Medical Appraisal and Revalidation Policy

Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.

<table>
<thead>
<tr>
<th>Purpose of Agreement</th>
<th>This document aims to set out clear policy and direction for the mechanism of medical appraisal and revalidation across the Trust to ensure the delivery of a transparent and fair strengthened appraisal process capable of satisfying the General Medical Council (GMC) requirements for revalidation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Type</td>
<td>X Policy [ ] SOP [ ] Guideline</td>
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<td>Reference Number</td>
<td>SolentNHST/Policy/HR/19</td>
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<td>NHSLA Operational Policy Steering Group Assurance Committee</td>
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<tr>
<td>Document Sponsor (Name &amp; Job Title)</td>
<td>Tony Snell, Medical Director</td>
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<tr>
<td>Document Manager (Name &amp; Job Title)</td>
<td>Sally Cordall, Business Manager</td>
</tr>
<tr>
<td>Document developed in consultation with</td>
<td>Medical Appraisal Lead, Medical Director, Learning and Development, Human Resources, Quality Department.</td>
</tr>
<tr>
<td>Intranet Location</td>
<td>Policies</td>
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<tr>
<td>Website Location</td>
<td>N/A</td>
</tr>
<tr>
<td>Keywords (for website/intranet uploading)</td>
<td>Appraisal, Revalidation,</td>
</tr>
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</table>

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction &amp; Purpose</td>
<td>3</td>
</tr>
<tr>
<td>Scope</td>
<td>3</td>
</tr>
<tr>
<td>Process and Requirements</td>
<td>4</td>
</tr>
<tr>
<td>Roles &amp; Responsibilities</td>
<td>7</td>
</tr>
<tr>
<td>Selection, training &amp; retention of appraisers</td>
<td>10</td>
</tr>
<tr>
<td>Records &amp; Confidentiality</td>
<td>11</td>
</tr>
<tr>
<td>Quality Assurance for Appraisals &amp; Revalidation</td>
<td>11</td>
</tr>
<tr>
<td>Equality Impact Assessment</td>
<td>12</td>
</tr>
<tr>
<td>Success Criteria/Monitoring Effectiveness</td>
<td>12</td>
</tr>
<tr>
<td>Review</td>
<td>12</td>
</tr>
<tr>
<td>References and Other Documents</td>
<td>12</td>
</tr>
<tr>
<td>Indemnity</td>
<td>13</td>
</tr>
</tbody>
</table>

APPENDIX 1 – Impact Assessment 14
Medical Appraisal and Revalidation Policy

1. INTRODUCTION & PURPOSE
1.1 This policy document covers Solent NHS Trust's requirements for and the approach to Medical Appraisal to ensure that licensed doctors remain up to date, fit to practise and capable of satisfying the GMC requirements for Revalidation. It also outlines the support available to all those involved with appraisals of medical staff. This document should be seen as a starting point for the implementation of appraisal for revalidation. It will be subject to yearly review.

1.2 Revalidation of licensed doctors will be required every five years and is based on annual enhanced 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 practice:

- To confirm that licensed doctors practice in accordance with the GMC’s generic standards,
- For doctors on the specialist register and GP 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.

1.3 All non-training grade Medical Staff (GPs, Consultants, Speciality and Associate Specialist (SAS) grades and any other non-training grade posts) are expected to go through revalidation every five years. The Deanery will be responsible for the revalidation of doctors in training (except Trust appointments).

2. SCOPE
2.1 This document applies to all employed medical staff for whom Solent NHS Trust is their designated body as registered with the GMC. This would normally be consultants and SAS doctors whose substantive contract is with Solent NHS Trust. There may be specific exceptions to this by agreement with the Trust Medical Director. (http://www.gmc-uk.org/DB_list_with_RO_details___DC3503.pdf_52637845.pdf)

2.2 The purpose of this policy is to outline the requirements and arrangements for conducting the Appraisal and Revalidation of Medical Staff directly relating to the Responsible Officer of Solent NHS Trust, following direction by the General Medical Council and other relevant bodies. This policy is not exhaustive and is not intended to contain information on all aspects of Appraisal and Revalidation. Appraisal is not a new concept, however, the approach and use of information is clarified and strengthened.

