



**Public – To be published on the Trust external website**

# **Title: Appraisal Procedure for Medical Staff (excluding Doctors in training)**

## **Ref: HR-0041-001-v1.2**

**Status: Approved**

**Document type: Procedure**

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## 1 Introduction

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Doctors are required to undertake an annual appraisal in accordance with the requirements of the General Medical Council and NHS England in order to uphold their licence to practice.

Tees, Esk & Wear Valleys NHS Foundation Trust believes that appraisal for doctors is a professional process of constructive dialogue, in which the doctor being appraised has a formal structured opportunity to reflect on his or her work. The ethos of appraisal is developmental and allows the doctor to consider how his or her effectiveness might be improved.

This Procedure supports the 'Appraisal Policy for Doctors' and is critical to the delivery of medical services and to support our "Journey to Change". Our ambition is to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows: -

- This Procedure supports the trust to co-create a great experience for all patients, carers, and families from its diverse population by ensuring the medical workforce provide a compassionate and professional level of service underpinned by early and effective interventions. By ensuring that our Doctors are complying with the Trust's medical appraisal process we can ensure that our doctors are demonstrating a high level of care towards patients.
- This Procedure supports the trust to co-create a great experience for our colleagues by ensuring the workplace is fit for purpose. This policy aligns to the Trust values, so that people affected are treated with respect and compassion. Clearly defined roles and responsibilities are outlined as well as the need for appropriate support for those involved at any stage of the process.
- This Procedure supports the Trust to be a great partner through engagement and consultation in its implementation with local and national organisations including the General Medical Council, NHS England and the British Medical Association.

## 2 Purpose

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Following this procedure will help the Trust to:-

- Guide Doctors on the appraisal process, ensuring they are clear on the processes to follow where appraisal is concerned.

### 3 Who this procedure applies to

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- The Policy applies to all Consultants, Associate Specialists, Specialty Doctor Grade, Specialist Grade doctors (SAS) and Trust Grade doctors within Tees Esk and Wear Valley NHS Foundation Trust, along with clinical academics (with an NHS contract) and Trust locums.
- This policy does not apply to doctors who are in training.

### 4 Related documents

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This procedure describes what you need to do to implement the Appraisal Procedure section of the [Appraisal for Doctors Policy](#).



The [Appraisal Policy for Doctors](#) defines the appraisal process which you must read, understand and be trained in before carrying out the procedures described in this document.

### 5 Appraisal Procedure

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The following outlines the process which should be followed for all appraisals to assure quality and consistency. Only in exceptional circumstances should the process deviate from this.

#### 5.1 Allocation

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Each doctor will agree an appraisal month – when their appraisal will take place annually and this will remain constant for all future appraisals;

Each doctor will be allocated an appraiser by the Revalidation Team.

If the doctor feels that the allocation of a particular appraiser creates a conflict, then the procedure in Appendix 1 should be followed. It is anticipated this will cover uncommon situations eg existence of close family or business relationships.

#### 5.2 In the preceding appraisal year

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In December of the preceding appraisal year the Revalidation Team will contact the Associate Medical Directors of each Directorate to confirm which appraisers will be appraising which doctors (Email 1A);

In January of the proceeding appraisal year the Revalidation Team advise the doctor of their appraiser (Email 1B).

### **5.3 Pre- appraisal Process**

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The Revalidation Team will send an email (Email 1C) to a doctor three months prior to the appraisal date reminding them of their appraisal and reminding the doctor to make an appointment with their appraiser. At this point the Revalidation Team will also upload the doctors support evidence to SARD. The information sent to the doctor and appraiser is contained in Section 5. The full cycle of information shall be developed from the last 2 years;

The appraisee will confirm the date of their appraisal in writing to the Revalidation Team;

The doctor being appraised should prepare for the appraisal by identifying areas for discussion with the appraiser, reviewing the supporting information they have collected and by preparing a draft personal development plan (PDP);

The doctor must use the appraisal and revalidation website, SARD to prepare for their appraisal. This is mandatory for all appraisals in our Trust in order to maintain consistency and allow quality assurance in the process;

If the appraiser is not a clinical leader, the Lead Psychiatrist or Associate Medical Director may make contact with the appraiser to pass on any relevant information;

No later than two weeks before the appraisal meeting, the doctor should submit their appraisal to their appraiser on SARD. This will include relevant supporting information which the doctor has gathered throughout the preceding year;

The appraiser will review the portfolio of supporting information in advance of the pre-appraisal contact. If information is missing the appraiser may request that the information is provided in advance of the appraisal meeting;

One week before the appraisal meeting, the appraiser will instigate the pre-appraisal contact. The doctor and the appraiser should agree an agenda of items to be discussed.

### **5.4 Failure to Arrange Appraisal Meeting**

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If a doctor does not arrange an appraisal within one month of their appraisal date, the Revalidation Team will check with the Medical Staffing Team that the doctor is not on

maternity, sick, or special leave and send one reminder (Email 1D) with a copy to the Appraiser;

If the doctor fails to respond within two weeks, the Associate Medical Director will contact the doctor to discuss;

If a doctor fails or refuses to set an appraisal date within a further 2 weeks, this will be regarded as non-engagement in the appraisal process and the matter will be referred to the Associate Responsible Officer for action;

The Associate Responsible Officer will review the case and discuss with the doctor. If no satisfactory resolution is reached the matter will be referred to the Responsible Officer;

The Responsible Officer may make the decision to refer to the General Medical Council.

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## 5.5 Information

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The Revalidation Team will collate the following information from corporate departments and upload onto SARD within three months of the doctor's appraisal date.

Information Set 1

Information to be sent to doctor:

- A summary of involvement in any complaints;
- A summary of involvement in any serious clinical incidents;
- Record of sick leave;
- Record of teaching and events attendance

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## 5.6 Appraisal Meeting

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The appraisal meeting must be held in an appropriate environment. This will involve a quiet room and both the appraiser and doctor must ensure that they are not disturbed during the appraisal meeting;

The appraiser will provide an overview of the purpose of appraisal, the issue of confidentiality and confirm the agenda which had been agreed at the pre-appraisal contact;

The length of time of meeting will vary but is expected to take an average of two hours;

The doctor should complete the current year's Personal Development Plan and may find the 5 year checklist useful to chart progress through the 5 year cycle (Appendix 5);

The appraiser must complete:

- next year's PDP;
- the summary of appraisal;
- agree the revalidation statements;
- confirm the previous year's PDP is complete;

If further information has to be added or if the form needs to be updated, and if this cannot be done on the day of the appraisal, the doctor will complete any alterations or amendments and return to the appraiser within 21 working days. This allows 7 working days for the appraiser to submit it on SARD.

The appraiser should steer the appraisal discussion around the well-being of the doctor and/or if the doctor has recently returned from work following sickness. The appraiser should ask if any support or reasonable adjustments are required and should inform Medical Development if so.

