



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**

<b>Policy Title</b>	<b>Appraisal for Doctors and Dentists</b>
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# 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)<sup>1</sup>.**

1.4 For medical staff, satisfactory participation in appraisal will be a requirement as part of the individual doctor's revalidation by GMC. The requirements for revalidation are under review following the recommendations of the Shipman Report. Robust appraisal arrangements are also a requirement for registration as an Approved Practice Setting with the General Medical Council<sup>2</sup>.

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 in the implementation of a robust and supportive appraisal system using standard appraisal documentation which has been introduced nationally. 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. An annual appraisal is required for all doctors and dentists, full-time and part-time, directly employed by WHSCT.

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

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<sup>1</sup> <http://www.nimdtg.gov.uk/hospital-medicine/appraisal/>

<sup>2</sup> [http://www.gmc-uk.org/doctors/registration\\_news/new\\_framework/approved\\_practice\\_settings.asp](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, 2, 3 and 4 to their Divisional Clinical Director. Where possible, the Trust will contribute to appraisal carried out elsewhere.

2.4 At present, the requirements for appraisal for doctors/dentists in training are laid out by NIMDTA, which is the responsible body<sup>1</sup>.

### **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 working environmental issues, 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.

3.4 The overall aim of the appraisal scheme is to encourage and support every member of medical and dental staff to reach and sustain 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 The content of Form 3 is based on the seven areas of Good Medical Practice

- Good clinical care
- Maintaining good medical practice
- Relationships with patients
- Working with colleagues and teams
- Teaching, training, appraising and assessing
- Probity
- Health

In addition -

- Management Activity
- Research
- Development from last year.

4.3 The GMC have completed a Revalidation Consultation which closed in June 2010. As part of this consultation they are proposing to move the 7 areas of Good Medical Practice above into 4 Domains:

Domain 1 Knowledge Skills and Performance

Domain 2 Safety & Quality

Domain 3 Communication, Partnership and Teamwork

Domain 4 Maintaining Trust

Within these domains evidence will be collected and each Royal College has put forward proposals on the evidence required. (Appendix 2 of the GMC consultation documentation "Revalidation: The Way Ahead"). Full detail on the Domains can be found in Appendix 1 of this policy.

For the appraisal year 2010/2011, the WHSCT will continue to use Form 4 in its current format (i.e. reflecting the 7 areas of Good Medical Practice).

#### **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
- development of 360° Appraisal process by which meaningful feedback from patients and work colleagues can be 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 may be 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.

#### 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.

## 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 his/her own appraisal discussion

## 5.8 Appraisee

The Appraisee is required to:

- participate annually in appraisal as part of their contractual obligations
- 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 1-3 and submit with their Folder at least two weeks before Appraisal to their appraiser
- undertake the agreed Personal Development Plan
- forward completed Forms 3 & 4 to the Medical Director

## **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 Further appraisers will be selected by Divisional Clinical Directors, based on the requirements at Appendix 1a. 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.

6.3 Training programmes will be developed and provided for both appraisers and appraisees.

6.4 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.

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

## **7. Appraisal Process**

A flowchart outlining the appraisal process in the WHSCT is in Appendix 2.

### **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 Appraisal will take place between January and April each year. It will be retrospective covering the preceding calendar year i.e. January – December. See Appendix 3 Time Frame for Appraisal

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 Standard documentation must be used and is (will be) available for downloading from 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 – 4 should be able to provide the evidence required for revalidation

Following discussion Form 3 & 4 is typed<sup>3</sup> and signed off by both Appraiser and Appraisee and forwarded to the Medical Director

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 interview<sup>3</sup>. The appraiser will assist the appraisee in identifying and responding to development needs.

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<sup>3</sup> Appraiser and appraisee should agree who will type the commentary for Form 4.

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 Medical Director to take appropriate action in accordance with the GMC document Good Medical Practice including informing the Chief Executive.

Doctors are supported by referral to Doctors/Dentists in Difficulty Panel which includes the Medical Director and relevant Divisional Clinical Director.

