

Livewell Southwest

## **Medical Appraisal Policy**

Version No 1:1  
Review: December 2016

### **Notice to staff using a paper copy of this guidance**

**The policies and procedures page of Healthnet holds the most recent and procedural version of this guidance. Staff must ensure they are using the most recent guidance.**

**Author: Interim Medical Director**

**Asset Number: 827**

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#### Document Review History

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1	New document	January 2013	Interim Medical Director	Ratified at January 2013 LSW Board.
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# Medical Appraisal Policy

## 1. Policy scope

- 1.1 This policy document states Livewell Southwest's (LSW) requirements and approach to appraisals for revalidation to ensure that licensed doctors remain up to date and fit to practice.
- 1.2 Legislation has now been enacted requiring all doctors to be revalidated, including the statutory requirement for Responsible Officers. The first doctors are being revalidated from December 2012.
- 1.3 Revalidation of licensed doctors is required every five years and is based on comprehensive appraisals undertaken over that five year period. It is designed to improve the quality of patient care by ensuring that licensed doctors remain up to date and continue to be fit to practise:
  - To confirm that licensed doctors practise in accordance with the GMC's generic standards
  - For doctors on the specialist register and GP register, to confirm that they meet the standards appropriate for their specialty
  - To identify, for further investigation and remediation, poor practice where local systems are not robust enough to do this or do not exist.
- 1.4 This policy applies to all doctors employed by LSW. Specifically all non-training grade medical staff (GPs, Consultants, SAS grades and any other non-training grade posts) are expected to go through revalidation every five years. It also includes all medical performers contracted by LSW.
- 1.5 GPs are expected to undertake a GP appraisal with an appraiser provided by the Area Team (AT) of the NHS Commissioning Board (NHS CB). This policy mandates an additional appraisal but GPs are encouraged to share the outcome of their LSW appraisal with their NHS CB appraiser.
- 1.6 This policy does not cover the annual review and assessment process for doctors in formal training grades. This is undertaken by the Peninsula Deanery as part of the formal procedure for assessing progress in training. Issues related to health, conduct and behaviour of doctors in training grades will be dealt with under the normal employer policies and procedures for all LSW employees in liaison with the Deanery. The Deanery will be responsible for the revalidation of doctors in training.
- 1.7 This policy and its associated procedures will be overseen by the Medical Director.

## **2. Equality statement**

- 2.1 This policy applies to all Livewell Southwest (LSW) doctors irrespective of age, race, colour, religion, disability, nationality, ethnic origin, gender, sexual orientation or marital status, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership.
- 2.2 All doctors will be treated in a fair and equitable manner and reasonable adjustments will be made where appropriate.

## **3. Principles of appraisal**

- 3.1 Medical appraisal differs fundamentally from appraisal in other settings due to its elemental link with external professional regulation and revalidation. Medical appraisals are based on a doctor's performance as described in the GMC's Good Medical Practice.
- 3.2 The broadly formative theme of appraisal will be retained but in addition objective summative judgments will be made about the supporting information provided by the appraisee on performance and whether the doctor is progressing satisfactorily towards revalidation.
- 3.3 Appraisal should be a positive process that gives doctors feedback on their past performance, to chart their continuing progress and to identify their development needs. It is a forward-looking process, essential in identifying the developmental and educational needs of individuals. Appraisal is at its heart a reflective process allowing the doctor to review his/her development professionally with a trained colleague as appraiser - involving challenge where necessary.
- 3.4 The primary aim of appraisal is to help doctors consolidate and improve on good performance, aiming towards excellence. In doing so, it should identify areas where further development may be necessary or useful; the purpose is to improve performance right across the spectrum. It can help to identify concerns over performance at an early stage and also to recognise factors, which may have led to performance problems, such as ill health.
- 3.5 The aims of appraisal are to:
- Set out personal and professional development needs and agree plans for these to be met
  - Regularly review a doctor's work and performance, utilising relevant and appropriate comparative data from local, regional and national sources

- Consider the doctor's contribution to the quality and improvement of services and priorities delivered locally
- Optimise the use of skills and resources in seeking to achieve the delivery of medical services
- Utilise the annual appraisal process and associated documentation to meet the requirements for GMC revalidation against the headings of 'Good Medical Practice'.

