

Medical Revalidation and Appraisal Policy (M-009)

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Policies should be accessed via the Trust intranet to ensure the current version is used

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1. INTRODUCTION

The purpose of this policy is to provide a framework to enable doctors to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in Good Medical Practice and thus to inform the Responsible Officer's revalidation recommendation to the GMC.

This policy is in line with NHS England policy for medical appraisal in terms of ensuring that medical appraisal is undertaken in a way that drives up quality and safety of healthcare.

This policy supports the compliance with the Care Quality Commission Regulations. The following outcomes are achieved through effective implementation of this policy.

Outcome 1 'Patients who use the service will benefit from quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety'.

Outcome 12 'Requirements relating to workers, due to effective checking mechanisms ensuring the registered professionals meet the standards set out in Good Medical Practice.

This policy supports the Trust's strategic goals, in particular 'Innovating Quality and Patient Safety' and 'Developing an Effective and Empowered Workforce'.

2. SCOPE

This policy applies to all non-training grade medical staff employed by the Trust, i.e., consultants, directly employed locum consultants (with contracts of three months or more), associate specialists, specialty doctors, staff grade doctors, Trust doctors and agency doctors (with contracts of three months or more) and to all medical staff who have a prescribed connection and for whom the Trust is the Designated Body.

This policy does not include doctors under the Postgraduate Deanery with the Postgraduate Dean as the Responsible Officer. The policy does not cover the annual review and assessment process for doctors in formal training grades since this is undertaken by Health Education Yorkshire and the Humber as part of the formal ARCP procedures for assessing progress in training.

3. DEFINITIONS

The purpose of this policy is to ensure that all licensed medical practitioners (doctors) with a prescribed connection to Humber Teaching NHS Foundation Trust undergo a high quality and consistent form of annual medical appraisal.

Medical appraisal is the appraisal of a doctor by a trained appraiser, informed by supporting information as defined by the GMC, in which the doctor demonstrates that they are practising in accordance with the GMC Good Medical Practice Framework for appraisal and revalidation across the whole of their scope of practice.

As described in the NHS Revalidation Support Team (RST) Medical Appraisal Guide, 'A Guide to Medical Appraisal for Revalidation in England', medical appraisal can be used for four purposes:

1. To enable doctors to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in the GMC document Good Medical Practice and thus to inform the Responsible Officer's revalidation recommendation to the GMC.

2. To enable doctors to enhance the quality of their professional work by planning their professional development.
3. To enable doctors to consider their own needs in planning their professional development
4. To enable doctors to consider the priorities and requirements of the contexts (service, specialty, systems, and processes) and the organisation in which they are working in.

For doctors, the content of appraisal is based on the GMC guidance published in 'Good Medical Practice'. The GMC's core headings are:

- Knowledge, Skills and Performance
- Safety and Quality
- Communication, Partnership and Teamwork
- Maintaining Trust

Medical appraisal has been a requirement for consultants since 2001 and for general practitioners (GPs) since 2002.

The Medical Profession (Responsible Officers) regulations 2010 and the Medical Profession (Responsible Officers) (Amendment) regulations 2013 require each body designated under the regulation to appoint a Responsible Officer (RO) who must monitor and evaluate the fitness to practice of doctors with whom the designated body has a prescribed connection.

Guidance on good practice in appraisal can be found on the GMC and NHS England Revalidation websites.

Revalidation is the process by which licensed doctors demonstrate to the GMC that they are up to date and fit to practice. The cornerstone of the revalidation process is that doctors will participate in annual medical appraisal. On the basis of this and other information available to the Responsible Officer from local clinical governance systems, the Responsible Officer will make a recommendation to the GMC, normally every five years, about the doctor's revalidation. The GMC will consider the Responsible Officer's recommendation and decide whether to renew the doctor's licence to practise.

Annual appraisal is one source of information by which the Responsible Officer will make a recommendation about Revalidation to the GMC for the re-licensing of doctors. Completion of satisfactory annual appraisal over a five year period will be essential for Trust's Responsible Officer to make a positive recommendation to the GMC.

