

Policy Number HR46

Medical Appraisal Policy – To Support Revalidation

Contents

Sections	Heading	Page
1.0	Policy statement (purpose / objectives of the policy)	2
2.0	Definitions	2
3.0	Accountabilities	2
4.0	Main principles of appraisal	3
5.0	Appraisal process	3
6.0	Multi Source Feedback- (MSF) (360° appraisal)	6
7.0	Responding to concerns	6
8.0	The process for declaring a conflict of interest	6
9.0	Selection, and review of appraisers	7
10.0	Confidentiality	7
11.0	Postponement of medical appraisal	8
12.0	Non-engagement process	8
13.0	Grievance procedure	9
14.0	Financial risk assessment	9
15.0	Equality impact assessment	9
16.0	Maintenance	9
17.0	Communication and training	9
18.0	Audit process	10
19.0	References - legal, professional or national guidelines	10

Attachments
<u>Attachment 1 – Responsibilities</u>
<u>Attachment 2 – Medical Appraisal & Revalidation Process</u>
<u>Attachment 3 – Multi-Source Feedback Process</u>
<u>Attachment 4 - Medical Appraisal Postponement Application Form</u>
<u>Attachment 5 – Process for Management Apparent Non-Engagement</u>
<u>Attachment 6 – Local Decision Making Group (LDMG) Terms Of Reference</u>

1.0 Policy Statement (Purpose / Objectives of the policy)

- 1.1 The purpose of this policy is to ensure that all licensed medical practitioners (doctors) with a prescribed connection to The Royal Wolverhampton NHS Trust undergo a high quality and consistent form of annual medical appraisal.
- 1.2 As described in the NHS England Medical Appraisal Guide, medical appraisal can be used for three purposes as described below.
 - a) 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 GMC document Good Medical Practice and thus to inform the responsible officer's revalidation recommendation to the GMC.
 - b) To enable doctors to enhance the quality of their professional work by planning their professional development.
 - c) To enable doctor to consider their own needs in planning their professional development.
- 1.3 Appraisal may also be used to ensure that doctors are working productively and in line with the priorities and requirements of the organisation they practice in.

2.0 Definitions

- 2.1 **Revalidation** - is the process by which the General Medical Council (GMC) will confirm the continuation of a doctor's licence to practice in the UK.
- 2.2 **Designated Body** - the organisation to which doctors have a prescribed connection for revalidation purposes. In this document it is referred to as the Trust.
- 2.3 **Inputs** – doctors contact details, scope and nature of work, supporting information, review of last year's personal development plan (PDP), achievements, challenges and aspirations, pre- appraisal preparation and reflection, and declarations.
- 2.4 **Outputs** - the doctor's personal development plan (PDP), the summary of the appraisal discussion, and the appraiser's statements.
- 2.5 **Significant event** - a significant event is any unintended or unexpected event, including never events, which could or did lead to harm of one or more patients.

3.0 Accountabilities

- 3.1 Doctors will be accountable for having an annual medical appraisal as required by the GMC in line with this policy.
- 3.2 Medical appraisers will be accountable for carrying out medical appraisals in line with this policy.
- 3.3 Clinical Directors will be accountable for the application of this policy in their directorate.

- 3.4 Divisional Medical Directors will be accountable for the application of this policy within their Division.
- 3.5 The Responsible Officer will be accountable for the medical appraisal process in the organisation
- 3.6 A full list of responsibilities can be found in ([Attachment 1](#)).