3.6 Appraisal is underpinned by continuing professional development and if used properly can help to develop a reflective culture within service and training.

3.7 Areas covered by the appraisal:

- Quality of clinical care feedback including audits
- CPD
- Feedback from patients
- Feedback from colleagues
- Complaints, clinical incidents and significant events
- Probity
- Health

## 4. Appraisal process

4.1 Appraisees will be appraised by a formally trained appraiser according to the table below:

Staff Group	Appraiser
Medical Director/ Responsible Officer	Regional Medical Director- NHS CB
Clinical Directors/ Clinical Leads	Trained Appraiser from within LSW
Salaried GPs	Trained Appraiser from within LSW who holds a GP position
Contracted GPs	Trained appraiser from within LSW who holds a GP position
GPwSI	Trained appraiser, preferably from within LSW, but external available if required according to specialty
Consultants	Trained appraiser from within LSW who holds the post of consultant, but external available if required according to specialty
SAS doctors	Trained appraiser from within LSW
Other	Trained appraiser from within LSW

4.2 LSW will train a small group of clinicians to become appraisers. Appraisers are responsible to the clinical director / clinical leads for carrying out appraisals to the standards laid out in this policy.

- 4.3 Appraisers will receive formal training, have a job description and be appropriately contracted through job plans or diaries.
- 4.4 Responsible Officers (RO) need to undergo appraisal themselves, and to be revalidated every five years. Recommendations for revalidation will then be made by the RO at the regional office of the NHS Commissioning board
- 4.5 Joint appraisal will be arranged for doctors who are employed by other organisations including NHS Trusts or Universities. A representative appraiser from the other organisations can be invited following discussion with and agreement between all parties.
- 4.6 To avoid collusion and ensure objectivity in appraisal a number of principles should apply in guiding choice of appraiser:
- a) No doctor should be appraised by the same appraiser for more than three consecutive years, and
  - b) In any five year cycle, a doctor should have a minimum of two different appraisers
- 4.7 Where there are concerns expressed by appraiser, appraisee or relevant clinical director or clinical lead on given appraisal pairings in any one year, a final decision on appropriateness of the pairing will be taken by the Medical Director / Responsible Officer and recorded.
- 4.8 The nature, conduct and frequency of annual appraisal for doctors that are currently subject to investigation and /or disciplinary action following health, conduct and / or clinical performance concerns that have been raised (including any doctors on restricted duties, excluded by LSW or suspended by the GMC) will be decided on an individual basis by the Medical Director. The Medical Director will be responsible for keeping an accurate record of these decisions for future reference by either employer or the doctor concerned.
- 4.9 The process for appraisal will be as follows:
- The appraisal year runs from 1st April one year to 31st March the next year.
  - It is expected that all appraisals will be carried out between 1<sup>st</sup> April and 31<sup>st</sup> March of the following appraisal year i.e. the appraisal will review a complete year's activity.
  - The appraiser / appraisal coordinator should ensure that the doctor being appraised has had at least 6 weeks advance notice of the date of the appraisal.
  - The doctor being appraised should prepare for the appraisal by identifying issues to raise with the appraiser, collecting relevant evidence and by preparing a personal development plan (PDP).

- The appraisee is responsible for submitting a portfolio of evidence either electronically or in paper a minimum of three weeks in advance of the meeting
  - The appraisal meeting must be held in an appropriate environment. This will involve a quiet room and both the appraiser and appraisee must ensure that they are not disturbed during the appraisal meeting.
  - On completion of the appraisal signed off copies of the appraisal documentation form 4 summary and the personal development plan in an electronic format must be returned to the Medical Directors office by the appraiser within 4 weeks of the appraisal discussion.
- 4.10 Good practice in appraisal preparation and participation is recommended throughout. Guidance on good practice in appraisal can be found here: [www.revalidationsupport.nhs.uk](http://www.revalidationsupport.nhs.uk).