Medical appraisal is the appraisal of a doctor by a trained appraiser, informed by supporting information defined by the GMC, in which the doctor demonstrates that they are practicing in accordance with the GMC guidance *Good Medical Practice* across the whole of their practice. In 2013 the NHS Revalidation Support Team published a piloted and tested model of medical appraisal, the *Medical Appraisal Guide (MAG)*, which complies with the needs of revalidation. This guide was updated in 2022, the MAG form has been adapted and is reflected in the L2P system.

Medical appraisal also links with the annual job planning process in which objectives are agreed (service/team/individual) for Consultants, Associate Specialists and Specialty Doctors. It is a contractual requirement that a job planning meeting takes place on an annual basis.

4. DUTIES AND RESPONSIBILITIES

Chief Executive

- Is accountable to the Trust Board for ensuring the resources and systems are in place for robust medical appraisal for employed/contracted doctors.
- Is accountable for ensuring that appraisal and clinical governance systems are integrated and co-ordinated at both strategic and operational level.
- Will ensure that indemnity is provided for appraisers both internal to the Trust and appraisers that are external to the Trust.

Responsible Officer/Medical Director

The Medical Profession (Responsible Officers) regulations 2010 and the Medical Profession (Responsible Officers) (Amendment) Regulations 2013 require each body designated under the regulation to appoint a Responsible Officer who must monitor and evaluate the fitness to practise of doctors. The Responsible Officer:

- Is responsible for making a recommendation for revalidation to the General Medical Council (GMC).
- Is accountable to the chief executive and the Trust Board for implementing and managing the appraisal process including appraisal outcomes.
- Will be responsible for submitting an annual report on appraisal to the Workforce and OD Committee which provides assurance to the Board. This report is then subsequently presented to the Trust Board. The statutory report to NHS England (NHSE) also feeds into the Workforce & OD Committee.
- Will maintain a list of doctors for whom they are responsible and ensure the doctor's performance and conduct is monitored.
- Will ensure there is an integrated system for monitoring doctor's performance, recognising good practice, encouraging development and training where appropriate.
- Will ensure that appropriate action is taken to remedy any reported areas of concern
- Will ensure medical practitioners have qualifications and experience appropriate to the work to be performed and that on appointment appropriate references are obtained and checked
- Will ensure there is an appraiser lead and a regular meeting of appraisers in order to ensure quality assurance.
- Will ensure appropriate resource is available for all doctors to undertake their appraisal
- Will ensure that doctors who apply to be appraisers receive appropriate training and time in their job plan
- Will attend national and regional appraisal network meetings ensuring good practice and guidelines are embedded into the Trust's revalidation and appraisal policies and procedures

Appraisal Lead (i.e. Responsible to the RO to assist with the appraisal process and revalidation)

- Will manage the medical appraisal workforce to ensure the quality and quantity of medical appraisers is sufficient to support the revalidation process
- Will ensure that appraisers are properly recruited, trained and regularly assessed to carry out their role
- Will lead on Quality Assurance of appraisals to ensure appraisals are taking place in accordance with Framework of Quality Assurance for Responsible Officers and Revalidation and will provide a written annual report to the Responsible Officer
- Attend national and regional appraisal network meetings ensuring good practice and guidelines are embedded into the Trust's revalidation and appraisal policies and procedures
- Will produce reports as delegated by the Trust's Responsible Officer
- Will lead on providing appropriate communication for doctors with a prescribed

connection to Humber Teaching NHS Foundation Trust.

- Will ensure that appraisals are carried out in line with Trust Policy and report any areas of concern to the Responsible Officer
- Will chair the Medical Appraisal Appraisers meeting
- Will lead on the three yearly quality assurance appraisal audit
- Will be a key member of the Responsible Officer (RO) Advisory Panel, providing advice and support to the Trust's Responsible Officer on revalidation decisions which may be complex or controversial
- Will advise the Revalidation Officer in the assignment of appraisers for doctors

Revalidation Officer

- Will develop secure managerial systems and provide administrative support to the Revalidation and Appraisal process
- Will provide access to the Trust's revalidation and appraisal system (L2P) as appropriate
- Will provide training or ensure access to training to appraisees and appraisers on the Trust's revalidation and appraisal system as and when required
- Will administer the RO Advisory Panels providing the Responsible Officer with the appraisal documentation and information required to submit a recommendation to the GMC
- Will administer, and make a record, of the appraiser team meetings.
- Will keep accurate records of appraiser/appraisee allocations.

