

## **Medical Appraisal To Support Medical Revalidation Policy**

Reference No:	P_HR_19
Version:	3.2
Ratified by:	LCHS Trust Board
Date ratified:	16 <sup>th</sup> December 2014
Name of originator/author:	Annie Burks
Name of responsible committee/individual:	Employment Policy Group JCNC
Date issued:	September 2017
Review date:	December 2017
Target audience:	All Medical Staff
Distributed via:	Website



**Lincolnshire Community Health Services NHS Trust Medical  
Medical Appraisal to Support Medical Revalidation**

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**Lincolnshire Community Health Services NHS Trust**  
**Medical Appraisal to Support Medical Revalidation**  
**Policy Statement**

<b>Background</b>	<p>LCHS provides medical care in a variety of healthcare environments employing medical staff with a variety of core and extended skills sets: both generalist and specialist. This policy is intended to provide an overview of the agreed process and explains in detail the roles and responsibilities within Lincolnshire Community Health Services NHS Trust for medical appraisal incorporating the medical revalidation process for all doctors. Compliance with the policy will be the responsibility of all directly and indirectly employed medical practitioners and their managers or the managers of the services within which they practice.</p>
<b>Statement</b>	<p>LCHS fully recognises the essential role medical staff have in delivering high quality patient centred care and is committed to supporting the development of medical staff within the framework for life-long learning in the NHS, through a positive appraisal process that will support the legal requirement of medical revalidation over a 5 year cycle.</p>
<b>Responsibilities</b>	<p><b>Medical Director responsibilities</b> - to ensure that each doctor has an annual appraisal using the Trust's behavioural framework, regular progress updates, personal objectives and a Personal Development Plan.          Ensure that all staff have a KSF outline that is integrated into the job description and person specification.          Ensure PDPs and objectives are in line with strategic objectives.  <b>Doctor's responsibilities</b> – to ensure they are familiar with the appraisal requirements in line with 'Maintaining High Professional Standards' and are aware of the evidence required to demonstrate competence.          To prepare for and collate portfolio evidence and multi-source feedback as required to support their performance appraisal in line with revalidation</p>
<b>Training</b>	<p>Training for appraisers through a recognised accredited appraiser training course</p>
<b>Dissemination</b>	<p>Through the organisation's website, Team Brief communication</p>
<b>Resource Implications</b>	<p>Management structures will need to take into account the requirement for sufficient employee time to carry out and engage in annual appraisals for all medical staff, whether full or part time.</p>

## NHSLA Monitoring Template

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals / groups / committee	Frequency of monitoring / audit	Responsible individuals / group / committee (multidisciplinary) for review of results	Responsible individuals / groups / committee for development of action plan	Responsible individuals / group / committee for monitoring of action plan
All medical staff to have completed medical appraisal and revalidation	Audit of medical staffing spreadsheet Qualitative analysis of appraisal summary documents and personal development plans	Responsible Officer	Annual	Practitioner Performance Assurance Committee	Responsible Officer Practitioner Performance Assurance Committee	Responsible Officer Practitioner Performance Assurance Committee

## **1. INTRODUCTION**

This policy states the requirements and approach to medical appraisal for the purpose of medical revalidation by Lincolnshire Community Health Services (hereafter referred to as the Trust) which will ensure that licensed doctors remain up to date and fit to practice

This policy applies to the range of doctors who deliver services across the Trust's community and hospital based settings who are contractually obliged to participate in appraisal and revalidation. It provides a framework to support medical staff involved within this process.

The standards for appraisal covers all directly and non-directly employed medical staff i.e. those working under individual contractual arrangements, for example, within the Trust's Out of Hours Services (OOHS) who must be able to demonstrate compliance with an equivalent appraisal and revalidation process within their permanent practice as a condition of their suitability to provide services within the Trust.

Revalidation of all non-training grade medical staff (GP's/Consultants/SAS Grades) is legally required every 5 years and is based on comprehensive appraisal completion each year during that revalidation cycle. It is designed to improve the quality of patient care by ensuring that licensed doctors remain up to date and continue to be fit to practice.

