# Policy for the Annual Appraisal and Revalidation of Medical and Dental Staff

## Purpose
To set out the principles and framework for medical and dental staff annual appraisal and revalidation.

<table>
<thead>
<tr>
<th>Controlled Document Number:</th>
<th>867</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version Number:</td>
<td>1</td>
</tr>
<tr>
<td>Controlled Document Sponsor:</td>
<td>Executive Medical Director</td>
</tr>
<tr>
<td>Controlled Document Lead:</td>
<td>Head of Medical Directors’ Services</td>
</tr>
<tr>
<td>Approved By:</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>On:</td>
<td>22nd July 2015</td>
</tr>
<tr>
<td>Review Date:</td>
<td>July 2018</td>
</tr>
<tr>
<td>Distribution:</td>
<td>• Essential Reading for: • All Medical &amp; Dental Staff</td>
</tr>
</tbody>
</table>

---

**CONTROLLED DOCUMENT**

---
## Contents

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Policy Statement</td>
</tr>
<tr>
<td>2</td>
<td>Scope</td>
</tr>
<tr>
<td>3</td>
<td>Framework</td>
</tr>
<tr>
<td>4</td>
<td>Duties</td>
</tr>
<tr>
<td>5</td>
<td>Implementation and Monitoring</td>
</tr>
<tr>
<td>6</td>
<td>References</td>
</tr>
<tr>
<td>7</td>
<td>Associated Policy and Procedural Documentation</td>
</tr>
</tbody>
</table>

### Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Monitoring Matrix</td>
</tr>
</tbody>
</table>
1 Policy Statement

1.1 The purpose of this policy is to ensure that all non-training grade doctors and dentists ("Medical Staff") employed by University Hospitals Birmingham NHS Foundation Trust ("the Trust") are appraised and Revalidated in accordance with national and local requirements so that they are able to maintain their General Medical Council (GMC) / General Dental Council (GDC) Registration.

1.2 ‘Appraisal’ is part of the Revalidation process which is designed to recognise good performance, provide feedback, and assist in the identification of performance issues so they can be dealt with at an early stage. It will identify Medical Staff who are struggling to provide the supporting information that is needed to demonstrate achievement of generic and specialist standards and assist those in identifying support and developmental needs at an early stage, before there is any question of concerns about patient safety.

1.3 ‘Revalidation’ is designed to improve the quality of patient care by ensuring that licensed Medical Staff (i.e. doctors and dentists who hold a licence to practice) remain up to date and continue to be fit to practise:

- 1.3.1 To confirm that licensed doctors practise in accordance with the GMC/GDC’s generic standards;
- 1.3.2 For doctors on the specialist register, to confirm that they meet the standards appropriate for their specialty; and
- 1.3.3 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 is a commitment by the Trust to enable all licensed Medical Staff to participate in appraisal and Revalidation in order to maintain their GMC/GDC Registration.

1.5 This policy will be informed by the GMC/GDC guidance notes on Revalidation.

2 Scope

2.1 This policy applies to all non-training grade Medical and Dental staff contracted by the Trust (includes substantive employees, linked i.e. with honorary contracts/joint contracts or temporarily employed) irrespective of age, disability, race, colour, nationality, ethnic origin, religion, gender, sexual orientation or marital status, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or
trade union membership. For university academics, with honorary contracts, principles of Follett\(^1\) apply.

2.2 Appraisal and Revalidation are contractual requirements for Medical staff and Dental staff.

2.3 Health Education England (the Deanery) has responsibility for revalidation of all training grade Medical and Dental staff.

3 Framework

3.1 This section describes the broad framework for the appraisal and Revalidation of doctors and dentists throughout the Trust.

3.2 Each non-training grade doctor and dentist shall have an appraisal once every 12 month period between 1 April and 31 March. Appraisals shall be carried out in accordance with the GMC requirements and shall include the agreement of a Personal Development Plan (PDP).

3.3 All Medical Staff are responsible for ensuring that they are appraised annually on their whole practice, so will need to make arrangements to share information from each of their employers, including private practice, on an annual basis.

3.4 Medical Staff appraisals differ fundamentally from appraisals in other settings due to their elemental link with external professional regulation and Revalidation. Medical Staff appraisals shall cover the following areas:

3.4.1 Quality of clinical care feedback, including audits

3.4.2 Continuing professional development (CPD)

3.4.3 Feedback from patients

3.4.4 Feedback from colleagues

3.4.5 Complaints, clinical incidents and significant events

3.4.6 Probity

3.4.7 Health

3.5 The Trust shall ensure that effective and supported systems of clinical governance arrangements are available to enable Medical Staff to undertake CPD and that Medical Staff are able to monitor their practice through performance information, including clinical indicators relating to patient outcomes, through feedback from patients and colleagues etc.

---

\(^1\) A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties - A report to the Secretary of State for Education and Skills, by Professor Sir Brian Follett and Michael Paulson-Ellis, September 2001
3.6 The Trust will ensure that arrangements are in place for the seamless appraisal of any Medical Staff who have had a break in service in any five year period for whatever reason, including, for example, maternity leave.