4.0 Main principles of appraisal

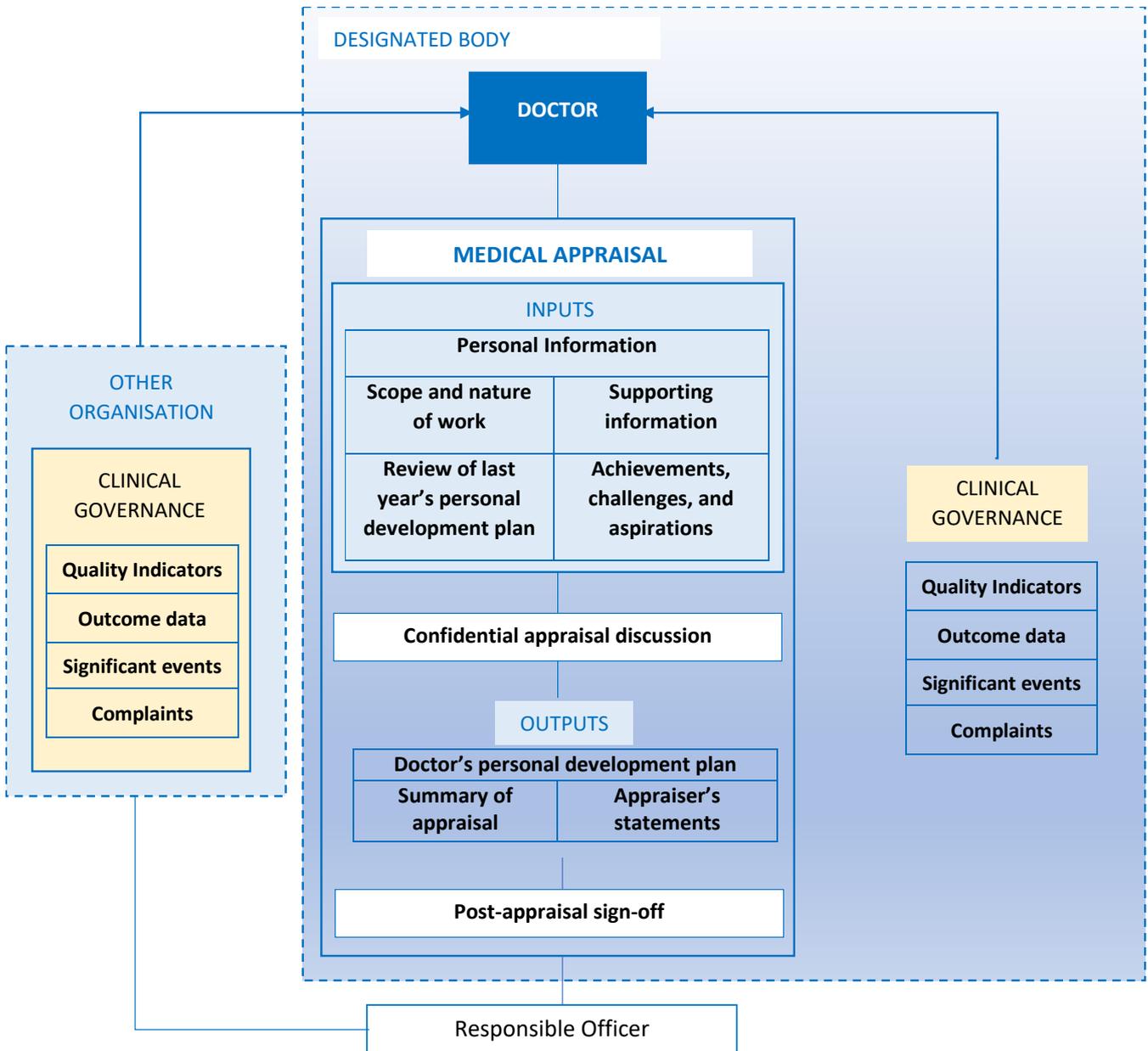
- 4.1 An annual process to review a doctor's whole practice, to determine they are practicing in line with *Good Medical Practice*, and that they are fit to hold a licence.
- 4.2 Appraisal is a supportive mechanism focusing on enhancing local systems of quality improvement. It is designed to recognise good performance, provide feedback, and assist in the identification of performance issues so they can be dealt with at an early stage.
- 4.3 The appraiser will review various sources of information with the doctor to gain an overall opinion of that doctor's practice and inform a mutually agreed Personal Development Plan (PDP).
- 4.4 Appraisal will identify doctors who are struggling to provide the supporting information that is needed to demonstrate they are practicing in line with *Good Medical Practice*.
- 4.5 It will assist all doctors in identifying support and developmental needs at an early stage, before there is any question of concerns about patient safety.

5.0 Appraisal process

- 5.1 There are three stages in the medical appraisal process, as shown in Figure 1.
 - 5.1.1 Inputs to appraisal – as defined in 2.3.
 - 5.1.2 The confidential appraisal discussion.
 - 5.1.3 Outputs of appraisal – as defined in 2.4.

Figure 1¹: Information flows to support revalidation

¹ Information Management for Medical Revalidation in England
March 2012



NOTES:

Post Appraisal sign off by doctor and appraiser - outputs to be added to personal file through the Revalidation Support Office.

Where concerns arise, escalate to the Responsible Officer and inform the CD/Divisional Medical Director/Deputy Medical Director and refer to [policy HR28](#).

5.2 The GMC document, *Supporting Information for Appraisal and Revalidation* describes the six types of supporting information that a doctor will be expected to provide and discuss at appraisal:

1. Continuing professional development,
2. Quality improvement activity,
3. Significant events,
4. Feedback from colleagues,
5. Feedback from patients, and
6. Review of complaints and compliments²

² Good Medical Practice Framework for Appraisal and Revalidation

5.3 This enables the doctor to demonstrate their practice in the four domains of the *Good Medical Practice Framework for Appraisal and Revalidation*. These four domains and attributes are shown in Table 1 below.

Table 1: Good Medical Practice Domains and Attributes

Domain 1: Knowledge, Skills and Performance	Domain 2: Safety and Quality
<ul style="list-style-type: none"> · Maintain your professional performance · Apply knowledge and experience to practice · Keep clear, accurate and legible records 	<ul style="list-style-type: none"> · Put into effect systems to protect patients and improve care · Respond to risks to safety · Protect patients and colleagues from any risk posed by your health
Domain 3: Communication, Partnership and Teamwork	Domain 4: Maintaining Trust
<ul style="list-style-type: none"> · Communicate effectively · Work constructively with colleagues and delegate effectively · Establish and maintain partnerships with patients 	<ul style="list-style-type: none"> · Show respect for patients · Treat patients and colleagues fairly and without discrimination · Act with honesty and integrity

5.4 The supporting information is important, but it is also the doctor's reflection on the information and the record of that reflection that informs the appraisal discussion. This allows the appraiser and the doctor to discuss the doctor's practice and performance.

