MEDICAL APPRAISAL AND REVALIDATION POLICY
NOVEMBER 2016

This policy supersedes all previous policies for medical appraisal
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<tr>
<th><strong>Policy Title</strong></th>
<th>Medical Appraisal &amp; Revalidation policy</th>
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<td><strong>Relevant to:</strong></td>
<td>All medical personnel</td>
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<td>Local Negotiating Committee (LNC)</td>
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<td>Workforce Committee</td>
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<td>25 November 2016</td>
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<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>1</td>
</tr>
<tr>
<td>2. Aims and objectives</td>
<td>1</td>
</tr>
<tr>
<td>3. Scope of the policy</td>
<td>1</td>
</tr>
<tr>
<td>4. Main Principles of Appraisal</td>
<td>1</td>
</tr>
<tr>
<td>5. Appraisals</td>
<td>3</td>
</tr>
<tr>
<td>6. Revalidation</td>
<td>4</td>
</tr>
<tr>
<td>7. Roles and Responsibilities</td>
<td>4</td>
</tr>
<tr>
<td>8. Indemnity</td>
<td>6</td>
</tr>
<tr>
<td>9. Doctors in Difficulty</td>
<td>7</td>
</tr>
<tr>
<td>10. Poor Engagement</td>
<td>7</td>
</tr>
<tr>
<td>11. Clinical Governance Evidence</td>
<td>8</td>
</tr>
<tr>
<td>12. Multi-Source Feedback</td>
<td>8</td>
</tr>
<tr>
<td>13. Recording Appraisals</td>
<td>8</td>
</tr>
<tr>
<td>14. Information Governance</td>
<td>8</td>
</tr>
<tr>
<td>15. Quality Assurance</td>
<td>9</td>
</tr>
<tr>
<td>16. Dissemination of the Policy</td>
<td>9</td>
</tr>
<tr>
<td>17. Training Requirements</td>
<td>10</td>
</tr>
<tr>
<td>18. Monitoring and Audit Arrangements</td>
<td>10</td>
</tr>
<tr>
<td>19. Review of the Policy</td>
<td>11</td>
</tr>
<tr>
<td>20. Associate Documents</td>
<td>11</td>
</tr>
<tr>
<td>21. References</td>
<td>11</td>
</tr>
<tr>
<td>22. Appendix A: Summary of Information</td>
<td>12</td>
</tr>
<tr>
<td>23. Appendix B: Feedback- Colleagues &amp; Patient Policy</td>
<td>14</td>
</tr>
<tr>
<td>24. Appendix C: Guidelines for Medical Appraisal</td>
<td>15</td>
</tr>
<tr>
<td>25. Appendix D: Frequently Asked Questions</td>
<td>17</td>
</tr>
<tr>
<td>26. Appendix E: Equality Impact Assessment</td>
<td>20</td>
</tr>
</tbody>
</table>
1. Introduction

C&I recognise the vital role that appraisals play in terms of developing workplace effectiveness and improving the quality of care that the Trust offers. C&I use Revalidation Management System (RMS) software for medical appraisals.

This aim of this policy is to provide guidance about the Trust's expectations and requirements for medical appraisal and revalidation and to provide support to all those involved in the appraisal and revalidation of medical staff.

Revalidation of doctors is now a legal requirement and this demands a robust appraisal process. All licensed doctors must be revalidated and there are statutory requirements for Responsible Officers (ROs) to submit a recommendation on whether or not they are suitable for revalidation. All non-training grade Medical Staff (GPs, Consultants, SAS grades and any other non-training grade posts) are expected to go through revalidation every five years. The Deaneries will be responsible for the revalidation of doctors in training.

This document focuses on specific processes around appraisal and revalidation for medical staff. It should, therefore, be read in conjunction with the Trust's Performance & Appraisal Policy, which defines the organisation's expectations as to how appraisal should run in principle in order that it is of the highest possible benefit for the staff member, their manager and the wider Trust as a service provider.

At the same time, the most up-to-date information on doctors' appraisal and revalidation can be obtained from the website of the NHS Revalidation Team, which can be found at http://www.england.nhs.uk/revalidation/

2. Aims and objectives

The purpose of this policy is to outline the requirements and arrangements for conducting the Appraisal and Revalidation of Medical Staff in the Trust, following General Medical Council guidelines and relevant bodies. It defines the responsibilities of key staff involved in the appraisal and revalidation process. This policy is not exhaustive and is not intended to contain information on all aspects of appraisal and revalidation.

3. Scope of the policy

Annual appraisal for Consultants, Associate Specialists and Specialty doctors is a contractual requirement. This policy applies to all non-training grade medical staff, including those with honorary contracts, where their principle prescribed connection is to the C&I Designated body. Annual appraisal is a requirement for revalidation for all medical staff who hold a license to practice. Long-term locums working with the Trust will also need to engage with the appraisal process unless they have a recognised designated body elsewhere.

4. Main Principles of Appraisal & revalidation

The Trust’s Performance & Appraisal Policy underscores how the practice of formal appraisal has a threefold benefit: it assists the organisation in terms of guaranteeing high standards in its performance; the individual staff member in terms of the maintenance and development of their competence; and the quality of care that is then offered to the Trust’s service users.
Medical Appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor’s work¹ and is used to reflect practice, identify areas for improvement for further development, recognise good performance, provide feedback and to demonstrate that the doctors is up to date and fit to practice. It also identifies performance issues and allows early intervention.

Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen field and able to provide a good level of care.² Revalidation occurs every five years and is based on comprehensive annual appraisals undertaken over that five year period. It is designed to improve the quality of patient care by:

\[\text{Ensuring that licensed doctors remain up to date and continue to be fit to practise:}\]

\[\text{Confirming that licensed doctors practise in accordance with the GMC’s generic standards}\]

\[\text{Confirming that doctors on the specialist register and GP register meet the standards appropriate for their specialty}\]

\[\text{Identifying, for further investigation and remediation, poor practice.}\]

Every doctor is responsible for ensuring that they are appraised annually on their whole practice, so will need to make arrangements to share information from each of their employers, including private practice, on an annual basis.

If a doctor does professional work during a career break then they need to ensure that they have collected supporting information about that work to include in their appraisal. If the career break covers an entire appraisal year, then it is their responsibility to ensure that they have an appraisal in the organisation that they are working for.

