

Medical Appraisal To Support Medical Revalidation Policy

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Lincolnshire Community Health Services NHS Trust

Medical Appraisal to Support Revalidation

Version Control Sheet

Version	Section/Para/	Version/Description of Amendments	Date	Author/Amended by
1		NEW Policy	Nov 2011	Rita Ahmet / Dr P. Mitchell
2	Whole Document	Review of Policy	March 2013	Rita Trewartha
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3.1		Extended	February 2017	Corporate Assurance Team
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4.1	Entire document	This document has been checked by the policy owner who has confirmed that it is fit for use and that it will be fully reviewed and updated as appropriate before the end of the extension period granted by LCHS Trust Board on 12/1/2021	January 2021	Corporate Governance Team
5	Entire Document	Review of Policy	May 2021	Georgia Travis / Deputy Medical Director

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

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

<p>Background</p>	<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>
<p>Statement</p>	<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>
<p>Responsibilities</p>	<p>Responsible Officer responsibilities - to ensure that LCHS provides an appraisal system to allow each doctor to have an annual GMC appraisal and ensure timely revalidation recommendations are made to the GMC. Doctor's responsibilities – 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>
<p>Training</p>	<p>Training for appraisers through a recognised accredited appraiser training course.</p>
<p>Dissemination</p>	<p>Through the Trust's website, team meetings and communication.</p>
<p>Resource Implications</p>	<p>Management structures will need to consider the requirement for sufficient employee time to carry out and engage in annual appraisals for all medical staff, whether full or part time.</p>

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 ie 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 and the expected behaviors in line with the LCHS Way. 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 and behaving in line with the LCHS Way.

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 AND 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 in the process of appraisal.
Appraiser	Medical professional who has completed additional training in order to undertake appraisal of peers.
Clinical Appraisal Lead	Medical Professional who is a trained appraiser and provides clinical leadership to the medical appraiser workforce.
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 Trust.
- Makes recommendations to the GMC on doctors' fitness for revalidation based on 5 years' appraisals.
- Accountable to Trust Board and provides annual report.

Clinical Appraisal Lead: is responsible for

- Provide overall leadership and support to the whole medical appraiser workforce of the appraisal office, coordinating guidance, educational and benchmarking opportunities and performance review to all appraisers engaged by the office.
- Managing the activity of medical appraisers to defined and quality assured standards.

- Promoting excellence in medical appraisal to deliver robust revalidation recommendations and quality improvements in patient care through the professional development of doctors.
- Recruiting and selecting medical appraisers.
- Organising and/or delivering competency based new appraiser training.
- Supporting new appraisers through a probationary period, such as the first three appraisals, providing feedback on their performance.
- Monitoring performance of existing appraisers, ensuring that appraisals are conducted in line with national, regional and local guidance, and that regular feedback is provided.
- Promoting and supporting the continuing professional development (CPD) of medical appraisers.
- Promoting the benchmarking of professional judgements between medical appraisers through the provision of resources and opportunities to learn with and from others.
- Supporting and facilitating local medical appraiser support group meetings, directly or indirectly.
- Answering queries from doctors and appraisers.
- Supporting the role of the responsible officer (RO) by ensuring that the outputs of appraisal provide the required information to enable robust revalidation recommendations to be made.
- Ensuring appraisals are carried out before the end of year deadline.
- Producing and promoting appropriate evaluation, reports and summaries.
- Dealing with significant events and complaints.
- Keeping abreast of local and national developments in appraisal and revalidation.
- Promoting a quality assured appraisal and revalidation process to doctors and appraisers.
- Representing the appraisal team at local, regional and national initiatives relating to the development and implementation of appraisal.
- Networking with other clinical appraisal leads and their teams to maintain standards of delivery of medical appraisal across NHS England.
- Liaising with medical educators and their networks on issues relating to continuing professional development (CPD) for doctors being appraised.
- Ensuring compliance with all confidentiality and governance requirements.
- Working at all times to promote equality and reduce inequalities, promote the health, safety and well-being of all staff and champion the NHS Constitution.

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 3 appraisals 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 appraisee 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 behaviours and seeking to address these proactively.
- Evoking the initial investigation process for matters of concern, seeking appropriate advice from Practitioner Performance, HR and the Medical Director/Deputy Medical Director.
- Maintaining accurate records of discussions.
- Escalating serious matters to the Medical Director/Deputy Medical Director for advice and further investigation.