## **5. Appraisal documentation**

- 5.1 The Department of Health has developed the standard documents needed for the annual appraisal for doctors. These forms are:
- 1) Form 1 Background details
  - 2) Form 2 Current medical activities
  - 3) Form 3 Material for appraisal
  - 4) Form 4 Summary of appraisal discussion and PDP
  - 5) Form 5 Personal and organisational effectiveness
  - 6) Form 6 Confidential account of the appraisal interview (completion of this form is not compulsory)
- 5.2 The doctor being appraised must complete forms, 1, 2 and 3 and 5 before the appraisal discussion. Each annual cycle of appraisal will include discussion on a wide range of activities. In addition there will be an opportunity as part of a 5-year cycle to include two multi-source feedback tools.

### **5.3 Multi Source Feedback (MSF)**

- 5.3.1 The revalidation process will require practitioners to receive formal (multi source- MSF) feedback from both patients and colleagues at least once every five years. It will be expected that the MSF tool will obtain feedback from all aspects of a clinicians' work
- 5.3.2 The appraisee and appraiser should identify and agree the timescales for obtaining internal and external peer reviews. The Equinity 360 Degree Reflection Tool will be used as the main MSF tool for LSW. Full training will be made available to ensure that appraisers are properly trained to understand and discuss the outcome of the tool.

## 6. Outcomes of appraisal

6.1 For most doctors the appraisal process will result in a positive outcome with the development of an agreed Personal Development Plan (PDP). The maximum benefit from the appraisal process can only be realised where there is openness between the appraisee and appraiser. The appraisal should identify individual needs that will be addressed through the PDP. All records will be held electronically and any printed copies to be kept on a secure basis and access/use must comply fully with the requirements of the Data Protection Act. The following forms must be completed and signed off by both appraiser and appraisee:

- Form 4 – the key points of discussion and outcome must be fully documented and any copies printed from the on-line tool should be kept by the appraiser and appraisee. Both parties must sign the form 4 appraisal summary sheet to confirm that this is an accurate reflection of the appraisal meeting. This is then to be sent in confidence to LSW's Medical Director. This should happen within 4 weeks of the appraisal meeting.
- Personal Development Plan (PDP) – as an outcome of the appraisal, key development objectives for the following year and subsequent years should be set. These objectives may cover any aspect of the appraisal such as maintenance and development needs of the doctor as well as any weaknesses in the accumulating portfolio for the purpose of revalidation. The PDP should be finalised within 4 weeks of the appraisal meeting. The PDP will need to be agreed with either the medical director, clinical director or clinical lead if any objectives require resources to support their achievement.
- Certificate of Satisfactory Completion of Appraisal – The appraisal certificates (**Appendix 1**) will be issued by the Medical Director.

### 6.2 Documentation Problems and Disagreement

6.2.1 Where there is disagreement on wording of form 4 or PDP, which cannot be resolved between appraiser and appraisee, then this should be recorded and advice should be sought from the Medical Director who will consult with appraiser, appraisee and any other individual that s/he thinks appropriate (e.g. previous appraiser, clinical director) before reaching a decision on the most appropriate way forward.

6.2.2 Where the doctor 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 LSW's Grievance Procedure.

## 7. Confidentiality

- 7.1 This section aims to clarify issues of confidentiality on appraisal documentation and outcome e.g. who will see appraisal summaries – notably form 4s and Personal Development Plans (PDPs or Personal Learning Plans- PLPs) for doctors. Appraisal should be in the main a confidential process between the appraiser and the appraisee.
- 7.2 However, it is clear there is a need to have an explicit link between ‘successful’ participation in and outcome of annual appraisal and revalidation. There has therefore been a shift in emphasis from appraisal being purely formative towards a process that has a summative (but objective) component linked to clinical governance and performance management.
- 7.3 The appraisal process serves a number of purposes which influence the circumstances in which appraisal documentation may be viewed by individuals other than the appraiser and the appraisee. These include:
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 CPD themes that might need to be addressed by LSW as a whole
- 7.4 Form 4s will be held in electronic format by the appraisal administrator, in personal secure electronic folders in line with LSW’s Data Security & Confidentiality Policy.
- 7.5 The appraisal interview should not take place without the previous year’s Form 4 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 administrator. Consent for this to be done is implicit in participation in appraisal.
- 7.6 A summary of the purposes for which Form 4s are used and who has access to them is set out in the table below.