2.3 The policy defines the responsibilities of key staff involved in appraisal including Responsible Officer, Appraisal Lead, Medical Staff, Appraisers, HR, Learning and Development and the Quality Team. The aim of the policy is to ensure that, through an effective appraisal mechanism, all medical staff are fit to practise and provide of safe care to patients. The policy statement is supplemented by separate documents providing more information about appraisal processes.
2.4 Annual appraisal for consultants and those on the new Associate Specialist and Specialty doctor contracts is already a contractual requirement. This policy applies to all non-training grade medical staff, including those with honorary contracts, where they relate to the Responsible Officer for Solent NHS Trust organisation in line with Solent NHS Trust's Equal Opportunities Document. Annual appraisal based upon the appraisal year (April to April) will become a requirement, as part of revalidation, for all medical staff including: Clinical Fellows, Trust doctors, research fellows with clinical commitments, SAS grades on the old contract, and locums.

3. PROCESS/REQUIREMENTS

3.1 Appraisal is a supportive mechanism focusing on enhancing local systems of quality improvement. It is designed to recognise good performance, provide feedback, and support performance issues so they can be dealt with at an early stage. Performance issues need to be dealt with outside of the appraisal process under the “Maintaining High Standards of Performance” Policy. The appraiser will review the available 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 support doctors who are struggling and 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.

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

3.3 The appraisal meeting must be completed on an annual basis within the first half of the year, 1st April to 30th September. Staff commencing employment mid year should have an appraisal and then realign the following year, which may fall outside this period. The timing is to fit in with business planning, budgets, training and job planning. An appraisal is not considered to have been completed without the sign off of a mutually agreed PDP. All appraisees must seek approval of draft PDP from their professional manager, Clinical Lead or Clinical Director, depending on individual service line management structure, prior to appraisal. If the proposed PDP changes at appraisal, these changes should be approved by same professional lead. CDs must have the opportunity to contribute to appraisal. Therefore when the Medical Directorate Business Manager informs the appraisee via email of their appraiser, the CD will be copied in. If the CD wishes to make a contribution for entry onto the MAG form, they will email both the appraisee and appraiser their comments for inclusion in the list of supporting evidence on the MAG form. The return of the appraisee feedback form and final appraisal document should take place within 28 days of the appraisal meeting. The appraisal process will not be considered complete until ALL the above have been received by the Medical Department Business Manager. Revalidation will require a cumulative review of annual appraisals over a 5 year period or shorter period in the initial period following the introduction of revalidation.
3.4 The Requirements of Medical Appraisal

Medical appraisal differs fundamentally from appraisal in other settings due to its elemental link with external professional regulation and revalidation. Medical appraisals are based on a doctor’s performance as described in the GMC’s Good Medical Practice:

Areas covered by the appraisal:
- a. Personal Details (including GMC reference number),
- b. Scope of work,
- c. Record of annual appraisal,
- d. Personal development plans and their review,
- e. Probity,

and

1. Continuing Professional Development (CPD),
2. Quality Improvement Activity and will include participation in a minimum of one Solent approved audit each year (http://www.hqip.org.uk/assets/Guidance/AOMRC-clinical-audit-and-revalidation.pdf),
3. Significant events,
4. Colleague feedback using Equiniti,
5. Patient feedback using Meridian,
6. Review of complaints and compliments.