Appraiser

In normal circumstances, an individual appraiser should undertake **between six and eight** appraisals per year to maintain an appropriate level of quality and consistency. If an appraiser undertakes fewer or more than this, the reasoning and arrangements for supervision of this will be recorded as part of the quality monitoring process. The Responsible Officer will ensure that they engage enough, suitable appraisers to complete the necessary appraisal meetings on a timely basis. Furthermore, each appraiser:

- Will receive formal training, through external training arrangements, in accordance with guidance from the Revalidation Support Team
- Will be licensed medical practitioners
- Will have formal training in equality and diversity issues
- Will assess the portfolio of supporting information provided by the appraisee (including those in educational roles) matching against GMC standards
- Will undertake a review of the previous year's PDP and where this has not been completed satisfactorily the reasons must be ascertained
- Will ensure an output form is generated, completed and sent to an appraisee in a timely manner following the appraisal meeting for each doctor being appraised using the L2P system
- Will receive annual feedback and review of their performance from the Trust's Lead Appraiser and Appraisers following feedback questionnaires submitted by each doctor being appraised (Appendix 2). These forms are uploaded on L2P by the relevant appraiser/appraisee
- Will receive ongoing training and will be required to identify their own development needs as part of their PDPs
- Appraisers will have an agreed amount of SPA time identified in their job plan to reflect the time required to support their role as an appraiser

Doctor being appraised (Appraisee)

Each doctor with a prescribed connection to Humber Teaching NHS Foundation Trust is individually professionally accountable for their engagement with the medical appraisal process as described in this policy (Nb. Some agency doctors have a prescribed connection to the Trust and will be appraised under this policy. Agency Locums with a contract of 3

months or more will be required to have a full appraisal). Furthermore, each doctor:

- Is responsible for collating and preparing supporting material for the appraisal meeting using the GMC 'Guidance on Supporting Information for Appraisal and Revalidation' and the relevant specialty guidance from their Royal College: 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)
- Is responsible for agreeing a date for the appraisal meeting with the appraiser
- Is responsible for submitting the input form on the L2P system to their appraiser at least prior to the appraisal meeting. In addition the doctor must satisfactorily complete an approved multi-source feedback at least once in every five-year cycle.
- Is responsible for raising any concerns about the appraisal process in accordance with this policy
- Is responsible for completing the appraisee feedback questionnaire on the L2P system at the end of the appraisal which completes the appraisal process and allows the responsible officer to view this information accordingly. Completion of the feedback form is mandatory and the appraisal will not be signed off until this is completed.

New Appointments

During the recruitment process doctors are required to confirm details of their current Responsible Officer and Designated Body.

They must provide the date of their last appraisal and revalidation due date and will also be required to provide records of all appraisals since their last revalidation date, any relevant performance monitoring information, records of patient and colleagues feedback and any records relating to fitness to practice investigations, disciplinary procedures, conditions/restrictions and unresolved concerns in line with 'the medical Profession (Responsible Officer) Regulations 2010' requirements. This information must be supplied within three months of their start date.

The clearance process depends upon receipt of this documentation.

5. PROCEDURES RELATING TO THE POLICY

5.1. DEFINITIONS

The Trust	Humber Teaching NHS Foundation Trust
Designated Body	The organisation to which licensed doctors have a prescribed connection and who provide regular appraisal to support revalidation, i.e. the Trust
Responsible Officer	The Trust's Executive Medical Director or nominated Deputy
Appraisal Lead	As appointed by the Responsible Officer and who will be the Trust lead on Revalidation and Appraisal
Appraiser	Person responsible for carrying out appraisals to the standards laid out in this policy

Doctor being appraised (Appraisee)	Person being appraised
Revalidation Officer	Responsible for developing secure managerial systems and providing administrative support the revalidation and appraisal process.
Annual Appraisal	A process which is undertaken on an annual basis, usually within 12 calendar months of the previous appraisal
Electronic Appraisal System	License to Practise (L2P)

5.2. PRINCIPLES OF APPRAISAL

Appraisal should be a positive and supportive, developmental process that gives doctors feedback on their past performance, to chart their continuing progress and to identify their development needs in an open, non-threatening environment. 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. The primary aim of appraisal is to help doctors consolidate and improve on good performance. 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. Appraisal is underpinned by continuing professional development and if used properly can help to develop a reflective culture within service and training.

