

<b>Report to:</b>	<b>Board of Directors (Public)</b>
<b>Paper number:</b>	<b>4.4</b>
<b>Report for:</b>	<b>Information / Discussion / Decision</b>
<b>Date:</b>	<b>27 July 2017</b>
<b>Report author:</b>	<b>Dr Koye Odutoye, Deputy Medical Director &amp; Appraisal Lead</b>
<b>Report of:</b>	<b>Dr Vincent Kirchner, Medical Director</b>
<b>Fol status:</b>	<b>Report can be made public</b>
<b>Strategic priorities supported:</b>	<b>Helping people to live well</b>
<b>Cultural pillars Supported:</b>	<b>We value each other / We are empowered / We keep things simple / We are connected</b>

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**Title:** **Annual Medical Appraisal and Revalidation Board Report**

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## **Executive Summary**

### **Introduction**

Medical appraisal comprises of a summative and formative review of a doctor's clinical practice and professional development. It incorporates important feedback from patients and colleagues. GMC Revalidation builds on the appraisal process, reviewing a doctor's performance (and evidence of keeping up to date) over a 5 year period; this ensures that the public, employers and colleagues can be assured that the revalidated doctor meets agreed standards of practice. All non-training doctors (trainee doctors have a separate competence scrutiny process) are contractually obliged to participate in this process.

Our Trust medical appraisal and revalidation processes are well developed with clear leadership, policy, quality assurance and governance structures.

### **Summary of achievements/performance**

Over the last year we are able to note the following positive achievements:

- ◆ Completion of another internal Trust quality assurance audit which showed on-going improvements in targeted areas.
- ◆ Completion and implementation of all action points recommended by the KPMG external audit of our quality processes, conducted last year. (This included revision of our appraisal policy, further work on improving quality of meaningful reflection within the appraisal process, developing a template to ensure that external work beyond the

Trust is also properly considered within appraisal and, finally, developing a system to ensure we retain back-up appraisee records for 5 years.)

- ◆ We held a Trust educational event on appraisal for all doctors.
- ◆ We have introduced systems to ensure that short-term locum doctors are also offered the opportunity of having an NHS appraisal if appropriate-this involves constant updating of our database and strengthening of the links between appraisal administration and medical staffing.
- ◆ We have maintained 100% engagement of all our doctors (101 of them across the year) with the appraisal process.
- ◆ We are proactively maintaining an adequate pool of trained appraisers following several previous appraisers leaving the Trust.
- ◆ We maintain a training data base and 3 workshops a year to ensure our appraisers are up to date with latest developments and are well supported in their role.

### **Challenges**

- ◆ We still do not have accurate comparative clinical activity and performance data that is sufficiently tailored to individual clinical settings to facilitate a meaningful discussion on these areas. This is in part due to poor/unreliable data pulled through by IT but we also need to liaise with divisional clinical directors to help develop more meaningful comparative data individualised for each clinical division/area.

### **Quality Assurance is well established**

- ◆ Quarterly NHSE audits.
- ◆ Yearly internal Trust audit on quality of appraiser/appraisee outputs - also informed by our Equiniti electronic Revalidation Management System (RMS) which generates appraiser feedback from their appraisees.
- ◆ Annual Organisational audits.

### **The year ahead**

- ◆ We will continue to develop our quality assurance processes
- ◆ Focus on improving the priorities identified by Sir Keith Pearson's review
- ◆ Further develop the clinical activity report
- ◆ Recruitment of new appraisers to replace leavers
- ◆ Prepare and collaborate with NHSE with their audit and work on findings.
- ◆ Create a page on the intranet for 'Medical Appraisal & Revalidation'.
- ◆ We will also review our existing contract with our electronic RMS provider to ensure we are getting best value for money.

## **Recommendation to the Board**

The Board of Directors is requested to:

- **DISCUSS** and **COMMENT**- noting it will be shared, along with the annual audit, with the higher level responsible officer at NHSE;
- **CONSIDER** if the focus on 'The year ahead' is the right strategy at this stage of our development; and
- **APPROVE** the Statement of Compliance' confirming that the organisation, as a designated body, is in compliance with the regulations (appendix D).

## **Risk Implications**

A risk that has yet to surface nationally is what the organisation's responsibility would be if a doctor, who was deemed fit to practice, subsequently is found to be negligent or incompetent.