Both the appraiser and the doctor must tick the relevant box on SARD to confirm that the information presented on SARD is an accurate record of their appraisal;

The appraiser will remind the doctor to complete an appraisal feedback questionnaire.

## 5.7 Post Appraisal

The Revalidation Team will contact the appraisee to ensure the appraisal went ahead and provide them with the Appraisal Feedback;

### 5.7.1 Appraiser



The appraiser **must** complete section 18, 19 and 20 on SARD and submit it, which then goes to the doctor to complete section 21. Once this is complete the Revalidation Team are notified by SARD. This all must be completed within 28 days;

### 5.7.2 Doctor



The doctor **must** return the appraisal feedback questionnaire to Medical Development within 28 working days of the appraisal (Appendix 18). If this is not received within the timeframe, the Revalidation Team will send the doctor Email 1E.



The completed SARD must be submitted and received by the Revalidation Team within 28 days of the appraisal. If this is not received within the timeframe, Medical Development will check that the doctor is not on maternity, sick or special leave and send Email 1F to the doctor on the day of the deadline with a week's grace to submit SARD.

The Revalidation Team will also inform the relevant Associate Medical Director and Associate Responsible Officer:

- If, after a week, SARD has still not been submitted, The Revalidation Team will email the doctor again (Template 1G), offering them a further week's grace.
  
- If, 2 weeks after the deadline, the SARD Form remains outstanding, The Revalidation Team will inform The Associate

Responsible Officer who will investigate the matter and report findings to the Responsible Officer:

- The Responsible Officer will decide what action will be taken;
- If a missed appraisal is part of non-engagement from the appraisal process the Responsible Officer may make the decision to refer to the General Medical Council;

The appraisal will only be regarded as fully completed when information noted in 5.7.1 Appraiser and 5.7.2 Doctor (blue warning boxes) has been received by the Revalidation Team.

## 5.8 Template Emails

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See over page

### 5.8.1 TEMPLATE EMAIL 1A

(Email to be sent by Medical Development to Associate Medical Directors in the December of the preceding appraisal year)

Dear (Associate Medical Director)

5.1.1.1.2.2Re: Confirmation of appraisers

Please find below a list of doctors in your locality matched to potential appraisers. Can you please discuss with the relevant Senior Clinical Directors/Clinical Directors and confirm or amend this list as appropriate.

Please return by (1 month from date of sending).

Appraiser Doctor Confirm or Amend

Should you require any help, please do not hesitate to contact (named person).

## 5.8.2 TEMPLATE EMAIL 1B

(To be sent by Medical Development in the January of the appraisal year)

Dear (doctor)

I am writing to inform you that your appraiser for the coming year is Dr (Name).

Your appraisal month is documented as (month) and I would remind you that you need to contact your appraiser no later than two months prior to your appraisal month in order to arrange a suitable time and venue for your appraisal.

Should you consider that there is a conflict of interest in your allocated appraiser, please contact your Associate Medical Director within three weeks of the date of this email to discuss.

### 5.8.3 TEMPLATE EMAIL 1C

(To be sent by Medical Development to Doctors 3 months in advance of appraisal date in order to prepare for appraisal)

Dear (doctor)

As you will be aware your appraisal is scheduled to take place in (month). This email is a reminder that you have three months to prepare prior for your appraisal meeting and you will need to contact your appraiser to agree a suitable date, time and venue for the meeting. Please note that if you are unable to have your appraisal in the allotted month, you will need to complete an appraisal deferment form.

Your supporting information will be uploaded to your SARD account.

Also attached is the link to the new electronic appraisal system <https://tewv.sardjv.co.uk>. It is expected that everyone will use this system. Please make sure that you take sufficient time to complete this document and any outstanding activity related to it. Please note that this information needs to be with your appraiser 2 weeks prior to your appraisal meeting. You will also be sent an appraiser feedback form following your appraisal, which needs to be completed and returned to Medical Development no later than 28 working days following your appraisal.

Finally, you will receive an automated email from Medical Development 28 working days after your proposed appraisal date. This email will only be sent to you should Medical Development not receive the final signed and locked down paperwork from your appraiser and will act as a trigger for you to contact them to understand why it has not been returned.

Please do not hesitate to contact me should you have any further queries about this email or the process that is to be followed.

#### 5.8.4 TEMPLATE EMAIL 1D

(To be sent by Medical Development to doctor if he/she fails to arrange appraisal date within one month of appraisal month)

Dear (doctor)

Re: Annual appraisal

From our records, your appraisal is due in the month of (month) and it would appear that you have not yet set your appraisal date. Please contact your appraiser to arrange your appraisal as soon as possible.

May I remind you that an annual appraisal is mandatory and necessary for revalidation. Unless you have requested a deferment, it is expected that your appraisal will take place within your appraisal month.

If you are experiencing difficulty meeting this deadline, please contact me as soon as possible.

### 5.8.5 TEMPLATE EMAIL 1E

(To be sent by Medical Development to doctor 28 days after appraisal date if not received feedback form)

Dear (doctor)

According to our records, your appraisal was performed on (date) and as such we are yet to receive your completed 'Appraiser Feedback Form'. This form was required 28 working days following your appraisal in line with the Appraisal Policy.

Please complete the attached form and return it to me as soon as possible.

## 5.8.6 TEMPLATE EMAIL 1F

(To be sent by Medical Development to doctor 28 days after proposed appraisal date if completed documents not received)

Dear (doctor)

According to our records, your appraisal was performed on (date) and as such we are yet to receive the completed documents from your appraiser. These documents were required 28 working days following your appraisal in line with the Appraisal Policy.

This email is a reminder for you to contact your appraiser to discuss and ensure the completed documents are returned to me as soon as possible. Should you have any questions regarding this, please do not hesitate to get in touch.

### 5.8.7 TEMPLATE EMAIL 1G

(To be sent by Medical Development to doctor 1 week after the 28 day deadline following the proposed appraisal date if completed documents not received)

Dear (doctor)

According to our records, your appraisal was performed on (date) and as such we are yet to receive the completed documents from your appraiser. These documents were required 28 working days following your appraisal in line with the Appraisal Policy.

This email is to remind you that you have a further week to ensure the completed documents are returned to me. If they are not returned after this, your appraisal may be recorded as 'missed' and will be reported to the Executive Medical Director and Trust Board.

Should you have any questions regarding this, please do not hesitate to get in touch.



## 6 Terms and definitions

Term	Definition
Appraisal	<ul style="list-style-type: none"> <li>Medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor's work.</li> </ul>
Revalidation	<ul style="list-style-type: none"> <li>Revalidation is an evaluation of a doctor's fitness to practice. Every licensed doctor who practices medicine in the UK must revalidate every 5 years to show they are up to date and fit to practice.</li> </ul>
Appraiser	<ul style="list-style-type: none"> <li>The appraiser is a trained and skilled individual who will undertake the appraisal meeting with the doctor.</li> </ul>

## 7 How this procedure will be implemented

Compliance with this Procedure will be monitored by the Medical Directorate management group using the NHS England Annual Report as the basis of the compliance assessment. This procedure will be published on the Trust Intranet.