- 5.5 If the appraiser is not satisfied that the portfolio is adequate to inform the confidential appraisal discussion, then this must be discussed with the doctor. The doctor will be given the opportunity to revise or supplement the portfolio.
- 5.6 In the event of conflict of opinion as to adequacy of the portfolio of information, this should be escalated to the CD, Divisional Medical Director, Trust Medical Appraisal Lead, Deputy Chief Medical Officer or Responsible Officer as appropriate.
- 5.7 If, in the event the doctor and appraiser cannot agree the PDP or appraiser statement, this must be dealt with in line with the Trust grievance policy and escalated to the Divisional Medical Director and, or the Trust Medical Appraisal Lead.

6.0 Multi Source Feedback- (MSF; 360° appraisal)

- 6.1 One type of information required of all doctors for the purposes of their revalidation is feedback from colleagues and, where they have direct patient contact, from patients³. This is usually referred to as multi-source, 360 degree, or colleague and patient feedback. For the purposes of this document, the term MSF is used to cover feedback from both colleagues and patients.
- 6.2 The Trust uses an electronic MSF tool to support this process, which is aligned to the requirements set in the GMC publication *GMC Principles, Criteria and Key Indicators for Multi-Source Feedback in Revalidation*.
- 6.3 Doctors are required to participate in the MSF process once each 5-year cycle.
- 6.4 The MSF process flow is shown in ([Attachment 3](#)).

7.0 Responding to concerns

- 7.1 Concerns about a doctor that arise ahead of or during the appraisal meeting must be managed in accordance with [HR28](#).

8.0 The process for declaring a conflict of interest

- 8.1 If there is a conflict of interest concern from the perspective of the doctor or the appraiser, this must be escalated as a statement in writing detailing the area(s) of conflict to the Clinical Director, Divisional Medical Director, Deputy Chief Medical Officer or Responsible Officer (as appropriate).
- 8.2 The Clinical Director, Divisional Medical Director, Deputy Chief Medical Officer or, Responsible Officer will examine the statement and determine if there is substance to the concern raised around conflict of interest.
 - 8.2.1 Where there is no substance to the concern raised around conflict of interest, the Clinical Director, Divisional Medical Director, Deputy Chief Medical Officer or Responsible Officer will respond accordingly in writing to the doctor and the appraiser and instruct that the appraisal meeting is to go ahead.

- 8.2.2 Where there is substance to the concern raised around conflict of interest, the Clinical Director, Divisional Medical Director, Deputy Chief Medical Officer or Responsible Officer will respond accordingly in writing to the doctor and the appraiser and instruct that the appraisal meeting is to be rearranged with an alternative appraiser.
- 8.2.3 The Clinical Director, Divisional Medical Director, Deputy Chief Medical Officer or Responsible Officer will arrange a suitable alternative appraiser and inform the Revalidation Support Office.
- 8.3 If a conflict of interest is declared about the Responsible Officer, the matter must be referred to a second Responsible Officer.

³ Information Management for Medical Revalidation in England

9.0 Selection, and Review of Appraisers

- 9.1 The selection of medical appraisers will be carried out by the Trust Medical Appraisal Lead as and when required. Doctors will be allocated appraisers in line with NHS England's Medical Appraisal Policy via the Revalidation Support Office. A doctor-appraiser pairing will generally remain the same for 3 years (i.e., 2 appraisers in a 5-year revalidation cycle).
- 9.2 Any doctor who will undertake medical appraisals will have an addendum in their personal file outlining their additional responsibilities to their current terms and conditions with respect to appraisal in support of revalidation, and this is updated and recorded during job planning discussions.
- 9.3 Any doctor who will undertake medical appraisals must complete appraisal training as defined by the Trust and NHS England requirements.
- 9.4 An annual review of medical appraiser's performance will be undertaken as part of their appraisal. This will cover as a minimum:
- 9.4.1 A review of the quality of appraisal outputs (appraisal summary & Personal Development Plan),
 - 9.4.2 The results of structured feedback from doctors ([Attachment 3](#)),
 - 9.4.3 A discussion of any missed or incomplete medical appraisals, and
 - 9.4.4 An opportunity for the medical appraiser to consider their progress and development needs in the role of medical appraiser; and actions to be included in their personal development plan when necessary.

10.0 Confidentiality

- 10.1 The appraisal is a professional discussion between colleagues regarding the doctor's performance and development; and is, in principle, confidential.
- 10.2 However, should information come to light during the appraisal discussion which raises concerns about fitness to practice or patient safety, the appraiser has a professional responsibility to discontinue the appraisal discussion and escalate the issue to the Clinical

Director, Divisional Medical Director, Deputy Chief Medical Officer or Responsible Officer as appropriate.

- 10.3 Appraisal outputs will be used by the Responsible Officer to inform the recommendation for revalidation.
- 10.4 Under specific circumstances, it may also be necessary to review other elements of the appraisal documentation to inform this recommendation.
- 10.5 For security reasons, all data relating to the medical appraisal process should only be exchanged from and to NHS.net email accounts. The revalidation support office (RSO) can assist in this process.

