

| <b>Appraisal Policy and Guidance for Consultants, SAS Doctors, and Dentists</b> |   |
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## **Executive summary**

The purpose of this policy is to establish an Appraisal Policy to support Appraisal and Revalidation for Consultants; Specialty Doctors and Associate Specialists (SAS); Salaried doctors, GPs, and Dentists; academics with honorary contracts; and locums employed/contracted by Leeds Community Healthcare NHS Trust.

Medical appraisal was first introduced for NHS consultants in 2001, for general practitioners in 2002 and dental appraisal for salaried dentists in 2008. It has been generally well regarded by doctors and salaried dentists and it has provided organisations with an opportunity to align individual professional development with service and organisational development.

Medical appraisal for all doctors is the corner stone of revalidation and it is anticipated that the salaried dentists' appraisal process will support the GDC requirements for recertification/revalidation in the future. Whilst appraisal is an annual process, it is an integral part of the five year cycle of revalidation.

The policy adheres to the principle that all qualified medical and dental staff will undertake annual appraisal in keeping with process agreed at the time by the GMC, BMA, GDC, BDA and the Department of Health and follow appropriate guidance and standards.

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## 1 Introduction

1.1 Medical Appraisal was first introduced for NHS consultants in 2001, for general practitioners in 2002 and dental appraisal for salaried dentists in 2008. It has provided organisations with an opportunity to align individual professional development with service and organisational development.

1.2 The White Paper *'Trust Assurance and Safety'*<sup>1</sup> positioned medical appraisal as the cornerstone of revalidation. The model of appraisal involves quality assurance, effective supporting clinical governance systems, and an appraisal framework that all doctors are expected to provide evidence that they meet the requirements of each domain, based on the GMC's *'Good Medical Practice'*<sup>2</sup>. The broadly formative theme of appraisal has been retained but in addition judgements are now made about information on performance and whether the doctor is progressing satisfactorily towards revalidation.

1.3 *Creating the future – modernising careers for salaried dentists in primary care*<sup>3</sup> recommended that career development should be facilitated by the implementation of personal annual appraisal and personal development plans. It is anticipated that the salaried dentists' appraisal process will support the GDC requirements for recertification/revalidation. Appraisal Guidance for salaried dentists was produced in 2007 by the BDA and NHS Employers.<sup>4</sup>

## 2. Policy scope

2.1 This policy applies to all consultants, SAS Trust doctors, salaried doctors, salaried dentists and salaried GPs, academics with honorary contracts and locums employed/contracted by Leeds Community Healthcare NHS Trust (LCH). For GPs on the performers list the NHS England Medical Appraisal Policy (version 2, April 2015)<sup>13</sup> will apply.

2.2 This policy and its associated procedures will be ratified by the Nominations and Remuneration Committee. This policy has specific internal linkages to a number of existing organisational strategies, policies and procedures to ensure that appraisal systems locally are integrated fully and appropriately. These are listed in Section 18 below.

2.3 The policy adheres to the principle that all qualified medical and dental staff will undertake annual appraisal in keeping with the process agreed at the time by the GMC, BMA, GDC, BDA, and Department of Health. All guidance is derived from the working documents on medical appraisal from the Revalidation Support Team notably:

- Medical Appraisal Guide (MAG)<sup>5</sup>
- Quality Assurance of Medical Appraisers in England<sup>6</sup>
- Supporting doctors to provide safer healthcare: responding to concerns about a doctor's practice<sup>7</sup>.
- Training Specification for Medical Appraisers in England<sup>8</sup>
- NHS England Medical Appraisal Policy<sup>13</sup>.

2.4 The policy does not cover the annual review and assessment process for doctors in formal training grades. This is undertaken by the Yorkshire & Humber Deanery as part of the formal Annual Review of Competence Progression (ARCP) procedures for assessing progress in training. Issues related to health, conduct and behaviour of doctors in training

grades will be dealt with under the normal employer policies and procedures for all LCH employees in liaison with the Deanery.

2.5 LCH will strive to implement any new systems as they are announced and to follow appropriate guidance and the standards for quality assessment (<http://www.england.nhs.uk/revalidation/>).

### **3 Aims**

3.1 Appraisal should be a positive process that gives doctors and dentists feedback on their past performance, to chart their continuing progress and to identify their development needs. It is a forward-looking process, essential in identifying the developmental and educational needs of individuals. Appraisal is at its heart a reflective process allowing the doctors and dentists to review his/her development professionally with a trained colleague as appraiser - involving challenge where necessary.

3.2 The primary aim of appraisal is to help doctors and dentists consolidate and improve on good performance, aiming to improve quality and safety of care. In doing so, it should identify areas where further development may be necessary or useful; the purpose is to improve performance right across the spectrum. It can help to identify concerns over performance at an early stage and also to recognise factors, which may have led to performance problems, such as ill health.

3.3 Appraisal is underpinned by continuing professional development and if used properly can help to develop a reflective culture within service and training. For medical staff 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 (RO) to the GMC.

3.4 The aims of appraisal are to;

For medical staff, as described in the NHS Revalidation Support Team (RST) Medical Appraisal Guide, medical appraisal can be used for three purposes:

1. To enable doctors to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in the Good Medical practice, thus to inform the RO's revalidation recommendation for medical staff to the GMC.
2. To enable doctors to enhance the quality of their professional work by planning their professional development.

#### **The same principles will apply to dentists**

And may also be used to

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

3.5 The aims of the appraisal policy are to ensure that all Consultants, SAS Doctors and Dentists undergo a high quality and consistent form of annual appraisal achieved by:

- Setting out personal and professional development needs and agree plans for these to be met.
- Review regularly a doctors/dentists work and performance, utilising relevant and appropriate comparative operational data from local, regional and national sources.
- Consider the doctors/dentists contribution to the quality and improvement of services and priorities delivered locally.
- Optimise the use of skills and resources in seeking to achieve the delivery of general and personal medical and dental services.
- Identify the need for adequate resources to enable any service objectives in the agreed job plan review to be met.
- Provide an opportunity for doctors and dentists to discuss and seek support for their participation in activities for the wider NHS.
- Utilise the annual appraisal process and associated documentation to meet the requirements for GMC revalidation against the 'Good Medical Practice Framework for Appraisal and Revalidation'<sup>9</sup> and in the future for the GDC
- Aid preparation of the job planning process by reviewing relevant documentation prior to the job-planning meeting. Appraisal is therefore an important step in helping to prepare for the job planning meeting.