There is a low risk that a doctor could make a legal challenge if a recommendation of non-engagement is made.

## **Finance Implications**

No additional funding is required.

## **Equality and Diversity Impact / Single Equalities Impact Assessment**

N/A



**Camden and Islington**  
NHS Foundation Trust

**ANNUAL BOARD REPORT**  
MEDICAL APPRAISAL AND REVALIDATION

*DR VINCENT KIRCHNER*  
*12 JULY 2017*

## Purpose of the paper

This paper is to provide the Board with information about processes in place in C&I for medical appraisals, revalidation recommendations, remediation and governance. It also reports on current positive achievements and challenges as well as planned future developments over the next year.

## Introduction

Medical appraisal comprises of a summative and formative review of a doctor's clinical practice and professional development. It incorporates important feedback from patients and colleagues. It helps doctors plan to encourage and ensure continued professional development through an agreed personal development plan.

GMC Revalidation builds on the appraisal process, reviewing a doctor's performance (and evidence of keeping up to date) over a 5 year period. All non-training doctors (trainee doctors have a separate competence scrutiny process under their deanery training programs) are contractually obliged to participate in this process.

- It was launched in 2012 and aims to strengthen the way doctors are regulated.
- Doctors are able to demonstrate they are up to date and fit to practice in their chosen field with the aim of improving the quality of care provided to patients.
- Consists of Doctors taking part in a robust appraisal process, collating appraisal portfolio evidence and outputs over a five year period to show they meet the standards set by the GMC; this also includes a multisource feedback from both colleagues and patients.
- Increase public trust and confidence in the medical system. This ensures that the public, employers and colleagues can be assured that the revalidated doctor meets agreed standards of practice.

Our Trust medical appraisal and revalidation processes are well developed with clear leadership, policy, quality assurance and governance structures

The General Medical Council allocates all licensed doctors to a Designated Body. Doctors on training will have their Deanery as Designated Body and are therefore not included in the report.

Camden and Islington Foundation Trust is the Designated Body for all our non-training doctors. **Dr Vincent Kirchner is the Responsible Officer** and **Dr Koye Odutoye is the Appraisal lead for the Trust.**

## 1. Achievements for 2016/17

On the whole we are largely compliant with current national guidance and over the last year are also able to note the following positive achievements:

- ◆ Completion of another internal Trust quality assurance audit. The results of this audit (2016/17) on the quality of medical appraisal within the Trust were on the whole very encouraging and demonstrated significant improvements in target areas made since the last appraisal cycle. They re-confirm that appraisers are ensuring that appraisees collate sufficient relevant information to support revalidation and that a broad scope of discussion ensues in the appraisal meeting. The audit was based **on 24 appraisers and 82 appraisals**. Improved practice was noted in areas such as reflection (both well written reflective notes as well as reflection within the appraisal discussion); robust review of the previous personal development plan (PDP) as well as generating a meaningful new PDP with "SMART" objectives; More consistent reference to ongoing audit and quality improvement activity as well as patient risk/safety systems and, finally, evidence of supportive but firm challenge within the appraisal discussion when

appropriate. Areas that require further development include ensuring clear routine reference made to mandatory training and ensuring explicit comments being made on the breadth, relevance and adequacy of the documentary evidence submitted in the appraisal portfolio.

- ◆ Completion and implementation of all action points recommended by the KPMG external audit of our quality processes, conducted last year. This included the following:
  - Revision of our appraisal policy to incorporate a clause on confidentiality and stipulating that all patient or colleague information referred to must be anonymised.
  - Further work done on improving the quality of meaningful reflection within the appraisal process. This involved conducting a specific training workshop for appraisers on the use of reflective templates (using a “what happened? what did I do? What did I learn? What will I do differently? Model) and also incorporating this training into a Trust educational event for all consultants, specialty grade doctors and higher trainees.
  - We have also developed a form template that ensures that external work beyond the Trust is captured and properly considered within appraisal and which has been successfully put into general use this year.
  - Finally, we have developed an internal database system to ensure we retain back-up appraisee records for 5 years—in the event that they may be required at a later date for cross-referencing by other agencies (for revalidation purposes)
- ◆ We held a Trust educational event on appraisal for all doctors.
- ◆ We have introduced systems to ensure that short-term locum doctors are also offered the opportunity of having an NHS appraisal if appropriate—this involves constant updating of our database and strengthening of the links between appraisal administration and medical staffing.
- ◆ We have maintained 100% engagement of all our doctors (101 of them across the year) with the appraisal process.
- ◆ We are proactively maintaining an adequate pool of trained appraisers following several previous appraisers leaving the Trust.
- ◆ We maintain a training data base and 3 workshops a year to ensure our appraisers are up to date with latest developments and are well supported in their role.

