Appraisal and Revalidation of Medical Staff Policy

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<th>CATEGORY:</th>
<th>Policy</th>
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<td>CLASSIFICATION:</td>
<td>Governance</td>
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<td>To set out the principles and framework for medical staff appraisal and revalidation.</td>
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<td>Controlled Document Number:</td>
<td>867</td>
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<td>3.0</td>
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<td>Controlled Document Sponsor:</td>
<td>Chief Medical Officer</td>
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<td>Controlled Document Lead:</td>
<td>Head of Chief Medical Officer’s Services</td>
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<td>Approved By:</td>
<td>Chief Executive</td>
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<td>On:</td>
<td>28th September 2022</td>
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<td>Review Date:</td>
<td>28th September 2025</td>
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<td>Distribution:</td>
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Version Control

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<td>Policy for the Annual Appraisal and Revalidation of Medical and Dental Staff</td>
<td>18/08/2015</td>
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<td>2.0</td>
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<td>29/07/2019</td>
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<td>02/02/2022</td>
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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"). This policy applies to all Trust doctors except those that are in the Foundation Training programme and those that hold a Health Education England (HEE) appointed training post, whose appraisals are conducted through the ARCP (Annual Review of Competence Progression) process.

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 the GMC’s Good Medical Practice and thus inform the responsible officer’s revalidation recommendation to the GMC;
- To enable doctors to enhance the quality of their professional work by planning their professional development;
- To 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. Where indicated, the responsible officer 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.

1.6. This policy is a commitment by the Trust to enable all licensed Medical Staff to participate in effective appraisal and revalidation.

2. **Scope**
2.1. This policy applies to all eligible Medical staff contracted by the Trust (includes substantive employees, linked, i.e., with honorary contracts/joint contracts or temporarily employed)1 apply.

2.2. Health Education England has responsibility for the appraisal and revalidation of all those in the Foundation Training programme and for those doctors that hold a Health Education England (HEE) appointed training post.

2.3. Non-medical staff members carrying out traditionally medical roles are appraised in a different manner within their specialty. It is the responsibility of their Divisional Medical Director to ensure adequate systems are in place for this.

3. Framework

This section describes the broad framework for the appraisal and revalidation of eligible doctors throughout the Trust.

3.1. 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). Appraisals may be undertaken more frequently than annually if required.

3.2. All medical staff are responsible for updating their designated body on GMC online.

3.3. All medical staff are responsible for ensuring that they are appraised annually on their whole practice of work. This would include private practice, agency, working abroad or any other work undertaken outside the Trust that is subject to holding a medical licence 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.

3.4. Medical Staff appraisals shall cover the following areas:

   3.4.1. A record of their whole scope of practice. This should incorporate their most recent agreed job plan, where available;
   3.4.2. A review of quality indicators concerning their clinical practice, including audits, outcome and performance indicators where applicable;
   3.4.3. Their continuing professional development (CPD);
   3.4.4. Feedback from patients;

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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
3.4.5. Feedback from colleagues;
3.4.6. Complaints, clinical incidents and significant events;
3.4.7. Probity; and
3.4.8. Health

3.5. The Trust shall ensure that effective and supported systems of clinical governance are available to enable Medical Staff to undertake appropriate CPD and that Medical 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.

3.6. The Trust shall ensure that there is a suitable process to enable Medical staff to collect 360 degree patient and colleague feedback.

3.7. 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.

3.8. 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 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.

3.9. 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 consecutive appraisal cycles.

3.10. Medical staff with appraiser responsibilities will have this 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.

3.11. Appraisals will remain confidential between the appraiser, the appraisee, and the Chief Medical Officer / Responsible Officer unless permission to view an appraisal has been granted by the appraisee or the Chief Medical Officer / Responsible Officer.

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

- A personal or family relationship;
- Paired appraisals (i.e., where two members of staff appraise each other);
3.13. 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.

3.14. 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, supplemented by information from local governance processes.

3.15. All medical staff are responsible for providing the required evidence for revalidation (noted in 3.4).

3.16. Medical Staff in Difficulty

3.16.1. If the appraisal process indicates that a doctor’s performance or patient safety is being affected through matters of probity, health or other factors, the appraiser must escalate this to the relevant Divisional Medical Director without delay. They will deal with the issues in accordance with the Trust’s relevant policies and guidelines.

3.16.2. 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 appraisee to inform the revalidation team of any such decision.

4. Duties

4.1. Chief Medical Officer

The Chief Medical Officer 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 Trust systems of clinical governance and appraisal are working and are appropriate for appraisal and revalidation;

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

4.1.8. Has overall accountability for ensuring the Annual Organisation Audit (AOA) is submitted to the GMC;

4.1.9. Is responsible for providing assurance that this policy is implemented across the Trust;

4.1.10. Is the controlled document sponsor for this policy.

4.2. **Associate Medical Directors – Appraisal and Revalidation**

The Associate Medical Directors – Appraisal and Revalidation will:

4.2.1. Be accountable for ensuring high quality appraisal takes place for all eligible Trust 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 (RO) to ensure that regulatory requirements set by the GMC are adhered to and achieved; and

4.2.4. Provide advice for ongoing improvements of the Trust-wide system to collect and collate 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 staff are given appropriate time to undertake medical appraisal.

4.4. **Divisional Managing Directors and Divisional Medical Directors**
Divisional Managing Directors and Divisional Medical Directors, within their areas of responsibility, are responsible for:

4.4.1. Ensuring all medical and dental staff receive an annual appraisal; and

4.4.2. Ensuring that this policy is implemented.

4.5. **Head of Chief Medical Officer’s Services**

The Head of Chief Medical Officer’s Services is responsible for:

4.5.1. Providing advice to the RO and the Associate Medical Directors Appraisal and Revalidation, of changes to requirements as outlined by the GMC; 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 The Associate Medical Directors – Appraisal and Revalidation 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, and relevant sign off of documents within 7 days of the appraisal meeting;

4.6.5. Report on the outcome of their appraisals to the Responsible Officer via the Medic@Work system;

4.6.6. Undertake appraisal training and attend a refresher course every 3 years and any further updates as required.

4.6.7. Take part in a performance review, including 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 Staff

All eligible medical staff are responsible for:

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

4.7.2. Ensuring they are familiar with the GMC Guidance on supporting information for appraisal and revalidation;

4.7.3. Ensuring that they are familiar with the Trust’s chosen appraisal software;

4.7.4. Being actively involved in their appraisal process;

4.7.5. Ensuring that their appraisal is booked and completed in a timely manner prior to the anniversary of their previous year’s appraisal.

4.7.6. Ensuring that they maintain an accurate, up to date appraisal portfolio and records of their previous appraisals.

4.7.7. Ensuring that they maintain accurate, up to date information required by the RO to recommend the individual for revalidation.

4.7.8. Ensuring that 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 practicable.

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 Medical Directors about the implementation of this policy.

5.2. Monitoring

5.2.1. 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 Medical and Dental Consultants
Procedure for Supporting Research through Job Planning
## Appendix A

### Monitoring Matrix

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