3.5 Appraisal Protocol

The Appraisal process is comprised of five phases:

- Phase 1: Preparation work and information gathering by appraiser, appraisee and organisation. This information should be recorded using the approved Medical Appraisal Guide (MAG) form (http://www.england.nhs.uk/revalidation/appraisers/mag-mod/)
- Appraisals for revalidation are made up of whole practice appraisal and therefore appraisees must provide information from all organisations that employ them and work undertaken independently of other organisations,
- Phase 2: Appraisal discussion,
- Phase 3: Recording of discussion and return of papers and agreement of a new PDP going forward using the MAG form,
- Phase 4: Reporting to the Responsible Officer with statement of support by appraisers,
- Phase 5: Completion of the final appraisal document (MAG form) with mutually agreed PDP and appraiser feedback form to be received by Business Manager of Medical Directorate within 28 days of the appraisal meeting date.
3.6 The Annual Appraisal Cycle

Appraisals are carried out within the first two quarters of each year (April to September). They follow the annual cycle shown below:

**Annual Appraisal Cycle**

![Diagram of the Annual Appraisal Cycle]

3.7 Appraisal Process

Details of the appraisal process, documentation and any linked processes and all supporting guidance documents will be agreed and made clear to all staff involved in appraisals and revalidation requirements. The contents of guidance documents will include:

- A description of the systems for reporting:
  - Indicators of clinical outcomes,
  - Patient feedback.
- Security and access arrangements for the electronic portfolio supporting information. Use of the MAG form and transference by NHS secure mail (snhs.SolentMedicalAppraisal@nhs.net),
- Feedback from participants about the appraisal system. How specific situations will be dealt with (illness, secondment, absence, suspension),
- Complaints about the appraiser or appraisal system,
- Selection, training and support of medical appraisers,
- Description of indemnity arrangements for appraisers.

The Medical Directorate will undertake and support the allocation of appraisers to appraisees, appeals on request and in line with the Policy, ensuring each appraisee has an opportunity to undergo appraisal each appraisal year. The Medical Directorate will record and monitor this information on a master database.
3.8 Providing Supporting Information
Doctors must be able to monitor their practice using;

- Individual level and service/sub service level data relating to indicators of clinical outcomes,
- Individual level feedback from patients and feedback gathered in accordance with GMC guidelines,
- Solent NHS Trust will expect to see evidence that participation in quality improvement projects such as clinical audit is on-going, and an established part of the individuals work. This means that you need to participate in at least one annual clinical audit which demonstrates clinical outcomes or measures the quality of practice, (a repeat cycle is acceptable). If participating in a team or group audit, you must be able to identify your activity in the audit. The audit must have been registered with the Clinical Audit Team as stated in the policy.
- Relevant complaints, compliments, incidents data.

3.9 Multi Source Feedback (MSF)
The GMC recommends that feedback from both colleagues and patients is obtained at least once in each five year appraisal cycle.

Equiniti is the system used for colleague feedback. This system is managed via the Medical Directorate Business Manager. The Patient feedback system is the Meridian system, managed by the Research and Clinical Audit Team. The Trust will not pay for any other tool unless exceptionally agreed in advance by the Clinical Director and the Medical Director.

4. ROLES & RESPONSIBILITIES
There are several key roles in the successful application of this policy and achieving effective and timely appraisals.

4.1 Responsible Officer
The Responsible Officer (normally the Medical Director) has overall responsibility for the effective implementation and operation of appraisals for all non-training grade Medical Staff within the organisation and is personally accountable to the Board. The Responsible Officer will make a recommendation to the GMC on a doctor’s fitness for revalidation based on an assessment of their practise through annual appraisals over five years.

The Responsible Officer will ensure that arrangements are in place so that information held by the organisation on each doctor’s practice within the organisation is made available to them on an annual basis and in a timely manner.

The Responsible Officer will oversee the Revalidation Appraisal process and ensure that related procedures and practices are regularly reviewed in line with changes in legislation. The RO supported by the Appraisal Lead, will ensure that appropriate protocols, processes and records are developed and maintained to ensure that all Medical Staff undertake annual appraisal in line with National Guidance. See http://www.gmc-uk.org/doctors/revalidation.asp

Alternative Responsible Officer (RO)
Where there is a conflict of interest or appearance of bias between an RO and one or more of their doctors with a prescribed connection, the RO
Regulations (2013) allow for nomination of an alternative RO. Examples might be:

- a personal relationship between the RO and the doctor (eg intimate, familial),
- a financial or business relationship between the RO and the doctor (eg GP partnership, co-investors in a nursing home),
- third party involvement in a personal relationship (eg affair, relationship breakdown),
- known and long standing animosity between the RO and the doctor,
- a role conflict (eg RO who is accountable to a medical chief executive).