## 2. Challenges

- ◆ We still do not have accurate comparative clinical activity and performance data that is sufficiently tailored to individual clinical settings to facilitate a meaningful discussion on these areas. This is in part due to poor/unreliable data pulled through by IT but we also need to liaise with divisional clinical directors to help develop more meaningful comparative data individualised for each clinical division/area. Different areas of practice require different means of capturing performance. (For example, the patient through-put on a rehabilitation ward will differ from an acute treatment ward; moreover, there will be fewer clinical note entries for inpatient consultants—as a lot of clinical note entries are delegated to junior doctors-- compared to their community-based colleagues.)
- ◆ We were hoping to establish a “peer-review” external audit system with a neighbouring Trust as an additional quality-improvement process. Unfortunately, there is only one Trust of a similar size (to enable meaningful reflection on processes) in the London area and they are not currently interested in setting up such a joint project. (However, we have ensured other external audits of our processes so this arrangement was not absolutely required.)

### 3. Objectives for 2017/18

- Further develop the clinical activity report by liaising with ICT and clinical directors to capture clinical activity relevant for each division. This will be a priority focus over the next year.
- Service review in Equiniti, RMS providers, in the next couple of months, to review the platform, discuss improvements and licence fee. Current licence expires in December 2018. We will review our existing contract with our electronic RMS provider to ensure we are getting best value for money.
- Dr Vinod Diwakar, Higher Level Responsible Officer (HLRO) – NHS England will be visiting C&I on 10 October 2017 to review our process and system based on the core standards of the Framework of Quality Assurance.
- We are currently working on having a dedicated ‘Medical Appraisal & Revalidation’ page on the intranet, with exemplars of appraiser and appraisee practice outputs.
- Appraisers to work on areas for improvement identified by Appraisal lead’s audit 2016-17, making use of available resources, i.e. refresher training, appraiser workshops, appraiser peer groups.
- Proactive recruitment and training of new appraisers to replace leavers.
- In January 2017, Sir Keith Pearson’s conducted a review of Medical Revalidation (Link to report: <http://www.gmc-uk.org/publications/30478.asp>); he identified the following priorities:
  1. Reduce the burden of unnecessary bureaucracy.
  2. Make revalidation more accessible to patients and the public.
  3. Increase oversight of, and support for, doctors in short-term locum positions.
  4. Extend the responsible officer model to all doctors who need a UK licence to practice.
  5. Measure and evaluate the impact of revalidation.

We currently meet the standards for points, 1, 2 & 3 and will work on further improvements to meet those priorities. We will be seeking guidance and will comply with any recommendations set by NHSE & GMC to meet points no. 4 & 5.

### 4. Appraisal and Revalidation Performance Data

Good engagement with appraisal and revalidation for this year from both appraisers & appraisees. See Appendix C for a more detailed report.

Overview Data for 2016/17					
Appraisals Performed:	Appraisers:	Leavers:	Starters:	Revalidation made:	Appraisers:
<b>82</b>	<b>24</b>	<b>9</b>	<b>14</b>	<b>10</b>	<b>27</b>

### 5. Concerns & Remediation

One Consultant is currently being investigated under MHPS, the process has not yet been completed.

One Specialty grade doctor had restricted GMC registration with the requirement of work-based supervisor reports. He has undergone a full remediation program set up within the Trust. The case was reviewed by the Medical practitioners Tribunal service in May this year and all restrictions have now been formally lifted.

