East Suffolk and North Essex NHS Foundation Trust

MEDICAL APPRAISAL AND REVALIDATION POLICY

Version 2.0

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Policy Summary

Summary & Aim

To detail the Hospital's commitment to an effective medical appraisal system and to advise and inform the medical and dental staff of the policy in relation to managing the appraisal process

Applicable to:

Medical and Dental staff

Training:

What training is there for this policy/guideline?

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SECTION 1 – INTRODUCTION

1.1 Policy Statement and Rationale

The East Suffolk and North Essex Foundation Trust (hereafter referred to as ESNEFT), as the Designated Body (DB), is committed to providing a process of medical appraisal that fully supports all doctors and dentists employed by the Trust in providing a framework to reflect on their practice as individuals and within teams, their development requirements and the quality and effectiveness of the service they provide. Medical appraisal is the cornerstone of Revalidation and the Trust needs to ensure that all licensed doctors have an annual appraisal.

1.2 Key Principles

The medical appraisal and revalidation process at ESNEFT will be supported by the Revalidation Support Team (RST), and will focus on the following principles

- Reflection of practice and performance during the previous year
- Review of the Personal Development Plan (PDP)
- Review of relevant information relating to performance
- Review of peer and patient multisource feedback (MSF)
- Identify objectives in keeping with the objectives of the individual doctor, the specialist team and the Trust
- Identify the need for any further resources and development and agree a new PDP
- Identify issues relevant to agreeing the annual Job Plan
- Meet the requirements for revalidation as determined by the GMC

1.3 Definitions

Term	Definition
DB	Designated Body
CMO	Chief Medical Officer
RO	Responsible Officer
MD	Medical Director
DD	Divisional Director
LED	Locally Employed Doctor
RST	Revalidation Support Team
DMG	Decision Making Group
GMC ELA	General Medical Council Employment Liaison Advisor

1.5 Key Related Documents

- Remediation policy

SECTION 2 – DUTIES AND RESPONSIBILITIES

2.1 **Chief Medical Officer** - is accountable to the organisation's Board for ensuring the resources and systems are in place for robust medical appraisal for employed/contracted doctors. They are accountable for ensuring that appraisal and clinical governance systems are integrated and co-ordinated at both strategic and operational level. The Chief Medical Officer will ensure that indemnity is provided for appraisers both internal to the organisation and appraisers that are external to the trust.

2.2 **Responsible Officer** - is accountable to the Chief Medical Officer and the organisation's Board for implementing and managing the appraisal process including appraisal outcomes. The Responsible Officer (RO) will receive, review, act upon and securely store all outputs from appraisal process. The RO will also be responsible for preparing an annual report on appraisal in line with national recommendations and for any actions arising from this. They will ensure that appraisers are properly recruited, trained and regularly assessed to carry out their role. They will ensure that all necessary administrative and managerial systems are in place to manage the appraisal system effectively. The Responsible Officer will: -

- ensure that the organisation's appraisal system complies with national guidance and requirements
- ensure that licensed doctors with whom they have a prescribed connection are appraised once every year
- ensure that appraisals consider the full breadth of the doctor's practice and monitor if appraisals are incomplete or missed
- maintain an exception audit of all missed appraisals for the year. Where appraisals are deferred for any reason, the Responsible Officer must authorise this.
- agree a process for addressing potential conflicts of interest and bias
- agree and implementing a process of remediation.
- attend 75% of regional revalidation network events.

2.3 **Deputy Responsible Officer** is accountable to the RO and the organisations Board for promoting excellence in medical appraisal across the organisation. The role assists the RO in all aspects of medical appraisal and revalidation and also disciplinary matters relating to health, capability, conduct and performance matters. Where revalidation decisions are made on behalf of the RO, i.e. deferral, revalidation etc, the Trust must be able to show direct involvement from RO to substantiate the decision taken on their behalf. Delegation to this role by the RO is permitted for short-term periods and longer absences by the RO would require a temporary change in RO to fulfil the requirements set by NHS England.

Remuneration for the post will be at 1.5PAs and will be reviewed on a regular basis

2.4 **Lead Appraiser** is accountable to the RO and the organisations Board for promoting excellence in medical appraisal across the organisation.

- The Lead Appraiser will ensure that appraisals are carried out to a uniformly high standard.
- The Lead Appraiser will promote, support and facilitate the implementation of national appraisal policies, they are expected to attend regional network meetings and cascade good practice throughout their designated body
- Provide a full quality assurance process of all revalidating appraisals and provide the RO with the necessary information required to make a recommendation for revalidation to the GMC.
- Provide critique and guidance to appraisees on their submitted appraisals
- Provide assistance and guidance to Trust appraisers

Remuneration for the post will be at 1PA and will be reviewed on a regular basis.