5.2.1. SCOPE OF WORK

Where a doctor carries out private practice or work that relies on the fact that they are a doctor, information from that work should be provided to allow a full appraisal of clinical practice. Absence of supporting information from other practice settings may, therefore, risk the satisfactory completion of annual appraisal when revalidation is implemented.

It is the responsibility of the individual doctor (including locums) to ensure that they participate in the appraisal process.

All agency locums are required to comply with the NHSE Information Flows guidance [cg-information-flows-oct16.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/information-flows-oct16.pdf). Routine information, in the form of the doctors most recent appraisal, should be supplied by the doctor to the Trust. Also, anything of note will be expected to flow from doctors RO to the Trust RO and vice versa. This is routine information as required by the Trust to enhance patient safety, ensure good governance, and maintain good practice.

Nb. It is local policy to ensure that a copy of the most recent full appraisal is received from agency locum doctors to enable the Revalidation Team to maintain Quality Assurance. This practice also supports the appraisee by acknowledging that they are complying with the appraisal process of the Designated Body they are working in to provide the service to patients.

5.3. CONFIDENTIALITY

Appraisal should be in the main a confidential process between the appraiser and the doctor. However, if issues are raised in the appraisal which give rise to serious concern about attitude and/or behaviour (as defined in the Trust Values and Behaviours Framework), patient safety and/or probity, these concerns may need to be taken outside of the appraisal process and discussed with the Responsible Officer.

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 doctor. These include:

- Providing an accurate record for those involved (appraiser and doctor)
- Quality assurance of appraisers which may include 'sampling' of appraisal documentation
- Addressing concerns highlighted in the appraisal interview (including those relating to attitude and behaviour).
- Capacity to highlight CPD themes that might need to be addressed by the Trust as a whole.

The completed appraisal documentation will be held securely on the L2P system. There may be times when the Responsible Officer feels that it is appropriate to share the appraisal documentation with third parties. Before doing so, the Responsible Officer will inform the doctor of the decision and the reasons for this decision.

5.4. APPRAISAL PROCESS

For consultants involved in clinical management the clinical aspect of appraisal will be conducted in accordance with this policy.

To ensure objectivity in appraisal a number of constraint 'rules' will apply in the appraisal process and in guiding choice of appraiser:

- a) The appraisal lead will coordinate the central allocation of appraiser to doctor.
- b) Each doctor will be allocated a new appraiser every three years; however, a single appraiser can conduct more than 3 appraisals for one appraisee in exceptional circumstances and through agreement with RO.
- c) All doctors are required to maintain an appraisal "month" to ensure the required number of appraisals is completed within each revalidation cycle. The appraisal month will typically be 12 months after the last ARCP or last appraisal.
- d) Where there are concerns expressed by the appraiser or the doctor on given appraisal pairings, a final decision on appropriateness of the pairing will be taken by the Responsible Officer and recorded.
- e) The appraisal meeting should not take place without the previous year's appraisal form being made available to the appraiser by the doctor being appraised prior to the meeting. This should be made available on the L2P system. Consent for this to be done is implicit in participation in appraisal.

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 the Trust or suspended by the GMC) will be decided on an individual basis by the Responsible Officer. The Responsible Officer will be responsible for keeping an accurate record of these decisions for future reference by either employer or the doctor concerned.

5.4.1. INPUTS OF APPRAISAL

A doctor is expected to include information relating to the following categories in their appraisal:

- Continuing Professional Development (CPD)
- Quality Improvement Activity
- Significant Events
- Colleague/Patient Feedback (MSF 360)
- Complaints and Compliments
- Academia and Research
- Education/Training Roles (a medical educator's module is available in L2P for this purpose)

Once a doctor has added information relating to the categories above to the L2P system, the Input Form must be completed and submitted to their allocated appraiser. The Input Form will pull together all of the information from the categories listed above, as well as a review of last year's personal development plan, achievements, challenges and aspirations and several more categories. The Input Form **must** be submitted electronically to the appraiser prior to the planned appraisal meeting date. The appraiser cannot view the full documentation until this has been submitted. Following submission of the Input Form, the appraisal meeting will take place.

