
MEDICAL APPRAISAL & REVALIDATION POLICY

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.

Purpose of Agreement	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.
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SUMMARY OF POLICY

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.

The Policy defines the responsibilities of key staff involved in Medical Appraisal. It is supplemented by links to separate documents which provide further information.

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MEDICAL APPRAISAL AND REVALIDATION POLICY

1. INTRODUCTION & PURPOSE

- 1.1 This policy document states Solent NHS Trust's requirements and approaches to Medical Appraisal and Revalidation for Doctors. Dental colleagues are appraised under the General Dental Council (GDC).
- 1.2 Revalidation of licensed medical Doctors is a process by which Doctors have to demonstrate to the General Medical Council (GMC) that they are up to date and Fit to Practice and that they are complying with relevant professional standards.
- 1.3 Revalidation is a statutory national process for all Doctors who wish to continue to practice. It is supported by an appraisal process.
- 1.4 The four purposes of Medical Appraisal are:
 - 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* and to inform the Responsible Officer's (RO) revalidation recommendation.
 - To enable doctors to enhance the quality of their professional work by planning their professional development.
 - To enable doctors to consider their own needs in planning their professional development.
 - To enable doctors to ensure that they are working productively and in line with the priorities and requirements of the organisation in which they practice.

(NHS Revalidation Support Team – Medical Appraisal Guide, Sept 2014)

The Trust supports the above four purposes and this policy outlines the Trust policy and process for appraisal to support revalidation.

2. SCOPE & DEFINITIONS

- 2.1 The purpose of this policy is to outline the requirements and arrangements for conducting the Appraisal and Revalidation of Medical Staff in the Trust, following direction by the General Medical Council and other relevant bodies.
- 2.2 Annual appraisal is a contractual requirement for non-training Doctors (Consultants, Speciality and Associate Specialist Doctors (SAS), General Practitioners and Doctors on honorary contracts). Solent NHS Trust medical appraisals are carried out between April-September each year. Staff commencing employment mid year should have an appraisal on joining and then realign the following year.
- 2.3 Medically qualified academic staff working for both the NHS and a higher education Institution should be appraised subject to the Follett Review principles, namely:
 - joint appraisal and performance review for clinical duties should be based upon the system that is used for NHS consultants,

- honorary and substantive contracts should be interdependent, with an obligation on both parties to inform the other about any issues relating to appraisal, job planning, discipline and dismissal.

2.4 For General Practitioners, appraisal is arranged via their Responsible Officer at NHS England.

3. PROCESS/REQUIREMENTS

3.1 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. The GMC 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.

Appraisal Protocol - The Appraisal process is comprised of five phases:

Phase 1 – Preparation work and information gathering by both appraiser and appraisee.

Phase 2 – Appraisal discussion including a review of the previous years' PDP

Phase 3 – Completion of documentation including Appraisal Toolkit.

Phase 4 – Review and signed off by trust approved appraiser.

Phase 5 – Appraisal will be deemed complete when Medical Appraisal Guide (MAG) form (locked down) and appraiser feedback form is returned to the Medical Directorate Business Manager. This should be done within 28 days after the appraisal meeting.

3.2 Solent NHS Appraisal Arrangements

It is the responsibility of the appraisee to organise their own appraisal. A list of Trust approved appraisers is available from the Business Manager. An appraisee can retain the same appraiser for no more than three years, and that appraiser can be from the same or a different speciality to the appraisee. Appraisees may reasonably request allocation of a different appraiser.

Multisource feedback must be obtained at least once in each five year revalidation cycle. Patient and Colleague feedback is provided using the system from FourteenFish. Alternative systems better suited to the specific needs of certain specialties may also be used with prior agreement.

Evidence of participation in Audit or Quality Improvement Projects is expected annually.

Informal Trust guidance on appraising doctors from different specialities is available and relevant information is also available from the Academy of Medical Royal Colleges website.

3.3 **Documentation & Supporting Evidence**

Information to support appraisal should be saved throughout the course of the year. Preparation prior to appraisal, completing the domains in accordance with the Medical Appraisal Guide (MAG) should be undertaken well in advance of the appraisal date to ensure that this is available to the appraiser for review at least two weeks before the appraisal meeting. Once the appraisal has been completed, the appraiser must lock the MAG form down and send this to the Business Manager within 28 days of the appraisal date. The appraisal will only be regarded as complete once this has been done.