### Access to Form 4

Reason	Who can access	Comments
Corporate accountability for patient safety	Chief Executive, Director of Governance, Medical Director	Has access to all Form 4s & PDPs
Clinical governance – Directorate level	Clinical Lead/Clinical Director	Has access to all Form 4s & PDP of those whom he/she has appraised

Typing & filing of completed appraisal documents	Appraisal administrator	Held in personal secure Electronic and paper folder
Quality assurance of appraiser work	Anonymised form 4s available for random sampling under agreed 'sampling process' for QA purposes	Anonymised form 4s
Analysis of learning needs in PDP	Workforce Development Manager	To review for trends in training needs
Where the appraiser is not a medical lead/clinical director and she/he has concerns about performance and wishes to discuss this to register a "concern"	Clinical Lead/Clinical Director	Form 4 & PDP
Appraisee wants to make complaint about appraisal process	Medical Director	
To follow through appraisal actions	Appraiser	Previous years form 4

7.7 In the event that the appraisal process indicates that a doctor is 'in difficulty', the appraiser must escalate this to the Medical Director without delay, who will deal with the issues in accordance with LSW's relevant policies and guidelines.

7.8 However LSW needs to deal with performance issues as they arise, and not to wait until the appraisal. It may be appropriate to delay an appraisal under such circumstances, but a doctor's appraisal for revalidation has to take place annually within the financial year. Arrangements should be made as quickly as possible for the appraisal to be rescheduled. Where this is not possible records must be kept and timescales clearly documented.

## 8. Roles and responsibilities<sup>1</sup>

8.1 **Chief Executive** - is accountable to the Board of LSW for ensuring the resources and systems are in place for robust medical appraisal for doctors. S/he is accountable for ensuring that appraisal and clinical governance systems are integrated and co-coordinated at both strategic and operational level. The Chief Executive will ensure that indemnity is provided for appraisers within LSW.

- 8.2 Medical Director** - is accountable to the Chief Executive and the Board of LSW for implementing and managing the appraisal process including appraisal outcomes. The Medical Director (or their nominee) will receive, review, act upon appropriately and securely store all form 4s and PDPs. S/he will also be responsible for preparing an annual report on appraisal for the Safety, Quality and Assurance 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.
- 8.3 Clinical Director / Clinical Lead** - is responsible for carrying out appraisals or identifying appraisers in their service area / locality and ensuring that appraisals are carried out in line with LSW policy. In conjunction with the locality managers and service line leads s/he will support the provision of data collection, complaints, SUIs and other essential organisational information to the doctor to enable the doctor to provide appropriate evidence for their appraisal.
- 8.4 In some circumstances LSW will seek to use an appraiser that is external to the organisation. The Medical Director should ensure the external appraiser meets the standards of training and performance as set out in this policy. Any external appraiser will be required to notify the Medical Director of any doctors who have not completed the appraisal process in line with LSW policy.
- 8.5 Locality Manager/ Service Line Manager** - is responsible for ensuring that there is appropriate support for the provision of relevant patient data, clinical governance data (complaints, SUIs etc), workload, operational and performance information for inclusion in the appraisal portfolio. S/he will monitor appraisal coverage generally across the trust and for individual doctors and report on this to the clinical director / medical director / clinical lead where a doctor has not completed their appraisal within 15 months of their last one.
- 8.6 Appraiser** - is responsible to the clinical director / clinical lead for carrying out appraisals to the standards laid out in this policy.
- 8.7 Appraisers will receive formal training, have a job description and fulfill the criteria set out in the person specification. The Clinical Directors/clinical leads will confirm the support for doctors who apply to be appraisers within their area. All appraisers are required to have formal training in Equality and Diversity issues as specified in LSW's Equality and Diversity Policy.
- 8.8 Appraisers will assess the portfolio of supporting information provided by the appraisee against the attributes in Good Medical Practice and the current specialty standards set by the Royal Colleges, with a view to identifying weaknesses and gaps so that these can be addressed in

the appraisee's PDP. A review of the previous year's PDP will also take place and where this has not been completed satisfactorily the reasons for this are understood.