### 7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Doctors	Training on the appraisal process including how to use SARD electronic portfolio for appraisal.	2 hours	Provided every four months for new doctors who join the Trust.
Appraisers	Training for appraisers on new guidance.	2 hours	Four sessions per year, of which appraisers must attend two sessions.

## 8 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Percentage of doctors with an up-to-date appraisal. Any exemptions and reasons for these.	Monitored monthly by the revalidation lead and a quarterly report provided internally at the management meetings. The Annual Board Report and Statement of Compliance is submitted externally to NHS England on an annual basis.	Medical Directorate Management meetings.
2	Percentage of doctors revalidated in the given appraisal year.	Monitored monthly by the revalidation lead and a quarterly report provided internally at the management meetings. The Annual Board Report and Statement of Compliance is submitted externally to NHS England on an annual basis.	Medical Directorate Management meetings.

## 9 References

- Good Medical Practice: General Medical Council: 2013; (updated 2014 & 2019)
- Good Medical Practice Framework for Appraisal & Revalidation GMC, March 2011 (updated 2013)
- Medical Appraisal Guide, March 2012; (updated 2013 & 2014)
- The Royal College of Psychiatrists ‘Revalidation Guidance for Psychiatrist’ (College Report 194 2014);
- Guidance for doctors: requirements for revalidation and maintaining your licence GMC, April 2018
- Guidance on supporting information for appraisal and revalidation, GMC April 2018
- The GMC protocol for making revalidation recommendations, GMC April 2018

## 10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	24 August 2022
Next review date	24 August 2025
This document replaces	HR-0041-v1.1 Appraisal Procedure for Medical Staff
This document was approved by	Medical Directorate Management Meeting
This document was approved	24 August 2022
An equality analysis was completed on this policy on	24 August 2022
Document type	Public
FOI Clause (Private documents only)	n/a

### Change record

Version	Date	Amendment details	Status
v1.2	24 Aug 2022	Full review with minor changes: Updated to new policy template and job titles updated to reflect new structure.	approved

## Appendix 1 - Equality Analysis Screening Form

Please note: [The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet](#)

Section 1	Scope
Name of service area/directorate/department	Medical Directorate
Title	Appraisal for Doctors (excluding doctors in training) Procedure
Type	Procedure
Geographical area covered	Trust wide
Aims and objectives	Guide doctors on the appraisal process, ensuring they are clear on the processes to follow where appraisal is concerned.
Start date of Equality Analysis Screening	July 2022
End date of Equality Analysis Screening	August 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Doctors within TEWV (excluding doctors in training).
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> <li>• <b>Race</b> (including Gypsy and Traveller) <b>NO</b></li> <li>• <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities) <b>NO</b></li> <li>• <b>Sex</b> (Men, women and gender neutral etc.) <b>NO</b></li> <li>• <b>Gender reassignment</b> (Transgender and gender identity) <b>NO</b></li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) <b>NO</b></li> <li>• <b>Age</b> (includes, young people, older people – people of all ages) <b>NO</b></li> <li>• <b>Religion or Belief</b> (includes faith groups, atheism and philosophical beliefs) <b>NO</b></li> <li>• <b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave) <b>NO</b></li> <li>• <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) <b>NO</b></li> <li>• <b>Veterans</b> (includes serving armed forces personnel, reservists, veterans and their families) <b>NO</b></li> </ul>
Describe any negative impacts	
Describe any positive impacts	This procedure should not impact negatively on any of the above.

<b>Section 3</b>	<b>Research and involvement</b>
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Refer to the references section.
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No not for this particular version of the procedure as it has only undergone minor updates such as changes to management roles. Previous versions have had consultation such as at the Lead Negotiating Committee meetings.
If you answered Yes above, describe the engagement and involvement that has taken place	

If you answered No above, describe future plans that you may have to engage and involve people from different groups	This procedure will be shared at the next LNC meeting in October 2022 just for information.
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Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	N/A
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

**Check the information you have provided and ensure additional evidence can be provided if asked**

## Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
<b>6.</b>	<b>Training</b>		
	Have training needs been considered?	Yes	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Are training needs included in the document?	Yes	
<b>7.</b>	<b>Implementation and monitoring</b>		
	Does the document identify how it will be implemented and monitored?	Yes	
<b>8.</b>	<b>Equality analysis</b>		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Yes	
<b>10.</b>	<b>Publication</b>		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	



## Appendix 3 - PROCEDURE FOR DISPUTE OVER ALLOCATED APPRAISER

1. If the doctor believes there is a conflict of interest in the allocation of an appraiser, s/he should inform the Deputy Medical Director within three weeks setting out the reasons;
2. The Deputy Medical Director will give consideration to the request for a change of appraiser and will convey that decision to the doctor within one week and inform the Revalidation Team;
3. If a mutually agreeable solution is not found, the matter will be referred to the Associate Responsible Officer (or delegated representative) who will make a decision and convey that decision to the doctor within one week and inform Medical Development;
4. If the doctor remains dissatisfied, the matter will be referred to the Responsible Officer for a final decision.

## Appendix 4 - PROCEDURE FOR MISSED APPRAISAL

### Definition

#### Section 1

An appraisal will be classified as 'missed' if:

1. The appraisal does not take place between 9 and 15 months of their previous appraisal date;
2. The appraisal does not take place between 1<sup>st</sup> April and 31<sup>st</sup> March of that appraisal year.

#### Section 2

Approved or unapproved, missed or incomplete appraisal:

1. An approved missed or incomplete appraisal is one that meets the parameters of point 1 or 2, has been given approval by the RO for this to happen and the designated body can produce documentation to support this. Therefore if an appraisal is postponed for any reason, the procedure in Appendix 7 must be follow;
2. An unapproved missed or incomplete appraisal is one that meets the parameters of point 1 or 2 but has not been approved by to RO which means the designated body would not be able to produce documentation to support the postponement or cancellation.

#### Section 3

In the event of a missed appraisal:

1. Prior to a doctor meeting the parameters of point 1 or 2 in section 1, the Revalidation Team will have followed section 4 in the Appraisal Procedure to try to avoid an appraisal being missed;
2. If an appraisal is going to meet the parameters of point 1 or 2 in section 1 and the doctor still hasn't set an appraisal date the Revalidation team will refer this to the Associate Responsible Officer;
3. If the doctor continues to not arrange a date it will be referred to the Responsible Officer;

Where the Responsible Officer sees fit the doctor may be referred to the GMC due to non-engagement.

## Appendix 5 - ACCESS TO DOCUMENTS

A summary of the purposes for which the appraisal documents are used and who has access to them is set out in the table below.

