

APPRAISAL POLICY FOR MEDICAL STAFF

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1. INTRODUCTION

- 1.1 Appraisal for NHS doctors involves a process of constructive dialogue in which the appraisee has a structured opportunity to reflect on his/her work and contribution to the Trust, consider how his/her effectiveness might be improved and explore opportunities for development and progression. The employer has opportunity to give the doctor feedback on their performance, to consider their contribution to improving the quality of services locally, to identify any resource or development needs and to agree plans for these needs to be met. The Medical Appraisal Policy and processes have been updated in response to Sir Keith Pearson's independent review of revalidation, "Taking Revalidation Forward" (GMC 2017) and GMC guidance on Supporting Information for Appraisal and Revalidation (GMC May 2018).
- 1.2 Somerset Partnership NHS Foundation Trust (SOMPAR) wants its doctors to have a positive experience of appraisal and revalidation and for revalidation to support the care doctors offer to patients by reducing unnecessary burdens and bureaucracy for doctors, so there is better balance between reflection, development and compliance with revalidation requirements.
- 1.3 Annual appraisal for medical staff has taken on a new significance in light of the requirement for revalidation introduced by the General Medical Council (GMC) in 2012. The purpose of revalidation is to ensure that doctors remain up to date and continue to be fit to practise. It aims to support doctors in their professional development, to contribute to quality improvement and patient safety and to sustain and improve public confidence in the profession. It also aims to identify the small proportion of professionals who are unable to remedy significant shortfalls in their standards of practice and remove them from the register of doctors. For most doctors revalidation will take place every five years.
- 1.4 Revalidation will rely on recommendations from Responsible Officers, who will, amongst other things, base their conclusions on the outputs from local appraisal systems. As a consequence the GMC will need assurance that local systems and processes function effectively in distinguishing between satisfactory and unsatisfactory performance and that Responsible Officers are making correct and valid recommendations. This policy sets out how appraisal for medical staff in Somerset Partnership NHS Foundation Trust (referred to in this document as "The Trust" or "Somerset Partnership" interchangeably) will comply with and contribute to these requirements.
- 1.5 From its inception it was proposed that appraisal should follow a set format using standardised documentation to ensure that individual NHS employers recorded appraisal consistently. This documentation was prepared with the General Medical Council's (GMC) revalidation proposals in mind. The GMC has produced two core documents relating to the implementation of revalidation of all doctors in the United Kingdom. These documents are the following:-
 - The Good Medical Practice Framework for Appraisal and Revalidation
 - Supporting Information for Appraisal and Revalidation
 - Continuing professional Development
 - Quality Improvement Activity

- Significant Events
- Feedback from Colleagues
- Feedback from Patients
- Review of complaints and compliments

2. PURPOSE & RATIONALE

- 2.1 This policy sets out the procedures associated with the appraisal of medical staff within the Trust in light of national guidance including procedures for revalidation. It describes requirements for doctors in the role of both appraiser and appraisee.
- 2.2 The policy applies to all medical staff who have a licence to practice, including consultants, specialty doctors and associate specialists (SAS doctors) employed by Somerset Partnership NHS Foundation Trust where the doctor has a prescribed connection with the Trust. It applies to temporary staff in post and doctors acting as medical managers employed by the Trust. Revalidation of doctors working for the Trust employed by a different organisation or through local agencies is managed by the organisation with which they have a prescribed connection. Revalidation of doctors in training is managed through Health Education England South West (HEESW), as the designated organisation for revalidation of trainees.

3. DUTIES AND RESPONSIBILITIES

- 3.1 Duties in respect of the requirements of this document are as follows:-
- The **Trust Board** has overall responsibility for procedural documents and delegates responsibility as appropriate.
 - The **Chief Executive** is accountable to the Trust Board for the appraisal process, including arrangements to ensure appraisers are appropriately trained, ensuring adequate resources are available to support the process and providing an annual report on appraisal to the Trust Board. Responsibility for this role is delegated to the Medical Director who is also the Responsible Officer.
 - The **Responsible Officer** has a statutory responsibility for evaluating the fitness to practice of doctors with a prescribed connection to the Trust. The Responsible Officer will ensure that appraisal is carried out to a good standard, work with doctors in addressing any shortfalls, ensure any concerns or complaints have been addressed, oversee formal investigations and collate this information to support a recommendation on the revalidation of individual doctors to the GMC.
 - The **Identified Lead (Author)** is the **Medical Appraisal Lead** and will be responsible for the coordination of medical appraisal within the Trust, overseeing the appraisers, providing quality assurance of the appraisal process including appraiser outputs and reporting to the Responsible Officer and Chief Executive. The Identified Lead will be responsible for updating the Medical Appraisal Policy in consultation with the Medical Revalidation Steering Group, Medical Appraiser Peer Group and the LNC.

- Responsibility for implementing the policy is devolved to the **Medical Appraisers**.
- **All Medical staff**, including temporary staff, are individually responsible for their actions including complying with this policy.

3.2 **Consultation and Communication with Stakeholders.** The process for consultation and communication with stakeholders is summarised in the Document control front sheet and the Contribution list.

3.3 **Approval of the Guidelines.** This document is approved in agreement with the Local Negotiating Committee.

4. DEFINITIONS

- **Appraisal** A process that aims to improve individual performance through personal development. It is a two way, positive, forward looking, developmental procedure in which the appraisee reflects on their performance, their continuing progress is charted and training needs are identified.
- **Appraiser** A doctor who possesses the skills and has undergone appropriate training to carry out appraisal.
- **Appraisee** The doctor undergoing appraisal.
- **ARCP** Annual Review of Competence Progression.
- **BMA** British Medical Association.
- **Clinical Governance** A system through which Health Care Organisations are responsible for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish.
- **CPD** Continuing Professional Development.
- **CME** Continuing Medical Education.
- **Designated Body** An organisation that provides medical staff with an annual appraisal and helps them with revalidation. For most doctors, the designated body is the Trust in which they are employed by.
- **GMC** General Medical Council.
- **HEE SW** Health Education England South West.
- **Line Manager** refers to the person who has medical line management responsibility for the work of the doctor. This is the medical practitioner who is immediately responsible for the doctor's clinical and professional performance.
- **LNC** Local Negotiating Committee (British Medical Association)
- **Medical Appraisal Lead** is a licensed Medical Practitioner with appropriate seniority who is responsible for the implementation of policies, procedures and systems relating to appraisal, including setting date of appraisal for each doctor, providing leadership, training and support to the team of appraisers,

supporting the Responsible Officer in developing appraisal and revalidation processes, carrying out quality assurance of appraisals and monitoring of new appraisers. The Medical Appraisal Lead is professionally accountable to the Responsible Officer.

- **Multi-source feedback/360° Assessment** A tool to obtain the views of patients or colleagues on a doctor's performance. This is usually a questionnaire circulated to a group of patients and colleagues with whom the doctor works on a regular basis. The summary of the data can then be used as part of the information to inform appraisal.
- **PDP** Personal Development Plan.
- **Remediation** is the process of addressing performance concerns (knowledge, skills and behaviours) that have been recognised through assessment, investigation, review or appraisal, so that the practitioner has the opportunity to practice safely. It is an umbrella for all activities, which provide help; from the simplest advice through formal mentoring, further training, re-skilling and rehabilitation.
- **Revalidation** A formal affirmation that a licensed doctors remains up to date and continues to be fit to practice. Evidence of annual appraisal within a managed organisation with appropriate documentation indicating that a doctor's practice is in accordance with GMC standards is likely to fulfil the requirements of revalidation.
- **Responsible Officer** A licensed medical practitioner with appropriate seniority (either a Board member or reporting directly to a Board member), usually a Medical Director. Responsible Officers will lead on local systems relating to fitness to practice. They will ensure that appraisal is carried out to a good standard, work with doctors in addressing any shortfalls, ensure any concerns or complaints have been addressed, oversee formal investigations and collate this information to support a recommendation on the revalidation of individual doctors to the GMC.
- **SAS grade doctors** Specialty doctors, Associate specialists and Staff grades.
- **SMSAG** Senior Medical Staff Advisory Group

5. POLICY STATEMENT

5.1 Roles and responsibilities

Duties and responsibilities in relation to this policy are set out in Section 3 above. The information below provides additional detail on the roles and responsibilities of the appraiser, appraisee and Responsible Officer.

5.1.1 The appraisee

- 5.1.1.1 All consultants and SAS grade doctors employed by the Trust are required to make arrangements for an annual appraisal and to prepare and maintain a portfolio of information electronically for appraisal purposes. The doctor also has a professional responsibility to include all relevant information from the whole scope of practice including paid private practice and medical roles undertaken on

a voluntary basis. The contents of the portfolio and the outputs from appraisal will also provide the basis for revalidation.