- 8.9 Appraisers will receive annual feedback and review of their performance using appraisee survey forms and a review of a sample of form 4 / PDPs that they have signed off. They will require ongoing training and their development needs will be identified in their own PDPs.
- 8.10 The appraiser is responsible for ensuring that a signed off electronic version of form 4 and the personal development plan is received by the Medical Director's Office.
- 8.11 **Appraisee** – is responsible for collating and preparing supporting information for the appraisal meeting using the checklist. The portfolio must show evidence of appropriate personal reflection by the doctor. The GMC framework for revalidation contains details of a set of attributes and domains based on 'Good Medical Practice' with accompanying college specific requirements for supporting information. Consultants and GPs are encouraged to familiarise themselves with the content and nature of the specialist standards in collating their appraisal portfolio.
- 8.12 The portfolio of supporting information provided by a doctor should reflect the breadth of all of the doctor's professional practice – including indirect patient care activities such as clinical audit, management and advisory roles across all healthcare organisations (including private practice). The appraisee is responsible for submitting their portfolio to their appraiser at least three weeks prior to the appraisal.
- 8.13 The appraisee is responsible for raising any concerns about the appraisal process in accordance with this policy. S/he is also responsible for completing the appraisee survey forms as feedback at the end of the appraisal process (Appendix 2)
- 8.14 The appraisee is also responsible for agreeing a date for the appraisal meeting with the appraiser.

## **9. When an appraisal meeting should be adjourned?**

- 9.1 Where it becomes 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, the appraisal meeting must be stopped. The matter must be referred by the appraiser immediately to the Medical Director to take appropriate action. Maintaining High Professional Standards in the Modern NHS policy may need to be followed.

## **10. What is an unsatisfactory appraisal?**

- 10.1 If any part of the essential documentation is not identified in a portfolio (unless a satisfactory explanation can be offered by the appraisee) then this must be brought to the attention of the appraiser prior to the appraisal meeting. This should provide an opportunity for the appraiser to produce the relevant piece of information. If the information is not forthcoming and there is no satisfactory explanation offered then the appraisal meeting should not go ahead and the Medical Director should be informed.
- 10.2 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 judgment that there is inadequate evidence in any section of the appraisal toolkit
  - failure to complete the previous years PDP without adequate explanation.
- 10.3 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 Form 4s 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 Medical Director.

## **11. Complaints arising from the appraisal process**

- 11.1 Complaints and grievances arising from the appraisal process should be addressed in the first instance to the Medical Director, or, if they concern the Medical Director, to the Chief Executive of LSW.
- 11.2 Receipt of complaints will be acknowledged within seven days. Complaints will be investigated and where possible resolved by the recipient within twenty eight days. A written reply will be provided to the complainant at this time.
- 11.3 Complaints and grievances may be discussed with the Head of Human Resources with the agreement of the complainant, if necessary to determine the best course of action or to assure the complainant of the integrity of the process.
- 11.4 Complainants who are not satisfied with the outcome can refer the complaint to the Chief Executive of LSW.

11.5 An anonymised report of complaints will be included in the annual report.

## **12. Quality assurance programme for appraisal**

12.1 Internal Quality Assurance (QA) of appraisal comprises:

- Assurance of the process.
- Assurance of work of appraisers.

### **12.2 Assurance of the Process**

12.2.1 Assurance of the process will be carried out as part of the annual report to the Board of LSW produced by the Medical Director.

