

Key Change From Previous Revision:

This is a new policy.

1. STATEMENT**INTRODUCTION**

This is a new policy and procedure and introduces revised and enhanced appraisal. It introduces revised and enhanced appraisal, as detailed in the "DHSSPSNI Guidance for HSC Agency Employed Career Grade Medical Appraisal" issued in December 2012, which replaces (TC8) 11/01 "Appraisal for Consultants May 01" and (TC8) 1/03 "Non-Consultant Career Grade Appraisal February 03"

The revised appraisal guidance is designed to encompass the link between appraisal and the revalidation process, provide guidance on the types of supporting information that should be brought to appraisal, and introduce new appraisal documentation.

Annual participation in the appraisal process has been a contractual obligation since 1st April 2001. Under the terms of the Consultant Contract 2004 (Schedule 15) and the Staff & Associate Specialist Contract 2008 (Schedule 15) incremental progression is dependent upon full participation in the appraisal process. Under Revalidation legislation, enacted on 3rd December 2012, failure to engage in the processes which underpin revalidation, including specifically the appraisal process, will lead to administrative removal from the medical register. Doctors wishing to practice in the NHS must be registered with a license to practice.

2. OVERVIEW**2.1 Aims & Objectives of this Policy & Procedure:**

To introduce revised and enhanced appraisal for medical staff which is consistent with the DHSSPSNI Guidance (Dec 2012) and which fully supports the revalidation of doctors.

To ensure that there are appropriate systems in place to support enhanced appraisal and revalidation of doctors within the Agency.

To ensure that the systems established to support appraisal and revalidation within the Agency are known, understood and implemented by all parties.

To ensure that there are suitable governance arrangements in place to support the role of the Agency Board, Agency Chief Executive and the Responsible Officer, and to assure the quality and veracity of the established systems.

2.2 Aims of Appraisal:

Appraisal is an employer led process designed to give doctors feedback on their performance, chart their continuing progress and identify their development needs. The aim of appraisal is to ensure good medical care and maintain good medical practice through a process which encourages:

- Reflection on current practice, future directions and learning from experience.
- Exploration of role expectations, negotiation of priorities, and the setting and alignment of individual and organisational objectives.
- Review of progress towards the achievement of previously agreed objectives and agreement of future objectives.
- Consideration of the doctor's contribution to the quality and improvement of services and priorities delivered.
- Recognition and acknowledgement of the value of achievements.
- Exploration of what is needed from the organisation to help and support the individual to make the best contribution they can to effective health and social care.
- An opportunity for the appraisee to register a formal request for resources or support for new initiatives, and an opportunity to discuss changes which could be made to working practices and procedures.
- Open discussion about, and record the extent of, private practice and secondary employment undertaken or associated matters of import.
- Open discussion about health problems.

2.3 Objectives and Benefits of Appraisal:

The objectives and benefits of appraisal include:

- Support for medical staff including the identification of unequal or heavy workloads; problem identification and resolution; and personal development through self-assessment, reflection and feedback.

- Quality assurance in line with Clinical & Social Care Governance requirements.
- Reassurance to the public in their demand for greater transparency and accountability.
- Improved innovation and identification of resourcing needs.
- Early identification of performance deficits, skills and training requirements, and personal development needs.
- Contributes to and supports the revalidation process.
- Establishes the basis for formulation of the job plan.
- Support for the Responsible officer in making recommendations to the GMC about the fitness to practice of individual doctors.

2.4 Purpose and Principles of Revalidation:

The purpose and principles of revalidation have been defined by the GMC, and include:

- To assure patients, the public, employers and other healthcare professionals that licensed doctors are up to date and are practicing to the appropriate professional standards.
- Principles applicable to revalidation, as stated by the GMC include:
- Must support doctors in meeting their personal and professional commitment to continually sustaining and developing their skills
- Should include a strong element of patient and carer participation and evaluation.
- Should be seen primarily as supportive, focused on raising standards, not a disciplinary mechanism.
- Must include remediation and rehabilitation as essential elements
- Should be a continuing process and not an event occurring every 5 years
- Should provide consistent assurance of standards across the UK
- Should be based on supporting information drawn from local practice, with robust systems of clinical governance to support it
- Will depend upon quality, consistency and nature of appraisal to ensure confidence of patients and doctors.

