NHS
Surrey Downs
Clinical Commissioning Group

Clinical Appraisal Policy

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Owner	Karen Parsons
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Version History

V.	Date	Status and/ or amendments
V1.0	**16 Oct '14**	First Draft, Author Karen Parsons
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Improving care together across Surrey Downs

Equality statement

Surrey Downs Clinical Commissioning Group (Surrey Downs CCG) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability. Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

Surrey Downs CCG embraces the six staff pledges in the NHS Constitution. This policy is consistent with these pledges.

Equality analysis

This policy has been subject to an Equality Analysis, the outcome of which is recorded below.

		Yes, No or N/A	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	Age Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).		
	Disability A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term		

	adverse effect on that person's ability to carry out normal day-to-day activities.		
	Gender reassignment The process of transitioning from one gender to another.		
	Marriage and civil partnership In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).		
	Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.		
	Race Refers to the protected characteristic of Race. It refers to a group of people		

	defined by their race, colour, and nationality (including citizenship) ethnic or national origins		
	Religion and belief Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition		
	Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes		
2.	Is there any evidence that some groups are affected differently?		
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
4.	Is the impact of the document/guidance likely to be negative?		
5.	If so, can the impact be avoided?		
6.	What alternative is there to achieving the document/guidance without the impact?		
7.	Can we reduce the impact by taking different action?		

For advice in respect of answering the above questions, please contact the Corporate Office, Surrey Downs CCG. If you have identified a potential discriminatory impact of this procedural document, please contact as above.

Names and Organisation of Individuals who carried out the Assessment	Date of the Assessment
Jade Brelsford, Interim Head of Communications and Engagement	29/10/14
Justin Dix, Governing Body Secretary	

1. Introduction

This policy details the appraisal of licensed medical practitioners. The objective is to provide a framework to ensure that doctors and potentially other clinical staff are able to achieve revalidation. Revalidation is the process by which doctors will confirm to the General Medical Council (GMC) that they are up-to-date with their clinical skills and are therefore fit to practice. The clinical appraisal process will enable medical practitioners to provide evidence to support their practice with a view to identifying developmental opportunities and providing greater assurance to patients.

2. Purpose and Scope

This policy applies to the appraisal of all licensed medical practitioners who have a prescribed connection with Surrey Downs CCG (SDCCG). All doctors reporting to the suitable person are covered by this policy.

The purpose of this policy is to provide guidance for conducting enhanced appraisals that support the medical practitioner's personal and professional development and performance at work.

The policy also defines the duties and responsibilities of the Suitable Person, Medical Appraisers and support functions, including Human Resources, and Clinical Governance.

3. Roles and Responsibilities

3.1 Suitable Person

- The **suitable person** (SP) will be accountable for ensuring that the doctor is prepared for revalidation and ensuring that there is a robust process in place for the appraisal of medical staff.
- The SP will be responsible for making recommendations on the fitness to practice of all medical staff employed or engaged in honorary contracts with the CCG that are not eligible elsewhere. Recommendations for revalidation will then be made by the SP to the appropriate body.

- The SP will provide quality assurance and also needs to undergo appraisal themselves, and to be revalidated every five years.

3.2 Medical Appraisers

- Medical appraisers will be responsible for conducting an enhanced appraisal with their designated medical practitioner during each appraisal year.
- They will be responsible for ensuring that appraisals and their recommendations are evidence-based and objective.
- Appraisers must declare any conflicts of interest with their appraisee. This could be:
  - A personal or family relationship
  - Paired appraisals where two doctors appraise each other
  - An appraiser receiving direct payment from an appraisee for performing the appraisal.
- Appraisers must keep their skills up to date through participating in training offered by NHS England.

3.3 Medical Practitioners

- All medical practitioners with a prescribed connection with SDCCG are responsible for maintaining an electronic portfolio in line with *Good Medical Practice*. This will form the basis of their annual appraisal.
- They are required by law to maintain their Licence to Practice in order to carry out any medical practice.
- All medical practitioners are required to maintain a portfolio of evidence, including supporting examples for the competence framework in *Good Medical Practice;* clinical outcomes and 360 Degree Feedback.

3.4 The Human Resources

- The human resources department (HR) will provide guidance on good practice in enhanced appraisal.
- They will support investigators in cases where performance raises cause for concern. This will be done in line with the CCG's performance management and disciplinary policy.
- HR will also be responsible for pre-employment checks for all medical practitioners, including those engaged through locum agencies and the bank, as well as those on honorary contracts with the CCG.
- Ensure that the relevant department provides an agreed set of clinical data to the RP and medical practitioner concerned.