## **4 Responsibilities**

4.1 All staff employed by LCH must work in concordance with the LCH Policies and guidelines to include the Leeds Safeguarding Multi-agency Policies and procedures and local guidelines in relation to any safeguarding concerns they have for children or adults they are in contact with.

Within the revalidation and appraisal process various roles and responsibilities have been identified.

- **Chief Executive**

4.2 The Chief Executive (CE) is accountable to the LCH Board for ensuring the resources and systems are in place for robust medical appraisal for employed / contracted doctors and dentists. The CE is accountable for ensuring that appraisal and clinical governance systems are integrated and coordinated at both strategic and operational level. The Chief Executive will ensure that indemnity is provided for appraisers both internal to LCH and appraisers that are external to the trust.

- **Responsible Officer**

4.3 All organisations that employ doctors have to appoint a Responsible Officer (RO). RO's have a statutory duty to evaluate fitness to practise and monitor the conduct and performance of the doctors that they are responsible for. ROs will need to make a recommendation to the GMC every 5 years (although there may be exceptions, particularly with the 1<sup>st</sup> cycle) about the fitness to practise of doctors with whom their organisations (called designated bodies) have a 'prescribed connection'. (NHS Employers November 2011). LCH has appointed the Executive Medical Director as the RO.

4.4 The RO is accountable to the CE and the LCH Board for implementing and managing the appraisal process including appraisal outcomes and to the GMC for making recommendations. The RO will receive, review, act upon appropriately and securely store

all summaries of the appraisal discussion; Personal Development Plans (PDPs) and appraisal outputs. The RO will also be responsible for preparing an annual report on appraisal for the LCH Board and for any actions arising from this.

4.5 The RO will ensure that appraisers are properly recruited, trained and regularly assessed to carry out their role. The RO will ensure that all necessary administrative and managerial systems are in place to manage the appraisal system effectively

- **Associate Medical Director (AMD) lead for Appraisal and Job Planning**

4.6 The AMD with the lead for Appraisal and Job Planning, will work closely with and support the RO and the RO Manager to ensure the smooth running of the operational activity relating to appraisal (and job planning), The AMD will be a member of the appraisal support network and take a lead for quality assurance and training of appraisers and it is only the AMD for Appraisal and Job Planning who can access documentation .

- **AMDs and Medical/Dental Leads**

4.7 The RO team will provide an exception report and summary of issues arising from Professional Development Plans (PDP) to the RO for the annual Medical Director's report to the Board. AMDs/Medical/Dental Leads will be notified of those doctors and dentists who have not completed the appraisal process in line with the Trust policy.

4.8 The AMDs/Medical/Dental Leads will have overall responsibility for appointing appraisers (See **Appendix 1** for application forms, **Appendix 2** for person specification and **Appendix 3** for Job description). The AMDs/Medical/Dental Leads will confirm the support for doctors/dentists who apply to be appraisers within their area. Applications for appraiser status will be through the AMD/Medical and Dental Leads Group.

4.9 The RO will be responsible for allocating an appraiser if there is any conflict of interest between an appraisee and an appraiser from the same clinical background. Where the AMD/Medical/Dental Lead is the appraiser and there is a conflict, the RO will be responsible for allocating the appraiser (see section 5). The AMD/Medical Lead will also be responsible for identifying where a joint appraisal is appropriate for example, clinical academics. The appraisal of clinical academics should continue to follow the Follett principles<sup>10</sup>

4.10 The AMD/Medical Lead Group will be the forum for quality assurance of appraisal, reviewing appraiser performance through the appraisee feedback summaries provided through the appraisal IT system plus a review of any complaints or significant events relating to the appraiser; or a review or evaluation after initial training or after a probationary period.

- **RO Manager**

4.11 The RO manager assists both the RO and the AMD for job planning and appraisals in the preparation of reports / policy development / training in the appraisal system/ newsletter / maintaining the appraisal system (IT system, folders and spread sheets) and other duties as requested Such as exception reporting, preparation of the Annual Organisation Audit (AOA) and Executive Medical Directors Report

- **Medical Directorate team secretary**

4.12 The Medical Directorate team secretary supports the whole RO team in LCH, maintaining the new appraisal IT system (PReP) / LCH spread sheets / collates information on request and is a point of contact for doctors and dentists about their annual appraisals.

- **Appraiser**

4.13 Appraisers are responsible to the RO for the quality of their appraisals, maintaining and submission of correct documentation and submission of the completed summaries of the appraisal discussion, PDPs and appraisal outputs to the RO. Appraisers are covered by the Trust for their actions in the role unless and until they are shown to have acted with negligence.

4.14 Appraisers should have sufficient time in the job plan for administration, preparation, carrying out the appraisal, post-appraisal sign-off and the necessary support and review arrangements. This will usually be identified within the supporting professional activities of the job plan. In normal circumstances, an individual appraiser should undertake between five and 20 appraisals a year, to maintain an appropriate level of quality and consistency<sup>13</sup>.

4.15 Appraisers will receive formal training, annual updating, have a job description and fulfil the criteria set out in the person specification (**Appendix 2 and 3**). All appraisers are required to be trained in Equality and Diversity. Appraisers of clinical academics should continue to follow the Follett principles<sup>10</sup>.

4.16 Appraisers will receive an annual feedback and review of their performance through the feedback form within the new IT system (PReP). These will be analysed by the RO team and fed back to the appraisers through a Quality Assurance meeting annually. The purpose of these meetings will be an opportunity to discuss any areas of concerns and further training needs.

4.17 Appraisers will require on-going training, a declaration of their practice and identification of their development needs in their appraisal and PDPs.

4.18 Any appraiser that is external to the Trust must still abide by the Trust standards and by carrying out an appraisal in the Trust agrees to participate fully in the quality assurance programme

4.19 Practitioners wishing to apply to become appraisers will need to have the support of their AMD/Medical Lead, complete an application form (**Appendix 1** application form, **Appendix 2** for person spec and **Appendix 3** for job description) and submit through the AMD/Medical Lead Group. New applicants will require formal training and assessment within a probationary period of one year (see section 11).

- **Appraisee**

4.20 Every doctor/dentist in LCH is responsible for collection, preparation and presentation of their annual appraisal and should ensure that they record the full scope and nature of

their work (including private practice and work outside of LCH). The portfolio must show evidence of appropriate personal reflection by the doctor/dentist.