Solent NHS Trust has a second R.O. in place if this situation were to arise.

4.2 Appraisal Lead
The Appraisal Lead will support the Medical Director (RO) to -
- Ensure that all non-training grade medical staff undergo enhanced annual appraisal,
- Ensure that appraisers are appropriately trained, supported,
- Ensure the Solent NHST Quality Assurance processes are regularly reviewed and updated. Develop and implement a system to monitor the quality of appraisal; and consider any appraiser poor performance feedback received,
- Keep updated within the national Appraiser support framework organised nationally and delivered regionally.

4.3 Line Managers and Operations Directors
They will be responsible for the non professional line management of the doctor and supplying the appraiser with the information required on the safe practice of the doctor using information such as Incidents, SIRIs, HR issues, Patient Feedback, complaints and compliments.

4.4 Appraisers
Appraisers will be appointed by the Responsible Officer, in line with the numbers of appraisals that are required:

They will adhere to Solent NHS Trust’s Medical Appraisal and Revalidation Policy:
- Organise all their appraisals within the appraisal timeframe,
- Review appraisal documentation and evidence two weeks before the appraisal interview takes place, identifying key areas for discussion,
- Ensure all paperwork is processed as required on completion of the appraisal interview, including the signing off of the PDP by both parties, within 28 days of the appraisal,
- Report on the outcome of their appraisals to the Responsible Officer and statement of support using the completed MAG form,
- Undertake appraisal training and attend periodic updates as required,
- Take part in a performance review, including feedback on performance in their role,
- Organise for their own appraisal in a timely manner,
- Ensure their statutory and mandatory training is up to date.

Solent NHS Trust will provide a description of the selection process for and allocation of appraisers, together with a Job Description of the required
competencies and person specification (http://www.revalidationsupport.nhs.uk/CubeCore/.uploads/documents/pdf/rst_quality_assurance_medical_appraisers_appendices_2013.pdf). It will arrange for training, in line with the guidelines, for all new appraisers and updated training for existing appraisers. There will be a probationary period/early review of skills for all new appraisers. It will obtain appraisee feedback on the performance of all its appraisers.

4.5 Appraisees
Appraisees are personally responsible for -
- Ensuring that they participate in the annual enhanced appraisal cycle to meet the requirements of Revalidation using a Solent approved Appraiser from the list held by the medical directorate and recording supporting information using the MAG form.
- Maintaining a professional portfolio including feedback from each of their employers (whole practice review) including the independent sector, records of their training, reflective practice and additional documentation as specified by the GMC. This evidence must be available to their Appraiser at least 2 weeks before the date of the appraisal.
- A Job Plan which has been agreed within the last twelve months.
- Bringing a record of all incidents, complaints, SIRIs and compliments they have been involved in.
- Appraisees must feedback the experience of appraisal within 28 days using the approved forms to the Medical Directorate Business Manager.

4.6 Medical Directorate
The Medical Directorate Business Manager is responsible for -
- Co-ordinating and providing administrative support to the appraisal and revalidation process with the assistance of the PA to the MD.
- Overseeing and being responsible for the maintenance of the records/electronic data system and ensure that the systems in place are held securely.
- Maintaining a database of trained Appraisers to ensure that there are sufficient numbers of appraisers to meet the needs of the Medical Workforce and allocate trained Appraisers to the number of doctor to be appraised. If levels fall below that agreed (ratio of 1:4 (appraisers to doctors)), a recruitment process will be triggered.
- Providing monthly performance report of appraisal compliance to Clinical Directorates and the Responsible Officer and will supply appraisal reports to the Assurance Committee and Trust Board.
- Marketing the Appraisal and Appraiser courses, developing and maintaining resources on the Solent NHS Trust L&D Intranet pages.