Task	Individuals involved	Comments
Clinical Governance – Corporate level	Chief Executive, Medical Director (RO), Associate Responsible Officer, Medical Development Representative	Has access to SARD
Filing of completed appraisal documents	Medical Development Representative.	Held in personal secure electronic folder/SARD
Quality assurance of appraiser work	At annual appraiser review, anonymised appraisal documents rated by appraisal rating panel.	Anonymous summary of appraisal, revalidation statements & PDPs
Appraiser has concerns about performance and wishes to discuss this to register a “concern”	Medical Director (RO) Associate RO Senior Clinical Director Clinical Director Deputy Medical Director Associate Clinical Director Medical Development Representative	Summary of appraisal, revalidation statements & PDP
Doctor wants to make complaint about appraisal process	Associate RO Senior CD	SARD
To follow through appraisal actions	Appraiser	Previous year’s MAG form or SARD supplied to next year’s appraiser.

The previous appraisals for each doctor will be held in electronic format on SARD which keep all appraisals in a secure electronic format.

The appraisal interview should not take place without these documents (from the previous year) being available to the appraiser prior to the meeting. In the first year of the appraisal process it is accepted that not all doctors will be able to provide these.

If this is not provided by the doctor it will be automatically emailed to the appraiser on request by the appraisal administrator. Consent for this to be done and access to the documents as described in this section is implicit in participation in appraisal.

## Appendix 6 - GUIDE TO SUPPORTING INFORMATION THAT SHOULD BE INCLUDED IN AN APPRAISAL PORTFOLIO

This appendix documents the information that is expected to be included in an appraisal portfolio.

### Aim of Supporting Information

The doctor needs to gather information to demonstrate s/he meets the standards within Good Medical Practice and Good Psychiatric Practice, is up to date and fit to practise. The GMC have grouped the standards into the following 4 domains and 12 attributes:

#### Domain 1 – Knowledge, Skills and performance

- Attribute 1: Maintain your professional performance
- Attribute 2: Apply knowledge and experience to practice
- Attribute 3: Keep clear, accurate and legible records

#### Domain 2 – Safety and Quality

- Attribute 1: Put into effect systems to protect patients and improve care
- Attribute 2: Respond to risks to safety
- Attribute 3: Protect patients from any risk posed by your health

#### Domain 3 – Communication, Partnership and Teamwork

- Attribute 1: Communicate effectively
- Attribute 2: Work constructively with colleagues and delegate effectively
- Attribute 3: Establish and maintain partnerships with patients

#### Domain 4 – Maintaining Trust

- Attribute 1: Show respect for patients
- Attribute 2: Treat patients and colleagues fairly without discrimination
- Attribute 3: Act with honesty and integrity

Supporting information should be carefully selected, represents the standard and demonstrates competencies of the standard. The information should include quantitative and qualitative data and be paired with a relevant and insightful reflection.

The use of structured reflective templates is an essential part of the process of collecting evidence. Recommended templates can be found on the Royal College of Psychiatrists website, or by following the link on InTouch.

Doctors will be expected to bring information under four broad headings:

- General information – providing context about what you do in all aspects of your work;

- Keeping up to date - maintaining and enhancing the quality of your professional work;
- Review of practice – evaluating the quality of your professional work;
- Feedback on practice – how others perceive the quality of your professional work

There are six further types of information which you will be expected to collect and discuss at your appraisal at least once in each 5 year cycle:

- Quality improvement activity
- Feedback from colleagues
- Feedback from patients
- Continuing professional development
- Significant events
- Review of complaints & compliments

**Further details can be found using the link below:**

Details of types of information are found in Table1 from CR172 pages 29 -32

Their link to the domains and attributes is shown in Table 2 from CR172 page 33

A summarised form is shown in Table 3 from CR172 page34

<http://www.rcpsych.ac.uk/files/pdfversion/CR172.pdf>

An annual check list has been compiled to help doctors and appraisers monitor their progress towards revalidation, which they may choose to use if they wish.

## Appendix 7 - Appraisee 5 Year Checklist

Type of Evidence	Min Requirement in 5 years	Date Completed	Appraiser Signature
CPD Completion (50 hours yearly)	Year 1		
	Year 2		
	Year 3		
	Year 4		
	Year 5		
Case review/case based discussions Minimum 10 (2 per year)	Year 1 1 of 2		
	Year 1 2 of 2		
	Year 2 1 of 2		
	Year 2 2 of 2		
	Year 3 1 of 2		
	Year 3 2 of 2		
	Year 4 1 of 2		
	Year 4 2 of 2		
	Year 5 1 of 2		
	Year 5 2 of 2		
Audit Minimum 5 (1 per year - One must be record keeping)	Year 1		
	Year 2		

Type of Evidence	Min Requirement in 5 years	Date Completed	Appraiser Signature
	Year 3		
	Year 4		
	Year 5		
Significant event review – All	Year 1		
	Year 2		
	Year 3		
	Year 4		
	Year 5		
Patient feedback survey & review	1		
	2		
Colleague feedback survey & review ACP 360	1		
	2		
Formal review of complaints – All	Year 1		
	Year 2		
	Year 3		
	Year 4		
	Year 5		
Probity Self-declaration review (Annually)	Year 1		
	Year 2		



Type of Evidence	Min Requirement in 5 years	Date Completed	Appraiser Signature
	Year 3		
	Year 4		
	Year 5		
Health Self-declaration/review	Year 1		
	Year 2		
	Year 3		
	Year 4		
	Year 5		
New PDP & review of previous years PDP	Year 1		
	Year 2		
	Year 3		
	Year 4		
	Year 5		

**Doctor:** ..... **Date:** .....

**Appraiser:** .....

*Adapted from NHS revalidation Support Team proposed generic essential evidence set for appraisal to support assessment against the attributes of Good Medical Practice*

## Appendix 8 - PROCEDURE FOR NEW APPOINTMENTS

### RECRUITMENT

1. Upon shortlisting, Medical Development will send the candidate a letter that includes a request to complete the revalidation pro-forma (**F1**), which candidates should bring with them to interview (**F3** should be used for overseas doctors who have never worked in the UK);
2. Following an offer of a post, Medical Development will contact the candidate's previous Responsible Officer by email (**F2**) to confirm that the candidate has participated in appraisal and that there are no concerns regarding being up to date and fit to practice (letter **F4** should be used for overseas doctors who have never worked in the UK);
3. A response must be obtained from the previous Responsible Officer **before** the appointee commences employment with TEWV.

### NEW STARTERS

It is expected that newly appointed doctors will meet with their clinical managers within two months of employment to agree:

- A Personal Development Plan for the first year;
- Relevant service related objectives that will be discussed at the first job planning meeting;
- Any development needs identified at the appointments committee;
- Preparation for their appraisal and revalidation;
- For doctors **who have not** held a previous substantive post, their appraisal month will be their start month and they will be allocated an appraiser in the next 'round' of appraisals;

- For doctors **who have** held a previous substantive post, their appraisal month will be agreed based on their last appraisal and they will be allocated an appraiser in the next 'round' of appraisals.