Human Resources: 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 Practitioner Performance and the Deputy Medical Director.
- Responsible for communicating with Practitioner Performance and Responsible Officer regarding any performance concerns regarding doctors employed within service areas including conduct and capability concerns.
- Supporting formal investigation of performance concerns.
- Seeking advice from the Medical Director/Deputy Medical Director regarding management of concerns.
- Audit of the Medical Assurance Process including appraisal information.

Practitioner Performance: 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 5 years by the doctor's Responsible Officer.

6.2 Appraisal Process:



Stage 1	Preparation work and information gathering by both appraiser and appraisee from all organisations by which the doctor is employed.
Stage 2	Appraisal discussion including review of the presented, supporting information that must reflect the whole breadth of the doctor's practice, across organisations and employers, including private practice, and demonstrates objective evaluation of its quality. Information must be evidential. (Section 4.3)
Stage 3	Recording and completion of documentation including: <ul style="list-style-type: none"> • Review and further development of PDP • Summary of appraisal discussion • Appraisers statements

	<ul style="list-style-type: none"> • Completion of 'Post-appraisal checklist' form • Completion of 'Progress Towards Revalidation' form
Stage 4	Review and feedback including: <ul style="list-style-type: none"> • Confirm and challenge of information
Stage 5	Completion of Annual Appraisal including: <ul style="list-style-type: none"> • Sign-off of all documentation • Reporting appraisal outcome to Responsible Officer including escalation of concerns

6.3 Portfolio Content:

Supporting information should relate to the doctor's 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 5 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.

Domain 1 – Knowledge, Skills and Performance	Domain 3 – Communication, Partnership and Teamwork
<p>Attribute 1: Maintain your professional competence</p> <p>Attribute 2: Apply knowledge and experience to practice</p> <p>Attribute 3: Keep clear, accurate and legible records</p>	<p>Attribute 7: Communicate effectively</p> <p>Attribute 8: Work constructively with colleagues and delegate effectively</p> <p>Attribute 9: Establish and maintain partnerships with patients</p>
Domain 2 – Safety and Quality	Domain 4 – Maintaining Trust
<p>Attribute 4: Put into effect systems to protect patients and improve care</p> <p>Attribute 5: Respond to risk to safety</p> <p>Attribute 6: Protect patients and colleagues from any risk posed by your health</p>	<p>Attribute 10: Show respect for patients</p> <p>Attribute 11: Treat patients and colleagues fairly without discrimination</p> <p>Attribute 12: Act with honesty and integrity</p>

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 1st April until 31st 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 doctor's 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.

- Exclusion from clinical work as a result of the doctor being investigated due to concerns raised about performance / behaviours.

Doctors who believe that they may need to defer their appraisal should first discuss their deferment with the Clinical Appraisal Lead 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 Clinical Appraisal Lead 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 Responsible Officer 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. All doctors will be expected to adhere to the appraisal system and format as directed by LCHS. Failure to do so will be deemed inconsistent with the standards defined in Good Medical Practice (2019). When a doctor fails to ensure completion of an appraisal within an appraisal year the Responsible Officer will ensure that an initial investigation is carried out by the Clinical Appraisal Lead to establish the reasons why the individual doctor has not met policy requirements.

If an individual persistently fails to participate in the appraisal process the GMC will be informed of the doctor's failure to engage. The GMC can then remind the doctor of their obligation to engage with the process. If a doctor continues not to engage the GMC can bring forward the doctor's submission date for revalidation.

The Responsible Officer will not recommend revalidation if a doctor has not shown appropriate engagement with the appraisal system. Dependent on the individual situation either a notification of non-engagement or a deferral request will be submitted to the GMC on notification that the individual's revalidation is due. In these circumstances the Responsible Officer will meet with the doctor concerned to discuss and agree how this matter will be resolved.

Following completion of the initial investigation the Medical Director will determine if a formal investigation is required as identified within the Trust Disciplinary Policy (Your Behaviour Matters); 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.

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 Trust's Disciplinary Policy (Your Behaviour Matters).

6.7 Doctors in Difficulty

Where the appraisal process suggests that a doctor is in difficulty then the appraiser in conjunction with the Responsible Officer 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 Responsible Officer/Medical Director.

