



Sheffield Health
and Social Care
NHS Foundation Trust

Policy:

MD 012 - Appraisal Policy for Medical Staff

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Summary of policy

This policy is to ensure the Trust's requirements for appraisal are clear, understood and implemented fairly. Medical appraisal differs fundamentally from appraisal in other settings due to its direct link with external professional regulation and revalidation.

As summarised at Appendix A (amendment log) the policy has been amended to include additional guidance from the NHS England regarding the doctor appraisal process and to accommodate changes in the Trusts internal management structure.

Target audience	All non-training medical staff employed by the Trust, apart from salaried GPs or Agency Locums but including those who work with honorary contracts where they relate to the Responsible Officer of the Trust.
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Keywords	Appraisal, Review, Medical Staff, Workforce
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Storage & Version Control

This is version 6 and replaces version 5 – July 2019.

This policy will be available to all staff via the SHSC Intranet and website. The previous version will be removed from the Intranet and website and archived. Word and pdf copies of the current and the previous version of this policy are available via the Director of Corporate Governance. Any printed copies of previous versions should be destroyed and if a hard copy is required, it should be replaced with this version

Version Control and Amendment Log (Example)

Version No.	Type of Change	Date	Description of change(s)
3	Ratified / finalised / issued	Nov 2016	New policy template
4	Review, consultation, approval, ratification, issue	2018 to July 2019	This policy has been amended to reflect NHSE guidance and changes to the Trust Management structure since the last review.
5	Review, consultation, approval, ratification, issue	July 2022	The policy has been reviewed and amended to reflect the removal of the role of AMDR
6	Review, consultation, approval, ratification, issue	December 2022	<ul style="list-style-type: none"> • Associate Director Removed • Terminology and wording updated • New National Guidance updated within the policy from the NHS England regarding the doctor appraisal process and to accommodate changes in the Trusts internal management structure • Updated with Responsible Officer regulations 2010 duties

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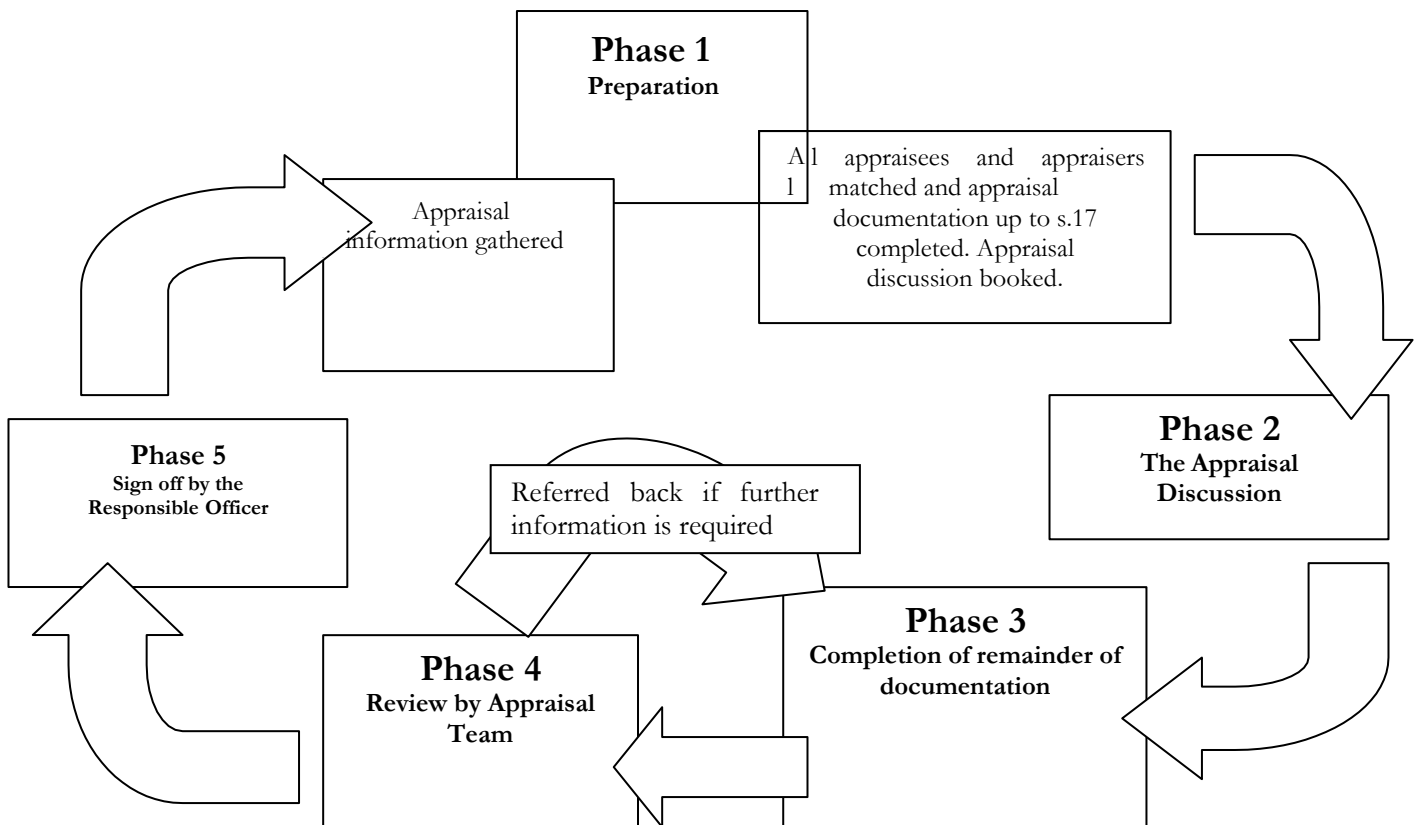
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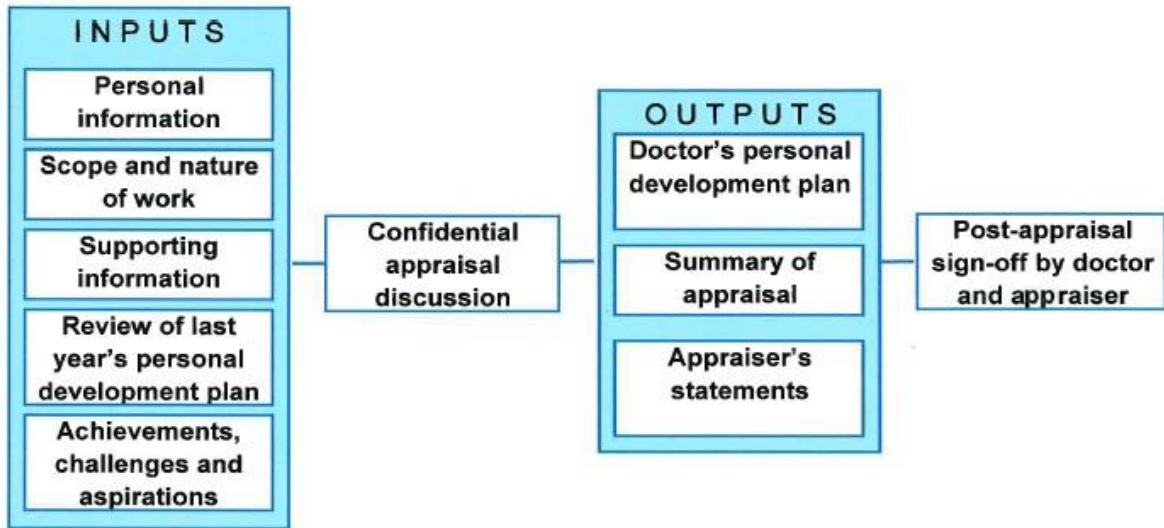
Appraisal Process