3.5 The IT Department of the CCG's Commissioning Support Unit

- Is responsible to provide support on the procurement and use of technology to support the appraisal.

4. Definitions

- **Suitable Person (SP)** is required by law to make recommendations on the fitness to practice of doctors in their organisation. In SDCCG, the SP is the GP Governing Body Chair.
- **Revalidation** is the process whereby the General Medical Council will establish a doctor's fitness to practice and with it, the right to remain on the medical register. The process will have a five-yearly cycle. The GMC has agreed that annual appraisal will be the primary mechanism by which doctors provide evidence of their fitness to practice.
- **Appraisal** is a supportive process helping doctors improve the way they work and the services they provide to patients, colleagues and other stakeholders. Medical appraisal can be used:
    - 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 *Good Medical Practice*;

- To enable doctors to enhance the quality of their professional work by planning their professional development;
- To enable doctors to consider their own needs in planning their professional development.

- **360 Degree Feedback** will fulfil the requirements of *Good Medical Practice* to provide patient and colleague feedback at least once in the five year appraisal cycle. It provides the opportunity for patients, non-medical co-workers (including other health professionals, managers and administrators) and medical colleagues (including doctors in training) to reflect on the professional skills and behaviour of a medical practitioner.
- **Remediation** is the process of addressing performance concerns that have been recognised, through assessment, investigation, review or appraisal, so that the practitioner has the opportunity to return to safe practice. It is an umbrella term for all activities which provide help; from the simplest advice, through formal mentoring, further training, re-skilling and rehabilitation.
- **Maintaining High Professional Standards in the Modern NHS** is a national framework governing capability and disciplinary issues among Medical Staff in England. It provides a single process for handling competency issues through the National Clinical Assessment Service (NCAS).

5. The Appraisal Process

All doctors working in the United Kingdom are required to have a Licence to Practice (LTP). From 2013, the GMC will renew LTPs on the basis of a recommendation from the medical practitioner's Suitable Person. Recommendations will be based on comprehensive enhanced annual appraisals undertaken over a five year period and clinical data. Revalidation is designed to:

- Confirm that licensed doctors practice in accordance with the national standards *Good Medical Practice* specified by the General Medical Council (GMC);
- Confirm that specialist doctors meet the standards appropriate for their specialty;
- Identify, for further investigation and remediation, poor practice where this has not previously been uncovered.

5.1 Appraiser Selection

The following section describes how appraisers will be selected, the training required and provided, the portfolio of information that must be collected and the outputs from the appraisal process.

- Appraisers are selected by the SP. When the role of appraiser is an integral part of a broader medical management role (clinical, head of service), the job description and person specification will include the core elements relating to the role of appraiser.
- Medical practitioners will be given the opportunity to select a first, second and third preference of appraiser at the commencement of each appraisal year. The CCG will endeavour to accommodate their preferences as far as appraisers' capacity permits.
- Should a medical practitioner wish to appeal an appraiser/appraiser assignment, this should be done in writing to the SP with the reasons for objection provided.
- Medical practitioners must not be appraised by the same appraiser for more than three consecutive years.

5.2 Appraiser Training

The appraiser will need to undertake the NHS England appraisal training.

5.3 The Appraisal Portfolio

Doctors will be asked to maintain an online portfolio of supporting evidence which will form the basis of the appraisal conversation.

The portfolio should contain the following mandatory information:

- Personal details, including GMC numbers.
- Scope of work, including the organisations and locations where they have undertaken work and a comprehensive description of the scope and nature of their practice.

Supporting information:
These will need to be provided against the core domains of Good Medical Practice, as well as the ways in which they demonstrate CCG Values and Behaviours. These are outlined in Appendix 1.

5.4 Supporting evidence

Supporting evidence should include:

- The previous year's Personal Development Plan and reflection on objectives achieved;
- Reflection on challenges, achievements and aspirations of the previous years.
- A statement of completion of statutory and mandatory training. These can be obtained from the doctor's line manager or the Learning and Development department and uploaded to the online portfolio.

Further guidance on Supporting Information is available at General Medical Council documentation "Ready for Revalidation": http://www.gmc-uk.org/The_Good_medical_practice_framework_for_appraisal_and_revalidation DC5707.pdf_56235089.pdf

The Royal Colleges are developing speciality-specific advice on evidence that is necessary to include in appraisal portfolios. Draft guidance is available at http://www.aomrc.org.uk/revalidation/revalidation.html

5.5 Submitting the Appraisal Portfolio

Before submitting their portfolio for appraisal, medical practitioners should make a declaration to the appraiser that demonstrates:

- Acceptance of the professional obligations placed on doctors in *Good Medical Practice* in relation to probity and confidentiality;
- Acceptance of the professional obligations placed on doctors in *Good Medical Practice* in relation to personal health;
- Personal accountability for accuracy of the supporting information and other material in the appraisal portfolio.

The appraiser should review the supporting information at least one week prior to the appraisal meeting and, if they feel they have insufficient evidence to make a judgement on any of the domains, they should discuss this with their appraisee prior to the appraisal discussion. The doctor may then revise or supplement the supporting information. If the appraiser is then satisfied that sufficient supporting information is now available; the appraisal discussion should proceed.

5.6 The Appraisal Discussion

The appraisal discussion is an opportunity for the appraiser to support, guide and constructively challenge the medical practitioner. The appraisal discussion is confidential, in order to consider some of the more difficult areas that may be raised in appraisal. However, confidentiality is not absolute and there may be times where information may need to be shared.

Appraisers should be aware of the individual needs of appraisees and ensure in particular that any issue relating to protected characteristics is taken into account

when organising, conducting and following up the appraisal. This would include making appropriate adjustments for any disability, age, race, gender or other requirement, including the need to accommodate appraisees who are pregnant.

5.7 Output from the Appraisal

There should be three outputs to the appraisal, recorded on the online portfolio.

- *Personal Development Plan (PDP)*
  This is an itemised list of personal objectives for the coming year. There should also be an indication of the period of time in which the objectives should be completed. The PDP is the main developmental output for the medical practitioners. It may be helpful to include objectives arising from job planning and other roles.

- *Summary of the appraisal discussion*
  The doctor and the appraiser should agree the content of a written summary of the appraisal discussion. This written summary should cover, as a minimum, an overview of the supporting information and the doctor's accompanying commentary. It should also include the extent to which the supporting information relates to all aspects of the doctor's scope of work. Details of any deficiencies that have occurred, and recommendations on how, if appropriate, the doctor should develop an approach to address them in the following year. It should also include, where appropriate and mutually agreed a more general record of the doctor's progress, achievements and important issues (Appendix 2 sets out the appraisal evidence that the appraisee should produce)

- *The Appraiser's statements*
  As the final output of the appraisal process the appraiser will make a series of statements to the SP on the lines of:

  - "An appraisal has taken place that reflects the doctor's scope of work and addresses the principles and values set out in *Good Medical Practice."*

- "Appropriate supporting information has been presented in accordance with the *Good Medical Practice Framework for Appraisal and Revalidation* and this reflects the nature and scope of the doctor's work."
- "A review that demonstrates appropriate progress against last year's personal development plan has taken place."
- "An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year."

When conducting an appraisal the appraiser must remain aware of their duty as a doctor as laid out in *Good Medical Practice*. The appraisal summary should include a confirmation from the appraiser that they are aware of these duties, as cited below:

"I understand that I must protect patients from risk of harm posed by another colleague's conduct, performance or health. The safety of patients must come first at all times. If I have concerns that a colleague may not be fit to practice, I am aware that I must take appropriate steps without delay, so that the concerns are investigated and patients protected where necessary."

This provides the context for a further statement:

"No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practice."

The appraiser and the medical practitioner should both confirm that they agree with the outputs of appraisal and that a record will be provided to the SP.

If agreement cannot be reached the SP should be informed. If this circumstance occurs, the appraiser should still submit the outputs of the appraisal, but the SP should take steps to understand the reasons for disagreement and whether further actions are required e.g. if a different appraiser should be appointed.

5.8 Appraisal and Job Planning

The appraisal and job planning meetings must be kept separate in order to minimise conflict of interest between objectives required by the CCG and personal development. However, wherever practicable, objectives identified in the job plan should support personal development objectives and vice versa.

For this reason, prior to an appraisal meeting, the appraiser should have a discussion with the relevant Director or Clinical lead regarding organisational objectives. Job plan objectives will be included as part of the appraisal discussion to identify progress over the year and areas where additional support would be beneficial.

5.9 Concerns about Practice or Performance

Any concerns about a doctor's performance or practice, should be raised by the relevant Clinical lead at the earliest opportunity and should not come as a "surprise" in the appraisal discussion. Nevertheless, if, during an appraisal discussion, the appraiser has any concerns that the medical practitioner has not provided sufficient information on one or more domains, they must include this in their summary statement. Where the doctor has developmental needs relating to any of the core domains, these should form part of the doctor's Personal Development Plan .

If the appraiser has serious concerns about a doctor's capability or conduct, they should raise this with the relevant Clinical GP/Governing Body Chair and/or their HR Representative to determine if it is appropriate to investigate this further under the CCGs Performance management policy. Similarly, should information come to light in appraisal discussion which raises concerns about patient safety, the appraiser has a professional responsibility to discontinue the appraisal and refer the matter to the SP or Head of Quality.

5.10 Non- co-operation with the Appraisal process

Part of the developmental approach to appraisal should be supporting the appraisee to improve the quality of evidence in the portfolio. However, if evidence repeatedly falls short of standards required to make an informed decision or if the doctor has wilfully or carelessly failed to co-operate with the appraisal process, this may be considered failure to follow a reasonable management instruction and may be investigated under the SDCCG Disciplinary Policy and Procedure.

5.11 Appraiser Feedback

Appraisees will be provided with forms to provide feedback on the quality of their appraiser following the appraisal meeting. This will be confidential to the appraisee, the appraiser's own appraiser and the SP. It will provide an opportunity to identify development needs for the appraiser and support them in their role. Aggregate data will be made available for discussion at the appraiser's own appraisal.

5.12 Deferring an annual appraisal

All medical staff are required to undergo an annual appraisal and to participate in the revalidation cycle. There are however, exceptional circumstances where a doctor may request that an appraisal is deferred so that no appraisal takes place within one appraisal year. Instances where a doctor may request that an appraisal is deferred include:

- Breaks in clinical practice due to long term sickness absence;
- Breaks in clinical practice due to maternity leave;
- Breaks in clinical practice due to sabbaticals and employment breaks.

Doctors who have a break from clinical practice are likely to struggle to collect evidence to support their appraisal; particularly if they are appraised soon after their return to clinical practice. However, often an appraisal can be useful when timed to coincide with a re-induction into clinical work. As a general rule, doctors having a career break:

- In excess of 6 months: should try to be appraised within 6 months of returning to work.
- Less than 6 months: should try to be appraised no more than 18 months after the previous appraisal and wherever possible so that an appraisal year is not missed altogether.

No doctor should be disadvantaged or unfairly penalised as a result of pregnancy, sickness or disability. Doctors are likely to have accumulated satisfactory evidence for the revalidation cycle, even if they have had some leave during these years.

Doctors who would like to defer their appraisal must obtain written permission from their SP. Approval may be granted retrospectively only in exceptional circumstances and must be approved by the SP.

7. Remediation

For most medical practitioners, appraisal and revalidation will be a straightforward process. A very small minority, however, will find that the process raises concerns about their performance and/or ability to revalidate without participation in some remedial activity. This should not be a "surprise" following the appraisal or at the end of the Revalidation cycle.

Remediation may include re-skilling - addressing gaps in skills and knowledge identified in appraisal and ongoing supervision – and rehabilitation in cases where the practitioner is disadvantaged by chronic ill health or disability. Remediation is most effective when medical practitioners and their Clinical leads work in partnership to address performance issues before they cause serious concern.

Advice should be sought from Occupational Health and Human Resources where appropriate. In cases of serious conduct or capability issues, it may be necessary to investigate the concerns under the CCG's Performance management policy (HR07) or as otherwise determined.

8. Information Governance

Appraisal is a confidential process. The meetings will be held in private and the completed documentation will normally be treated as confidential. However, there is an explicit link between "successful" participation in annual appraisal and re-licensure. There is therefore a shift in emphasis from the appraisal being purely formative, towards a cumulative process linked to revalidation.

There is also a need for monitoring and reporting on completed appraisals to ensure that these are completed within the annual leave cycle. There is therefore a genuine need for some information to be shared outside the appraisal meeting. The doctor's SP will be able to access online portfolios, clinical data and summaries of the appraisal discussion and multisource feedback in order to make their GMC recommendation.

In order to manage, monitor and report on the appraisal processes, limited access to information may be required by named administrative staff or HR. This will normally be restricted to information on appraisal appointments; doctor- appraiser allocations; doctors having completed their annual appraisal; doctors nearing the close of their five year cycle and doctors having had a successful recommendation to the GMC. Aggregate scores on appraisal feedback will be available for monitoring purposes. Further information may be shared on a case by case basis, in serious performance and disciplinary cases requiring investigation/remediation, for example with an investigating Manager and HR representative.

9. Recommendations to the GMC

The SP will review the outcomes of appraisals on a five year cycle and consider it alongside clinical data and 360 Degree Feedback in order to make a recommendation to the GMC regarding the doctor's fitness to practice.

In making this decision, SPs will consider the following areas:

- There is evidence of annual appraisals with supporting information. This will be provided by the appraiser's summary.
- Where appraisal has identified developmental needs, there is evidence

of continuing development and reflection between appraisals.