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 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 about performance 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. Normally, only Appraisal Forms 3 and 4 will be forwarded to the Chief Executive, via the Medical Director. In practice the appraisal form 3 and 4 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 Form 4 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.
- It is desirable that patients and clients will participate in 360° feedback once this is established.

## Reference Documents:

1. Assuring the Quality of Training for Medical Appraisers: Report of the NHS Clinical Governance Support Team Expert Group January 2007  
[www.appraisalsupport.nhs.uk](http://www.appraisalsupport.nhs.uk)
2. Consultant Appraisal Policy Sperrin Lakeland Health & Social Care Trust
3. Consultant Appraisal Policy Altnagelvin Hospitals Health & Social Care Trust
4. Consultant Appraisal Policy Foyle Health & Social Care Trust
5. DHSSPSNI Circular HSS (TC8) 3/2001 Consultant Contract: Annual Appraisal for Consultants –[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)
6. DHSSPSNI Circular HSS (TC8) 11/2001 Consultant Contract: Annual Appraisal for Consultants –[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)
7. DHSSPSNI Circular HSS (TC8) 1/2003 Non Consultant Career Grade Doctors Annual Appraisal –[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)
8. DHSSPSNI Circular HSS (TC8) 10/2003 Appraisal for Consultant Clinical Academic Staff –[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)
9. DHSSPSNI Circular HSS (TC8) 8/2006 Interim Arrangements for Appraisal of Locum Doctors in HPSS Trust & Boards –[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)
10. DH 'A Guide to Postgraduate Speciality Training in the UK' – The Gold Guide. June 2007: First Edition
11. Evidence for Medical Appraisal: Essential/Optional -NAPCE/CGST February 2007 – [www.appraisalsupport.nhs.uk](http://www.appraisalsupport.nhs.uk)
12. Naftalin Nick, 'Review of Medical Appraisal in N Ireland'. January 2006
13. Policy on Appraisal for Medical Practitioners, Belfast Health and Social Care Trust (final draft)
14. Revalidation: The Way Ahead Consultation Document: GMC Regulating Doctors Ensuring Good Medical Practice
15. RQIA Draft Review of Readiness For Revalidation Individual Trust Feedback Report Western Health & Social Care Trust: August 2010

## Domain 1 – Knowledge, Skills and Performance

Numbers following generic standards in this framework refer to paragraph numbers in GMP, except where preceded by MfD which refers to our booklet *Management for Doctors*; or Research which refers to *Research: the role and responsibilities of doctors*

Attributes	Generic Standards	Possible sources of evidence
Maintain your professional performance	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>▪ Maintain knowledge of the law and other regulation relevant to practice (13)</li> <li>▪ Keep knowledge and skills up to date (13)</li> <li>▪ Participate in professional development and educational activities (12).</li> <li>▪ Take part in regular and systematic audit (14 )</li> </ul>	Evidence from training or assessment of skills; CPD Audit Validated tools for feedback about doctors' practice
Apply knowledge and experience to practice	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>▪ Recognise and work within the limits of your competence (3a)</li> </ul> <p><b>Doctors with management, teaching or research roles</b></p> <ul style="list-style-type: none"> <li>▪ Follow appropriate national research governance guidelines (71)</li> <li>▪ Apply the skills, attitudes and practice of a competent teacher/trainer (16)</li> <li>▪ Work effectively as a manager (MfD 12, 17)</li> </ul> <p><b>Doctors with clinical roles</b></p> <ul style="list-style-type: none"> <li>▪ Adequately assess the patient's conditions (2a)</li> <li>▪ Provide or arrange advice, investigations or treatment where necessary (2b)</li> <li>▪ Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately (3b)</li> <li>▪ Provide effective treatments based on the best available evidence (3c)</li> <li>▪ Take steps to alleviate pain and distress whether or not a cure may be possible (3d)</li> <li>▪ Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests (2c, 3a, 3i, 54,55)</li> <li>▪ Support patients in caring for themselves (21e)</li> </ul>	Evidence from training or assessment of skills CPD Audit Validated tools for feedback about doctors' practice
Keep clear, accurate and legible records	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>▪ Keep clear, accurate and legible records (3f)</li> <li>▪ Make records at the same time as the events you are recording or as soon as possible afterwards ( 3f)</li> </ul> <p><b>Doctors with clinical roles</b></p> <ul style="list-style-type: none"> <li>▪ Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment (3f)</li> </ul>	Anonymised records