12.2.2 Regular review of LSW's appraisal system, policy and supporting guidance will be undertaken each year. This will include regular formal feedback from both appraisers and appraisees on the management of the appraisal system as a whole. For appraisees this will be achieved through the use of the routine Appraiser Feedback Questionnaire. Appraisers will be asked for feedback as part of their annual review process.

### **12.3 Assurance of the Work of Appraisers**

12.3.1 QA of appraiser work is delivered through:

1. Recruitment and selection – through the Medical Director / Clinical Director/ Clinical Leads.
2. Review of 'probationary' appraiser performance after their initial appraisal
3. Review of established appraisers' performance through regular feedback questionnaires from appraisees.
4. Annual appraiser paper-based review – using analysis of form 4 / PDPs produced
5. Three yearly face to face formal appraiser reviews.
6. Annual appraiser updates (formal group training and appraiser support)

12.3.2 LSW does not currently have a policy to undertake any formal assessment (anonymised or otherwise) of supporting information in the appraisal portfolios of individual doctors. This policy will be reviewed annually to ensure LSW keeps in line with national policy on this issue.

## **13. Recruitment, selection & training of appraisers**

- 13.1 The Medical Director is happy to receive enquiries from doctors wishing to become appraisers within LSW.
- 13.2 Those expressing an interest will be eligible to attend an internal orientation course aimed at assessing an individual's competencies to undertake appraisal. This course will contain the necessary approved national core content defined by the national Revalidation Support Team. Any external providers used by LSW to carry out initial training for new appraisers will be required as part of their contract to regularly assess their training packages for consistency with the current approved core content.
- 13.3 Following successful completion of this, a formal interview will be conducted involving the Medical Director and relevant Clinical Director or Clinical Lead and a non-executive member of the Board of LSW to assess the individual's application to become an appraiser. Where appraiser roles are explicitly required to be a part of a clinical director's / clinical lead's management role then this will be formally included in their job description and the relevant person specification will be amended accordingly.
- 13.4 Following appointment, a probationary period of 12 months will follow during which the new appraiser will undertake a minimum of 3 appraisals. After the first of these appraisals, a formal review will be undertaken with the Medical Director / Clinical Director / Clinical Lead to assess progress, deal with any new learning needs identified and confirm whether the appraiser is competent to continue.
- 13.5 Established appraisers will have access to ongoing support through the Clinical Director / Clinical Leads or through the Medical Director. Regular appraiser forums will be held to provide refresher skills training, group feedback and updates on LSW appraisal policy changes. Appraisers will be expected to include relevant learning objectives for developing their appraisal skills in their PDPs as a result of their own annual appraisal.
- 13.6 Doctors undertaking formal appraiser roles will be expected to discuss formalising their workload on appraisals within their annual job plan review with their clinical director or the medical director.

## **14. Exemption from appraisal**

- 14.1 Doctors who have been in post for less than six months prior to the end of an appraisal year will be exempt from the appraisal process for that year but will be expected to meet with the Clinical Director / Clinical lead and Locality Manager to agree relevant service related objectives within the first three months of their new role.

14.2 All doctors that have been in post for more than six months (including locums) will be expected to participate fully in the appraisal process. The six months includes time spent in previous posts in LSW. It is the responsibility of the individual doctor (including locums) to ensure that they participate in the appraisal process.

## **15. Deferment of an annual appraisal**

15.1 LSW policy requires all doctors to undergo an appraisal annually and is a formal requirement for revalidation. There are however exceptional circumstances when a doctor may request that an appraisal is deferred such that no appraisal takes places during one appraisal year.

15.2 Instances when a doctor may request a deferment:

- Breaks in clinical practice due to sickness or maternity.
- Breaks in clinical practice due to absence abroad or sabbaticals.

15.3 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.

15.4 Appraisers will use their discretion when deciding the minimum evidence acceptable for these exceptional appraisals, but are advised to discuss each case with the medical director.

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

- In excess of 6 months should try to be appraised within 6 months of returning to work.
- 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.

15.6 Each case can be dealt with on its merits and LSW 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.

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

15.8 Doctors who think they may need to defer their appraisal should discuss their deferment with their clinical lead/clinical director in the first instance and inform the Medical Director.