The Head of Research and Clinical Audit is responsible for -
- Patient feedback questionnaires,
- Clinical Outcomes,
- Documentation on trust audit.

4.7 Quality and Risk Department
The Quality and Risk Department will be responsible for:
- Providing information about SIRI’s, complaints and incidents (where individuals name is identified).
4.8 **Learning and Development Department**

The Learning and Development team are responsible for:
- Managing all bookings onto training courses relevant to this policy.
- Reporting attendances and non-attendances on all training programmes to the Medical Directorate Business Manager as per the Training section of this policy.
- Managing the DNA process as per the Learning and Development Policy.

4.9 **Chief Executive**

Solent NHS Trust must provide the Responsible Officer with sufficient funding and other resources necessary to enable the Responsible Officer to discharge their responsibilities. This might include administrative/management support, information management and training.

5. **SELECTION, TRAINING, RETENTION AND REVIEW OF APPRAISERS**

5.1 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 and the Appraisal Lead will annually 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. There will be a database of appraisers which will be maintained by the Medical Directorate Business Manager. The selection and training of new appraisers will be carried out as and when required. National guidelines (GMC, Revalidation Support Team, etc) will be followed regarding their available curriculum and approved training.

5.2 It is recommended that, to ensure fairness, equity and to mitigate against conflicts of interest, an appraisee will not be appraised by the same appraiser for more than three appraisal cycles.

Two doctors should not be each others appraiser in the same year. A doctor should not act as appraiser for a doctor who has acted as their appraiser within the previous five years, where practically possible. Appraisers should undertake a minimum of 2 and maximum of 5 appraisals yearly.

5.3 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 access to regular meetings to ensure consistent standards are maintained and must attend at least one training /support group per year.

5.4 Appraisers must declare any conflicts of interest and or bias with their appraisee. This could be:
- A personal or family relationship.

5.5 Responsible Officers also need to undergo appraisal themselves, and to be revalidated every five years. Recommendations for revalidation will then be made by the RO at the NHSE Regional Office.

5.6 Solent NHS Trust recognises the importance of appropriate training for staff. Appraisal training for all appraisers is mandatory to ensure quality and adherence to this policy.
5.7 Training for appraisers will be co-ordinated by the Appraisal Lead in conjunction with Learning and Development and the Medical Directorate Business Manager. Attendance will be recorded on the training management database – Oracle Learning Management (OLM). Learning and Development will report attendances and non attendances following each event to the Medical Directorate Business Manager. Non attendance at training will be followed up via the Did Not Attend (DNA) process within the Learning and Development Policy. Persistent non attendees will be referred to the RO for action.

5.8 An appraiser support group led by the Appraisal Lead will be held on a regular basis which will aim to support quality and practice of medical appraisals. It is a requirement for all appraisers to attend at least one of these groups per year to ensure appraisal practice is up to date and high quality. Attendance at these groups will be managed by the Learning and Development team.

6 RECORDS AND CONFIDENTIALITY
6.1 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 appraiser will be providing to the Responsible Officer the appraisal report and a statement of support. For Quality Assurance the Appraisal Lead will also have access to feedback and Appraisal documentation. The appraiser will escalate any concerns about performance that arise during the appraisal discussion to the Responsible Officer of Solent NHS Trust.

6.2 Both Solent NHS Trust and the appraisee will need to retain copies of the appraisal documentation MAG form over a five year period. The appraisee should retain and add to their supporting documentation in an appraisal folder.

All supporting information and appraisal reports must be made available and stored in an electronic format according to procedure.

In the event that the appraisal process indicates that a doctor is ‘in difficulty’, the appraiser must escalate this to the Responsible Officer without delay, who will deal with the issues in accordance with Solent NHS Trust relevant policies and guidelines.

7 QUALITY ASSURANCE FOR APPRAISALS AND REVALIDATION
7.1 The quality of appraisals and revalidation will be assured through regular reports to internal and external groups by the Appraisal Lead. The Trust Board will receive an annual report at year end, based on the NHS England Organisational Readiness Self Assessment (ORSA), confirming the numbers of appraisals completed across the organisation, any key themes that are emerging and recommendations for improving the process and quality (if relevant) for the following year in line with national guidance.