- To confirm that licensed doctor's practice in accordance with the GMC's generic standards.
- For doctors on the specialist register and GP register, to confirm that they meet the standards appropriate for their specialty.
- To identify, for further investigation and remediation, poor practice where local systems are not robust enough to do this.

All appraisals will be conducted by an equivalent or higher level medical practitioner. Doctors will be appraised by doctors who will have the required skills, experience and appraisal training and appraisal support infrastructure (managing appraiser feedback and independent assessment of appraisals conducted).

## **2. PURPOSE**

The purpose of this policy is to describe how medical appraisal will be carried out within the context of medical revalidation to ensure that licensed doctors remain up to date and fit to practice and meet the appraisal requirements associated with employment by Lincolnshire Community Health Services. It is a contractual requirement.

NHS England, NHS Revalidation guidance 'Medical Appraisal Guide' (MAG) 2013 describes how medical appraisal can be carried out effectively. It is designed to help:

- Doctors understand what they need to do to prepare for and participate in appraisal.
- Appraisers and designated bodies ensure that appraisal is carried out consistently and to a high standard.

The General Medical Council (GMC) has set out its generic requirements for medical practice and appraisal in three main documents:

- Good Medical Practice (GMC 2013)
- Good Medical Practice Framework for Appraisal and Revalidation (GMC 2013)
- Supporting Information for Appraisal and Revalidation (GMC 2012)

These are supported by guidance from the medical royal colleges and faculties, which give the specialty context for the supporting information required for appraisal.

Doctors should also have regard for any guidance that the employing or contracting organisation may provide concerning local policies.

This policy defines the responsibilities of key staff involved in medical appraisal including medical staff, Responsible Officer, HR, service managers, etc.

The aim of the policy is to ensure that through an effective appraisal mechanism all medical staff are fit to practice and provide the highest standards of safe care to patients by meeting the requirements of medical revalidation.

[www.gmcuk.org/guidance/goodmedicalpractice.asp](http://www.gmcuk.org/guidance/goodmedicalpractice.asp)

The annual appraisal process will provide the basis for medical revalidation. The process of revalidation is designed to improve quality of patient care by ensuring that licensed doctors remain up to date and continue to be fit for practice. It requires that all licensed doctors revalidate on a 5 year cycle and is based on the completion of comprehensive appraisals annually. Revalidation involves two distinct areas: relicensing (confirming that a doctor's practice is in accordance with GMC generic standards) and recertification (confirming that doctors on the specialist and GP registers conform to standards appropriate for their specialty).

### **3. EQUALITY & DIVERSITY STATEMENT**

This policy applies to all Trust substantively employed / trained and contracted doctors irrespective of age, race, religion, disability, nationality, ethnic origin, gender, sexual orientation, marital status, domestic circumstances, social and employment status or membership or non-membership of a trade union.

All employees / trainees and contractors will be treated in a fair and equitable manner with respect, and reasonable adjustments will be made where applicable.

The policy will be reviewed every two years or earlier following change in legislation, codes of practice or as a result of the outcome of national pilots.

### **4. DEFINITIONS**

Appraisal	Is a confidential, professional process of constructive dialogue in which the doctor being appraised has a formal, structured opportunity to reflect on his or her work and to consider how his or her effectiveness may be improved annually.
Appraisal Cycle	The process by which the minimum standards of the process are set.
Appraisee	Doctor participating the process of appraisal.
Appraiser	Medical professional who has completed additional training in order to undertake appraisal of peers.
Continuing Professional Development (CPD)	Means by which an individual maintains their knowledge and skills related to their professional lives.
Designated body	An organisation which has a prescribed connection with and responsibilities in respect of the doctor. The designated body is required to nominate or appoint a Responsible Officer unless all the doctors with whom it has a prescribed connection have a connection with another body
General Medical Council (GMC)	Registrant body of all medical staff within the UK. Exists to protect, promote and maintain the health and safety of the public by making sure that doctors follow proper standards of medical practice. Includes keeping an up to date register of qualified doctors, fostering good medical practice, promoting high standards of medical education and training and dealing firmly and fairly with doctors whose fitness to practice is in doubt.