Both Solent NHS Trust and the appraisee will need to retain copies of the appraisal documentation. The appraisee should retain and add to their supporting documentation in an appraisal folder. All supporting information and appraisal reports must be made available if requested.

3.4 **Appraisal Discussion**

The Appraisal will cover all areas of the Doctor's practice which will include roles and responsibilities that may well be held outside of the Trust. The expectation is that the Doctor will provide supporting information concerning roles that are held outside the Trust. For example:

- Training Programme Director
- Head of School
- Position within the Royal College
- Work for the Department of Health
- Secondment to other organisations
- Private or other independent practice
- Academic appointments

The information the Doctor contributes may include all of those listed above and a description of the scope of work undertaken in all medical roles. It is expected that the Doctor will reflect on the feedback about their practice including their Continuing Professional Development activities, case reviews, peer review of their activities, their management activities, information about challenges, aspirations and development needs and information about health and probity.

Doctors have a professional responsibility to include relevant information from all medical roles across the whole scope of practice in the revalidation portfolio. All complaints, serious incidents and compliments relating to the Doctor should be included and the expectation is that the Doctor will reflect on all such events.

Information regarding complaints and incidents for each doctor should be verified with the Quality and Professional Standards Team by emailing snhs.solentfeedback@nhs.net and the riskmanagementteam@solent.nhs.uk supplying their name and workplace. It is expected that each doctor will include this in the evidence for appraisal.

3.5 **The Outcomes of the Appraisal**

In order for the Personal Development Plan (PDP) to be embedded in the job planning process, the output from the appraisal should include a new Personal Development Plan (PDP). The PDP is an itemised list of personal objectives for the coming year, with an indication of the period of time in which objectives should be completed. The PDP should also be discussed with the Doctor's Medical Line Manager with job planning.

A summary of the appraisal should also be agreed. This should cover, as a minimum, evidence of a discussion about last years' PDP; a report on each part of the supporting information and the doctor's accompanying commentary, including the quality and the extent to which the supporting information relates to the doctor's scope of work, explanations as to how any deficiencies have occurred, and recommendations on how, if appropriate, the doctor should develop an approach to their supporting information and commentary the following year.

The appraiser will be expected to confirm a series of Statements of Assurance, agreed with the Doctor, to help inform the RO's decision on whether to recommend to the GMC that a doctor be revalidated. These statements should confirm that:

- An appraisal has taken place that reflects the whole of a doctor's scope of work and addresses the principles and values set out in *Good Medical Practice*.
- Appropriate supporting information has been presented in accordance with the *Good Medical Practice Framework for Appraisal and Revalidation* and this reflects the nature and scope of the doctor's work.
- A review that demonstrates appropriate progress against last year's Personal Development Plan has taken place.
- An agreement has been reached with the doctor about a new Personal Development Plan and any associated actions for the coming year.
- No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise.
- In the event that an appraiser feels unable to make these statements, this should be discussed with the RO – it does not necessarily mean that revalidation cannot take place. There may be a number of reasons for this, such as a doctor being unable to complete their PDP due to a period of sickness.

3.6 **Management of concerns raised during the appraisal process**

If issues with clinical performance are raised within an Appraisal it may be that concerns about poor performance emerge. Both Appraiser and Doctor need to recognise that as registered medical practitioners they must protect patients if they believe that a colleague's health, conduct or performance is a threat to patients (GMC Good Medical Practice, para 25).

A concern about a doctor's practice may arise in a number of different ways, through an incident where there has been harm / potential of harm to a patient, member of staff or the organisation, where there is a pattern of repeated mistakes or behaviours which are inconsistent with the professional and Trust standards.

If, as a result of the appraisal process, the Appraiser believes that the activities of the Doctor are such as to fall under the examples given above, the appraisal process may be stopped. A robust assessment of the likely cause of the concerns should be made, with particular regard to whether the concerns may relate to performance, conduct or health issues. Maintaining High Professional Standards should be referred to.

If during the appraisal interview the appraiser becomes aware of a serious issue whether it is a health, conduct or performance matter requiring further investigation then the appraiser should notify the appraisee that the issue will need to be escalated to the Responsible Officer (RO) and/or the Chief Medical Officer (CMO) who will determine what action should follow. Appraisal records are exempt from the Freedom of Information Act. They will be accessed by the Responsible Officer for the purposes of Revalidation and will be accessed for the purpose of quality assurance.