Whenever returning to work from a period of absence, the doctor must ensure they have a current Personal Development Plan (PDP) that has been agreed with their allocated appraiser or Clinical Director. If the absence occurs when revalidation is due or covers a prolonged period that five appraisal cycles were not possible, then the revalidation recommendation may be deferred to a later date by the Responsible Office with the approval of the GMC.

PDPs are a key output of the appraisal process. The appraiser will review various sources of information (as prescribed by GMC guidance) and make judgements and suggestions to help the appraisee construct a PDP.

Doctors who are new to C&I will be expected to bring evidence of previous appraisals and PDPs relating to their current five year revalidation cycle. The RO will require this information when making a recommendation prior to their due date for revalidation. Information will also be obtained from their previous RO by C&I. If they join C&I during an appraisal year, they will also need to provide supporting evidence from their previous work relating to that year to include in their next appraisal.


5. Appraisals
5.1 The Requirements
Medical appraisal is linked to external professional regulation and revalidation. Medical appraisals are based on a doctor’s performance as described in the GMC’s Good Medical Practice, which indicates that areas covered by the appraisal should include:
Continuing professional development
Quality improvement activity
Significant events
Feedback from colleagues
Feedback from patients
Review of complaints and compliments

5.2 Appraisal cycle
C&I medical appraisal cycle runs from 1 April to 31 July yearly and the portfolio must only cover the period of 1 April to 31 March. The timeline for completion (sign off of a mutually agreed PDP) is within 28 days of the appraisal meeting. Appraisals not signed within the 28 days will not be considered as completed. A list of suitable documents is listed in appendix A. These documents relate to the fields in RMS.

5.3 The Medical Appraisal Process
The Appraisal process is comprised of five phases:

*Revalidation is based on a whole practice appraisal; appraisees must provide information from all organisations that employ them.

** The appraiser must also produce a series of statements to help inform the RO (page 15 of the MAG guidance): http://www.revalidationsupport.nhs.uk/CubeCore/uploads/RSTMAGforReval0312.pdf

*** Issue of “Statement of satisfactory completion of appraisal” signed off by both parties within 28 days of the appraisal meeting
6. Revalidation

6.1 Revalidation cycle
Revalidation will require a cumulative review of appraisals over a 5 year period.

6.2 Revalidation Process
Revalidation is based on cumulative appraisals over a five year period.

7. Roles and Responsibilities

Your responsible officer with C&I is the medical director, who is the senior medical professional within the organisation. It is the responsibility of the Chief Executive to provide appropriate resources to the RO and to ensure indemnity in place for appraisers.

The Responsible Officer responsibilities include:

- Accountable to the Trust Board and to the GMC for his/her decisions.
- Accountable for ensuring appraisal takes place for all doctors for whom they are responsible.
- Responsible for providing a secure system for holding copies of documentation.
- Responsible for the quality assurance of appraisals undertaken in the organisation; there should be regular feedback from appraisers and appraisees and sampling of the appraisals.
- Investigate and resolve any complaints received about the appraisal system or a specific appraiser in a timely manner. Ensure follow up action is taken.
- Makes recommendations for revalidation to the GMC.
- Ensure the appraisal process is sufficiently robust to support revalidation and that governance systems can generate accurate and timely outcomes data.
- Maintain a database of appraisers and ensure there is a sufficient pool of trained appraisers within the organisation to carry out these appraisals.
- The Responsible Officer also needs to undergo appraisal themselves through NHS England and to be revalidated every five years. The Designated Body for the RO is NHS England.

The Responsible Officer also has a responsibility to ensure that no appearance of bias exists between them and any of the doctors that they oversee, or between them and whoever oversees their own appraisal process. Where a conflict of interest or bias does potentially exist then an alternative external responsible officer must be nominated or appointed. (The regulations also require that there is no conflict of interest or appearance of bias between the relevant doctor and the alternative responsible officer.) The Responsible Officer will make an application to their higher level responsible officer (normally either the regional or national responsible officer) using the form entitled Application Form for the Appointment of an Alternative Responsible Officer on Grounds of Conflict of Interest or Appearance of Bias (NHS...
Revalidation Support Team, 2014). Further information on this can be referenced from “Responsible Officer conflict of interest or appearance of bias” published by the Revalidation support team (January 2014).

**Examples of conflict of interest/appearance of bias**

It is anticipated that an alternative responsible officer will only need to be nominated or appointed rarely, as the majority of situations are minor and can be managed internally through transparent and effective organisational systems.

The responsible officer guidance suggests that a conflict of interest or appearance of bias may occur in the following situations:

- **Personal relationships**
  - where there is or has been a personal relationship such as marriage or partnership between a responsible officer and a doctor or where the two are related in any other way
  - where there is a close financial or business relationship between a responsible officer and a doctor
  - instances where a third party is involved (e.g. an affair or marriage breakdown)
  - where there is a known and long-standing breakdown of the professional relationship between a responsible officer and a doctor.

- **Managerial or organisational roles (the different roles of managers and clinicians might create a situation where a conflict of interest or appearance of bias might need further consideration)**:
  - A responsible officer who is appraised by a medical chief executive might then have to make a fitness to practise recommendation in respect of the chief executive.
  - A clinical director might be called on to comment on the clinical practice of their own responsible officer.

**The Appraisee is responsible for:**

Engaging positively and actively in the appraisal process.

Maintaining their professional portfolio. Appraisees are expected to prepare for their appraisal by collecting, collating and managing evidence from their practice that will provide the basis for the discussion with their appraiser.

Being open to the feedback, comments and suggestions that they receive as a result of that conversation.

Signing off their appraisal within 28 days of the appraisal meeting having taken place.

Ensuring they complete their agreed PDP.

Maintaining their skills and knowledge.

**The Appraiser is responsible for:**

The appraiser would usually be a licenced C&I doctor or other senior clinician who has undergone training to be an appraiser and has the appropriate skills, expertise, commitment and credibility. Selection and training of new appraisers will be carried out as and when required and training will be
arranged through the RO in line with the national guidelines regarding the curriculum and approved training.