2.5 **Senior Appraiser** will be expected to provide leadership and support to the medical and dental workforce and to advise on appraisal issues, they will promote excellence in medical appraisal across the organisation to enable the Responsible Officer to deliver robust revalidation recommendations. Provide support to the Trusts Medical Appraiser workforce, including appropriate quality assurance and performance review of completed appraisals. They would be required to report any serious concerns in line with HR policies and procedures.

Remuneration for the post will be at 0.75PA and will be reviewed on a regular basis.

2.6 **Appraisers** have a responsibility to support the profession in the process of appraisal and revalidation. Appraisers must be appropriately trained, adequately supported and provided with the appropriate time to fulfil this responsibility. Whilst most appraisers are medically qualified, this is not essential and it may be appropriate and indeed useful for some appraisals to be undertaken by others (e.g. non-medical colleagues or lay representatives, after appropriate training)
It is expected that each appraiser will undertake 7 – 9 appraisals each year.

Remuneration for the post will be at 0.25PA and will be reviewed on a regular basis.

2.7 **Head of Medical Workforce Compliance** – will have overall responsibility for administering the appraisal and revalidation process. They will be responsible for

- Maintaining the GMC Connect database of all doctors that have a prescribed connection with the Trust as a 'Designated Body under the regulations of the Medical Health Act (2003) and the Medical Profession (Responsible Officer) Regulations (2010)
- Administering the implementation of this policy
- Supporting doctors and managers in the appraisal and revalidation process
- Reporting to the Senior Revalidation Team any issues requiring attention
- Supporting the Senior appraisers, Lead Appraiser and Responsible Officer in all issues relating to Appraisal & Revalidation

2.8 **Medical & Dental Staff –** are responsible for ensuring that they participate in the annual appraisal cycle to meet the GMC requirements for revalidation. Doctors new to the Trust will meet with the Revalidation Manager as part of their induction programme to establish their position in the revalidation cycle. A date for first appraisal at ESNEFT will be agreed with the doctor, however the RST will aim to allocate a month that is within 6 months of the doctors start date and ideally will fit into the Trust's usual appraisal cycle, between May and January. Birth month and month of proposed revalidation will be taken into account.

Doctors: -

- are required to maintain a professional portfolio including feedback from each of their employers (whole practice review) including the independent sector, records of their training, reflective practice and supporting information as specified by the GMC. This evidence must be available to their appraiser 2 weeks before the date of the appraisal
- must undertake an annual appraisal
- must obtain all necessary information based on their whole practice
- must keep a portfolio of supporting information to support the appraisal discussion
- must seek permission from the Responsible Officer if they are to defer or miss an appraisal in any year
- need to ensure they keep the GMC updated as to what institution they are currently practicing in (i.e. their Designated Body).

2.9 Decision Making Group

Will consist of the RO, Deputy RO, Lead Appraiser, Senior Appraisers, and a member of the RST, will meet monthly to assist the RO in making their decision for all impending revalidations.

SECTION 3 – POLICY DETAILS

3.1 Requirements of appraisal

3.1.1 The appraisal period for ESNEFT runs from 1st May – 31st January. It is a contractual requirement that every doctor employed by the Trust have an appraisal within this period. Each doctor will have an agreed allocated month of appraisal, a doctor's appraisal due month will usually be either their birth month or two months preceding their revalidation month.

Appraisal should be a positive process that allows doctors to reflect on their performance, chart year-on-year progress and identify development needs, with a trained colleague facilitating the reflection and providing challenge where necessary.

3.1.2 The aim of the Appraisal process is to identify and celebrate good practice, as well as support doctors in collecting the information required for Revalidation. It will assist doctors by identifying support and developmental needs at an early stage and help to maintain and improve patient safety.

3.1.3 The aims of appraisal are to:

- Set out personal and professional development plans (PDP) and agree plans for these to be met
- Regularly review a doctor's work and performance, utilising relevant and appropriate sources of information as outlined by the GMC and the relevant Royal Colleges in order to gain a good understanding of the doctor's whole practice.
- Consider the doctor's contribution to the quality and improvement of services and priorities delivered locally
- Optimise the use of skills and resources in seeking to achieve the delivery of general and personal medical services
- Identify the need for adequate resources to enable any service objectives in the agreed job plan to be met
- Provide an opportunity for doctors to discuss and seek support for their participation in activities for the wider NHS
- Utilise the annual appraisal process and associated documentation to meet the requirements for GMC revalidation against the nine headings of 'Good Medical Practice'.

3.1.4 Medical appraisals are based on a doctor's performance as described in the GMC's Good Medical Practice. This guidance describes the standards of competence, care and conduct expected of doctors in all aspects of their professional work. Therefore, the expectation is that, by developing a portfolio of wide-ranging supporting information from their professional practice, a doctor will be able to show how they exhibit the above attributes to a satisfactory level.

Supporting information will cover a 5-year cycle of revalidation and will be linked to all attributes. The 6 types of supporting information as outlined in the GMC's *supporting information for appraisal and revalidation* are:

- CPD

- Quality improvement activity
- Significant events
- Feedback from patients (where applicable)
- Feedback from colleagues
- Review of complaints and compliments

By providing all six types of supporting information over the 5 year revalidation cycle doctors should demonstrate, through reflection and discussion, that their practice meets all the attributes required in the 4 domains of Good Medical Practice. Doctors must include information about all incidents and complaints (where they have direct involvement) in their appraisal folder every year. Suitable ongoing CPD should be included for discussion every year. Once per 5-year cycle each doctor must provide evidence of colleague feedback and (unless deemed not required) patient feedback. Quality Improvement activities also need to be demonstrated in each revalidation cycle.

3.1.5 All appraisals must be held in a confidential and private setting. In discussing the supporting information, the appraiser will be interested in what the doctor did with the information and the reflections on the lessons learnt from completing the activity, not simply that it was collected and maintained in a portfolio. The appraiser will want to know what the doctor thinks the supporting information says about their practice and how they intend to develop or modify their practice as a result of that reflection.

3.1.6 Face to face meetings for appraisal remains the preferred approach to optimise quality of the interaction and to develop the most productive professional connection. However, it is accepted, in light of COVID-19, that virtual meetings may be the preferred method. Virtual media must be “end to end encrypted” and MS Teams is the recommended and NHSE approved media. Other media platforms that can be used are Face Time, Google Duo (for android), Signal (most secure video conferencing used but will need to be downloaded), WhatsApp and Zoom. Appraisals conducted by telephone without video facilities are not acceptable.

3.1.7 Every doctor is responsible for ensuring that they are appraised on their ***whole practice***, it is their responsibility to arrange to share information from each of their employers, including private practice, on an annual basis. “Whole scope of practice” also includes any ad-hoc work undertaken, whether paid or unpaid, when acting in a medical capacity. In order for a doctor to be appraised on their whole practice, it is acknowledged that information requests will need to be handled in a timely manner and transferred according to information governance methods. An appraisal is not considered to have been completed without timely sign off a mutually agreed PDP within 28 days of the appraisal meeting. Revalidation will require cumulative review of appraisals over a 5-year period.

3.1.8 To assist doctors with the collection of supporting information, the Trust uses Allocate Software. This is a secure, internet-based system, which will allow doctors to collect and build a portfolio of appraisal evidence throughout the year.

3.1.9 The use of Allocate is mandatory and, where possible, all supporting information pertaining to the appraisal should be uploaded onto the system. The appraisal form contained within the system must be used for every appraisal, hand written appraisal documentation will not be accepted under any circumstances. All patient identifiers must be removed prior to uploading documents onto Allocate.

3.1.10 Guidance documents are available on the Trusts intranet site. https://intranet.esneft.nhs.uk/pages/revalidation These documents provide a step by step guide in using the system and also assist doctor’s understanding of the types of information required in their appraisal portfolios.

3.1.11 Doctors are expected to participate in their appraisal meeting on or before the stipulated appraisal due date unless specific written agreement is received from the RO. For avoidance of doubt, should a doctor have an appraisal later than their appraisal due date (whether or not by agreement with their responsible officer), their next appraisal should revert to their original appraisal month. Any doctor who cannot complete their appraisal in the month it is due must obtain prior approval by the Responsible Officer to postpone the appraisal date stating reasons for the required deferral. All agreed deferrals would be documented at the next DMG.

3.1.12 Reminders of forthcoming appraisals will be sent automatically 12, 8 and 6 weeks before the provisional appraisal due date. This will be set as the last day of the appraisal month. Reminders will continue every 3 days until the appraisal date is confirmed. Doctors should schedule their appraisal date with their appraiser at least eight weeks before the due date and submit the appraisal documentation for review to the appraiser at least two weeks before the agreed appraisal date. The RST will maintain all records of the appraiser and appraisee information and agreed appraisal date once this information has been confirmed.

3.1.13 Engagement with appraisal is a contractual requirement. If after the reminders detailed in section 3.1.11 above, no response is received and the appraisal date passes, a letter (via email) will be sent from the RO requesting the appraisal is submitted to the appraiser within 30 days and confirmation of the appraisal date is provided.

If after the 30 days' notice no confirmation has been received or there continues to be no or insufficient engagement from the doctor and the appraisal remains outstanding, a second letter (via email) will be sent by the RO requesting the appraisal is completed within a further 30 days. On both occasions the individual will be reminded that appraisal is a contractual requirement and failure to comply breaches the Terms and Conditions of their employment and the GMC's guidance as set out in Good Medical Practice. The GMC ELA will also be contacted for counsel of the non-engagement with appraisal.

If, after the subsequent period of 30 days there continues to be no or insufficient engagement, the RO will review the revalidation and regulatory implications of non-engagement and in the absence of any mitigating factors will submit a non-engagement concern notification (REV6) to the GMC. The RO will inform the doctor and their DCD of the action taken and notify them that the doctor is no longer eligible for pay progression or clinical excellence award application. The GMC will contact the doctor directly to outline that a non-engagement concern has been raised and the compliance date will be given.

If the doctor continues with non-engagement, the GMC will then commence their proceedings for non-engagement with revalidation directly with the doctor which, may result in the removal of their licence to practice. If the doctor subsequently begins engaging in the appraisal and revalidation process, they will follow the usual process as detailed at 3.1. The flow chart for non-engagement is detailed at Appendix D

3.2 New starters

3.2.1 All doctors are required to complete an induction form for medical appraisal, detailed at Appendix A. This form provides the RST with the initial information required to activate an Allocate account. Once an account has been activated, an appraiser will be allocated and the doctor will be advised of the appraisal process and Trust requirements.

The following exceptions apply to the new starter requirements:

- former trainees who have had their ARCP within the appraisal year can have that assessment count towards their compliance and
- doctors who have had an appraisal from their previous employer in the UK and completed within the appraisal year

In both instances the induction form and evidence of compliance with appraisal must be emailed to Revalidation@esneft.nhs.uk.

3.2.2 For Doctors employed as an LED, an ePortfolio account on the HORUS system or the Developmental review Template will be provided, dependant on their grade. Foundation Year doctors use HORUS to enable them to demonstrate attitudes, skills, and knowledge required to complete their Foundation Programme. The doctor will be expected to meet and engage with their Educational/Clinical Supervisor to ensure all appropriate competencies are completed and an additional evidence form, detailed at Appendix C, is required to be completed on or before the 31st March to ensure compliance with this process.

3.3 Prescribed Connection to ESNEFT

NHS Locums
Locums who are directly employed by the Trust will be treated in the same way as all other doctors employed by the Trust and will become part of the Trust's Designated Body List on the GMC.

Agency locums
Locums who are supplied to the Trust through an agency are expected to have their agency as their Designated Body and their Agency will be responsible for Appraisal and Revalidation. The Trust may be able to provide an appraisal for an Agency Locum; however a charge will be levied for this service. Appraisal at ESNEFT cannot be guaranteed and will only be provided when the Trust has appraisers available to take on this additional work. For information in relation to costs involved please contact: Revalidation@esneft.nhs.uk

Bank Doctors
Joining the Trust internal bank does not automatically provide a doctor with a prescribed connection to ESNEFT. After four months, following commencement in post, the Trust will carry out a shift check to establish frequency of working. If it is established the doctor is working regularly on the bank, then the prescribed connection will be updated to ESNEFT and the appraisal process will commence.

Doctors who join the Trust internal bank but also continue to work through agency/agencies will be expected to retain their prescribed connection to the agency. If a Bank doctor no longer works through an agency and requires an appraisal within their first six months of working via the bank, the Trust may reserve the right to defer the process for up to six months to monitor the number of shifts completed to ascertain whether prescribe connection is appropriate.

Any doctor failing to show regular working on the bank or who fails to undertake shifts within a 12 week period will be removed from the DB list.
If a doctor registered on the bank leaves the country, then the prescribed connection to ESNEFT will not be retained.

Private Limited Company Doctors
In accordance with the Responsible Officer Regulations, it is not permissible for any Doctor who contracts via an umbrella or their own private limited company to have a prescribed connection to the Trust. This group of doctors are required to organise their annual appraisal either with an agreed Suitable Person or via the GMC annual return programme.

Honorary Contracted Doctors
Doctor on honorary contracts will be required to have their appraisal with their employing organisation.

3.4 Appraiser allocation

3.4.1 The RST will allocate an appraiser to each individual and this process will commence in March to ensure all individuals have an allocated appraiser by the start of the appraisal year in May. Once allocated, the doctor will normally retain the same appraiser for three years. Doctors MUST NOT be appraised by the same appraiser for more than three consecutive years unless approved by the RO

3.4.2 It is the responsibility of the individual to arrange the date and time of their appraisal and not the RST.

3.4.3 A doctor should not act as an appraiser to a doctor who has acted as their appraiser within the previous five years. Similarly, a doctor who has entered the NHS appraisal process from a training programme should not be allocated their educational supervisor as their appraiser for the first three years after exiting training.

3.4.4 Appraisers do not have to work in the same specialty or discipline as the doctor being appraised, but should be familiar with the role and working circumstances

3.4.5 If the doctor or another person objects to the allocated appraiser they should complete an appeal form, available at Appendix B, explaining their reason and send it to the RST. If the appeal is accepted, the doctor will be allocated a different appraiser. The appeal process should be repeated once if there is still no agreement after the first appeal. Appeals must be received within four weeks of the appraiser allocation.

3.4.6 In cases where the RO and the doctor cannot agree a suitable appraiser after two appeals, an external appraiser will be allocated and this decision will be final. External appraisers may be considered in circumstances where there is a perceived conflict of interest or appearance of bias that cannot be resolved. The RO reserves the right to appoint a specific appraiser internally.

3.4.7 The RO must select an external appraiser from a list provided by NHS England Medical Director

3.5 Clinical Governance and Quality Improvement

3.5.1 The Clinical Governance Team should provide doctors with information pertaining to the doctor about audits, critical incident reports, morbidity/mortality data, complaints and any other performance data routinely collected or required by national specialty guidance. The doctor should have the opportunity to establish the accuracy of information held about him/her.

3.5.4 Assurance of the process will also be carried out as part of the annual report to the Trust Board. The annual report confirms the number of appraisals completed across the organisation for the relevant appraisal year, any key themes that emerge, recommendations for improving the process and quality (if relevant) for the following year in line with national guidance.

3.5.3 It is a requirement that appraisees are asked for their feedback on their appraisal. For appraisees this will be achieved through the use of the routine Appraisee Feedback Questionnaire sent automatically prior to the completion their appraisal on Allocate.

Feedback reports will be made available to all Appraisers following completion of the appraisal cycle

3.5.5 Internal audit regarding quality of appraisals will be undertaken by the Lead and Senior Appraisers. An adapted ASPAT form will the accepted tool and audit findings will be communicated back to the appraiser and the RO.

3.5.6 The criteria for the annual audit of appraisal is as follows:-

- All new starters in their first year of appointment at ESNEFT
- All appraisals from new Appraisers in their first year in the role
- An audit of every doctor's appraisal in year 4 of their revalidation cycle
- Doctors who are experiencing difficulty or require further support
- Doctors who record a wellbeing score of 3 or less within their appraisal

3.6 Multi Source Feedback

3.6.1 For the purposes of revalidation, the GMC states that feedback from colleagues must be conducted at least once in each 5-year cycle. Further MSF may be required as part of any remediation requirements or in response to specific concerns identified in the appraisal process.

Colleague feedback. Colleague feedback for substantive, NHS Locums and bank employees is conducted using Allocate. Doctors are required to nominate colleagues (online) who will be able to provide suitable feedback on their working practice; nominations are to include an equal mixture of medical and non-medical respondents. The Trust requires a minimum of 16 nominations and the first 11 anonymous responses received will be used to create the 360 report. All doctors should be aware of the timescales available to them when submitting their nominations for MSF to ensure completion in a timely manner and, ideally, well in advance of the doctor's revalidation date.

Patient feedback. Patient feedback can be conducted either directly through Allocate, by using the GMC feedback form or by supplying the RST with the patient / carers email address which generates an online survey link. If this latter option is used then consent must be obtained prior to the email being provided to the RST or uploaded into Allocate. 25 patient responses are required for patient MSF; GMC forms can be requested directly from the RST or can be downloaded directly from Allocate.

If the doctor wishes to use alternative and independent software to generate their feedback, then this will be accepted as long as the doctor can provide a detailed report highlighting both NHS and (where applicable) private patients. The independent report provided must reflect the whole scope of practice (and any independent practice) and allow individual patients to comment. Where an independent source is used the RST will be unable to assist with any software issues or extract a report on the doctor's behalf. It will **not** be sufficient for a screen shot of the independent report to be used in the appraisal.

It is recommended that this feedback is completed in year 3 of the doctor's revalidation cycle. It is important that the doctor remains impartial in the distribution and collection process; therefore each doctor must discuss with their clinical lead, operations manager and/or matron how this is to be achieved. Feedback forms can be distributed across a variety of clinical areas (and not necessarily solely within ESNEFT) and once completed the forms should be forwarded on to the Revalidation Office for collation. The doctor should not be involved in the collection of completed feedback forms. Once 25 responses have been received in the Revalidation Office a formal feedback report will be produced. The doctor is required to add this report into their current appraisal for commentary and appropriate reflection

Where the doctor has no patient facing activity then the colleague feedback must include all members of their MDT meetings, this is in addition to any other nominations as detailed above. The list of MDT colleagues must to be identified to the RST to monitor the responses received.

For all Locally Employed Doctors wishing to undertake a colleague or patient survey please contact the RST for further advice and guidance on the local process used.

3.7 Transfer of information

3.7.1 In order for a doctor to be appraised on their whole practice, doctors need to obtain information from any and all other organisations where they work, be that as employee or on a self-employed or voluntary (unpaid) basis. Templates for request from private practice organisations are provided on the RST intranet pages. It is acknowledged that information requests between organisations will need to be handled in a timely manner and transferred according to information governance methods.

3.8 Additional information

3.8.1 The Responsible Officer may be informed of individual involvement in significant events, outlying clinical outcomes and complaints (process for complaints in development). In these cases the RO may write directly to the doctor in question to request that he/she will take this specific information to their appraisal for discussion. The RST will be informed of this request in general terms and will make a record on the database to ensure that the RO checks that this discussion has taken place on receipt of the final appraisal document.

3.9 Decision Making Group

3.9.1 The decision to revalidate lies with the GMC following a recommendation from the RO and there are three recommendations the RO can make: -

- Recommend to revalidate
- Recommend to defer (if there is insufficient evidence)
- Report for non-engagement

3.9.2 The Decision making Group, which will consist of the RO, Lead Appraiser and Senior Appraisers, supported by a member of the Revalidation Support Team. The Group will meet monthly to assist the RO in making the decision for all impending revalidations.

3.9.3 In order for the Group to be quorate, three members of the group (excluding a member of the RST) must be present. In the absence of the Responsible Officer, the group will collectively agree individual revalidation recommendations and this information will be forwarded on to the RO for action to ensure they are fully aware of decisions made in their absence and the reasoning behind those decisions. The RO will review those recommendations promptly and take appropriate action regarding revalidation recommendations to the GMC.

3.9.4 A positive revalidation recommendation can only be made if a doctor has participated in annual appraisal and included reflection on all supporting information as follows: -

- CPD
- Quality Improvement Activity
- Significant Event
- Colleague Feedback
- Patient Feedback
- Review of Complaints

Deferral of revalidation will be recommended if there is insufficient evidence/gaps in appraisal evidence. The doctor will be advised of this action, which is always considered to be a neutral act, and the remedies needed to allow a subsequent recommendation for revalidation to be made.

3.10 Quality Assurance of Appraisal Process

Quality assurance mechanisms are embedded throughout the systems and processes that have been established to support medical appraisal and revalidation. Monthly compliance reports are generated for inclusion in the Accountability Framework, Training Portal and highlight report to POD Committee.

Assurance of the process will also be carried out as part of the annual report to the Trust Board. The annual report confirms the number of appraisals completed across the organisation for the relevant appraisal year, any key themes that emerge, recommendations for improving the process and quality (if relevant) for the following year in line with national guidance.

It is a requirement that appraisees are asked for their feedback on their appraisal. This will be achieved through the use of the routine Appraisee Feedback Questionnaire to be completed by the appraisee prior to the completion of their appraisal on Allocate.

3.11 Appraisal and Job Planning

Appraisal is not the process by which the Trust reviews or judges performance against an individual's contract of employment, job plan or service objectives. This is conducted under the Trust Job Planning review process

3.12 Remediation

Concerns raised through the appraisal process will be addressed according to the Remediation Policy.

SECTION 4 – TRAINING AND EDUCATION

Education / Training Need	Staff Group	Method of Training / education	Responsibility for Training	Timescale to complete
Overview of the appraisal system and appraisal requirements	Medical and Dental	1:1 training	RST	Within month of commencement in post
Trust Appraiser role	Medical staff	Online training materials and 1:1	Lead Appraiser & RST	On approval to commence in role

SECTION 5 – DEVELOPMENT AND IMPLEMENTATION INCLUDING DISSEMINATION

5.1 This policy has been written in accordance with the terms of the Development and Management of Strategies, Policies, Procedures, Protocols, Guidelines and Other Guidance Material Policy and has involved the following who will lead on its implementation within the Trust:

- Chief Medical Officer
- Responsible Officer
- Lead Appraiser
- Senior Appraisers
- Assistant Director of Medical Workforce
- Head of Medical Workforce Compliance

This policy will be sent to the following for consultation prior to submission for approval: -

- Chief Medical Officer
- Director of Human Resources
- Divisional Directors
- Divisional Clinical Leads
- Assistant Director of Medical Workforce
- Local Negotiating Committee

5.2 Once ratified by the Trust Oversight of Documents Group, this document will be placed on the Trust's intranet and its implementation notified via a broadcast.

SECTION 6 – MONITORING COMPLIANCE AND EFFECTIVENESS

6.1 Compliance with, and effectiveness of, this document will be monitored annually by the Chief Medical Officer/RO; by case review and feedback from Trust staff involved in managing the policy. Remedial action for non-compliance with the policy will be the responsibility of Divisional Clinical Directors.

6.2 Non-compliance will be reported and discussed at the monthly DMG meetings and non-engagement escalated to the RO and Lead Appraiser, a log of which will be held by the RST for monitoring of compliance.

SECTION 7 – CONTROL OF DOCUMENT INCLUDING ARCHIVING ARRANGEMENTS

7.1 Once ratified by the Executive Management Committee, the Revalidation Manager will forward this document to the Information Governance Department for a document index registration number to be assigned and for the guideline to be recorded onto the central hospital master index and central document library of current documentation.