5.1.1.2 The appraisee must comply with all aspects of this policy and cooperate with the doctor conducting the appraisal in order to complete the appraisal process and provide the necessary returns to the Responsible Officer for the purposes of revalidation. In circumstances where the appraisee and appraiser cannot reach agreement then any points of disagreement should be referred to the Medical Appraisal Lead or where the Medical Appraisal Lead is conducting the appraisal, the dispute should be referred to the Clinical Director. Pay progression for consultants will be approved by the Chief Executive only if the doctor engages with annual appraisal and revalidation.

5.1.1.3 Annual appraisals for doctors in training are undertaken through the annual review of competence progression (ARCP) process of Health Education South West (HEE SW).

5.1.1.4 For senior medical staff (consultants, including Clinical Directors and SAS grade doctors), annual appraisal will be undertaken by a trained Medical Appraiser. For the Medical Director, the appraiser is nominated by the NHS England Tier 2 Responsible Officer.

5.1.2 **Designated Bodies.** In the case of a doctor working for another NHS Trust in addition to Somerset Partnership, one organisation will need to be identified as the designated body to which the individual has a prescribed connection for the purposes of revalidation. The rules for prescribed connections are set out in the Responsible Officer regulations (Medical Profession (Responsible Officers) Regulations 2010). That organisation will also be the lead Trust for appraisal purposes. If the lead Trust is Somerset Partnership, the Medical Director will act as the Responsible Officer for the purposes of revalidation.

5.1.3 **Locum doctors** employed through bank or agency and General Practitioners employed on bank, service and casualty fund contracts have appraisal arrangements co-ordinated through their Locum Agency or NHSE. NHS England or the RO through their locum agency is the designated body for these doctors and they will relate to their Responsible Officer for the purpose of revalidation.

5.1.4 **The appraiser**

5.1.4.1 The role of the appraiser is to:

- manage the process of the review meeting
- manage the content of the review meeting
- record jointly agreed outcomes of the appraisal
- assist in the planning of development needs
- make a recommendation to the Responsible Officer.

5.1.4.2 The quality of the medical appraiser workforce is a key determinant of the effectiveness of the appraisal system. A specialist medical appraiser who undertakes the annual appraisal review will always be both a licensed, registered medical practitioner, will be employed in a substantive consultant, or SAS grade post and will be trained to undertake annual appraisal reviews.

5.1.4.3 There may be some occasional instances whereby the appraisee expresses a strong preference for an alternative appraiser or where it is desirable to change appraiser before a period of three consecutive appraisals. In any of these circumstances, the alternative arrangements should be agreed with the Medical Appraisal Lead.

5.1.4.4 All doctors carrying out appraisals will be required to attend approved training and conduct at least five appraisals annually (see section 6). Appraisers must provide the necessary information to the Responsible Officer to allow him/her to perform his/her role in relation to revalidation. The Responsible Officer will maintain a register of doctors qualified to undertake medical appraisals and ensure that all appraisals are carried out by someone from the register.

5.1.4.5 The appraiser should be adequately trained in appraisal processes including specific training in active listening skills and in giving feedback. A standard set of competencies for appraisers has been developed by the Revalidation Support Team, which all medical appraisers will be expected to meet.

- professional responsibility – to maintain credibility as a medical appraiser
- knowledge and understanding – to understand the role and purpose of the medical appraiser and to be able to undertake effective appraisals
- professional judgement – to analyse and synthesise information presented at appraisal and to judge engagement and progress towards revalidation
- communication skills – to facilitate an effective appraisal discussion, produce good quality outputs and to deal with any issues or concerns that might arise
- organisational skills – to ensure the smooth running of the appraisal system, including timely responses and sufficient computer skills to be an effective medical appraiser

5.1.4.6 The appraisal role including the person specification and other core elements defined (Appendix 6) is included in the job descriptions for all appraisers. Appraisers undertaking appraisal of staff employed by Somerset Partnership (including whole practice appraisal where those doctors have other responsibilities outside the Trust) will be indemnified.

5.1.4.7 Appraiser skills should be reviewed and developed and this includes annual feedback on their performance in the role and periodic evaluation of knowledge and skills. This includes an annual review of development as an appraiser with a personal development plan that identifies areas for improvement. However, there is no need for separate appraisal review meetings for each aspect of a doctor's role (e.g. clinical, appraisal, management) and this is best done as an integrated whole-practice appraisal for the appraiser. There should be access to leadership training through the Appraisal Lead and peer support for discussion of challenging appraisals. Appraisers will have access to ongoing training.

5.1.4.8 In some subspecialties a peer who is more fully acquainted with the relevant area of skills or knowledge may be better able to undertake the assessment of specialist aspects of a consultant's clinical performance. The peer may be internal or external to the Trust depending on the clinical subspecialty. The appraisee can recommend peer review to the appraiser, or the appraiser can request it. This must be jointly agreed and completed in advance of the appraisal

interview. Occasionally, the need for peer review might be identified in the appraisal interview itself and can then be jointly agreed and arranged with a subsequent appraisal review meeting required to complete the process.

5.1.4.9 Responsibility for the performance review of appraisers will rest with the Medical Appraisal Lead who will report to the Responsible Officer. Performance review should result in an agreed development plan and should occur in an annual meeting but should be incorporated into the appraisal review of that doctor as part of 'whole practice appraisal'. Any doctor undertaking the appraisal role should therefore submit relevant evidence relating to this in their appraisal portfolio (for example number of appraisals undertaken and any feedback received). In some case appraisers who fail to demonstrate the skills to be an effective appraiser and if appropriate remedial processes fail, those individuals should not continue in this important role. Performance review of appraisers includes:

- Participation in Continuing Professional Development as an appraiser:
 - Attending refresher training every 2-3 years
 - Attending a minimum 2 out of 4 Medical Peer Group meetings annually, where there is benchmarking of practice with the appraisers and feedback from the Lead Medical Appraiser from RO/Lead Medical Appraiser network meetings regarding learning
- Quality Assurance of the Appraiser Inputs and Outputs using NHSE Audit Tool (NHSE Medical Appraisal Policy Annex J, e.g. ASPAT) to ensure consistency.
- Appraiser Assurance Review Template (NHSE Medical Appraisal Policy Annex J) which can be used as a self- assessment tool by the appraiser and can also be used as part of the annual review meeting between the Lead Medical Appraiser and the Appraiser. This review will be planned for May-August annually with the Lead Medical Appraiser and might include:
 - How development needs of the appraiser, as identified in their personal development plan in their own appraisal, have been addressed.
 - Discussion about difficult areas of appraisal including how to handle insufficient supporting information and performance concerns arising within the appraisal meeting.
 - Review of any complaints or other significant events involving the individual appraiser in their role as an appraiser.
 - Confirmation that the appraiser remains a licensed medical practitioner and that they are not under performance or disciplinary procedures.
 - Confirmation that the appraiser has the time within their other professional responsibilities to commit to carrying out appraisals.
 - Gathering views of appraisees through anonymised questionnaires and feeding this back to the individual appraiser.

5.1.5 The Responsible Officer

- 5.1.5.1 is the Chief Medical Officer. The Responsible Officer for the Chief Medical Officer is appointed by NHS England. The Appraisal and Revalidation Coordinator and Lead Medical Appraiser on behalf of the Responsible Officer will produce an annual report for the Trust Board to provide assurance that appraisal is integrated with other processes for Continuing Professional Development and with Clinical Governance structures and satisfies the GMC's requirements for revalidation. The report will provide assurance that appraisal processes and job planning are incorporated into structures for setting organisational priorities and also that the organisation responds to issues identified in appraisal.
- 5.1.5.2 The Responsible Officer will maintain a list of all the doctors for whom they have responsibility under the Responsible Officer regulations [Medical Profession (Responsible Officers) Regulations 2010] and ensure an appraisal is completed annually for all of these doctors. The Responsible Officer will have access to the outputs of each annual appraisal for monitoring the doctor's progress within the revalidation cycle. The appraisal outputs will also inform the Responsible Officer's revalidation recommendation.
- 5.1.5.3 The Responsible Officer will establish and operate systems for maintaining information on outputs from the appraisal process. Access to this information will be restricted and will respect the confidential nature of the appraisal process. In order for the Responsible Officer to be able to satisfy the requirements of revalidation, he/she will need to be satisfied an appraisal has considered the whole of a doctor's practice and that the accumulating portfolio contains the range of supporting information outlined below and in the GMC guidance. In some circumstances, for instance where a concern is raised, the Responsible Officer may require access to completed appraisal portfolios to review the doctor's supporting information and their commentary / reflection. This access to the portfolio is limited to the Responsible Officer, Medical Appraisal and Revalidation Coordinator, Lead Medical Appraiser and the appraisee's current appraiser.
- 5.1.5.4 The Trust will indemnify the Chief Medical Officer in relation to his role as Responsible Officer.
- 5.1.5.5 The Chief Medical Officer will not act as Responsible Officer and appraiser for the same doctor. The Chief Medical Officer will therefore not routinely undertake appraisal for doctors employed by the Trust.
- 5.1.5.6 The Chief Medical Officer may employ a Deputy RO for specific specialties to deputise some of these RO responsibilities.