**Appraisers are expected to:**

Attend appraiser training, refresher courses and workshops when required. 
Conduct the appraisal professionally and understand the aims of the appraisal and obligations placed by the GMC. 
Review appraisal documentation and evidence prior to the appraisal meeting taking place. 
Act on feedback from appraisals and include it in their own appraisal to ensure their competence and performance is satisfactory. 
Organise their own appraisal in a timely manner. 
Report general outcome of their appraisals to the Responsible officer 
Report and escalate any concerns identified about performance during the appraisal discussion. 
Ensure sign off of the appraisal within 28 days of appraisal meeting. 
Attend appraiser meetings (scheduled & managed by the Appraisal Lead) for support and quality assurance, which will occur as follows: 
Feb/March: Pre-appraisal & quality assurance meeting 
May: Monitoring meeting 
September: Post-appraisal & quality assurance meeting 
December: Appraisal preparation meeting. 
Declare any conflicts of interest with their appraisee. (This could be a personal or family relationship, paired appraisals where two doctors appraise each other or an appraiser receiving direct payment from an appraisee for performing the appraisal.)

**Head of Medical Staffing/Medical HR/Office of the RO**

The Head of Resourcing (HR) will oversee the Revalidation Appraisal process and ensure that related procedures and practices are regularly reviewed in line with changes in legislation. The post holder will ensure that appropriate protocols, processes and records are developed and maintained to ensure that all Medical Staff undertake annual appraisal in line with National Guidance.

**Appraisal Facilitator/lead/Office of the RO**

The Revalidation Administrator will co-ordinate and provide administrative support to the appraisal and revalidation process. They will maintain the records/electronic data system and ensure that the systems in place are held securely. Regular quality control checks will be undertaken to ensure the appraisal documentation submitted meets the agreed standards. They will assist the appraisal lead and RO to maintain databases of all doctors linked to the Designated Body, trained Appraisers and progress of appraisals. They will help gather information for doctor’s portfolios on clinical performance, incidents, inquiries, complaints and complements.

**8. Indemnity**

It is appropriate for appraisers who are not acting negligently to be indemnified for their actions by the organisation. The organisation will provide explicit assurance of indemnity for the appraiser.
9. Doctors in Difficulty
In the event that the appraisal process indicates that a doctor is ‘in difficulty’, the appraiser must escalate this to the Deputy Medical Director without delay, who will deal with the issues in accordance with the Trust’s relevant policies and guidelines.

The Trust follows the Maintaining High Professional Standards framework for medical staff guidelines and the conduct, performance and ill health procedures for medical staff policy when dealing with capability and conduct issues. The Trust’s Performance & Appraisal Policy, details best practice in terms of staff oversight and performance management, and its Capability Policy establishes a process for supporting all staff who are not performing to the standards expected – aiming to deal with performance issues as they arise, and not to wait until the appraisal process. The Trust has also developed a Policy for rehabilitation and remediation of doctors’ performance, which provides guidance on how to respond when concerns arise about the performance of a doctor either acting individually or as part of a team. Generally, good practice in this area should ensure that there are no surprises for the doctor during their appraisal as any concerns around performance should be picked up and addressed as and when they develop and not saved up for the formal appraisal. In the specific instance of a doctor in difficulty, it is essential for patient safety for issues to be addressed immediately that they are identified.

It may be appropriate to delay an appraisal under such circumstances, but a doctor’s appraisal for revalidation must still take place annually within the appraisal cycle. Arrangements should therefore be made as quickly as possible for the appraisal to be rescheduled. Where this is not possible records must be kept and timescales clearly documented.

Divisions will organise their own scheduling of any investigations or relevant remediation plans overseen by the Divisional Clinical Director and keeping the RO and Deputy medical director informed. The Medical Directorate (with the Medical Director as Responsible Officer, the revalidation administrator and the Medical Administrators in service, working to the Deputy Medical Director) will offer support where necessary to ensure standard procedures are met and enable full compliance across the Trust.

10. Poor engagement with appraisal process
Appraisal is an important part of the Trust’s clinical governance structures to ensure safe and quality care. It is a contractual requirement for all non-training doctors to participate in the appraisal process.

It is expected that appraisals will be completed during the stipulated April-end July time window each year. In a situation where completion of the appraisal process is unlikely to occur within this window, it is the joint responsibility of the appraiser and appraisee to inform the appraisal lead at the earliest opportunity of any problems. In extenuating circumstances the appraisal lead may use their discretion to extend the time allocated.

Subsequent failure to engage or complete the appraisal process appropriately will lead to a direct intervention by the appraisal lead who will meet with the appraisee to clarify the circumstances, establish whether there are other personal/health difficulties or other impediments and aim to negotiate resumed engagement with the process within anew time frame.

Continuing failure to engage with or complete the appraisal process may lead the appraisal lead or relevant Divisional clinical Director to consider whether formal disciplinary proceedings -under the professional conduct section of the Trust Disciplinary policy- should be initiated.

The appraisal lead will also discuss the matter with the RO who will consider whether it is appropriate to inform the general Medical Council via submission of a REV6 form, requesting the issue of an “early concern” notice by the GMC. An action plan to complete the appraisal within an agreed new timescale will be agreed. Should the appraisal still not be completed, the RO may submit form REV9, requesting that the GMC bring forward the appraisee’s next Revalidation submission date. Failure to achieve
successful revalidation would result in loss of the licence to practise, a serious breach of Trust contractual requirements.

11. Clinical Governance Evidence

The Trust will ensure that effective and supported clinical governance arrangements are in place to provide information to support the appraisal process. This may include caseload information and clinical activity data. Doctors must also be able to monitor their practice through performance information, including clinical indicators relating to patient outcomes and through feedback from patients and colleagues, etc.

12. Multi Source Feedback (MSF)- 360° feedback

The GMC recommends that feedback from both colleagues and patients is obtained at least once in each five year appraisal cycle. A second round of feedback may be required where concerns about a doctor arise or it is deemed helpful in their development. MSF is incorporated in the RMS system. Please refer to the C&I colleague and patient feedback policy – Appendix B.

13. Recording appraisals

The Trust uses an electronic tool for appraisal and to support revalidation. This software is known as Revalidation Management System (RMS). It allows doctors to create, upload and maintain a portfolio of supporting documents, record the outcome of appraisals and get multi-source feedback (360°).

It is recommended to have a maximum of 25 docs for your portfolio for your appraisal. It is also recommended that appraisees regularly remove old supporting documentation from their electronic portfolios to enable space for new inputs. They must also ensure that their portfolio contains contemporaneous documentation covering the relevant appraisal year before submission to their appraiser.

The RMS system also creates a dashboard for the RO to use to review progress of appraisal in the Trust. The RO makes his revalidation recommendations to the GMC based on the outcomes of the appraisal meeting on RMS.