Medical Appraiser	Is an individual who has completed recognised, additional training in the process of appraisal
Portfolio	This is a collection of evidence to support achievement of competence held by the appraisee.
Professional Development Plan (PDP)	Sets out the identified learning and training activities that supports personal development so the job role can be undertaken effectively. It is recorded and reviewed.
Recertification	Licensed doctors on the Specialist or GP register will in addition to licensing be required to recertify against the standards that apply to their specialty or area of practice, set by the relevant medical Royal College or Faculty and approved by the GMC.
Relicensing	To practice medicine in the UK all doctors are required by law to be both registered and hold a license to practice that confirms their compliance with the GMC generic standards as set out in Good Medical Practice.
Remediation	Is the overall process agreed with a practitioner to redress identified aspects of under-performance. It is a broad concept varying from informal agreements to reskilling or more formal supervised programmes.
Responsible Officer	Medical Director of the Trust; known for the purposes of medical revalidation as the designated body; who exercises powers and performs functions in accordance with the legislative requirements of the GMC regarding medical revalidation.
Restrictions on Practice	A requirement or formal undertaking to limit professional practice to specific agreed areas or to define specific exclusions.
Revalidation	Is the process by which doctors will demonstrate to the GMC that they remain up to date and fit to practice. All licensed doctors will go through the revalidation process on a 5 yearly cycle in order to keep their license to practice.

## **5. DUTIES / RESPONSIBILITIES:**

The Trust has an unequivocal commitment to deliver a quality assured system of appraisal in support of medical revalidation, which is fully integrated with the systems of clinical governance. This policy relates to all non-training grade medical staff, where they relate to the Responsible Officer for LCHS.

**Chief Executive:** Accountable for ensuring that the medical appraisal process is delivered within LCHS.

**Medical Director:** As Responsible Officer (RO) is accountable for ensuring that:

- A medical appraisal system, which complies with national guidance and requirement, is in place and maintained.
- There are sufficient numbers of trained medical appraisers.
- Doctors undertake annual appraisals including compliance figures and exception reports.
- Medical appraisals take account of relevant information relating to the doctors role(s).
  - Systems are in place to record and collate all the necessary information, including a record of any practice undertaken by the doctor outside of the organisation.
  - Makes recommendations to the GMC on doctors fitness for revalidation based on 5 years' appraisals.
  - Accountable to Trust Board and provides annual report.

**Medical Appraiser:** Is responsible for:

- Adequate preparation for appraisal meetings including review of appraisal documentation and evidence prior to appraisal commencement.
- Completing the appraisal documentation including signing off PDP and completing 'post appraisal checklist'; sends the outputs of appraisal to the Responsible Officer within 28 days of the appraisal meeting.

- Maintaining their own skills for the role of medical appraiser through participation within approved training and in the quality assurance process for medical appraisers
- Ensure that any fitness to practice concerns are reported to the Responsible Officer.
- Ensure that they complete a minimum of three appraisal per year and no more than 10 appraisals per year, ensuring that appraisal for the same doctor is not carried out for more than 3 consecutive years.
- Ensures statutory and mandatory training is up to date.

**Appraisee - Doctor being appraised:** Is responsible for:

- Maintaining a portfolio of supporting information to demonstrate the maintenance of their clinical and professional standards and where applicable their specialist skills.
- Participating in annual appraisal cycle i.e. once per year within the appraisal year.
- Ensure that the appraiser is appropriate and does not have conflicts of interest or bias e.g. a close business associate / personal relationships / private practice.
- The appraise ensures that there is a change every 3 years within the 5 yearly revalidation cycle of their appraiser

**Service Manager:** Is responsible for:

- Identifying performance issues including those related to competency, attitude and behaviour and seeking to address these proactively.
- Evoking the initial investigation process for matters of concern, seeking appropriate advice from Practitioner Performance Managers and the Medical Director.
- Maintaining accurate records of discussions.
- Escalating serious matters to the Medical Director for advice and further investigation.