**NHSE Annual Organisational Audit 16-17 submitted 11 May 2017**

**4 Section 2 – Appraisal**

Section 2		Appraisal					
2.1	IMPORTANT: Only doctors with whom the designated body has a prescribed connection at 31 March 2017 should be included. Where the answer is 'nil' please enter '0'.  See guidance notes on pages 16-18 for assistance completing this table	Number of Prescribed Connections	1a Completed Appraisal (1a)	1b Completed Appraisal (1b)	2 Approved incomplete or missed appraisal (2)	3 Unapproved incomplete or missed appraisal (3)	Total
2.1.1	<b>Consultants</b> (permanent employed consultant medical staff including honorary contract holders, NHS, hospices, and government /other public body staff. Academics with honorary clinical contracts will usually have their responsible officer in the NHS trust where they perform their clinical work).	69	69	0	0	0	69
2.1.2	<b>Staff grade, associate specialist, speciality doctor</b> (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS, hospices, and government/other public body staff).	11	9	0	2	0	11
2.1.3	<b>Doctors on Performers Lists</b> (for NHS England and the Armed Forces only; doctors on a medical or ophthalmic performers list. This includes all general practitioners (GPs) including principals, salaried and locum GPs).	1	1	0	0	0	1
2.1.4	<b>Doctors with practising privileges</b> (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade).	0	0	0	0	0	0
2.1.5	<b>Temporary or short-term contract holders</b> (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc).	15	13	0	2	0	15
2.1.6	<b>Other doctors with a prescribed connection to this designated body</b> (depending on the type of designated body, this category may include responsible officers, locum doctors, and members of the faculties/professional bodies. It may also include some non-clinical management/leadership roles, research, civil service, doctors in wholly independent practice, other employed or contracted doctors not falling into the above categories, etc).	0	0	0	0	0	0
2.1.7	<b>TOTAL</b> (this cell will sum automatically 2.1.1 – 2.1.6).	96	92	0	4	0	96

APPENDIX B

Audit results 2016/17

APPRAISERS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	DOMAIN TOTAL:	38=green 26=amber 25<Red	App 2015 Audit Domain Ratings
Audit Parameters (max score per parameter=48)																											
Evidence of appropriate challenge in appraisal discussion	1	1	2	2	2	2	1.5	1	1	1	0	0.5	1	2	2	2	2	2	1	2	1	1	2	0	33		
comment on quality & scope of supporting documents	0	2	2	2	2	2	0	1	0	0	0	0	0	0	2	0	2	2	2	2	0	1	2	0	24		
Evidence of reflection or discussion on how to do this	2	2	2	2	2	2	2	2	0.5	2	1	2	2	2	2	2	2	2	2	2	2	0.5	2	44			
Evidence of well written Reflective notes in portfolio	2	2	2	2	1.5	2	1	1.5	0.5	1	0.5	2	1.5	1.5	1.5	1	1	0	2	2	2	2	0.5	2	35		
Reference to completion or not of mandatory training	0	0	2	2	2	0	1.5	2	0	0	0	0	0	1	2	2	0	0	0	2	2	2	2	2	24.5		
Summary of work scope & context	2	2	2	0	1	2	2	0	0	0	0	2	2	2	1	2	1	2	2	2	1	1	2	2	33		
Reference to learning, audit & quality improvement	2	2	2	1	2	2	2	2	1	1	0	1	2	2	2	2	2	2	1	2	2	2	2	2	41		
Reference to probity and health	2	2	2	2	2	2	2	2	0	1	0	2	1	1	2	2	2	1	0	2	2	0	2	2	36		
Reference to patient safety and risk systems	2	2	2	1	2	2	2	2	0	1	0	2	1	2	2	2	2	2	2	2	1	2	2	2	40		
PDP has SMART objectives & clear timelines	2	2	1	2	1.5	2	1.5	2	0	1	1.5	2	1.5	2	1.5	2	2	2	2	2	2	2	2	1.5	41		
Links between appraisal discussion & PDP	2	2	1	2	2	2	2	2	0/NA	2	0/NA	2	1	2	1	2	2	2	2	2	2	2	2	2	41		
PDP contains 3-6 items (excluding mandatory training)	2	2	2	2	2	2	2	2	0/NA	2	2	2	2	2	2	2	2	2	2	2	2	1.5	2	2	45.5		
Reference to review of previous PDP/Achievements	2	2	2	2	2	2	0	2	0	2	0	2	0	2	2	2	2	2	2	2	2	0.5	2	2	38.5		
Evidence in supporting docs of previous PDP completion	NA(=1)	2	2	2	2	1	1	2	1	1.5	2	1	1	2	2	0	0	2	2/NA	2	1	2	1.5	1	35		
Audit review confirms approp no/scope of Supporting docs	1	2	2	1.5	1.5	2	1.5	1.5	1.5	1	1.5	1	2	2	2	2	1.5	2	1.5	1	1	1	2	1	38		
Uncompleted previous PDP commented on?	2	2/NA	2/NA	2/NA	2/NA	2/NA	1	2/na	1	2	2/NA	1	0	2/NA	2/na	2	2	2	2/NA	2	0	2/na	2/na	1	40		
TOTAL SCORE (max score per appraiser = 32)																											
Item scale: 0=unsatisfactory 1= Needs improvement 2=Good	25	27	28	27.5	29	27	23	27	6	18.5	8.5	22.5	18	27.5	29	27	25.5	27	23.5	31	21	26	28.5	24.4			