It is secure and allows for documents to be both imported and exported to and from the system and is able to adapt to the full GMC requirements for revalidation. The exact detail of discussions during the medical appraisal interview would generally be considered to be confidential to the appraisee and appraiser, although any summary of that appraisal – such as the PDP, summary of discussion, portfolio – would allow restricted access to the RO and appraisal lead and therefore not wholly confidential. The latter is required to enable auditing as part of a quality assurance process.

Both the Trust and the appraisee will need to retain electronic copies of the appraisal documentation over a five year period. Further information on the principles of good appraisals and guidance on conducting them and what to expect can be found in Appendix D.

14. Information Governance

Information provided in appraisal documentation will be kept confidentially in the Trust revalidation support RMS e-system with access by the Responsible Officer/Medical director, appraisal administrator and appraisal lead. However, for performance and quality assurance further access may be made by appropriate personnel for audit and governance purposes. All information used for quality assurance purposes will be anonymised and explicit consent from the appraisee will be sought if used for training or research purposes.
The Trust and the doctor will need to retain copies of the full appraisal documentation over a five year period or longer if revalidation is deferred. The Trust’s secure electronic appraisal platform will allow documents to be both imported and exported to/from the system. The system is fully compliant with NHS England information management requirements. The Trust is able to access this information within 24 hours during this five year period even after the doctor has left the Trust. As extra security, the Trust appraisal administrator will also maintain a database of information on site for doctors who have left the Trust. (This ensures that relevant information can be accessed and passed on as required between the Trust RO and ROs in other organisations when required.)

The details of discussions during the appraisal meeting are considered confidential to the doctor and the appraiser unless concerns about patient safety nullify this and action must be taken to protect patients. This may involve sharing the appraisal information with relevant authorities.

Any supporting documentation that uses or refers to patient data must ensure that this information is anonymised. Examples would include patient throughput data, feedback correspondence, 360° feedback, complaints or serious incident investigations. (This list is indicative but not exhaustive.)

Any supporting documentation that refers to other work colleagues (e.g. meeting minutes, internal email correspondence, complaints etc) should also be anonymised unless the appraisee has obtained explicit consent from the relevant colleague to include this in their portfolio.

15. Quality Assurance for Appraisals and Revalidation

The quality of appraisals and revalidation will be assured through regular reports to internal and external groups. The Trust Board will receive an annual report at year end from the Responsible Officer. Based on the ORSA questionnaire, this will confirm the numbers of appraisals completed across the organisation; any key themes that are emerging, and recommendations for improving the process and quality (if relevant) for the following year in line with national guidance.

Appraisees will also be asked for feedback on their experience of appraisal in the Trust on an annual basis. This will contribute to an annual performance review of appraisers.

The Appraisal lead, supported by the Revalidation administrator will also audit appraisal outcomes (PDPs, portfolio reviews and appraisal summaries) and use the results to inform further support and training for appraisers.

16. Dissemination and implementation arrangements

This policy will be circulated to all doctors in the designated body. It will be also be accessible on the Trust intranet.

The cost implication includes the time allocated to doing appraisals. This has been absorbed into the SPA time in Consultant and SAS doctors’ job plans for appraisees and into management and SPA time for appraisers.

The Trust revalidation administrator is available to assist and can be contacted on 0203 317 7168 / email: revalidation@candi.nhs.uk.

The Appraisal lead is the Deputy Medical Director, Dr Koye Odutoye can be contacted for clarification or support in the implementation of the policy (Tel 0203 317 7127)

The Responsible Officer, Dr Vincent Kirchner can also be contacted for clarification or support in the implementation of the policy (Tel: 0203 317 7127)
17. **Training requirements**

As noted above, it is essential that all involved in appraisal have access to training, if required. Appraisers will require initial training updated refresher training every three years. Where required, new doctor appraisees joining the trust will also be offered training to facilitate a full understanding of the appraisal process and their responsibilities. Training needs for both appraisers and appraisees will be identified by the Responsible Officer and appraisal lead; provision of training, in terms of content required and numbers involved, will be commissioned and managed by the Appraisal lead and Medical Education Manager. Training completion will be recorded on the databases held in the Medical Directorate of the Trust.

18. **Monitoring and audit arrangements**

Management of quality assurance will be led by the appraisal lead and will include the following:

- Yearly audit of appraisal outputs via random sampling of PDPs, appraisal summaries and portfolio documentary evidence using a structured audit template.
- Yearly performance feedback review of appraisers based on appraisee feedback and random audit of their appraisal outputs.
- Incorporation of audit results into yearly appraiser support/learning workshops.
- Maintaining a data base to monitor and ensure that all appraisers are up to date with their training.

- Consideration to be given to inviting external audit and examination of quality assurance and governance.

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<th>Element to be monitored</th>
<th>Lead</th>
<th>How Trust will monitor compliance</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
<th>Acting on recommendations and Lead(s)</th>
<th>Change in practice and lessons to be shared</th>
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<tr>
<td>Appraisals completed</td>
<td>VK</td>
<td>Audit</td>
<td>Annual</td>
<td>Workforce</td>
<td>Required actions will be identified and completed in a specified timeframe.</td>
<td>Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</td>
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<tr>
<td>Appraisal feedback</td>
<td>VK</td>
<td>Audit</td>
<td>Annual</td>
<td>Workforce</td>
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<tr>
<td>Appraisal quality</td>
<td>VK</td>
<td>Audit</td>
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19. Review of the policy

This policy will be formally reviewed annually, next review – November 2017. However, the RO can update the policy on an ad-hoc basis in light future changes and development that arises for medical appraisal and revalidation, as and when they occur.

20. Associated documents

The Trust’s Appraisal Policy is available through the intranet. Similarly, copies of the Capability Policy can be found there, along with details for accessing high quality training in this area, which can be found on the HR pages there.

21. References

The references and primary sources for information on appraisal and revalidation for doctors are as follows:

5. Royal College of Psychiatrists: Revalidation for psychiatrists at: <http://www.rcpsych.ac.uk/workinpsychiatry/revalidation.aspx>
Appendix A: **Summary of information (by category, description and requirements)**

This appendix is about general information required to show context in all aspects of your work.

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<th>CATEGORY</th>
<th>Description</th>
<th>Requirements</th>
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<tr>
<td>Personal Details</td>
<td>• Demographic and relevant personal information</td>
<td>• Update your RMS profile annually and to reflect any changes.</td>
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<td></td>
<td>• Medical, Professional qualifications, Memberships e.g. RCPsych, GMC.</td>
<td>• Upload copies of certificates in your RMS portfolio until expired, keep portfolio updated with up to date documents.</td>
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<tr>
<td></td>
<td>• Approved clinician &amp; Section 12 status</td>
<td></td>
</tr>
<tr>
<td>Scope of Work</td>
<td>• Whole practice since last appraisal. Description and nature of practice at primary place of work. Time spent, PAs, size of teams &amp; your role in each team/s</td>
<td>• Update whole practice in your RMS profile – ‘Scope of work’ fields. * Upload current job plan &amp; copies of any Honorary Contracts held on RMS, in your portfolio.</td>
</tr>
<tr>
<td></td>
<td>• Additional place of work (in/outside the NHS also in/outside the UK) with description of practice, line manager’s details, PAs &amp; JPs.</td>
<td>• Update ‘Other places of work’ field on RMS. Upload any evidence e.g. Job Plans, appraisals.</td>
</tr>
<tr>
<td></td>
<td>• Any significant changes in your professional practice (e.g. sick or maternity leave, career break) and summarise any anticipated changes in the pattern of your professional work over the next year.</td>
<td>• Update ‘Scope of work’ field on RMS.</td>
</tr>
<tr>
<td>HEALTH</td>
<td>• Annual self-declaration of health confirming the absence/presence of any medical condition that could pose a risk to patients &amp; the doctor is in a position to receive independent impartial healthcare advice &amp; access health care appropriately.</td>
<td>Fill in self-declaration templates found on RMS, and then upload to portfolio.</td>
</tr>
<tr>
<td>Probit</td>
<td>• Annual self-declaration confirming no probity/ probity issues with summary of the events &amp; description of any potential competing interests &amp; any significant gifts.</td>
<td>Fill in self-declaration templates found on RMS, and then upload to portfolio.</td>
</tr>
<tr>
<td>PDP &amp; Review</td>
<td>• Previous PDP will be reviewed/discussed as part of the appraisal. Add development needs &amp; discussions. PDPs are to be confirmed and signed off on RMS.</td>
<td>Review PDP on RMS. If you are new to the trust, please upload your previous PDP in your portfolio on RMS. Previous concerns must be documented as satisfactorily addressed, if not, please refer to RO. <em>(Even if you have been revalidated since your last appraisal)</em></td>
</tr>
<tr>
<td>CPD</td>
<td>• CPD activity (min 50 credits per year) &amp; should cover clinical, academic &amp; professional domains. Follow College guidelines – <em>(<a href="http://www.rcpsych.ac.uk/training/cpdandrevalidation.aspx">http://www.rcpsych.ac.uk/training/cpdandrevalidation.aspx</a>)</em></td>
<td>Update RMS with summary of CPD undertaken (date, topic, venue, credits, relevance, reflection &amp; confirmation of good practice or new learning/practice change).</td>
</tr>
<tr>
<td></td>
<td>• Case based discussion/review - (2 per year – this amounts to 10 for revalidation purpose).</td>
<td>Upload CPD certificate obtained from RCPsych in your portfolio n RMS.</td>
</tr>
<tr>
<td>Quality improvemen t activity</td>
<td>• Clinical audit: In the 5 year revalidation cycle, a full audit (national or local) is required within your area of practice reflecting your input, learning outcomes and response.</td>
<td>Case review/discussion – use RCPsych form &amp; upload to RMS portfolio. Use RCPsych form &amp; upload to RMS portfolio. Include any evidence to show engagement throughout the full audit cycle. Clinical outcome data – upload to RMS.</td>
</tr>
<tr>
<td></td>
<td>• Clinical Outcome data: related to your own contribution. Compare with national data. Reflect on personal input and change in practice.</td>
<td>Clinical outcome data – upload to RMS.</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td>Requirements</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Significant Events</td>
<td>• Complaints, investigations and incident reporting. Chose two for short anonymised description with reflection, actions taken &amp; lessons learnt</td>
<td>• These will be supplied by the complaints department &amp; uploaded in your portfolio by the administrator. <em>If no direct involvement identified, please upload generic email sent by administrator to this effect to your RMS portfolio.</em></td>
</tr>
<tr>
<td>Feedback from Colleague</td>
<td>• Multisource feedback required – 360° clinical. Must be done in year preceding first revalidation. In subsequent 5 year cycles one patient and colleague feedback must be completed and a second one may be requested by your appraiser.</td>
<td>• Inform revalidation lead/administrator that you are due. They will then activate your feedback. <em>See appendix B for guidance on who to send feedback forms to. Upload feedback in portfolio on RMS.</em></td>
</tr>
<tr>
<td>Feedback from Patients</td>
<td>• Multisource feedback required – 360° clinical. Must be done in year preceding first revalidation. In subsequent 5 year cycles one patient and colleague feedback must be completed and a second one may be requested by your appraiser.</td>
<td>• Inform revalidation lead/administrator that you are due. They will then activate your feedback. <em>See appendix B for guidance on who to send feedback forms to. Upload feedback in portfolio on RMS.</em></td>
</tr>
<tr>
<td>Review of Complaints &amp; Compliments</td>
<td>• Review complaints and compliments, reflection &amp; lessons learnt.</td>
<td>• These will be supplied by the complaints department and uploaded in your RMS portfolio by the administrator. <em>If no direct involvement identified, please upload generic email sent by administrator to this effect to your RMS portfolio.</em></td>
</tr>
<tr>
<td>Clinical Practice &amp; Performance</td>
<td>• Carenotes clinical activity relating to your own contribution</td>
<td>• Extracted by the trust from Rio. This will be uploaded for you to your RMS portfolio nearer the appraisal cycle.</td>
</tr>
<tr>
<td>Clinical Governance</td>
<td>• Service lines clinical governance plan &amp; personal involvement in delivering it.</td>
<td>• Upload to RMS portfolio with reflective notes on personal involvement</td>
</tr>
<tr>
<td>Job Planning</td>
<td>• Cover issues in job planning</td>
<td>• Upload to RMS portfolio if job plans change during the year covered by appraisal, if not, no need to upload. Summary of any work diary.</td>
</tr>
<tr>
<td>Training attended</td>
<td>• Record of training attended</td>
<td>• Upload to RMS portfolio certificates or other evidence e.g. programme events, attendance register</td>
</tr>
<tr>
<td>Mandatory training</td>
<td>• Attend any mandatory training and keep record</td>
<td>• Upload summary of mandatory training completed to RMS portfolio</td>
</tr>
<tr>
<td>Management activity</td>
<td>• Record of management activity</td>
<td>• Upload to RMS portfolio examples/evidence to RMS portfolio. E.g. minutes of meetings, projects done etc..</td>
</tr>
<tr>
<td>Research Activity</td>
<td>• Record of research activity</td>
<td>• Upload to RMS portfolio summary of any published papers, grants etc....</td>
</tr>
<tr>
<td>Teaching activity</td>
<td>• Record of teaching activity</td>
<td>• Upload to RMS e.g. of teaching programmes, exam timetable, student feedbacks.</td>
</tr>
<tr>
<td>External work</td>
<td>• Evidence of clinical performance, governance, incidents relating to work outside C&amp;I.</td>
<td>• Upload documentary evidence to RMS</td>
</tr>
<tr>
<td>Previous Appraisals</td>
<td></td>
<td>• Previous appraisals should be available on RMS under ‘Appraisal History’. For new starters, please upload copies of previous appraisal to RMS in your portfolio</td>
</tr>
</tbody>
</table>
APPENDIX B
Feedback from Colleagues and Patients Policy for Revalidation

Equiniti 360° clinic (MSF) are used for both feedback form colleagues and patient. GMC guidelines states that both feedback must take place within the first 3 years of revalidation and if recommended, a second one in the last 2 years of the cycle. The first feedback from Colleagues and Patients must take place in the year preceding your first revalidation date. You need to inform the Revalidation lead or administrator when you are due to have your Feedback. They will then request RMS to set it up for you.

Feedback from Colleagues
Questions will cover the following areas:
1. Your clinical work
2. Teaching and Training
3. Teamwork
4. Communication Skills
5. Management / Leadership
6. Availability
7. Professional Development
8. Health & Probity

Your allocated appraiser will be your facilitator whose role it will be to approve your choice of assessors. Please consider the most appropriate people to assess you in these areas. You will need to choose a total of 15 colleagues to give you feedback. The choice of assessor should reflect your clinical practice – use the guidance in the box below. You must include your Divisional Clinical Lead, Divisional Manager, Service Manager, Team Manager, Consultant colleague you work closest with, any Specialist and Core Trainees you supervise, and Administrators you work closely with. If you work in more than one team, then choose a spread of these people across the teams.

You should have at least two assessors from each group below and ideally choose eight doctors for the validity of the clinical questions.
1. Doctors (who know about your clinical practice) – You should include 8 doctors. Consultant colleagues within your specialty/practice or another specialty (where applicable); SAS doctors you work with; doctors from other organisations where you practice clinically; primary care practitioners; core and specialty trainees and medical students (where you have a supervisory role) etc.
2. Nurses - RMN, RGN (where applicable), Specialist Nurses, Nursing Students, etc.
3. Allied Healthcare Workers - Approved Mental Health Practitioners, psychologists, non-medical psychotherapists, Social Workers, Occupational Therapists, etc.
4. Management/Clerical (administrators, medical/clinical directors, team/service manager, divisional clinical lead )

RMS will send an e-mail to you asking you to upload names and e-mail addresses of your colleague assessors which is then sent to your facilitator for approval. Once approved your colleagues will receive an e-mail asking them to take part. They will be directed to the RMS website where they will complete an electronic form. RMS will collate and analyse the results. For a valid result you need 12 of the 15 colleagues to respond.

RMS will prompt you to complete a self-assessment.

Feedback from Patients
RMS will issue you with 30 paper forms for you or someone in your team to hand out or post (with self-addressed, stamped envelopes) to services users and/or their carers. You need to choose 30 consecutive patients as far as is possible. You need to collect the forms and send them to RMS (the address is on the forms). You need at least 10 returns for a valid analysis. Each form has a unique bar code so you cannot make photocopies.
APPENDIX C

GUIDELINES FOR THE MEDICAL APPRAISAL PROCESS AND DOCUMENTATION

1 Introduction
The GMC calls for a five-yearly demonstration of all doctors’ fitness to practise, to be based on information and evidence that should already be available to employing organisations, as it forms part of good clinical governance. While there is a clear connection between revalidation and appraisal, there are also differences. Revalidation concerns itself with a standard measured against the framework of the GMC’s guidance Good Medical Practice, while NHS appraisal takes, in addition to this, a broader look at a doctor’s work and service delivery. This distinction may change as a result of revalidation.

2 Appraisal documentation
The revised documentation will form part of the overall process but while completing the documents is an important facet of appraisal, as it provides a written agreement and encourages consistency, dialogue between individuals and the exchange of views is now equally important.

Every doctor being appraised should prepare an appraisal folder of all the documents (information, evidence and data) which will help inform the appraisal process, and this can and should be updated as necessary. The Trust currently uses the Equiniti RMS system to compile and store appraisal folder portfolios electronically.

The documentation should represent their whole practice and include information from each of their employers. The documentation should continue to allow access to the original documents in the folder in a structured way, record what the appraisal process concluded from them and, finally what action was agreed as the outcome following discussion (PDP). What goes into the folder will, for the most part, be available from clinical governance activity, and other existing sources. Consultants and SAS grades on the new contract will also use information from the job planning process. Doctors need to consider which documents they need to collect for the appraisal process.

As part of revalidation, employers may need to make more information available to appraisers, and to ensure that appraisers are fully trained in the interpretation of this information. Annual appraisal documentation will need to be stored securely over the five year revalidation cycle by both the appraiser and appraise.

3 Preparing for appraisal
It is essential that adequate time is allocated for preparation, both for the appraiser and appraisee. Preparation time and time for carrying out the appraisal should take place during usual working hours; proper time should be included in the job plan of the appraiser for this purpose.

Successful appraisal depends on both the parties giving their contribution some thought beforehand. Both parties should give themselves enough time to produce exchange and consider any documents necessary for the appraisal – a few weeks rather than a few days in advance is best. Where, for whatever reason, a third party needs to contribute to an appraisal this should also be discussed and agreed well in advance.

It is very important that the discussion, a vital component of appraisal, is planned in diaries well ahead and protected. Ad hoc arrangements will fail to properly support either the appraisee, or the appraiser. Appraisal for revalidation requires that annual appraisals are carried out and signed off in year, in line with the organisation’s own appraisal cycle. Therefore, the timing, location and people involved in the appraisal need to be discussed and confirmed at least six weeks beforehand.

4 Selecting an appraiser
All appraisers should be trained according to RST guidelines. For revalidation employers should appoint a formal pool of trained appraisers, appropriate to the numbers of appraisals needed within the organisation, whose job plans would recognise an annualised commitment to carry out a fixed number of appraisals, and who would be assigned to appraise a set number of doctors each year.

This pool will be offered full training and will be assigned dedicated time in their annual job plans to carry out the work required. As this work is already being carried out, this does not mean that additional PAs will be required; it should be possible to recycle existing SPA time through proper, robust departmental job planning.

The following assumptions have been made:
Time required per appraisal (including preparation): 4.2 hours
Number of appraisals per appraiser per year: 10 (suggested maximum number)
Total amount of time per appraiser: 42 hours per year
SPA requirement per appraiser per year: 10.5 SPAs (0.25 per week)
Training time per appraiser (on appointment): 8 hours/1 day

The above suggested SPA time for appraisers will be proportionate to the number of appraisees allocated per appraiser. The Trust aims to actively boost the pool of appraisers so that the number of appraisees per appraiser should be no more than a maximum of 5 for general medical appraisers and 7 for appraisers who are also clinical managers.

It is further assumed that new appraisers will need to be added to the pool on an annual basis either to replace those who leave, or as numbers of appraisees change. New appraisers will be selected via an open and competitive process. Any new appraisers will be trained and subject to an early review of their skills, including appraisees’ feedback.

Each doctor will be allocated an appropriate appraiser each year by the appraisal lead. This will usually be for a maximum of three years and it is recommended that over the course of five years, each individual should be appraised by at least two different appraisers, to ensure objectivity, avoidance of conflicts of interest and a diversity of viewpoints. It would be the responsibility of the Divisional Clinical Directors and appraisal lead to ensure that all doctors have been appraised and their PDP signed off during the current year.

4.1 Conflicts of interest
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 (Appraisers will not be allocated to appraise someone who has appraised them within the last 5 years.)
- An appraiser receiving direct payment from an appraisee for performing the appraisal

5 360° degree appraisal
The revalidation process will require practitioners to receive formal feedback from both patients and colleagues at least once every five years.

6 Should concerns arise during the appraisal
Both the appraiser and the appraisee need to recognise that as registered medical practitioners they must protect patients if they believe that a colleague’s health, conduct or performance is a potential risk to patient safety. If, as a result of the appraisal process, the appraiser believes that the activities of the appraisee are such as to put patients at risk, then the appraisal should be stopped and the matter referred to the Responsible Officer, Associate Medical Director or Associate Clinical Director (if they are not the appraiser) in line with the organisation’s policies immediately. It is understood that this would happen only on the rarest of occasions. However a doctor’s appraisal for revalidation has to take place annually within the financial year. Arrangements should therefore be made as quickly as possible for the appraisal to be re-scheduled.

7 Development needs
Any other concerns or development needs which are highlighted by the appraisal would, of necessity, need to be presented to the Associate Clinical Director so that these can be discussed and the appraisee can (with the relevant support) take appropriate steps to address these. Where appropriate the completed appraisal form should be taken by the appraisee into his / her job planning meeting, which should follow reasonably closely after the appraisal meeting.

8 After the appraisal
A copy of the completed appraisal, with a PDP signed by both parties within 28 days of the appraisal interview, should be submitted to the Responsible Officer as part of the ongoing portfolio of evidence for revalidation. Although it is the responsibility of the Responsible Officer to recommend to the GMC for revalidation the appraiser must make known to the Responsible Officer any concerns arising from the appraisal which might delay a recommendation for revalidation, within each appraisal year, so that action can be taken to resolve these issues in a timely manner.
APPENDIX D
FREQUENTLY ASKED QUESTIONS (FAQs)

1 What is revalidation?
Revalidation is the process by which doctors will have to demonstrate to the General Medical Council (GMC), normally every five years, that they are up to date and fit to practise.

2 What is the purpose of revalidation?
The purpose of revalidation is to assure patients, employers and other healthcare professionals that licensed doctors are up-to-date and are practicing to the appropriate professional standards.

3 Do I have to take part in revalidation?
If you are a doctor holding registration with a licence to practise, you will have to participate in revalidation.

4 How will I be revalidated?
Revalidation will be based on local evaluation of doctors’ performance over a period of five years. Doctors will be expected to participate in a process of annual appraisal in the workplace. Appraisal is based on a doctor’s whole practice, and information will be required from each employer on a doctor’s performance within that organisation. This information should be made available in good time to the doctor’s appraiser.

Annual appraisals will need to be completed in year, in line with the organisation’s appraisal cycle. It is the responsibility of both the individual and the organisation to ensure that each individual doctor is able to complete their annual appraisal in a timely manner. An appraisal is not considered complete without a PDP signed off by both parties within 28 days of the appraisal meeting.

A recommendation of a doctor’s fitness for revalidation will be based on five years of appraisals and will be made to the GMC by the doctor’s Responsible Officer.

5 What is the role of the Responsible Officer (RO)?
The RO will usually be a senior, licensed doctor in the organisation where the doctor works, generally the Medical Director. The RO will have been formally appointed and trained to undertake this role.

The RO will make a recommendation to the GMC about a doctor's fitness for revalidation, normally every five years. This will be based on the doctor's appraisals over this period, together with information derived from local clinical governance processes. The GMC will require assurance that each doctor is meeting the required standards and that there are no known concerns about the doctor's practice. The Responsible Officer makes the recommendation, however it will be for the GMC to decide whether the doctor concerned should be revalidated.

6 What will I need to bring to my appraisal?
Doctors will need to maintain a folder or portfolio of information drawn from their practice to show how they are meeting the required standards. Because each doctor's practice is different, the information they collect will vary. The information collected in their portfolio will provide the basis for discussion at their annual appraisal. It is expected that a doctor will need to provide evidence of:

- Health and probity declarations (annually)
- Colleague and Patient feedback (one of each for each five year cycle)
- Quality improvement eg documents, audits, evaluations etc. (annually)
- CPD (annually)
- Complaints and compliments, review of clinical events/incidents (to be annually reviewed)

More details of the documentation required for appraisal will be made available by the GMC before revalidation comes into place in 2012.

