

***“Designated Body”***

**All Wales Medical Appraisal Policy  
v12 November 2018**

**Approved by:** WALES REVALIDATION OVERSIGHT GROUP

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### **Note: Development of the policy**

This policy was originally developed by a sub group representing the Revalidation and Appraisal Implementation Group (RAIG) at the request of the Wales Revalidation Delivery Board (WRDB).

In line with the review requirements (section 13) subsequent versions of the policy have been agreed by RAIG and ratified by WRDB.

<b>Previous versions</b>	<b>Agreed by</b>	<b>Date</b>	<b>Ratified by</b>	<b>Date</b>
V06	Chair of RAIG	13 <sup>th</sup> April 2012	WRDB	25 <sup>th</sup> April 2012
Version 10	Sub group of RAIG		WRDB	17 <sup>th</sup> March 2016
V12	RAIG	6 Dec 2018	WROG	26 June 2019

## 1. Policy Statement

- 1.1 It is the policy of the *Designated Body* to promote the value and worth of appraisals for all medical employees and contractors.
- 1.2 It is the policy of the *Designated Body* to ensure effective arrangements exist to facilitate appraisal for all such employees in a fair and consistent manner.

## 2. Scope of Policy

- 2.1 This policy is applicable to all doctors, employed by the *Designated Body*, as well as to all medical independent contractors on a performers list, doctors in training, and locums.
- 2.2 Where an employee is either jointly employed, or is not employed by the *Designated Body* but provides a service to the *Designated Body*, the issue of who is responsible for providing the appraisal will be addressed in line with the GMC's 'Find your connection' tool at [http://www.gmc-uk.org/doctors/revalidation/designated\\_body\\_tool\\_landing\\_page.asp](http://www.gmc-uk.org/doctors/revalidation/designated_body_tool_landing_page.asp).
- 2.3 Any organisation in which a doctor is working, but which is not responsible for the doctor's appraisal, may still wish to have an interest in the outcome of the appraisal to ensure that its duties as a *Designated Body* are discharged.

## 3. Objectives of appraisal

- 3.1 Appraisal is a professional, formative and developmental process. It is about identifying development needs, not performance management. It is a positive process to give doctors feedback on their past performance, to chart continuing progress and identify development needs<sup>1</sup>.
- 3.2 During their annual appraisals, doctors will use supporting information to demonstrate that they are continuing to meet the principles and values set out in *Good Medical Practice*<sup>2</sup>
- 3.3 The objectives of medical appraisal in Wales are to:
  - 3.3.1 Provide individuals with an opportunity to:
    - Reflect on their practice and their approach to medicine
    - Reflect on the supporting information they have gathered and what that information demonstrates about their practice
    - Identify areas of practice where they could make improvements or undertake further development
    - Document personal, team or service level issues which have constrained their service delivery or development
    - Demonstrate that they are up to date.

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<sup>1</sup> DH 2002

<sup>2</sup> GMC *Good medical practice framework for appraisal and revalidation 2013*

**3.3.2** Provide assurances to their organisation/s and to the public that doctors are remaining up to date across their whole practice.

**3.3.3** Provide a route to revalidation which builds on and strengthens existing systems with minimum bureaucracy.

**3.4** Appraisal is NOT:

- The mechanism by which serious concerns regarding health, capability, behaviour or attitude are addressed. Such concerns should be managed in an appropriate and timely manner outside appraisal.
- A mechanism by which employers review or judge performance against a contract of employment, job plan or service objectives. Appraisal and job planning are separate processes, though the outputs from each will inform the other<sup>3</sup>.

#### **4. Key Principles**

**4.1** Appraisal is an annual requirement (in most cases contractual) for all doctors. It should be a positive process which adds value for the doctor and the organisation without being unnecessarily burdensome.

**4.2** Annual appraisal for every doctor will be based on a system which reflects the GMC's *Good Medical Practice* framework for appraisal and revalidation<sup>4</sup> and incorporates the GMC's core set of supporting information for appraisal and revalidation. This core set of supporting information required for appraisal for the purposes of revalidation is defined by the GMC in their 2018 document *Guidance on supporting information for appraisal and revalidation*<sup>5</sup>. Any additional guidance provided, for example by the Royal Colleges, is advisory only for the purpose of revalidation, although in the wider context of professional appraisal doctors may choose to include additional information relevant to their role/s.

**4.3** Every appraisal will result in an agreed summary and Personal Development Plan which will be accessible to the Designated Body to inform their revalidation recommendation. There is a shared responsibility between the doctor and the Designated Body to support and progress the outcomes of the appraisal, including the Personal Development Plan.

**4.4** Appraisal is a professional process. All appraisers must have received appropriate appraisal training and must keep these skills up to date through regular refresher training.

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<sup>3</sup> RST *Medical Appraisal Guide V4 2014*

<sup>4</sup> GMC *Good medical practice framework for appraisal and revalidation 2013*

<sup>5</sup> [https://www.gmc-uk.org/-/media/documents/RT\\_\\_\\_Supporting\\_information\\_for\\_appraisal\\_and\\_revalidation\\_\\_\\_DC5485.pdf\\_55024594.pdf](https://www.gmc-uk.org/-/media/documents/RT___Supporting_information_for_appraisal_and_revalidation___DC5485.pdf_55024594.pdf)

- 4.5 Appraisal and job planning are separate processes, although each process should inform the other and some information will need to flow between them. Generally the doctor is responsible for this information flow.
- 4.6 To ensure the requirements of revalidation are met, the annual appraisal will consider the whole of the doctor's practice.
- 4.7 The doctor and the Responsible Officer (RO) must be satisfied with the match between doctor and appraiser. Ideally, doctors will be able to choose their appraiser from a list of trained appraisers. There should be no conflict of interest between the appraiser and appraisee
- 4.8 To ensure all doctors have an opportunity to experience different appraisals and to provide robust evidence for revalidation, wherever possible any doctor will only be appraised by the same appraiser twice within any rolling five year period.
- 4.9 Appraisal will be subject to whole system quality management which will include minimum levels of quality assurance.
- 4.10 Each *Designated Body* will have to follow this policy and demonstrate how it will be delivered to appropriate standards.

## 5. **Appraisal in the context of revalidation**

5.1 NHS England's *Medical Appraisal Guide* (England) describes appraisal in the context of revalidation<sup>6</sup>:

*Revalidation is the process by which a doctor will have the opportunity to demonstrate that he or she remains up to date and fit to practise. Revalidation will be based on local clinical governance and appraisal processes. Effective medical appraisal and subsequent revalidation will satisfy the requirements of Good Medical Practice (GMP) and support the doctor's professional development.*

*As part of annual appraisal, the portfolio of supporting information based on the GMP framework for appraisal and revalidation will be reviewed and discussed, and an evaluation made of the doctor's professional practice according to Good Medical Practice. This process is to be supervised by a responsible officer. Every five years the responsible officer will make a recommendation to the GMC that the doctor is suitable for revalidation by the GMC.*

*Where indicated, the responsible officer will inform the GMC of any concerns about a doctor's fitness to practise, or a doctor's refusal to engage in the processes that inform the revalidation process.*

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6. RST Medical Appraisal Guide A guide to medical appraisal for revalidation in England v4 2014

*These issues should be addressed as they arise and not solely when revalidation is due*

**5.2** The GMC has produced a number of documents which describe revalidation and the requirements of appraisal in this context:

- *Good Medical Practice* – defines the principles and values on which doctors should base their practice
- *Framework for Appraisal and Revalidation* – translates *Good Medical Practice* into a format suitable for demonstration at appraisal
- *Guidance on supporting information for appraisal and revalidation* – describes the information required of doctors for the purposes of appraisal and revalidation
- *Effective governance for the medical profession - A resource to support organisations in evaluating the effectiveness of their local arrangements for doctors, including clinical governance, revalidation, concerns about doctors doctors and pre-employment checks*

All of these documents are available via the GMC's website, [www.gmc-uk.org](http://www.gmc-uk.org)

## **6. Accountability, roles and responsibilities**

**6.1** For all doctors, annual appraisal is a professional responsibility. It is a requirement of revalidation. For most doctors it is a contractual requirement, or a requirement of continued employment or inclusion on the Medical Performers List (MPL).

**6.1.1** The requirement to undertake annual appraisal applies equally to locum doctors. Locum General Practitioners are required to participate in appraisal as a requirement of their continued inclusion on the MPL. Locum doctors employed in secondary care will be given an opportunity to undertake appraisal within the *Designated Body* with which they have a prescribed connection. Locum doctors with a prescribed connection with an agency will be provided an opportunity to undertake appraisal by the agency.

**6.1.2** The Responsible Officer for all doctors in training in Wales is the Postgraduate Dean. Appraisal for doctors in training is provided through their training programme. Revalidation recommendations are based on engagement with the Annual Review of Competency Progression (ARCP) process. It is essential that there are clear communication links between the *Designated Body* and the Wales Postgraduate Deanery regarding clinical governance issues so that the revalidation recommendation can be made. Guidance on revalidation for trainees is available separately from the Deanery.

**6.2** The GMC expects doctors to provide evidence of whole practice appraisal, i.e. to bring to annual appraisal supporting information relating to all roles for which

their professional qualification is required<sup>7</sup>. Employers and contracting bodies have a responsibility to make such data and evidence available to the doctor where possible. The Responsible Officer will make a recommendation to the GMC about a doctor's fitness to practise across the whole of their professional practice, normally every five years. In order to do this the Responsible Officer will need to be satisfied that appraisal has covered all of the doctor's professional roles. The appraisal system needs to be able to demonstrate that a doctor is qualified to undertake the additional roles, carries out appropriate development within these roles and is practising safely. This will usually be captured by bringing evidence relevant to all roles to a single annual appraisal, or by a doctor bringing evidence of appraisal or performance review from the additional roles to their main appraisal.

An All Wales policy relating to whole practice appraisal has been agreed and is available at <https://revalidation.walesdeanery.org/revalidation/key-documents/>

**6.2.1** Where a separate appraisal or performance review is included in the main medical appraisal, the main Appraiser cannot be held liable for errors within that documentation. Performance concerns that may be raised within that documentation MUST be dealt with by the organisation providing that appraisal/performance review. The Appraiser has the responsibility to report that the appraisal/performance review has occurred but should not (normally) be expected to read or comment on areas of practice outside their remit as an Appraiser in the role that they are undertaking, if these have been covered by others.

**6.2.2** For University Employed doctors, the Follet review concluded that 'universities and NHS bodies should work together to develop a jointly agreed annual appraisal and performance review process based on that for NHS consultants to meet the needs of both partners'<sup>8</sup> The Responsible Officer (RO) for these doctors should be identified using the GMC<sup>9</sup> and DH (England) guidance, although it is anticipated that in most cases this will be the NHS RO. There is a model form for and guidance on the appraisal process for medical academics produced jointly by the BMA and the Universities and Colleges Employers Association (UCEA) and published by UCEA<sup>10</sup>.

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<sup>7</sup> Guidance on supporting information for appraisal and revalidation 2018 [https://www.gmc-uk.org/-/media/documents/RT\\_Supporting\\_information\\_for\\_appraisal\\_and\\_revalidation\\_DC5485.pdf\\_55024594.pdf](https://www.gmc-uk.org/-/media/documents/RT_Supporting_information_for_appraisal_and_revalidation_DC5485.pdf_55024594.pdf)

<sup>8</sup> Follet and Ellis, *A review of appraisal, disciplinary and reporting arrangements for senior NHS and university staff with academic and clinical duties*, Department for Education and Skills, London 2001

<sup>9</sup> <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation#x4>

<sup>10</sup> [https://www.exeter.ac.uk/media/universityofexeter/humanresources/documents/clinicalacademics/clinical\\_academic\\_staff\\_appraisal\\_-\\_guidance\\_notes\\_76921.pdf](https://www.exeter.ac.uk/media/universityofexeter/humanresources/documents/clinicalacademics/clinical_academic_staff_appraisal_-_guidance_notes_76921.pdf)

The Designated Body will take steps to facilitate this process in partnership with the relevant University. However it remains the doctor's responsibility to ensure they are matched with suitable appraisers; that they provide evidence relevant to both roles; that they agree a suitable meeting date and agree a single appraisal summary via MARS. The employers and contractors remain responsible for making relevant data and information available to the doctor where possible. It should be noted that, in accordance with the objectives described at section 3 above, the medical appraisal remains a formative process which does not constitute performance management, and is separate from job planning.

**6.2.3** Doctors employed full time or substantially in management will still be required to undertake appraisal for the purposes of revalidation. Advisory standards for supporting information for medical managers have been developed by the Faculty for Medical Leadership and Management ([www.fmlm.ac.uk](http://www.fmlm.ac.uk))<sup>11</sup>. Performance reviews already in place in relation to this role will feed into the appraisal for the purposes of revalidation.

**6.3** In line with the Medical Profession (Responsible Officer) Regulations 2010<sup>12</sup>, ROs have a duty to ensure that appropriate, quality assured systems of appraisal are in place within their organisations and equally available to all doctors working for those organizations<sup>13</sup>. In relation to revalidation ROs also have a role in ensuring systems are available to enable doctors to collect the supporting information required for revalidation.

**6.4** To avoid conflicts of interest, ROs will not usually undertake appraisals of doctors about whom they will be required to make a revalidation recommendation.

**6.5** Appraisers are responsible for maintaining their own skills in this role (eg through taking up approved training), preparing for and facilitating appraisal discussions and producing the appraisal summary and PDP in line with agreed quality criteria.

**6.6** Appropriate leadership, support and ongoing development will be provided for appraisers, usually by the organisation which employs them in this role.

## **7. Managing exceptions**

**7.1** There will be agreed processes in place for supporting and managing doctors and Designated Bodies who fail to complete the appraisal within the required

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<sup>11</sup>

[https://www.fmlm.ac.uk/sites/default/files/content/page/attachments/Leadership%20and%20Management%20Standards%20for%20Medical%20Professionals%202nd%20Edition%20-%20digital%20format\\_0.pdf](https://www.fmlm.ac.uk/sites/default/files/content/page/attachments/Leadership%20and%20Management%20Standards%20for%20Medical%20Professionals%202nd%20Edition%20-%20digital%20format_0.pdf)

<sup>12</sup> <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

<sup>13</sup> This includes all doctors regardless of location or branch of practice



timeframes. The principles underpinning these processes for all doctors are set out in the All Wales Exceptions Management Protocol<sup>14</sup>

- 7.2** The All Wales Exceptions Management Protocol will be enhanced to include guidance on management of conflict of interest situations and/or dissatisfaction with the process for example failure to agree the appraisal summary.

## **8. Integration between appraisal and other quality and safety systems**

- 8.1** Clinical governance information plays a key role in the supporting information for appraisal and revalidation. Doctors are required to include; quality improvement activity, which may include clinical audit, significant event analysis, clinical performance data where this is available or other quality improvement activity as suggested by the GMC. It is the doctor's role to ensure this information is included in their supporting information, but the *Designated Body* also has a role to play in ensuring this information is as accessible as possible.
- 8.2** Appraisal, performance management and rehabilitation / remediation are separate systems which fulfil separate purposes, while all contributing to overall clinical governance and the wider quality and safety agenda. However, for doctors to be properly supported and for revalidation as a whole to operate effectively and fairly it is essential that there are clear, consistent and transparent links and information flows between these systems.
- 8.3** Doctors should have an opportunity to discuss at their appraisal any factors constraining their ability to deliver their roles or progress their PDP. It is best practice for *Designated Bodies* to collate these constraints and issues of workplace governance reported in appraisal summaries, and feed these into their workplace governance processes.
- 8.4** Appraisal and Continuing Professional Development (CPD) are closely linked. Doctors are required to bring evidence of CPD relating to their practice to their appraisal, and one of the key outputs of appraisal is the Personal Development Plan. It is best practice for *Designated Bodies* to collate the agreed development needs reported in appraisal summaries, and to describe in their local training strategies the links between these identified development needs, organisational development activity and study leave.
- 8.5** Peer and patient feedback systems will comply with the GMC's *Guidance on Colleague and Patient Questionnaires*<sup>15</sup>.

## **9. Confidentiality**

- 9.1** The appraisal discussion, as a professional discussion between colleagues regarding the appraisee's development, remains in principle, confidential.

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<sup>14</sup> <https://rsuresources.walesdeanery.org/course/view.php?id=4&section=3>

<sup>15</sup> [https://www.gmc-uk.org/-/media/documents/guidance-on-colleague-and-patient-questionnaire\\_pdf-72399762.pdf](https://www.gmc-uk.org/-/media/documents/guidance-on-colleague-and-patient-questionnaire_pdf-72399762.pdf)

- 9.2 A sample of appraisal outputs (appraisal summary and PDP) will be reviewed anonymously each year for quality assurance purposes.
- 9.3 All appraisal outputs (appraisal summary and PDP) will be subject to appropriate quality assurance, and will be utilised by the Responsible Officer and his / her delegated officers to inform the revalidation recommendation. It may also be necessary to review other elements of the appraisal documentation to inform this recommendation.
- 9.4 It remains the case that should information come to light in the appraisal discussion which raises concerns about fitness to practise or patient safety, the appraiser has a professional responsibility to escalate the issue in accordance with the All Wales Exceptions Management Protocol.
- 9.5 In Wales all doctors with a prescribed connection to an NHS Responsible Officer, other than those in training or employed by locum agencies, are required to use the online Medical Appraisal Revalidation System (MARS)<sup>16</sup> which is governed by specific Terms and Conditions of Use for MARS<sup>17</sup>, including confidentiality, to which all users agree at registration, and on allocation of additional roles within the system i.e. Responsible Officer role.

10. General Data Protection Regulation (GDPR) 2018

The *Designated Body's* Data Protection Policy will cover appraisal and revalidation.

11. **Freedom of Information Act 2000**

All *Designated Body's* records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the *Designated Body* may be found on the *Designated Body's* website.

12. **Equality and Diversity**

12.1 The *Designated Body's* Equality and Diversity Policy will apply to appraisal and revalidation.

12.2 This policy has been impact assessed to ensure that it promotes equality and human rights. The assessment was undertaken using the toolkit of the NHS Centre for Equality and Human Rights and completed on ..... The equality impact assessment outcome report is available to download at .....

13. **Review**

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<sup>16</sup> <https://marswales.org/>

<sup>17</sup> <https://marswales.org/terms.html>

This policy will be reviewed every two years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

**14. Monitoring**

It is the responsibility of the *Designated Body* to monitor local compliance with this policy, and to report on this to the Welsh Government and the Wales Revalidation Delivery Board as required.

**15. Designated Body Approval**

*This section to be completed by the Designated Body as appropriate*

SWANSEA BAY UNIVERSITY HEALTH BOARD / JUNE 2019