the content of the review meeting.
 - record jointly agreed outcomes of the appraisal.
 - assist in the planning of development needs.
 - make a recommendation to the Responsible Officer
- 5.1.8 The quality of the medical appraiser workforce is a key determinant of the effectiveness of the appraisal system. A specialist medical appraiser who undertakes the annual appraisal review will always be both a licensed, registered medical practitioner, will be employed in a substantive consultant or associate specialist post and will be trained to undertake annual appraisal reviews.
- 5.1.9 There may be some occasional instances whereby the appraisee expresses a strong preference for an alternative appraiser or where it is desirable to change appraiser after a period of three consecutive appraisals. In any of these circumstances, the alternative arrangements should be agreed with the Medical Appraisal Lead.
- 5.1.10 All doctors carrying out appraisals will be required to attend approved training and conduct at least one appraisal annually (see section 6). Appraisers must provide the necessary information to the Responsible Officer to allow him/her to perform his/her role in relation to revalidation. The Responsible Officer will maintain a register of doctors qualified to undertake medical appraisals and ensure that all appraisals are carried out by someone from the register.
- 5.1.11 The appraiser should be adequately trained in appraisal processes including specific training in active listening skills and in giving feedback. A standard set of competencies for appraisers has been developed by the Revalidation Support Team, which all medical appraisers will be expected to meet. These competencies are reproduced at Appendix 1.
- 5.1.12 The appraisal role including the person specification and other core elements defined at Appendix 1 is included in the job descriptions for all appraisers. Appraisers undertaking appraisal of staff employed by Somerset

Partnership (including whole practice appraisal where those doctors have other responsibilities outside the Trust) will be indemnified.

- 5.1.13 New appraisers should be evaluated at an early stage to ensure that the knowledge and skills required to undertake the role have been assimilated. Appraiser skills should be reviewed and developed and this includes annual feedback on their performance in the role and periodic evaluation of knowledge and skills. This includes an annual review of development as an appraiser with a personal development plan that identifies areas for improvement. However, there is no need for separate appraisal review meetings for each aspect of a doctor's role (e.g. clinical, appraisal, management) and this is best done as an integrated whole-practice appraisal for the appraiser. There should be access to leadership through the Appraisal Lead and peer support for discussion of challenging appraisals. Appraisers will have access to ongoing training.
- 5.1.14 The Responsible Officer will be the Medical Director. The Responsible Officer for the Medical Director is appointed by NHS England. The Medical Director will produce an annual report for the Trust Board to provide assurance that appraisal is integrated with other processes for Continuing Professional Development and with Clinical Governance structures and satisfies the GMC's requirements for revalidation. The report will provide assurance that appraisal processes and job planning are incorporated into structures for setting organisational priorities and also that the organisation responds to issues identified in appraisal.
- 5.1.15 The Responsible Officer will maintain a list of all the doctors for whom they have responsibility under the Responsible Officer regulations [Medical Profession (Responsible Officers) Regulations 2010] and ensure an appraisal is completed annually for all of these doctors. The Responsible Officer will have access to the outputs of each annual appraisal for monitoring the doctor's progress within the revalidation cycle. The appraisal outputs will also inform the Responsible Officer's revalidation recommendation.
- 5.1.16 The Responsible Officer will establish and operate systems for maintaining information on and outputs from the appraisal process. Access to this information will be restricted and will respect the confidential nature of the appraisal process. However, in order for the Responsible Officer to be able to satisfy the requirements of revalidation, he/she will need to be satisfied an appraisal has considered the whole of a doctor's practice and that the accumulating portfolio contains the range of supporting information outlined below and in the GMC guidance. In some circumstances, for instance where a concern is raised, the Responsible Officer may require access to completed appraisal portfolios to review the doctor's supporting information and their commentary / reflection.
- 5.1.17 The Trust will indemnify the Medical Director in relation to his role as Responsible Officer.
- 5.1.18 The Medical Director will not act as Responsible Officer and appraiser for the same doctor. The Medical Director will therefore not routinely undertake appraisal for doctors employed by the Trust.

5.2 GMC Appraisal framework

- 5.2.1 The GMC has developed a framework to form the basis of a system for 'enhanced appraisal'. The framework is based on 12 attributes within 4 domains translated from the core requirements of Good Medical Practice against which individual doctors' practice can be appraised and objectively assessed. The domains are:
- Knowledge, skills and performance.
 - Safety and quality.
 - Communication, partnership and teamwork (including multi-source feedback).
 - Maintaining trust.
- 5.2.2 Each of the 12 attributes has been linked to a set of standards. The standards are accompanied by some suggestions for general and specialty specific evidence based on the relevant Royal College guidance that doctors can include in their appraisal portfolios as well as ways in which this supporting information can be evaluated in appraisal.
- 5.2.3 The generic standards can be divided into three main types:
- Those that will apply to the overwhelming majority of doctors, irrespective of the nature of their practice such as 'keeping knowledge and skills up to date'
 - Those that apply only where doctors work with patients, act as managers or work in research.
 - Those that depend on particular circumstances or events arising, for example, reporting risks in the healthcare environment.
- 5.2.4 All appraisals should be performed using e-Appraisal (Zircadian).
- 5.2.5 By providing all types of supporting information over the revalidation cycle, the appraisee should, through reflection and discussion at appraisal, have demonstrated their practice against all 12 attributes outlined in the GMC guidance, *Good Medical Practice Framework for Appraisal and Revalidation*. The guidance states that this will make it easier for the appraiser to complete the appraisal and for the Responsible Officer to make a recommendation to the GMC about revalidation. Although it is not necessary to structure the appraisal formally around the GMC Framework, or to map supporting information directly against each attribute, some doctors may prefer to do this and some appraisers may find it useful to structure the appraisal interview in this manner.