3. RESPONSIBILITY

Medical Team – Medical Director (also Responsible Officer), Consultant and Specialty Doctor.

Chief Executive

Appraisers (outside NIBTS).

NIBTS Agency Board

4. POLICY

4.1 Roles & Responsibilities

It is the responsibility of **the Agency** to ensure that an appropriate appraisal mechanism is in place for all medical staff and that each doctor is aware of the mechanism and enabled to engage with it.

The **Chief Executive** is accountable for the appraisal process and is responsible for ensuring that an annual report on appraisal is submitted to the Agency Board.

It is the responsibility of the **Medical Director / Responsible Officer** to ensure that there are governance arrangements in place, which are allied to corporate governance arrangements, and which fully support the appraisal and revalidation of doctors.

It is the responsibility of the **responsible officer** to oversee the appraisal process within his / her Directorate / Specialty; to ensure that every doctor has a suitable, appropriately trained appraiser and that summary appraisal information. Additionally, it will be the responsibility of the lead appraiser to provide an "Assessment of Fitness for Revalidation" for each doctor, to the Responsible Officer, upon request. Clinical Leaders are also responsible for appraising the delegated appraisal role of others.

It is the responsibility of **Appraisers** to undertake relevant training for the role, to undertake appraisals within the timeframes specified and to provide summary appraisal information to the lead appraiser for inclusion in the annual report to the Responsible Officer.

It is the responsibility of the **Individual Doctor** to engage fully with the processes of appraisal and revalidation and to ensure that they undertake appraisal on an annual basis. This responsibility includes the requirement to participate in both Colleague and Patient Feedback at least once in every 5 year cycle, and to maintain an up-to-date portfolio of documents for revalidation. Each doctor must assure the integrity of the information which they bring to the appraisal and revalidation process and ensure that they raise all potentially relevant information with the appraiser.

All parties have a responsibility to ensure that activity undertaken in the private / independent sector has been appraised. (In the interests of clarity, **Whole Practice Appraisal** includes appraisal of non-clinical services where the services are advertised or promoted using a doctor's medical credentials). Whole practice appraisal imposes a responsibility upon the appraisee to obtain relevant data from an independent sector employer and to bring this, together with evidence of "renewal of practicing privileges" where provided, to the appraisal discussion. Likewise, the requirement imposes a responsibility

upon the appraiser to request sight of the relevant data, discuss it with the appraisee and receive a copy of the "renewal of practicing privileges" document.

4.2 Scheduling of Appraisal Discussions

It has been agreed that the appraisal cycle within the Agency will run from January to December and, accordingly, that the appraisal interviews will cover the preceding calendar year. Appraisers and Appraisees should ensure that there is no break in the appraisal period. The dates of the appraisal period should be clearly documented.

In any case where the appraisal period is longer or shorter than a full calendar year, the dates covered by the appraisal must be clearly stipulated on the front sheet of the appraisal document.

Preparations for appraisal will commence in October / November each year at which stage the responsible officer's office will prepare Appraiser Up-date Training and Clinical Leaders will ensure that they have identified the requisite number of delegated appraisers to ensure that appraisals are undertaken in a timely manner.

The Medical Director / Responsible Officer will initiate the appraisal process by writing to all doctors at the beginning of January each year. Immediately thereafter, Clinical Leaders and Delegated Appraisers will initiate appraisal within their areas of responsibility (template letters to assist with this are available on the intranet webpage)

It is anticipated that appraisals will be conducted between 2nd January and 31st May each year.

4.3 Medical Director / Responsible Officer:

The Medical Director / Responsible Officer will be appraised by Dr Lourda Geogheagn, Medical Director / Responsible Officer of the Regulatory Quality and Improvement Authority (RQIA).