The Appraisal process is comprised of five phases:

- Phase 1: Preparation work and information gathering by both appraiser and appraisee. Appraisals for revalidation are made up of whole practice appraisal and therefore appraisees must provide information from all organisations that employ them as well as any voluntary or private practice work.
- Phase 2: Appraisal discussion *including* a review of the previous year's PDP.
- Phase 3: Completion of documents and agreement of a new PDP going forward.
- Phase 4: Review of feedback forms by the Revalidation Steering Group
- Phase 5: Annual appraisal completed.



Appraisal Inputs and Outputs



1 Introduction

This policy is to ensure the Trust's requirements for appraisal are clear, understood and implemented fairly. Medical appraisal differs fundamentally from appraisal in other settings due to its direct link with external professional regulation and revalidation.

The Trust believes that appraisal is a positive process to enable constructive dialogue to occur and in which the doctor being appraised has a formal structured opportunity to reflect on their performance and how it might be improved to enhance quality of care and the effectiveness of the Trust

This policy and associated documentation will be overseen and monitored by the Revalidation Steering Group. All information provided under this process will be treated with full regard to confidentiality and will be used for purposes appropriate to appraisal and revalidation. Should any serious concerns emerge then they will be considered in line with the appropriate Trust policies and GMC guidance.

This policy will also be applied with full regard for the Trust's policy on Equal Opportunities and Dignity at Work. Any reasonable adjustments will be made, where appropriate. This document may change and be reviewed as updated guidance is released from NHS England, RCPsych & the GMC.

2 Scope

The policy applies to all non-training medical staff employed by the Trust including those who work with honorary contracts where they relate to the Responsible Officer of the Trust. The Deanery will be responsible for the appraisal and revalidation of doctors in training. NHS England appoints the Responsible Officer for Salaried GPs. Locums directly employed by the Trust will be the responsibility of the Responsible Officer including any doctors engaged under a LAS post (Locum Appointment for Service) where this is not the responsibility of Health Education England. For locums employed via an agency, the Responsible Officer will be within the locum agency. However arrangements will be made to provide formal assessment on their work within the Trust before they leave (see section 6.19).

Appropriate arrangements will be made for the appraisal of the Responsible Officer (see 6.3).

The Trust will make arrangements for seamless appraisal for any doctors who have been on maternity leave in any five-year period, and for any doctors who have had a break in service for whatever reason.

3 Purpose

This policy is intended to support all those involved with the appraisal process within the Trust. The aim is to ensure that through effective appraisal, medical staff are fit to practice and provide the highest standards of safe care to patients.

Appraisal is underpinned by continuing professional development and used properly can help to develop a reflective culture within service and training. It is expected that regular successful annual appraisal will provide the foundation stone upon which a positive affirmation of continued fitness to practice can be made every five years by the doctor's Responsible Officer.

Medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor's work.

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 *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.

and may also be used:

4. To enable doctors to ensure that they are working productively and in line with the priorities and requirements of the organisation they practise in.

Job planning, rather than appraisal, will normally be the primary means by which doctors ensure that they work productively and in line with the priorities and requirements of the Trust. However, the outputs from each process may be used to inform the other e.g. if a doctor was unable to meet Trust objectives through a lack of training or skills then it would be appropriate for these matters to be considered as part of the appraisal process.

Whilst appraisal is not the forum to address specific clinical governance or performance issues, there may be instances where a RO may wish to ensure that certain key elements of supporting information are included in the doctor's portfolio and discussed at appraisal. In such instances the RO may stipulate to the doctor that the information should be included and subsequently check in the appraisal summary that discussion has taken place.

4 Definitions

Responsible Officer (RO) - is the primary role in the successful application of this policy.

Medical Director (MD) – is the senior medical professional within the organisation and will support the revalidation process including ensuring there are sufficient resources for the Responsible Officer and leading on any disciplinary process.

Medical Managers - are the clinicians other than those roles specified above who are responsible for the management of other doctors within the Trust (This would typically be a Clinical Director).

Revalidation - is the process by which doctors will have to demonstrate to the General Medical Council, normally every 5 years, that they are up to date and fit to practice. It is based on local evaluation of doctor's performance against national standards approved by the GMC. It is based on a doctor's whole scope of work whether within or outwith the Trust, paid or unpaid.

Remediation - is the overall process to redress identified aspects of underperformance. Remediation is a broad concept varying from informal agreements to carry out some reskilling, to more formal supervised programmes of remediation or rehabilitation

The Revalidation Steering Group (RSG) will comprise the RO, the Medical Director and the appraisers appointed from within the Trust.