5.3 Appraisal processes

- 5.3.1 The appraisal will be based on a portfolio of information collated by the doctor). The information to be included in the portfolio will reflect the GMC guidance on supporting information (Supporting Information for Appraisal and Revalidation, GMC, 2013) which states that most doctors will submit a standard portfolio containing information under four broad headings:
- General information - information providing context about what the doctor does in all aspects of their professional work;

- Keeping up to date - maintaining and enhancing the quality of the doctor's professional work;
 - Review of practice - evaluating the quality of the doctor's professional work; and
 - Feedback on practice - how others perceive the quality of the doctor's professional work.
- 5.3.2 There are six types of supporting information that the doctor should gather and discuss at their annual appraisal. They are:
- Continuing professional development;
 - Quality improvement activity;
 - Significant events;
 - Feedback from colleagues;
 - Feedback from patients (where applicable); and
 - Review of complaints and compliments.
- 5.3.3 There are two key primary sources of information: information from the doctors themselves and information from the local organisational systems. These are detailed in the e-Appraisal (Zircadian) guide.
- 5.3.4 The relevant sections of the e-Appraisal should be completed by the appraisee prior to the appraisal review meeting. The appraisee should ensure that they include sufficient, relevant data relating to any work carried out external to the Trust (for example in private practice or in commercial industry). Further information is given in Appendix 2.
- 5.3.5 The appraisee should expect to be challenged in the appraisal process. They should consider what they could do better as well as what they do well. They should feel able to express their views and ideas and to consider ways to improve their working life. In preparation for the appraisal review appraisees can use the following questions as prompts for compiling evidence in their portfolios:
- How good a doctor am I?
 - How well do I perform?
 - How up to date am I?
 - How well do I work in a team?
 - What resources and support do I need?
 - How well am I meeting my service objectives?
 - What are my development needs?
- 5.3.6 Appraisal date for each appraisee will be set at the beginning of the financial year (April). All appraisals should take place and be signed off as appropriate between 9 and 15 months after the previous appraisal. The appraiser should agree and confirm with the appraisee a time and a date for the review 6 weeks in advance. For most doctors it is likely that up to two working days, in addition to routine Supporting Professional Activity time, may be required for the appraisee to collate evidence and prepare for the

appraisal review. Two weeks prior to the meeting the appraisee should complete their e-Appraisal and make it available to be reviewed by the appraiser. It should contain any activity and performance data provided by the Information Department. Where possible, this information will be structured to allow valid benchmarking against colleagues and to allow comparison with the preceding year. The appraisee should plan and make a note of the areas they want to raise in the review and they should prepare a draft outline Personal Development Plan. The appraisee should also ensure that a copy of the PDP from the previous year is made available to the appraiser so that the appraiser can review the progress against the Personal Development Plan. In some cases, the appraiser may consider the evidence provided to be incomplete, in which case a clear set of actions should follow.

- 5.3.7 In some subspecialties a peer who is more fully acquainted with the relevant area of skills or knowledge may be better able to undertake the assessment of specialist aspects of a consultant's clinical performance. The peer may be internal or external to the Trust depending on the clinical subspecialty. The appraisee can recommend peer review to the appraiser, or the appraiser can request it. This must be jointly agreed and completed in advance of the appraisal interview. Occasionally, the need for peer review might be identified in the appraisal interview itself and can then be jointly agreed and arranged with a subsequent appraisal review meeting required to complete the process. In cases where doctors have responsibilities outside the Trust appraisers should conduct a 'whole practice appraisal' but there needs to be sufficient evidence provided by the appraisee to allow a satisfactory evaluation of performance. The portfolio should therefore contain full information relating to any medical work undertaken outside the Trust, including private work, to allow whole systems appraisal; this will need to be provided to the same level of detail, wherever possible, as evidence in relation to work undertaken for the Trust. This will allow the appraiser to assess the quality of work undertaken and to make a judgement about whether the nature of the work falls within the professional competence of the doctor.
- 5.3.8 The appraiser should ensure that there is an appropriate venue for the review. There should be privacy, it should be quiet and interruptions should be avoided. The appraiser should manage the time efficiently and review should be completed within two hours in most cases. The content of the appraisal interview can be confidential but outcomes of the review are not confidential. The appraiser should conduct the review in a positive, forward looking, empathic manner and should encourage participation by the appraisee in a two way dialogue by using active listening skills. Nevertheless, the discussion should be challenging and there may need to be exploration of blind spots. In some circumstances, if the appraiser considers the information submitted is insufficient to adequately assess the doctor's performance, a further review meeting may be required after agreeing on appropriate action to improve information available. Appraisers should be skilled in giving feedback, which should be accurate, factual and constructive. There should be focus on individual developmental needs.
- 5.3.9 If serious concerns (including concerns relating to capability) are identified, which have not yet been fully investigated, these should be clearly

documented by the appraiser and the Medical Director should be notified via the Medical Appraisal Lead. Appropriate action will then be taken according to the Trust Disciplinary Policy for Medical Staff. The appraisal review itself should not be used to investigate matters that should fall within disciplinary procedures. Furthermore, although appraisers are healthcare professionals it is not an opportunity to advise on or address health concerns. Both the appraisee and appraiser must recognise that as registered medical practitioners they have a duty to protect patients when they believe that a colleague's health, conduct or performance is a threat to patient safety (GMC Good Medical Practice). If there is evidence arising from the appraisal process to suggest that patients are at risk, the process should be immediately suspended and the medical director should be notified. If the situation is subsequently remedied the appraisal process can continue in due course.