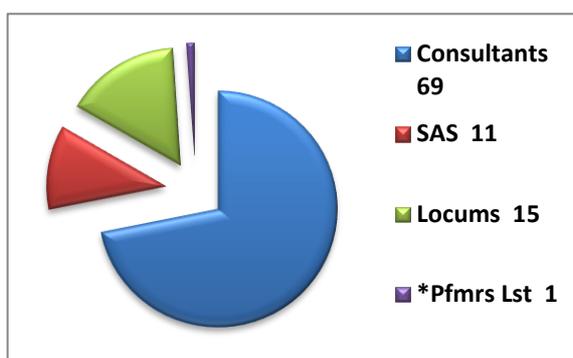
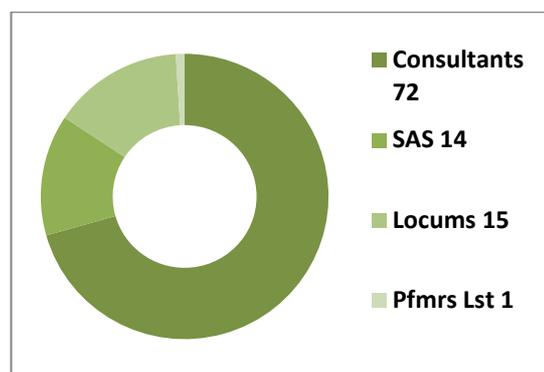
The results of this audit (2016/17) on the quality of medical appraisal within the Trust are on the whole very encouraging and demonstrate significant improvements made since the last appraisal cycle. They re-confirm that appraisers are ensuring sufficient relevant information to support revalidation and that a broad scope of discussion ensues in the appraisal meeting. The audit was based **on 24 appraisers and 82 appraisals.**

<b>6 areas of practice improved:</b>	<ul style="list-style-type: none"> <li>◆ Evidence of reflection</li> <li>◆ Reference to review of previous PDP/achievements</li> <li>◆ Comments on non-completed PDPs</li> <li>◆ Evidence of challenge</li> <li>◆ Appraiser comments on work scope/context</li> <li>◆ Reference to learning/audit quality improvement</li> </ul>
<b>5 areas of good practice were maintained</b>	<ul style="list-style-type: none"> <li>◆ Adequate portfolio documentation</li> <li>◆ 3-6 PDP items</li> <li>◆ PDPs with SMART objectives</li> <li>◆ Links between the appraisal discussion and subsequent PDP Reference made to patient safety/risk systems</li> </ul>
<b>2 areas of moderate performance</b>	<ul style="list-style-type: none"> <li>◆ Evidence of well written reflective notes in the portfolio</li> <li>◆ Documentary evidence of PDP completion in the portfolio</li> </ul> <p><i>However, given that 91% of applicable portfolios showed evidence of full or significant partial completion of the last PDP plan, compared to last year when 75% demonstrated this, this should be noted as an overall improvement.</i></p>
<b>1 area of a drop in rating to moderate performance</b>	<ul style="list-style-type: none"> <li>◆ Reference to probity and health declarations</li> </ul>
<b>2 areas of practice remained poor</b>	<ul style="list-style-type: none"> <li>◆ Reference made to mandatory training showed no improvement from the previous appraisal cycle</li> <li>◆ Performance in relation to comments being made on the adequacy of the appraisal portfolio</li> </ul>

## APPENDIX C

### Appraisal & Revalidation Performance data 2016/17

# Annual Board Report – Medical Appraisal and Revalidation (2016 – 2017)



**C&I DB during 1 April 16 to 31 March 17**

**C&I DB as at 31 March 2017**

*\* Drs on performers list, not on C&I DB but recorded as part of NHSE Annual audit.*