**F1 - REVALIDATION INFORMATION/FITNESS TO PRACTISE INFORMATION REQUIRED BY TEWV RESPONSIBLE OFFICER BEFORE THE DOCTOR'S START DATE**

**CONSENT FORM TO REQUEST REVALIDATION INFORMATION**

Please fill out the details on this pro-forma fully so we can contact your previous Responsible Officer and ensure you meet revalidation requirements. Clearance from your previous Responsible Officer is necessary before commencing employment. Please note, your previous Responsible Officer will only be contacted upon your successful appointment.

<b>Surname</b>		<b>First Name</b>	
<b>GMC Number</b>		<b>Date of Birth</b>	
<b>Start Date</b> <i>(of current post)</i>		<b>Name of Responsible Officer</b>	
<b>Email Address of Responsible Officer</b>			
<b>Name and Address of Current Designated Body</b>			
<b>Date of Last Appraisal</b>			
<b>Date of last 360° Colleague / Patient Feedback</b> <i>(if applicable)</i>			
<b>Previous Revalidation Date</b> <i>(if applicable)</i>		<b>Revalidation Due Date</b> <i>(if not previously revalidated)</i>	

Signed:..... Date:.....

**Please complete this form and bring with you to interview. If you are successful at interview, the following documents must be provided prior to commencement:**

- a summary of your last appraisal;
- your current PDP

**F2 – (Medical Development to email previous RO)**

**IN CONFIDENCE**

Dear (Name of RO)

**Re: Dr (name, d.o.b and address)**

I write to advise that Dr (name) was successful at interview which was held within the Tees, Esk & Wear Valleys NHS Foundation Trust and has been offered the post of (title), subject to the usual pre-employment checks.

In line with GMC recommendations relating to appraisal and revalidation, Dr (name) has given us your name as being their current Responsible Officer. I would be very grateful if you would complete the Medical Practice Information Transfer Form which can be found by following this link

[http://www.revalidationsupport.nhs.uk/CubeCore/.uploads/documents/pdf/MPITForm\\_Final\\_Dec2013.pdf](http://www.revalidationsupport.nhs.uk/CubeCore/.uploads/documents/pdf/MPITForm_Final_Dec2013.pdf) .

Please return to the Revalidation Team at the address below or email [tevw.meddevappraisalandrevalidation@nhs.net](mailto:tevw.meddevappraisalandrevalidation@nhs.net) at your earliest convenience.

Many thanks in anticipation.

**Dr. (Name)**  
**Responsible Officer**

**F3 - CONSENT FORM TO REQUEST PERFORMANCE REVIEW INFORMATION**

Please fill out the details on this pro-forma fully so we can contact your previous line manager and ensure you meet the post requirements. Clearance from your previous line manager is necessary before commencing employment. Please note, your previous line manager will only be contacted upon your successful appointment.

<b>Surname</b>		<b>First Name</b>	
<b>GMC Number</b>		<b>Date of Birth</b>	
<b>Start Date</b> <i>(of current post)</i>		<b>Name of Line Manager</b>	
<b>Name and Address of Current Employer</b>			
<b>Date of Last Performance Review</b>			

**Signed:**..... **Date:**.....

**Please complete this form and bring with you to interview, together with a copy of any relevant performance information.**

**F4 – Medical Development to send to Line Manager**

Medical Development  
Roseberry Park  
Marton Road  
Middlesbrough  
TS4 3AF

Tel: 01642 838158/9/60

Fax: 01642 838164

Email: [youremail@nhs.net](mailto:youremail@nhs.net)

**IN CONFIDENCE**

Our Ref:

Date

LM Title & Full Name

LM Full Address & Postcode

Dear Title & Surname

**Re: Dr Full Name, D.O.B & Full Address**

I write to advise that Dr (Name) was successful at interview which was held within the Tees, Esk & Wear Valleys NHS Foundation Trust and has been offered the post of (Post Title), subject to the usual pre-employment checks.

One of our pre employment checks is that we request confirmation from the previous employer and/or line manager that the doctor is fit to practise and that no concerns were raised whilst in employment. Dr (Name) has given us your name as being their current Line Manager. I would therefore be very grateful if you would complete the attached proforma and return to the Revalidation Team at the above address at your earliest convenience.

Many thanks in anticipation.

Yours sincerely

**Dr. (Name)**  
**Responsible Officer**

**Performance Review Pre-Employment Check**



Surname		First Name	
Post Title			
Date of Last Performance Review / Appraisal		Name of Reviewer <i>(if not Line Manager)</i>	
Have there been any concerns about the doctor's practice?			<b>Yes / No</b>
Have any issues been discussed or presented which raise a concern about the doctor's fitness to practice?			<b>Yes / No</b>
Any Other Comments:			
Name		Signature	
Position Title		Date	

*Please return to Revalidation Team, Medical Development, Roseberry Park Hospital, Marton Road, Middlesbrough, TS4 3AF.  
Fax: 01642 838164. Email: [tewv.meddevappraisalandrevalidation@nhs.net](mailto:tewv.meddevappraisalandrevalidation@nhs.net)*

## Appendix 9 - POSTPONEMENT OF AN ANNUAL APPRAISAL

1. The following are instances when doctors or the Responsible Officer may request a postponement:

- Breaks in clinical practice due to sickness or maternity leave;
- Breaks in clinical practice due to absence abroad or sabbaticals;
- Breaks in practice due to suspension from clinical work as a result of the doctor being investigated as a result of concerns over his/her performance or behaviour.

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

- In excess of six months should try to be appraised within six months of returning to work;
- Less than six months, should try to be appraised no more than 18 months after the previous appraisal and wherever possible so that an appraisal year is not missed altogether.

3. Each case will be dealt with on its merits and the Trust is mindful that no doctor must be disadvantaged or unfairly penalised as a result of pregnancy, sickness or disability. 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. However, often, an appraisal can be useful when timed to coincide with a doctor's re-induction to clinical work. Appraisers will use their discretion when deciding the minimum evidence acceptable for these exceptional appraisals;

4. Doctors who think they may need to defer their appraisal should complete the postponement application **Form G1** and submit it to the Associate Responsible Officer;

5. Informal advice on the likelihood of a deferment being agreed can be obtained from the Associate Responsible Officer or the Revalidation Team;

- 6 A postponement application should be submitted at the earliest possible opportunity and no later than 3 months before the appraisal is due. An application form can be obtained from the Revalidation Team;
7. The Associate Responsible Officer will make a decision in consultation with the Deputy Medical Director/Senior Clinical Director;
8. The Associate Responsible Officer will respond within 3 weeks of receipt of the application and inform the Revalidation Team;
9. The formal response to the application will be either a letter advising against a deferment of appraisal or a deferment certificate **G2** sent by the revalidation Team;
- 10 The decision to allow a deferment will depend on a number of factors:
  - How many appraisals have or will have been missed in a 5 year period;
  - Whether there is anticipated to be further breaks from clinical practice in the near future;
  - If there have been problems with evidence in previous appraisals;
  - If the doctor is undergoing any investigation about his/her performance (this list is not exhaustive);
11. The decision can be appealed and appeals will be dealt with by the Responsible Officer.