- There is evidence of reflection on the supporting information. This will be provided by the appraiser's summary;
- There is evidence that the risk of complacency and collusion between appraiser and appraisee is minimised. This will be demonstrated through altering appraisers on a three year cycle, verification with clinical data, patient and colleague feedback and appropriate appraiser training.

10. Training

Training for Appraisers is covered by provisions in this policy. Appraisees will receive training in the revalidation process and supporting information required and technical training in the use of any electronic resources required for submitting their appraisal data.

11. Implementation

This policy will be communicated to medical practitioners via mail, in educational sessions and relevant business meetings. It will also be available on the CCG's intranet.

12. Monitoring the process effectiveness

The quality of appraisals will be monitored through appraiser feedback forms in appraisers' own appraisal, with support from their SP. The SP, with support from Human Resources, will identify trends or patterns indicating poor quality appraisals which will be investigated on a case by case basis with remedial action put in place as required

13. Review, Approval / Ratification and Archiving

This policy will be reviewed every three years or earlier if national policy or guidance changes are required to be considered. The review will then need to be subject to

approval and re-ratification. This policy will be maintained and archived in accordance with Surrey Downs CCG's Information Governance Policies and the Records Management: NHS Code of Practice, 2009.

14. Associated Documentation

This policy should be read in conjunction with the following documents-

- The Medical Profession (Responsible Officer) Regulations 2010
- SDCCG Performance Management Policy
- SDCCG Disciplinary Policy
- Maintaining High Professional Standards in the Modern NHS
- Framework for appraisal and revalidation
  http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp
- Supporting information requirements:
  http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp
- NHS England Medical Appraisal Policy
  https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2015/05/medical-appraisal-policy-0415.pdf
- General Medical Council documentation "Ready for Revalidation":
  http://www.gmc-uk.org/The_Good_medical_practice_framework_for_appraisal_and_revalidation___DC5707.pdf_56235089.pdf
- Further guidance from NHS England on how appraisal should work along with a model appraisal form can be accessed here:
  http://www.england.nhs.uk/revalidation/appraisers/app-train-sup/

APPENDIX 1

Table 1 Core Domains of Good Medical Practice

Domain 1: Knowledge, Skills and	Domain 3: Communication,
Attribute 1 Maintain your professional performance Attribute 2 Apply knowledge and experience to practice Attribute 3	Attribute 1 Communicate effectively Attribute 2 Work constructively with colleagues and delegate effectively
Domain 2: Safety and Quality	**Domain 4: Maintaining Trust**
Attribute 1 Put into effect systems to protect patients and improve care Attribute 2 Respond to risks to safety Attribute 3 Protect patients from any risk posed by your health	Attribute 1 Show respect for patients Attribute 2 Treat patients and colleagues fairly and without discrimination Attribute 3 Act with honesty and integrity

Table 2 CCG Values and Behaviours

CCG Values and Behaviours	
Delivering Safe and Clinical Care	• I share information openly and effectively with patients, staff and relatives • I consider safety in my everyday actions and seek to minimise patient and staff harm • I work to prevent and control infection • I strive to deliver excellent outcomes

Treating Others with Compassion and Respect	• I share information openly and effectively with patients, staff and relatives • I consider safety in my everyday actions and seek to minimise patient and staff harm • I work to prevent and control infection • I strive to deliver excellent outcomes
Driving improvement and efficiency	• I provide support and challenge • I continuously seek to improve service quality and share best practice • I listen and act on suggestions for change • I work resourcefully to deliver improved outcomes • I use resources wisely • I am passionate to deliver results

Appendix 2

Evidence to be produced by the appraisee as part of the Appraisal process

- Evidence of Continued Professional Development in the role with reflection in proportion to the sessions worked.
- At least 5 credits (ie: approximately 5 hours CPD) would be expected per session per year.
- Details of any complaints received, or a statement to the effect that no complaints have been received in the appraisal year.
- Documentation to support at least one and up to two significant events in the year, related to the role
- At least one Quality Improvement Activity (eg: an audit) per 5 year appraisal cycle, where appropriate for the role
- 360 degree colleague feedback (minimum 10) once in every 5 year appraisal cycle
- Formal patient feedback (minimum 20) once in every 5 year cycle, where appropriate for the role
- Evidence of progress from the previous year's Personal Development Plan and agreement with the appraiser at the appraisal of a new Personal Development Plan
- Documentary evidence of resuscitation training per year
- Statement from the Senior Clinical Manager of the role confirming capability to perform the role