11.0 Postponement of Medical Appraisal

- 11.1 There are circumstances when a doctor may request that an appraisal is deferred such that no appraisal takes place during one appraisal year (which runs 1 April to March 31), or that the appraisal is postponed to take place later than the last day of their appraisal month.
- 11.2 Doctors may request a postponement of an appraisal due to:
 - 11.2.1 Breaks in practice due to sickness or maternity/adoption leave, or
 - 11.2.2 Breaks in practice due to absence abroad or sabbaticals.
- 11.3 As a general rule it is advised that doctors having a career break:
 - 11.3.1 In excess of six months - should aim to be appraised within six months of returning to work; and
 - 11.3.2 Less than six months - should aim to be appraised at their usual date, and no more than 18 months after the previous appraisal.
- 11.4 A doctor who thinks they may need to postpone their appraisal should complete a formal request ([Attachment 4](#)) and submit this to the Clinical Director, Divisional Medical Director, Trust Medical Appraisal Lead, Deputy Chief Medical Officer or Responsible Officer as appropriate.
- 11.5 Postponement applications should be submitted at the earliest possible opportunity before the appraisal is due.
- 11.6 The Clinical Director, Divisional Medical Director or Trust Medical Appraisal Lead as appropriate will consider postponement requests and applicants will be informed in writing of the decision within 10 working days, and never later than 21 working days.

12.0 Non-engagement process

- 12.1 Doctors must ensure they arrange and participate in an annual appraisal in line with this policy.
- 12.2 The non-engagement procedure ([Attachment 5](#)), identifies the sequence of actions which will be taken to support engagement with the appraisal system and remind practitioners of their professional responsibilities.

13.0 Grievance Procedure

- 13.1 Where a disagreement is unresolved in relation to the appraisal process, as a first step, the problem should be discussed between the employee and management and, if wanted by the employee, a union representative.
- 13.2 If the employee remains dissatisfied, they may pursue a grievance using the Trust's Grievance Policy and should refer this in writing to the next level of management of the Trust's Grievance Procedure, instigating the First Formal Stage.

14.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

15.0 Equality Impact Assessment

An initial equality analysis has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

16.0 Maintenance

This policy will be reviewed considering changing legislation and Trust policies. It will be reviewed by the Responsible Officer and approved through the Trust's policy approval process.

17.0 Communication and Training

17.1 It is acknowledged that for medical appraisal to work effectively within the Trust, all medical appraisers must be both knowledgeable about the purpose of medical appraisal, PDP, and Revalidation within the wider context of performance management and must possess the appropriate skills to undertake effective and meaningful appraisal meetings.

17.2 In order to achieve the above, the Education & Training Department will continue to run appraisal training for all medical staff who are responsible for conducting medical appraisals.

17.3 Medical appraisers must be fully trained in line with The Royal Wolverhampton NHS Trust and NHS England requirements before undertaking appraisals.

18.0 Audit Process

18.1 Quarterly audits of appraisal compliance are to be reported through to NHS England.

18.2 NHS England also requires the completion of an Annual Organisational Audit. This will be reported through the Medical Workforce Group, Trust Management Committee and Trust Board.

Criterion	Lead	Monitoring	Frequency	Committee
Appraisal compliance monitoring return NHS England Template	Deputy Director of Education & Training	Online return	Quarterly	Medical Workforce Group
Annual Organisational Audit NHS England Template	Deputy Director of Education & Training	Online return	Annual	Medical Workforce Group, Trust Management Committee and Trust Board

19.0 References - Legal, professional or national guidelines

- a. HR 28 - Supporting doctors to provide safer healthcare NHS
- b. Revalidation Support Team Medical Appraisal Guide v4
- c. The General Medical Councils - Good medical practice

Part A - Document Control

Policy number and Policy version: HR 46 version 4	Policy Title Medical Appraisal Policy - to support Revalidation		Status: Final	Author: Deputy Director of Education Chief Officer Sponsor: Chief Medical Officer
Version / Amendment History	Version	Date	Author	Reason
	1	September 2012	Education Standards Lead	Original Policy
	2	February 2014	Quality Assurance Manager	Revisions and additional attachments required
	2	August 2014	Web Support Team as instructed by Governance Department	Attachment 3 (Medical Appraisal Form) changed. The same information is being requested in the new form, but in a more interactive way. Version number remains the same as there are no changes to the policy itself.
	2	December 2014	Web Support Team as instructed by Governance Department	Attachment 7 (Appraisal Postponement Application Form) changed
	3	September 2018	Deputy Head of Education	Review and amendments
	4	February 2022	Deputy Director of Education	Review and amendments
Intended Recipients: All licensed medical practitioners for which The Royal Wolverhampton NHS Trust is the designated body.				

Consultation Group / Role Titles and Date: LNC – December 2021	
Name and date of Trust level group where reviewed	LNC – July 2012 LNC – December 2013 LNC – June 2018 LNC – December 2021 Trust Policy Group – March 2022
Name and date of final approval committee	Trust Management Committee – March 2022
Date of Policy issue	April 2022
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	3 yearly – March 2025
Training and Dissemination: Dissemination of the policy through email communication and the Trust Medical Appraiser Forum.	
Publishing Requirements: Can this document be published on the Trust’s public page:	
Yes	
If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines , as well as considering any redactions that will be required prior to publication.	
To be read in conjunction with: HR 28- Supporting doctors to provide safer healthcare	
Initial Equality Impact Assessment (all policies): Completed Yes Full Equality Impact assessment (as required): Completed Yes If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904	
Monitoring arrangements and Committee	Medical Workforce Group
Document summary/key issues covered. The policy for all licensed medical practitioners (doctors) for which The Royal Wolverhampton NHS Trust is the designated body. It describes the framework for medical appraisal, with tools to support the appraisal process for both doctors and appraisers which are contained within the policy attachments.	
Key words for intranet searching purposes	Medical Appraisal Revalidation
High Risk Policy? Definition: <ul style="list-style-type: none"> Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. References to individually identifiable cases. References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.	No (delete as appropriate)

Ratification Assurance Statement

Name of document: HR 46 Medical Appraisal Policy

Name of author: Claire Young
Training

Job Title: Deputy Director of Education &

I, the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines(OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author:

Date: 04/02/2022



Name of Person Ratifying this document (Chief Officer or Nominee):

Job Title:

Signature:

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

Policy number and policy version HR46 v4	Policy Title Medical Appraisal Policy - to support Revalidation	
Reviewing Group		Date reviewed:
Implementation lead: Print name and contact details		
Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead / s (Timescale for completion)
Strategy; Consider (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.		
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form		
Development of Forms, leaflets etc; Consider 1. Any forms developed for use and retention within the clinical record MUST be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed		
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?		
Financial cost implementation Consider Business case development		
Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation EIA Action: Race. Is there any evidence or research that doctors from BAME backgrounds have disproportionate complaints made against them based on prejudice which may affect supervision requirements ? With regard to Domain 3 of the framework are there any issues around cross cultural communication which affects relationships with patients and their families which in turn affects performance? Religion. Are there any issues related to religion and belief of doctors that may affect the service to patients ?	Research to find evidence	Deputy Director of Education/EDI Lead

HR46 Attachment 1 – Responsibilities

1.0 The doctor being appraised

- a) Arranging and participating in an annual medical appraisal in line with this policy and procedure ([Attachment 2](#)).
- b) Ensuring they are appraised within the appraisal year, 01 April – 31 March and within one year of their previous appraisal.
- c) Newly appointed doctors must ensure they are appraised between 6 and 9 months after taking up post.
- d) At least 56 days prior to the day of the doctor's appraisal month, they confirm the name of agreed appraiser, and the Revalidation Support Office will assign an appraiser and notify both parties.
- e) Ensuring that they are appraised annually on their whole practice, therefore will need to make arrangements to share information from each of their employers, as well as any other work done on behalf of a professional body (e.g. Research and Development, Deanery, Royal College etc) or private practice, on an annual basis. Guidance on how to obtain this information is available from the Revalidation Support Office on request.
- f) Ensuring that the appropriate documentation is completed and submitted to the appraiser 2 weeks prior to the appraisal meeting.
- g) Rearranging the appraisal where sickness or other absence has prevented the meeting from taking place.
- h) Collecting and documenting personal reflection of all supporting information described in.
- i) Ensuring all supporting information is data relating to the period since their last appraisal including any known significant events or complaints not provided in the list produced centrally.
- j) Undertaking Multi Source Feedback ([Attachment 5](#)) at least once every 5 years.
- k) Using their NHS.net email account to allow the secure exchange of appraisal documentation and clinical governance information, and liaising with the Revalidation Support Office and informing them of any issues.
- l) Completion of the appraisal feedback form.
- m) Ensuring their own GMC Online Account is maintained with the current Designated Body details.
- n) Submitting applications for the postponement of a medical appraisal ([Attachment 4](#)) to the Revalidation Support Office, prior to the appraisal due date.
- o) Ensuring that appraisal outputs are agreed and signed off within 28 days of the appraisal meeting. When an appraisal output cannot be signed off follow HR 06 Grievance Policy.

2.0 The Medical Appraiser

- a) Ensuring the doctor is appraised in line with this policy and procedure ([Attachment 2](#)).
- b) Ensuring that the appraisal documentation is completed and submitted as indicated on the paperwork.
- c) Ensuring that appraisal outputs are agreed and signed off within 28 days of the appraisal meeting. When an appraisal output cannot be signed off, they must follow HR 06 Grievance Policy.
- d) Escalating moderate or high level concerns relating to a doctor to the Clinical Director or Divisional Medical Director, this includes refusal to engage in the appraisal process.
- e) The Revalidation Support Office (RSO) will allocate appraisers to doctors from April 2021. Doctors can have the same appraiser for up to 3 consecutive appraisals.
- f) Conducting no more than 8 medical appraisals per year, with an expectation of a minimum of 3 appraisals per year.
- g) Attending medical appraisal training in line with NHS England requirements.
- h) The RSO can provide advice with the process for reviewing the list of assessors selected by the doctor for the Multi-Source Feedback process, and ensuring the appropriateness of the selected assessors and that it covers the doctor's full scope of practice.
- i) Not undertaking the appraisal for a doctor where there is a conflict of interest. This could include, but is not limited to:
 - ii) A personal or family relationship,
 - iii) A business partnership, or
 - iv) A long-standing personal or professional conflict