- 5.3.10 Both parties should jointly agree on the completion of the summary of appraisal discussion with agreed action and Personal Development Plan. The PDP should address the maintenance and development needs of the doctor and the service as well as identify any weaknesses in the accumulating portfolio for the purpose of revalidation. Any areas where the appraisee does not adequately demonstrate compliance with the standards in *Good Medical Practice* and those set by the Royal Colleges should be explicitly addressed in the PDP. This forms a record of key points of the appraisal discussion and of the main outcomes. The appraisal summary should be jointly signed within 28 days of the review meeting. There may be some rare instances where it is not possible to reach joint agreement on the content of the appraisal summary and PDP; under these circumstances an arbitration meeting chaired by the Medical Appraisal Lead or an Associate Medical Director if the appraiser is the Medical Appraisal Lead and including the appraisee and appraiser should seek to resolve the matter with the final decision resting with the chair. The appraisee would have the option to be supported by a colleague in this meeting. The personal development plan will routinely identify training needs for individual doctors. These will be collated by the Medical Appraisal Administrator and forwarded to the Learning and Development team for inclusion in the Training Needs Analysis for medical staff.
- 5.3.11 Objectives set within the Personal Development Plan should aim to be SMART:
- Specific – be specific; use examples.
 - Measurable – can the outcome be measured effectively?
 - Achievable – Is a development opportunity such as a course available?
 - Realistic – Are there sufficient resources to achieve this?
 - Time constrained – Set clear parameters of, for example, 6-12 months.
- 5.3.12 NHS England sets out three stages in the appraisal process: inputs to the appraisal, the confidential appraisal discussion and outputs to the appraisal. The inputs include supporting information for appraisal and the PDP from

the previous appraisal review. The guidance states that the doctor should make an explicit declaration to demonstrate personal accountability for the supporting information presented. This information must also be 'signed off' by the appraiser as satisfactory. This may occur post appraisal discussion. Outputs from the appraisal process include an agreed record of the appraisal discussion the PDP and the 'appraiser's statement'. The outputs must be signed off post appraisal to indicate agreement with the PDP and summary of the appraisal discussion.

5.3.13 As the final output of the appraisal process, the appraiser will make a series of statements to the responsible officer. These statements are as follows:-

- An appraisal has taken place that reflects the whole of the doctor's scope of work and addresses the principles and values set out in Good Medical Practice
- Appropriate supporting information has been presented in accordance with the Good Medical Practice Framework for appraisal and revalidation and this reflects the nature and scope of the doctor's work
- A review that demonstrates progress against last year's personal development plan has taken place
- An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year
- No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise

5.3.14 In order to support appraisers in signing off the inputs and outputs to the appraisal discussion, it should be ensured that all requirements for medical appraisal are reviewed at each annual appraisal and that the PDP reflects actions required to address any shortfalls. In many instances further evidence will be needed to meet the requirements of some of the 12 GMC Attributes, particularly early in the 5 year revalidation cycle. Appraisers should identify that in the relevant section of the form as 'Further evidence required' against that specific GMC Attribute. Despite this rating for some individual attributes the annual appraisal can still be 'satisfactory'. Nevertheless it is important to identify areas which require additional evidence so comprehensive evidence is in place by the end of the 5 year revalidation cycle. This form provides a report for the Responsible Officer to provide evidence on an annual basis for use over the 5 year revalidation cycle.

5.3.15 All records pertaining to the appraisal will be held electronically on a secure basis and access/use will comply fully with the requirements of the Data Protection Act. As stated earlier, the appraisal summary will be made available to the medical manager conducting the job plan review meeting.

5.3.16 Should problems arise within the appraisal process which could not be resolved through the arbitration process outlined earlier, the appraisee may follow the Trust grievance procedure to address the issue.

5.3.17 Appraisees should complete a structured feedback form for appraisers following completion of the appraisal review process (Appendix 3). Forms

should also be sent to the Medical Directors office as part of the process of quality assurance of the appraisal process.

5.3.18 Quality assurance of appraisal processes will include anonymised sampling of portfolios, review of appraisal summaries and review of appraisal feedback questionnaires. This will be used both to audit appraisal processes in general and also to provide feedback to appraisers to assist with personal development in the appraisal role. A structured assessment tool has been developed to assist in audit of portfolios to include evaluation of content and also to ensure that the forms are jointly signed electronically by the appraisee and the appraiser (Appendix 4).

5.3.19 Responsibility for the performance review of appraisers will rest with the Medical Appraisal Lead who will report to the Responsible Officer. Performance review should result in an agreed development plan and should occur in an annual meeting but should be incorporated into the appraisal review of that doctor as part of 'whole practice appraisal'. Any doctor undertaking the appraisal role should therefore submit relevant evidence relating to this in their appraisal portfolio (for example number of appraisals undertaken and any feedback received). In case some appraisers fail to demonstrate the skills to be an effective appraiser and if appropriate remedial processes fail, those individuals should not continue in this important role. Performance review of appraisers includes:

- Participation in Continuing Professional Development as an appraiser.
- How development needs of the appraiser, as identified in the personal development plan, have been addressed.
- Gathering views of appraisees through anonymised questionnaires (Appendix 3) and feeding this back to the individual appraiser.
- Review of the forms produced during the appraisal process using a standardised assessment tool to ensure consistency. (which may include anonymised matching of summary of appraisal discussion and resulting PDP).
- Discussion about difficult areas of appraisal including how to handle insufficient supporting information and performance concerns arising within the appraisal meeting.
- Review of any complaints or other significant events involving the individual appraiser in their role as an appraiser.
- Confirmation that the appraiser remains a licensed medical practitioner and that they are not under performance or disciplinary procedures.
- Confirmation that the appraiser has the time within their other professional responsibilities to commit to carrying out appraisals.

5.4 Appraisal and Job Planning

5.4.1 The procedure for job planning is set out in the draft Job Planning Policy of the Trust which is under further development. It is expected that the information provided in the Personal Development Plan appraisal summary and appraisal output are taken into consideration during the job planning process of consultants and SAS doctors.