7.2 In order that this document adheres to the Trust's Records Management Policy, the Information Governance Department will:

- Ensure that the most up-to-date version of this document is stored in the documentation library
- Archive previous versions of this document
- Retain previous versions of this guideline for a period of time in accordance with the NHS Records Retention and Disposal Schedule.

SECTION 8 – SUPPORTING COMPLIANCE AND REFERENCES

8.1 This document will support the hospital's compliance with:

- The Medical Act 1983 (as amended by the Health and Social Care Act 2008)

- Government White Paper - Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century
- Framework of Quality Assurance for Responsible Officers and Revalidation, Annex A - Core Standards
- NHS England Medical Appraisal Policy version 2.0
- NHS England Medical Appraisal Logistic Handbook

APPENDIX A: Appraisal Induction Form

NHS
East Suffolk and North Essex
NHS Foundation Trust

Registration Form – Appraisal & Revalidation

Please complete fully and return to:- Revalidation@esneft.nhs.uk

As you are aware Medical Revalidation is a mandatory requirement for all licensed medical staff wishing to practice in the UK. In order for us to ascertain who is responsible for your appraisal and revalidation recommendation we require you to complete the following form.

PLEASE NOTE:- You are not required to complete this form if you are a trainee on a Deanery training programme:-

Name			
GMC Number			
Preferred contact number			
Preferred e-mail address to be used for all correspondence			
Post Held (Consultant, Trust Doctor, Speciality Doctor, LAS, MTI, etc)			
Start Date			
Length of contract (Perm/Temp)			
Dept			
Site based (please tick)	Colchester	Ipswich	Other *(please state)*
Do you have an employment contract with any other provider (please do including locum agency work)			Yes / No (please delete)
If you answered yes:- Please provide the details of any additional employer / agency you are registered with:- •			
If you do have an employment contact with another organisation will this place of work be where you conduct the **majority** of your clinical duties?			Yes / No (please delete)
Current or last Responsible Officer			
Date of last appraisal / ARCP			
Please send a copy of your last appraisal / ARCP along with this form to Revalidation@esneft.nhs.uk			
Revalidation due date			

I can confirm that the information provided is a true account of my current employment status. I confirm that should this change, I will contact the Revalidation Support Team to advise accordingly.

Signed:_____

Date:_____

Any queries regarding appraisal and revalidation please contact the Revalidation Support Team via Revalidation@esneft.nhs.uk

APPENDIX B: Appeal against Allocated Appraiser

Form for appealing against the allocation of a specific appraiser.
Part A – to be completed by the person making the appeal
Doctor:
Doctor's GMC number:
Appraiser:
Reason(s) for appealing against the allocation (tick all that apply): Potential conflict of interest or appearance of bias: ☐ Close personal or family relationship (past or present) ☐ Close financial or business relationship ☐ Professional relationship ☐ Known or longstanding personal animosity ☐ Appraiser suitability ☐ Other (please describe under "further details" below)
Further details:
Name of person making the appeal (if not the doctor): Designation: Contact details (in case appraisal office needs more information):
Part B – to be completed by appraisal office
Decision:
Decision approved by: Name: Position: Date:

APPENDIX C: LOCALLY EMPLOYED DOCTORS SUPPLEMENTARY DECLARATION

As a Locally Employed Doctor (LED) you have been provided with an ePortfolio to support your learning. Evidence in this portfolio will provide a secure record of appraisal discussions, an ongoing personal development plan, workplace assessments plus reflection on clinical and other learning events.

In addition to your meeting with your Supervisor you are required to complete and sign off the following statements below to provide assurance of your engagement with the GMC revalidation regulations.

A copy of this form must be:-

- added to your ePortfolio and
- emailed to Revalidation@esneft.nhs.uk

Incidents

Please provide a self-declaration of any work-related significant events or incidents you have been involved in since your last appraisal. Where involvement is known please ensure you provide anonymised details of the outcome and a reflection of the event

Complaints

Please provide a self-declaration of any complaints received since your last appraisal. Where involvement is known please ensure you provide anonymised details of the outcome and a reflection of the event in the box provided below.

Probity Declaration

I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to probity, including the statutory obligation on me to ensure that I have adequate professional indemnity for all my professional roles and the professional obligation on me to manage my interests appropriately.

☐ Please tick here to confirm

In relation to suspensions, restrictions on practice or being subject to an investigation of any kind since my last ARCP/appraisal:

☐ I have something to declare *(please provide further detail in the box below)*

☐ I have nothing to declare

Health Declaration

I declare that I accept the professional obligations placed on me in Good Medical Practice about my personal health.