The key objectives for remediation should be:

- The safety of patients and public protection (where referral to the appropriate regulatory body may be necessary).
- The wellbeing of the health professional and the team.
- The robust delivery of services based on agreed patient care pathways.
- A satisfactory outcome for the practitioner concerned – to restore them to consistent competency across the whole scope of their practice.
- To support the doctor's successful revalidation.

Any remediation programmes agreed within LCHS would be based on the principles of good practice as detailed in the NHS Revalidation Support Team (2013) Supporting doctors to provide safer healthcare: responding to concerns about a doctor's practice (2013).

Programmes will be personalised to the medical practitioner's needs, with explicit goals, objectives and timescales, proportionate to the risks to patient safety and involve external organisations as appropriate. There will be regular monitoring and supervision of the programme to ensure that objectives remain appropriate and are effectively fulfilled.

The Responsible Officer is responsible for coordinating and monitoring the remedial programme. Ensuring that patient safety is the primary concern and adequate progress is being made against the agreed outcomes.

The Responsible Officer will report on the progress of remedial programmes to the Chief Executive (or deputy) on a schedule agreed with the Chief Executive.

The Responsible Officer will also report details of anonymised remedial programmes, and progress against those programmes, as part of the routine Responsible Officer report to the Quality and Risk Committee, a subcommittee of LCHS's Board.

Should a doctor in remediation not engage with the remediation plan or fail to achieve the agreed goals the Responsible Officer will ensure that this is raised as a high-level concern to the Chief Executive or identified deputy.

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 Clinical Appraisal Lead.
- 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 (Your Behaviour Matters), seeking appropriate advice from Practitioner Performance, HR and the Medical Director/Deputy 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 Trust's website.

9. QUALITY ASSURANCE PROCESS

The appraisal system will be annually validated against the core standards as identified in Annex A of the NHS England (2019) Framework of Quality Assurance for Responsible Officers and Revalidation by the RO and updated as necessary.

There will be an annual audit of appraisals and reasons determined for all missed or incomplete appraisals within an appraisal year. Appraisals are incomplete if the appraisal summary has not been signed off within 28 days of the appraisal discussion. The appraisal year will run from 1st April to 31st March. The Annual Organisational Audit (AOA) is reported to NHS England.

A qualitative analysis of appraisal summary documents and personal development plans will be carried out by the Clinical Appraisal Lead on an annual basis with feedback to the appraisers individually and the Quality and Risk Committee.

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 Clinical Safety Effectiveness Group (CSEG).

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

10. ASSOCIATED DOCUMENTS

LCHS Clinical Supervision Policy

LCCHS Disciplinary Policy (Your Behaviour Matters)
LCCHS Whistle-blowing (and Speaking Up) Policy
LCCHS Your Performance Matters Policy
LCCHS 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

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

Medical Appraisal Guide (MAG), NHS England, NHS Revalidation, 2013
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

Appendix A – 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	Clinical Safety Effectiveness Group	Responsible Officer Clinical Safety Effectiveness Group	Responsible Officer Clinical Safety Effectiveness Group

Appendix B __ Equality Analysis

NB - It is the responsibility of the author / reviewer of this document to complete / update the Equality Analysis each time it has a full review and to contact the Equality Diversity and Inclusion Lead if a full equality impact analysis is required

Equality Impact Analysis Screening Form

Title of activity	Review Policy		
Date form completed	11/06/21	Name of lead for this activity	Georgia Travis

Analysis undertaken by:		
Name(s)	Job role	Department
Georgia Travis	Assistant HR Advisor	HR

What is the aim or objective of this activity?	Review policy and to check equality impact
Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc.</i>	Staff

Potential impacts on different equality groups:

Equality Group	Potential for positive impact	Neutral Impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Marriage & civil partnerships	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pregnancy & maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Additional Impacts (what other groups might this activity impact on? Carers, homeless, travelling communities etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

If you have ticked one of the above equality groups please complete the following:

Level of impact

	Yes	No
Could this impact be considered direct or indirect discrimination?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how will you address this?		

	High	Medium	Low
What level do you consider the potential negative impact would be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the negative impact is high, a full equality impact analysis will be required.

Action Plan

How could you minimise or remove any negative impacts identified, even if this is rated low?
How will you monitor this impact or planned actions?
Future review date: