



Western Health
and Social Care Trust

**WESTERN HEALTH AND SOCIAL CARE TRUST
POLICY ON APPRAISAL FOR DOCTORS and
DENTISTS
PROCEDURE AND DOCUMENTATION**

**May 2008
Amended October 2010 & April 2014**

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Contents

1	Introduction	Page 1
2	Background	Page 1-2
3	What is Appraisal?	Page 2
4	What Areas will Appraisal Cover?	Page 3-4
5	Roles and Responsibilities	Page 4-7
6	Selection and Training	Page 7
7	Appraisal Process	Page 7-10
8	Confidentiality	Page 10
9	Quality Assurance	Page 10-11
10	Public Involvement	Page 11
11	Policy Review	Page 11
12	Appendix 1 Domains	Page 12-14
	Appendix 2 Person Specification for Appraisers	Page 15
	Appendix 3 Appraisal Process Flowchart	Page 16
	Appendix 4 Appraisal Evidence	Page 17-18
	Appendix 5 Mandatory Training	Page 19

ANNUAL APPRAISAL FOR DOCTORS and DENTISTS

1. Introduction

1.1 Annual appraisal is a requirement for doctors and dentists under contract in the NHS and forms part of the governance assurance framework for the Western Health and Social Care Trust (WHSCT). Appraisal for doctors is based on the General Medical Council's (GMC) document *Good Medical Practice* and for dentists *Standards for Dental Professionals*.

1.2 Medical consultant appraisal was introduced in 2001 and appraisal for non-consultant grade staff in February 2003. It has now been extended so that it covers all doctors.

1.3 This document outlines the process for appraisal for doctors and dentists employed by the WHSCT. **Doctors/dentists in training grades will participate in appraisal in the format required by Northern Ireland Medical and Dental Training Agency (NIMDTA)¹**. The policy is to be read in conjunction with Guidance produced by the (DHSSPS), the GMC and the Faculty of Public Health (FPH).

1.4 For medical staff, satisfactory participation in appraisal is a requirement as part of the individual doctor's revalidation by GMC. The underlying legislation for this was passed into law on 3rd December 2012. The requirements for revalidation are set out at: <http://www.gmc-uk.org/doctors/revalidation.asp>. Robust appraisal arrangements are also a requirement for registration as an Approved Practice Setting with the General Medical Council².

1.5 This document outlines some general principles for those consultants who will have responsibility for appraisal and also for individual doctors and dentists who will be appraised. The aim of this document is to assist medical and dental staff and the Trust to maintain a robust and supportive appraisal system using standard appraisal documentation. The documentation is designed to provide a systematic approach to the collection and presentation of information for appraisal.

2. Background

2.1 This policy applies to all doctors and dentists – Consultants, Associate Specialists, Staff Grades and Trust Grades, GPs – employed by WHSCT.

2.2 All locum or temporary doctors and dentists may be appraised under this policy if they are employed by or seconded to the Trust for more than 3 months.

¹ <http://www.nimdt.a.gov.uk/hospital-medicine/>

² http://www.gmc-uk.org/doctors/registration_news/new_framework/approved_practice_settings.asp

2.3 For doctors/dentists who are employed by more than one employer, only one appraisal should be carried out, normally by the lead employer. The WHSCT requires that doctors/dentists who are appraised elsewhere provide copies of Forms 1-6 to their Divisional Clinical Director. Where possible, the Trust will contribute to appraisal carried out elsewhere.

2.4 The requirements for appraisal for doctors/dentists in training are laid out by NIMDTA, which is the responsible body¹.

3. What is Appraisal?

3.1 Appraisal is a tool which helps individuals consider their performance and development needs in the context of -

- The requirements of their current role
- Evolving needs of their organisation
- Developments within the speciality/profession
- Personal development needs
- Political imperatives

3.2 Appraisal is an opportunity to review performance, identify and address environmental issues at work, optimise skills and resources, discuss opportunities and aspirations, consider one's contribution to the service, discuss and plan personal development needs.

3.3 This must be based on verifiable evidence drawn from actual practice and include comparison with relevant and appropriate performance data from local, regional and national sources. Appraisal must cover 'whole practice'.

3.4 The overall aim of the appraisal scheme is to encourage and support every member of medical and dental staff to reach and maintain a high standard of performance and ensure that the highest quality of clinical care is provided to patients. Appraisal forms a key part of the process of assuring the quality of clinical care in the NHS.

3.5 For medical staff, the annual appraisal process and associated documentation will be used to meet the requirements for GMC Revalidation.

3.6 Appraisal will support and inform the separate process of job planning for consultants.

4. What Areas Will Appraisal Cover?

4.1 Appraisal Scheme – an overview

The NHS Appraisal Scheme for Consultants /NCCG's		
I	Background details	Who am I?
II	Current clinical activities	What do I do?
III	Reference documentation supporting appraisal & PDP from last year	What have I done?
IV	Summary of appraisal discussion & PDP	My Appraisal
V	Personal and organisational effectiveness	My Effectiveness
VI	Confidential account	

4.2 Appraisal is based on the 4 domains of Good Medical Practice³ (See Appendix1):

Domain 1 Knowledge Skills and Performance

- Make the care of your patient your first concern
- Provide a good standard of practice and care
 - Keep your professional knowledge and skills up to date
 - Recognise and work within the limits of your competence

Domain 2 Safety & Quality

- Take prompt action if you think that patient safety, dignity or comfort is being compromised
- Protect and promote the health of patients and the public

Domain 3 Communication, Partnership and Teamwork

- Treat patients as individuals and respect their dignity
 - Treat patient politely and considerately
 - Respect patients' right to confidentiality
- Work in partnership with patients
 - Listen to, and respond to, their concerns and preferences
 - Give patients the information they want or need in a way they can understand
 - Respect patients' right to reach decisions with you about their treatment and care
 - Support patients in caring for themselves to improve and maintain their health
- Work with colleagues in the ways that best serves patients' interests

Domain 4 Maintaining Trust

- Be honest and open and act with integrity
- Never discriminate unfairly against patients or colleagues.

³ Good Medical Practice General Medical Council

- Never abuse your patients' trust in your or the public's trust in the profession
- 4.3 There are six types of supporting information that you will be expected to provide and discuss at your appraisal at least once in each five year cycle.

They are:

1. Continuing professional development
2. Quality improvement activity
3. Significant events
4. Feedback from colleagues
5. Feedback from patients (where applicable)
6. Review of complaints and compliments

5. Roles and Responsibilities

5.1 The Board of Directors of the WHSCT (the Board) is ultimately responsible for ensuring that appropriate governance systems including appraisal for doctors and dentists are in place and implemented. The Board delegates responsibility for appraisal of doctors/dentists as follows:

5.2 The Chief Executive

The Chief Executive is accountable to the Board for:

- ensuring there is a robust Appraisal system in place which complies with regional and national guidelines
- ensuring that the necessary links exist between the appraisal process and other Trust processes concerned with clinical governance, quality and risk management and the achievement of service priorities
- ensuring that an annual report on Appraisal is made to Trust Board
- confirming to the Board that any issues arising out of the appraisals are being properly dealt with
- ensuring that there are adequate resources available to support the process.

5.3 The Medical Director

The Medical Director is responsible for:

- overseeing the appraisal process including setting the annual timescale for appraisal and job planning
- ensuring that sufficient Appraisers are recruited
- establishing an Appraisal data base
- monitoring and reviewing progress on the numbers and quality of appraisals during the Appraisal cycle
- chairing regular Appraisal review meetings involving appraisers in order to review Appraisal systems and identify best practice,
- ensuring common themes and concerns arising from Appraisal are collated.
- ensuring the appropriate documentation and storage of information with regard to the Appraisal process

- the development of information supplied to appraisees and appraisers with regard to clinical activity and issues round clinical governance such as complaints, litigation etc
- informing the Chief Executive of serious issues arising from individual appraisals
- putting in place arrangements for multisource feedback by which meaningful feedback from patients and work colleagues is obtained
- preparing and presenting the annual Appraisal report to the Assurance Committee and Trust Board

To support the Medical Director in the role of Responsible Officer, for the WHSCT, responsibility for signing off appraisals within Directorates has been delegated to Divisional Clinical Directors

5.4 The Director of Human Resources

The Director of Human Resources is responsible for ensuring that:

- all new medical and dental practitioners, receive a copy of the Appraisal Policy at induction and receive appropriate Appraisal Awareness Training
- there is a system in place to ensure that all new medical and dental practitioners appointed to substantive posts meet with the Clinical Line Manager to review performance and for Consultants to confirm their Job Plan within first three months of post and up to date appraisal training records are kept.
- There is a system in place to update the list of doctors who have a defined relationship to the RO

5.5 Directors of Services

Service Directors are responsible for ensuring that

- on an annual basis prior to the commencement of the appraisal cycle, information is provided on clinical activity and appropriate data relevant to individual consultants and medical/dental practitioners to help inform the appraisal process
- medical/dental practitioners are released to prepare for and participate in appraisal
- medical/dental practitioners are encouraged and facilitated to undertake development activities as identified in their Personal Development Plan
- they work cooperatively with the Divisional Clinical Directors and Assistant Directors to address issues raised through appraisal

5.6 Divisional Clinical Directors (DCDs)

Divisional Clinical Directors are responsible for ensuring that:

- they oversee all appraisals within their Directorate and report to the Medical Director to enable discharge of the duty of Responsible Officer
- appropriate appraisers are selected and assigned to appraisees
- training is publicised and appraisers and appraisees are facilitated to attend
- arrangements are in place for all medical/dental practitioners within their divisions to have an annual appraisal

- appraisal is tracked and an up to date register/data base for all appraisals undertaken within their individual directorate is maintained
- appraisers understand the documentation and information they need prior to the appraisal taking place
- copies of completed Appraisal Forms are retained by individual doctor/dentist to ensure support for revalidation and appraises for highlighting any issues raised and/or emerging themes to the DCD or and Medical Director
- records of Appraisal are retained in accordance with regional or national guidance
- documentation is subject to a quality assurance process approved by the Trust
- a report is prepared to inform the Medical Director's Annual Report on Appraisal summarising the position within their directorate and highlighting any issues raised and/or emerging themes.
- Completed appraisal documentation is signed off to be satisfactory and in line with Trust and GMC requirements.

5.7 Appraiser

The Appraiser is responsible for ensuring that:

- adequate notice of date and time for appraisal is given to appraisee
- Appraisees understand the documentation and information they need prior to the appraisal taking place
- He/she annually appraises those medical/dental practitioners assigned to him/her in a manner consistent with the guidance issued by the Trust, DHSSPS, training authority and the GMC/GDC
- Appraisal is based upon verifiable evidence presented by the appraisee
- a Personal Development Plan is agreed with the appraisee
- progress is reviewed against previous Personal Development Plans
- the appraisal interview is recorded on the appropriate form
- where a doctor/dentist is employed by another body, an arrangement is in place to ensure notification of the other employing bodies of the outcome of Appraisal in accordance with guidance at the time
- any areas of concern resulting from an Appraisal are highlighted promptly to the Medical Director
- documentation is subject to a quality assurance process approved by the Trust
- he/she collaborates with appropriate Divisional Clinical Director to prepare an Appraisal report for the Directorate.
- The performance of the role of appraiser is reflected in their own appraisal discussion.
- Be trained in appraisal and attend update training (at least once every 3 years)

5.8 Appraisee

The Appraisee is required to:

- participate annually in appraisal as part of their contractual obligations and GMC requirements for revalidation
- attend training in Appraisal

- establish and maintain their Appraisal folder including previous Personal Development Plan
- retain Appraisal information and original copies of relevant documentation in accordance with regional or national guidance (or in the absence of guidance retain information for at least one completed revalidation cycle)
- complete Forms 1-6 and submit with their Folder at least two weeks before Appraisal to their appraiser
- undertake the agreed Personal Development Plan
- forward completed Forms 1-6 to the Medical Director
- attend training on appraisal within each revalidation cycle

6. Selection And Training

6.1 Job descriptions for Associate Medical Directors, Divisional Clinical Directors and Clinical Leads identify the requirement to act as appraisers.

6.2 Appraisers must be up to date with their own appraisal to be in good standing

6.3 Further appraisers will be selected by Divisional Clinical Directors, based on the requirements at Appendix 2. The ratio of appraisers to appraisees should be no more than 1:8 and no fewer than 1:3. Therefore, in each Directorate it may be necessary to identify appraisers in addition to Clinical Leads.

6.4 Training programmes have been developed and are provided for both appraisers and appraisees.

6.5 After initial selection, all appraisers should receive training in the appraisal process and take part in update training every 3 years or when there have been changes in policy or guidance.

6.6 Appraisees should receive appropriate information to enable them to participate effectively in the process.

7. Appraisal Process

A flow chart outlining the appraisal process in the WHSCT is in Appendix 3.

7.1 Assigning Appraisers to Appraisees

- The Chief Executive will appraise the Medical Director's management role and assign a suitable experienced consultant to appraise the other aspects of the Medical Director's role.
- The Medical Director will normally appraise the Associate Medical Directors and the Divisional Clinical Directors. If necessary, the Medical Director will assign a suitably experienced consultant to appraise their clinical role.

- Divisional Clinical Directors will nominate appraisers within each directorate and in the first instance will nominate Clinical Leads.
- Divisional Clinical Directors will normally appraise all the appraisers in their Directorate.
- Trainee doctors/dentists should be appraised by their nominated appraiser according to the requirements set out by the training agency (NIMDTA).
- The arrangements will preclude the possibility of mutual appraisal.
- The appraiser's primary responsibility is as facilitator. The appraiser will be accountable to the Chief Executive via the Divisional Clinical Directors and the Medical Director.
- Where there is a recognised incompatibility between proposed appraiser and appraisee, the Medical Director, by delegated authority of the Chief Executive, will be responsible for nominating a mutually acceptable alternative.

7.2 Every doctor should have an appraisal discussion and this should cover the previous year's activity. Appraisal will take place between January and June each year.

This date may only be extended in exceptional circumstances. Should any doctor have difficulty securing a date for an appraisal discussion please advise your Divisional Clinical Director who will ensure that a mutually convenient date is arranged as early as possible.

7.3 Job planning which is separate will take place between February and March and will be prospective for the next financial year to commence in April.

7.4 Preparation for the appraisal is essential and both appraisee and appraiser should allocate adequate time. The appraisee and appraiser should agree a mutually convenient time and date for appraisal. Two weeks before this date the appraisal folder should be submitted (this will include the standard documentation).

7.5 The Western Trust appraisal system must be used and is available on the Trust Intranet site. This is to ensure that –

- Information will be recorded and expressed consistently
- Information vital to the appraisal process is collected in a thorough and evidence based way
- Information and evidence gathering processes of appraisal and summaries of outcomes fulfil the requirements of revalidation. Annual completion and retention of Forms 1 – 6 should be able to provide the evidence required for revalidation

Following discussion Form 3 & 4 is typed⁴ and all Forms are signed off by both Appraisee and Appraiser and forwarded to the Medical Directors Office

7.6 It is essential that the appraisal forms are supported by verifiable evidence under each of the core areas and relate to the medical/dental practitioner's total practice. If the appraiser receives incomplete or insufficient information, the appraisee should be informed and requested to provide outstanding information prior to the meeting. Appendix 4 & 5 has further detail on the evidence required for completion of Form 3.

7.7 The appraisal meeting is likely to require two hours to ensure enough time for a meaningful discussion. The place of the interview is important. It should be private and free from interruptions. The discussion should be open, honest, fair and supportive. Listening is a key skill for both the appraiser and appraisee.

7.8 The appraisal interview requires structure. It will consist of:

- A reflective discussion about practice based upon the seven areas of good medical practice (for medical staff) and during which the supporting evidence can be considered
- A professional discussion which includes agreeing a Personal Development Plan for the following year

7.9 The appraiser is responsible for managing both the process and the content of the interview. The appraiser will record the outcomes of the appraisal interview³. The appraiser will assist the appraisee in identifying and responding to development needs.

7.10 The appraisal should enable the individual to set clear objectives for the coming year. It should identify individual needs, which will be addressed through the Personal Development Plan.

7.11 Where there is a disagreement that cannot be resolved at the appraisal meeting, this should be recorded and a meeting will take place in the presence of the Medical Director to discuss the specific points of disagreement.

7.12 When it becomes apparent during the appraisal process that there is a potentially serious performance, conduct, or health issue that requires further discussion or examination, the appraiser must refer the matter immediately to the Divisional Clinical Director or the Medical Director. When this occurs it is the responsibility of the DCD/Medical Director who are taking forward action under "Maintaining High Professional Standards in the NHS" to ensure that the appraisee has appropriate support.

7.13 The appraiser will be responsible for contributing feedback to the Divisional Clinical Director on themes emerging from appraisals. The purpose is to recognise and respond to resource and governance issues which the service needs to address. The appraisal report prepared by the Divisional Clinical Director will also

⁴ Appraiser and appraisee should agree who will type the commentary for Form 3.

provide the basis for a review with specialty teams of their working practices, resource needs and clinical governance issues. This report will be incorporated into the Medical Director's annual report to Trust Board and will inform the Trust action plan.

7.14 The Medical Director's Annual Report will highlight any general issues and actions arising out of the appraisal process. This report will be shared with LNC. It will not refer explicitly or implicitly to any individuals who have been appraised.

7.15 The Divisional Clinical Director will support the Medical Director to develop an action plan, monitor its implementation and ensure that appraisees individually and collectively get feedback on progress.

7.16 It is preferable that information is stored electronically with protocols relating to access levels and confidentiality agreed.

8. Confidentiality

8.1 The detail of discussions during the appraisal interview is confidential to appraisee and appraiser, apart from the sharing of documentation as mentioned below, or where concerns arise.

8.2 The Medical Director and Chief Executive will have access to any documentation used during the appraisal process. In circumstances where access to this information is required by other individuals, the doctor/dentist concerned will be informed and permission received before access is granted.

8.3 Both appraisee and appraiser will retain a copy of the appraisal documentation [Forms 1-6]. These forms and all supporting documentation should be added to the **appraisal folder** of the consultant being appraised. The consultant will keep this.

8.4 The Chief Executive has overall accountability for ensuring appraisal takes place. Appraisal Forms 1-6 will be forwarded to the Chief Executive, via the Medical Director. In practice the appraisal Form 1-6 will be reviewed by either Medical Director or Divisional Clinical Director and held securely by the Medical Director.

9. Quality Assurance

Quality Assurance of the Appraisal process is a key component of the Trusts Quality Assurance Framework.

The DHSSPS and the GMC also highlight the need for quality assurance of Appraisal.

The components of this framework include:

- audit to assess compliance with Trust Policy on appraisal for medical/dental practitioners and DHSSPS and GMC Guidance
- monitoring participation in appraisal process and documentation completion
- development of training programmes in line with C.G.S.T. Guidelines
- maintaining records
- audit of anonymised Forms 1-6 to ensure completion is in line with guidance and audit of portfolios
- production of Annual Appraisal Reports and monitoring implementation of agreed action plans
- external review of the appraisal system

10. Public Involvement

- The Trust wishes to encourage Public Involvement through lay membership of The Regulation and Quality Improvement Authority and having the public directly commenting on the Annual Medical Appraisal Report and Trust Board's Annual Report.
- As part of the revalidation cycle patients/clients will be asked for feedback on their doctor.

11. Policy Review

The Appraisal Policy will be reviewed in April 2016.

1-Supporting Information

The table below provides examples of supporting information which may be appropriate to evidence each domain/attribute. These lists are not exhaustive and some items of information may be relevant to more than one Domain. ⁵ **Information is required in relation to all areas of practice.**

Domain	Suggested Evidence/Supporting Information
<p>1 - Knowledge, Skills and Performance: Attribute: 1.1 Maintain your professional performance Attribute: 1.2 Apply knowledge and experience to practice Attribute: 1.3 Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible.</p>	<ul style="list-style-type: none"> • Job plan, workload records • Evidence of how educational activity may have affected service delivery outcomes • Information about teaching and training activities. Include any information in relation to delivering workshops and lectures, mentoring activities and tutorials undertaken. • Evidence of reflective practice • Evidence of CPD and audit activity • Research activity, including peer review / oversight of research activity • Relevant process and outcome data • Previous Form 4 and Personal Development Plan

⁵ <http://www.dhsspsni.gov.uk/cic-revalidation-report.pdf>

<p>2 - Safety and Quality: Attribute: 2.1 Contribute to and comply with systems to protect patients Attribute: 2.2 Respond to risks to safety Attribute: 2.3 Protect patients and colleagues from any risk posed by your health</p>	<ul style="list-style-type: none"> • Evidence of any resource shortfalls which may have compromised outcomes • Up to date audit data including information on audit methodology and a record of how results of audit have resulted in changes to practice (if applicable) • Reflection on significant events/critical incidents/near misses • Records of how relevant medical guidelines have been reviewed by you and your team and how these have changed practice • Evidence of attendance at, and participation in, governance activity relevant to practice. • Evidence of risk management to include near misses and action taken to addresses/reduce risks • Evidence of registration with a GP, Statement of Health, vaccination records • Statement of satisfactory research practice • Records of training related to enhancing safety and quality of patient care • Analysis of, and reflection on, current practice
<p>3 - Communication, Partnership and Teamwork Attribute: 3.1 Communicate effectively Attribute: 3.2 Work constructively with colleagues and delegate effectively Attribute: 3.3 Establish and maintain partnerships with patients</p>	<ul style="list-style-type: none"> • Evidence of any team development activity • Description of the team you work within (medical and/or multidisciplinary) • Description of all activities in which you interact with other healthcare workers e.g multidisciplinary meetings, working groups and committee work. • Analysis of trainee/medical student survey (where appropriate) • Patient and colleague feedback • Evidence of participation in multi-professional team meetings

4 - Maintaining Trust:

Attribute:4.1 Show respect for patients

Attribute:4.2 Treat patients and colleagues fairly and without discrimination

Attribute:4.3 Act with honesty and integrity

- Statement of Probity and Health
- Complaints
- Compliments
- Patient and colleague feedback.

Person Specification for Appraisers

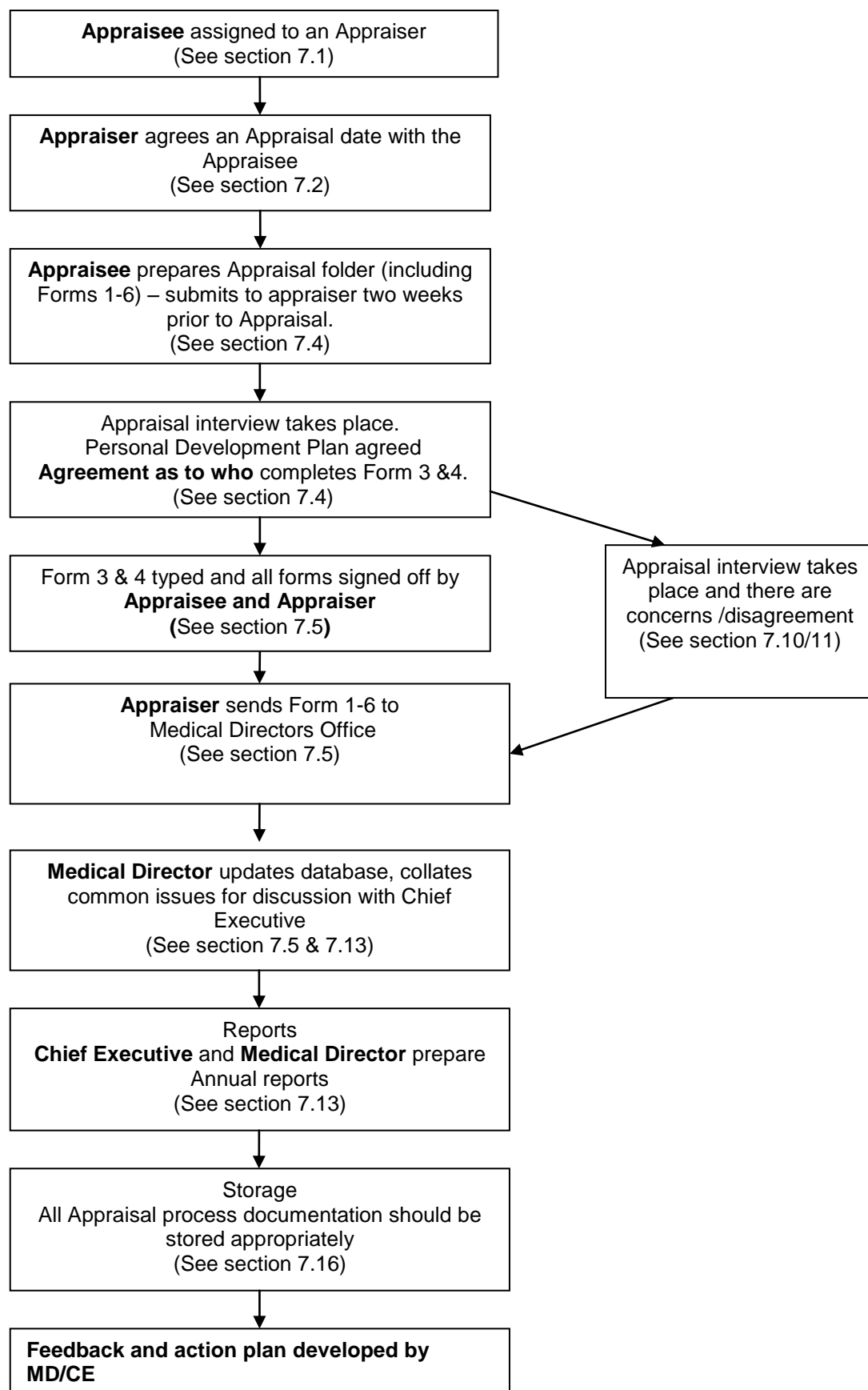
This generic person specification is proposed as a foundation for selection of appraisers of doctors/dentists in all NHS organisations. It is based on work done by Chambers et al, NAPCE and NATPACT.

Person Specification for Appraiser	Essential / Desirable
<u>Education</u>	
Medical and/or dental degree, as relevant	E
GMC/GDC Registration	E
Completion of Appraisal Training before Appointment	E
 <u>Experience</u>	
3 years since completion of specialist or GP training	E
Involvement in medical/dental education or training	D
 <u>Skills, aptitudes and knowledge</u>	
Interpersonal and communication skills	E
Understanding of the appraisal process	E
Understanding of equality and diversity best practice	E
Understanding of learning needs assessment	D
Knowledge of local professional development & education structures	D
 <u>Personal Qualities</u>	
Motivated and conscientious	E
Enjoying respect of colleagues	E
 <u>Health and Physical abilities</u>	
Psychologically capable of work as an appraiser	E

Bold text indicates lead individual responsibility

APPENDIX 3

APPRAISAL PROCESS FLOWCHART



APPRAISAL EVIDENCE

This list is proposed in **Evidence for Medical Appraisal: Appraisal Support Group**

Section of Good Medical Practice	Essential (*Evidence without which the appraisal cannot continue)	Desirable
Good Clinical Care	<ul style="list-style-type: none"> • *Previous year Appraisal Summary (Form 4) • Two Structured Case Reviews • *Evidence of Audit • Significant event report • *Current job plan (consultants only) 	<ul style="list-style-type: none"> • Evidence of consistently good outcomes • Personal Audit with reflection • Personal Significant events with reflection • Reflective diaries • Plaudits • Evidence of learning events relating to Good Clinical Practice
Maintaining good medical practice	<ul style="list-style-type: none"> • *Evidence of having met the criteria set out by the relevant College/Faculty for Continuing Professional Development (CPD) • *Record of study leave/CPD • Essential attendance at mandatory training 	<ul style="list-style-type: none"> • Practice/departmental development plan • Evidence of participation in additional learning events to those of College/Faculty CPD requirements • Evidence of membership of organisations where learning occurs • Personal learning diary • Evidence of knowledge assessment
Working Relationships with colleagues	<ul style="list-style-type: none"> • A record of the results of the most recent multi-source feedback exercise, supported by a completed self-reflective template • Additional multisource feedback data • *Description of work setting 	<ul style="list-style-type: none"> • Evidence of learning in the context of colleagues relationships • Minutes of participation in multiprofessional meetings

Relationships with patients	<ul style="list-style-type: none"> • The results of the most recent patient survey, supported by a completed self reflective template • *Complaints data, or declaration of no complaints • Additional patient feedback data • The organisation’s complaints policy/protocol • Information for patients about services 	<ul style="list-style-type: none"> • Additional information for patients • Consent Policy • Confidentiality Policy • Evidence of learning in the context of patient relationships • Evidence relating to other aspects of patient relationships • 360 degree assessment
Teaching and training	<ul style="list-style-type: none"> • Full declaration of all such roles in the appraisal preparatory paperwork (Forms 2 & 3) • *Evidence of on-going performance review in these contexts 	<ul style="list-style-type: none"> • Evidence of learning in the relevant context • Evidence indicating performance in the relevant context
Probity	<ul style="list-style-type: none"> • *Self-declaration of performance management status/disciplinary status within the Host Organisation • Self declaration of GMC/GDC Status, NCAA Status, Criminal Status • Completion of probity questionnaire 	
Health	<ul style="list-style-type: none"> • *Self Declaration of health status, as defined by either GMC/ GDC and ARMC 	

Mandatory Training

Training Topic	Update / Requirement / Recommendation	Time Interval
Induction Training	Requirement	All new starts for the Trust
Consent	Recommendation	One off or when new guidance comes out
Information Governance	Requirement	Yearly
Fire Safety	Requirement	Yearly attendance
Safeguarding –Child Protection - Awareness	Requirement	Every 3 years
Safeguarding- Vulnerable adults - Awareness	Requirement	To be confirmed
Equality and Diversity	Requirement	Every 4 years
Infection Prevention and Control	Requirement	Every 2 years
Haemovigilance	Requirement – BBT3 & RQIA Review of Blood Safety.	Every 18 months but as medical staff generally rotate annually would like to be included as part of annual induction.
Fluid Balance	Requirement	One off or when new guidance comes out
Adverse Incidents	Requirement	One off or when new guidance comes out
Managing Complaints	Requirement	One off or when new guidance comes out
Resuscitation	Requirement	See diagram
Equality & Human Rights	Requirement	Every 4 years
Appraisal	Requirement	Every 3 years