5.2 GMC Appraisal Framework

- 5.2.1 The GMC has developed a framework to form the basis of a system for 'enhanced appraisal'. "Good Medical Practice" (25 March 2013) and "Good medical Practice Framework for Appraisal and revalidation". The framework is based on 12 attributes within 4 domains translated from the core requirements of Good Medical Practice against which individual doctors' practice can be appraised and objectively assessed (Appendix 2). The domains are:

- Domain 1: Knowledge, skills and performance;

- Domain 2: Safety and quality;
 - Domain 3: Communication, partnership and teamwork (including multi-source feedback);
 - Domain 4: Maintaining trust.
- 5.2.2 Each of the 12 attributes has been linked to a set of standards. The standards are accompanied by some suggestions for general and specialty specific evidence based on the relevant Royal College guidance that doctors can include in their appraisal portfolios as well as ways in which this supporting information can be evaluated in appraisal.
- 5.2.3 The generic standards can be divided into three main types:
- Those that will apply to the overwhelming majority of doctors, irrespective of the nature of their practice such as ‘keeping knowledge and skills up to date’;
 - Those that apply only where doctors work with patients, act as managers or work in research;
 - Those that depend on particular circumstances or events arising, for example, reporting risks in the healthcare environment.
- 5.2.4 All appraisals should be performed using e-Appraisal.
- 5.2.5 By providing all types of supporting information over the revalidation cycle, the appraisee should, through reflection and discussion at appraisal, have demonstrated their practice against all 12 attributes outlined in the GMC guidance, *Good Medical Practice Framework for Appraisal and Revalidation* (Appendix 2).
- 5.2.6 Whole Scope of Practice: In cases where doctors have responsibilities outside the Trust appraisers will conduct a ‘whole practice appraisal’ but there needs to be sufficient evidence provided by the appraisee to allow a satisfactory evaluation of performance. The portfolio should therefore contain full information relating to any medical work undertaken outside the Trust, such as medical education and including private work, to allow whole systems appraisal; this will need to be provided to the same level of detail, wherever possible, as evidence in relation to work undertaken for the Trust. This will allow the appraiser to assess the quality of work undertaken and to make a judgement about whether the nature of the work falls within the professional competence of the doctor. Each Specialist College makes recommendations regarding specific supporting information that is required.
- 5.2.7. 360° multi source feedback should be included once in every 5 year revalidation cycle. It can be repeated more than once if there is a change in role or at the request of the RO if there are performance concerns. It includes self-assessment and anonymised feedback from at least 15 colleagues across a range of disciplines from all groups of staff with whom the practitioner works, e.g. manager, consultant colleagues, junior medical/dental staff, nursing, managerial, clerical and secretarial staff and anonymised patient and/or carer feedback. Colleague feedback must include feedback from the doctor’s clinical lead or clinical director. There is a minimum requirement of feedback from 15 patients

or carers. Other feedback, e.g. thank you cards/letters can also be included. These must not contain any patient Quality Improvement activity. SOMPAR recommends two case based discussions with peers annually. In addition, one audit per 5-year revalidation cycle is required, evaluating one's own practice and implementing change in practice. Acting as SIRI investigator, participation in national audits, case reviews and service evaluations can also be included here.

5.3 **Appraisal Processes**

5.3.1 The appraisal will be based on a portfolio of information collated by the appraisee (doctor). The information to be included in the portfolio will reflect the GMC guidance on supporting information (Supporting Information for Appraisal and Revalidation, GMC, 2013) which states that most doctors will submit a standard portfolio containing information under four broad headings:

- General information - information providing context about what the doctor does in all aspects of their professional work;
- Keeping up to date - maintaining and enhancing the quality of the doctor's professional work;
- Review of practice - evaluating the quality of the doctor's professional work; and
- Feedback on practice - how others perceive the quality of the doctor's professional work.

5.3.2 Supporting information:

5.3.2.1 There are six types of information that the doctor should gather and discuss at their annual appraisal to reflect their whole scope of practice. Appendix 3 provides a "quick start" checklist of evidence for what is needed for the appraisee in time for the pre-appraisal meeting and for the appraiser to check against. The six types are:

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

5.3.2.2. The GMC has issued further guidance regarding the quantity and quality of supporting information and the need for reflection on the supporting information supplied (May 2018). SOMPAR has disseminated a range of reflective templates that are general and college specific for doctors to use in their appraisal portfolios.

5.3.2.3. SOMPAR suggests that reflections incorporated in the portfolio include:

- A reflection on the PDP objectives achieved
- Domain 1: Knowledge, skills and performance – reflection on a key learning event attended as part of CPD;

- Domain 2: Safety and quality – reflection on quality assurance activities, lessons learnt and implemented to change clinical practice, reflection on a significant event, case review templates;
- Domain 3: Communication, partnership and teamwork – reflection on multi-source feedback from patients and colleagues, reflection on teaching provided, reflection on leadership role;
- Domain 4: Maintaining trust – reflection on complaints, probity concerns or compliments.



5.3.2.4 The relevant sections of the e-Appraisal should be completed by the appraisee prior to the appraisal review meeting. The appraisee should ensure that they include sufficient, relevant data relating to any work carried out external to the Trust (for example in private practice or in commercial industry). Further information is given in Appendix 3. The appraisee should expect to be challenged in the appraisal process. They should consider what they could do better as well as what they do well. They should feel able to express their views and ideas and to consider ways to improve their working life. In preparation for the appraisal review appraisees can use the following questions as prompts for compiling evidence in their portfolios.

- How well do I perform?
- How good a doctor am I?
- How up to date am I?
- How well do I work in a team?
- What resources and support do I need?
- How well am I meeting my service objectives?
- What are my development needs?

5.3.2.5 The e-appraisal should contain any activity and performance data provided by the Information Department. Where possible, this information will be structured to allow valid benchmarking against colleagues and to allow comparison with the preceding year.

5.3.3 Performance Data for senior medical staff Appraisal:

5.3.3.1 The Trust has introduced a dashboard of quality, activity and performance data for individual doctors to be used in medical appraisal (Quality Outcome Measures report: QOM). The QOM report has been designed for psychiatrists using RiO. This will augment current performance indicators available at team level by the provision of data relating to individual doctors, benchmarked against peers. Medical appraisers will seek an explanation of any outlying performance. The information used will be kept under review and amended to ensure ongoing improvement of the quality of data collected. Note that for smaller subspecialties, benchmarking is difficult to interpret.

5.3.3.2 Multi-source feedback is required for individual doctors at least once in every 5-year revalidation cycle but could be used more frequently by line managers if there are issues which might be appropriately monitored through this kind of objective feedback, or if there is a change in role.

5.3.3.3 All performance measures will apply to the preceding 12 months but data will be available for previous years in order to identify trends. Guidance and support will be provided to appraisers to enable them to use the performance information appropriately and consistently and in a way that reflects service developments such as New Ways of Working.

5.3.4 The PDP Plan:

5.3.4.1 The appraisee should plan and make a note of the areas they want to raise in the review and they should prepare a draft outline Personal Development Plan. The appraisee should also ensure that a copy of the PDP from the previous year is made available to the appraiser so that the appraiser can review the progress against the Personal Development Plan. Objectives set within the Personal Development Plan should aim to be SMART:

- Specific – be specific; use examples.
- Measurable – can the outcome be measured effectively?
- Achievable – Is a development opportunity such as a course available?
- Realistic – Are there sufficient resources to achieve this?
- Time constrained – Set clear parameters of, for example, 6-12 months.

5.3.5 Setting the Appraisal Date and Timeframes:

5.3.5.1. Appraisal months for each appraisee will be set at the beginning of the financial year (April/May) referred to as the “appraisal due month”. The last day of this month is the appraisal due date.

5.3.5.2. All appraisals should take place as appropriate between **9 and 12 months** after the previous appraisal and by the appraisal due date. The appraiser should agree and confirm with the appraisee a time and a date for the review at least **6 weeks** in advance.

- 5.3.5.3. For most doctors it is likely that up to two working days, in addition to routine Supporting Professional Activity time, may be required for the appraisee to collate evidence and prepare for the appraisal review.
- 5.3.5.4. It is expected that **two weeks** prior to the meeting the appraisee should have completed their e-Appraisal and make it available to be reviewed by the appraiser.
- 5.3.5.5. The appraiser should review the e-appraisal portfolio and they should advise the appraisee with a clear set of actions that should be achievable before the appraisal meeting takes place.

