

**CONTROLLED DOCUMENT**

## Appraisal and Revalidation of Medical and Dental Staff Policy

<b>CATEGORY:</b>	Policy
<b>CLASSIFICATION:</b>	Governance
	To set out the principles and framework for Medical and Dental staff appraisal and revalidation.
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<b>Will this Controlled Document impact upon any contracts held by the Trust?</b>	<input type="checkbox"/> Yes <sup>1</sup> <input checked="" type="checkbox"/> No
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<ul style="list-style-type: none"> <li>• <b>Essential Reading for:</b></li> <li>• <b>Information for:</b></li> </ul>	<p>All Medical and Dental Staff</p> <p>All Staff</p>

<sup>1</sup> If this Controlled Document will have an impact on any contracts held by the Trust, once approved, this will need to be sent to the Procurement Team requesting that it be added to the Procurement Policy Portal.

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## 1. Policy Statement

- 1.1. Annual appraisal is a contractual requirement for all licensed medical practitioners employed by University Hospitals Birmingham NHS Foundation Trust ('the Trust').
- 1.2. The purpose of this policy is to ensure that all eligible Trust doctors ("Medical Staff") are appraised and revalidated in accordance with national and local requirements, so that they are able to maintain their General Medical Council (GMC) Registration; it is informed by the GMC guidance notes on Revalidation.
- 1.3. Appraisal is a process of facilitated self-review supported by information gathered from **the full scope** of a doctor's work.

Its purpose is to:

- Enable doctors to discuss their practice and performance with their Appraiser in order to demonstrate they continue to meet the principles and values set out in *Good Medical Practice* and thus inform the responsible officer's revalidation recommendation to the GMC;
  - Enable doctors to enhance the quality of their professional work by planning their professional development; and
  - Enable doctors to consider their own needs in planning their professional development.
- 1.4. Revalidation is designed to improve the quality of patient care by ensuring that licensed Medical Staff (i.e., doctors who hold a licence to practise) remain up to date and continue to be fit to practise. Revalidation is based both on appraisal and local clinical governance processes.
  - 1.5. Effective medical appraisal and subsequent revalidation will satisfy the requirements of *Good Medical Practice* and support the doctor's professional development. These processes are overseen by the Responsible Officer (RO). Where indicated, the RO will inform the GMC of any concerns about a doctor's fitness to practise, or a doctor's refusal to engage in the processes that inform the revalidation process.

## 2. Scope

- 2.1. This policy applies to all doctors employed by the Trust, including bank and doctors on honorary/joint contracts. For university academics with

honorary contracts, principles of Follett<sup>2</sup> apply (which requires they have two appraisers).

- 2.2. Staff employed exclusively as dentists (with no GMC registration number) will be subject to specific local appraisal processes. Further information can be obtained from the Clinical Service Lead for Dental Services.
- 2.3. For doctors who are in the Foundation Training programme and those that hold a Health Education England (HEE) appointed training post, responsibility for their appraisal and revalidation is held by Health Education England. Their appraisals will be conducted through the ARCP (Annual Review of Competence Progression) process.
- 2.4. Staff members carrying out traditionally medical roles such as Physician's Assistants and Advanced Critical Care Practitioners are appraised in a different manner within their specialty. It is the responsibility of their Divisional Director to ensure adequate systems are in place for their appraisal.

### **3. Framework**

- 3.1. This section describes the broad framework for the appraisal and revalidation of eligible doctors throughout the Trust.
- 3.2. Effective medical appraisal and revalidation processes will ensure that the Trust is compliant with the requirements of the GMC guidance *Good Medical Practice* across the whole scope of the doctor's medical practice, as well as providing support in their professional development.
- 3.3. The Medical Profession (Responsible Officers) Regulations 2010 set out the requirements for the Trust to appoint a RO, who will be responsible for the oversight of the revalidation process. Where indicated, the RO will inform the GMC of any concerns about a doctor's fitness to practise, or of a doctor's refusal to engage in the processes that inform the revalidation process.
- 3.4. The Medical Director is the Trust's appointed RO.