## Domain 2 – Safety and Quality

Attributes	Generic Standards	Possible Sources of Evidence
Put into effect systems to protect patients and improve care	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>▪ Respond constructively to the outcome of audit, appraisals and performance reviews (14e)</li> <li>▪ Take part in systems of quality assurance and quality improvement (14)</li> <li>▪ Comply with risk management and clinical governance procedures</li> <li>▪ Co-operate with legitimate requests for information from organisations monitoring public health (14i)</li> <li>▪ Provide information for confidential inquiries, significant event reporting (14g)</li> </ul> <p><b>Doctors with management roles</b></p> <ul style="list-style-type: none"> <li>▪ Make sure that all staff for whose performance you are responsible, including locums and students, are properly supervised. (17)</li> <li>▪ Ensure systems are in place for colleagues to raise concerns about risks to patients (45)</li> </ul> <p><b>Doctors with clinical roles</b></p> <ul style="list-style-type: none"> <li>▪ Report suspected adverse drug reactions (14h)</li> <li>▪ Ensure arrangements are made for the continuing care of the patient where necessary (40, 48)</li> </ul>	<p>Information collected for folder</p> <p>Validated tools for feedback about doctors' practice</p> <p>CPD – reflective practice</p>
Respond to risks to safety	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>▪ Report risks in the health care environment to your employing or contracting bodies. (6)</li> <li>▪ Safeguard and protect the health and well-being of vulnerable people, including children and the elderly and those with learning disabilities. (26,28)</li> <li>▪ Take action where there is evidence that a colleague's conduct, performance or health may be putting patients at risk. (43,44)</li> </ul> <p><b>Doctors with clinical roles</b></p> <ul style="list-style-type: none"> <li>▪ Respond promptly to risks posed by patients</li> <li>▪ Follow infection control procedures and regulations</li> </ul>	<p>Information collected for folder</p>
Protect patients and colleagues from any risk posed by your health	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>▪ Make arrangements for accessing independent medical advice when necessary. (77)</li> <li>▪ Be immunised against common serious communicable diseases where vaccines are available (78)</li> </ul>	<p>Statement about registration with GP, appropriate immunisation etc – verifiable if need arises</p> <p>Validated tools for feedback about doctors' practice</p>

### Domain 3 – Communication, Partnership and Teamwork

Attributes	Generic Standards	Possible Sources of Evidence
Communicate effectively	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>▪ Communicate effectively with colleagues within and outside the team (41b)</li> <li>▪ Explain to patients when something has gone wrong (30)</li> </ul> <p><b>Doctors with management roles</b></p> <ul style="list-style-type: none"> <li>▪ Encourage colleagues to contribute to discussions and to communicate effectively with each other (MfD 50)</li> </ul> <p><b>Doctors with clinical roles</b></p> <ul style="list-style-type: none"> <li>▪ Listen to patients and respect their views about their health (22 a 27a).</li> <li>▪ Give patients the information they need in order to make decisions about their care in a way they can understand. (22b, 27)</li> <li>▪ Respond to patients' questions (22c, 27 b)</li> <li>▪ Keep patients informed about the progress of their care (22c)</li> <li>▪ Treat those close to the patient considerately. (29)</li> <li>▪ Pass on information to colleagues involved in, or taking over, your patients' care (40, 51-53)</li> </ul>	Validated tools for feedback about doctors' practice
Work constructively with colleagues and delegate effectively	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>▪ Treat colleagues fairly and with respect (46)</li> <li>▪ Support colleagues who have problems with their performance, conduct or health (41d)</li> <li>▪ Act as a positive role model for colleagues (41)</li> <li>▪ Ensure colleagues to whom you delegate have appropriate qualifications, experience (54)</li> </ul> <p><b>Doctors with management roles</b></p> <ul style="list-style-type: none"> <li>▪ Provide effective leadership ( MfD 50)</li> </ul>	Information for folder
Establish and maintain partnerships with patients	<p><b>Doctors with clinical roles</b></p> <ul style="list-style-type: none"> <li>▪ Encourage patients to take an interest in their health and take action to improve and maintain it (4, 21f)</li> <li>▪ Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research. (36)</li> </ul>	Information for folder Validated tools for feedback about doctors' practice

## Domain 4 – Maintaining Trust

Attributes	Generic Standards	Possible Sources of Evidence
Show respect for patients	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>▪ Implement and comply with systems to protect patient confidentiality. (37)</li> </ul> <p><b>Doctors with research roles</b></p> <ul style="list-style-type: none"> <li>▪ Respect the rights of patients participating in research. (Research 2, 5)</li> </ul> <p><b>Doctors with clinical roles</b></p> <ul style="list-style-type: none"> <li>▪ Be polite, considerate and honest and respect patients' dignity and privacy (21a, b, d)</li> <li>▪ Treat each patient fairly and as an individual (38-39, 21 c)</li> </ul>	<p>Validated tools for feedback about doctors' practice.</p> <p>Policy/evidence about ending professional relationships with patients</p>
Treat patients and colleagues fairly and without discrimination	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>▪ Be honest and objective when appraising or assessing colleagues and when writing references (18-19)</li> <li>▪ Respond promptly and fully to complaints. (31)</li> </ul> <p><b>Doctors with clinical roles</b></p> <ul style="list-style-type: none"> <li>▪ Provide care on the basis of the patient's needs and the likely effect of treatment (7-10)</li> </ul>	<p>Validated tools for feedback about doctors' practice</p> <p>CPD, e.g. completion of equalities training</p> <p>Folder, evidence from complaints</p>
Act with honesty and integrity	<p><b>All doctors</b></p> <ul style="list-style-type: none"> <li>▪ Ensure you have adequate indemnity or insurance cover for your practice (34)</li> <li>▪ Be honest in financial and commercial dealings (73)</li> <li>▪ Ensure any published information about your services is factual and verifiable (60, 61)</li> <li>▪ Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence. (63-65, 67-68)</li> </ul> <p><b>Doctors with research roles</b></p> <ul style="list-style-type: none"> <li>▪ Obtain appropriate ethical approval for research projects (Research 5).</li> <li>▪ Be honest in undertaking research and reporting research results (71 b)</li> <li>▪ Ensure that your research is audited regularly. (research 43)</li> </ul> <p><b>Doctors with clinical roles</b></p> <p>Inform patients about any fees and charges before starting treatment (72a)</p>	<p>Validated tools for feedback about doctors' practice.</p> <p>Practice leaflets etc</p>

## APPENDIX 1a

### 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 at al, NAPCE and NATPACT.

#### **Person Specification for Appraiser**

#### **Essential Details**

##### Education

Medical and/or dental degree, as relevant	E
GMC/GDC Registration	E
Completion of Appraisal Training before Appointment	E

##### Experience

3 years since completion of specialist or GP training	E
Involvement in medical/dental education or training	D

##### Skills, aptitudes and knowledge

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

##### Personal Qualities

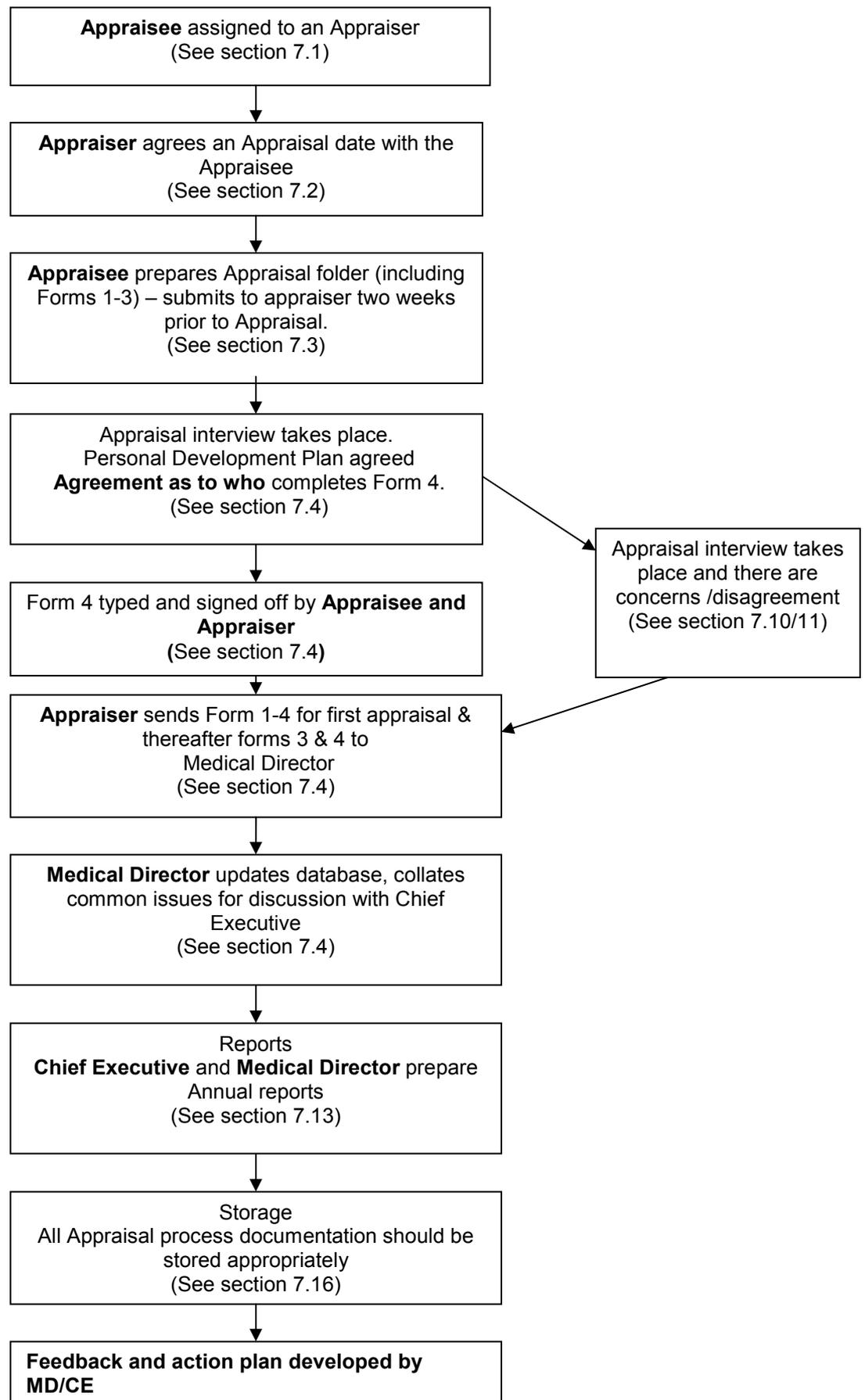
Motivated and conscientious	E
Enjoying respect of colleagues	E