3.0 Clinical Directors (CDs)

- a) Using their NHS.net email account to allow the secure exchange of appraisal documentation and clinical governance information.
- b) Ensuring compliance with this policy, and that individuals work within the conditions imposed on them.
- c) Providing reasons for missed appraisals to the RSO as part of the annual audit requirements.
- d) Completing applications for the postponement of a medical appraisal ([Attachment 4](#)), prior to the appraisal due date, in the event of the unexpected absence of a doctor.
- e) Reviewing appraisal postponement application forms within the specified timelines.
- f) Forwarding onto the RSO copies of all appraisal postponement application forms
- g) Ensuring that newly appointed doctors are appraised between 6 and 9 months after

taking up post.

4.0 Divisional Medical Directors

- a) Ensuring appraisals occur within their Division by monitoring Directorate appraisal performance.
- b) Dealing with conflict of interest issues within their Division by being the first level of escalation.
- c) Liaising with the Trust Medical Appraisal Lead regarding issues relating to appraisal or revalidation for individual doctors.
- d) Forwarding on a copy of all applications for the postponement of appraisal and the outcome to the RSO.

5.0 The Responsible Officer (RO)

- a) Making recommendations for revalidation to the GMC about individual medical practitioners for whom the Trust is their designated body.
- b) Establishing and implementing procedures to investigate concerns about a medical practitioner's fitness to practice raised by patients or staff of the designated body or arising from any other source.
- c) Where appropriate, to refer concerns about the medical practitioner to the GMC.
- d) Where a medical practitioner is subject to conditions imposed by, or undertakings agreed with, the GMC, to monitor compliance with those conditions or undertakings.
- e) Maintaining records of practitioner's fitness to practice evaluations, including appraisals and any other assessments or outcomes of investigations.
- f) Ensuring that the Trust's appraisal process is managed in line with the GMC statutory requirements.
 - g) Ensuring there is a process in place for obtaining relevant information when the Trust employs a new doctor or enters into an agreement of service with doctors.
 - h) Ensuring they do not appraise doctors for whom RWT is not the Designated Body, except in exceptional circumstances.
 - i) Notifying the GMC of doctors not engaging with the appraisal process as described in Section 11.

6.0 The Trust Revalidation Support Office

- a) Maintaining a list of doctors for whom the RO is responsible.
- b) Maintaining a list of approved appraisers and then allocating an appraiser in a timely manner.
- c) Storing a copy of all medical appraisal documentation on behalf of

the RO.

- d) Setting up Multi-Source Feedback accounts on behalf of doctors.
- e) Producing and circulating monthly compliance reports on all medical appraisal activity, to the RO, Chief People Officer, Medical Appraisers, CDs, and doctors.
- f) Administering the medical appraisal system.
- g) Conducting annual audits of incomplete appraisals.
- h) Reporting regularly to the RO and Revalidation Steering Group.
- i) Recording the outcomes of all appraisal postponement application forms.