3.7 Job Planning

All non-training Doctors will participate in the Solent NHS Trust Job Planning process which takes place between November and March. Outputs from both appraisal & job planning processes will inform and complement each other, and will overlap to some extent with Continuing Professional Development and Personal Development Plans, so that personal development, quality & organisational goals can be integrated.

3.8 Appraisers and Appraiser Support

Expressions of interest are welcomed in order to become a Trust approved appraiser. Appraisal for Revalidation training is then provided. The Decision Making Group (DMG) at the recommendation of the Appraisal Lead will make periodic decisions about adding or removing appraisers to the approved list of appraisers.

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.

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 calendar year to ensure appraisal practice is up to date and high quality. Attendance at these groups will be managed by the Business Manager.

Solent NHS Trust recognises the importance of appropriate training for staff. Appraiser training for all appraisers is mandatory to ensure quality and adherence to this policy. Appraisers should usually undertake a minimum of 2 and a maximum of 5 appraisals yearly.

3.9 Progress to Revalidation

Revalidation of all non-training Doctors is required every five years and is based on comprehensive 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.

3.10 Quality Assurance for Appraisals and Revalidation

The quality of appraisal 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, 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. It is a requirement that appraisees are asked for feedback on their experience of appraisal annually via a feedback form. The Appraisal Lead and Medical Directorate will coordinate and evaluate the responses.

The Decision Making Group (DMG), consisting of the Chief Medical Officer (Responsible Officer for Revalidation), Director of Medical Education (DME), Appraisal Lead, Business Manager and HR, meets monthly to review progress of doctors approaching revalidation. Quality Assurance of appraisals is done using a recognised QA tool.

4. ROLES & RESPONSIBILITIES

4.1 Appraisal Lead:

The Appraisal Lead will support the Chief Medical Officer (RO) to -

- Ensure that all non-training Doctors undergo enhanced annual appraisal,
- Ensure that appraisers are appropriately trained and 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.

4.2 Responsible Officer:

- Overall responsibility for operation of appraisal system for all non-training Doctors,
- Makes recommendations to GMC on doctors' fitness for revalidation based on 5 years' appraisals,
- Accountable to the Trust Board and makes annual reports to them,
- The Responsible Officer needs to undergo an appraisal and be revalidated every five years. Recommendations for revalidation will then be made by the RO at the NHSE Regional Office.

4.3 Appraisers:

Appraisers will be identified by the Medical Directorate Business Manager, 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.
- Will receive time recognition through the Job Planning Process.

4.4 Appraisees:

Appraisees are personally responsible for -

- Ensuring that they organise and 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,
- 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,
- 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 provide feedback on the experience of appraisal within 28 days using the approved forms to the Medical Directorate Business Manager,
- Ensure they have completed at least one 360° feedback, including patient and colleague, within each revalidation cycle.

4.5 **Medical Directorate Business Manager:**

The Medical Directorate Business Manager is responsible for:

- Coordinating and providing administrative support to the appraisal and revalidation process with the assistance of the PA to the Chief Medical Officer,
- 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 doctors to be appraised. If levels fall below that agreed (ratio of 1:4 (appraisers to doctors)), a recruitment process will be triggered.
- Providing quarterly reports of appraisal compliance to NHS England and the Responsible Officer who will supply appraisal rates to the Assurance Committee and Trust Board,
- Developing and maintaining resources on the Solent NHS Trust Medical Directorate Intranet pages.

4.6 **The Head of Research and Clinical Audit is responsible for:**

- Clinical Outcomes,
- Documentation on trust audit.

4.7 **Quality and Professional Standards Team will:**

- When requested by appraisee, provide and report about Serious Incidents (SIs), complaints and incidents for their appraisal. It is expected that every doctor will request such a report every year.

4.8 **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.

4.9 **The Trust:**

- Appraisees must not be held accountable for actions or inactions of the Trust that prevent Appraisees successfully engaging in the process of Appraisal and Revalidation.

5. **TRAINING**

Training for appraisers will be co-ordinated by the Appraisal Lead in conjunction with the Medical Directorate Business Manager. Serial non attendees (expectation is

attendance at one meeting per calendar year) will be referred to the Responsible Officer. Appraisers with extenuating factors eg sick leave will be referred to the Appraisal Lead.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

Solent NHS Trust is committed to treating people fairly and equitably regardless of their age; disability; gender; 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.