## Application Form for Postponement of Appraisal

**Form G1**

This application is for doctors who wish to postpone their appraisal in such a way that they will not have an appraisal during one April to March appraisal year.

<b>Name:</b>	
<b>Address:</b>	
<b>Work Number</b>	
<b>Mobile Number</b>	
<b>Home Number</b>	
<b>E-mail:</b>	
<b>GMC number:</b>	
<b>Clinical Specialty:</b>	
<b>Locality:</b>	

Please indicate the dates of your last 4 appraisals (month and year) and names of your appraisers:

Name of Appraiser	Date of Appraisal (month and year)

***Please answer the questions in the box below***

Please indicate WHY you wish to request a postponement of your appraisal and WHEN you would next like to be appraised			
Do you anticipate having any breaks in practice in the next 2 years?			
If you have missed any appraisals in the last 4 years please indicate the reasons why			
Are you currently under investigation by the Trust, or GMC for any issue regarding your clinical performance?			
Any further comments			
Name		Date	
Signature			
Clinical Director's Name		Date	
Signature			

*By signing this form the Clinical Director is supporting the application. Please send this form (electronically or posted) to Revalidation Team, Roseberry Park or [tewv.meddevappraisalandrevalidation@nhs.net](mailto:tewv.meddevappraisalandrevalidation@nhs.net) for discussion with Associate Responsible Officer.*

**For Office Use**

Deferral agreement	Yes		Until?		No	
--------------------	-----	--	--------	--	----	--

If 'no', please state reason			
Name		Date	

**Deferment of Appraisal Certificate – G2**

# **Certificate of Postponement of Appraisal 20XX/XX**

This certificate confirms that the Trust has agreed that

**XXX**

Can defer the next appraisal until .....

Signed: .....  
*Dr (NAME), Responsible Officer*

Date: .....

## Appendix 10 - Private / Non-NHS / Non-TEWV Practice

To be completed by doctor undertaking any private practice, when main employment is with TEWV.

Please note:

1. A description of any private or NHS work should be included within “scope of practice”;
2. All supporting information relating to private or non-NHS work should be recorded in the appropriate sections of supporting information within the appraisal form and appraisal portfolio.

Section 1 – to be completed by doctor			
Last Name		First Name	
Position Title		Date of Employment	
Name & Address of Provider Unit		Number of Programme Activities Worked	
Section 2 – to be completed by provider unit			
Information	Details (put N/A if not applicable)		
Number of Sick Leave Days (in last 12 months)			
Number of Annual or Other Leave Days (in last 12 months)			
Caseload Data (in last 12 months)			
Activity Data (in last 12 months)			



Relevant Audit Information (in last 12 months)			
Significant Event Information(in last 12 months)			
Complaint & Compliment Information (in last 12 months)			
Colleague / Service User Feedback (in last 12 months)			
Other Information			
I confirm that there have been no concerns relating to this doctor's fitness to practice			<b>Yes / No</b>
Name of Representative		Position Title	
Signature		Date	

## Appendix 11 - EXIT REPORT FOR TRUST AND AGENCY LOCUM DOCTORS

This is to be completed by the Revalidation Team and confirmed by the Clinical Lead for all locum doctors who have been working in the Trust for 3 months or longer

Doctor's Name:					
GMC Number:			Grade:		
Base:			Supervisor:		
Start Date:			End Date:		
Details of leave:					
Number of sick days:		Number of annual Leave days taken:		Number of other leave days taken:	
Serious Untoward Incident	Has this doctor been involved in a formal Serious Untoward Incident/Significant Event Investigation?				Yes / No
	Has this incident been resolved satisfactorily with no unresolved concerns about their fitness to practice?				Yes / No
	If not, please give brief summary and the anticipated date of the outcome of event/investigation:				
Complaints/ Conduct	Has this doctor been involved in a conduct or complaint investigation?				Yes / No
	Has this investigation been resolved satisfactorily with no unresolved concerns about their fitness to practice?				Yes / No

	If not, please give brief summary and the anticipated date of the outcome of investigation?		
I confirm that there have been no concerns relating to this doctor's fitness to practice:			Yes / No
Any other comments:			
Name:		Signature:	
Job Title:		Date:	
If in electronic format, please accept an email from the above named person as signature confirmation.			

**Once completed, please give this report to the doctor, send a copy to the agency and keep a copy on the doctor's personal file in Medical Development.**

## Appendix 12 - Whole Scope of Practice Template – For doctors who do not have a prescribed connection with TEWV

This form should be completed by the Revalidation Team and confirmed by the Clinical Lead or Managerial Lead in the area in which this doctor practices. This report should be supplied to the doctor. It is the doctor’s responsibility for this report to be placed in their portfolio and discussed at their appraisal.

Doctor’s Name:					
GMC Number:			Grade:		
Base:			Supervisor:		
Start Date:			End Date:		
Details of leave:					
Number of sick days:		Number of annual Leave days taken:		Number of other leave days taken:	
Serious Untoward Incident	Has this doctor been involved in a formal Serious Untoward Incident/Significant Event Investigation?				Yes / No
	Has this incident been resolved satisfactorily with no unresolved concerns about their fitness to practice?				Yes / No
	If not, please give brief summary and the anticipated date of the outcome of event/investigation:				

Complaints/ Conduct	Has this doctor been involved in a conduct or complaint investigation?	Yes / No	
	Has this investigation been resolved satisfactorily with no unresolved concerns about their fitness to practice?	Yes / No	
	If not, please give brief summary and the anticipated date of the outcome of investigation?		
I confirm that there have been no concerns relating to this doctor's fitness to practice:		Yes / No	
Any other comments:			
Name:		Signature:	
Job Title:		Date:	

If in electronic format, please accept an email from the above named person as signature confirmation.			

**Once completed, please give this report to the doctor and keep a copy on their personal file in Medical Development.**

## Appendix 13 - Annual Report

This Annual Report will be produced by Medical Development, monitored by the Trust Revalidation Group and reported to the Board of Directors. It will contain the following information:

1. **Individuals responsible** – This section will identify individuals with responsibility for appraisal within the trust including the medical and managerial responsibility and Budget/Resource implications;

2. **Activity levels** – This will include:

Number of doctors who have been appraised reported by grade and specialty;  
Total due for appraisal in the reporting year. This should include part-time and temporary appointments;

- An exception audit of all missed or incomplete appraisals included in the report;
- Total number of doctors for whom the organisation has responsibility for appraisal and revalidation (including locums), those on long term leave, career breaks, suspension (i.e. for whom the organisation has responsibility);
- Total numbers of doctors completing revalidation cycle and total numbers of recommendations completed;
- Total number of doctors in remediation, performance and disciplinary procedures.

3. **Performance Review, Support and Development of Appraisers** – This will include:

- Summary of training provided, including feedback on training from Appraisers;
- The attendance register at each of the appraisal workshop updates;
- Arrangements for support and development of appraisers;
- Arrangements for performance review of appraisers;
- An action plan for any issues that may have arisen.