**Human Resources Personnel:** Responsible for:

- Producing procedural documents and guidelines to support the implementation of Medical Revalidation.
- Maintenance and management of the Medical Assurance Process ensuring any alerts regarding registration, fitness to practice, restrictions on practice, appraisal completion are escalated in the first instance to the Practitioner Performance Managers.
- Responsible for communicating with the Practitioner Performance Managers and Responsible Officer regarding any performance concerns regarding doctors employed within Business Unit services including conduct and capability concerns.
- Seeking advice from the Medical Director regarding management of concerns.
- Audit of the Medical Assurance Process including appraisal information.

**Practitioner Performance Managers:** Responsible for:

- Maintaining an oversight of the Medical Assurance Process, responding to concerns and providing advice.
- Supporting formal investigation of performance concerns.

## **6. THE APPRASAL PROCESS**

### **6.1 Appraisal Principles:**

Appraisal is a positive, supportive process which focuses on enhancing local systems of quality improvement. Medical appraisal is designed to recognise good performance, to provide feedback on past performance and continuing progress. In addition, appraisal helps to identify concerns regarding poor performance at an early stage and also to recognise factors that may have led to performance problems such as ill-health. It is a formative, reflective process allowing the individual to review his/her development professionally with a trained colleague as appraiser annually. The primary aim is to consolidate and improve good performance, aiming towards excellence. In doing so, appraisal will

identify areas where further development is necessary with the purpose of enhancing performance across all areas of practice.

Doctors will use a portfolio of supporting information as a means to demonstrate that they are continuing to meet the principles and values defined by the GMC in their document ‘Supporting Information for Appraisal and Revalidation’.

Every appraisal will result in an agreed summary and PDP development which will be accessible to the Responsible Officer to inform their revalidation recommendations.

Appraisals must be completed annually within each appraisal year unless deferment is agreed (Section 4.4). It must be signed off within 28 days of the appraisal meeting and include a mutually agreed PDP. Whole practice must be appraised so information from all employers, including private practice, must be shared.

Annual appraisal will provide the foundation stone upon which a positive affirmation of continued fitness to practice can be made every five years by the doctors Responsible Officer.

**6.2 Appraisal Process:**



<b>Stage 1</b>	Preparation work and information gathering by both appraiser and appraisee from all organisations by which the doctor is employed.
<b>Stage 2</b>	Appraisal discussion including review of the presented, supporting information that must reflect the whole breadth of the doctors practice, across organisations and employers, including private practice, and demonstrates objective evaluation of its quality. Information must be evidential. (Section 4.3)
<b>Stage 3</b>	Recording and completion of documentation including: <ul style="list-style-type: none"> <li>• Review and further development of PDP</li> <li>• Summary of appraisal discussion</li> <li>• Appraisers statements</li> <li>• Completion of ‘Post-appraisal checklist’ form</li> <li>• Completion of ‘Progress Towards Revalidation’ form</li> </ul>
<b>Stage 4</b>	Review and feedback including: <ul style="list-style-type: none"> <li>• Confirm and challenge of information</li> </ul>
<b>Stage 5</b>	Completion of Annual Appraisal including:

- |  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• Sign-off of all documentation</li> <li>• Reporting appraisal outcome to Responsible Officer including escalation of concerns</li> </ul> |
|--|--|

### 6.3 Portfolio Content:

Supporting information should relate to the doctors complete scope and nature of work. The GMC document ‘Supporting information for Appraisal and Revalidation’ describes 6 types of supporting information that a doctor would be expected to provide and discuss at appraisal at least once in every five year appraisal cycle. These are:

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

Examples of supporting information:

- Quality of clinical care feedback including audits
- Evidence of CPD relating to their practice
- Feedback from patients and colleagues
- Complaints, clinical incidents and significant events
- Probity
- Health
- A description of the doctor’s scope and nature of work.
- Previous PDP’s.
- Summaries of the appraisal discussions for each year in the revalidation cycle.
- A commentary of achievements, challenges and aspirations.
- Demonstrate valid and verifiable supporting evidence that reflects the breadth of the individual medical practitioners practice.
- Evidence of compliance with organisational mandatory training requirements

This will enable the doctor to demonstrate their practice in the four domains of the ‘Good Medical Practice Framework for Appraisal and Revalidation’ i.e.