#### **Medical Appraisal Process**

- 3.5. Each eligible doctor will undertake an annual appraisal prior to the anniversary of their GMC registration/last revalidation. Appraisals shall be carried out in accordance with the GMC requirements and shall include the agreement of a Personal Development Plan (PDP).

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<sup>2</sup> 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. Appraisals may be undertaken more frequently than annually if required by the Assistant Medical Director for Appraisal and Revalidation (“Assistant Medical Director”) or an Associate Medical Director.
- 3.7. All Medical (including Dental) staff are responsible for ensuring that they are appraised annually on their **whole practice of work**. This includes work conducted in private practice, agency, working abroad or any other work undertaken outside the Trust that is subject to holding a medical license to practise. Medical staff undertaking additional work outside of the Trust will need to make arrangements to share information with and between their employers, including private practice.
- 3.8. Medical Staff appraisals must cover the following areas:
  - 3.8.1. A record of the appraisee whole scope of practice. This should incorporate their most recent agreed job plan, where available;
  - 3.8.2. A review of quality indicators concerning their clinical practice, including audits, outcome and performance indicators where applicable;
  - 3.8.3. Their continuing professional development (CPD);
  - 3.8.4. Feedback from patients;
  - 3.8.5. Feedback from colleagues;
  - 3.8.6. Complaints, clinical incidents and significant events;
  - 3.8.7. Probity;
  - 3.8.8. Health; and
  - 3.8.9. Any other agreed objectives and mandatory training;
- 3.9. The Trust shall ensure that there is a suitable process to enable Medical staff to collect 360 patient and colleague feedback. Further advice can be sought from the Revalidation Team.

### **Completion of Appraisal**

- 3.10. An Appraisal is required every 12 months on the anniversary of the doctor’s last Appraisal, ARCP or GMC Registration.
- 3.11. All Medical staff are responsible for updating their designated body on GMC online.

- 3.12. Each appraisal will be viewed by the Assistant or an Associate Medical Director, to ensure that Appraisee and Appraiser are completing the appraisal documentation to the required standard.
- 3.13. All Appraisees will be requested to complete feedback of their Appraisers. The Appraiser will also be monitored on the numbers of appraisals they complete over a 12 month period; those completing less than 3 appraisals will be required to attend a refresher course.

### **Appraisers**

- 3.14. The Trust shall ensure that there is a sufficient number of trained Appraisers to carry out appraisals and shall maintain a database of Appraisers.
- 3.15. A process for the selection of Appraisers will be followed by the Assistant Medical Director to ensure that doctors 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 to Appraisers.
- 3.16. Medical staff with Appraiser responsibilities will have their appraiser status included in their own Appraisal to ensure their competence and performance is reviewed. The team of Appraisers will have periodic meetings to ensure consistent standards are maintained.

### **Equity, Fairness and Confidentiality**

- 3.17. Appraisals will remain confidential between the Appraiser, the Appraisee, the Assistant Medical Director and the Medical Director/RO, unless permission to observe an appraisal has been granted by the Appraisee or the Medical Director/RO.
- 3.18. The Trust shall ensure that effective and supported systems of clinical governance are available to enable Medical and Dental staff to undertake appropriate CPD, and that Medical and Dental staff are able to monitor their practice through performance information, including clinical indicators relating to patient outcomes and through feedback from patients and colleagues, etc.
- 3.19. Appraisers must not complete an appraisal where there is a conflict of interest with their Appraisee, such as:
  - 3.19.1. A personal or family relationship;
  - 3.19.2. Paired appraisals (i.e., where two members of staff appraise each other); and

- 3.19.3. An Appraiser receiving direct payment or any other form of benefit relating to the Appraisal.
- 3.20. If there are any concerns on potential conflicts of interest, advice and guidance will be available from the Assistant Medical Director.
- 3.21. To ensure fairness, equity and to guard against conflicts of interest, an Appraisee will not be appraised by the same Appraiser for more than three consecutive appraisal cycles.
- 3.22. 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.
- 3.23. The Trust will ensure that arrangements are in place for the seamless appraisal of any Medical/Dental staff who have had an absence in any five year period for whatever reason, including, for example, maternity leave.