## **16. Procedure to be followed for doctors who have not completed an annual appraisal**

16.1 The clinical director / clinical lead will be asked by the Medical Director to carry out an investigation as to the reasons why the individual doctor has not completed an appraisal. A report on the investigation will be submitted to the Medical Director and appropriate action will be taken.

16.2 Doctors who have not completed an annual appraisal will not be eligible for routine pay progression or local clinical excellence awards unless deferment on exceptional grounds has been agreed with LSW.

## **17. Private practice**

17.1 Where a doctor 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.

17.2 Revalidation is based on whole practice appraisal. Absence of supporting information from other practice settings may therefore risk a positive recommendation for revalidation.

## **18. Indemnity arrangements**

18.1 Doctors working as appraisers on behalf of LSW will be indemnified for their actions in the pursuance of their work as part of their usual indemnity arrangements with their employer.

## Certificate of Satisfactory Completion of Appraisal 20XX/YY

This certificate confirms that

Dr \_\_\_\_\_

GMC No: \_\_\_\_\_

Has completed a satisfactory appraisal for the year 20XX/YY

Signed: \_\_\_\_\_

Dr Andy Sant, Interim Medical Director / Responsible Officer, PCH

Date: \_\_\_\_\_

## APPENDIX 2

### 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					

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?

Comments to help your appraiser improve their skills

How could the appraisal meeting have been improved?

How could the administration of appraisal have been improved?

## APPENDIX 3

### GUIDE TO ESSENTIAL AND OPTIONAL EVIDENCE THAT SHOULD BE INCLUDED IN AN APPRAISAL PORTFOLIO

This appendix summarises what is expected to be the essential and optional information that should be included in an appraisal portfolio. The use of structured reflective templates is an essential part of the process of collecting evidence.

<b>Form 3: Section of Good Medical Practice</b>	<b>Essential Evidence (Personal)</b>	<b>Essential Evidence (Organisational)</b>	<b>Optional Evidence</b>
<b>Relating to all sections</b>	In the absence of any of the evidence listed in this column, the appraisal should be deferred until the evidence is available	Evidence should normally be present for the large majority of doctors. If not presented, the reasons why should be discussed at appraisal	Evidence which the doctor may choose to include for the purpose of discussion within the appraisal, and/or for the purpose of demonstrating his/her good practice. This list cannot be exhaustively defined; examples of evidence are listed for the purpose of illustration.
<b>Good clinical care</b>	On going PDP with clear description in form 3 of successes and limitations in meeting each item	Last year's appraisal summary (form 4)	Key organisational audits, with structured reflective template(s)  Examples include: MRSA rates, compliance with infection control policies etc. The doctor is not expected to generate these figures,
			Personal data collection exercises/audits with reflection

		but must complete a reflective piece describing his/her response to the data	
<b>Good Clinical Care (Cont)</b>	Clinical incidents:- case review structure reflective templates to be completed for each clinical incident on an annual basis	Significant event audit (SEA) structured reflective template	Personal significant events with reflection
	One data collection exercise/audit with structured reflective template. This must include any relevant national audits (the Clinical Governance Team will be able to provide a current list). If this information is not included in the portfolio then this should be discussed as to the reasons. Provided there is a satisfactory explanation then the appraisal meeting can continue.	Current job plan where relevant	All previous PDPs
	Results of the audit of clinical outcomes	Evidence of team reflection Where such activity occurs	Personal reflective diaries
			Plaudits

			Evidence of learning events relating to good clinical care
<b>Maintaining good medical practice</b>	Structured reflective template on the last year's personal learning		Departmental development plan
	Evidence of having met the criteria set out by the relevant College/Faculty for Continuing Professional Development		Evidence of participation in additional learning events to those of College/Faculty CDP requirements
<b>Maintaining good medical practice (cont)</b>			Evidence of membership of organisations where learning occurs
			Personal reflective diary
			Evidence of knowledge assessment e.g. formal examination results, self-assessments etc
<b>Relationships with patients</b>	The results of the patient/user survey, with structured reflective template.		Additional information for patients e.g. details of website, examples of leaflets and other formats of communication with patients, use of copy letters etc.