The Appraisal Team will comprise the RO and their staff responsible for the administration of the appraisal system

The appraisal window is the period during which an annual appraisal should occur. Each doctor should have an appraisal month and the appraisal meeting should happen in the three months preceding the end of the designated appraisal month e.g. if the appraisal month is September then the meeting should be in July, August or up to 30 September. The document must then be completed within 28 days of the appraisal meeting.

External Responsible Officer – this will be a person appointed by the Trust to have the responsibility for revalidation where there is a conflict of interest or appearance of bias between the main Responsible Officer and one or more of the doctors requiring the appointment of a second Responsible Officer. This usually arise in case of inverted line management. Currently, the only doctor who requires an external RO is the Medical Director.

5 Duties

Medical Director - will, on behalf of the Trust, be responsible for ensuring that the Responsible Officer is provided with appropriate resources to allow him/her to discharge their duties.

Board of Directors - are responsible for monitoring and approving a framework to support the appraisal and revalidation of consultant and other career grade doctors that is compliant with all relevant legislation, guidelines and NHS best practise standards. They will receive an annual report on appraisal and revalidation for approval. The annual report will then be sent to NHS England alongside a Statement of Compliance signed of by the Trust Chair/Chief Executive.

Responsible Officer - is accountable to the Chief Executive for the appraisal process. He/she will be responsible for appointing appraisers and ensuring that: all relevant medical staff are appraised; that any follow up action is taken that comprehensive records are kept of all appraisals; and for making recommendations for revalidation to the General Medical Council. In so doing, the Responsible Officer is responsible for ensuring that the appraisal policy and processes comply with the relevant national guidance and legislation that appraisers are properly trained to carry out this role and are in a position to undertake appraisal of clinical performance, service delivery and management roles. The Responsible Officer will also be responsible for ensuring that an annual report on consultant appraisal is prepared for the Board of Directors.

If a Responsible Officer or other person (e.g. a consultant) identifies a potential conflict of interest or appearance of bias between the Responsible Officer and one of the doctors being revalidated by the Responsible Officer then a formal application should be submitted to the Responsible Officer's responsible officer (normally the regional responsible officer) for a recommendation as to whether an alternative responsible officer needs to be nominated or appointed by the Trust (See also External Responsible Officer definition below). The relevant form is at Appendix 1 and the applicant should complete the section explaining the reasons for the potential conflict of interest or appearance of bias and include relevant information and documentary evidence. Where an alternative is recommended, then the Trust will nominate / appoint the person identified by the higher-level responsible officer and confirm this in writing to the doctor and Trust Responsible Officer.

Revalidation Steering Group - has overall responsibility for monitoring compliance with this policy. This responsibility includes undertaking an annual review of the appraisal cycle together with monitoring of the performance of the appraisers using the annual report as a basis for this review.

Medical Manager - is responsible for identifying appraisers in their directorates to the RO and maintaining the list of appraisers within their directorate and ensuring the appraiser has sufficient time in their job plan to carry out the role.

Appraiser - is accountable to the Responsible Officer. The appraiser should be sufficiently familiar with the appraisee's work in order that they can carry out a suitable appraisal.

Their duties include:

- Declaring any conflict of interest which would affect the appraisal (see Section 6.2).
- Seeking advice from the RO on whether an exemption should apply to new appointees (see Section 6.12).
- Agreeing a date with the appraisee.
- Arranging an appropriate venue.
- Reviewing the portfolio of evidence prior to the meeting.
- Requesting any missing evidence/documentation and raising with the RO if any essential evidence/documentation is not provided without there being a satisfactory explanation (see Section 6.6).
- Preparing and agreeing an agenda of items to be discussed and reviewed one week before the meeting.
- Completing the relevant parts on the online toolkit.
- Signing off statements about engagement, with appraisal, progress with the previous PDP and the appropriateness of the new PDP and GMC requirements.
- Where the appraisal is not completed (or notified as having being completed) within 28 days of the specified appraisal date then the provision of Section 6.15 will apply.
- Advising the appraisee of their right to raise a grievance where the appraisee disagrees with the content or process (see Section 6.11).
- Reporting to the RO where there has been a clear failure to address issues from the previous year's appraisal and these issues cannot be resolved with the appraisee (see Section 6.9).
- Reporting to the RO where there is a potentially serious performance issue (that has not been previously identified) that requires further discussion or examination- this will require the appraisal meeting to be stopped. (see Section 6.9).
- Participating in periodic meetings with other appraisers and the RO to ensure consistent standards are maintained.

The maximum number of appraisals for each appraiser will normally be 8 for a full-time appraiser (4 for a half time appraiser). The appraiser is responsible for the completion of the summary of appraisal. Commencing with the date of introduction of this policy, no appraiser will carry out appraisal for the same doctor for more than 3 consecutive years e.g. they will require a change of appraiser for 1 year after 3 consecutive appraisals with the same appraiser.

Where a doctor has moved to the Trust from a previous organisation, then they will be covered by this appraisal process. An appropriate appraiser will be allocated in accordance with this policy. Arrangements will need to be made for the relevant appraisal records to be transferred. This will be the responsibility of the doctor but he/she will be assisted in any case of difficulty by the Trust. The RO will ask the previous RO for any significant information via the Medical Practitioner Information Transfer Form (MPIT).

Where a doctor moves from this Trust to another organisation, then they will become the responsibility of the relevant RO in the new organisation. The Trust will ensure that on request from the doctor, the relevant appraisal records are transferred to the new organisation with the normal safeguards regarding confidentiality. The Trust RO will also complete MPIT and share that with the doctor's new RO.

Appraisee - is responsible for:

- Ensuring they are appraised annually on their whole practice or seeking a deferment where they believe this is necessary.
- Making the declaration regarding professional obligation and personal accountability (see Section 6.1).
- Collating and preparing the evidence for the appraisal meeting using the evidence checklist and documentation on the on-line tool kit.
- Agreeing a date for the appraisal meeting with the appraiser.
- Agreeing the agenda of items with the appraiser.
- Providing the relevant appraisal information to the appraiser by the agreed date.
- Writing their own reflection on supporting information and any other relevant issues.
- Signing off statements about significant events, complaints, probity, health, the appraisal portfolio and GMC requirements.
- Where the appraisal is not completed (or notified as having being completed) within 28 days of the specified appraisal date then the provision of Section 6.15 will apply.
- Raising any concerns about the appraisal process in accordance with this policy.
- Completing the annual appraiser feedback.