<b>Domain 1 – Knowledge, Skills and Performance</b>	<b>Domain 3 – Communication, Partnership and Teamwork</b>
<p><b>Attribute 1:</b> Maintain your Professional competence</p> <p><b>Attribute 2:</b> Apply knowledge and experience to practice</p> <p><b>Attribute 3:</b> Keep clear, accurate and legible records</p>	<p><b>Attribute 7:</b> Communicate effectively</p> <p><b>Attribute 8:</b> Work constructively with colleagues and delegate effectively</p> <p><b>Attribute 9:</b> Establish and maintain partnerships with patients</p>
<b>Domain 2 – Safety and Quality</b>	<b>Domain 4 – Maintaining Trust</b>

<p><b>Attribute 4:</b> Put into effect systems to protect patients and improve care</p> <p><b>Attribute 5:</b> Respond to risk to safety</p> <p><b>Attribute 6:</b> Protect patients and colleagues from any risk posed by your health</p>	<p><b>Attribute 10:</b> Show respect for patients</p> <p><b>Attribute 11:</b> Treat patients and colleagues fairly without discrimination</p> <p><b>Attribute 12:</b> Act with honesty and integrity</p>
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#### 6.4 Multi-Source Feedback (MSF)

The GMC recommends that a doctor engages in MSF once in a 5 year revalidation cycle. A second MSF may be used where there are concerns regarding a doctor's practice.

Doctors are responsible for ensuring an accredited MSF exercise is completed, collated and evidenced within appraisal. LCHS recommends using the MSF tool bundled with procured appraisal toolkit.

#### 6.5 Deferring Annual Appraisal:

The Trust requires that all medical staff participate in annual appraisal. The appraisal year runs from 1<sup>st</sup> April until 31<sup>st</sup> March. This is also a requirement for successful revalidation.

In exceptional circumstances a doctor may request that an appraisal is deferred which means that an appraisal will not take place during one appraisal year. These are breaks in clinical practice due to:

- Extended sickness absence or maternity/adoption leave
- Absence abroad or sabbaticals which may make it more difficult for a doctor to collate sufficient evidence in support of their appraisal especially where the appraisal date falls due shortly after their return to clinical practice. Consideration should be given as to whether an appraisal should take place as a means to assisting the doctors re-induction to clinical practice. In these instances an appraiser will decide on the minimum levels of acceptable evidence. Each case will be decided on its own merits ensuring that no doctor is unfairly disadvantaged or penalised recognising that it is likely that a doctor will have to meet the 5 yearly cycle of revalidation.
- Suspension from clinical work as a result of the doctor being investigated due to concerns raised about performance / behaviour.

Doctors who believe that they may need to defer their appraisal should first discuss their deferment with the Medical Director of LCHS; a formal written request will then be made. A decision to allow deferment will be made within 7 working days and will depend on a number of factors including:

- How many appraisals have or will be missed in a 5 year cycle
- If further breaks from clinical practice are anticipated in the near future
- If there have been problems with evidence in previous appraisals
- If the doctor is undergoing any investigation regarding his/her performance

The above list is not exhaustive.

Where a doctor has not completed an annual appraisal nor requested deferment; the Medical Director will investigate and take appropriate action.

Choosing not to engage with the appraisal process will not be dealt with by deferral; discussions will take place to address non-engagement between the Medical Director and doctor concerned and this may result in formal conduct or capability procedures being evoked.