7.2 It is a requirement that appraisees are asked for feedback on their experience of appraisal annually. This will be done via a feedback form. The Appraisal Lead and Medical Directorate will coordinate and evaluate the responses.
8 EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

Solent NHS Trust is committed to treating people fairly and equitably regardless of their age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; or sexual orientation. An equality and human rights impact assessment has been carried out for this policy and no significant issues have been identified.

9 SUCCESS CRITERIA / MONITORING EFFECTIVENESS

This Policy will be reviewed by the Document Manager on the date shown on page one or before, if any changes are necessary as a result of an incident.

Any subsequent issues/findings resulting from the review will be incorporated in the new version of the document.

The results of the evaluation will be formally documented and records kept of any discussions relating to the monitoring of the document for audit purposes.

Evidence to confirm adherence to these policy requirements will be audited by the Responsible Officer to ensure that:
- the Trust has adopted a strengthened appraisal system including multi source feedback as part of a robust revalidation process;
- all concerns about doctors are managed by the procedures outlined in this policy.
- Non-compliance must be reported.

10 REVIEW

10.1 This document may be reviewed at any time at the request of either at staff side or management, but will automatically be reviewed twelve months from initial approval and thereafter on a bi-annual basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

11 REFERENCES AND LINKS TO OTHER DOCUMENTS

This Medical Appraisal Guidance is supported by the two documents published by the GMC in April 2011;


2. Supporting information for appraisal and revalidation (http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp)

Solent NHS Trust Policy, HR17 Managing Performance of Medical and Dental Staff Policy

Solent NHS Trust Policy, HR04 Locum Medical and Dental Staff Policy

Solent NHS Trust Policy, Solent/Policy/CLS/06, Clinical Audit and Service Evaluation Policy
12 INDEMNITY
It is appropriate for appraisers who are not acting negligently to be
indemnified for their actions by the organisation. The organisation will provide
explicit assurance of indemnity for the appraiser.
### IMPACT ASSESSMENT

#### APPENDIX 1

<table>
<thead>
<tr>
<th>Step 1 – Scoping; identify the policies aims</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What are the main aims and objectives of the document?</td>
<td>To set out clear policy and direction for the mechanism of medical appraisal and revalidation across the Trust to ensure the delivery of a transparent and fair strengthened appraisal process capable of satisfying the General Medical Council (GMC) requirements for revalidation.</td>
</tr>
<tr>
<td>2. Who will be affected by it?</td>
<td>All medical staff</td>
</tr>
<tr>
<td>3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?</td>
<td>GMC Documents; Supporting information for appraisal and revalidation and Good Medical Practice Framework for appraisal and revalidation</td>
</tr>
<tr>
<td>4. What information do you already have on the equality impact of this document?</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Are there demographic changes or trends locally to be considered?</td>
<td>N/A</td>
</tr>
<tr>
<td>6. What other information do you need?</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### Step 2 - Assessing the Impact; consider the data and research

<table>
<thead>
<tr>
<th>1. Could the document unlawfully against any group?</th>
<th>Yes</th>
<th>No</th>
<th>Answer (Evidence)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Can any group benefit or be excluded?</td>
<td>X</td>
<td></td>
<td>Only applies to Medical Staff</td>
</tr>
<tr>
<td>3. Can any group be denied fair &amp; equal access to or treatment as a result of this document?</td>
<td>X</td>
<td>N/A</td>
<td>The procedure has, as its focus, a clear process to ensure good relations are maintained.</td>
</tr>
<tr>
<td>4. Can this actively promote good relations with and between different groups?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Have you carried out any consultation internally/externally with relevant individual groups?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you used a variety of different methods of consultation/involvement</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Capacity Act implications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)</td>
<td>X</td>
<td></td>
<td>Does not apply to patients</td>
</tr>
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</table>

If there is no negative impact – end the Impact Assessment here.