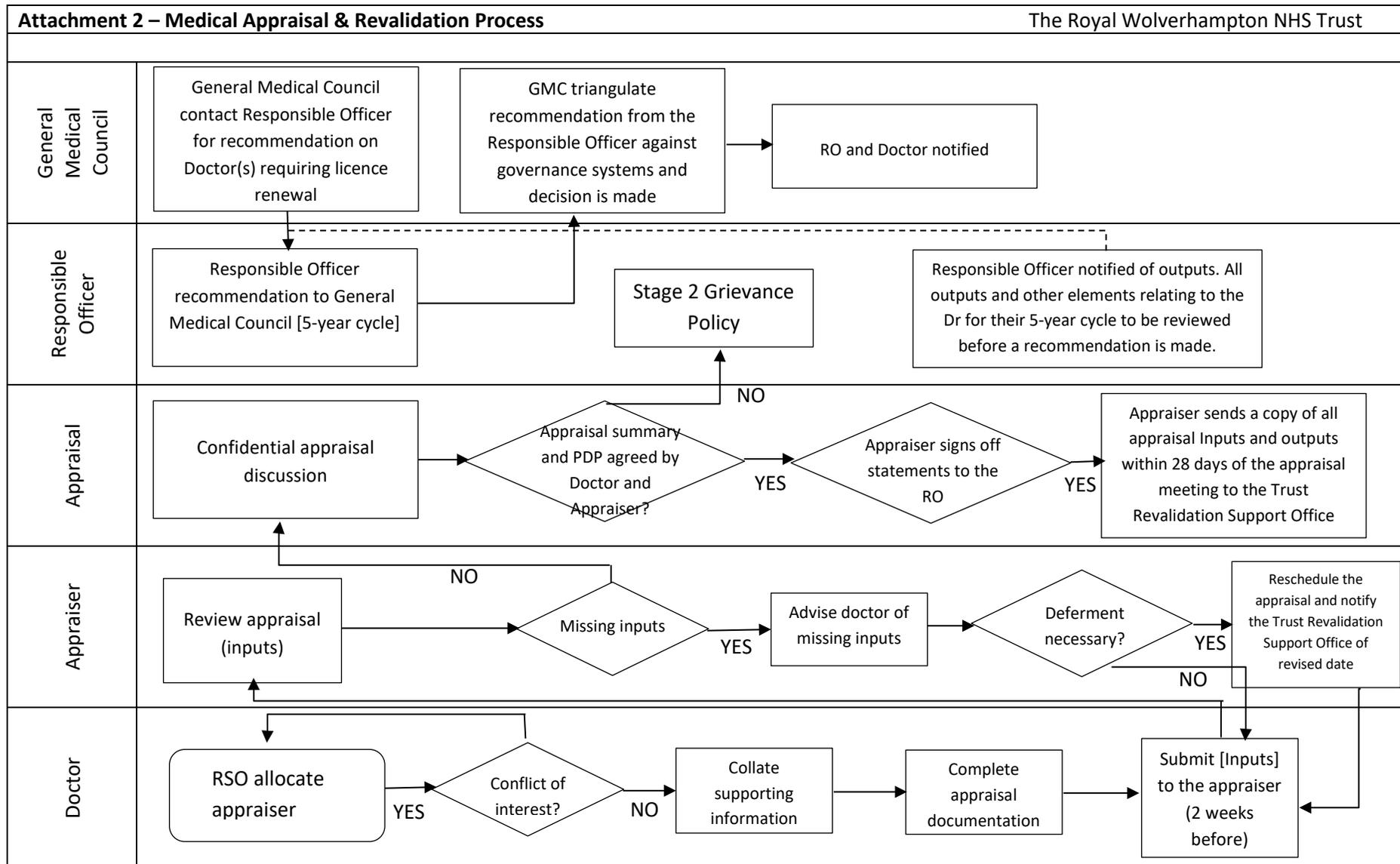
7.0 Trust Medical Appraisal Lead

- a) Being the lead medical appraiser for the RWT.
- b) Providing professional support to consultant appraisers across the organisation.
- c) Ensuring that appraisal in the Trust complies with the requirements to make recommendations to the GMC regarding revalidation for doctors.
- d) Working with the Responsible Officer in making recommendations for revalidation and re-licensing of medical staff.
- e) Assisting the Responsible Officer in matters relating to medical performance and conduct.

8.0 Decision Making Group

- a) To be responsible for the functions listed in the Local Decision Making Group Terms of Reference ([Attachment 6](#)).
- b) The membership of the group is as described in the Local Decision Making Group Terms of Reference ([Attachment 6](#)).

Attachment 2 – Medical Appraisal & Revalidation Process

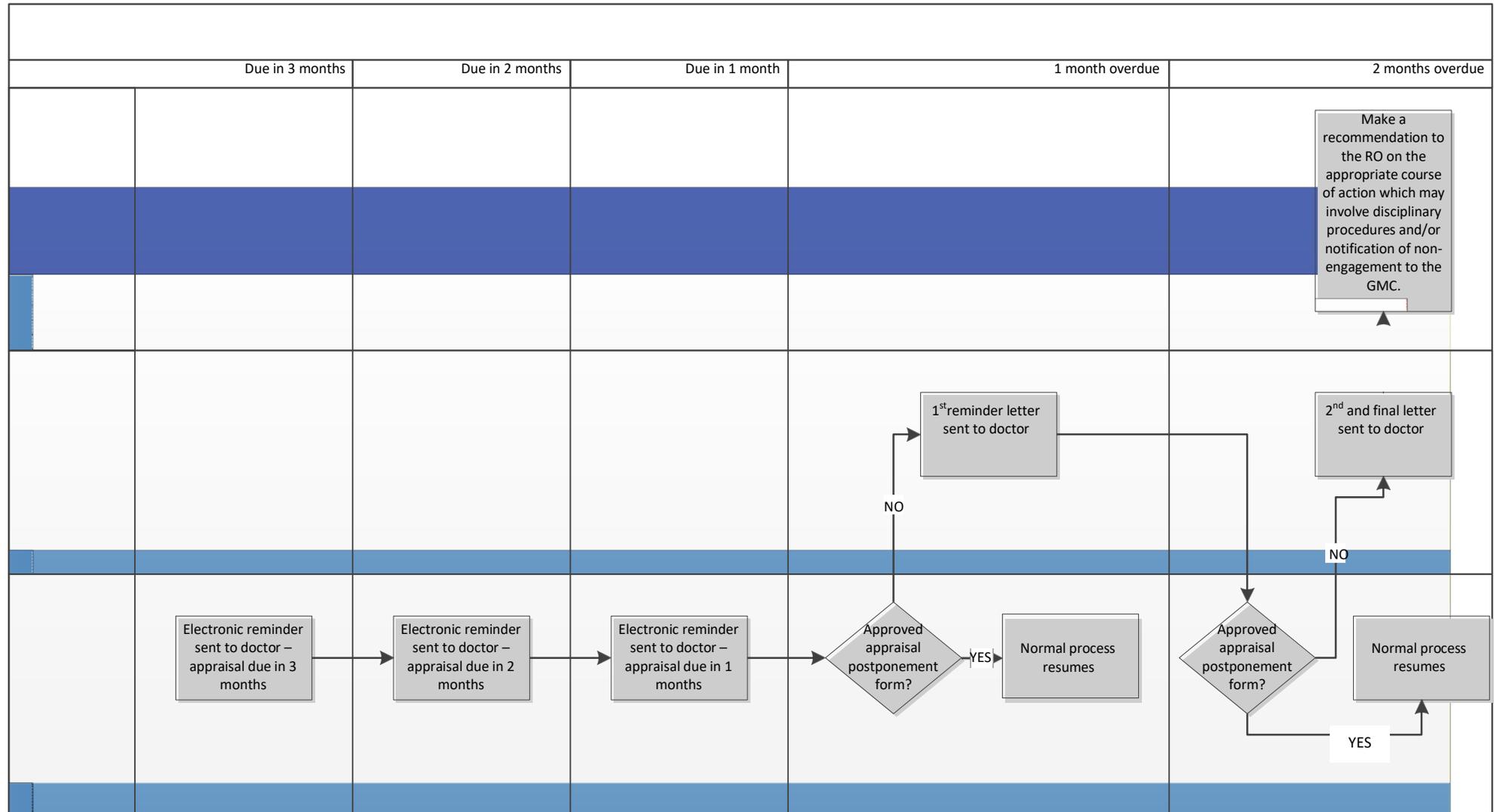


Attachment 4: Medical Appraisal Postponement Application Form

Appraisal postponement application form	
<u>Section A</u>	Doctor's details and request for postponement
Doctor's name:	
GMC number:	
Telephone number(s):	
Mobile:	
Internal:	
Home:	
Email:	
Doctor's appraisal month:	
Date of last appraisal:	
Name of last appraiser:	
Revalidation due date:	
Reason for postponement of appraisal:	
Proposed date for next appraisal:	
Date of request:	
<u>Section B</u>	Responsible Officer / Associate Medical Director decision
Name of person considering request:	
Position:	
Postponement agreed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comment:	
Agreed new appraisal due date:	
Date of decision:	

On completion of the form please arrange to return to the Revalidation Support Office at the following email address: rwh-tr.RevalidationSupportOffice@nhs.net

Attachment 5 – Process for Management Apparent Non-Engagement



Attachment 6 – Local Decision Making Group (LDMG) Terms Of Reference

Name of Meeting	Local Decision Making Group (Medical Appraisal & Revalidation)
Trust Strategic Objectives 2017-19	<ul style="list-style-type: none"> • Create a culture of compassion, safety and quality • Be in the top quartile for all performance indicators • Proactively seek opportunities to develop our services • To have an effective and well-integrated organisation that operates efficiently • Maintain financial health – appropriate investment enhancement to patient services • Attract, retain and develop our staff & improve employee engagement
Meeting Purpose/Remit	<p>The purpose of the group is to consider the available facts and determine the appropriate course of action in relation to a doctor's revalidation recommendation where:</p> <ul style="list-style-type: none"> • The non-engagement process has been triggered. • There is insufficient information to support a positive recommendation. <p>The LDMG will review each case and make recommendations to the Responsible Officer (RO). The RO will make the final decision in relation to a doctor's revalidation recommendation.</p>
Responsibilities	<p>At the meeting, the LDMG will consider the available facts and discuss whether:</p> <ul style="list-style-type: none"> • The concern can be addressed with an action plan and a positive recommendation made; • The concern needs to be investigated further and the revalidation recommendation deferred; • The medical practitioner should be referred to the GMC in relation to non-engagement. <p>The LDMG will consider progress against the key milestones set out in the action plan, at review meetings and discuss whether a positive recommendation can be made or not.</p>
Authority & Accountabilities	The RO is responsible for making recommendations about doctors' fitness to practise to the GMC.
Reporting Arrangements	Reports to Trust Management Committee and Trust Board in line with the agreed reporting frequency.
Membership	<p>Deputy Medical Director</p> <p>Chief People Officer (or nominated deputy)</p> <p>Director of Education or</p> <p>Deputy Director of Education</p> <p>LNC Member</p>
Attendance	<p>Co-opted experts as appropriate, which may include, but is not limited to:</p> <ul style="list-style-type: none"> • Divisional Medical Director • Clinical Director

	GMC ELA
Chair	Chief Medical Officer
Quorum	Chief Medical Officer Chief People Officer (or nominated deputy) One other medical representative i.e. Clinical Director, Divisional Medical Director, Chair of Consultants Committee/LNC
Frequency of meetings	As required. Meetings will be in person.
Administrative support	Notes of the meeting will be maintained and filed confidentially along with previous records in the doctor's appraisal folder held by the Revalidation Support Office.
Standards	GMC Good Medical Practice The Medical Profession (Responsible Officers) Regulations 2010
Date Approved	February 2022
Date Reviewed	February 2025