3.7 The Responsible Officer will also need to undergo an appraisal themselves, and to be revalidated every five years.

3.8 The Trust shall ensure that there is a sufficient number of trained appraisers to carry out appraisals and shall maintain a database of appraisers. A process for the selection of appraisers will be followed to ensure that doctors/dentists with the appropriate expertise, skills and commitment are selected for this role. The selection and training of new appraisers will be carried out as and when required. The Trust shall have regard to national guidelines when providing training of appraisers.

3.9 To ensure fairness, equity and to mitigate against conflicts of interest, an appraisee will not be appraised by the same appraiser for more than three appraisal cycles.

3.10 Medical Staff with appraiser responsibilities will have this included in their own appraisal to ensure their competence and performance is satisfactory. The team of appraisers will have periodic meetings to ensure consistent standards are maintained.

3.11 Appraisers must declare any conflicts of interest with their appraisee, such as:

3.11.1 A personal or family relationship;
3.11.2 Paired appraisals (i.e. where two members of staff appraise each other); or
3.11.3 An appraiser receiving direct payment from an appraisee for performing the appraisal.

3.12 The Trust shall indemnify each appraiser for any claims arising out of the appraisals they conduct, provided that such claims do not arise as a result of the appraiser’s negligence.

Revalidation

3.13 Revalidation of licensed doctors and dentists is required every five years and will be based on the appraisals undertaken over that five year period.

3.14 Revalidation started on 3 December 2012 and so initial revalidation of individual Medical Staff will be undertaken in accordance with the timetable set out at section 5 (Implementation).

Medical Staff In Difficulty

3.15 In the event that the appraisal process indicates that a doctor or dentist is ‘in difficulty’, the appraiser must escalate this to the relevant Divisional Director without delay, who will deal with the issues in accordance with the Trust’s relevant policies and guidelines.
3.16 However, performance issues need to be dealt with 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/dentist's appraisal for revalidation must take place annually within the financial year. In such circumstances, 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.

4 Duties

4.1 Executive Medical Director

The Executive Medical Director is the Trust’s designated Responsible Officer (RO) for Medical Staff contracted to the Trust and:

4.1.1 Has overall accountability for ensuring appraisal takes place for all Medical Staff;

4.1.2 Shall ensure that a sufficient number of trained appraisers are in post;

4.1.3 Will ensure that any follow-up action is taken;

4.1.4 Will ensure comprehensive records are kept of all appraisals and securely hold copies of all relevant medical appraisal documents;

4.1.5 Has overall responsibility for the quality of appraisal undertaken within the Trust;

4.1.6 Is responsible for ensuring that UHB’s systems of clinical governance and appraisal are working and are appropriate for Revalidation;

4.1.7 Is responsible for making recommendations for Revalidation to the General Medical Council;

4.1.8 Is responsible for providing assurance that this policy is implemented across the Trust; and

4.1.9 Is the controlled document sponsor for this policy document.

4.2 Associate Medical Director – Revalidation

The Associate Medical Director – Revalidation will:

4.2.1 Be accountable for ensuring high quality appraisal takes place for all non-training grade Medical Staff;

4.2.2 Annually scope the number of appraisals that will be needed and ensure there is a sufficient pool of trained appraisers within the Trust to carry out these appraisals;
4.2.3 Review and amend the Trust’s policy for Medical Appraisal and Revalidation on behalf of the Responsible Officer to ensure that regulatory requirements set by the GMC are adhered and achieved; and

4.2.4 Provide advice for the development of a Trust wide system to collect and collate the required documentation on behalf of the RO for all Medical and Dental Staff.

4.3 Chief Operating Officer
The Chief Operating Officer will ensure that Medical Staff are given appropriate time to undertake medical appraisal.

4.4 Directors of Operations and Divisional Directors
Directors of Operations and Divisional Directors are responsible for:
4.4.1 Ensuring all Medical and Dental Staff receive a yearly appraisal; and
4.4.2 Ensuring that this policy are implemented, within their areas of responsibility.

4.5 Head of Medical Directors’ Services
The Head of Medical Directors’ Services is responsible for:
4.5.1 Providing advice to the RO and the Associate Medical Director – Revalidation, of changes to requirements as outlined by the GMC and GDC; and
4.5.2 Providing support and advice for the implementation of this policy throughout the Trust.