The Appraisal Team are responsible for overseeing the administration of the appraisal system and ensuring that appraisals meet the specified quality requirements.

6 Procedure

6.1 Main principles

Appraisals happen on an annual basis within each appraisal year. Appendix 2 sets out the current guidance from NHS England regarding the scheduling of medical appraisal. (This will be updated as necessary). Appraisal should be a positive process that gives doctors to review and reflect on their past performance, charts their continuing progress and identifies their development needs. It is designed to recognise good performance, provide feedback, and assist in the identification of performance issues so they can be dealt with at an early stage. It is also a forward-looking process, essential in identifying the developmental and educational needs of individuals.

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 appraiser will review various sources of information with the doctor to gain a rounded impression of that doctor's practice and inform a mutually agreed Personal Development Plan (PDP). Appraisal will identify doctors who are struggling to provide the supporting information that is needed to demonstrate achievement of generic and specialist standards. It will assist those doctors in identifying support and developmental needs at an early stage, before there is any question of concerns about patient safety.

Every doctor is responsible for ensuring that they are appraised annually on their whole practice, so will need to make arrangements to share information from each of their employers, including private practice or voluntary work, on an annual basis.

Before the appraisal discussion, doctors should make a declaration that is visible to the appraiser that demonstrates:

- Acceptance of the professional obligations placed on doctors in Good Medical Practice in relation to probity, confidentiality and personal health.
- Personal accountability for accuracy of the supporting information and other material in the appraisal portfolio.

6.2 Selection of appraisers

The process for the selection of appraisers will ensure that doctors with the appropriate expertise, skills and commitment are selected for this important role. The Responsible Officer should scope the number of appraisals that will be needed and ensure there is a sufficient pool of trained appraisers within the organisation to carry out these appraisals. Potential candidates will be invited to apply to become medical appraisals through expression of interest process. There will be a database of appraisers which will be maintained by the Responsible Officer and, as appropriate, relevant Medical Managers. The selection and training of new appraisers will be carried out as and when required. National guidelines (GMC, NHS England) will be

followed regarding curriculum and approved training. Medical staff with appraiser responsibilities will have this included in their own appraisal to ensure their competence and performance is satisfactory. The team of appraisers will have periodic meetings to ensure consistent standards are maintained. Appropriate training will be made available to ensure that appraisers are properly trained to carry out their role (see also Section 6.20). The RO will provide annual refresher training for appraisers.

Appraisers must declare any conflicts of interest with their appraisee. This could include (but is not limited to) the following examples:

- A personal or family relationship.
- An appraiser receiving direct payment from an appraisee for performing the appraisal
- Other situations that the doctor/appraiser/RO recognise as causing conflict of interest or perception of bias

The RO will review the situation and decide whether there is conflict of interest. Line management relationship or personal dislike is not necessarily sufficient to constitute a conflict of interest.

6.3 Responsible Officer's appraisal

NHS England is responsible for medical appraisal of the Responsible Officer and making recommendation regarding his/her Revalidation. NHS England will allocate a Trained External Appraiser to conduct the appraisal of the Responsible Officer. The Responsible Officer is required to provide additional evidence in regard to his/her role as a Responsible Officer in addition to the general evidence as a doctor. Further guidance is described in the following document (subject to future updates from NHS England):

“Undertaking a Responsible Officer Medical Appraisal: Guidance Notes for Responsible Officers”.

The appraisal year runs from 1st April to 31st March, and the Responsible Officer must undertake an appraisal in each appraisal year unless this is not possible (similar to any other doctors) e.g. long term sickness or maternity leave.

6.4 Indemnity

Doctors working as appraisers on behalf of the Trust will be indemnified for their actions in the pursuance of their work as part of their usual indemnity arrangements with the Trust as their employer. The appraisal form will require a doctor to confirm that they have insurance/indemnity appropriate to their scope of work. Any work that could fall outside the NHS indemnity, must be indemnified by an appropriate external indemnity.

6.5 Appraisal arrangements for appointees / leavers

Where a doctor has moved to the Trust from a previous organisation, then they will be covered by this appraisal process. An appropriate appraiser will be allocated in accordance with this policy. Arrangements will need to be made for the relevant

appraisal records to be transferred. This will be the responsibility of the doctor but he/she will be assisted in any case of difficulty by the Trust.

Where a doctor moves from this Trust to another organisation, then they will become the responsibility of the relevant RO in the new organisation. The Trust will ensure that on request from the doctor, the relevant appraisal records are transferred to the new organisation with the normal safeguards regarding confidentiality.

All newly employed non-training grade doctors will be provided with an initial staff induction which will include generic training on appraisal and the operation of the Trust scheme specifically.

6.6 Appraisal process

The content of appraisal is based on the GMC guidance published in 'Good Medical Practice'.

The process for appraisal will be as follows:

- The relevant year will be confirmed by the RO/ to both the appraiser and appraisee. (See Appendix 2)
- The appraisal will review a complete year's activity. Each doctor will have an appraisal month. Appraisal meeting should be 9-12 from the appraisal month. The appraisal month does not change if the appraisal was completed during the 3 months window. Appraisal document should be completed within 28 days of the appraisal meeting date (see Section 6.15). In exceptional circumstances the RO will consider changing the appraisal month e.g. if the doctor was on long term sickness. This will help the doctor to have an appraisal at the most appropriate time and to progress towards revalidation.
- The appraiser will be confirmed by the appraisal team from the list of trained appraisers.
- The appraisee should agree a date with the appraiser that is usually at least six weeks in advance of the appraisal meeting.
- The appraisal documentation should normally be available to the appraiser two weeks prior to the appraisal meeting (one week being the absolute minimum).
- The appraisee and appraiser will normally use the online toolkit for all appraisal documentation (see Section 6.8). Specific groups of doctors such as Clinical Fellows and WAST doctors (Widening Access to Specialty Training) will use a portfolio document to take account of their training needs. Short term doctors could use MAG forms (Medical Appraisal Guide model appraisal form) if agreed by the RO.
- The doctor being appraised should prepare for the appraisal by identifying issues to raise with their appraiser, collecting relevant evidence and by preparing a draft Personal Development Plan (PDP).
- The doctor being appraised is required to write their own reflection on supporting information (CPD, complaints, significant events, feedback from colleagues and patients, quality improvement activities and any other relevant issues). The appraisal provides doctors with opportunity to discuss issues related to their wellbeing. Doctors will also provide information on their role as medical leaders. Doctors who are defined by the GMC as Medical Educators needs to provide information and reflection on this role.
- The doctor being appraised will have to sign off statements about significant

events, complaints, probity, health, the appraisal portfolio and GMC requirements.