4.21 All doctors wishing to retain their GMC licence to practise will need to participate in revalidation and appraisal. Doctors will need to demonstrate their practice in the four domains of the Good Medical Practice Framework for Appraisal and Revalidation<sup>8</sup>. These four domains are:

1. Knowledge, skills and performance
2. Safety and quality
3. Communication, partnership and team work
4. Maintaining trust

4.22 The GMC document, *Supporting Information for Appraisal and Revalidation*<sup>11</sup> describes the six types of supporting information that a doctor will be expected to provide and discuss at appraisal at least once in each five-year cycle. These are:

1. Continuing professional development
2. Quality improvement activity
3. Significant events
4. Feedback from colleagues
5. Feedback from patients
6. Review of complaints and compliments.

Doctors will need to provide accompanying college specific requirements for supporting information.

4.2.3 *Creating the future – modernising careers for salaried dentists in primary care* places<sup>3</sup> dentists under an obligation to maintain a folder of information and evidence regarding their practice and participate in audit, quality improvement, professional development and educational activities. The portfolio of supporting information should reflect the breadth of the dentist's practice, including information from all relevant roles and from all healthcare organisations (including private practice) and should conform to the GDC/Royal College standards.

4.2.4 Appraisers are responsible for submitting their appraisal in the new IT system (PReP) at least two weeks prior to their appraisal, to enable their appraiser time to read the information. The dentists are required to submit their appraisal paperwork two weeks prior to their appraisal for the same reason.

The appraisee is responsible for raising any concerns about the appraisal process in accordance with this policy.

## 5 Appraisal process

Appraisees will be appraised by a formally trained appraiser according to Table 1 below

**Table 1: Staff Group and Appraiser process**

| Staff Group                    | Appraiser |
|--------------------------------|-----------|
| Medical/Dental Lead/ Associate | Peer      |

|                                    |                                  |
|------------------------------------|----------------------------------|
| Medical Director                   |                                  |
| Consultants                        | LCH pool of appraisers           |
| SAS                                | LCH pool of appraisers           |
| GP on Performers List              | Choose from trained GP appraiser |
| Salaried GP not on performers list | LCH pool of appraisers           |
| Senior Dental Officer (SDO)        | Dental Lead or AMD               |
| Dental Officer (DO)                | SDO or Dental Lead               |

5.1 The NHS England preferred approach is for a doctor's appraiser to be allocated by the relevant appraisal office. From ratification of this policy this will be implemented within LCH.

5.2 Selection by the doctor from a pool of appraisers is also acceptable where the Responsible Officer deems this necessary for practical reasons<sup>3</sup> Whichever of the two methods above is employed the RO in LCH will need to ensure that it is managed in such a way as to ensure the suitability and objectivity of the appraiser. This would include limiting the size of the pool, checking the selection for suitability and objectivity before the appraisal takes place, and ensuring that the appraiser is aware of their responsibility to make a declaration that there is no potential conflict of interest or appearance of bias prior to an appraisal.

5.4 If the doctor or another person objects to the allocated appraiser they should complete an appeal form explaining their reasons (**Appendix 4**) and send it to the RO.

If the appeal is accepted, the doctor should be allocated an alternative appraiser.

The appeal process should be repeated once if there is still no agreement after the first appeal.

5.5 In cases where the RO and the doctor cannot agree a suitable appraiser after two appeals, an external appraiser will be allocated by the regional responsible officer; their decision will be final.

5.6 A doctor should normally have no more than three consecutive appraisals with the same appraiser and must then have a period of at least three years before being appraised again by the same appraiser. If, in exceptional circumstances, it is deemed appropriate for a doctor to have the same appraiser for more than three consecutive appraisals, the justification for this will be recorded within the governance review processes.

5.7 A doctor should not act as appraiser to a doctor who has acted as their appraiser within the previous five years.<sup>1</sup>

5.8 The RO in LCH will make provision for joint appraisal where this may be appropriate; for example, in the appraisal of clinical academics according to the Follett review principles. In cases of joint appraisal, at least one of the appraisers, who will be responsible for the final sign off statements, will have been recruited, trained, supported and reviewed in accordance with the RST guidance: *Assuring the Quality of Medical Appraisers*<sup>6</sup>

5.9 Where an appraisee has any concerns about the appraisal process or wishes to make a complaint about their appraiser, they should complete Standard Complaint template as found in **Appendix 5** and submit to the RO office. The appraisee will receive an acknowledgement within seven days and a written response within 28 days. The complaint would be explored and discussed with the parties' involved and appropriate action taken by the RO. This would be dealt with on a case by case basis.

The nature, conduct and frequency of annual appraisal for doctors that are currently subject to investigation and /or disciplinary action following health, conduct and / or clinical performance concerns that have been raised (including any doctors on restricted duties, excluded by LCH or suspended by the GMC) will be decided on an individual basis by the RO. The RO will be responsible for keeping an accurate record of these decisions for future reference by either employer or the doctor concerned.

5.10 The process for appraisal will be as follows:

- The appraisal year runs from 1st April one year to 31st March the next year.
- It is expected that all appraisals will review a complete year's activity, unless other appropriate mitigating factors have been discussed.
- The appraiser should ensure that the doctor/dentist being appraised has had at least 6 weeks advance notice of the date of the appraisal. The PReP system for those doctors who have a prescribed connection to LCH will send out reminders at twelve, six and two weeks' notice.
- Preparation for the appraisal is included in protected time that is in the supporting professional activities (SPAs) element of the job plan.
- The doctor/dentist being appraised should prepare for the appraisal by identifying issues to raise with the appraiser, collecting relevant evidence for all activity including private work and by preparing a PDP.
- The appraisee is responsible for submitting their input form in the PReP system (for designated body appraisees) or their portfolio (for non designated body appraisees) a minimum of two weeks in advance of the meeting to their appraiser
- The appraisal meeting must be held in an appropriate environment. This will involve a quiet room and both the appraiser and appraisee must ensure that they are not disturbed during the appraisal meeting.
- All appraisal documentation should be signed off in the PReP system (for designated body appraisees) or through the appropriate output form (for non designated body appraisees) by all parties within 28 days of the appraisal meeting.

5.11 For doctors, the content of appraisal will need to demonstrate their practice in the four domains of the Good Medical Practice Framework for Appraisal and Revalidation<sup>9</sup>.

5.12 For salaried dentists guidance has been produced which is available from [www.nhsemployers.org](http://www.nhsemployers.org) in the section on salaried dentists. The document is designed to provide a formal, supportive and consistent structure to the appraisal process. It covers the process in sequence and suggests the information and evidence which can be used.

5.13 Each doctor will have an agreed, fixed appraisal month each year. Where not already otherwise established, and where a different month is not agreed to be more appropriate, a doctor's appraisal month will be the month of their birthday. Doctors will be expected to have their appraisal during the period beginning 84 days before the last day of their appraisal month, unless by specific, written agreement of the responsible officer.