5.3.6 The Appraisal Meeting:

- 5.3.6.1. The appraiser should ensure that there is an appropriate venue for the review, in a place of work.
- 5.3.6.2. There should be privacy, it should be quiet and interruptions should be avoided.
- 5.3.6.3. The appraiser should manage the time efficiently and the review should be completed within two hours in most cases.
- 5.3.6.4. The content of the appraisal interview can be confidential but outcomes of the review are not confidential.
- 5.3.6.5. The appraiser should conduct the review in a positive, forward looking and empathic manner and should encourage participation by the appraisee in a two-way dialogue by using active listening skills.
- 5.3.6.6. Nevertheless, the discussion should be challenging and there may need to be exploration of blind spots.
- 5.3.6.7. In some circumstances, if the appraiser considers the information submitted is insufficient to adequately assess the doctor's performance, further supporting information and/or a further review meeting may be required after agreeing on appropriate action before the appraiser is happy to sign off.
- 5.3.6.8. Appraisers should be skilled in giving feedback, which should be accurate, factual and constructive. There should be focus on individual developmental needs.
- 5.3.6.9. Both parties should jointly agree on the completion of the summary of appraisal discussion with agreed action and Personal Development Plan. The PDP should address the maintenance and development needs of the doctor and the service as well as identify any weaknesses in the accumulating portfolio for the purpose of revalidation. Any areas where the appraisee does not adequately demonstrate compliance with the standards in Good Medical Practice and those set by the Royal Colleges should be explicitly addressed in the PDP. This forms a record of key points of the appraisal discussion and of the main outcomes.

5.3.7 After the Meeting:

- 5.3.7.1. After the appraiser and appraisee have met, the appraiser documents the agreed PDP plan and objectives.
- 5.3.7.2. NHS England sets out three stages in the appraisal process: inputs to the appraisal, the confidential appraisal discussion and outputs to the appraisal.

The inputs include supporting information for appraisal and the PDP from the previous appraisal review. The guidance states that the appraisee should make an explicit declaration to demonstrate personal accountability for the supporting information presented.

- 5.3.7.3 The appraiser and appraisee agree the appraisal outputs by email.
- 5.3.7.4 The appraiser completes the appraisal outputs and will make recommendations to the RO for appraisal sign off.
- 5.3.7.5 If serious concerns (including concerns relating to capability) are identified, which have not yet been fully investigated, these should be clearly documented by the appraiser and the RO should be notified via the Medical Appraisal Lead. Appropriate action will then be taken according to the Trust Disciplinary Policy for Medical Staff. The appraisal review itself should not be used to investigate matters that should fall within disciplinary procedures. Furthermore, although appraisers are healthcare professionals it is not an opportunity to advise on or address health concerns. Both the appraisee and appraiser must recognise that as registered medical practitioners they have a duty to protect patients when they believe that a colleague's health, conduct or performance is a threat to patient safety (GMC Good Medical Practice). If there is evidence arising from the appraisal process to suggest that patients are at risk, the process should be immediately suspended and the RO should be notified. If the situation is subsequently remedied the appraisal process can continue in due course.
- 5.3.7.6 There may be some rare instances where it is not possible to reach joint agreement on the content of the appraisal summary and PDP; under these circumstances an arbitration meeting chaired by the Medical Appraisal Lead or a Clinical Director if the appraiser is the Medical Appraisal Lead and including the appraisee and appraiser should seek to resolve the matter with the final decision resting with the chair. The appraisee would have the option to be supported by a colleague in this meeting.
- 5.3.7.7 Should problems arise within the appraisal process which could not be resolved through the arbitration process outlined earlier, the appraisee may follow the Trust grievance procedure to address the issue.
- 5.3.8 Appraisal Sign Off:
- 5.3.8.1 **The appraisee must sign off the appraisal no later than 28 days after the meeting took place and before April 28th of the following appraisal year.**
- 5.3.8.2 All records pertaining to the appraisal will be held electronically on a secure basis and access/use will comply fully with the requirements of the Data Protection Act. As stated earlier, the appraisal summary will be made available to the medical manager conducting the job plan review meeting.
- 5.3.8.3 Appraisees should complete a **structured feedback form online for appraisers** following completion of the appraisal review process.
- 5.3.8.4 Appraisal inputs, outputs and the quality of the supporting information is annually audited by the appraisal team for quality assurance processes.
- 5.3.9 Appraisal Postponement:

- 5.3.9.1 Doctors may request a postponement of an appraisal due to any of the following:
- breaks in practice due to sickness, maternity or adoption leave;
 - breaks in practice due to sabbaticals.
- 5.3.9.2 A doctor who is returning to work after a period of absence should be appraised between 6 and 12 months after re-entry to professional practice and as far as possible, their first appraisal after return to work should be undertaken within 12 months of the last appraisal if they had an appraisal previously.
- 5.3.9.3 Where the appraisal meeting needs to be delayed beyond the appraisal due date (last day of “appraisal due month”), **a request for postponement** needs to be submitted to the Responsible Officer. All requests to postpone appraisal should be formally submitted to the Responsible Officer at least 28 days before the Doctor’s appraisal due date. The Responsible Officer will consider requests for postponement and inform the applicant in writing of the decision within 7 working days, in accordance with NHS England Medical Appraisal Policy (v.2, April 2015), Annexe D.

5.4 Appraisal and Job Planning

- 5.4.1 If you work as a substantive doctor in this Trust, SOMPAR is your “designated body”. SOMPAR’s Appraisal and Revalidation team will support you in your annual appraisal and revalidation due every 5 years. Job Planning and Appraisal are best considered as two processes in a continuous cycle, one feeding into and informing the other. The two processes are best separated in time and conducted by different doctors; Job planning is completed by your clinical line manager whilst appraisal is completed by a non- line manager doctor trained in medical appraisal.
- 5.4.2 The job plan informs the appraisal process as it is a review of your scope of practice including a review of time available for supporting programmed activities for you to complete the learning objectives of your PDP plan, your mandatory training requirements, attend your CPD peer group, fulfil the requirements for your CPD log, complete quality assurance projects and it will address performance concerns if they arise.
- 5.4.3 Appraisal is a systematic approach to review a doctor’s achievements, *reflect* on performance, consider the doctor’s continuing progress and to identify further developmental needs (PDP plan) based on their scope of practice. Sufficient supporting information (appraisal inputs) need to be provided by the appraisee to provide objective evidence to support the appraisal discussion. The appraisal outputs for the 4 domains of good medical practice completed by the appraiser provide recommendations for the Responsible Officer (RO) to recommend revalidation by the GMC and hence licensing and fitness to practice.

5.5 Information Governance and sharing

- 5.5.1 A careful balance needs to be struck between the need to respect and maintain the confidential nature of the appraisal process and the level of transparency needed to comply with revalidation and provide the necessary assurance to patients and the public that licensed doctors are up to date and fit to practice.

The appraisal process depends on trust and openness between the appraisee and the appraiser and the confidential nature of the appraisal discussions and outputs are an important part of that. The Trust supports these principles through this policy.

- 5.5.2 The information in appraisal portfolios is confidential and access is limited to the doctor (appraisee), the appraiser, the Medical Appraiser Lead and the Responsible Officer (or their nominated deputy). The discussion in the appraisal meeting is confidential unless fitness to practise or patient safety issues arise. The appraisee must ensure that all information uploaded to e-Appraisal should be anonymised and that information that could identify patients, carers or staff is removed. Despite this safeguard, in certain circumstances it can still be possible to identify individuals from the information held and so safeguards are required to minimise the risk of losing personal information.
- 5.5.3 The RO's office will maintain a database for all medical staff containing information relating to completed appraisal reviews. Signed electronic copies, as well as paper copies (e.g. those of previous years before the use of e-Appraisal) of the appraisers' statements, the appraisal summary and PDP will be securely filed. There will be an ongoing system of prompts and reminders for consultants, SAS doctors and line managers for annual appraisal reviews that have not been conducted on time and a system for prompting submission of completed forms. Anonymised feedback forms for appraisers will be securely filed.
- 5.5.4 Further information on the management of storage and access to appraisal information is contained in Appendix 8). This includes information on the circumstances in which information may be accessed by people other than the appraisee, appraiser and Responsible Officer.

5.6 Quality Improvement, Clinical Governance and Medical Supervision

- 5.6.1 The quality improvement and clinical governance arrangements for Somerset Partnership are set out in the Quality Improvement Strategy. Outputs from the systems established by this strategy form part of the portfolio of information on which appraisal and revalidation is based.
- 5.6.2 Where concerns about the performance of doctors are identified as a result of specific incidents, complaints or through the appraisal process, the Disciplinary Policy for Medical Staff sets out how these will be investigated and resolved. Where a need for improvement in performance is identified, the Trust Remediation, Reskilling and Rehabilitation Policy for Medical Staff sets out how targeted support to doctors who need to improve their performance will be provided and monitored .
- 5.6.3 Medical supervision arrangements are tailored to the seniority of the doctors. Doctors will need to keep a record of their supervision activity and include within their appraisal portfolios:
- 5.6.3.1 Trainees
- Supervision from an educational supervisor should be at minimum one hour for educational supervision and further additional time for clinical and professional supervision. Specialty trainees have their portfolios online and the supervision sessions can be recorded by either the trainee or supervisor. Educational supervisors are required to undertake training to

fulfil this role and compliance with this is monitored by the Dean of Medical Education and Health Education England South West (HEESW).