##### Health and Physical abilities

Psychologically capable of work as an appraiser	E
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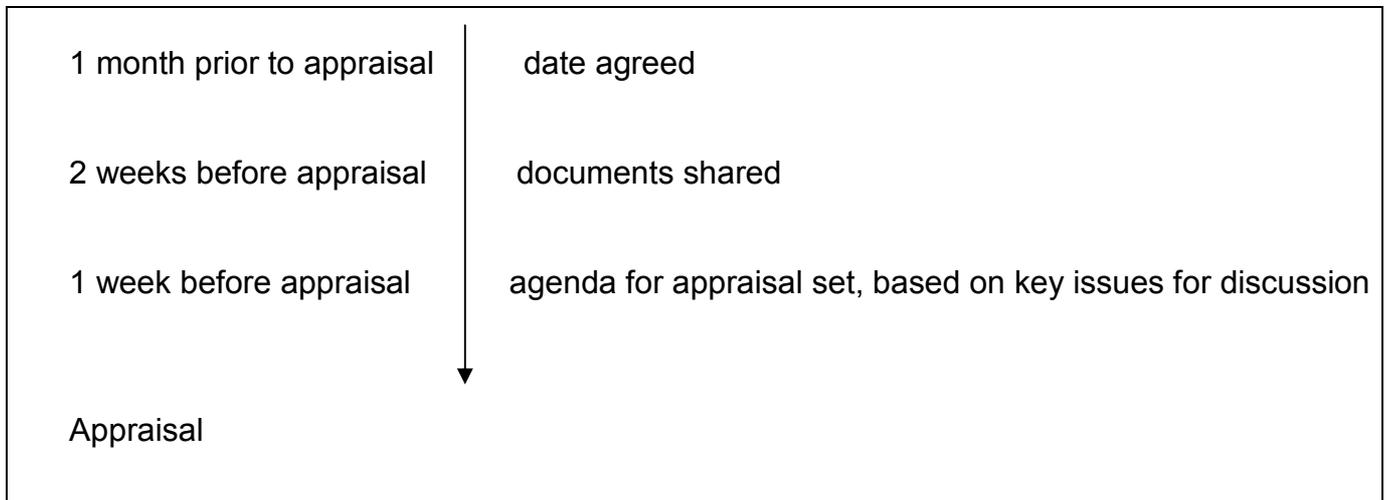
**Bold text indicates lead individual responsibility**

## APPENDIX 2 APPRAISAL PROCESS FLOWCHART

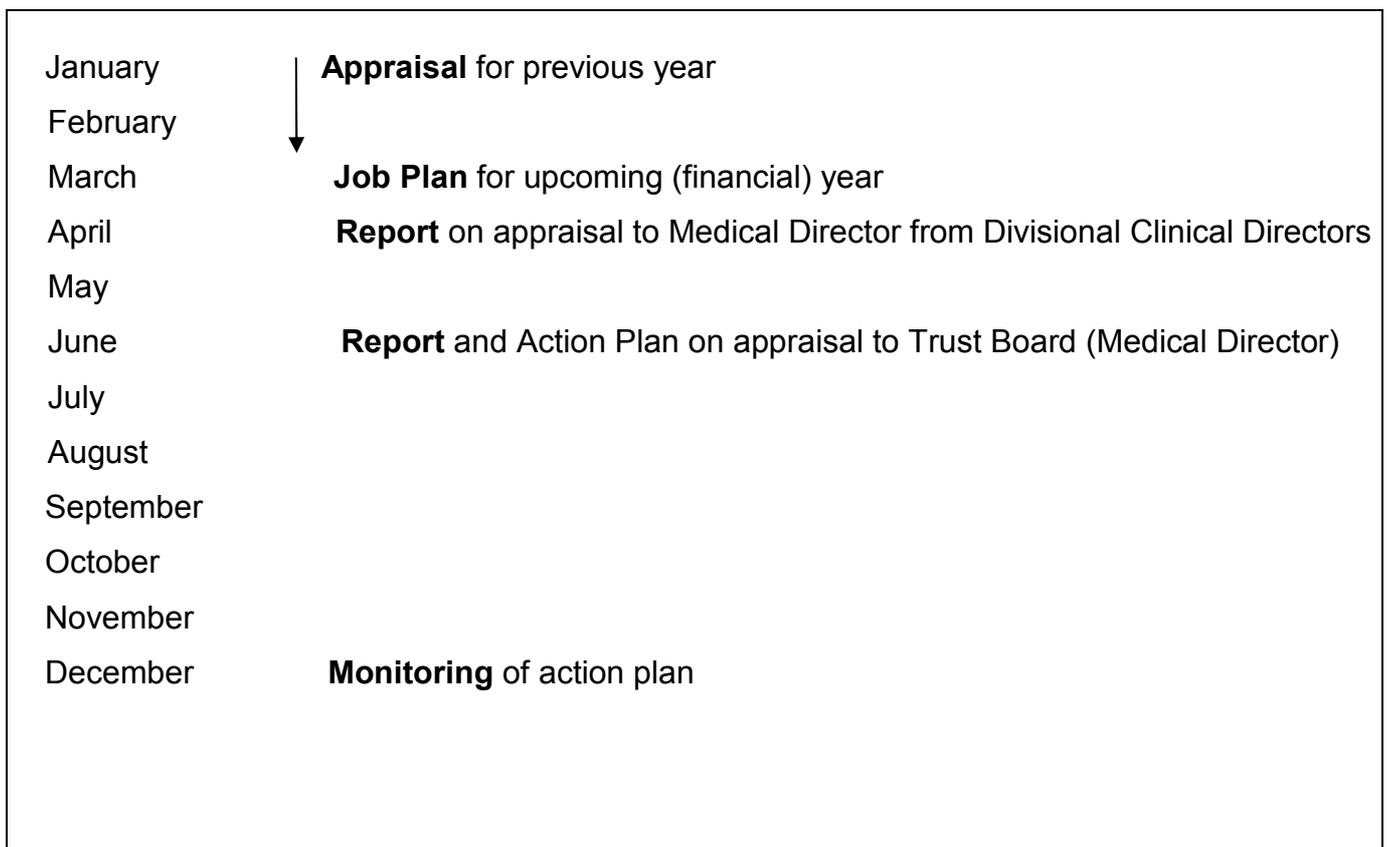


## APPENDIX 3

### Time Line for Appraisal



### Annual Time Line for Appraisal



## APPENDIX 4

### APPRAISAL EVIDENCE <sup>4</sup>

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

<b>Section of Good Medical Practice</b>	<b>Essential</b> (*Evidence without which the appraisal cannot continue)	<b>Desirable</b>
<b>Good Clinical Care</b>	<ul style="list-style-type: none"> <li>• *Previous year Appraisal Summary (Form 4)</li> <li>• Two Structured Case Reviews</li> <li>• *Evidence of Audit</li> <li>• Significant event report</li> <li>• *Current job plan (consultants only)</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of consistently good outcomes</li> <li>• Personal Audit with reflection</li> <li>• Personal Significant events with reflection</li> <li>• Reflective diaries</li> <li>• Plaudits</li> <li>• Evidence of learning events relating to Good Clinical Practice</li> </ul>
<b>Maintaining good medical practice</b>	<ul style="list-style-type: none"> <li>• *Evidence of having met the criteria set out by the relevant College/Faculty for Continuing Professional Development (CPD)</li> <li>• *Record of study leave/CPD</li> <li>• Essential attendance at mandatory training<sup>5</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Practice/departmental development plan</li> <li>• Evidence of participation in additional learning events to those of College/Faculty CPD requirements</li> <li>• Evidence of membership of organisations where learning occurs</li> <li>• Personal learning diary</li> <li>• Evidence of knowledge assessment</li> </ul>
<b>Working Relationships with colleagues</b>	<ul style="list-style-type: none"> <li>• A record of the results of the most recent multi-source feedback exercise, supported by a completed self-reflective template</li> <li>• Additional multisource feedback data</li> <li>• *Description of work setting</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of learning in the context of colleagues relationships</li> <li>• Minutes of participation in multiprofessional meetings</li> </ul>

<sup>4</sup> Based on the Leicester Statement, <http://www.appraisalsupport.nhs.uk/files2/the%20leicester%20statement%20on%20evidence%20for%20appraisal.pdf>

<sup>5</sup> Applies for 2009/10 Appraisal

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

**Training**

1. Complaints Processes
2. Fire Training
3. Incident Report Policy and Procedures and Health & Safety
4. Equality and Human Rights /Harassment/Racial Issues
5. NPSA Competency Assessment for Blood Transfusion
6. Infection Control
7. Record Management / Freedom of Information