5.14 In order to manage their appraisal scheduling in the final month of the appraisal year, the RO may exercise discretion to minimise the number of doctors who are allocated March as their appraisal month.

5.15 Appraisal month may be varied by agreement between the doctor and the RO or the AMD for Job Planning and Appraisals.

5.16 Doctors with a prescribed connection to NHS England are personally responsible for presenting their own supporting information, including patient and colleague feedback, in line with the requirements of the GMC guidance <sup>11</sup>

5.17 Where there has been a gap in appraisal because of a break from all professional practice, appraisal will be reinstated, within six months of return to professional practice. The responsible officer may exercise discretion as to whether this is brought forward to support the doctor's return to practice, or deferred to facilitate the accrual of supporting information. If a doctor is undertaking any professional duties within their scope of work, they must continue to have annual appraisals as defined above. Suitable arrangements must always be made to manage a doctor's return to practice after a significant break.

## **5.1 Appraisal Documentation**

5.1.1 LCH uses the Premier IT Revalidation e-Portfolio IT system for appraisals for those doctors who have a prescribed connection to LCH.

The system was purchased on a three year contract and has been renewed for a further three years from April 2016. . Training has been provided to all doctors with a prescribed connection to LCH either as a group or on an individual basis by the RO team.

5.1.2 On-going support is provided by the RO manager, Medical Directorate team secretary and a PReP helpline. .

5.1.3 For those doctors without a prescribed connection the MAG form should be used unless there is a recognised system in place with their RO..

5.1.4 For salaried dentists guidance has been produced which is available from [www.nhsemployers.org](http://www.nhsemployers.org). Sections A and B should be completed by the dentist prior to the appraisal meeting and submitted at least two weeks before the appraisal meeting. Sections C and D will be completed during and immediately after the appraisal meeting.

## **5.2 Multi source feedback (MSF)**

5.2.1 The GMC state that doctors should seek feedback at least once per revalidation cycle. Where concerns are raised about an individual's practice, a second MSF may be necessary.

As part of the new appraisal PReP system a new MSF tool has been added. Edgecombe Doctor 360 is a valuable tool towards self-assessment and each doctor now has a user name and password and can access patient and/or colleague feedback when required. Training and support can be accessed from the RO team.

## **5.3 When an appraisal meeting should be adjourned**

5.3.1 On very rare occasions, an unexpected serious concern may come to light in the course of an appraisal. In such circumstances the appraiser should suspend the conversation, should not complete the appraisal outputs, and should notify the RO as soon as reasonably practicable (using the form in **Appendix 6** Appraisal postponement application form), so that the matter may be addressed. The RO will decide within 28 days of receiving the form when and how the appraisal process should be reinstated for the doctor in question and how the issues raised are to be addressed.<sup>13</sup> Maintaining High Professional Standards in the Modern NHS Policy<sup>12</sup> may need to be followed.

## 5.4 Outcomes of Appraisal

5.4.1 For most doctors and dentists the appraisal process will result in a positive outcome with the development of an agreed Personal Development Plan (PDP). 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 PDP. All records are now held in the PReP system.

- Personal Development Plan (PDP) – As an outcome of the appraisal, key development objectives for the following year and subsequent years should be set. These objectives may cover any aspect of the appraisal such as personal development needs, training goals and organisational issues, keeping up to date, CPD e.g. acquisition/consolidation of new skills and techniques. The PDP should be finalised within 28 days of the appraisal meeting. The PDP will need to be discussed with the AMD/Medical Lead and Head of Service at the job planning meeting particularly if any objectives require resources to support their achievement.

## 5.5 Documentation Problems and Disagreements

5.5.1 Where there is disagreement, which cannot be resolved at the meeting, this should be recorded and 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. Where the doctor or dentist continues to disagree with the content of the appraisal or the process that has been followed and satisfactory completion of appraisal cannot be confirmed then the doctor or dentist will be advised of his/her right to raise their concern formally in accordance with the Trust's Grievance Procedure.

## 5.6 What is an unsatisfactory appraisal?

5.6.1 For medical appraisals guidance is given in the MAG<sup>5</sup> on what is considered to be essential and optional documentation that should be detailed in the portfolio. If any part of the essential documentation 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 appraisal meeting should not go ahead and the RO should be informed (using the form in **Appendix 6**).

5.6.2 For dental appraisals guidance is given in Appraisal Guidance for salaried dentists 2007 BDA/NHS Employers.<sup>4</sup>

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 documentation.
- Failure to complete the previous years PDP without adequate explanation.
- Refusal to complete a PDP

This is not an exhaustive list.

5.6.3 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. It is only when there has been a clear failure to respond to actions outlined in previous appraisal documentation that the appraisal could be considered as being unsatisfactory. If the issues cannot be resolved with the appraisee then the matter should be referred to the RO.

## **5.7 Complaints arising from the appraisal process**

5.7.1 Complaints and grievances arising from the appraisal process should be addressed in the first instance completing the Standard Complaint template as found in **Appendix 5**.

5.7.2 Receipt of complaints will be acknowledged within seven days. Complaints will be investigated and where possible resolved by the recipient within twenty eight days. A written reply will be provided to the complainant at this time. Complaints and grievances may be discussed with the Director of Workforce and Development, with the agreement of the complainant, if necessary to determine the best course of action or to assure the complainant of the integrity of the process.

Complainants who are not satisfied with the outcome can refer the complaint to the Chief Executive of LCH.

An anonymised report of complaints will be included in the annual report.

## **6 Links to revalidation and re licensing**

6.1 The appraisal process is the vehicle through which the GMC's re-licensing requirements will be delivered for doctors. Completion of the appraisal portfolio as outlined in this policy will provide sufficient evidence to support the process of re-licensing. In addition the evidence collected within this process should also be sufficiently broad to cover the essential requirements of revalidation as developed by each of the Royal Colleges. Completion of satisfactory annual appraisal over a five year period will therefore be a crucial factor in enabling the relevant RO to make a positive affirmation of fitness to practice to the GMC.

It is anticipated that the appraisal process will be the vehicle through which the GDC's revalidation requirements will be delivered for dentists.