- The appraiser should review the portfolio of evidence in advance of the meeting. If evidence is missing there should be an opportunity for the appraiser to request that the evidence is provided in advance of the meeting. The appraiser should prepare and agree an agenda of items that are to be discussed and reviewed one week before the meeting.
- The appraisal meeting must be held in an appropriate environment or remotely if appropriate. This will involve a quiet room and both the appraiser and appraisee must ensure that they are not disturbed during the appraisal meeting.
- All documentation must be completed including the summary of appraisal and the agreed personal development plan. (The appraisal interview should not take place without the previous year's summary being available).
- Where the appraisal is not completed (or notified as having being completed) within 28 days of the specified appraisal date then the provision of Section 6.15 will apply.
- The appraisee is responsible for completing the annual appraiser feedback.

If any part of the supporting information is not identified in a portfolio (unless a satisfactory explanation can be offered by the appraisee) then this must be brought to the attention of the appraiser prior to the appraisal meeting. This should provide an opportunity for the appraisee to produce the relevant piece of information. If the information is not forthcoming and there is no satisfactory explanation offered then the RO should be informed.

Following the submission of the appraisal to the RO, the RO might decide that additional information is required. The RO would refer the appraisal back to the appraiser and appraisee to provide such additional

6.7 Joint Appraisal / Lead Employers

Joint appraisal involving a representative from the University will be arranged for doctors working for the Trust who are employed by a University.

Where a doctor is employed by more than one Trust, a lead employer will be identified to undertake the appraisal on behalf of the relevant organisations. A representative from the other organisation(s) can be invited to also participate in the appraisal following agreement between all parties.

6.8 Documentation / NHS Appraisal Toolkit

The Trust has adopted L2P e-system which will be used to undertake and record the appraisal. All aspects of a medical practitioner's role can be, and should be, detailed within this system including clinical, managerial and academic work, research, private practice, locum work and voluntary roles. Doctors should complete and submit the package of information to the appraiser by a mutually agreed date. The post appraisal sections will be completed by the appraiser and the appraisee during or shortly after the appraisal meeting.

The appraisee and appraiser will normally use the online toolkit for all appraisal documentation (see Section 6.8). Specific groups of doctors such as Clinical Fellows and WAST doctors will use a portfolio document to take account of their training needs. Short term doctors could use Medical Appraisal Guide (MAG) template, which is designed by NHS England, if agreed by the RO.

6.9 Outcomes of Appraisal

It is anticipated that the appraisal process will generally result in the development of an agreed personal development plan and a sign off by the appraiser. The maximum benefit from the appraisal process can only be realised where there is openness between the appraisee and appraiser. The appraisal should identify individual needs, which will be addressed through the personal development plan. All records will be held online and any printed copies to be kept on a secure basis and access/use must comply fully with the requirements of the relevant data protection legislation and the GMC/NHS England guidance.

The appraiser should record any comments that will assist the RO to understand the reason for the statements that have been made and any other issues that the RO should be made aware of that may be relevant to the revalidation recommendation. The appraisee may respond to the above comments.

Where there is a significant disagreement, which cannot be resolved advice should be sought from the RO. Soundings on the issue may be taken from a number of appraisers and an opinion on the merits of the case will be conveyed to the appraisee and the appraiser by the RO. Such soundings will be confidential and the identity of the individual doctor involved will not be provided. Where the doctor continues to disagree with the content of the appraisal or the process that has been followed then the doctor will be advised by the appraiser of his/her right to raise their concern formally in accordance with the Trust's Grievance Procedure. An unsatisfactory outcome of appraisal may also arise from:

- failure to address issues that have been previously raised about clinical performance or personal behaviour
- the appraiser's judgement that there is inadequate evidence in any section of the appraisal toolkit
- Failure to complete the previous year's PDP without adequate explanation.

Part of the developmental approach to appraisal should be in supporting the appraisee in improving the quality of evidence year on year in the appraisal portfolio. Where there has been a clear failure to respond to actions outlined in previous year's appraisal then the appraisal should be considered as being unsatisfactory. If the issues cannot be resolved with the appraisee then the matter should be referred to the RO.

Where it becomes apparent during the appraisal process that there is a potentially serious performance issue (that has not been previously identified) that requires further discussion or examination then the appraisal meeting must be stopped. The matter must be discussed with the RO and referred by the RO swiftly to the Medical Director to take appropriate action. Where such potentially serious performance issues are reported to the Medical Director then the doctor should be made aware of the nature of the issues. It is expected to be extremely rare that there will be such serious

concerns about patient safety presented to the appraiser by the doctors themselves pre-appraisal that require suspension of the appraisal process and referral to a different process. Generally, it will be more appropriate to go ahead with the appraisal discussion to understand the context and put the appraiser in a position to make a professional judgement.

Medical managers need to deal with performance issues as they arise, and not to wait until the appraisal.

The appraisal team will review the submitted appraisals. A final sign off will be conducted by the RO.

6.10 Records and confidentiality

The detail of discussions during the appraisal interview would generally be considered to be confidential to the appraisee and appraiser. However, within the context of appraisal for revalidation, the RO/Appraisal team will have access to the appraisal documentation. The appraiser will need to escalate to the RO any concerns about performance that arise during the appraisal discussion, who will deal with them in line with the Trust's relevant policies and guidelines. The Trust will need to retain copies of the appraisal documentation, whether electronically or otherwise, over a five year period. The Responsible Officer has overall accountability for ensuring appraisal takes place for all doctors for whom they are responsible and to securely hold copies of all documentation. The Responsible Officer is also responsible for the quality of the appraisals undertaken by the organisation.