4.4 Clinical Leaders and others with Delegated Appraisal roles

Clinical Directors, Associate Clinical Directors, Lead Clinicians, Supervising Consultants, Associate Specialist and Specialty Doctors may all undertake the appraisal of others provided that they are on the medical register and attend Agency Appraiser Up-date Training at regular intervals. Recognising that undertaking appraisal is a managerial

responsibility, the appraiser should always be senior (in either rank or experience) to the appraisee.

4.5 Agency Grade / Agency Registrar and other non-standard posts (Including LAS)

Doctors filling non-standard posts have generally stepped outside the recognised training schemes for the duration of the placement or do not have a placement and use the non-standard posts to enhance their training in order to gain a future training placement. It is essential that all doctors in Agency appointed posts, which do not fall directly under the auspices of NIMDTA, be appraised as if they were part of a training scheme. This is important to facilitate their return to a recognised training scheme with a fully documented training portfolio.

4.6 Specialty Trainees

Specialty Trainees continue to be appraised under the RITA system managed by the Deanery. Appraisal must be undertaken annually and, in addition, there should be an annual meeting with the Training Programme Director. Additionally, the supervising consultant who is responsible for "signing off" the appraisal documentation should undertake periodic reviews at Directorate level.

The Postgraduate Dean is the Responsible Officer for revalidation of all doctors in training posts. Processes for the exchange of supplementary information, between the Agency and the Deanery, have been agreed. Forms and guidance are available on NIMDTA Medical Education Webpage.

4.7 Other Junior Medical Staff

Non-specialist Doctors in training will be appraised in accordance with the guidelines defined by the Royal Colleges and PmetB using the e-portfolio system.

As 5.11.2

4.8 Locum Medical Staff

On the appointment of any locum doctor, the lead appraiser should hold an initial induction meeting at which "role definition, responsibilities and objectives" are clearly specified. Performance of the locum doctor should be kept under review during the initial few months of employment in keeping with normal induction / probationary procedures. An end of contract assessment should be undertaken in accordance with (TC8) 8/06, using the process and documentation appropriate to the practitioners grade.

In the case of a doctor who is employed for less than one week, a "statement of satisfactory employment" should be issued at the end of the employment period. In the case of unsatisfactory employment refer to (TC8) 8/06. Advice on the production of a "statement of satisfactory performance" is provided in Annex A of (TC8) 8/06.

In the case of locum medical staff who are employed for longer than one week and up to six months, where it is not possible to initiate a formal appraisal, an "end of placement" report should be completed. The report must include a section to show that there are no significant unresolved concerns about the doctor's fitness to practice. An example report is provided at Annex B of (TC8) 8/06. (Also on Agency webpage)

In all cases where it is possible to initiate the formal appraisal process, this should be done in accordance with the process and documentation appropriate to the practitioner's grade.

Where a locum doctor is employed through an agency and appraisal of doctors is part of the service provided by the agency, recruiting Directorates must ensure that appropriate standards of quality assurance mechanisms are in place to ensure robust appraisal procedures and pre-employment checks.

Sessional GPs

4.9 Staff Leaving or Joining the Agency

For the purposes of Revalidation, staff leaving the Agency more than six months after their last appraisal date should be given the opportunity to undergo appraisal prior to leaving.

Medical staff who join the Agency should, as part of their induction, participate in an "initiating appraisal meeting" in which their role, responsibilities and objectives are clearly specified.

4.10 Other Important Matters / Conflicts of Interest

An appraiser must never be appraised by an appraisee for the same period.

Under no circumstances will a doctor be appraised by someone with whom they have a familiar or other close personal relationship.

There should be no conflict of interest existing between appraiser and appraisee. In circumstances where there is a known conflict of interest, alternative appraisal arrangements should be made. If a conflict becomes evident during a scheduled appraisal discussion, the discussion should be terminated and a request for alternative arrangements submitted to the Medical Director / responsible officer

As a supportive process, appraisal should continue for doctors undergoing remediation, rehabilitation or fitness to practice proceedings. The appraiser should always be aware of the above and of any restrictions placed on the appraisee's practice.

4.11 Selection & Recruitment of Clinical Appraisers

A formal selection process will be used to select all those who will have a responsibility for undertaking the appraisal of others. A person specification for the role of appraiser is available on the Agency webpage. In the case of Clinical Leaders, compliance with the appraiser person specification will be assessed during selection for the Leadership role.

4.12 Documentation

Appraisal documentation is available IN NIBTS medical folder (Teaching – Appraisal & Revalidation)". Available documentation includes

- All forms and template documents required for use by appraisees and appraisers
- Guidance on completion of Career Grade Medical Appraisal form 3
- Guidance on the structure of a Revalidation Portfolio
- Circulars, Directives Guidelines and Policies pertaining to Appraisal, Revalidation and Job Planning

each of the 4 domains and associated attributes and record these on the "Lists of Supporting Information" on form 3 (see appendix 2 for details of examples of relevant supporting information).

The part-completed appraisal forms and supporting evidence should be delivered to the appraiser two weeks before the scheduled date for the appraisal discussion (or no later than a date set by the appraiser). This is important to ensure that the appraiser has adequate time to review the documents prior to the appraisal discussion. Where documents are not presented to the appraiser in adequate time for pre-discussion review, the appraiser will have the right to postpone the appraisal discussion.

The remainder of form 3 (record of discussion & agreed actions) and forms 4 — 7 will be completed and agreed during the appraisal discussion. The forms will then be typed up and signed by both parties within 2 weeks of the meeting.

Both appraisee and appraiser must give consideration to the quality of the information

recorded on appraisal forms, particularly appraisal form 3 and the PDP. Guidance on the completion of these forms is contained in the medical folder. For the avoidance of doubt, accounts such as "no issues arising" or "continue as before", are neither suitable nor adequate for an appraisal record. All parties should read the guidance, at least once, at the outset of the appraisal round.

4.13 Structure of the Appraisal System

The appraisal process should be conducted annually with agreed interim review periods if appropriate. The formal annual review should allow for the establishment of key development objectives relating to both the appraisee's personal development and professional development. Objectives may be clinical and non-clinical and should be consistent with the Agency's objectives.

The process should commence with the completion and sharing of appraisal forms and core supporting data. An appraisal meeting should be arranged consistent with the agreed timeline for appraisal.

Principal areas for discussion will be based upon the GMC's 4 domains of the Good Medical Practice (GMP) Framework and their associated attributes (see appendix 2).

In addition, the Medical Director / Responsible Officer may, as the need arises, stipulate that specific matters, pertinent to clinical care, be discussed. By way of example, this could occur in response to an unsatisfactory regulatory report. In these circumstances the MD/RO will inform all medical staff of the requirement in writing.

4.14 Preparation / Data

It has been agreed that some core data will be provided by the Agency and that, additionally, each Directorate / Specialty will identify and agree a minimum data set relevant to each team of doctors. Royal Colleges and faculties have worked with the GMC to identify data sets appropriate to the 4 domains of GMP for individual specialties. This information is available in the medical folder.

The Agency will undertake to provide the following information, automatically, before the commencement of the appraisal round:

- Complaints data
- Litigation data

The integrity of the data used is important and both appraiser and appraisee should assure themselves, insofar as this is possible, that the source of information which is brought to the appraisal discussion is reputable and that apparent anomalies are checked out, rationalised and/or verified before the information is shared or relied upon for

appraisal purposes. Where data is comparative this must be presented only in comparison to accepted norms and averages unless otherwise agreed (see 8.4 below).

Completed forms and associated data should be shared between the appraisee and appraiser no later than 2 weeks prior to the scheduled appraisal meeting. Unless otherwise agreed between the parties, failure to comply with this requirement may result in the appraisal discussion being cancelled with limited scope for it to be rescheduled within appropriate timescales.

360* Multi-source Feedback Appraisal is now mandatory, at least once in each 5 year revalidation cycle. The Agency employs systems of Colleague Feedback and Patient Feedback developed by the HSC Leadership Centre which are consistent with the standards specified by the GMC. Appraisees are reminded that the processes for both colleague and patient feedback require time to complete (typically 3 months) and that requests to undertake either process should be made in time to allow considered written responses to be submitted prior to the appraisal meeting.