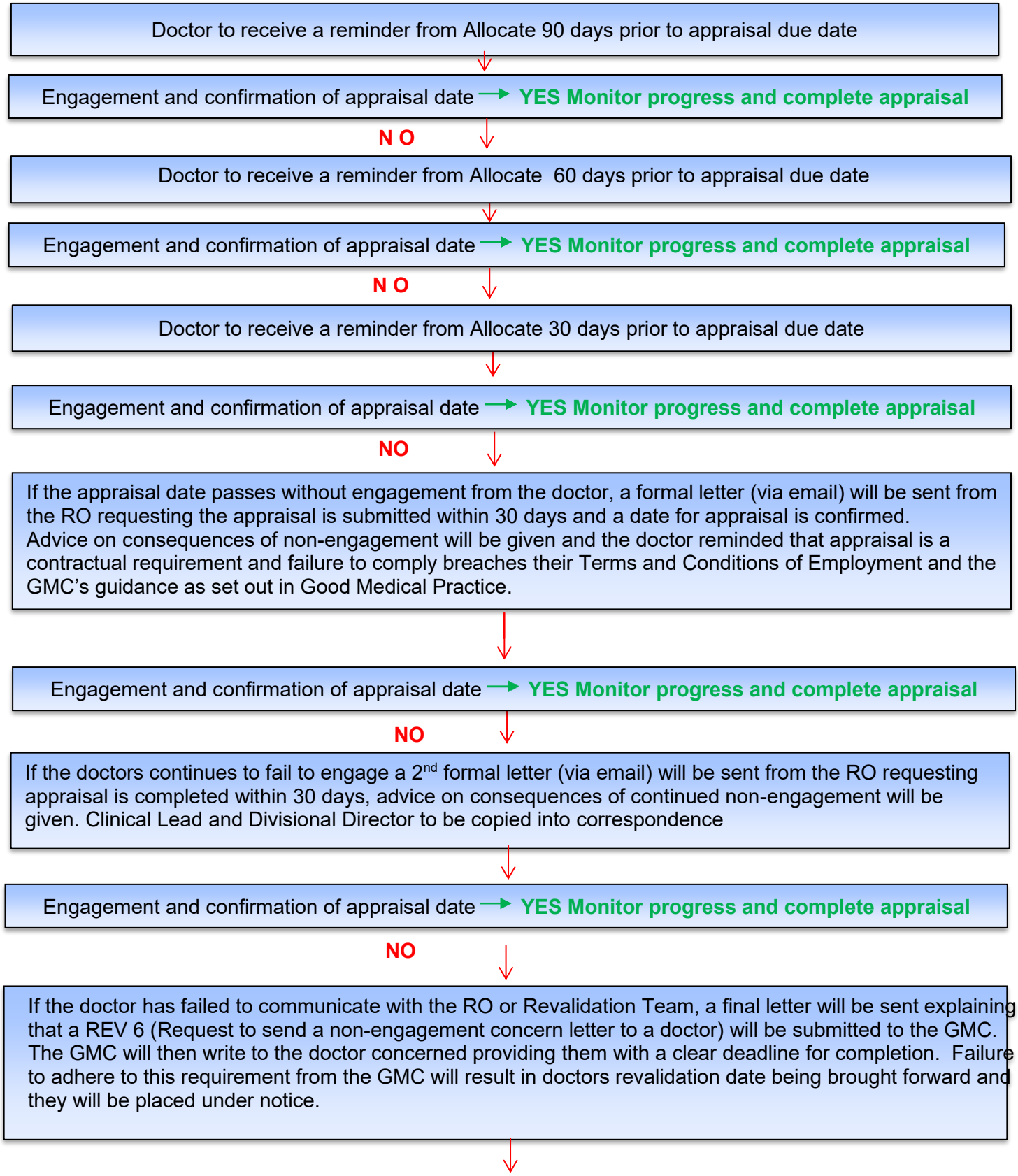
☐ Please tick here to confirm

If you feel that you are unable to make this statement for whatever reason, please explain why in the comment box below

Doctors signature Name Date

Supervisor sign off Name Date

APPENDIX D: ESCALATION AND NON-ENGAGEMENT PROCESS



NB: All exceptional circumstances for any failure to engage in an appraisal are considered by the Responsible Officer

DOCUMENT CONTROL

Archive date i.e. date guideline no longer in force	*To be inserted by Information Governance Department when this document is superseded. This will be the same date as the implementation date of the new document.*
Date document to be destroyed i.e. 25 years after archive date	*To be inserted Information Governance Department when this document superseded*

Previous published version history:

Registered document number	Version Number	Date of Issue	Date of archive	Key changes
3930	1.0	20 February 2023	10 February 2026	Merge of Ipswich & Colchester policies
3930	2.0	10 February 2026		Transferred into new template

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For further advice see the Development and Management of Trust wide Procedural Documents Policy