## **6.6 Procedure for managing doctors who have not completed an annual appraisal:**

Appraisal is the responsibility of the individual doctor to meet revalidation requirements. When a doctor fails to ensure completion of an appraisal within an appraisal year the Medical Director will ensure that an initial investigation is carried out by the Service Manager to establish the reasons why the individual doctor has not met policy requirements.

Following completion of the initial investigation the Medical Director will determine if a formal investigation is required as identified within the Trust Disciplinary Process and Procedure including Investigation Process policy; following which a management report will be submitted to the Medical Director for consideration.

If the reason for failure to complete an appraisal is due to a failing on the part of the Trust e.g. lack of appraiser capacity; the Medical Director will take actions to secure an alternative appraiser which will not put the appraisee at a disadvantage.

Doctors who have not completed an annual appraisal will not be eligible for routine pay progression unless deferment due to exceptional circumstances has been agreed by the Medical Director.

A doctor who fails to complete appraisal may be ineligible for revalidation. In these circumstances the Medical Director will meet with the doctor concerned to discuss and agree how this matter will be resolved.

Where the Medical Director as Responsible Officer cannot recommend a doctor for revalidation this may result in the GMC withdrawing a doctor's license to practice. The Trust will consider terminating the contract of a doctor in accordance with 'Maintaining High Professional Standards' in conjunction with the Disciplinary Process and Procedure including Investigation Process policy.

## **6.7 Doctors in Difficulty:**

Where the appraisal process suggests that a doctor is in difficulty then the appraiser in conjunction with the Medical Director will as soon as possible devise an action plan to support the doctor in accordance with the 'Maintaining High Professional Standards' guidance.

The Trust will fund any reasonable remediation programme agreed with the doctor as part of a time limited action plan; in consultation with the Medical Director.

## **6.8 Appraisal Records and Confidentiality:**

The information contained within a doctor's appraisal and revalidation portfolio is confidential and access to this information is limited to the doctor, appraiser and the Responsible Officer. Appraisal interview discussion details are generally considered to be confidential between the doctor and appraiser however within the context of revalidation, the appraiser will report to the Responsible Officer the general outputs of the appraisal.

If during the appraisal interview the appraiser becomes aware of a serious issue whether it is a health, conduct or performance matter requiring further investigation then the appraiser must notify the doctor at that time that the issue will need to be escalated to the Responsible Officer who will determine what action, should be taken.

Appraisal records are confidential and exempt from the Freedom of Information Act. However, they may be accessed by the Responsible Officer.

**Appraisees** are responsible for:

- Maintaining an appraisal portfolio, this will include individual reports from whole sphere of practice, across employing organisations; including private practice.

- Inclusion of 360 degree multi-source feedback from colleagues and patients at least once in a 5 year cycle of revalidation.
- Retaining copies of appraisal documentation over a 5 year period.
- Appraisal sign-off.

**Appraisers** are responsible for:

- Maintaining the confidentiality of appraisal discussions.
- Reporting details of the appraisal outputs to the Responsible Officer.
- Appraisal sign-off.

**Responsible Officer** is responsible for:

- Securely retaining all documentation relating to appraisals over a 5 year period.
- Sampling and quality checking appraisal documentation.

## **6.9 Investigations and Formal Procedures**

In the event that a doctor is under investigation or subject to formal investigation under the 'Maintaining High Professional Standards' or the Trust's disciplinary procedures then the doctor must inform the appraiser. The appraisal meeting will continue; however this should be recorded within the appraisal documentation.

## **6.10 Conflicts of interest and/or appearance of bias:**

Importantly, the evaluation of a doctor's fitness to practice must be fair, honest and evidence based if it is to provide the assurances required by LCHS and the GMC. In some circumstances, doctors will find that there is a conflict of interest or appearance of bias with the appointed appraiser or Responsible Officer. Examples of such conflict/bias are:

- Personal or family relationships
- Reciprocal appraisal, where two doctors appraise each other
- Where the appraiser and doctor share a close business or financial interest
- An appraiser acting as the line manager within LCHS or a different organisation
- A responsible officer or a doctor's direct employer acting as a Responsible Officer

Where a conflict of interest or appearance of bias occurs between a doctor and appraiser the Responsible Officer must be informed in writing; including as much background information as possible. If appropriate the Responsible Officer will agree to another appraiser being assigned to the doctor; and will discuss the request with NHS England Appraisal Support Team to allocate a suitable alternative appraiser; if multiple sequential requests for alternative appraisers occurs from a doctor, the appraisal will be allocated to a senior associate appraiser.