The medical educator's extension to the standard appraisal. Nb. All consultants and senior medical staff are classed as medical educators e.g., they may be required to influence and give guidance to junior medical staff when on-call, hence all appraisees are strongly encouraged to complete the medical educator's module.

From the 31 July 2016 it became mandatory for all doctors who have an educational/training role to demonstrate the following to the GMC:

1. Role (educational supervisor, clinical supervisor or both)
2. Date of annual appraisal of educational role
3. Date of completion of equality and diversity training
4. Date and details of training attending, which meets the seven standards
5. Responsible for Foundation Trainees (Yes/No)
6. Responsible for Specialty Trainees (Yes/No)
7. Responsible for General Practice Trainees (Yes/No)
8. Date which the trainer is first recognised for the role
9. Number of PAs allocated within the job plan for each role
10. Induction for supervision role undertaken for new trainers (Yes/No/Experienced)
11. Deregistration date

Where a trainer undertakes both roles, items 5-11 must be completed for each role.

During implementation and for each training role the following additional information must be recorded:

12. Type of approval (Provisional/Full/None)

Each doctor providing teaching and training **MUST** ensure they are fully compliant with the new requirements and appraisers will be expected to assess all of the doctor's roles in their full scope of work.

5.4.2. MULTI-SOURCE FEEDBACK (MSF 360°)

All doctors must use the multisource feedback (MSF) package provided by L2P. The doctor should complete one MSF exercises during the 5 year revalidation cycle with the second being completed within 12 months of their revalidation date. The Revalidation Officer will provide assistance with setting this up. Instructions are clear but doctors are reminded that they must obtain a minimum of 12 colleague feedback questionnaires (6 peers and 6 junior/support staff) and between 17 and 30 patient feedback questionnaires to complete this process.

5.4.3. OUTPUTS OF APPRAISAL

For most doctors the appraisal process will result in a positive outcome with the production of an agreed Personal Development Plan (PDP). The maximum benefit from the appraisal process can only be realised where there is openness between the doctor and appraiser. The appraisal should identify individual needs that will be addressed through the PDP.

There will be two outputs from the appraisal process:

- a) Summary of appraisal discussion by the appraiser in the output form
- b) Personal Development Plan (PDP)

The appraiser and the doctor being appraised should both confirm that they agree with the outputs of appraisal and that a record will be made available to the Responsible Officer. The output form on L2P must then be electronically signed by both the appraiser and the doctor being appraised. In the exceptional circumstance where agreement cannot be reached, the Responsible Officer should be informed. In the instance the Responsible Officer should take steps to understand the reasons for the disagreement and advise accordingly.

5.5. ADJOURNMENT OF AN APPRAISAL MEETING

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 appraiser should suspend the conversation, should not complete the appraisal outputs, and should notify the Responsible Officer as soon as reasonably practicable, so that the matter may be addressed. The Responsible Officer will decide within 28 days of receiving the form, when and how the appraisal process should be reinstated for the doctor in question and how the issues raised are to be addressed. Maintaining High Professional Standards in the Modern NHS (MHPS) may need to be followed.

5.6. DEFERMENT OF AN ANNUAL APPRAISAL

The Trust requires all doctors with a prescribed connection to the Trust to undergo an appraisal annually. There are however, exceptional circumstances when a doctor may request that an appraisal is deferred such that no appraisal takes place during one appraisal year. Doctors who think they may need to defer their appraisal should discuss their deferment with the Responsible Officer.

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

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 and to help plan and support their re-entry.

5.7. PROCEDURE TO BE FOLLOWED FOR DOCTORS WHO HAVE NOT COMPLETED AN ANNUAL APPRAISAL

Where a doctor has not completed an appraisal within 15 months of their last one the Revalidation Officer will firstly seek to ascertain the reasons for non-completion of appraisal and where not satisfied, inform the Appraisal Lead.

The Responsible Officer will in the first instance, contact doctors, in writing, who are outside the 15-month period to ascertain the reason for this. If there is no satisfactory response, a second letter will be sent requesting that the doctor confirm within 2 weeks that arrangements have been made for an appraisal to take place. If there is no response within the 2 week period from confirmed receipt of this letter, then the GMC will be informed of lack of engagement and local disciplinary action will be instituted.