4.15 Conduct of the Appraisal Interview

Every member of the Agency's staff has a right to be treated with dignity and respect, and rarely is there a greater risk of infringing this right than in the preparation and conduct of meetings which review personal performance.

In the context of appraisal, treatment with dignity and respect includes: a right to expect open, frank and fair assessment and feedback; to be consulted in a manner in which views are valued and respected, and through which there is an opportunity to influence decisions; to be provided with accurate clinical performance data (or given an opportunity to rationalise data provided); to be encouraged and supported; and to be assured of confidentiality.

In order to meet these fundamental principles, appraisers must give consideration to the timing, location, data collection and general housekeeping requirements of the appraisal meeting.

In all circumstances, appraisal meetings must be conducted in a comfortable, private location and be free from interruption. "Do Not Disturb" notices should be placed on doors where necessary; telephones should be diverted; and mobile phones and pagers should be turned off.

Equally important is the need for preparation. Appraisers should request appraisal documents and the revalidation portfolio in advance; they must take time to review documents received; obtain colleague and/or patient review information; check for anomalies in the information; and plan how the discussion should progress.

Key points and outcomes of appraisal discussions must be fully documented and both the appraiser and appraisee must sign copies of all relevant appraisal forms.

In signing the forms the appraisee confirms that s/he is satisfied that the appraisal discussion has been fair and that all relevant issues have been discussed and recorded.

The appraiser's signature confirms that the appraisal has been undertaken on the basis of the information provided and the declarations made.

4.16 Storage and Retention of Appraisal Data

The appraisee must retain a copy of the appraisal documents and current supporting data in a revalidation portfolio. Advice on the structure of the portfolio is available in the medical folder.

A signed, confidential copy of appraisal forms 1-3 must be submitted to the Medical Director's Office for retention.

If the appraiser or Clinical Leader is to retain a copy of the appraisal forms, the appraisee must be made aware of this and confidentiality of the information must be assured.

4.17 If Things Go Wrong

In the event of a recognised incompatibility or conflict of interest between appraiser and appraisee, which is evident prior to the specified appraisal date, it will be possible for alternative arrangements to be agreed by the Responsible officer or Chief Executive. Requests for the identification of an alternative appraiser should be submitted to the Responsible Officer and should outline the reason for the request. The Responsible Officer or the Chief Executive will nominate two suitable alternative appraisers. The appraisee must accept one of the alternatives.

If a disagreement develops between the parties during the appraisal interview, the parties should disengage for a short period of reflection. If, at a reconvened meeting, it becomes clear that the disagreement cannot be resolved, this should be recorded and a further meeting arranged to take place in the presence of the Medical Director (or his/her nominee) to discuss the specific points of disagreement. If the matter cannot be resolved clause 11.1 above will be invoked.

4.18 Identification of Serious Issues relating to Performance

Whether identified during the appraisal process or during the normal conduct of business, serious issues relating to the performance of individual doctors must be brought to the attention of the Medical Director / Responsible Officer and the Chief

Executive immediately. Should such matters come to light during the appraisal discussion, the meeting should be suspended until the identified problems have been resolved. Note however that doctors who are the subject of remediation, rehabilitation or GMC proceedings should still be appraised.

4.19 Annual Reporting Arrangements

During June each year the lead appraiser will provide appraisal summaries to the Medical Director / Responsible Officer who, in turn, will provide a summary report of the appraisal process to the Chief Executive. The summary document will not identify any individual practitioner, either explicitly or implicitly, but will provide statistical information and/or descriptive commentary pertaining to:

- Number of appraisals conducted
- Number of PDPs prepared
- Recurring themes / resource needs
- Actions taken to address clinical outcomes
- Learning I development needs
- Job Plans
- Number of Revalidation recommendations, deferrals or non-engagements.
- QA Outcomes

In July / August each year the Medical Director and Chief Executive will meet to review the appraisal process and outcomes, resource issues and action plans if appropriate.

A summary report will be presented to the Agency Board annually.

4.20 Confidentiality of Records

All appraisal documents must be retained in absolute confidence. Except as defined elsewhere in this policy, no aspects of the appraisal discussion or documentation may be shared or discussed with 3rd parties.