New Starter Appraisal Data 2016/17	
Valid appraisal	10
No valid appraisal	4*

*\*These doctors were asked to book an early appraisal in the next cycle 2017/18.*

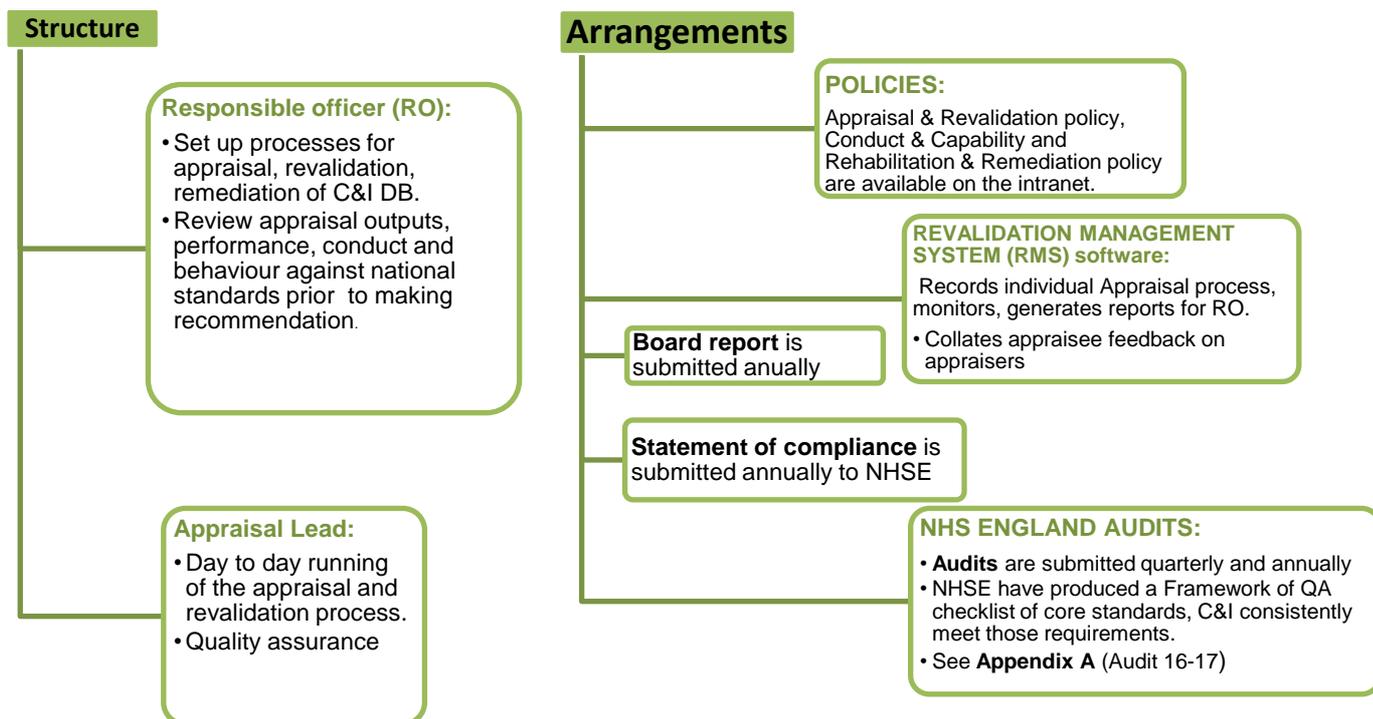
Revalidation data 2016/17	
Due for the year	11
Deferral for same year	3*
Positive recommendations made	10 <i>(including the above 3)</i>
Retired before due date	1

*\*Deferral was to allow more time for preparation only, no issues identified.*

## APPENDIX D

### Governance Arrangements

Current overarching governance structure summarised as follows:



### Clinical Governance

The medical appraisal system currently ensures that general clinical governance and performance measures across the clinical divisions in the Trust also inform the process. The inputs are tabled below. Serious incident investigation outcomes and clinical performance activity are automatically uploaded to each doctor’s portfolio.