## 7 Confidentiality

7.1 This section aims to clarify issues of confidentiality on appraisal documentation and outcome e.g. who will see appraisal summaries, PDPs and appraisal outputs for doctors, and appraisal Section C and D for dentists. Appraisal should be in the main a confidential process between the appraiser and the appraisee. However, it is clear that there will be an explicit link between ‘successful’ participation in and the outcome of annual appraisal and GMC re-licensure through revalidation. There is therefore a shift in emphasis from appraisal being purely formative towards a process that has a summative (but objective) component linked to clinical governance and performance management. The appraisal process serves a number of purposes which influence the circumstances in which appraisal documentation may be viewed by individuals, as tabulated below in Table 2 and as shown below:

1. Quality assurance of appraisers which may include ‘anonymous sampling’ of appraisal documentation. All appraisers are expected to maintain confidentiality throughout this process.
2. Addressing concerns highlighted in the appraisal interview.
3. Capacity to highlight CPD themes that might need to be addressed by the Trust.
4. Other ROs
5. GMC/GDC

7.2 Appraisal summaries, namely sections C and Ds for dentists, MAG forms for non-designated body doctors who have been appraised in LCH, will be held in electronic format by the RO team. The appraisals for doctors who have a prescribed connection can be found in the PReP system. The appraisal interview should not take place without the previous year’s forms being available to the appraiser prior to the meeting. If this is not provided by the appraisee it will be automatically emailed to the appraiser on request to the RO team. Consent for this to be done is implicit in participation in appraisal.

Access to Appraisal summaries, PDPs and appraisal outputs / appraisal sections C and Ds is described in Table 2

**Table 2: Access to Appraisal documents**

| Reason   | Who can access  | Comments   |
|--|---|--|
| Regulatory body, Corporate accountability for patient safety | RO  | Has access to all appraisals, summaries, outputs, input forms as well as evidence, PDPs, forms C and Ds (for dentists) |
| Corporate accountability for patient safety                  | Chief Executive, Executive Medical Director   | Has access to all Appraisal summaries, PDPs, outputs, inputs forms as well as evidence, PDPs, / forms C and Ds         |
| Clinical governance – Directorate level                      | LCH appraisers / Associate Medical Director/Medical Leads for job planning and appraisals | Appraisers have access to own appraisees and AMD for appraisal lead has access to all.                                 |
| Any Typing & filing of completed appraisal documents         | Medical Directorate team secretary  | PReP system contains all information electronically and the dentists currently uses a paper format.                    |

|  |   |   |
|--|---|---|
|  |   | A paper copy of output forms are kept within each doctor's personnel files.                                 |
| Quality assurance of appraiser work  | Associate Medical Director / RO manager                                 | Anonymised Appraisal output summaries, PDPs / C and Ds.   |
| Analysis of learning needs in PDP  | RO Manager and AMDs   | To review for trends in training needs  |
| Where the appraiser is not a medical lead/clinical director and she/he has concerns about performance and wishes to discuss this to register a "concern" | Medical Lead/Associate Medical Director for job planning and appraisals | Appraisal summaries, PDPs and appraisal outputs / forms C and Ds  |
| Appraisee wants to make complaint about appraisal process  | RO  |   |
| To follow through appraisal actions  | Appraiser   | Previous years Appraisal summaries, PDPs and appraisal outputs / C and Ds supplied to next year's appraiser |

## **8 Appraisal for locum doctors/dentists, new in post doctors/dentists, deferrals, disputes and exemptions**

### **8.1 Locum doctors/dentists:**

8.1.1 Where locum doctors/dentists are employed by LCH, the Medical Lead should ensure there is a system in place for recording the Locum's contribution and performance and feeding timely information to the locum's own RO/agency at the end of the assignment. LCH will offer to appraise locum doctors if they are employed by LCH at the time their appraisal is due. Appraisal should reflect the "whole practice" of a locum, and temporary staffing agencies need to be engaged with the process both in receiving information from locum employers and supplying information where the agency is not a prescribed connection.

### **8.2 New in post doctors**

8.2.1 Doctors who are employed by LCH who are new in post will be appraised at the time their appraisal is due. This information will be collected on appointment and managed by the RO Team. Information on new starters will be managed by the RO team from data shared by the LCH Workforce team.

### **8.3 Deferrals**

8.3.1 LCH requires all employed doctors and dentists to undergo an annual appraisal. There may, however, be exceptional circumstances when a doctor / dentist may request an appraisal be deferred such that no appraisal takes place during one appraisal year.

Instances when, a doctor / dentist may request a deferment of an annual appraisal:

- Significant breaks in clinical practice due to sickness or maternity leave
- Significant breaks in clinical practice due to absence abroad or sabbaticals.

8.3.2 Doctors/dentists 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/dentist's re-induction to clinical work. Appraisers will use their discretion when deciding the minimum evidence acceptable for these exceptional appraisals.

8.3.3 As a general rule it is advised that doctors / dentists having a career break:

- In excess of 6 months should normally be appraised within 6 months of returning to work.
- Less than 6 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.

8.3.4 Each case can be dealt with on its own merits and LCH is mindful that no doctor/dentist must be disadvantaged or unfairly penalised as a result of pregnancy, sickness or disability. Doctors/dentists are likely to have to produce the required total amount of CPD credits stipulated for the five year revalidation cycle, if they have had some periods of leave during these five years.

8.3.5 Non-participation, without good reason, in annual appraisal will be considered a disciplinary matter and may lead to termination of the practitioner's contract. This policy aims to ensure that these circumstances are dealt with in an appropriate, timely and consistent manner, minimising bureaucracy and ensuring all doctors and dentists benefit from appraisal at a time which meets their professional needs.

8.3.6 Doctors who think they may need to defer their appraisal will have to complete an appraisal postponement application form found in **Appendix 6** to the RO office and be discussed with the AMD for Job Planning and Appraisals. The applicant will be informed in writing of the decision within seven working days. As noted in section 6, appraisals may be deferred at the specific request of the RO where a doctor/dentist is already under investigation for concerns that have been raised.

## **9 Procedure to be followed for doctors and dentists who have not completed an annual appraisal**

9.1 The AMD for job planning and appraisals will be asked by the RO to carry out an investigation as to the reasons why the individual doctor/dentist has not completed an appraisal. A report on the investigation will be submitted to the RO and appropriate action will be taken.

9.2 Doctors and dentists who have not completed an annual appraisal will not be eligible for routine pay progression or Clinical Excellence Awards unless deferment on exceptional grounds has been agreed with LCH.

9.3 Doctors and dentists who have not completed an annual appraisal will be included in the exception report (to include reasons, for all missed or incomplete appraisals and all missing PDPs) provided to the LCH Board by the RO and to NHS England within the Annual Organisation Audit (AOA).

## **10 Monitoring compliance and effectiveness**

10.1 Internal quality assurance of appraisal comprises of assurance of the process and assurance of work of appraisers

- **Assurance of the process.**

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

- **Assurance of the work of appraisers**

10.3 Quality appraisal of appraisers and their outputs will be delivered through:

- Review of appraiser performance through feedback forms completed within the PReP system.
- Annual appraiser updates (formal training and appraiser support) overseen by the RO.
- Review of 'probationary' appraiser performance after their initial three appraisals – through mandatory appraisee feedback
- Annual appraiser paper-based review – using analysis of submitted appraisal documentation and PDPs.
- Recruitment and selection – through AMD/ Medical and Dental Leads Group.

10.4 External assurance of appraisal systems will be undertaken as and when agreement is reached nationally on mechanisms for conducting this in line with CQC regulation and inspectorate responsibilities.

## **11 Recruitment, Selection and training of appraisers**

11.1 The AMD/ Medical and Dental Leads Group are the forum for recruitment and selection of appraisers. Expressions of Interest should have support from their service AMD/Medical/Dental Lead.

11.2 Applicants should apply on the application form (**Appendix 1**) with reference to the person specification (**Appendix 2**) and job description (**Appendix 3**) and will need to attend a suitable approved training course (with national core content defined by the national Revalidation Support Team) as agreed with the RO.

11.3 Where appraiser roles are explicitly required to be a part of a lead clinician's management role then this will be formally included in their job description and the relevant person specification will be amended accordingly.

11.4 Following appointment, a probationary period of 12 months will follow during which the new appraiser will undertake a minimum of 5 appraisals. After the first three of these appraisals, a formal review will be undertaken with the RO and AMD for job planning and appraisals to assess progress, deal with any new learning needs identified and confirm whether the appraiser is competent to continue.

11.5 Established appraisers will have access to ongoing support through the AMD/ Medical Leads Group. Regular appraiser forums will be held through the year to provide refresher skills training, group feedback and updates on LCH appraisal policy changes.

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 and declare their appraiser practice within their appraisal.

## **12 Private Practice**

12.1 Where a doctor or dentist carries out private practice the evidence must be provided for their appraisal to ensure a 'whole practice appraisal'. Absence of supporting information from other practice settings will risk the satisfactory completion of annual appraisal.

## **13 Indemnity**

13.1 Doctors and dentists working as appraisers on behalf of LCH 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.

## **14 Equality Analysis**

14.1 LCH aims to design and implement services, policies and measures that meet the diverse needs of its population and workforce, ensuring none are placed at a disadvantage over others. LCH is subject to the quality duty as set out in the Equality Act 2010 and pay "due regard" for the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

Due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

## **15 Approval and Ratification Process**

15.1 This Policy will be ratified by the Nominations and Remuneration Committee on behalf of the LCH Board

## **16 Dissemination and Implementation**

16.1 Dissemination of this policy will be via the RO Newsletter and Email to all medical and dental staff and held on the LCH website in the Medical Directorate page.

## **17 Review arrangements**

This Policy will be reviewed ---annually ---every two years or earlier, only if amendments to national policies and guidance precipitate changes.

## 18 Associated Policies

Acceptable Standards of Behaviour Policy (April 2015)  
Disciplinary Policy and Procedure (Dec 2014)  
Grievance Policy and Procedure (Dec 2014)  
Whistleblowing Policy (formally Hearing the Concerns of Workers Policy) (April 2014)  
Maintaining High Professional Standards in the Modern NHS (April 2015)  
Managing Concerns with Performance Policy (Aug 2014)  
Managing Personal Relationships in the Workplace (April 2015)  
Medical and Dental Job Planning Policy (April 2014)  
Personal Development Policy (April 2014)  
Professional Registration Policy (Oct 2014)  
Managing Attendance Policy – Supporting Staff Health and Wellbeing (Apr 2016)  
Clinical Audit Policy (Dec 2014)  
Information Governance Policy (Oct 2014)

## 19 References

1. DOH, *Trust Assurance and Safety: The regulation of health Professionals* 2007
2. GMC, *Good Medical Practice: Duties of a doctor*, 2013 (updated 2013) [www.gmc-uk.org/guidance/good-medical-practice.asp](http://www.gmc-uk.org/guidance/good-medical-practice.asp)
3. DOH, *Creating the future – modernising careers for salaried dentists in primary care*, 2004
4. BDA & NHS Employer: *Appraisal Guidance* 2007
5. Medical Appraisal Guide (MAG) – version 4.1 (Updated 2016)  
<https://www.england.nhs.uk/revalidation/appraisers/mag-mod/>
6. *Quality Assurance of Medical Appraisers* (NHS Revalidation Support Team, 2012)  
<http://www.revalidationsupport.nhs.uk/CubeCore/uploads/RSTQAMAforReval0312.pdf>
7. Supporting doctors to provide safer healthcare: responding to concerns about a doctor's practice  
<http://www.revalidationsupport.nhs.uk/CubeCore/uploads/pdfs/RSTRTCreport0412.pdf>
8. Training Specification for Medical Appraisers in England  
<http://www.revalidationsupport.nhs.uk/CubeCore/uploads/Documents/RSTQAMATrainingSpecV2apr12.pdf>
9. The Good Medical Practice Framework for Appraisal and Revalidation.  
[http://www.gmc-uk.org/GMP\\_framework\\_for\\_appraisal\\_and\\_revalidation.pdf41326960.pdf](http://www.gmc-uk.org/GMP_framework_for_appraisal_and_revalidation.pdf41326960.pdf)
10. *A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties* (Department for Education and Skills, 2001) [www.academicmedicine.ac.uk/uploads/folletreview.pdf](http://www.academicmedicine.ac.uk/uploads/folletreview.pdf)
11. *Supporting Information for Appraisal and Revalidation*. [http://www.gmc-uk.org/Supporting\\_information100212.pdf\\_47783371.pdf](http://www.gmc-uk.org/Supporting_information100212.pdf_47783371.pdf)
12. DOH, *Maintaining High Professional Standards in the Modern NHS*, 2003
13. NHS England Medical Appraiser Policy version 2: April 2015

**Appendix 1**

Application to become an Appraiser

| <b>PERSONAL DETAILS</b> |  |
|-------------------------|--|
| Name:                   |  |
| Job Title:              |  |
| Speciality/Directorate: |  |
| GMC Number:             |  |

| <b>EDUCATION DETAILS</b>                                 |  |
|--|--|
| Date of First Degree:                                    |  |
| Date of appraiser training & give details of the course: |  |

EXPERIENCE AND PERSONAL QUALITIES – give a brief outline in each Section taking into accounts the essential and desirable criteria in the person Specification

|                    |  |
|--------------------|--|
| Skills             |  |
| Personal Qualities |  |
| Health             |  |

Applicants Signature: .....