5.5 Performance Data for Consultant Appraisal

- 5.5.1 The Trust will introduce a dashboard of quality, activity and performance data for individual doctors to be used in medical appraisal. This will augment current performance indicators available at team level by the provision of data relating to individual doctors, benchmarked against peers. Medical appraisers will seek an explanation of any outlying performance. The information used will be kept under review and amended to ensure ongoing improvement of the quality of data collected.
- 5.5.2 In addition to data extracted from the electronic patient record (including activity data and other performance measures) it is also proposed that regular 'multi-source feedback' procedures will be used. Multi-source feedback is recommended for individual doctors at least once every 5 years (between revalidation) but could be used more frequently by line managers if there are issues which might be appropriately monitored through this kind of objective feedback.
- 5.5.3 All performance measures will apply to the preceding 12 months but data will be available for previous years in order to identify trends. Guidance and support will be provided to appraisers to enable them to use the performance information appropriately and consistently and in a way that reflects service developments such as New Ways of Working.

5.6 Information Governance and sharing

- 5.6.1 A careful balance needs to be struck between the need to respect and maintain the confidential nature of the appraisal process and the level of transparency needed to comply with revalidation and provide the necessary assurance to patients and the public that licensed doctors are up to date and fit to practice. The appraisal process depends on trust and openness between the appraisee and the appraiser and the confidential nature of the appraisal discussions and outputs are an important part of that. The Trust supports these principles through this policy.
- 5.6.2 The information in appraisal portfolios is confidential and access is limited to the doctor (appraisee), the appraiser, the Medical Appraiser Lead and the Responsible Officer (or their nominated deputy). The discussion in the appraisal meeting is confidential unless fitness to practise or patient safety issues arise. The appraisee must ensure that all information uploaded to e-Appraisal should be anonymised and that information that could identify patients, carers or staff is removed. Despite this safeguard, in certain circumstances it can still be possible to identify individuals from the information held and so safeguards are required to minimise the risk of losing personal information.
- 5.6.3 The Medical Director's office will maintain a database for all medical staff containing information relating to completed appraisal reviews. Signed electronic copies, as well as paper copies (e.g. those of previous years before the use of e-Appraisal) of the appraisers' statements, the appraisal summary and PDP will be securely filed. There will be an ongoing system of prompts and reminders for consultants, SAS doctors and line managers for annual appraisal reviews that have not been conducted on time and a system for prompting submission of completed forms. Anonymised feedback forms for appraisers will be securely filed.

5.6.4 Further information on the management of storage and access to appraisal information is contained in Appendix 5). This includes information on the circumstances in which information may be accessed by people other than the appraisee, appraiser and Responsible Officer.

5.7 Quality Improvement, Clinical Governance and Medical Supervision

5.7.1 The quality improvement and clinical governance arrangements for Somerset Partnership are set out in the Quality Improvement Strategy. Outputs from the systems established by this strategy form part of the portfolio of information on which appraisal and revalidation is based.

5.7.2 Where concerns about the performance of doctors are identified as a result of specific incidents, complaints or through the appraisal process, the Disciplinary Policy for Medical Staff sets out how these will be investigated and resolved. Where a need for improvement in performance is identified, the Trust Remediation, Reskilling and Rehabilitation Policy for Medical Staff sets out how targeted support to doctors who need to improve their performance will be provided and monitored .

5.7.3 Medical supervision arrangements are tailored to the seniority of the doctors. Doctors will need to keep a record of their supervision activity and include within their appraisal portfolios:

Trainees

- One hour per week dedicated educational, clinical and professional supervision with a trainer (consultant).
- Notes should be made of supervision sessions and retained by the supervisor. Evidence of supervision undertaken should be included in the appraisal portfolio of the trainer.
- Consultant educational supervisors are required to undertake training to fulfil this role and compliance with this is monitored by the Clinical Tutor and the Health Education South West (HESW).

SAS Doctors

- One hour per week (a minimum of pro-rata for part-time doctors) clinical and professional supervision with a consultant or associate specialist.
- Clinical supervision also takes place within peer groups for Continuing Professional Development, case based discussions and other clinical settings. An SAS doctor is expected to do at least 2 case based discussions in a year, 10 in a 5-year revalidation cycle, with at least one case based discussion comprising of detailed consideration of risk assessment and management plan in a 5-year period.
- Notes should be made of supervision sessions and peer group meetings/case based discussions and retained by the SAS doctor and the supervisor. Evidence of supervision undertaken should be included in the appraisal portfolio of the SAS doctor.

Consultants

- Clinical supervision takes place within peer groups for Continuing Professional Development a minimum of four times per year. It also takes place within sessions dedicated to case based discussions with colleagues. Consultants should do at least 2 case based discussions in a year, 10 in a 5-year revalidation cycle, with at least one case based discussion comprising of detailed consideration of risk assessment and management plan in a 5-year period.
- Clinical supervision for consultants takes place in a variety of other settings too, including peer discussions with colleagues for second opinions or at the interface between functional roles (for example regular liaison between inpatient and community consultants) and also within multi-disciplinary team discussions. It can also include peer mentoring sessions within or outside the Trust (the Trust supports mentorship for consultants who request it). There is also ad hoc advice, sought through line managers (Associate Medical Directors) about complex cases. Cases are also sometimes discussed at the out of area treatment panel and also at complex case review panels. Cases can be presented and discussed at Postgraduate Medical Education meetings.
- Consultants will be expected to record a minimum of 12 hours per year (a minimum of pro-rata for part-time doctors) of supervision activity which has taken place in these settings and evidence should be included within the appraisal portfolio. Contemporaneous notes of clinical supervision should be recorded (for example notes of peer supervision meetings or case based discussion and where appropriate included in anonymised form in the appraisal portfolio).