7. 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.

8. REVIEW

This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

- Solnet appraisal pages (under development)
- NHS England:

Doctors Appraisal Checklist

[NHS medical revalidation » Doctor's medical appraisal checklist](#)

Medical Appraisal Guide (MAG)

[NHS medical revalidation » Medical appraisal guide \(MAG\) model appraisal form](#)

- New Appraiser Training Resource Pack

<https://www.england.nhs.uk/revalidation/appraisers/app-train-sup/>

- Academy of Medical Royal Colleges

www.aomrc.org.uk

- Informal Trust guidance on appraising doctors from different specialities. Appendix Three. Also on Solnet.
- Improving the Inputs to Medical Appraisal, NHS England, April 2016
<https://www.england.nhs.uk/revalidation/appraisers/improving-the-inputs-to-medical-appraisal/>
- Quality Assurance of Medical Appraisers, NHS England, January 2014
<https://www.england.nhs.uk/revalidation?s=Quality%20assurance%20of%20medical%20appraisers>
- Good Medical Practice, GMC 2013
http://www.gmc-uk.org/guidance/good_medical_practice.asp
- Good Medical Practice Framework for Appraisal & Revalidation, GMC 2013
http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp
- Supporting Information for Appraisal & Revalidation, GMC 2012
http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp
- Process for Responding to Requests for Information from Professional and Quality Standards Team (complaints, incidents etc.)
<http://solent/corp/dir/Medical%20Appraisal/Forms/AllItems.aspx>
- Maintaining high professional standards in the modern NHS
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4103586

10. GLOSSARY

Definitions:

Revalidation: The process by which Doctors will have to demonstrate to the General Medical Council that they are up to date and Fit to Practice and that they are complying with the relevant professional standards.

(RO) Responsible Officer: Legislative requirement to have an RO, who is usually the Chief Medical Officer. The RO is responsible for making the recommendation to the GMC about a doctor's fitness to practice and revalidation. Revalidation will usually occur every five years. The recommendation of the RO is based on annual appraisals and other relevant supporting information from the previous 5 year cycle.

CMO: Chief Medical Officer.

Appraisal: An open, honest and fair discussion between a doctor and appropriately trained medical appraiser providing the opportunity for both individuals to have a constructive dialogue about the doctors performance, development needs and to agree a set of objectives for both these areas.

Remediation: Is the process of addressing performance concerns (knowledge, skills and behaviours) which arise through the appraisal process or which are identified through the appraisal process.

Appraiser: Doctor who has undergone relevant training to undertake medical appraisal for the purposes of revalidation.

Doctor: Doctor being appraised.

SI: Serious Incident.

GMC: General Medical Council: Medical Professional governing body.

NHS England: Designed the Medical Appraisal Guide (MAG) to help doctors understand what they need to do to prepare for and participate in Appraisal and to help appraisers and designated bodies ensure that appraisal is carried out consistently and to a high standard.

Designated Body: Under the GMC and revalidation process, the Trust is a designated body for the purposes of revalidation.

CPD: Continuing professional development: evidence that doctors have undertaken additional training, coaching, mentoring, reflective writing in order to develop themselves in line with the requirements of their role and professional body.