5.6.3.2. SAS Doctors

- Please consult your specific College guidelines as to the requirements for CPD for your specialty.
- SAS Doctors in Palliative Care please also refer to Appendix 7; *Appraisal Metrics for Palliative Care Physicians*.

5.6.3.3 SAS Doctors in psychiatry:

- should receive one hour each per week (a minimum of pro-rata for part-time doctors) for clinical and professional supervision with a senior medical staff.
- Clinical supervision also takes place within peer groups for Continuing Professional Development, case based discussions and other clinical settings. An SAS doctor is expected to do at least 2 case based discussions in a year, 10 in a 5-year revalidation cycle, with at least one case based discussion comprising of detailed consideration of risk assessment and management plan in a 5-year period. (Appendix 4 is the RCPSYCH template for Case Based Discussions).
- Notes should be made of supervision sessions and peer group meetings/case based discussions and retained by the SAS doctor and the supervisor. Evidence of supervision undertaken should be included in the appraisal portfolio of the SAS doctor. (Appendix 5 is the RCPSYCH template).

5.6.3.4 Consultants

- Clinical supervision takes place within peer groups for Continuing Professional Development. Please consult your specific College guidelines as to the requirements for CPD for your specialty. (See Appendix 5: Peer Group Meeting template RCPSYCH).
- It also takes place within sessions dedicated to case based discussions with colleagues. Consultant psychiatrists for example should aim to do at least two case based discussions in a year, with at least one case based discussion comprising of detailed consideration of risk assessment and management plan in a 5-year period. The Royal College of Psychiatrists recommend 10 CBDs within a 5-year revalidation cycle if the doctor has not completed any other quality improvement activity. (Appendix 4 is the RCPSYCH template for Case Based Discussions).
- The individual PDP plan for each doctor in the peer group needs to be agreed and signed off by the peer group and minuted. (Appendix 5 is the RCPSYCH template).
- Clinical supervision for consultants takes place in a variety of other settings too, including peer discussions with colleagues for second opinions or at the interface between functional roles (for example regular liaison between inpatient and community consultants) and also within multi-disciplinary team discussions. It can also include peer mentoring sessions within or

outside the Trust (the Trust supports mentorship for consultants who request it). There is also ad hoc advice, sought through line managers (Clinical Directors) about complex cases. Cases are also sometimes discussed at the out of area treatment panel and also at complex case review panels. Cases can be presented and discussed at Postgraduate Medical Education meetings.

- Consultants in Palliative Care please also refer to Appendix 7; *Appraisal Metrics for Palliative Care Physicians*.

5.7 Resource Requirements for Appraisal

- 5.7.1 The Chief Medical Officer's office has been strengthened to reflect the additional requirements of revalidation and the role of the Responsible Officer. A Medical Appraisal Lead and a team of Medical Appraisers have been appointed. The Chief Medical Officer's office includes Deputy Responsible Officer, Medical Appraisal Lead, and Appraisal and Revalidation Coordinator support in order to meet the requirements of medical appraisal and revalidation. Additional support will also be provided by the Trust Information Department in relation to the development and provision of performance, activity and outcome measures required for appraisals.
- 5.7.2 The increased requirements of revalidation will also lead to an additional burden on appraisees and appraisers. Doctors will require release from their usual duties to prepare for and to undertake appraisal review. Preparation for consultant and SAS doctors' appraisal is likely to take up to two working days, in addition to routine Supporting Professional Activity time.

6. TRAINING REQUIREMENTS OF APPRAISERS

- 6.1 All consultants or SAS doctors with line management responsibilities will be required to undertake an approved training course to fulfil their role as an appraiser. A specification for appraiser training can be found in *Medical Appraisal and Revalidation – Assuring the Quality of Appraisers Guidance* (Version 5, January 2014), which has been produced by the Revalidation Support Team. Study leave will be granted within the routine allocation for medical staff.
- 6.2 To maintain quality of appraisal and to benchmark standards and practice with peers, all appraisers should undertake at least five appraisal reviews annually, undergo appraisal refresher training approximately every three years, attend a minimum of two peer group meetings per year and meet annually with the Lead Medical Appraiser for a quality assurance review.
- 6.3 All appraisers undertaking medical appraisals will be required to take part in training on the use and interpretation of the performance, activity and outcome data used as appraisal evidence.
- 6.4 The Responsible Officer will undertake approved training in the role.

7. MONITORING COMPLIANCE AND EFFECTIVENESS

- 7.1 The guidelines will be regularly reviewed and maintained by the Local Negotiating Committee.

- 7.2 The completion of annual appraisal by medical staff will be monitored through the Medical Director's office and reminders sent to medical staff who fall behind in annual appraisal. Completion of annual appraisal for consultants and SAS doctors will also be monitored through annual job plan review meetings. The organisation's appraisal year runs from 1st April until 31st March and missed appraisals are those that were due within the appraisal year but not completed. Incomplete appraisals are those where, for instance, the appraisal discussion has not been completed, or where the PDP or Summary of Appraisal Discussion have not been signed off. An exception audit will be performed annually to determine the reasons for all missed or incomplete appraisals and this will be included in the annual Board report.
- 7.3 The quality of medical appraisal will be monitored through audit and also through feedback to appraisers. The Responsible Officer is responsible for quality assurance of appraisal (including objective audit of appraisee feedback forms and also sampling of portfolios and review of appraisal summaries including the Personal Development Plan using a standardised tool); this should include assessment of the degree to which the confidentiality of the appraisal process is robust and trusted. The effectiveness of the appraisal process will be monitored and reviewed based on the Framework of Quality Assurance for Responsible Officers and Revalidation Core Standards by the Medical Appraisal Steering Group.
- 7.4 The Lead Medical Appraiser and Appraisal and Revalidation Coordinator on behalf of the RO will produce an annual report for the Trust Board as stated in Section 3.

8. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED PROCEDURAL DOCUMENTS

8.1 References

General Medical Council (2013), The Good Medical Practice Framework for appraisal and revalidation. Available at: www.gmc.co.uk

General Medical Council (2013), Supporting information for appraisal and revalidation. Available at: www.gmc.co.uk

NHS England Medical Appraisal and Revalidation – Assuring the Quality of Appraiser's Guidance (V5.0, Jan 2014). Available at: <http://www.england.nhs.uk/revalidation/>

NHS England Medical Appraisal Policy (V2.0, April 2015). Available at: <https://www.england.nhs.uk/revalidation/appraisers/app-pol/>

Association for Palliative Medicine – Appraisal Metrics for Consultants and SSAS Doctors in Specialist Palliative Care (Updated March 2017). Available at: <https://apmonline.org/wp-content/uploads/2017/08/Appraisal-Metrics-for-Consultants-and-SSAS-Doctors-in-Specialist-Palliative-Care-March-2017.pdf> (A summary of this policy has been included as Appendix 7 below).

8.2 Cross reference to other procedural documents

Disciplinary Procedure for Medical Staff Policy

Remediation, Reskilling and Rehabilitation Policy

Code of Conduct and Managing Conflict of Interest and Person Conduct Policy
Sickness Managing Absence Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

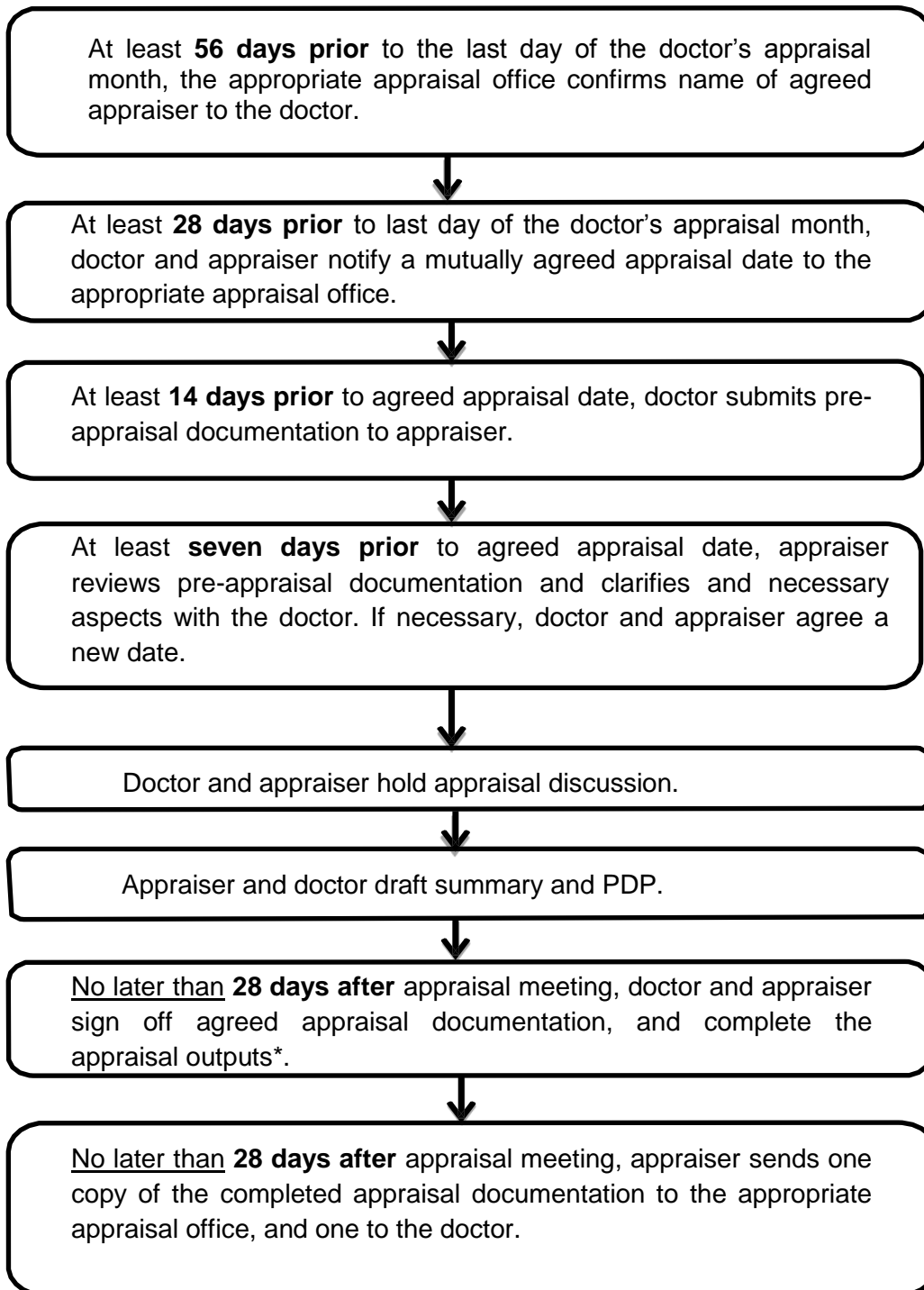
9. APPENDICES

9.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix 1	Medical appraisal process and timescales
Appendix 2	Good Medical Practice for Appraisal and Revalidation
Appendix 3	Appraisal Quick Start: Supporting Information Checklist for Medical Appraiser and Appraisees
Appendix 4	Case Base Discussion Template RCPSYCH
Appendix 5	Peer Group Meeting Template RCPSYCH
Appendix 6	Job Description and Person Specification for Appraisers
Appendix 7	Appraisal Metrics for Consultants and SAS Doctors in Palliative Care.
Appendix 8	Information Access, Security and Confidentiality Protocol

Medical appraisal process and timescales

The flow chart below describes the process and timescales for undertaking an annual appraisal.



* For every medical appraisal the structured outputs of appraisal including the final sign-off statements for the appraisal should be those listed in the RST *Medical Appraisal Guide*.

Good Medical Practice for Appraisal and Revalidation

Domain 1 Knowledge, Skills and Performance

Attributes	Examples of Principles and Values
1.1 Maintain your Performance	<ul style="list-style-type: none"> • Maintain knowledge of the law and other regulation relevant to your work • Keep knowledge and skills about your current work up to date • Participate in professional development and educational activities • Take part in and respond constructively to the outcome of systematic quality improvement activities, appraisals and performance reviews
1.2 Apply Knowledge and Experience to Practice	<ul style="list-style-type: none"> • Recognise and work within the limits of your competence • If you work in research, follow appropriate national research governance guidelines • If you are a teacher/trainer, apply the skills, attitudes and practice of a competent teacher/trainer • If you are a manager, work effectively as a manager • Support patients in caring for themselves • If you are in a clinical role: Adequately assess the patient's conditions, Provide or arrange advice, investigations or treatment where necessary, Prescribe drugs or treatment, including repeat prescriptions, safely and • Appropriately, provide effective treatments based on the best available evidence • Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests
1.3 ensure that documentation is clear, accurate legible and formally recorded	<ul style="list-style-type: none"> • Make and/or review records at the same time as the events are documented or as soon as possible afterwards • Ensure that any documentation that records your findings, decisions, • information given to patients, drugs prescribed and other information or treatment is up to date and accurate • Implement and comply with systems to protect patient confidentiality

Domain 2 Safety and Quality

Attributes	Examples of Principles and Values
2.1 Contribute to and comply with systems to protect patients	<ul style="list-style-type: none"> • Take part in systems of quality assurance and quality improvement e.g. Audit, SIRI investigator, Audit meetings • Comply with risk management and clinical governance procedures • Cooperate with legitimate requests for information from organisations monitoring public health • Provide information for confidential inquiries, significant event reporting • Make sure that all staff for whose performance you are responsible, including locums and students, are properly supervised • Report suspected adverse reactions • Ensure arrangements are made for the continuing care of

	<ul style="list-style-type: none"> the patient where necessary • Ensure systems are in place for colleagues to raise concerns about risks to patients
2.2 Respond to risks to safety	<ul style="list-style-type: none"> • Report risks in the healthcare environment to your employing or contracting bodies • Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities • Take action where there is evidence that a colleague's conduct, performance or health may be putting patients at risk • Respond promptly to risks posed by patients • Follow infection control procedures and regulations
2.3 Protect patients and colleagues from any risk posed by your health	<ul style="list-style-type: none"> • Make arrangements for accessing independent medical advice when necessary • Be immunised against common serious communicable diseases where vaccines are available

Domain 3 Communication, Partnership and Team Work

Attributes	Examples of Principles and Values
3.1 Communicate effectively	<ul style="list-style-type: none"> • Listen to patients and respect their views about their health • Give patients the information they need in order to make decisions about their care in a way they can understand • Respond to patients' questions • Keep patients informed about the progress of their care • Explain to patients when something has gone wrong (Duty of Candour) • Treat those close to the patient considerately • Communicate effectively with colleagues within and outside the team • Encourage colleagues to contribute to discussions and to communicate effectively with each other • Pass on information to colleagues involved in, or taking over, your patients' care
3.2 Work constructively with colleagues and delegate effectively	<ul style="list-style-type: none"> • Treat colleagues fairly and with respect • Support colleagues who have problems with their performance, conduct or health • Act as a positive role model for colleagues • Ensure colleagues to whom you delegate have appropriate qualifications and experience • Provide effective leadership as appropriate to their role
3.3 Establish and maintain partnerships with patients	<ul style="list-style-type: none"> • Encourage patients to take an interest in their health and to take action to improve and maintain it • Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research

Domain 4 Maintaining Trust

Attributes	Examples of Principles and Values
4.1 Show respect for patients	<ul style="list-style-type: none"> • Implement and comply with systems to protect patient confidentiality • Be polite, considerate and honest and respect patients' dignity and privacy • Treat each patient fairly and as an individual • If you undertake research, respect the rights of patients participating in the research
4.2 Treat patients and colleagues fairly and without discrimination	<ul style="list-style-type: none"> • Be honest and objective when appraising or assessing colleagues and when writing references • Respond promptly and fully to complaints • Provide care on the basis of the patient's needs and the likely effect of treatment
4.3 Act with honesty and integrity	<ul style="list-style-type: none"> • Ensure you have adequate indemnity or insurance cover for your practice • Be honest in financial and commercial dealings • Ensure any published information about your services is factual and verifiable • Be honest in any formal statement or report, whether written or oral, making • clear the limits of your knowledge or competence • If you undertake research, obtain appropriate ethical approval and honestly report results

**QUICK START:
Somerset Partnership NHS Foundation Trust
Supporting Information (SI) Checklist for Pre-Appraisal Review of e-
Portfolio**

Name of Appraisee:

Name of Appraiser:

Date of Appraisal:

Revalidation Date:

Appraisal Year: 1 / 2 / 3 / 4 / 5 (please circle/delete)

The objective of the 6 categories of supporting information is to show:

1. Continuing Professional Development

- Log of CPD points per annum, minimum 50 per annum, 30 points clinical.
- College CPD certificate
- Educational Supervisor Evidence of Up to Date Training
- Up to Date Appraiser Training (once every 3 years)
- Evidence of attendance at a minimum 2 Peer Group meetings.
- Evidence that the PDP Group has signed off your PDP plan and annual log.
- Certificates of completion and reflection of your previous year's PDP plan objectives

2. Quality Improvement

a) Clinical audit

- Doctors should participate in least one complete audit cycle (audit, practice review and re-audit) in every 5 year revalidation cycle.
- Participation in relevant national audits is expected and the doctor's role, input, learning and response to relevant national audit results should be reflected upon and documented.
- Attendance at Quarterly Medical Audit meetings

b) Review of clinical outcome

- Upload the Quality Outcome Measure report for doctors on RIO (generated by SOMPAR)

c) Case Based Discussion

- Upload **Two** case reviews per year

Other examples of Quality Improvement

d) Audit teaching programme

e) Evaluate health policy or management practice

f) Independent SIRI Investigator

3. Significant events (SUI/SIRI)

4. Feedback from colleagues

- At least one patient feedback exercise should be undertaken in the revalidation cycle normally by the end of year three to allow sufficient time for a follow up exercise to occur to assess if identified issues have been addressed.
- This exercise should be undertaken using e-360
- The results should be reflected upon, and any further development needs addressed. The Trust will meet the cost of approved feedback from patients and carers.
- Feedback from clinical supervision, teaching and training. Evidence of a doctor's performance as a clinical supervisor and/or trainer is required at least once in a 5 year revalidation cycle.
- Feedback from any formal teaching should be included annually for appraisal. Appropriate supporting information may include direct feedback from those taught in a range of settings

5. Feedback from patients

- At least one patient feedback exercise should be undertaken in the revalidation cycle normally by the end of year three to allow sufficient time for a follow up exercise to occur to assess if identified issues have been addressed.
- This exercise should be undertaken using e-360. The results should be reflected upon, and any further development needs addressed.
- The Trust will meet the cost of approved feedback from patients and carers.

6. Review of complaints and compliments.

The Supporting Information and your appraisal discussion informs the Appraiser that you can demonstrate the 4 domains of Good Medical Practice

- Domain 1: Knowledge, skills and performance
- Domain 2: Safety and Quality
- Domain 3: Communication, Partnership and Teamwork
- Domain 4: Maintaining Trust

NB – No patient/personal identifiable data should be uploaded

	Zircadian section	Supporting information required to be uploaded Include Reflection where appropriate	Appraiser Tick / comment
1	Personal details	No SI needed	
2	Scope of work (include private, academic, a different organisation and voluntary)	SI for Clinical Roles	
		SI for Management Role	
		SI for Educational Role	
3	Record of Annual Appraisals	No SI needed	
4	PDPs and their review	Upload certificates of courses listed in your PDP plan	
5	CPD	Upload College certificate	
		Upload Log of CPD	
		Upload evidence pertaining to whole scope of practice (Clinical, Educational, Managerial)	
		Upload evidence of reflection on courses you have attended listed on your PDP plan	
		Upload the Minutes from your CPD peer group where they have ratified your PDP plan (See Appendices for example)	
		Upload you certificate of Educational supervision training	
		Upload an example of Special Interest group minutes	
		S12 training certificate	
		for psychiatrists and how to count CPD points please refer to http://www.rcpsych.ac.uk/files/pdfversion/OP98x.pdf)	
		Mandatory Training cert to show compliance	
6	Quality	Case Based Discussion (dated) no.1 uploaded	

	Improvement Activities	Case Based Discussion (dated) no.2 uploaded	
	1) Clinical audit of personal practice	QOM report	
	2) Review of clinical outcomes	Personal audit final presentation uploaded and reflection	
	3) Peer reviewed Case review/ case based discussions (x2 needed / year, 10 in 5 year cycle)	If you have been a SIRI investigator- you can upload this as a case review with lessons learned (redact sensitive information/named doctors) OR add invitation memo and reflection	
4) Audit teaching programme			
5) Evaluate health policy or management practice			
6) Independent SIRI investigator			
7	Significant Events	Upload if you are named in a significant event and reflection	
8	Colleague / Patient Feedback	Upload ad hoc patient feedback (outside of 360 MSF)	
		360 MSF feedback one in 5 year cycle; aim for 3rd annual appraisal in revalidation cycle- upload report	
		Reflection of MSF 360 report	
9	Complaints and Compliments	Upload Complaints and reflection if applicable – copy of report from PALS to show presence or absence of complaints	
		Upload Compliments	
10	Teaching, research, leadership and innovation	Evidence of Teaching including delegate feedback uploaded If Supervising and Appraising – upload reflection/ supervisee feedback If Academic- you will have separate supervision	

		with supervisor- you need some supporting information from this	
		Research and Publications upload evidence if applicable	
11	Achievements, Challenges, and Aspirations	No SI needed	
12	Probity and Health statements	Sick leave information if applicable Confirm you have medical indemnity as part of your probity statement.	
13	Additional Information		
14	PDP proposals	3-5 SMART objectives	
15	Review of GMP domains	Domain 1- Knowledge, Skills and performance Domain 2- safety and Quality Domain 3- Communication, partnership and team work Domain 4- Maintaining Trust	
16	Appraisal Checklist and confirmation	Check you have added relevant SI	
17	Agreed PDP	3-5 SMART objectives with due dates	
18	Appraisal Summary	Appraiser has made comments on Domain 1,2,3,4, of Good medical Practice	
		Appraiser Summarising Comments for RO	
19	Appraisal Outputs and Sign Off within 28 days of appraisal date (and before 28th April of the following appraisal year)	Appraiser's statements at sign off	

“My CPD” GMC app on your smartphone can be used to link your PDP objectives with Good Medical Practice domains and add reflection



Case based discussion – template for recording for psychiatrists

Doctor's Name				Date of Discussion			
Assessor's name				Assessor's Registration Number			
Diagnosis:							
Focus of this CBD:							
Good Psychiatric Practice (GPP) standards							
	Standards Assessed	GPP standard not assessed	Inconsistency in meeting standards	Meets standards of GPP and consistent with independent practice	Exceeds at standards of GPP	Excels at standards of GPP	
		0	1	2	3	4	
1.	Assessment						
2.	Diagnosis						
3.	Risk Assessment						
4.	Treatment Plan and Delivery						
5.	Knowledge of Treatment Options						
6.	Record Keeping						
7.	Communication with Professionals						
8.	Communication with Patients and Carers						
Good Practice:				Suggestions for development:			
Agreed action:							
Assessor's signature:							

Case-based discussion – guidance notes

1. The psychiatrist being assessed should either identify a case for case based discussion or provide the assessor with a list of anonymised case records, e.g. case numbers from which the assessor can select two. The psychiatrist being assessed should then choose one of these two for the case based discussion. The purpose of this is to have both a random component to the selection of cases and also the opportunity for the psychiatrist being assessed to ensure the cases chosen reflect the broad mix of their caseload.
2. The assessor should have the opportunity to review the case notes in advance in order to pull out the key issues that he/she wishes to discuss in the assessment.
3. A non-interrupted hour should be set aside for the case based discussion.
4. Case based discussion need not be solely a one to one but can occur in a group setting. If this is the case, one psychiatrist should lead the assessment.
5. The assessor should lead the discussion through the key areas of clinical practice being assessed. It is not expected that each of the areas will be assessed in the same level of detail. The areas to focus on depend on the clinical case and the psychiatrist's involvement.
6. Following the discussion, there should be a rating of each of the eight standards being assessed on the 0-4 scale.
7. It is expected that the most usual rating will be that of a 2 (consistent with independent practice). Areas in which there are suggestions for development should be rated as a 1. Areas of good practice should be rated as a 3 or 4.
8. The main purpose of case based discussion is developmental. It is important that colleagues give constructive feedback to each other in order to facilitate a developmental process. It is not expected that psychiatrists would be exceeding or excelling in all areas of each case that is discussed.
9. Each psychiatrist is required to undertake 10 case based discussions over a 5 year cycle, no more than 3 should be done with one individual in order to have a minimum of four assessors commenting on cases over a 5 year cycle.