Date: .....

**Appendix 2:**  
Person specification for appraisers

|                       |  |
|-----------------------|--|
| <b>Qualifications</b> | Medical degree, plus any postgraduate qualification required<br>GMC licence to practise<br>Where appropriate, entry on GMC specialist or general practitioner performers list  |
|                       | Completion of initial medical appraiser training   |
| <b>Experience</b>     | Experience of managing time to ensure deadlines are met  |
|                       | Experience of applying principles of adult education or quality improvement  |
|                       | Has been subject to a minimum of three appraisals, not including those in training grades  |
| <b>Knowledge</b>      | Knowledge of the role of medical appraiser<br>Knowledge of the purpose and process of medical appraisal<br>Knowledge of the principles of revalidation<br>Knowledge of educational principles and techniques which are relevant to medical appraisal                                       |
|                       | Knowledge of responsibilities of doctors as described in <i>Good Medical Practice</i>  |
|                       | Knowledge of principles of clinical governance, evidence based medicine and clinical effectiveness   |
|                       | Knowledge of the health sector (e.g. primary care, secondary care, mental health, independent sector) in which appraisal duties are to be performed<br>Knowledge of relevant local and national healthcare context<br>Knowledge of local professional development and education structures |
|                       | Understanding of principles of equality and diversity  |
|                       | Understanding of principles of information governance<br>Understanding of legislation and guidance relating to   |

|                   |  |
|-------------------|--|
|                   | data protection and confidentiality  |
|                   | knowledge of relevant speciality specific elements, including continuing professional development requirements and quality improvement activities  |
| <b>Skills</b>     | Motivating, influencing and negotiating skills   |
|                   | Good oral communication skills, including active listening skills, the ability to understand and summarise a discussion, ask appropriate questions, provide constructive challenge and give effective feedback |
|                   | Good written communication skills, including the ability to summarise clearly and accurately   |
|                   | Objective evaluation skills  |
|                   | Adequate computer skills for the role – this may include familiarity with web-based appraisal support systems  |
| <b>Attributes</b> | Excellent personal integrity, personal effectiveness and self awareness<br>Motivated, enthusiastic, positive role model<br>Ability to adapt behaviour to meet the needs of the doctor                          |
|                   | Commitment to ongoing personal education and development   |
|                   | Good working relationships with professional colleagues and relevant stakeholders<br>Ability to work effectively in a team   |
|                   |  |

### Appendix 3

#### Job description for post of appraiser

|  |  |
|--|--|
| <b>Accountability</b>                      | Accountable for the role to the Responsible Officer and Chief Executive  |
| <b>Key Working Relationships</b>           | Communications and key working relationships with the Medical Director/Responsible Officer, RO Manager and Medical Directorate team secretary, AMDs, Medical/Dental Leads, General Managers/ Heads of Service, other appraisers.   |
| <b>New Appointees</b>                      | <p>Should undertake a one year probationary period, undertaking at least 5 appraisals with an interim review by the RO following 3 appraisals and a full review at one year to include appraisal feedback questionnaires and quality assurance of each appraisal.</p> <p>New appraisers should have completed initial and enhanced appraisal training and fulfil the criteria within the person specification.</p>   |
| <b>Purpose and description of the role</b> | <p>The appraiser will conduct medical appraisals that contribute to revalidation and for dentists according to the requirements of Appraisal Guidance for salaried dentists 2007 BDA and NHS Employers.</p> <p>Appraisers will be expected to conduct 5 appraisals per year but no more than 15.</p> <p>Appraisers will have specified time within SPA time in their job plans for appraisal.</p> <p>Appraisers will be subject to annual appraisee feedback and quality assurance processes as identified by the Trust.</p> <p>Appraisers should declare any conflicts of interest with regard to an appraisee to the RO.</p>   |
| <b>Key responsibilities</b>                | <p>Undertake pre-appraisal preparation in line with principles from the medical appraiser training and current guidance</p> <hr/> <p>To conduct the appraisal interview in line with principles from the medical appraiser training and current guidance. This will include:</p> <ul style="list-style-type: none"> <li>• agreeing an agenda with the appraisee which should include an appropriate balance of personal, professional and local objectives</li> <li>• building a positive working relationship with the appraisee</li> <li>• supporting the appraisee in considering practice over the last year and</li> <li>• agreeing objectives and a development plan with the</li> </ul> |

|                        |  |
|------------------------|--|
|                        | <p>appraisee</p> <ul style="list-style-type: none"> <li>agreeing a summary of the appraisal meeting</li> </ul>   |
|                        | <p>Complete post-appraisal documentation in line with current local and national guidance and quality standards in a timely fashion with sign off within 28 days of the appraisal meeting.</p>   |
|                        | <p>Appraisers will be appointed for a 5 year period with extension following satisfactory review.</p>  |
|                        | <p>Appraisers will be responsible for undertaking initial training and annual refresher training..</p>   |
|                        | <p>Appraisers are required to participate in ongoing support and development to address development needs and include this in their PDP with a declaration and reflection of their appraisal work in their appraisals.</p>   |
|                        | <p>Appraisers are required to participate in performance review in the role of appraiser</p>   |
|                        | <p>Appraisers are required to participate in the management and administration of the appraisal system (including reporting the progress and completion of allocated appraisals</p>  |
|                        | <p>Appraisers are required to participate in arrangements for quality assurance of the appraisal system</p>  |
| <b>Confidentiality</b> | <p>Appraisal should be in the main a confidential process between the appraiser and the appraisee. Appraisers should have knowledge of the Trust's appraisal system and restricted access to appraisal documentation.</p> <p>Where it becomes apparent during the appraisal process that there is a potentially serious performance, health or conduct issue (not previously identified) of the appraisee that requires further discussion or examination, the appraisal discussion must be adjourned immediately and the appraiser should inform the RO/Medical Director.</p> |
| <b>Indemnity</b>       | <p>Appraisers are covered by the Trust for their actions in the role unless and until they are shown to have acted with negligence.</p>  |
| <b>Policies</b>        | <p>Appraisers should be compliant with relevant trust policies including health and safety policy, equality and diversity policy, information management policy.</p>   |

| Form for appealing against the allocation of a specific appraiser.   |  |
|--|--|
| <b>Part A – to be completed by person making the appeal</b>  |  |
| Doctor:  |  |
| Doctor's GMC number:   |  |
| Appraiser:   |  |
| Reason(s) for appealing against the allocation (tick all that apply):  |  |
| Potential conflict of interest or appearance of bias: <ul style="list-style-type: none"> <li><input type="checkbox"/> Close personal or family relationship (past or present)</li> <li><input type="checkbox"/> Close financial or business relationship</li> <li><input type="checkbox"/> Professional relationship</li> <li><input type="checkbox"/> Known or longstanding personal animosity</li> </ul> |  |
| <input type="checkbox"/> Appraiser suitability<br><input type="checkbox"/> Other (please describe under "further details" below)   |  |
| Further details:   |  |
| Name of person making the appeal (if not the doctor):<br>Designation:<br>Contact details (in case appraisal office needs more information):  |  |
| <b>Part B – to be completed by appraisal office</b>  |  |
| Decision:  |  |
| Decision approved by:<br>Name:<br>Position:<br><br>Date:   |  |