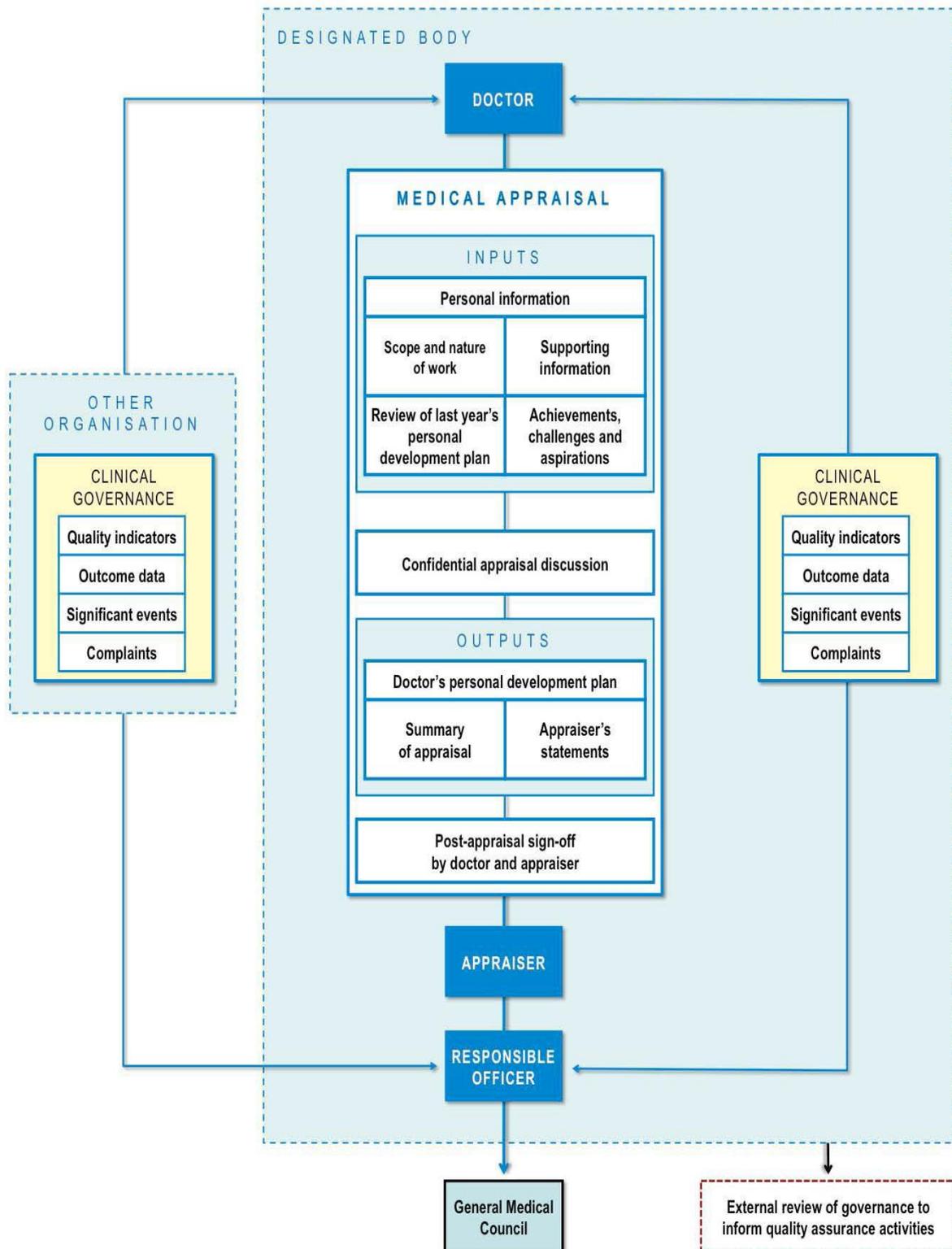
MHPS: Maintaining High Professional Standards: statutory guide on dealing with ill health and performance issues with medical and dental staff.

MAG Form: Medical Appraisal Guide Model Appraisal Form. NHS England, 2016.

SAS Doctors: Specialty and Associate Specialist.

APPENDIX 1

The relationship between appraisal and clinical governance



APPENDIX 2

Medical Appraisal Feedback Questionnaire

This questionnaire should be completed by the doctor and sent to snhs.SolentMedicalAppraisal@nhs.net when the post-appraisal sign-off has been completed.

Name of doctor			Date of appraisal meeting				
Name of medical appraiser			Duration of appraisal meeting				
			Poor	Borderline	Satisfactory	Good	Very Good
			1	2	3	4	5
The Organisation							
Management of the appraisal system							
Access to the necessary supporting information							
Comments							
The appraiser			1	2	3	4	5
Their preparation for my appraisal							
Their ability to conduct my appraisal							
Their ability to review progress against last year's personal development plan							
Their ability to help me review my practice							
Comments							
The appraisal discussion			1	2	3	4	5
Usefulness for my professional development							
Usefulness in preparation for revalidation							
Usefulness of my new personal development plan							

APPENDIX 3

Speciality Specific Guidance for Appraisers

The most up to date version of this information will be available on the Appraisers page of the Solent Solnet website, together with checklists for each speciality.

All Doctors

Solent doctors participate in the appraisal process within the principles of *Good Medical Practice* (GMC) and *The Medical Appraisal Guide* (NHS Revalidation Support Team). See the Appraisal Policy for links to the relevant documents.