4. **Quality assurance of appraisals** – The report will summarize the outcome of the annual assessments including any action plans and de-selections.

5. **The list of doctors** - who have failed to satisfactorily complete the appraisal process will then form the basis for the exception report. A report from the Medical Director detailing the number of doctors in the Trust with Trust level or higher level developmental needs.

6. Summary – The report will include a summary of important issues arising from the appraisal cycle.



## Appendix 14 - Recruitment and Selection

### CONSULTANT/SAS DOCTOR APPRAISER JOB DESCRIPTION

**Purpose:-**

- To carry out appraisals in line with Tees Esk and Wear Valleys NHS Foundation Trust Medical Appraisal Policy.

**Key areas of responsibility:-**

- Responsible to the Trust's Revalidation and Appraisal Lead;
- To carry out appraisals in line with the appropriate standards in the Medical Appraisal Policy;
- To undergo enhanced appraisal training and appropriate training to remain up to date with appraisal skills;
- To report any serious concerns to RO in line with Medical Appraisal Policy and with HR Policies and Procedures.

**Post title:** Consultant/SAS Doctor Appraiser

**Accountability:** Appraisers will be accountable to the Responsible Officer

**Job purpose:** To undertake Consultant/SAS Doctor appraisal in line with agreed local guidance and national standard.

**Job scope:** Annual review of development for all Consultants/SAS Doctors, allowing individuals to reflect on areas of strength and consider where change and improvement can be made. It is linked to the General Medical Council's (GMC) revalidation process which is designed to demonstrate that clinicians remain 'fit to practice'.

The appraiser will be responsible for carrying out a minimum of 6 appraisal interviews per year.

Any newly appointed appraiser will have a one year probationary period in the role subject to satisfactory assurance on the high quality of the appraisal. Thereafter continuation as appraiser will be dependent on successful feedback from the quality assurance process. The role will be reviewed every two years.

**Commitment:** A minimum of 6 appraisals per year. The appraisal year will start 1<sup>st</sup> April and end on 31<sup>st</sup> March – this is National Guidance. The organisation will ensure that appraisers have adequate time in their Job Plan to carry out appraiser duties.

### **Essential Knowledge, Qualifications, Skills and Expertise Required**

(see person specification for full details)

### **Appraiser duties:**

- To report to the Responsible Officer on the progress with designated appraisals on a regular basis;
- To participate and successfully complete initial appraiser training and engage in regular updates and peer review meetings with other appraisers in the organisation;
- To prepare for appraisal and agree an agenda with the doctor which should include an appropriate balance of personal, professional and local objectives;
- To undertake appraisal interviews at a mutually agreed location, free from interruptions and distractions;
- To review material and supporting information that the doctor has submitted;
- To conduct the appraisal interview in line with core principles from the appraiser training and Tees Esk and Wear Valleys NHS Foundation Trust Medical Appraisal Policy. This will include supporting the doctor in considering practice over the last year and agreeing objectives and development plan with the doctor;
- To maintain strict confidentiality over the details of appraisal discussions;
- To complete all standardised documentation in sequence in a timely fashion to provide a formal, supportive, consistent structure to the appraisal process. This includes agreeing the appraisal summary;
- To build a positive working relationship with the doctor and follow up appraisal discussions to review progress at least once during the following year (if indicated);
- To liaise closely with the Lead for Appraisal and Revalidation or Responsible Officer regarding any doctor giving cause for concern and any other matters as appropriate, including issues to raise in connection with CPD and any early warning signs that a doctor may require support/early intervention. In such cases the appraiser must clarify with the individual how this will be dealt with;

- To participate fully in the Quality Assurance systems and processes for appraisal, engaging in annual quality assurance of the appraisal role, which will include identifying education needs and undertaking any training required to be able to carry out appraisals
- To include feedback of their performance as appraisers in their own annual appraisal.

**Communications and Key Working Relationships:**

**Medical Director**

**Lead for Appraisal and Revalidation**

**Medical Development staff**

**Consultant and SAS doctors**

**Appraisers across your local area**

## Appendix 15 - APPRAISER PERSON SPECIFICATION

	<b>Essential</b>	<b>Desirable</b>
<b>Qualifications &amp; Registration</b>	<p>Medical degree</p> <p>Current GMC Licence to practice</p> <p>In good standing with GMC</p> <p>Appraiser Training</p>	<p>Higher qualification in Medical Education</p> <p>Training in coaching or mentoring</p>
<b>Experience</b>	<p>Has been subject to 3 appraisals not including those in training grades</p> <p>Managing own time to ensure deadlines are met</p> <p>Able to apply principles of adult education and quality improvement</p>	<p>Experience of an enhanced education role, e.g. Clinical Tutor</p>
<b>Knowledge</b>	<p>Knowledge of appraiser role</p> <p>Knowledge of appraisal purpose/process and links to revalidation</p> <p>Understanding of equality &amp; diversity, data protection and confidentiality legislation and guidance</p> <p>Knowledge of relevant Royal College speciality standards and CPD guidance</p> <p>Knowledge of responsibilities of doctors set out in Good Medical Practice</p> <p>Knowledge of Consultant CPD.</p>	<p>Knowledge of local professional development and education structures</p>
<b>Skills/aptitudes</b>	<p>Interpersonal and communication skills – speaking, influencing, listening, reviewing and writing documentation</p> <p>Ability to evaluate evidence of learning in a manner that is consistent and free of bias, and to provide constructive feedback</p> <p>Effective time management and general organisational skills.</p> <p>Report writing skills.</p> <p>IT skills (using e-mail and word processing)</p> <p>Ability to set clear standards of performance and behaviours, and to facilitate the achievement of these standards</p>	
<b>Personal Qualities</b>	<p>Demonstrates sensitivity to the issues doctors may face as part of the appraisal process</p> <p>Motivated and conscientious</p> <p>Has respect of colleagues</p>	

	<p>Evidence of commitment to the ongoing education and development of self and others</p> <p>Placing safety and values at the core of appraisal system and delivery</p> <p>Psychologically capable of work as an appraiser</p> <p>Good working relations with colleagues</p>	
--	--	--

**Appendix 16 - APPLICATION FORM FOR APPRAISER ROLE**

Name:	
Current role and place of work:	
Date of appointment:	
Contact telephone number and email address:	
Please describe the personal qualities & skills that you will bring to the role of appraiser:	
Please describe any previous experience:	
Name of clinical director who has agreed to provide a citation:	
Name of medical colleague who has agreed to provide citation:	
Signature of applicant:	
Date:	

## Appendix 17 - ANNUAL APPRAISER PERFORMANCE REVIEW

The work of each appraiser will be reviewed annually

1. Medical Development will produce an Annual Report on the appraiser's performance which will be sent to the appraiser and discussed at the Trust's Revalidation Group (**Appendix 16**).