5.8. RECOMMENDATIONS FOR REVALIDATION

Doctors should have five signed off appraisals in each revalidation cycle to enable a recommendation to be made unless exceptional circumstances apply such as long term absence due to sickness, exclusion etc. as referred to in Sect 5.6. The Responsible Officer will make recommendations for revalidation to the GMC based on the previous appraisals.

An RO Advisory Panel will also be convened where necessary i.e. where revalidation decisions are complex or contentious, to discuss and recommend doctors for revalidation. The recommendations are then submitted to the GMC. The panel consists of the Trust's Responsible Officer, Trust's Appraisal Lead, Revalidation Officer and a minimum of two trained appraisers. The panel will review a doctor's documentation (including MSF 360) to decide the most suitable recommendation to submit to the GMC. The panel helps inform the decision making but the final decision is that of the Trust's Responsible Officer. The Responsible Officer has three options when submitting a recommendation to the GMC:

1. Positive recommendation
2. Deferral (between four and 12 months)
 - a) This doctor is subject to an ongoing process or
 - b) Insufficient evidence for a positive recommendation
3. Non-engagement

Once a recommendation has been submitted to the GMC, the doctor will be informed of the outcome (usually within five working days) by the GMC.

6. IMPLEMENTATION AND MONITORING

This policy will be disseminated by the method described in the Policy and Procedural Documents Development and Management Policy.

This policy does not require additional financial resource.

The Responsible Officer is responsible for the monitoring and audit of this policy.

The quality and experience of appraisal to be monitored as follows:

- Via feedback from appraisees
- Three-yearly audit of appraisal quality

7. TRAINING AND SUPPORT

The Revalidation Team entailing the RO, Appraisal Lead, Head of Medical Education & Medical Directorate Business, and Revalidation Officer regularly attend the Regional Programme of RO and Professional Standards Team Network meetings to facilitate personal development of the appraisers and maintain the standards of the appraisal process.

All medical appraisers complete a suitable training programme before undertaking any appraisals. All appraisers have access to medical leadership and support. The Trust operates a regular appraisal meeting which allows peer review and learning to take place. There is a system in place to obtain feedback for appraisers on the appraisal process; the appraisal lead facilitates this process.

An Appraisal Forum is held for all consultants and doctors annually and is delivered by the Appraisal Lead to update on quality assurance processes, annual audit plans and relevant updates relating to the appraisal process.

The appraisal lead delivers appraisal training to all new consultants and doctors that commence in the Trust and for those that have not completed their first appraisal.

8. REFERENCE TO ANY SUPPORTING DOCUMENTS

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed.

The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

For further information see [The Bribery Act 2010 - Quick start guide \(justice.gov.uk\)](https://www.justice.gov.uk/guidance/bribery-act-2010-quick-start-guide)

If you require assistance in determining the implications of the Bribery Act please read the Trust Bribery Act, Chief Executive's Statement [Bribery Act 2010 - Chief Executive Statement.pdf \(humber.nhs.uk\)](https://www.humber.nhs.uk/~/media/Trust/About-Us/Trust-Information/Bribery-Act-2010-Statement.pdf) or contact the Trust Secretary on 01482 389194 or the Local Counter Fraud Specialist [Counter Fraud Team \(humber.nhs.uk\)](https://www.humber.nhs.uk/~/media/Trust/About-Us/Trust-Information/Counter-Fraud-Team.pdf).

The Bribery Act applies to this policy.

Good Medical Practice, General Medical Council, 2013
Medical Appraisal Guide, 2022
Speciality guidance from the relevant Royal College or Faculty
GMC; [Revalidation - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/~/media/About-us/Revalidation/Revalidation-GMC.pdf)
NHS England Revalidation; <http://www.england.nhs.uk/revalidation/>
'Information flows to support medical governance and Responsible Officer statutory function', NHS England, 2016

9. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

Disciplinary Policy (HR-006)
Grievance Resolution Policy & Procedure
Trust's Behavioural Standards [Being Humber Full Guide Oct 22.pdf](#)

10. MONITORING COMPLIANCE

Feedback questionnaires, which are completed on the L2P system by the doctor being appraised, will be monitored by the Appraisal Lead and form the basis of ongoing quality assurance. In addition, assurance of the process will be carried out as part of the annual report to the Trust Board produced by the Responsible Officer.

Responsible Officers also need to undergo appraisal themselves and to be revalidated every five years.