Appraisers and appraisees may not work within the same speciality, and these notes are a brief, and not necessarily exhaustive, summary of the key appraisal evidence required for the various specialties employed within Solent, to aid appraisal preparation and discussion. If appraisers become aware of changes in their speciality appraisal requirements, please inform the Appraisal Lead or Business Manager so that this document can be updated accordingly.

<http://www.aomrc.org.uk/revalidation-cpd/cpdfags/>

Contraception, Sexual and Reproductive Health (CSRH)

Faculty of Sexual and Reproductive Health (FSRH)

A doctor who holds Member of Faculty of Sexual and Reproductive Health (MFSRH) or Fellow of Faculty of Sexual and Reproductive Health (FFSRH) must re-certify this every 5 years and submit a CPD diary for these 5 years. Holders of any of the three Letters of Competence (LOC): LOC subdermal implants, LOC Intrauterine techniques (“coil fitting”) and LoC Medical Educator (previously Faculty Registered Trainer) must re-certify these 5 yearly (see FSRH website for programme). All Sexual Health doctors in Solent who came from a Community Sexual and Reproductive Health (Family Planning) background are expected to hold these or be working towards them, so this should be reflected in their Personal Development Plan (PDP) and Continuing Professional Development (CPD).

Genito Urinary Medicine

The CPD programme is that of the Royal College of Physicians. Doctors in Genito Urinary (GU) medicine should in addition to the Membership of the Royal College of Physicians (MRCP) hold the Diploma of GU Medicine (DipGUM), and if consultant grade or with CCT will also hold Diploma in HIV Medicine (DipHIV).

Doctors who come from CSRH background are expected to get Sexually Transmitted Infections Foundation (STIF) competencies and attend a STIF (Sexually Transmitted Infections Foundation) course every 3 years. Every doctor will be expected to participate actively or take the lead in a GU or Sexual and Reproductive Health (SRH) audit/Quality Improvement (QI) project relevant to their work.

Adult Mental Health/Old Age Psychiatry/Substance Misuse/Neuro psychiatry/ Child and Adolescent Mental Health Service (CAMHS)

College guidelines (not specific to any sub-specialty of psychiatry)

1. Royal College of Psychiatrists CPD certificate.
2. Evidence of at least two Case Based Discussion in a year-with reflection/discussed in peer group.
3. Evidence of being part of peer group within the sub-specialty (minutes, attendance and learning).
4. If Section 12 approved, evidence of an up to date certificate from the regional authority.
5. Audit and other quality improvement activity should reflect the breadth of professional work over each 5 year revalidation period, demonstrating regular participation in activities

that review and evaluate the appraisee's quality of work. Personal & local audits (for example medical record-keeping against agreed standards) should be carried out in addition to bigger projects. Participation in National audits is also encouraged where appropriate.

<http://www.rcpsych.ac.uk/files/pdfversion/CR194.pdf>

Community Paediatrics

- Royal College of Paediatrics and Child Health (RCPCH) certificate of CPD.
- Membership of speciality group BACCH (British Association of Community Child Health).
- If working in LAC (Looked after Children) / Adoption, membership of BAAF (British Association of Adoption and Fostering).
- Scope of work should reflect multidisciplinary working.
- Mixed roles are possible (e.g. with acute paediatrics, audiology and GP) or very specialised (LAC/ Adoption only, Enuresis only, Audiology only).
- Complete appropriate CPD - 250 credits in 5 years (minimum 125 external & 200 clinical in 5 years).
- To complete 10 individual reflective notes each year, if possible (within CPD)
- Peer Group Review evidence.
- Demonstrate one clinical case and one clinical outcome OR two clinical cases annually at appraisal.
- Essential Training Update including Paediatric and Adult Basic Life Support (BLS).
- Safeguarding training Level 3.
- Audits/QI reflecting NICE guidance.
-

Elderly Care Medicine

Royal College of Physicians CPD registration and compliance.

Maintain knowledge including appropriate National Institute of Clinical Excellence (NICE) guidelines.

Evidence of Quality Improvement e.g. audit, case reflection.

Mortality and Morbidity data and reflection.

Neuro Rehab

1 Royal College of Physicians CPD registration and compliance.

2 Demonstrate being up to date with management of common and uncommon diseases.

3 Case presentations.

4 Evidence of Quality Improvement activity such as audits (either self, or with others), reflection on cases, learning from complaints, and other activities.