The requirements of Information Governance will be adhered to in respect of all information relating to appraisal. Individuals involved in appraisal will have had relevant training and will familiarise themselves with the relevant guidance from NHS England (Information flows to support medical governance and responsible officer statutory function). When doctors move from one organisation to another, the new RO asks the previous RO to complete the Medical Practitioners Information Transfer Form (MPIT).

6.11 Grievances arising from the appraisal process

Grievances arising from the appraisal process should be addressed in the first instance to the RO or, if they concern the RO, to the Chief Executive. This will be regarded as Stage 3 of the Grievance Procedure.

Grievances may be discussed with the Director of Human Resources if necessary to determine the best course of action or to assure the complainant of the integrity of the process.

6.12 Exemption from appraisal

Substantive Doctors, who have not held a career grade post prior to joining SHSC and directly employed locums, who have not held a locum post prior to joining the Trust may be exempt from the appraisal process for that year, where they have been in post for less than 6 months prior to the end of an appraisal year. Guidance should be sought from the RO in such instances. However, they will in any case be expected to meet with their Medical Manager to agree:

- A personal development plan for the first year.
- Relevant service-related objectives that will be discussed at the first job planning meeting.

6.13 Deferral of appraisal

All doctors should undergo an appraisal annually if they undertake any professional work. This is also a requirement for successful revalidation. 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. Instances when doctors or the RO may request a deferral are:

- Breaks in clinical practice due to sickness or maternity.
- 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.

It is a doctor's responsibility to agree the date of their appraisal with their appraiser prior to their appraisal due date. Postponement should be a planned event, agreed between a doctor and RO. A doctor must notify the potential need for postponement to the responsible officer as soon as this becomes apparent. The reasons for any agreed postponement should be recorded. Continued networking between responsible officers of the circumstances in which they agree postponement of appraisal will assist calibration. A doctor who is professionally active in any manner is expected to participate in the Trust's appraisal system. Absence from professional duties with the Trust does not therefore automatically imply that postponement of appraisal is appropriate if the doctor is still professionally active. Postponement of appraisal may or may not be appropriate in cases of suspension or illness. Where a doctor is suspended or otherwise excluded from work, a decision on whether appraisal should proceed or not should be made, based on the circumstances of the case and follow the process described below.

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. This policy aims to ensure that these circumstances are dealt with in an appropriate, timely, and consistent manner, minimising bureaucracy and ensuring that all doctors benefit from appraisal at a time which meets their professional needs.

Doctors who think they may need to defer their appraisal should contact their RO setting out why a deferral should be considered. Deferral applications should be submitted in writing at the earliest possible opportunity to the RO with full reasons as to why there should be a deferral.

The decision to allow a deferral 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).

The length of the deferment will reflect the guidance available from NHS England (see Appendix 2).

6.14 Doctors subject to investigation / disciplinary action

The nature, conduct and frequency of annual appraisal for doctors that are 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 RO. Where a doctor at the time of the annual appraisal is 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), it will need to be identified what impact this will have, if any, on the appraisal process. This will be decided upon by the RO. In making this decision regard will be had to the responsibilities of an RO in terms of revalidation recommendations and whether there should be a request for deferral (see 6.17).

6.15 Process for Supporting Appraisal and Escalation Process for Appraisal

The appraiser and appraisee will receive from the Appraisal Team a notification confirming the month for appraisal. This will be sent out at least 3 months before the specified appraisal date and will also contain details regarding the documentation and guidance which will be available to support the appraisal and when these will be available. The appraiser/appraisee will then have a 3 month window (9-12 months from the appraisal months) to hold the appraisal meeting and further 28 days to complete and submit the appraisal to the RO. In the case of honorary academic consultants this documentation will be copied to the relevant University Joint Appraiser.

If an appraisal is at risk of not being completed by the end of window then the appraiser and appraisee have a joint responsibility to ensure that this delay is brought to the attention of the RO. They are required to send to the RO an explanation of the issues which have prevented the appraisal from being completed and an action plan as to what needs to be done to complete the appraisal including the timescale. The Responsible Officer will confirm whether the action plan and timescale is agreed and offer any assistance which may be appropriate. In the case of honorary academic consultants, this documentation will be copied to the relevant University Joint Appraiser.

If the RO does not agree with the proposed actions and/or timescales or the appraisee disputes the actions/timescales set out, then the RO will seek to resolve the matter with the appraiser/appraisee. The Responsible Officer will have regard to

submitting a REV6 form to the GMC, requesting the issuing of an “early concern” letter. The relevant appropriate steps will then be set out in writing to the appraiser/appraisee.

6.16 Private or non-NHS practice

Where a doctor carries out private practice, supporting information from that work should be provided to allow for a full appraisal of clinical practice. Written evidence from each private employer is required. If no evidence is provided then appraisal will be considered incomplete.

6.17 Link to revalidation

Revalidation of licensed doctors will normally be required every five years and is based on comprehensive annual appraisals undertaken over that five year period. It is designed to improve the quality of patient care by ensuring that licensed doctors remain up to date and continue to be fit to practise. It is used:

- To confirm that licensed doctors practise in accordance with the GMC’s generic standards.
- For doctors on the specialist register, to confirm that they meet the standards appropriate for their specialty.
- To identify, for further investigation and remediation, poor practice where local systems are not robust enough to do this or do not exist.

The relevant Responsible Officer will make one of the following recommendations based on the triangulation of information from appraisal, clinical governance and any other source, to the General Medical Council:

- positive recommendation that the doctor should be revalidated
- request a deferral because they need more information about the doctor
- notify the GMC of a failure to engage with any of the local systems or processes (such as appraisal) that support revalidation.

The GMC will act on the Responsible Officer’s recommendations, issuing a new license to practice to those doctors with a revalidation recommendation and dealing with deferrals and notifications of failure to engage according to the circumstances.