The Annual Report will consist of;

1.1 Performance against the following agreed standards for appraisers

- Be appointed by the Trust Revalidation Group having met the person specification as outlined in **Appendix 13**;
- Have successfully completed an acceptable initial training course;
- Normally carry out between 6-8 appraisals each year;
- Complete and return the appraisal documents in timely fashion to Medical Development as described in **Appendix 1**;
- Not appraised the same individual on more than 3 consecutive years;
- Attend at least either two internal Trust appraiser update/support meetings or appropriate alternative external meetings each year;
- Be up to date in the Trust's Equality and Diversity training;
- Participate in the annual performance review.

1.2 Details of any 'missed appraisals' and incidences of late return of appraisal documentation;

1.3 Review of appraiser documentation:

As a minimum, each year two anonymised appraisal summaries for each appraiser will be rated by a panel consisting of the Responsible Officer, the Associate Responsible Officer and one other appraiser who normally would be a member of the Trust Revalidation Group;

These will be rated using the summary of appraisal rating tool (**Appendix 17**). The summary score together with any free text comments that identify areas for improvement will be recorded on the feedback form;

1.4 Review of doctor feedback:

Following each appraisal the doctor will complete an appraisal feedback questionnaire (**Appendix 18**) commenting on the appraiser's performance. This will be returned to Medical Development within 28 working days of the appraisal meeting;

#### 1.5 A summary of any feedback from observed appraisals:

From time to time, the Associate RO or one of the Deputy Medical Directors may, with the consent of the doctor and appraiser, observe an appraisal. The Associate RO/Deputy Medical Director will not participate in the appraisal and is present to observe the performance of the appraiser. Observation will be recorded using **Appendix 19**

3. If concern is raised it may be appropriate for the Associate Responsible Officer to meet with the appraiser and discuss further to agree a plan of action;
  - There should then be an early assessment as to whether performance has improved and concerns resolved;
  - If no improvement takes place and concerns continue, de-selection may be considered;
  - If de-selection is being considered, this should be discussed with the appropriate Senior Clinical Director and Deputy Medical Director and the decision conveyed to the appraiser with the rationale at the earliest opportunity.



## Appendix 18 - APPRAISAL FEEDBACK

### APPRAISAL FEEDBACK

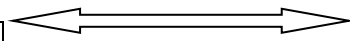
YEAR/YEAR

### OVERVIEW

#### Paperwork

Number of Appraisals Performed	Number of MAG Forms Returned On Time	Number of Feedback Forms Returned On Time

#### Appraisal Feedback

	Strongly agree					Strongly disagree
My appraiser had read my evidence folder						
My appraiser encouraged me to reflect on my practice						
My appraiser listened well						
There was sufficient time to discuss the issues that were important to me						
My appraisal was a constructive experience						
My appraisal helped me think about new ways to tackle challenging aspects of work						
My appraisal recognised my achievements and progress						
My appraisal helped me to identify areas to work on during the coming year						
The appraisal process allowed me to formulate a PDP for the next year						

My appraiser was able to give me useful, constructive feedback					
My appraiser developed ideas and issues from last year's appraisal					
My appraiser helped me identify evidence I need to produce for next year					
My appraiser produced an accurate summary of the appraisal interview					
Overall, I felt that my appraisal was a worthwhile experience					

## Appendix 19 - Peer review of appraisal summary

	<b>Statement recorded of presence or absence of evidence</b>	<b>Yes (1)</b>	<b>No (0)</b>
1	CPD undertaken appropriate to scope of work (1.1)		
2	CPD certificate of good standing or log of CPD (1.1)		
3	Reflections on CPD (1.1)		
4	Attendance at CPD peer group (1.1)		
5	Case based discussions (1.2)		
6	Quality improvement activity including clinical audit (2.1)		
7	Reflection on significant events (2.2)		
8	Health declaration & related evidence (2.3)		
9	Colleague and patient feedback & date of last formal MSF (3.2, 3.3)		
10	Reflection on complaints (4.1)		
11	Probity declaration & membership of medical defence org (4.3)		
12	Comment on description of scope of work (general summary)		
13	Comment on missing evidence (general summary)		
14	Comment on training accreditation (general summary)		
15	Comment on any outstanding actions required (general summary)		

## Appendix 20 - Appraisal Feedback Questionnaire

Name	
Appraisers Name	
Appraisal Date	

Concerning your most recent appraisal (mark with a X as appropriate)

	Strongly agree					Strongly disagree
My appraiser had read my evidence folder						
My appraiser encouraged me to reflect on my practice						
My appraiser listened well						
There was sufficient time to discuss the issues that were important to me						
My appraisal was a constructive experience						
My appraisal helped me think about new ways to tackle challenging aspects of work						
My appraisal recognised my achievements and progress						
My appraisal helped me to identify areas to work on during the coming year						
The appraisal process allowed me to formulate a PDP for the next year						
My appraiser was able to give me useful, constructive feedback						
My appraiser developed ideas and issues from last year's appraisal						
My appraiser helped me identify evidence I need to produce for next year						

My appraiser produced an accurate summary of the appraisal interview					
Overall, I felt that my appraisal was a worthwhile experience					

Please add any comments you may wish to make about your appraisal, your appraiser or the Appraisal process:

Please add any comments you may wish to make about the organisation of appraisals in the Trust and the provision of information you've received

Personal experience of this appraisal for me: strengths and weaknesses:

Thank you for completing this questionnaire. The results of the survey will be used to influence future appraiser training and selection.

**Please return this questionnaire within 28 days of your appraisal to Medical Development,  
Roseberry Park Hospital, Marton Road, Middlesbrough, TS4 3AF  
Email: [tewv.meddevappraisalandrevalidation@nhs.net](mailto:tewv.meddevappraisalandrevalidation@nhs.net)**

## Appendix 21 - Appraiser Observation Form

<b>NAME OF APPRAISER:</b>	<b>NAME OF DOCTOR:</b>	<b>Time taken for meeting:</b>
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<b>1</b> Very Poor/Strongly Disagree	<b>2</b> Poor/Disagree	<b>3</b> Average/Neutral	<b>4</b> Good/Agree	<b>5</b> Very good/Strongly Agree
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<b>The Appraiser's Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
The appraiser established rapport					
The appraiser explained the format of the meeting					
The appraiser confirmed the confidentiality of the meeting					
The appraiser's body language					
The appraiser's ability to listen e.g. maintaining eye contact					
The appraiser verified that the necessary paperwork was complete					
The appraiser used questions to encourage discussion and to cover all aspects of performance					
The appraiser was challenging in making the doctor think about his/her practice					
The appraiser helped the doctor to think about new areas for development					
The appraiser reviewed progress against last year's development plan					

The appraiser's feedback was constructive and helpful				
The appraiser agreed a forward PDP				
The appraiser summarised agreed actions with the appraiser				
Time was allowed for the doctor to make a useful contribution				

Comments:

**Appraisal & Revalidation Manager:**