5 Educational supervisors should comply with Wessex Deanery requirements for that role, including 3 yearly updates.

6 Appraisal of any other roles – e.g. management, Deanery, with the appropriate line manager.

APPENDIX 4

Equality Impact Assessment

<u>Step 1 – Scoping; identify the policies aims</u>	Answer		
1. What are the main aims and objectives of the document?	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.		
2. Who will be affected by it?	All medical staff		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	GMC Documents; Supporting information for appraisal and revalidation and Good Medical Practice Framework for appraisal and revalidation		
4. What information do you already have on the equality impact of this document?	N/A		
5. Are there demographic changes or trends locally to be considered?	N/A		
6. What other information do you need?	N/A		
<u>Step 2 - Assessing the Impact; consider the data and research</u>	Yes	No	Answer (Evidence)
1. Could the document unlawfully against any group?		X	
2. Can any group benefit or be excluded?	X		Only applies to Medical Staff
3. Can any group be denied fair & equal access to or treatment as a result of this document?		X	
4. Can this actively promote good relations with and between different groups?	X		The procedure has, as its focus, a clear process to ensure good relations are maintained.
5. Have you carried out any consultation internally/externally with relevant individual groups?		X	
6. Have you used a variety of different methods		X	

of consultation/involvement			
Mental Capacity Act implications		X	Does not apply to patients.
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)			

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

<u>Step 3 - Recommendations and Action Plans</u>	Answer
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	
<u>Step 4- Implementation, Monitoring and Review</u>	Answer
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	
<u>Step 5 - Publishing the Results</u>	Answer
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	

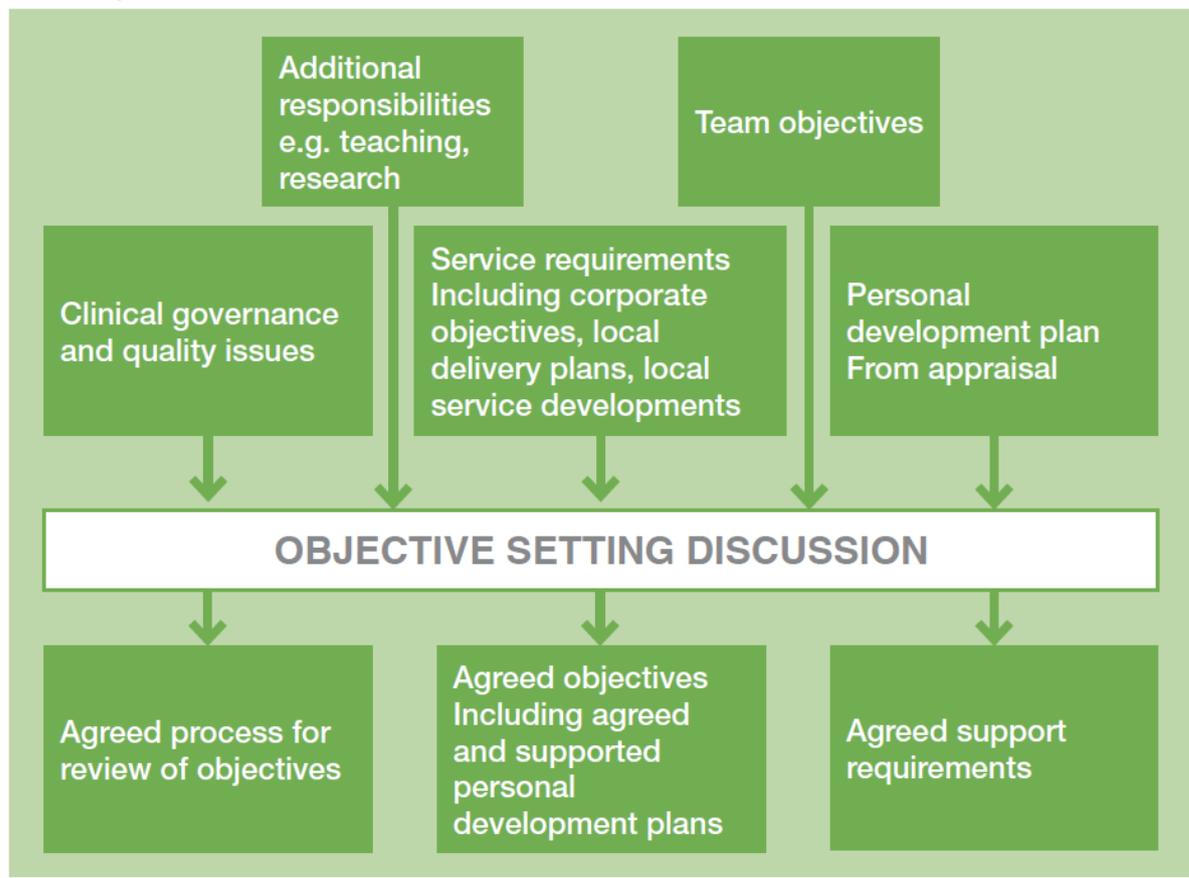
****Retain a copy and also include as an appendix to the document****