Revalidation will be based on a doctor’s whole practice. Therefore if you work for other organisations (NHS, academic, locum agencies, independent) you will need to arrange for feedback from these organisations to be available for each annual appraisal.

7 Will I need to arrange for Multisource Feedback (MSF)?
Feedback from colleagues and patients (where relevant - some doctors do not see patients) will be a requirement of revalidation. It is currently proposed that this feedback will be required once in each 5 year revalidation cycle. It will inform that year’s appraisal and any issues raised will need to be addressed before the next appraisal.
How will I be allocated an appraiser?
The allocation of appraisers will be decided by each organisation and your appraiser will change at least once in each revalidation cycle. There will be a straightforward appeal system in each organisation should you be unhappy with the choice of appraiser allocated to you.

Will my appraiser be trained?
The GMC will require the revalidation arrangements to be quality assured and therefore all appraisers in the organisation will have been trained appropriately, against a core set of skills, and have an early assessment of these skills.

Will my appraiser be from the same specialty?
The GMC is currently reviewing its guidance on medical appraisal. This states that to improve, challenge and facilitate evaluation, the appraiser should be familiar with the role and working environment of the appraisee. For specialists and GPs this will usually mean that the appraiser is likely to be from the same specialty, but not necessarily from the same sub-specialty as the appraisee. This will depend on the availability and numbers of doctors within the organisation from each particular specialty.

Will there be the opportunity for feedback on my annual appraisal?
In order to ensure, and improve, the quality of appraisals for revalidation, organisations will collect formal feedback from appraisees about their annual appraisal. It is likely that each organisation will circulate a questionnaire each year to all or a sample of appraisees to gather feedback on the appraisal process.

Will my information be held securely?
The appraisal process will be confidential between the appraisee and appraiser, and all records of discussions will be held securely either electronically or in hard copy. However the appraiser will need to report to the RO that their appraisals have been completed satisfactorily. They will also be required to raise concerns about a particular appraisal. At this point it may be necessary for information to be shared.

In turn the RO will hold records about every appraisal undertaken annually in their organisation, in order to be able to make revalidation recommendations to the GMC every five years. They will therefore need to access individual appraisals if there are concerns; and also on occasions, to quality sample appraisals to ensure that they are being undertaken to the required standard. Annual reports on medical appraisal will also be a Board requirement.

What will happen if I cannot be recommended for revalidation?
Revalidation will be based on cumulative appraisals over a five year period. If, at an early stage, it becomes clear, for whatever reason, that you are unlikely to meet the requirements for revalidation then the organisation has a responsibility, in consultation with the GMC, to work with you to ensure that you are able to be revalidated in the future.

What happens if I leave the organisation before the five year revalidation cycle is complete?
It is your responsibility to ensure that all documentation from your appraisals is transferred to your new employer. All organisations will need to have arrangements in place to ensure that information can be transferred between them in a timely manner.

What will happen if I retire from my current organisation?
A retiree will need to confirm to their current employer(s) whether or not they are going to continue working as a doctor. If they return to work with their current employer, then their RO arrangements will remain the same. However if they intend to work for other organisations, they will need to make alternative arrangements for a RO and also for their appraisal records to be transferred.

Who will be my RO if I am a clinical academic, also carrying out clinical work?
Your RO will be the RO of the organisation where you undertake most of your clinical work regardless of the academic institution where your substantive contract is held. You will therefore need to contact the appropriate RO to set up these arrangements; and also make arrangements to share your academic appraisal with the NHS organisation so that your whole practice can be appraised.

Who will be my RO if I work mainly in the independent sector and undertake very little work in the NHS?
If you undertake work for the NHS, it is likely that your RO will be the RO of the NHS organisation. You should approach this RO and make yourself known to them as soon as possible. However you should also discuss this with the RO from the independent sector.

Who will be my RO if I work across split sites?
Your RO will generally be the RO of the organisation where you undertake the majority of your clinical work. Or, if equal, the organisation that is nearest to your home address, as registered with the GMC. You will therefore need to contact the
appropriate RO to set up these arrangements, and also to ensure that information from each organisation is made available to your appraiser each year so that your whole practice can be appraised.

19 Who is my RO if I am working as a locum?
If you are working as a substantive locum with an organisation then the RO and the responsibility for your annual appraisal sits with that organisation. You need to work with the Trust to ensure that:

- you have an annual appraisal, or if you work for an organisation for less than a year that you have an assessment/record* of your work during that employment
- your appraisal records are transferred both into, and out of each organisation, as you join and leave so that you are able to provide continuity for your appraisals for revalidation over a five year period.

If you are working as an agency locum, then your RO will be within the locum agency. However you will need to make arrangements to get formal feedback/assessment* on your work within the organisation before you leave so that your appraiser within the locum agency can appraise you on your complete practice within the year.

*Still to be defined.

20 How will the ROs be appraised?
NHS England is responsible for arranging an appropriate trained external appraiser to conduct the appraisal of the RO. The RO will be required to submit evidence in relation to their Responsible officer role as well as their general medical role. The RO will also have a yearly appraisal. Further guidance on RO appraisal can be obtained from “Undertaking a Responsible Officer medical appraisal-Guidance notes for Responsible Officers”
## APPENDIX E

### Equality Impact Assessment Tool

<table>
<thead>
<tr>
<th></th>
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<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does the policy/guidance affect one group less or more favourably than another on the basis of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Race</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ethnic origins (including gypsies and travellers)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nationality</td>
<td>No</td>
<td></td>
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<tr>
<td></td>
<td>Gender</td>
<td>No</td>
<td></td>
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<tr>
<td></td>
<td>Culture</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Religion or belief</td>
<td>No</td>
<td></td>
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<tr>
<td></td>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>No</td>
<td></td>
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<td></td>
<td>Age</td>
<td>No</td>
<td></td>
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<td></td>
<td>Disability - learning disabilities, physical disability, sensory impairment and mental health problems</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Is there any evidence that some groups are affected differently?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Is the impact of the policy/guidance likely to be negative?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>If so can the impact be avoided?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>What alternatives are there to achieving the policy/guidance without the impact?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Can we reduce the impact by taking different action?</td>
<td>N/A</td>
<td></td>
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