	Complaints structured reflective template(s) or declaration of no complaints	Information for patients about services e.g. departmental leaflet	Confidentiality policy
			Evidence of learning in the context of patient relationships e.g. communication skills workshops
		Additional patient feedback data	Evidence relating to other aspects of patient relationships e.g. involvement with patient participation groups
<b>Relationships with colleagues</b>	Structured Reflective Template with a record of the results of multi-source feedback exercise with structured reflective  The exercise must relate to the individual practice of the appraisee and must have been facilitated by a third party.	Additional multi-source feedback data	Evidence of learning in the context of colleague relationships  E.g. team building exercises, equal opportunities and diversity training.
<b>Other professional roles</b>	Full declaration of all such roles in the appraisal preparatory paperwork (forms	Evidence of on-going performance in these contexts	Evidence of learning in the relevant context

To include teaching, research, management and any other clinical and non-clinical professional responsibilities	2 and 3)	Where such review is co-ordinated by a discrete organisation e.g. deanery, trust, through a formal performance review/process of re-accreditation, this evidence must be provided.	Courses attended, learning modules completed, self-assessment tools used etc.
	Structured reflective template on how other roles impact on your clinical practice		Evidence indicating performance in the relevant context e.g. publications, commendations, feedback from students, diplomas, degrees and other awards
<b>Probity</b>	Self declaration of performance management status/disciplinary status within the host organisation	Evidence of probity in relation to funds managed on behalf of others	Other evidence relating to probity which the appraisee chooses to present, to demonstrate good practice e.g. evidence of gift register
	Self declaration of GMC status, NCAS status, criminal status	Completion of probity questionnaire, as defined by either GMC, Academy of Royal Medical Colleges (ARMC) or agreed locally.	Other evidence which the appraisee chooses to present, so as to discuss at the appraisal
	Completion of probity structured reflective template		Evidence of participation in learning activities relating to probity
<b>Health</b>	Completion of health	Self declaration of health status, as defined by either GMC or ARMC, or	Other evidence relating to health which the appraisee

	structured reflective template	locally agreed	chooses to present, to demonstrate good practice
			Evidence of participation in learning activities relating to health e.g. attending stress reduction workshops
<b>Form 5 – personal and Organisational effectiveness</b>	Current job plan	Workload with internal (and external comparison if available).	Record of completion of mandatory training
		Results of any external review of the service with a commentary	

### Summary checklist of essential evidence for appraisal

Item	Requirement	Present (tick)
Appraisal portfolio completed.	Annual	
Completion of new forms 1,2,3	Annual Coherent Provided in good time	
Provision of on-going PDP with clear description in form 3 of degree of attainment	Annual	
Last year's appraisal summary (form 4)	Annual	
LSW incident & complaint report - structured reflective template (SRT)	Appraisal cycle	
Audit of clinical outcomes SRT	Appraisal cycle	
Data collection/audit with SRT	1 annually	
Significant event SRT or declaration of no significant event.	1 annually	
SRT on last year's learning	Annual	
Evidence of having met the criteria set out by the relevant College for CPD (if available)	Annual	
Patient/user survey SRT	Appraisal cycle	
Lessons learnt from complaint(s) in the format of a SRT(s) or declaration of no complaints	At least one annually	
Multi-source feedback SRT	2 in 5 year appraisal cycle	
Full declaration of all other professional roles	Annual	

Other professional roles SRT	Annual	
Probity SRT	Annual	
Health SRT	Annual	
Private practice – appendix 10 or equivalent information (if applicable)		Only required if part of a whole practice appraisal

All policies are required to be electronically signed by the Lead Director

**(the policy will not be accepted onto Healthnet until the e-signature is received).**

The proof of signature for all policies is stored in the policies database.

The Lead Director approves this document and any attached appendices.

**Signed:**

Title: Interim Medical Director

**Date: 13<sup>th</sup> February 2013**