Humber Teaching NHS Foundation Trust met the criteria to be exempted from the requirement to provide quarterly returns to NHS England (NHSE) and NHS Improvement (NHSI) and instead is required to send the necessary assurance to the North Regional office by email on a quarterly basis. This submission is via a standard/prescribed statement/form of words.

Completion and submission of an Annual Organisation audit (AOA) to NHSE and NHSI is also required. This includes 'A Framework of Quality Assurance for RO's and Revalidation, Annex D – Annual Board Report and Statement of Compliance'. This report is submitted to the Workforce and OD Committee, the chief executive is required to sign the Statement of Compliance.

APPENDIX 1: DOCUMENT CONTROL SHEET

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy		
Document Purpose	The purpose of this policy is to provide a framework to enable doctors to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in Good Medical Practice and thus to inform the Responsible Officer's revalidation recommendation to GMC.		
	The policy is in line with NHS England policy for medical appraisal in terms of ensuring that medical appraisal is undertaken in a way that drives up quality and safety healthcare.		
Consultation/Peer Review:	Date:	Group/Individual	
<i>List in right hand columns consultation groups and dates</i>	January 2020	Medical appraisers	
	January 2020	All Medical Staff	
	29 January 2020	LNC	
Approving Committee:	EMT and LNC	Date of Approval:	January 2020
Ratified at:	Trust Board	Date of Ratification:	29 January 2020
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>	Ongoing TNA as described in the body of the document. See Section 8.	Financial Resource Impact	None
Equality Impact Assessment undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/> Rationale:
Publication and Dissemination	Intranet <input checked="" type="checkbox"/>	Internet <input type="checkbox"/>	Staff Email <input type="checkbox"/>
Master version held by:	Author <input type="checkbox"/>	HealthAssure <input checked="" type="checkbox"/>	
Implementation:	<i>Describe implementation plans below - to be delivered by the author:</i>		
	No implementation plan required since the processes and practices described in this document have been in place for a number of years.		
Monitoring and Compliance:	See Section 10: Monitoring Compliance		

Document Change History:			
Version Number/Name of procedural document this supersedes	Type of Change i.e. Review/Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
1.00	New Policy	March 2012	
2.00	Policy review	Dec 2015	Major changes
2.01	Policy Review	July 2016	Minor changes following consultation
2.01	Policy Review	28 March 2019	Reviewed and no changes made
2.02	Policy Review	29 January 2020	Minor changes following internal audit.
2.03	Policy Review	02 February 2023	Minor changes following review meeting by internal review panel (Medical Director, Interim RO, Appraisal Lead, Head of Medical Education & Medical Directorate Business, Appraisal & Revalidation Support Officer. Changes relate mainly to agency doctors. Approved by director sign-off (Dr Kwame Fofie – 27/03/23).

Appendix 2: Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or process or service name: Medical Revalidation and Appraisal Policy
2. EIA reviewer (name, job title, base and contact details): Gillian Hughes
3. Is it a policy, strategy, procedure, process, tender, service or other? Policy

Main Aims of the Document, Process or Service	
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma	

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	There is no evidence that this equality group is negatively affected by the policy
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	Low	There is no evidence that this equality group is negatively affected by the policy
Sex	Men/Male Women/Female	Low	There is no evidence that this equality group is negatively affected by the policy
Marriage/Civil Partnership		Low	There is no evidence that this equality group is negatively affected by the policy
Pregnancy/Maternity		Low	There is no evidence that this equality group is negatively affected by the policy
Race	Colour Nationality Ethnic/national origins	Low	There is no evidence that this equality group is negatively affected by the policy
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	There is no evidence that this equality group is negatively affected by the policy
Sexual Orientation	Lesbian Gay Men Bisexual	Low	There is no evidence that this equality group is negatively affected by the policy
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	There is no evidence that this equality group is negatively affected by the policy

Summary

Please describe the main points/actions arising from your assessment that supports your decision above

There is no evidence to suggest that any of the protected characteristic groups are negatively impacted. This policy is based on National NHS England Policy which is also supported by an EIA. Trust medical staff and the Local Negotiating Committee (LNC) were fully consulted on the content of this document.

EIA Reviewer: Gillian Hughes

Date completed: 02 February 2023

Signature: G Hughes