

APPENDIX 1
DOCUMENT APPROVAL FORM/CHECKLIST

This form should be completed and approval obtained before you start producing your document. The Equality Impact Assessment should also have been started and any Welsh Language requirements considered. **To be completed by document author.**

1. Proposed/existing title of document

All Wales Medical Appraisal Policy

2. 'Owning group' - which group/committee will own the document?

Name of group	Workforce & OD Committee	Chair of group	
Please indicate (further details may be requested if applicable)	Internal Swansea Bay HB group YES <input type="checkbox"/> Swansea Bay University Health Board is a 'designated body'		

3. What type of document are you proposing/adopting/reviewing?

Policy	X	Procedure		Guideline		Protocol	
New		Existing	X				

4. Which category will it be/is it?

Clinical		Corporate	X
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If this is a corporate document will/does it impact on patient care?

Yes	X	No	
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5. What is the reason for developing/adopting/reviewing this document? Please tick the box that is most relevant. If there are no relevant boxes please tick other and ensure that you specify the reason in the box

Improve/standardise clinical care/organisational procedures	
In response to complaint, incident or claim	
In response to alerts, safety notifications, WHCs etc	
Re-organisation of service/department	
New/amended legislation	
All Wales documents / national guidance documents to be adopted for use	X
Replacing/updating existing written control documents. If so, which ones (Please include policy reference and full name)	
Other (please specify)	

6. What will be/is the aim of the document? What risks are being mitigated?

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

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 others.

7. Which other written control documents will be/are relevant to the document?

Document Number	Document Name List all document names and numbers that are relevant to this document

8. What will be/is the scope of this document? What service area is covered by the document? Who does it affect? What patient groups? What professional groups or individuals does it affect? What competence is required by staff to use this procedure, eg completion of specific training, e-learning, formal qualification, competency framework, is required from users of the procedure?

This policy is applicable to all doctors, employed by the *Designated Body*, as well as to all medical independent contractors on a performers list, clinical academics, doctors in training, and locums.

Compliance with legislation/regulation/alert	Please tick ✓
Consent	
Deprivation of Liberty Safeguards (DOLS)	
Mental Capacity Act (MCA)	
Mental Health Act	
Safeguarding	YES- has been included in the MARS Appraisal website
Data Protection/Records Management and Information Governance	YES – the national MARS appraisal website is used
Welsh Language	
Counter Fraud	
Equality & Diversity	YES – has been included in development of national policy
National Safety Standards for Invasive Procedures (NatSSIPs)	
Alert/NCEPOD	
Interested parties	
NICE Guidance	
Patient Information	
Training/Learning & Development	YES – development has included consideration of trainees, and also the clinical academics, and CPD
Legal	
Financial	

Workforce	YES – impact on workforce has been included
Medicines Management	
Medical Devices	
Maternity	
Infection Prevention & Control	
Business Continuity/Emergency Planning/Major Incident	

9. Collaboration with Key stakeholders - What staff groups/professional groups/clinical specialities/services will be/are responsible for implementing/complying with this document? These key stakeholders' will need to be involved in the development/adoption/review of the document to eliminate any barriers to its implementation prior to approval (see policy for guidance)

In Wales, 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 subsequent versions of the policy have been agreed by RAIG and ratified by WRDB.

IN SBUHB: the implementation of the policy is entirely the responsibility of the Appraisal and Revalidation Team, located within the Executive Medical Directorate.

Stakeholders who need sight of the policy include the ROAG (responsible officer advisory group), the Local Negotiating Committee and the Medical Workforce Board, before final sign off by the Workforce & OD Committee.

10. Collaboration with others

Involvement is an essential component of developing/adopting/reviewing the document. Please indicate which of the following need to be considered when developing/reviewing this document

11. Policy documents only: Who will be/is the sponsoring Executive Lead and date they agreed to own this document?

Name: Dr Richard Evan, Executive Medical Director/Responsible Officer
Date: 20/11/2020

12. Who will be/is the lead author/main contact for this document? An individual's name and details will need to be provided as a contact for this document for any queries arise both during development and after approval.