Deferral and non-engagement decision will be discussed beforehand with the GMC Employment Liaison Adviser (ELA), In such cases, the doctor will also be made aware of the planned recommendation before submission to the GMC. The RO and Medical Director have regular meetings with the GMC ELA where concerns about doctors’ performance or engagement are discussed.

If any concerns about a doctor’s performance, health or conduct arise, these will be dealt with through existing processes as they arise without waiting for the revalidation recommendation.

6.18 Quality Assurance

Internal Quality Assurance (QA) of appraisal comprises:

- Assurance of the process.
- Assurance of work of appraisers.

Assurance of the process will be carried out as part of the annual report to the Board of Directors by the RO.

Regular review of the appraisal system, policy and supporting guidance will be undertaken each year by the RO using NHS guidance. This will include regular formal feedback from both appraisers and appraisees on the management of the appraisal system as a whole.

Quality Assurance of appraiser work is delivered through:

1. Recruitment and selection – through the Medical Director/AMDR
2. Review of 'probationary' appraiser performance after their initial two appraisals – through mandatory appraisee feedback.
3. Review of established appraiser's performance through regular feedback questionnaires from appraisees.
4. Annual appraiser report.
5. Annual appraiser updates (formal group training and appraiser support)

As part of the quality assurance of appraisal, appraisees will be asked to provide feedback on their appraisal.

Quality assurance of appraisals

1. The appraisal team review all annual appraisals following their submission to the RO. The RO might decide to refer an appraisal back for inclusion of further information.
2. Appraisal team will score at least 50% of annual appraisals using quality assurance tool approved by NHS England.
3. Appraisers report any concerns to the RSG.
4. An extended RSG is held annually as a refresher for appraisers. A sample of appraisals is reviewed during the session.

6.19 Exit reports for locum doctors

All career grade locum doctors should receive an exit report that should be completed by the supervising clinician or senior member of the clinical team e.g. team or ward manager.

6.20 Training of and Job Planning for appraisers

Those expressing an interest will be eligible to attend an initial external / internal approved orientation course aimed at assessing an individual's competencies to undertake appraisal. This course will contain the necessary approved national core content defined by NHS England. Any external providers used to carry out initial training for new appraisers will be required as part of their contract to regularly assess their training packages for consistency with the current approved core content.

The Medical Managers are required to ensure that any prospective appraiser have sufficient time identified in their job plans to carry out the role.

On appointment, a probationary period of 12 months will follow during which the new appraiser will undertake a minimum of 4 appraisals. After the first two of these appraisals, a formal review will be undertaken with the RO to assess progress, deal with any new learning needs identified and confirm whether the appraiser is competent to continue. Established appraisers will have access to ongoing support through the RO and RSG. Regular RSGs will be held through the year to provide refresher skills training, group feedback and updates on any changes to the appraisal policy/documentation etc.

Appraisers will be expected to include relevant learning objectives for developing their appraisal skills in their PDPs as a result of their own annual appraisal. Doctors undertaking formal appraiser roles will be expected to discuss their commitments on appraisals within their annual job plan review with their clinical line manager.

Appraisers are allocated time within their Job Plan for carrying out appraisals. This is currently 0.2 PA for carrying out 8 annual appraisals (pro rata for fewer appraisals).

6.21 Appraisal of Clinical Directors (or equivalent)

The Clinical Director's scope of work will always include a medical management role. They might also be involved in appraising medical staff. Both roles will be part of their own appraisals, and they should provide the relevant supporting evidence. As an appraiser they will be subject to annual review of their performance and quality assurance of the appraisals they completed on medical staff.

6.22 Charging for Appraisal/Revalidation

Where the appraisee is not a member of the Trust's medical staff (employee or Honorary Consultant) then the Trust may make appropriate arrangements for charging the doctor or another organisation for the cost of administering his/her appraisal and for making recommendations regarding revalidation. As this will be a contracting arrangement, it will be a matter for the Medical Director, RO and RSG to determine.

7 Development, Consultation and Approval

Policy was reviewed and approved by the Local Negotiating Committee under consultation from the Responsible Officer.

As there is now increased understanding of the duties of the RO (as a separate entity from the MD), the policy has become clearer of this distinction. RO regulation 11 stipulates the RO duties. The medical appraisal policy states on page 13 “*NHS England responsible officers will arrange to recruit, train, support and review the performance of medical appraisers in line with the NHS Revalidation Support Team guidance Quality Assurance of Medical Appraisers*”. I also attach NHS England policy appendix that describes the appraisal team structure that supports the RO in managing appraisals. That structure helps quality assurance and smooth administration, rather than a decision making structure. The RSG is akin to NHS England Appraisal Leads Network. This is a peer/consultation structure aiming at sharing good practice, calibrating and improving appraisal practice. For that reason, RSG does not have a role in confirming appointment of appraisers or approving the annual report. The report is sighted by the MWPG but APPROVED by the Board.

NHS England have removed the distinction between Measure 1A and 1B (1B when the appraisal happened within the appraisal year April-March but there was a delay in the appraisal meeting or submission of the appraisal document). So, I simplified the process of delaying appraisals as long as they happen within the appraisal year. This is particularly relevant during the pandemic where flexibility is encouraged.

Appraisers are now remunerated as a part time (3-4 appraisals/year) or full time (7-8 appraisals/year). There are paid outside 10Pas. So, the minimum number is no longer relevant.

Changing appraiser every 3 years is a guidance from NHS England and is not a statutory requirements. We allocate appraisers, rather leaving it to choice. We run the allocation on 3 year cycle. So adding scenarios on what happens in other scenarios is irrelevant. We have sufficient appraisers and this situation has not arisen and I can't see this is happening.

The issue of grievance, you are correct that grievance is open to doctors and it should not be restricted to certain situations. Also, given NHS England and GMC advice regarding flexibility with appraisal delays, this is no longer a significant issue.

8 Audit, Monitoring and Review

This policy will be subject to review as set out under Duties and the Quality Assurance Process referred to above.