#### **Medical Revalidation**

- 3.24. Revalidation of licensed doctors is required every five years. The decisions concerning revalidation will be based principally on the appraisals undertaken over that five year period, patient and colleague feedback and required mandatory training elements as set by the Medical Director.
- 3.25. Doctors who are under local MHPS investigation or under investigation by the GMC will have their revalidation date deferred until the investigation process has been completed, unless the GMC advise otherwise.
- 3.26. All Medical staff are responsible for providing the required evidence for revalidation.

#### **Medical Staff in Difficulty**

- 3.27. In the event that the appraisal process indicates that a doctor's performance and/or patient safety is being affected through matters of probity, health or other factors, 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.
- 3.28. Performance issues need to be dealt with as they arise, and should not wait until an appraisal is undertaken. It may be appropriate to delay an appraisal under such circumstances, in which case arrangements will be made for the appraisal to be rescheduled as quickly as possible. Where this is not possible, records must be kept and timescales clearly

documented and the revalidation team kept informed. It remains the responsibility of the Appraiser to inform the revalidation team of any such decision.

## **4. Duties**

### **4.1. Medical Director/Responsible Officer**

The Medical Director has responsibility for the approval of this policy and for providing assurance of its effective implementation in the Trust. As the Trust's designated Responsible Officer (RO) for Medical/Dental staff contracted to the Trust, the Medical Director will have the oversight and responsibility for ensuring that:

- 4.1.1. An appraisal takes place for all Trust Medical and Dental staff;
- 4.1.2. A sufficient number of trained Appraisers are in post;
- 4.1.3. Any required follow-up actions are taken;
- 4.1.4. Comprehensive records are kept for all appraisals and securely hold copies of all relevant medical appraisal documents;
- 4.1.5. Quality of appraisal undertaken within the Trust is regularly monitored;
- 4.1.6. The Trust's systems of clinical governance and appraisal are effective and appropriate for conducting appraisal and revalidation;
- 4.1.7. Revalidation recommendations are made to the GMC;
- 4.1.8. The Annual Organisation Audit (AOA) is submitted to the GMC;

### **4.2. Assistant and Associate Medical Directors for Appraisal and Revalidation**

The Assistant and Associate Medical Directors for Appraisal and Revalidation will be responsible for ensuring that:

- 4.2.1. High quality appraisals take place for all eligible Trust Medical and Dental staff;
- 4.2.2. Annual scoping and monitoring of the number of appraisals that will be needed is complete and there is a sufficient pool of trained Appraisers within the Trust to carry out these appraisals;
- 4.2.3. A review of the Trust's Policy for Medical and Dental Appraisal and Revalidation is undertaken on behalf of the RO, to ensure

that regulatory requirements set by the GMC are adhered to and achieved; and

4.2.4. Advice for ongoing improvements of the Trust's appraisal systems and processes is available, to enable the collection and collation of the required documentation on behalf of the RO for all eligible medical staff.

#### **4.3. Chief Operating Officer**

The Chief Operating Officer will ensure that Medical and Dental staff are given and allocated appropriate time to undertake their appraisal.

#### **4.4. Directors of Operations and Divisional Directors**

Directors of Operations and Divisional Directors within their areas of responsibility are responsible for ensuring that:

4.4.1. All Medical and Dental staff receive an annual appraisal; and

4.4.2. This policy is implemented effectively.

#### **4.5. Head of Medical Directors' Services**

The Head of Medical Directors' Services is responsible for ensuring that:

4.5.1. They provide advice to the RO, the Assistant and Associate Medical Directors for Appraisal and Revalidation, of changes to requirements as outlined by the GMC and GDC; and

4.5.2. They provide support and advice for the implementation of this policy throughout the Trust.

#### **4.6. Appraisers**

Appraisers will be appointed by the Assistant Medical Director for Appraisal and Revalidation in line with the numbers of appraisals that are required. They will be responsible for ensuring that:

4.6.1. They adhere and are compliant with this Policy and carry out appraisals in accordance with the GMC requirements;

4.6.2. Their own appraisal, and their Appraisee's appraisals are completed within the required timeframe;

4.6.3. Appraisal documentation is reviewed and evidenced before the appraisal interview takes place, identifying key areas for discussion;

- 4.6.4. All appraisal paperwork is processed as required on completion of the appraisal interview, and relevant sign off of documents is obtained within 7 days of the appraisal meeting;
- 4.6.5. The outcome of their appraisals is reported to the RO via the Medic@Work system;
- 4.6.6. Appraisal refresher training is completed every 3 years and that any further required training is completed;
- 4.6.7. They take part in a performance review, which will include feedback on performance in their role as Appraiser; and
- 4.6.8. Carry out a minimum of 3 appraisals a year.

#### **4.7. Eligible Medical and Dental Staff**

All eligible Medical and Dental staff are responsible for ensuring that:

- 4.7.1. They are familiar with and adhere to this policy and applicable local appraisal processes;
- 4.7.2. They are familiar the GMC/GDC Guidance on supporting information for appraisal and revalidation;
- 4.7.3. They are familiar with the Trust's chosen appraisal software, except for Dental staff who will be required to use the local documentation;
- 4.7.4. They are actively involved in their appraisal process;
- 4.7.5. Their appraisal is booked and completed in a timely manner prior to the anniversary of their previous year's appraisal;
- 4.7.6. They maintain an accurate, up to date appraisal portfolio and records of their previous appraisals.
- 4.7.7. They maintain accurate, up to date information required by the RO to recommend the individual for revalidation.
- 4.7.8. When maternity leave or an approved period of absence from clinical area is taken, CPD is maintained and an appraisal is completed as soon as is practicable.

## **5. Implementation and Monitoring**

### **Implementation**

- 5.1. This policy will be available on the Trust's intranet site. The policy will also be disseminated through the management structure within the Trust.
- 5.2. The Assistant Medical Director will provide advice and support to the Divisional Directors about the implementation of this policy.
- 5.3. Appraisal training will be available via the Revalidation Team as and when required. GMC Advice and guidance is also available on the link: <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-appraisal-and-revalidation>

### **Monitoring**

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

## **6. References**

GMC *Good Medical Practice*

General Medical Council (GMC)  
<http://www.gmc-uk.org/>

GMC Guidance on supporting information for appraisal and revalidation  
<https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-appraisal-and-revalidation>

NHS Revalidation Support Team  
<https://www.england.nhs.uk/medical-revalidation/>

## **7. Associated Policy and Procedural Documentation**

Procedure for Job Planning of Medical and Dental Consultants

Procedure for Supporting Research through Job Planning

## Appendix A

## Monitoring Matrix

MONITORING OF IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
Compliance with policy	Assistant Medical Director – Appraisal and Revalidation	Medical Director Lead AMD	Ongoing review of appraisals	Ongoing and Annually
Overall Compliance	Medical Director	Board of Directors Lead AMD	Overall concerns with compliance (exception), and emerging trends/key themes	Annual
Period Compliance with Appraisals by Division	Assistant Medical Director – Appraisal and Revalidation	Medical Director Lead AMD		Monthly
Monitor Actions for Doctors in Difficulty	Assistant Medical Director – Appraisal and Revalidation	Medical Director Board of Directors Lead AMD	Exception report	Monthly
Review existing mechanisms in place for Appraisals to ensure they are fit for purpose	Assistant Medical Director – Appraisal and Revalidation	Medical Director Lead AMD	Organisational Assessment (AOA) return	Annual
Monitor Appraisers against agreed measures: Selection, training, assessment, random sampling of appraisals	Assistant Medical Director – Appraisal and Revalidation	Medical Director Lead AMD	Updates of the Annual Organisational Assessment (AOA) return	Quarterly
Quality of appraisals and Revalidation	Head of Medical Director's Services	Medical Director Lead AMD		Quarterly