In exceptional circumstances where a conflict of interest or appearance of bias exists between a Responsible Officer and a doctor the Chief Executive must be informed in writing including as much background information as possible. Every attempt must be made to resolve the concerns using mediation processes if required. When all resolution processes have been exhausted which does not result in a satisfactory outcome for all parties the evaluation of fitness to practice may be overseen by another Responsible Officer. In such extenuating circumstances LCHS as the designated body will seek advice from the Responsible Officer's own responsible officer. All discussions and communications must be held on written record.

## **7. PERFORMANCE ISSUES**

Performance issues will be managed as they arise and will not be accumulated for discussion at appraisal. Managers will complete an initial investigation as identified within LCHS Disciplinary Policy and Procedure including Investigation Process seeking appropriate advice from Practitioner Performance Managers and the Medical Director.

## **8. INDEMNITY ARRANGEMENTS FOR MEDICAL APPRAISERS**

The Trust will indemnify doctors working as appraisers on behalf of LCHS for their actions in this role as part of their usual indemnity arrangements with the Trust and ensure all relevant policy documents are accessible on the organisation's website.

## **9. QUALITY ASSURANCE PROCESS**

Quality Assurance will be given through internal and external reporting and based on the following four high level indicators which have been defined by NHS England Revalidation team.

High level indicators:

- Organisational ethos
- Appraiser selection, skills and training
- Appraisal discussion
- System and infrastructure

The Responsible Officer will complete audit analysis using the tools set out in the DOH document 'A Framework of Quality Assurance for Responsible Officers and Revalidation' to ensure that the appraisal systems and processes are effective.

A qualitative analysis of appraisal summary documents and personal development plans will be carried out by the Responsible Officer on an annual basis with feedback to the Practitioner Performance Assurance Committee (PPAC).

An appraisee feedback questionnaire will be emailed automatically to all appraisee's upon appraisal completion. Completing the questionnaire is mandatory and the results will be collated by the Responsible Officer, and presented to PPAC.

The Responsible Officer will present his findings to Trust Board annually.

## **10. ASSOCIATED DOCUMENTS**

LCHS Clinical Supervision Policy

LCHS Disciplinary Policy and Procedure including Investigation Process

LCHS Whistle-blowing Policy

LCHS Managing Poor Performance and Capability Policy

LCHS Professional Registration Policy

## **11. REFERENCES**

The Medical Profession (Responsible Officer) Regulations 2010. Her Majesty's Stationary Office

The Role of the Responsible Officer, Closing the Gap in Medical Regulation. Responsible Officer Guidance. DOH 2010

Good Medical Practice, GMC 2013

[www.gmc-uk.org/guidance](http://www.gmc-uk.org/guidance)

The Good Medical Practice Framework for Appraisal and Revalidation, GMC 2013

[www.gmc-uk.org/doctors/revalidation/revalidation\\_gmp\\_framework.asp](http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp)

Supporting information for appraisal and revalidation, GMC 2012

[www.gmc-uk.org/doctors/revalidation/revalidation\\_information.asp](http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp)

Medical Appraisal Guide (MAG), NHS England, NHS Revalidation, 2013  
[www.england.nhs.uk/revalidation/](http://www.england.nhs.uk/revalidation/)

Quality Assurance of Medical Appraisers, NHS England, NHS Revalidation, 2014  
<http://www.england.nhs.uk/revalidation/>

Supporting Doctors to Provide Safer Healthcare, Responding to Concerns about a Doctors Practice,  
NHS England, NHS Revalidation, 2013  
[www.gmc-uk.org/guidance](http://www.gmc-uk.org/guidance)

# Equality Analysis

## Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

Advance equality of opportunity between people who share a protected characteristic and those who do not.

Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help LCHS staff members to comply with the general duty.

Please complete the template by following the instructions in each box. Should you have any queries or suggestions on this template, please contact Qurban Hussain Equality and Human Rights Lead.

# Equality Analysis

<b>Title: Medical Appraisal to Support Revalidation</b>
<b>Relevant line in:</b>
<b>What are the intended outcomes of this work?</b> <i>Include outline of objectives and function aims</i>  Lincolnshire Community Health Services NHS Trust recognises and accepts its responsibilities to provide good standards of care and treatment to patients, by fully qualified, statutory registered professional medical practitioners. Professional regulation is intended to protect the public, making sure that those who practice a health profession are doing so safely  In addition robust systems of Appraisal and Revalidation are required to meet the external standards set out by the NHS England (NHSE), General Medical Council (GMC), Medical Royal Colleges and Department of Health (DOH).  The medical appraisal and revalidation process is an essential part of the Trust's commitment to its employees and requires all medical practitioners working within their services to be aware of, understand and deliver the vision, values and culture of the organisation in the conduct of their duties
<b>Who will be affected?</b> Medical staff, patients, service users etc

<b>Evidence</b> <i>The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment.</i>
<b>What evidence have you considered?</b>  External standards set out by NHS England, the General Medical Council (GMC), Medical Royal Colleges and Department of Health (DOH).
<b>Disability</b> <i>Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.</i>  None identified
<b>Sex</b> <i>Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).</i>  None identified
<b>Race</b> <i>Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i>  None identified

<p><b>Age</b> Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</p> <p>None identified</p>
<p><b>Gender reassignment (including transgender)</b> Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</p> <p>None identified</p>
<p><b>Sexual orientation</b> Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</p> <p>None identified</p>
<p><b>Religion or belief</b> Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</p> <p>None identified</p>
<p><b>Pregnancy and maternity</b> Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.</p> <p>None identified</p>
<p><b>Carers</b> Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.</p> <p>None identified</p>
<p><b>Other identified groups</b> Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.</p> <p>None identified</p>

<p><b>Engagement and involvement</b></p> <p>Was this work subject to the requirements of the Equality Act and the NHS Act 2006 (Duty to involve)?  <b>Yes</b></p>
<p>How have you engaged stakeholders in gathering evidence or testing the evidence available?</p> <p><b>Circulation of draft documents Trust wide including staff side</b></p>
<p>How have you engaged stakeholders in testing the policy or programme proposals?</p> <p><b>Circulation of draft documents Trust wide including staff side</b></p>

For each engagement activity, please state who was involved, how and when they were engaged and the key outputs.

**Employees and Staff side representation**

**Summary of Analysis** *Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.*

No potential for differential impact identified but any required alterations will be managed through Employment Policy Group if they emerge

*Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.*

**Eliminate discrimination, harassment and victimisation** *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

None identified

**Advance equality of opportunity** *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

None identified

**Promote good relations between groups** *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

None identified

**What is the overall impact?** *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*

None identified

**Addressing the impact on equalities** *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

None identified

**Action planning for improvement** *Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.*

None identified

Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

Arrangements for continued monitoring and evaluating the policy or service for its impact on different groups as the policy/service is embedded.

Arrangements for embedding findings of the assessment within the wider system, other agencies, local service providers and regulatory bodies

Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results

Arrangements for making information accessible to staff, patients, service users and the public

Arrangements to make sure the assessment contributes to reviews of DOH strategic equality objectives.

## **For the record**

**Name of person who carried out this assessment:**

**Annie Burks**

**Date assessment completed:**

22<sup>nd</sup> July 2014

**Name of responsible Director/Director General: Dr**

Phil Mitchell

**Date assessment was Signed:**

# Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation			
Data collection and evidencing			
Analysis of evidence and assessment			
Monitoring, evaluating and reviewing			
Transparency (including publication)			