APPENDIX 5

Job planning

1. Job planning is a prospective, professional agreement that sets out the duties, responsibilities, accountabilities and objectives of NHS Consultants and SAS doctors and the support and resources provided by their employer in the coming year.
2. Job planning articulates the relationship between organisation and doctor built around the use of (SMART) objectives. There should be clarity of the relationship between individual objectives and the objectives of the wider organisation.
3. Effective job planning is considered a key mechanism through which doctors and managers can agree, monitor and deliver the shared responsibility of improving standards of care and outcomes for patients within the context of the demands placed on their healthcare employer.
4. The Job planning process should be signed off by the Local Negotiating Committee (LNC).
5. Job planning should be:
 - a. undertaken in a spirit of collaboration and cooperation and completed in good time,
 - b. reflective of the professionalism of being a doctor,
 - c. focused on measurable outcomes that benefit patients,
 - d. consistent with the objectives of the NHS, the organisation, teams and individual,
 - e. transparent, fair and honest,
 - f. flexible and responsive to changing service needs during each job plan year,
 - g. fully agreed and not imposed,
 - h. focused on enhancing outcomes for patients whilst maintaining service efficiency,
 - i. not be carried out in isolation but form part of a dynamic, patient-focused process which incorporates organisational, team and individual objectives.
6. The Job plan, should include the following information:
 - a. what work the doctor does for the NHS organisation,
 - b. the objectives to be achieved by the doctor and supported by the employer(s),
 - c. when that work is done and where it is done,
 - d. how much time the doctor is expected to be available for work,
 - e. what this work (quantified) will deliver for the employer(s), employee and patients,
 - f. what resources are necessary for the work to be achieved,
 - g. what flexibility there is around the above,
 - h. the working relationships and interactions, if any, that the doctor may have outside his/her primary role for the employer.
7. The nature of a doctor's personal objectives will depend in part on his or her specialty, but they may include objectives relating to:
 - a. quality,
 - b. activity and efficiency,
 - c. clinical outcomes,
 - d. clinical standards,
 - e. local service objectives,
 - f. management of resources, including efficient use of NHS resources,
 - g. service development,
 - h. multi-disciplinary team working,

- i. protocols, policies, procedures and work patterns to be followed.
8. Where objectives are set in terms of output and outcome measures, these must be reasonable and agreement should be reached. The objectives will set out a mutual understanding of what the doctor will be seeking to achieve over the annual period that they cover and how this will contribute to the objectives of the employing organisation.
 9. Objectives should cover all aspects of a doctor's role; direct clinical care (DCC), supporting professional activities (SPAs) including personal development. Objectives should remain focused on key strategic and service aims.
 10. The inputs and outputs that doctors and managers should consider as part of an objective setting discussion for individual and doctor teams are shown:



11. The awarding of Clinical Excellence Awards (CEA) to consultants is dependent on participation in the Job planning process.
12. The Job plan is an opportunity to discuss the availability of support and resources for doctors to undertaken their duties.
13. The Job planning process includes a formal, planned Job planning meeting between a doctor and their Clinical Director (line manager).
14. In addition to the formal job planning meeting, one to one meetings or 'touch points' should be undertaken at planned intervals (typically monthly, aiming for 9 meetings per year) throughout the year between each doctor and their medical line manager/supervisor. These meetings offer the opportunity to identify and address any issues in relationship to the

doctor's work on an on- going basis throughout the year. The Job planning process and meeting should be based on an agreed documented appropriately formatted for both appraiser and appraisee and reflecting their individual needs. This should be agreed at both organisational and LNC level.