<b>Supporting Documents for clinical governance</b>	<b>Audits</b>	Doctors to perform one audit or quality improvement project each revalidation cycle (5 yearly) and upload in appraisal portfolio
	<b>Complaints &amp; Compliments</b>	Collected, anonymised and uploaded to appraisal portfolios.
	<b>Serious Investigations &amp; Datix</b>	Collected, anonymised and uploaded to appraisal portfolio with emphasis on learning potential and areas for improvement within the doctor’s individual practice or clinical service.
	<b>Clinical activity</b>	Gathered by IT dept, reported on to show average markers for each consultant in each division. Uploaded in appraisal portfolio.
	<b>Other place of work form</b>	Helps identify any issue at ‘ <b>other place of work beyond the trust</b> ’ during the appraisal year; it is to be signed by the ‘other RO or manager’.  There is a self-declaration option as well for private practice.

## APPENDIX E

### Quality Assurance Structures

A range of quality review processes are all well embedded and are tabulated below. We have now conducted two internal audits led by the appraisal lead. We anticipate that once areas for improvement are further fine-tuned we can then cut down the internal audit frequency to a biennial arrangement. All other interventions and NHSE audits will continue in a yearly cycle to ensure continued maintenance of knowledge and practice amongst appraisers.

Measures	
Appraisal & Revalidation Software (RMS)	<ul style="list-style-type: none"> <li>➤ Generates reports for Responsible officer &amp; appraisal lead.</li> <li>➤ Generates appraiser feedback; which in turn is used to further develop of our medical appraisal process and for yearly audits.</li> </ul>
Appraiser workshops	<ul style="list-style-type: none"> <li>➤ Appraisal lead chairs three workshops yearly to share experiences, discuss quality assurance reviews, set standards and prepare for the next appraisal cycle</li> </ul>
Appraiser Training	<ul style="list-style-type: none"> <li>➤ All appraisers receive initial training and refresher training every 3 years through an approved trainer recommended by the NHSE revalidation team.</li> </ul>
Peer group mailing list	<ul style="list-style-type: none"> <li>➤ Appraisers to communicate and share ideas during the cycle.</li> </ul>
Documentation	<ul style="list-style-type: none"> <li>➤ Doctors are sent a list of recommended documentation covering the 6 domains** required by the GMC, to include in their portfolios. (<i>**Feedback from patients and colleagues; significant events; continuous professional development activity; audit and quality improvement work and complaints/incidents over the appraisal year</i>)</li> </ul>
NHSE Audits	<ul style="list-style-type: none"> <li>➤ Quarterly audits are sent to NHSE.</li> <li>➤ Annual Organisational audits are done yearly, 2016-2017 was completed on 08/05/17 – <b>(see extract in appendix A)</b></li> </ul>
Internal Audit—QA of output samples	<ul style="list-style-type: none"> <li>➤ In keeping with NHSE and GMC directives, there is an internal system in place for quality assurance of an appropriate sample of the outputs of the medical appraisal process to ensure that they comply with GMC requirements and other national guidance. The Appraisal lead prepares a yearly audit based on feedback generated from the software RMS; these findings are individualised and uploaded to each appraiser's portfolio for discussion in their own appraisal. This is also presented and discussed on our Quality Assurance workshop. <b>(See appendix B for audit results 2016-2017)</b></li> </ul>

## APPENDIX F

### Pre-employment checks

The following routine employment checks and requirements were performed on all doctors joining C&I in 2016/17 by the Medical Staffing Team:

<ul style="list-style-type: none"><li>➤ <b>DBS Clearance</b></li><li>➤ <b>Proof of GMC registration</b></li><li>➤ <b>Fitness to Practice form to declare criminal convictions</b></li><li>➤ <b>Self-declaration of health and probity</b></li><li>➤ <b>Occupational Health Clearance.</b></li><li>➤ <b>Relevant qualifications</b></li><li>➤ <b>Photographic identification</b></li><li>➤ <b>Most recent NHS payslip if applicable</b></li><li>➤ <b>Right to work in the UK</b></li><li>➤ <b>Two proofs of address</b></li></ul>	<ul style="list-style-type: none"><li>➤ <b>Proof of Section 12/Approved Clinician status.</b></li><li>➤ <b>1 reference from current employer if working for the NHS with no gaps in service. Otherwise 3 references covering the last 3 years and 3 references for Consultants.</b></li><li>➤ <b>RO to RO information transfer</b></li><li>➤ <b>All new Doctors are asked to upload their last appraisal outputs to RMS including previous PDP. (Appraisal revalidation software)</b></li></ul>
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