RCPsych CPD peer group meeting record

PEER GROUP RECORD			
Doctor's details			
College number:	Name:	PDP period: From: To:	
Peer group details			
College numbers:	Peer group members (names): 1. 2. 3. 4.	College numbers:	Peer group members (names): 5. 6. 7. 8.
Date of meeting:	Summary of discussion and credits authorised:		
Present: (initials):			

Job Description and Person Specification for Appraisers

The job description of an appraiser includes the following core elements in relation to the appraiser role:	
1	Description of key accountabilities for the role which include accountability to the Responsible Officer
2	Description of role and key responsibilities of appraiser
3	Undertake pre appraisal preparation and appraisal discussion in line with current local and national guidance and quality standards
4	Complete post appraisal documentation in line with current local and national guidance and quality standards
5	Maximum and minimum numbers of appraisals expected per year
6	Description of probationary period or provisional appointment subject to satisfactory evaluation/assessment after initial training
7	Requirement to attend initial training
8	Requirement to participate in ongoing training and support to address development needs in the role of appraiser
9	Requirement to participate in performance review in the role of appraiser
10	Requirement to participate in the management and administration of the appraisal system
11	Requirement to participate in arrangements for quality assurance of the appraisal system
12	Description of confidentiality of appraisal process and specific circumstances in which confidentiality should be breached
13	Indemnity arrangements for appraisers
Core elements of a person specification for medical appraiser	
<p>No distinction has been made between 'essential' and 'desirable' as the importance of each of these qualities should be determined in relation to the local context.</p> <p>Probationary periods or provisional appointment subject to satisfactory completion of training and/or demonstration of competence should be described in the job description.</p>	
Qualifications	<p>Medical Degree (plus any Postgraduate qualification required); GMC License to Practice.</p> <p>Where appropriate, entry on GMC Specialist or General Practitioner Register.</p> <p>For General Practitioners, entry on a Performers List.</p>

	Completion of Appraisal Training (this may not be a requirement prior to appointment but would need to be completed before appraisals are performed).
Experience	Has been subject to a minimum of 3 medical appraisals, not including those in training grades. (There may be unusual situations where this is not possible for example where medical appraisal has not occurred in the past in that organisation).
	Experience of managing own time to ensure deadlines are met.
	Experience of applying principles of adult education or quality improvement.
Expertise skills and aptitudes	Excellent written communication skills – including the ability to summarise a discussion clearly and accurately.
	Objective evaluation skills.
	Commitment to ongoing personal education and development.
	Good working relationships with professional colleagues and stakeholders. Ability to work effectively in a team.
	Motivating, influencing and negotiating skills.
	Adequate IT skills for the role.
Knowledge	Knowledge of the role of appraiser. Knowledge of the appraisal purpose and process and its links to revalidation. Knowledge of educational techniques which are relevant to appraisal.
	Knowledge of responsibilities of doctors as set out in Good Medical Practice. Knowledge of relevant Royal College speciality standards and CPD guidance. Understanding of equality and diversity, and data protection and confidentiality legislation and guidance.
	Knowledge of the health sector [e.g. Primary Care, Secondary Care, Mental Health] in which appraisal duties are to be performed. Knowledge of local and national healthcare context. Knowledge of Evidence Based Medicine and clinical effectiveness.
	Excellent integrity, personal effectiveness and self-awareness, with an ability to adapt behaviour to meet the needs of an appraisee. Excellent 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.

Summary of Appraisal Metrics for Palliative Care Physicians published by the Association for Palliative Medicine. Endorsed by the Royal College of Physicians

Guidance specific to specialist palliative care physicians is needed as a result of the particular challenges they experience in producing evidence to reflect their work. This summary of the APM metrics is to provide Somerset Partnership Trust appraisers with a summary of the requirements for palliative care physicians as they differ from those for psychiatrists and community hospital doctors. Full reference to the paper linked in the appraisal policy is highly recommended.

“Success” in specialist palliative care (SPC) is not easily measurable by quantifiable metrics. Patients receiving SPC are less able to give feedback on the service because of their frailty. A significant part of the impact of SPC is indirect, with working to support other professional colleagues in delivery of palliative and end of life care. SPC aims to attend to the needs of those around the patient as well as the patient themselves.

1 Continuing professional development

The Royal College of Physicians (RCP) CPD system is recommended but not mandatory. A minimum of 50 credits per year; 250 over a 5 year cycle. CPD should reflect all the different roles undertaken by the doctor.

	Minimum	Best practice
Attendance at major pall med conference	Once every 5 years	Every 2 years
Other external learning	Core pall med topics	Broader topics
Self-directed learning	Documented with evidence of reflection	Peer discussion and review
Refreshing skills through interactive learning	Core skills (e.g. communication)	New skills (USS, media training)
Review original articles		
CPD specific to role as e.g. educational supervisor, appraiser		

2 Activity, audit and quality improvement

Engagement in collection of national data collection is a measure of activity data.

	Minimum	Best Practice
Activity	National data records for team/ service	Individual level activity if known. Peer review of activity – eg of telephone advice provided
Audit	Engagement in audit activity each year. Either led or supervised. One complete cycle every 5	Benchmarking in loco regional audit eg FAMCARE 2, national care of the dying in

	years	hospital
External quality review, peer review, CQC inspection reports.		
Quality improvement audit and other activity	Evidence of engagement in QI activity each year	Demonstrable improvement in patient safety, care or experience

3 Significant events

These do not have to be the prime or sole responsibility of the clinician. Being responsible for a significant event is distressing to a doctor, demonstration of their response and efforts to resolve the situation and make improvements for the future should be seen as positive aspects of development.

Examples of clinical events include:

- Episode requiring the use of naloxone during titration of opioids
- Peer review of practice where relatively high doses of opioids are used
- Planned withdrawal of assisted ventilation
- Complications of steroid administration including hyperglycaemia
- Use of sedation to manage prolonged distress associated with intractable symptoms
- Episodes where there are safeguarding and DOLS processes
- Failed discharge from hospital or inappropriate hospital admissions
- Suicide or attempted self-harm in a patient or carer

4 Feedback

Colleague

- One colleague 360 every 5 years (15 colleagues recommended)
- Record of informal feedback

Patient

- Outcome measures (a change in health status which can be attributed to preceding healthcare intervention)
- Experience measures (a patient and their families perception about their experience of the health care they have received)
- Direct feedback from patients
- One patient 360 every 5 years (15 patients recommended)

5 Complaints and Compliments

Any complaint directed to the individual clinician should be included. There should be evidence of action taken to resolve the complaint, reflection on the event and the action and implementation of any learning.

6 Teaching and Training

Education is a large part of the role of a palliative care physician. Evidence of teaching should be accompanied by evaluation, reflection on evaluation and learning to improve teaching.

7 Research

This will include grant income, publications, citation and other metrics, academic esteem awards and contribution to teaching.

8 Management

Specific evidence should be collected for specific roles, medical director, clinical director, and clinical lead. All clinicians will be involved in planning, coordinating and delivering specific activities within their service: this may include recruitment and selection, strategy development, working group leader, committee membership.

Information Access, Security and Confidentiality Protocol

It is important that the summary of the appraisal discussion, the doctors PDP and the doctor's portfolio of supporting information are held securely and confidentially. This information is required for personal development, professional regulation and quality assurance purposes and access must be strictly limited to a small group. This group comprises the appraiser, the Medical Appraiser Lead. The NHS England Tier 2 Responsible Officer (Responsible Officer of the Responsible Officer) will have access to information relating to the quality assurance of the Trust's appraisal and clinical governance systems. The GMC will be able to access all information relevant to the licensure of all doctors. If sampling of portfolios is required for quality assurance purposes (for instance to check whether portfolios are complete or to assure the quality of revalidation recommendations) this should be done anonymously wherever possible and the information management systems should, in due course, be designed to allow this functionality.

Doctors have a right to expect that personal information relating to appraisal and revalidation is held securely. The information systems must comply with legal requirements and relevant national guidance on confidentiality and information security. All information held for the purpose of appraisal and revalidation is personal information; it is protected by the Data Protection Act and is exempt from requests under the Freedom of Information Act. In certain rare circumstances (e.g. litigation etc) personal information held by the doctor or the Trust may need to be released to a court under the order of a magistrate or judge.

It is important that supporting information included in the appraisal and revalidation portfolio should not include any patient identifiable information.

The following requirements will be applied to ensure the secure confidential handling and storage of personal information relating to appraisal and revalidation (including all paper and computerized information):

- Access is limited to the appraiser, the Responsible Officer, the Medical Appraisal Lead, and administrative staff in the Medical Director's office dealing with medical appraisal. In addition, for the purposes of job planning, summary information will be made available to the service manager and medical line manager undertaking the review. In order to address any operational issues arising from the Appraisal, summary information may be forwarded to the divisional Clinical Director (in consultation with the appraisee).
- Access is limited for specified purposes only (appraisal, revalidation, sampling for internal quality assurance or external quality assurance (for example by the GMC or Royal College etc). Under some circumstances, where serious concerns are identified, this information can be used in the investigation of performance issues.
- There could be some exceptional circumstances in which normal access and confidentiality arrangements can be breached (e.g. court order).
- If serious concerns arise, especially if there are patient safety issues identified, an appraiser can breach appraisee confidentiality.
- There may be circumstances in which information is shared to fulfill the duty of collaboration outlined in the Health and Social Care Act 2008 (e.g. when a request for information about a doctor comes from another organization or when the doctor moves to another organisation).
- Information will be held by the organization for 10 years before being destroyed.

This protocol should be audited for compliance and all breaches of the protocol should be investigated and a report prepared. This should be included in the annual Board Report.