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/ committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
Review of process and duties	Review of policy	Medical Workforce Planning Group	At least every 3 years, as per Trust policy	Medical Workforce Planning Group	Medical Workforce Planning Group	Medical Workforce Planning Group

9 Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
Policy to be replaced on the Intranet and Trust website.	Director of Corporate Governance	Within 5 working days of finalisation	
A communication will be issued to all staff via Connect.	Director of Corporate Governance	Within 5 working days of issue	
A communication will be sent to Education, Training and Development to review training provision.	Director of Corporate Governance	Within 5 working days of issue	

10 Dissemination, Storage and Archiving (Control)

The issue of this policy will be communicated to all staff via the Communications Digest. Local managers are responsible for implementing this policy within their own teams.

This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Word and pdf copies of the current and the previous version of this policy are available via the Director of Corporate Governance.

Any printed copies of the previous version should be destroyed and if a hard copy is required, it should be replaced with this version.

In addition, the Clinical Directors will be instructed to ensure that all relevant medical staff are informed of the policy and associated documentation.

Version	Date on website (intranet and internet)	Date of "all SHSC staff" email	Any other promotion/ dissemination (include dates)
3	Nov 2016	Nov 2016 via Communications Digest	
4	July 2019	July 2019 via Connect	
5	August 2022	August 2022 via Connect	

11 Training and Other Resource Implications

Remuneration of the RO and admin member (s) of the appraisal team, Refresher training for appraisers, recruitment and training of new appraisers, remuneration of appraisers and appointment of External Responsible Officer.

12 Links to Other Policies, Standards (Associated Documents)

- BMA – Revalidation: <https://www.bma.org.uk/advice/employment/appraisals>
- GMC – Revalidation: <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/introduction-to-revalidation>
- GMC – Good Medical Practice: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>
- NHS England – Medical Revalidation: <https://www.england.nhs.uk/medical-revalidation/>
- NHS England – Quality Assurance of medical appraisal: <https://www.england.nhs.uk/medical-revalidation/appraisers/qa-guidance-notes/>
- NHS England – Medical Appraisal Guide (MAG) Model Appraisal Form: <https://www.england.nhs.uk/medical-revalidation/appraisers/mag-mod/>
- RCPsych – Revalidation: <https://www.rcpsych.ac.uk/members/supporting-you/revalidation>
- RCPsych – Revalidation Mythbusters: <https://www.rcpsych.ac.uk/members/supporting-you/revalidation/revalidation-mythbusters>
- Good Practice Guidelines for Appraisal, RCPsych, February 2010: <https://www.xct.nhs.uk/media/Documents/Medical/Medical%20Staffing/Appraisal%20and%20Revalidation/Guidance/RCPsych%20-%20Good%20Practice%20Guidelines%20for%20Appraisal.pdf>
- CR194 - Supporting Information for Appraisal and Revalidation: Guidance for Psychiatrists, RCPsych: https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr194.pdf?sfvrsn=954f9053_2
- The Reflective Practitioner: Guidance for doctors and medical students, September 2018: [https://www.xct.nhs.uk/media/Documents/Medical/GMC%20-%20The%20Reflective%20Practitioner%20\(Sep18\).pdf](https://www.xct.nhs.uk/media/Documents/Medical/GMC%20-%20The%20Reflective%20Practitioner%20(Sep18).pdf)
- Guidance on Supporting Information for Appraisal and Revalidation, GMC, March 2018: https://www.gmc-uk.org/-/media/documents/RT_Supporting_information_for_appraisal_and_revalidation_DC5485.pdf_55024594.pdf
- Guidance for Doctors: Requirements for Revalidation and Maintaining your Licence, GMC, March 2018 https://www.gmc-uk.org/-/media/documents/guidance---revalidation---revalidation-guidance-for-doctors_pdf-54232703.pdf
- UK Legislation – The Medical Profession (Responsible Officers) Regulations 2010: <http://www.legislation.gov.uk/ukxi/2010/2841/introduction/made>
- UK Legislation – The Medical Profession (Responsible Officers) (Amendment) Regulations 2013: <http://www.legislation.gov.uk/ukxi/2013/391/contents/made>
- ROAN information sheet 37: Sharing appraisal information with employers <https://www.england.nhs.uk/professional-standards/medical-revalidation/ro/info-docs/roan-information-sheets/sharing-appraisal-information-with-employers/>
- The GMC guidance: The reflective Practitioner: Guidance for doctors and medical students https://www.gmc-uk.org/-/media/documents/dc11703-pol-w-the-reflective-practitioner-guidance-20210112_pdf-78479611.pdf
- The Trust's Policy on disciplinary, Capability, Ill-health and Appeals Policy and Procedure for Medical Practitioners including the Annex on Remediation
- The Trust's Grievance Procedure

13 Contact Details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
HR Directorate Partner	Sarah Bawden	0114 271 6292	Sarah.Bawden@shsc.nhs.uk
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Appendix A

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – Relevance - Is the policy potentially relevant to equality i.e. Will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

See below

Stage 3 – Policy Screening - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations , in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link https://nww.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No		
DISABILITY	NO		
GENDER REASSIGNMENT	No		
PREGNANCY AND MATERNITY	No		
RACE	No		
RELIGION OR BELIEF	No		
SEX	No		
SEXUAL ORIENTATION	No		

Stage 4 – Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section) Please delete as appropriate: Policy Amended / Action Identified / no changes made. Impact

Assessment Completed by (insert name and date)

Sarah Bawden July 2019

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	✓
2.	Is the local Policy Champion member sighted on the development/review of the policy?	✓
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	n/a
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	✓
5.	Has the policy been discussed and agreed by the local governance groups?	✓
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	✓
Template Compliance		
7.	Has the version control/storage section been updated?	✓
8.	Is the policy title clear and unambiguous?	✓
9.	Is the policy in Arial font 12?	✓
10.	Have page numbers been inserted?	✓
11.	Has the policy been quality checked for spelling errors, links, accuracy?	✓
Policy Content		
12.	Is the purpose of the policy clear?	✓
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	✓
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	✓
15.	Where appropriate, does the policy contain a list of definitions of terms used?	✓
16.	Does the policy include any references to other associated policies and key documents?	✓
17.	Has the EIA Form been completed (Appendix 1)?	✓
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	✓
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	✓
20.	Is there a plan to i. review ii. audit compliance with the document?	✓
21.	Is the review date identified, and is it appropriate and justifiable?	✓