4.6 Appraisers
Appraisers will be appointed by Divisional Directors, in line with the numbers of appraisals that are required. They will:
4.6.1 adhere to this Policy and carry out appraisals in accordance with the GMC requirements;
4.6.2 Organise all their appraisals within the appraisal timeframe;
4.6.3 Review appraisal documentation and evidence before the appraisal interview takes place, identifying key areas for discussion;
4.6.4 Ensure all paperwork is processed as required on completion of the appraisal interview, including the signing off of the PDP by both parties;

4.6.5 Report on the outcome of their appraisals to the Responsible Officer;

4.6.6 Undertake appraisal training and attend period updates as required; and

4.6.7 Take part in a performance review, including feedback on performance in their role as appraiser.

4.7 Non-training grade Medical and Dental Staff

All non-training grade Medical and Dental staff are responsible for:

4.7.1 Ensuring that they are familiar with and adhere to this policy document;

4.7.2 Being actively involved in their appraisal process;

4.7.3 Ensuring that they maintain an accurate up to date appraisal folder and records of their previous appraisals; and

4.7.4 Ensuring that they maintain an accurate up to date information required by the RO to recommend the individual for Revalidation.

5 Implementation and Monitoring

5.1 Implementation

5.1.1 This policy will be available on the Trust’s Intranet site. The policy will also be disseminated through the management structure within the Trust.

5.1.2 The Associate Medical Director – Revalidation will provide advice and support to the Divisional Directors about the implementation of this policy.

5.1.3 The Trust will carry out initial “Revalidations” as follows:

a. around 20% of licensed Medical Staff employed by the Trust as at 1 April 2013 will be Revalidated between April 2013 and the end of March 2014 (year ‘one’);

b. around 40% of licensed Medical Staff employed by the Trust as at 1 April 2013 will be Revalidated between April 2014 and March 2015 (year ‘two’);

c. the remaining 40% of licensed Medical Staff employed by the Trust as at 1 April 2013 will be Revalidated between April 2015 and March 2016 (year ‘three’); and
d. any licensed Medical Staff who have not been Revalidated in years one, two or three will be Revalidated by March 2018 – the end of the first cycle;

5.1.4 Thereafter, Medical Staff will be Revalidated no later than five years after their most recent Revalidation.

5.2 Monitoring

5.2.1 Implementation of and effectiveness of this policy will be monitored by the Executive Medical Director.

5.2.2 The quality of appraisals and Revalidation will be assured through quarterly reports to the Executive Medical Director from the Head of Medical Director’s Services. Appraises will be asked for feedback on their experience of appraisal annually.

5.2.3 The Board of Directors will receive an annual report at year end, confirming the level of compliance with the Policy and any key themes that are emerging.

5.2.4 Appendix A provides full details on how the policy will be monitored by the Trust.

6 References

6.1 General Medical Council (GMC) http://www.gmc-uk.org/
6.2 General Dental Council (GDC) http://www.gdc-uk.org/Pages/default.aspx
6.3 NHS Revalidation Support Team http://www.revalidationsupport.nhs.uk/default.asp
6.4 The Terms and Conditions Consultants (England 2003)
6.5 The Terms and Conditions of Service for Hospital, Medical and Dental staff and staff in the Community Health Service
6.6 A guide to Consultant job planning – BMA NHS Employers
6.7 Effective Job Planning: A concise guide for Consultants – NHS Modernisation Agency

7 Associated Policy and Procedural Documentation

7.1 Procedure for supporting research through Job Planning
7.2 Procedure for Job Planning Medical and Dental Consultants
## Appendix A
### Monitoring Matrix

<table>
<thead>
<tr>
<th>MONITORING OF IMPLEMENTATION</th>
<th>MONITORING LEAD</th>
<th>REPORTED TO PERSON/GROUP</th>
<th>MONITORING PROCESS</th>
<th>MONITORING FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy and Procedural documents</td>
<td>Head of Medical Directors’ Services</td>
<td>Executive Medical Director</td>
<td>Check intranet documents are up to date</td>
<td>Annually</td>
</tr>
<tr>
<td>Compliance with policy</td>
<td>Associate Medical Director – Revalidation</td>
<td>Executive Medical Director</td>
<td>Ongoing review of appraisals</td>
<td>Ongoing and Annually</td>
</tr>
<tr>
<td>Overall Compliance</td>
<td>Medical Director</td>
<td>Board of Directors</td>
<td>Overall concerns with compliance (exception)</td>
<td>Annual</td>
</tr>
<tr>
<td>Period Compliance with Appraisals by Division</td>
<td>Associate Medical Director – Revalidation</td>
<td>Executive Medical Director</td>
<td>Medic@Work Task and Finish Group</td>
<td>Monthly</td>
</tr>
<tr>
<td>Monitor Actions for Doctors in Difficulty</td>
<td>Associate Medical Director – Revalidation</td>
<td>Executive Medical Director</td>
<td>Reported to the Board or CCQ</td>
<td>Monthly</td>
</tr>
<tr>
<td>Review existing mechanisms in place for Appraisals to ensure are fit for purpose</td>
<td>Associate Medical Director – Revalidation</td>
<td>Executive Medical Director</td>
<td>Annual Organisational Assessment (AOA) return</td>
<td>Annual</td>
</tr>
<tr>
<td>Monitor the appraisers against agreed measures: Selection, training, assessment, random sampling of appraisals</td>
<td>Associate Medical Director – Revalidation</td>
<td>Executive Medical Director</td>
<td>Quarterly updates of the Annual Organisational Assessment (AOA) return</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>