Name	Sharon Penhale
Job Title	Appraisal & Revalidation Manager
Email Address	Sharon.penhale@wales.nhs.uk

Date of completion	20/11/2020	Name of person completing this form:	Sharon Penhale
Chair of the owning group		Signature of the Chair of the owning Group:	

Please send completed form to the Corporate Services Department.



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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



APPENDIX 2

POLICY/ WRITTEN CONTROL DOCUMENT – SUMMARY APPROVAL REPORT

Workforce & OD Committee

DATE OF MEETING:	
TITLE OF POLICY/ WRITTEN CONTROL DOCUMENT:	All Wales Medical Appraisal Policy
EXECUTIVE LEAD (POLICY ONLY)	Professor Richard Evans
REPORTING OFFICER: (CHAIR OF OWNING GROUP)	

REPORT

Situation

Workforce & OD Committee is asked to approve the All Wales Medical Appraisal Policy

This report provides the required assurance that the Policy on Policies has been adhered to in the adoption of the written control document (WCD) and that therefore the WCD is in line with legislation/regulations, available evidence base and can be implemented within the health board.

Background

1. Brief summary of the WCD:

This policy is applicable to all doctors, employed by the *Designated Body*, as well as to all medical independent contractors on a performers list, clinical academics, doctors in training, and locums.

2. Reason for adopting the WCD:

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

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 other³.

Assurance

1. Equality Impact Assessment:

Explain whether a screening or full assessment was undertaken and the issues identified. Comment on how the identified issues have been addressed within the WCD or will be addressed.

2. Compliance with Legislation/Regulations/alerts

- Revalidation and Appraisal Implementation Group (RAIG) at the request of the Wales Revalidation Delivery Board (WRDB).

3. Interested Parties: A record of involvement of all interested parties:

- Responsible Officer and Responsible Officer Advisory Group
- Local Negotiating Committee
- Medical Workforce Board

6. Patient Information:

Not applicable

8. Dissemination:

To be published on the intranet and will be notified to delivery units and corporate departments by email from Corporate Services.

9. Implementation:

It will be implemented by the Appraisal and Revalidation team of the Executive Medical Directorate

10 Monitoring:

Monthly monitoring is reported to the Responsible Officer Advisory Group by the Appraisal and revalidation team. An annual report is submitted to the Revalidation Support Unit of HEIW, together with an external peer review programme. GMC monitor revalidation and meet with the Responsible Officer and team every 4-6 months.

Recommendation

For the Workforce and OD Committee to approve the All Wales Medical Appraisal Policy

Governance and Assurance

Link to Enabling Objectives
(please choose)

Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities

Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
Co-Production and Health Literacy	<input type="checkbox"/>
Digitally Enabled Health and Wellbeing	<input type="checkbox"/>

Deliver better care through excellent health and care services achieving the outcomes that matter most to people

Best Value Outcomes and High Quality Care	<input type="checkbox"/>
Partnerships for Care	<input type="checkbox"/>
Excellent Staff	<input type="checkbox"/>
Digitally Enabled Care	<input type="checkbox"/>
Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>

Health and Care Standards

(please choose)

Staying Healthy	<input type="checkbox"/>
Safe Care	<input type="checkbox"/>
Effective Care	<input type="checkbox"/>
Dignified Care	<input type="checkbox"/>
Timely Care	<input type="checkbox"/>
Individual Care	<input type="checkbox"/>
Staff and Resources	<input type="checkbox"/>

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

Briefly identify how the policy will have an impact of the “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.

Long Term - The importance of balancing short-term needs of freeing doctors to work with patients with the need to safeguard the ability to also meet long-term needs of demonstrating safe effective care.

Prevention – Prevents possibility of doctor who is struggling or failing to keep up to date from going undetected.

Integration & Collaboration– Requires doctors to reflect and submit evidence of whole practice

Involvement – reinforces the role of patient and colleague feedback through a national single route

Further Information:

APPENDIX 3



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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Name
**(of Policy/Procedure/Guideline/
Strategy/ Protocol)**

For policies – add the outcome of the EIA

Document Author: e.g. Director of Corporate Governance

Approved by: e.g. Quality & Safety Committee

Approval Date: this information can only be added once a document has received approval

Review Date: Enter a date (1- 3years – 3 years being the norm)

Document No: (this will be allocated by the document custodian i.e. Corporate Services or COIN Team)