**Appendix 5**  
Standard Complaint template

| Template for complaint about the appraisal process by a doctor   |  |
|--|--|
| Responsible officer:   |  |
| Doctor:  |  |
| Doctor's GMC number:   |  |
| Appraiser:   |  |
| Date of incident:  |  |
| Subject of complaint:  |  |
| Details of complaint:  |  |
| Date of complaint:   |  |
| Thank you for raising a complaint about the appraisal process. You should submit this to your local appraisal office. You should receive an acknowledgement within seven days and a written response within 28 days. |  |

## Appendix 6

### Appraisal postponement application form

| Appraisal postponement application form           |   |
|---|---|
| Section A   | Doctor's details and request for postponement               |
| Doctor's name:                                    |   |
| GMC number:                                       |   |
| Telephone number(s):                              |   |
| · Mobile:   |   |
| · Practice:                                       |   |
| · Home:   |   |
| Email:  |   |
| Doctor's appraisal month:                         |   |
| Date of last appraisal:                           |   |
| Name of last appraiser:                           |   |
| Revalidation due date:                            |   |
| Reason for request for postponement of appraisal: |   |
| Proposed date for next appraisal:                 |   |
| Date of request:                                  |   |
| Section B   | Local clinical lead decision                                |
| Name of person considering request:               |   |
| Position:   |   |
| Postponement agreed:                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Comment:  |   |
| Agreed new appraisal due date:                    |   |
| Date of decision:                                 |   |

## Appendix Equality Analysis (EA) - Relevance Screening Form

|  |   |               |            |                   |
|--|---|---------------|------------|-------------------|
| <b>1. Name of the document</b>   | Medical Appraisal Policy to support revalidation of Consultants, SAS Doctors and Dentists in Leeds Community Healthcare NHS Trust         |               |            |                   |
| <b>2. What are the main aims and objectives of the document</b>  | The overall aim of this policy is to provide Consultants, SAS doctors and dentists to prepare for their annual appraisal and revalidation |               |            |                   |
| <b>3. Is this a key strategic document?</b>  | <b>Yes</b>  |               | <b>No</b>  |                   |
|  |   |               | X          |                   |
| <b>4. What impact will this document have on the public or staff?</b>  | <b>High</b>   | <b>Medium</b> | <b>Low</b> | <b>Don't know</b> |
|  |   | X             |            |                   |
| <b>Explain:</b> This policy relates to   |   |               |            |                   |
| <b>5. Is there any evidence, or reasons that different groups have different needs, experiences, issues and priorities in respect of this particular document?</b>             | <b>Yes</b>  |               | <b>No</b>  | <b>Don't know</b> |
|  |   |               | X          |                   |
| <b>Explain:</b> This policy is applicable to all consultants, SAS doctors and dentists in LCH and provides explanation of the revalidation process and annual appraisal system |   |               |            |                   |

If you have answered **Yes** to question 3, you should move straight onto EA.

If, for question 4 you have answered **Low**, there is no need to continue to conduct an EA.

If for question 4 you have answered **Medium** and **No** for question 5, there is no need to conduct an EA.

If, for question 4 you have answered **Medium** or **Don't Know**, and have answered **Yes** or **Don't Know** for question 5 you should move on to a **Stage One** EA.

If, for question 4 you have answered **High**, you need to conduct an EA.

|  |                          |             |
|--|--------------------------|-------------|
|  | <b>Equality Analysis</b> | <b>None</b> |
| <b>6. Based on the result of the screening, is an EA required?</b> |                          | No          |

Linda Dobrzanska: Research & Responsible Officer Manager

Dr. Amanda Thomas: Executive Medical Director

**Workforce Policy dissemination and implementation plan** - Tick boxes that apply and add comments

| <b>Name of author who is leading with disseminating the document</b>  |  | <b>Title of Document</b>  |                 |
|---|--|---|-----------------|
| Linda Dobrzanska  |  | Medical Appraisal Policy to support revalidation of Consultants, SAS Doctors and Dentists in Leeds Community Healthcare NHS Trust |                 |
|   | <b>Actions</b>                                       | <b>Dates</b>  | <b>Comments</b> |
|   | Induction Sessions required - provide dates:         | Monthly induction   |                 |
|   | Launch Event required - provide dates:               | As part of induction checklist on commencement of employment  |                 |
|   | Raising at meetings, provide dates/which meetings:   | Medical Leads and Associate Medical Directors group meetings  |                 |
|   | Specific Instructions for disseminating the document | Via intranet and email  |                 |
|   | Lead for audit and monitoring                        |   |                 |
| <b>The following will be actioned by the Workforce Lead who uploads documents onto the Intranet:</b>  |  |   |                 |
| <ul style="list-style-type: none"> <li>• Email business units and departments requesting dissemination of document to applicable services</li> <li>• Document uploaded on the LCH intranet</li> <li>• Superseded documents removed from the Intranet</li> <li>• Article submitted for to the next Community talk</li> </ul> |  |   |                 |

## Policy Consultation Process

|   |  |
|---|--|
| <b>Title of Document</b>                                    | Medical Appraisal Policy to support Revalidation for Consultants, SAS Doctors, and Dentists in Leeds Community Healthcare NHS Trust  |
| <b>Author (s)</b>   | Dr Amanda Thomas: Executive Medical Director<br>Linda Dobrzanska: Research & Responsible Officer Manager   |
| <b>Revised Document</b>                                     | Revised document   |
| <b>Lists of persons involved in developing the policy</b>   | Dr Amanda Thomas: Executive Medical Director<br>Linda Dobrzanska: Research & Responsible Officer Manager<br>Dr Florence McDonagh: Associate Medical Director for Appraisals and Job Planning |
| <b>List of persons involved in the consultation process</b> | JNC Committee members  |