5.8 Resource Requirements for Appraisal

- 5.8.1 The Medical Director's office has been strengthened to reflect the additional requirements of revalidation and the role of the Responsible Officer. A new Medical Appraisal Lead and a team of Medical Appraisers have been appointed. The Medical Director's office includes Medical Appraisal Lead, Head of Medical Services and administrative support in order to meet the requirements of medical appraisal and revalidation. Additional support will also be provided by the Trust Information Department in relation to the development and provision of performance, activity and outcome measures required for appraisals.
- 5.8.2 The increased requirements of revalidation will also lead to an additional burden on appraisees and appraisers. Doctors will require release from their usual duties to prepare for and to undertake appraisal review. Preparation for consultant and SAS doctors' appraisal is likely to take up to two working days, in addition to routine Supporting Professional Activity time.

6. TRAINING REQUIREMENTS

- 6.1 All consultants or associate specialists with line management responsibilities will be required to undertake an approved training course to fulfil their role as an appraiser. A specification for appraiser training can be

found in *Medical Appraisal and Revalidation – Assuring the Quality of Appraisers Guidance* (Version 5, January 2014), which has been produced by the Revalidation Support Team. Study leave will be granted within the routine allocation for medical staff.

- 6.2 To maintain quality of appraisal, all appraisers should undertake at least one appraisal review annually and undergo appraisal refresher training every 3 years.
- 6.3 All appraisers undertaking consultant appraisals will be required to take part in training on the use and interpretation of the performance, activity and outcome data used as appraisal evidence.
- 6.4 The Responsible Officer will undertake approved training in the role.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.
- 7.2 Consideration is needed to ensure that diverse backgrounds of medical staff are taken into account when conducting appraisals (e.g. disability, English as a second language). Assessment of the doctor's knowledge and skills on diversity issues should form part of the appraisal review process and where necessary the PDP should address any shortfall.
- 7.3 Participation in Trust mandatory equality training is a requirement for all medical appraisers.

8. MONITORING COMPLIANCE AND EFFECTIVENESS

- 8.1 The guidelines will be regularly reviewed and maintained by the Local Negotiating Committee.
- 8.2 The completion of annual appraisal by medical staff will be monitored through the Medical Director's office and reminders sent to medical staff who fall behind in annual appraisal. Completion of annual appraisal for consultants and SAS doctors will also be monitored through annual job plan review meetings. The organisation's appraisal year runs from 1st April until 31st March and missed appraisals are those that were due within the appraisal year but not completed. Incomplete appraisals are those where, for instance, the appraisal discussion has not been completed, or where the PDP or Summary of Appraisal Discussion have not been signed off. An exception audit will be performed annually to determine the reasons for all missed or incomplete appraisals and this will be included in the annual Board report.
- 8.3 The quality of medical appraisal will be monitored through audit and also through feedback to appraisers. The Medical Director is responsible for quality assurance of appraisal (including objective audit of appraisee

feedback forms and also sampling of portfolios and review of appraisal summaries including the Personal Development Plan using a standardised tool); and this should include assessment of the degree to which the confidentiality of the appraisal process is robust and trusted. The effectiveness of the appraisal process will be monitored and reviewed based on the Framework of Quality Assurance for Responsible Officers and Revalidation Core Standards by the Medical Appraisal Steering Group.

- 8.4 The Medical Director will produce an annual report for the Trust Board as stated in Section 3.

9. COUNTER FRAUD

- 9.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

10. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

- 10.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour

- 10.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18:	Notification of other incidents
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- 10.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

11. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED PROCEDURAL DOCUMENTS

11.1 References

General Medical Council (2013), The Good Medical Practice Framework for appraisal and revalidation. Available at www.gmc.co.uk

General Medical Council (2013), Supporting information for appraisal and revalidation. Available at www.gmc.co.uk

NHS England Medical Appraisal and Revalidation – Assuring the Quality of Appraiser’s Guidance (V5.0, Jan 2014). Available at <http://www.england.nhs.uk/revalidation/>

11.2 Cross reference to other procedural documents

Disciplinary Procedure for Medical Staff Policy

Remediation, Reskilling and Rehabilitation Policy

Ethical Standards and Code of Conduct Policy

Managing Absence Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on ‘Policies and Procedures’). Trust Guidance is accessible to staff on the Trust Intranet.

12. APPENDICES

12.1 To avoid any doubt, the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix 1 – Job description and person specification for appraisers.

Appendix 2 – Supporting Personal Information for Medical Appraisal

Appendix 3 – Sample Appraisee Feedback Questionnaire

Appendix 4 – Appraisal portfolio audit tool

Appendix 5 – Information, Access, Security and Confidentiality Protocol

Job Description and Person Specification for Appraisers

Core elements of a person specification for medical appraiser	
<p>No distinction has been made between 'essential' and 'desirable' as the importance of each of these qualities should be determined in relation to the local context.</p> <p>Probationary periods or provisional appointment subject to satisfactory completion of training and/or demonstration of competence should be described in the job description.</p>	
Qualifications	<p>Medical Degree (plus any Postgraduate qualification required)</p> <p>GMC License to Practice</p> <p>Where appropriate, entry on GMC Specialist or General Practitioner Register</p> <p>For General Practitioners, entry on a Performers List</p>
	<p>Completion of Appraisal Training (this may not be a requirement prior to appointment but would need to be completed before appraisals are performed)</p>
Experience	<p>Has been subject to a minimum of 3 medical appraisals, not including those in training grades. (There may be unusual situations where this is not possible for example where medical appraisal has not occurred in the past in that organisation)</p>
	<p>Experience of managing own time to ensure deadlines are met</p>
	<p>Experience of applying principles of adult education or quality improvement</p>
Knowledge	<p>Knowledge of the role of appraiser</p>
	<p>Knowledge of the appraisal purpose and process and its links to revalidation</p>
	<p>Knowledge of educational techniques which are relevant to appraisal</p>
	<p>Knowledge of responsibilities of doctors as set out in Good Medical Practice</p>
	<p>Knowledge of relevant Royal College speciality standards and CPD guidance</p>
	<p>Understanding of equality and diversity, and data protection and confidentiality legislation and guidance</p>
	<p>Knowledge of the health sector [e.g. Primary Care, Secondary Care, Mental Health] in which appraisal duties are to be performed</p>
	<p>Knowledge of local and national healthcare context</p>
<p>Knowledge of Evidence Based Medicine and clinical effectiveness</p>	
	<p>Excellent integrity, personal effectiveness and self-awareness, with an ability to adapt behaviour to meet the needs of an appraisee</p>
	<p>Excellent oral communication skills – including active listening skills, the ability to understand and summarise a discussion, ask appropriate questions, provide constructive challenge and give effective feedback</p>

Expertise skills and aptitudes	Excellent written communication skills – including the ability to summarise a discussion clearly and accurately
	Objective evaluation skills
	Commitment to ongoing personal education and development
	Good working relationships with professional colleagues and stakeholders
	Ability to work effectively in a team
	Motivating, influencing and negotiating skills
	Adequate IT skills for the role

The job description of an appraiser includes the following core elements in relation to the appraiser role:	
1	Description of key accountabilities for the role which include accountability to the Responsible Officer
2	Description of role and key responsibilities of appraiser
3	Undertake pre appraisal preparation and appraisal discussion in line with current local and national guidance and quality standards
4	Complete post appraisal documentation in line with current local and national guidance and quality standards
5	Duration of appointment as an appraiser (for example, description of arrangements for re-appointment or formal extension of contract every 3-5 years)
6	Maximum and minimum numbers of appraisals expected per year
7	Description of probationary period or provisional appointment subject to satisfactory evaluation/assessment after initial training
8	Requirement to attend initial training
9	Requirement to participate in ongoing training and support to address development needs in the role of appraiser
10	Requirement to participate in performance review in the role of appraiser
11	Requirement to participate in the management and administration of the appraisal system
12	Requirement to participate in arrangements for quality assurance of the appraisal system
13	Description of confidentiality of appraisal process and specific circumstances in which confidentiality should be breached
14	Indemnity arrangements for appraisers

Somerset Partnership NHS Foundation Trust Supporting Information for Medical Appraisal

Current requirements for supporting information within Somerset Partnership NHS Foundation Trust are based on the document by the General Medical Council “Supporting Information for Appraisal and Revalidation”. Any additional Trust requirements are incorporated into this Appendix.

(A) General Information.

- Personal details: GMC number, demographic information as stated on the GMC register, medical and professional qualifications should be included, and where relevant Approved Clinician/Section 12(2) status. There should be a self-declaration of no change, or an update identifying changes, including any newly acquired qualifications, since the doctor’s last appraisal. The supporting information in this section should be updated annually for appraisal.
- Scope of Work. There should be a description of whole practice covering the period since the doctor’s last appraisal. This should include all paid and non paid work undertaken outside the Trust. This should be updated annually. The current agreed job plan should be included. Clinical activity data including annual caseload/workload should be included. Any significant changes in professional practice should be highlighted as well as any exceptional circumstances (e.g. absences from the UK medical workforce, changes in work circumstances). The description should cover all clinical and non-clinical activities (e.g. teaching, management, medico-legal work, medical research) undertaken as a doctor and include details as to their nature, organisations and locations for whom the doctor undertakes this work and any indemnity arrangements in place. The description should detail any extended practice or work outside the NHS, paid or voluntary, undertaken in specialty or sub-specialty areas of practice, the independent healthcare sector, as a locum, with academic and research bodies or with professional organizations. This should include medico-legal and private work. This should include hours worked, when the work was undertaken, work location and, where applicable employing organisation. Any work undertaken outside of the UK should be identified. An approximate indication of the time spent on each activity should be provided. In summary form, details of the size and roles of the team with which the doctor works in order to clarify their role. Psychiatrists should include Approved Clinician status and Section 12 approval. If relevant to the role being undertaken there should be a summary of any research activity in the preceding year including adherence to procedures for ethical approval and funding arrangements. There should be reference to any management activities including reference to one’s contribution to the organisation as a whole including involvement in local and Trustwide service development. Any formal management commitments and associated achievements should be included. This should include the appraisal role: any doctor undertaking the appraisal role should submit relevant evidence relating to this in their portfolio (for example number of appraisals undertaken and any feedback received).

- Probity. A signed self-declaration confirming the absence of any probity issues and stating that the doctor complies with the obligations placed on you, as set out in *Good Medical Practice* (2013). There should be information relating to any disciplinary, criminal or regulatory sanctions have been applied since the last appraisal or that any sanctions have been reported to the GMC. Declaration of interests should be included. Declaration of Hospitality should be included where required by the Ethical Standards and Code of Conduct Policy. The Trust Hospitality Register applies to all staff and procedures are set out in the Trust Ethical Standards and Code of Conduct Policy. The Trust Register of Interests is comprised of a declaration of activity associated with pharmaceutical and other commercial companies. A separate Trust Register of Interests has been established specifically for consultants and SAS doctors. Driving documentation is required for every annual appraisal. The appraisal folder should contain a copy of a valid driving licence, a copy of valid insurance which covers business use, a copy of valid road tax and a copy of valid MOT certificate (if applicable) all in date. Although doctors are indemnified for work undertaken in connection with their employment by the Trust, evidence of their own professional indemnity cover should be included if any work outside the Trust is undertaken.
- Health. There should be a signed self-declaration confirming the absence of any medical condition that could pose a risk to patients and that the doctor complies with the health and safety obligations for doctors as set out in *Good Medical Practice*, including having access to independent and objective medical care. This is required for every annual appraisal. Sickness record should be included. The Trust keeps a record of sick leave taken within the appraisal year and this will be available to the appraiser and appraisee for discussion in the review. Where appropriate, there should be a description of health issues and any impact on work; this will include copies of return to work interviews (see Trust Managing Absence Policy). In particular this must include any health related issues which put the doctor, service users or other people at risk; if there are any such issues this must include details of steps taken to minimise this risk. Occupational health reports may be provided to demonstrate that appropriate advice has been sought on fitness for work; doctors should be open and honest in this section to alert the appraiser to any concerns. There will be some circumstances where an occupational health report is essential.

(B) Keeping up to date

- Continuing Professional Development (CPD). At each appraisal review a description of CPD undertaken each year should be provided. Participation in a wide range of CPD activities covering the whole scope of work is required. CPD should be linked to the domains and attributes of the GMC's Good Medical Practice Framework. It should be relevant to individual professional work and development and should include reflection and confirmation of new learning or practice change where appropriate.
- There should be evidence of CPD undertaken through the year, a certificate from the doctor's Royal College or Faculty stating that the doctor is in good standing and for revalidation, a cumulative 5 year record of CPD should be provided.

- Clinical supervisors and educational supervisors are required to provide evidence that have met the minimum training requirements set by the GMC for these roles. Health Education South West (HESW) requires educational supervisors to undertake specific training and evidence of completion of this training should be included in the portfolio. The review should identify any training not undertaken within the required timeframe. The Personal Development Plan should include action to address any such training which has not been completed.
- The portfolio should contain evidence of all Trust mandatory training undertaken and should identify any training not undertaken within the required timeframe. The Personal Development Plan should include action to address any mandatory training which has not been completed.
- Medical appraisal review for psychiatrists should include discussion of Section 12 (S12) approval and Approved Clinician (AC) status. Where appropriate doctors should provide evidence of current approval on S12 and AC registers and also of attendance at appropriate courses to maintain competence. Every adult general psychiatrist can expect at some time to have responsibility for a Section 37/41 (S37/41) patient. In light of the particular risks and implications of effective management of restricted patients additional training is required the responsibilities of S37/41 and this should be incorporated into personal development plans.

(C) Review of practice

- Clinical audit Doctors should participate in least one complete audit cycle (audit, practice review and re-audit) in every 5 year revalidation cycle. If this is not possible other ways of demonstrating quality improvement activity should be undertaken (see below). Participation in relevant national audits is expected and the doctor's role, input, learning and response to relevant national audit results should be reflected upon and documented. In addition to relevant national audit improvement in the quality of one's own practice through personal involvement in audit is recommended. A simple audit of medical record keeping against agreed standards is a recommended activity, but should be carried out in addition to, and not as a substitute for, other clinical audit activity. The Trust has a clinical audit plan and Medical Audit meetings for psychiatrists are held quarterly; doctors should provide evidence of active engagement in local audit undertaken within this framework throughout a full audit cycle.
- Review of clinical outcomes Clinical outcomes that are used for revalidation should be robust, attributable and well-validated. Even where this is not the case doctors may still wish to bring appropriate outcome measures to appraisal in order to demonstrate the quality of their practice. A set out Quality Outcome Measures are being developed by the Trust which, once developed and approved, will be used for appraisal of medical staff.
- Case review or discussion If a doctor is unable to provide evidence from clinical audit or clinical outcomes, documented case reviews may be submitted as evidence of the quality of your professional work. If so the doctor is then required to provide at least two case reviews per year, covering the range of your professional practice over a 5 year revalidation cycle. The doctor should outline the (anonymised) case details with reflection against national standards or guidelines and include evidence of discussion with

peers or presentation at department meetings. Any identified action points should be incorporated into your personal development plan. Evidence of relevant working party or committee work (internal or external) may be included together with the doctor's personal input and reflection, including implementation of changes in practice, where appropriate.

- Significant events If a doctor has been directly involved in any clinical incidents or serious untoward events (SUEs) since the last appraisal they must provide details relating to this in their portfolio. The Trust keeps a record of SUEs related to doctors for each appraisal year. This is available to both appraisers and appraisees from the Corporate Governance Team. If there has been no direct involvement in such incidents since your last appraisal, a self-declaration to that effect should be presented at annual appraisal. The Royal College of Psychiatrists recommends using the pro forma contained in Revalidation Guidance for Psychiatrists to assist reflection on each significant event and discussion of appropriate action at appraisal. Doctors should take care not to include any patient identifiable information in their appraisal documentation.

(D) Feedback on practice

- Feedback from colleagues At least one colleague multi-source feedback (MSF) exercise should be undertaken in the revalidation cycle normally by the end of the second year to allow sufficient time for a follow up exercise to occur in order to assess if any identified issues have been addressed. Multi-source feedback should be obtained using e-360 (Zircadian). The results of the feedback should be reflected upon and any further development needs should be addressed. The selection of raters /assessors should represent a spread of healthcare professionals with whom the doctor works. The results should be benchmarked, where data is available/accessible, against other doctors within the same specialty. The Trust will meet the cost of approved MSF exercises.
- Feedback from patients and carers At least one patient feedback exercise should be undertaken in the revalidation cycle normally by the end of year two to allow sufficient time for a follow up exercise to occur to assess if identified issues have been addressed. This exercise should be undertaken using e-360 (Zircadian). The results should be reflected upon, and any further development needs addressed. The Trust will meet the cost of approved feedback from patients and carers.
- Feedback from clinical supervision, teaching and training Doctors who undertake clinical supervision and/or training of others, should include in their supporting evidence the results from student/trainee feedback or peer review of teaching skills. Evidence of a doctor's performance as a clinical supervisor and/or trainer is required at least once in a 5 year revalidation cycle. Feedback from any formal teaching should be included annually for appraisal. Appropriate supporting information may include direct feedback from those taught in a range of settings.
- Formal complaints The portfolio should include details of all formal complaints received from patients, carers, colleagues or staff since the doctor's last appraisal with a summary of main issues raised and how they have been managed. This should be accompanied by personal reflection including lessons learnt and any actions taken. A formal complaint is one that

is normally made in writing and activates a defined complaints response process. If the doctor has not received any formal complaints since the last appraisal, a self-declaration to that effect should be provided. The Trust keeps a record of patient related complaints relevant to doctors for each appraisal year. This is available to both appraisers and appraisees from the Corporate Governance Team. The doctor should avoid including any patient identifiable information.

- Compliments The portfolio should contain a summary, detailing unsolicited compliments received from patients, carers, colleagues or staff in recognition of the quality and success of the doctor's professional work or that of their team. This should be updated annually. Compliments should be accompanied by relevant reflection.

Sample Appraisee Feedback Questionnaire

1 Very poor / Strongly Disagree	2 Poor / Disagree	3 Average / Neutral	4 Good / Agree	5 Very good/ Strongly Agree
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The organisation's approach to appraisal	1	2	3	4	5
The organisation's appraisal system					

My appraiser's skills	1	2	3	4	5
The appraiser's preparation for the appraisal					
The appraiser's skill in conducting my appraisal					
The appraiser's ability to listen to me					
The appraiser was supportive					
The appraiser's feedback was constructive and helpful					
The appraiser helped me think about new areas for development					
Overall rating of my appraiser in their role as an appraiser					

The appraisal discussion	1	2	3	4	5
The appraiser reviewed progress against last year's development plan					
How challenging was the appraisal in making me think about my practice					
How useful was the appraisal in my professional development					
The PDP reflects my main priorities for development					
How useful was the appraisal in preparation for revalidation					
I have confidence in the confidentiality of the appraisal discussion					

The administration of appraisal	1	2	3	4	5
I had access to forms and materials for appraisal					
I was given adequate notice of the date of my appraisal					
I had access to the necessary supporting information					
I was satisfied with the process for appraiser allocation					
Overall rating of the administration supporting appraisal in the organisation					

How long did the appraisal meeting last?

Did you have sufficient protected time for the appraisal meeting?

How could the administration of appraisal have been improved?

How could the appraisal meeting have been improved?

Comments to help your appraiser improve their skills

Appraisal Portfolio Audit Tool

1	Name of Appraisee							
2	Name of Appraiser							
3	Job Role							
4	Date of appraisal review							
5	Appraisal summary received - Electronic							
6	Appraisal summary received - Paper							
7	PDP accompanies appraisal summary - Electronic							
8	PDP accompanies appraisal summary - Paper							
9	Paper appraisal summary signed & dated by appraiser and appraisee							
10	Feedback from accompanies appraisal summary							
11	There has been a SUI in the appraisal year							
12	If there has been a SUI in the appraisal year this is referenced in the appraisal summary discussion							

13	There has been a complaint in the appraisal year							
14	If there has been a complaint in the appraisal year this is referenced in the appraisal discussion							
15	The appraisee is an active/accredited appraiser							
16	If the appraisee is an active/accredited appraiser this is referenced appraisal discussion record							
17	If the appraisee is an active/accredited appraiser their development needs are referenced in appraisal discussion record							
18	If the appraisee is an active/accredited appraiser and development needs are identified these are reflected in the PDP							
19	The appraisal portfolio includes a record of completion of adequate patient/carer 360° feedback.							
20	The appraisal portfolio includes a record of completion of an adequate colleague 360° feedback exercise							

The criteria for audit may be amended to reflect current priorities and specific criteria will be set and agreed by the Medical Appraisal Steering Group

Information Access, Security and Confidentiality Protocol

It is important that the summary of the appraisal discussion, the doctors PDP and the doctor's portfolio of supporting information are held securely and confidentially. This information is required for personal development, professional regulation and quality assurance purposes and access must be strictly limited to a small group. This group comprises the appraiser, the Medical Appraiser Lead. The NHS England Tier 2 Responsible Officer (Responsible Officer of the Responsible Officer) will have access to information relating to the quality assurance of the Trust's appraisal and clinical governance systems. The GMC will be able to access all information relevant to the licensure of all doctors. If sampling of portfolios is required for quality assurance purposes (for instance to check whether portfolios are complete or to assure the quality of revalidation recommendations) this should be done anonymously wherever possible and the information management systems should, in due course, be designed to allow this functionality.

Doctors have a right to expect that personal information relating to appraisal and revalidation is held securely. The information systems must comply with legal requirements and relevant national guidance on confidentiality and information security. All information held for the purpose of appraisal and revalidation is personal information; it is protected by the Data Protection Act and is exempt from requests under the Freedom of Information Act. In certain rare circumstances (e.g. litigation etc) personal information held by the doctor or the Trust may need to be released to a court under the order of a magistrate or judge.

It is important that supporting information included in the appraisal and revalidation portfolio should not include any patient identifiable information.

The following requirements will be applied to ensure the secure confidential handling and storage of personal information relating to appraisal and revalidation (including all paper and computerized information):

- Access is limited to the appraiser, the Responsible Officer, the appraisal lead, administrative staff in the Medical Director's office dealing with medical appraisal. In addition, for the purposes of job planning summary information will be made available to the service manager and medical line manager undertaking the review. In order to address any operational issues arising from the Appraisal, summary information may be forwarded to the Associate Medical Director (in consultation with the appraisee).
- Access is limited for specified purposes only (appraisal, revalidation, sampling for internal quality assurance or external quality assurance (for example by the GMC or Royal College etc). Under some circumstances, where serious concerns are identified, this information can be used in the investigation of performance issues.
- There could be some exceptional circumstances in which normal access and confidentiality arrangements can be breached (e.g. court order).
- If serious concerns arise, especially if there are patient safety issues identified, an appraiser can breach appraisee confidentiality.
- There may be circumstances in which information is shared to fulfill the duty of collaboration outlined in the Health and Social Care Act 2008 (e.g. when a request for information about a doctor comes from another organization or when the doctor moves to another organisation).
- Information will be held by the organization for 10 years before being destroyed.

This protocol should be audited for compliance and all breaches of the protocol should be investigated and a report prepared. This should be included in the annual Board Report.