In the event that disclosure of information is sought under the auspices of any legal or statutory instrument, the extent of disclosure will be discussed and agreed between the appraisee, the Medical Director and the Chief Executive.

It is not acceptable for appraisal documents to be left unattended on desks or in unlocked drawers / cabinets. Failure to secure or maintain the confidentiality of another person's appraisal documents will constitute a breach of this policy.

4.21 Appeals

If a doctor is dissatisfied with the outcome of an appraisal, s/he shall have the right to appeal to the Medical Director and Chief Executive. To initiate an appeal, the appraisee should write to the Medical Director within 10 working days of the formal appraisal meeting, stating the grounds upon which they would like the appeal to be considered.

The Medical Director shall convene an appeal hearing to take place within 20 working days of receipt of the appeal. The panel shall normally comprise the Medical Director and the Chief Executive.

The panel will hear evidence from the appraisee, who may be accompanied by a colleague or a Professional Association Representative, and from the appraiser. Written evidence should be submitted to the panel no later than 1 week in advance of the hearing. Where it is necessary, in the interests of fairness, witnesses may be admitted to the proceedings with the prior agreement of the panel.

The decision of the panel, which is final, will be communicated to both parties within 7 working days.

In the event of an appeal by the Medical Director or lead appraiser, the appeal should be submitted to the Human Resources and Corporate Services Manager. The panel shall then comprise the Agency Chairperson and a Chief Executive (from another Agency if appropriate) The procedure as outlined above should be followed.

As a general rule no person can sit as an appeal panellist if s/he has had a previous involvement, or decision-making role, in respect of the substance of the appeal. In circumstances where the natural panel composition would breach this rule, the makeup of the panel will be adjusted as appropriate.

4.22 **Revalidation Procedure**

(Note: At the time of revision of this policy & procedure, the GMC's processes for revalidation continue to develop. Accordingly, the procedure for revalidation may need to be refined over time.)

All doctors will maintain an up-to-date portfolio of documents which clearly demonstrates their engagement with the processes which underpin revalidation. Advice on the structure and content of revalidation portfolios is contained in the medical folder.

The process established to inform the Responsible Officer's recommendation to GMC is as follows:

- The Medical Director's Office will ensure that the GMC Connect database is updated on a monthly basis, so that the prescribed connection which each doctor is required to have with a designated organisation is as current as possible.
- ***For administrative purposes, a doctor's revalidation date will be treated as being two (2) full calendar months before the GMC due date. This is to ensure that anomalies are resolved and recommendations are made to the GMC before the due date.***
- **At least four (4) months before an appraisee's revalidation due date, the Agency will write to the appraisee to initiate the revalidation process.**
- Concurrently the Responsible Officer will request an "assessment of fitness for revalidation" from the lead appraiser. A standard pro-forma has been developed for this purpose. In keeping with the 2nd bullet point above, the deadline for response will be two full calendar months before the revalidation due date.
- Each quarter, the responsible Officer will select a proportion of revalidation portfolios (from amongst those due for revalidation) for audit. Selection will be random but will include, over the course of each year, at least one portfolio from the remit of each lead appraiser.
- Timescales will be quoted on all correspondence and must be adhered to. There is no provision for the Agency to miss a date for submission of a revalidation recommendation. **Reminders will not be issued.**
- The appraisee and the lead appraiser will be notified of the Responsible Officers recommendation to the GMC.
- The appraisee will receive a formal outcome report, including recommendations for improvement, of any audit conducted on his/her revalidation portfolio.

The options available to the Responsible Officer, in terms of making a recommendation to the GMC, are as follows:

- Submit a positive statement that a doctor is up to date, fit to practice and should be revalidated
- Seek a deferral with the GMC, for a specified period of time, so that more information can be obtained to support revalidation. This will normally apply only if a doctor has had (or is due to have) a period of absence or so that a known fitness to practice concern can be addressed. (NOTE: This is not a mechanism for addressing concerns about a doctor's fitness to practice).

- Make notification of non-engagement, where a doctor has not engaged in the local systems or processes, such as appraisal, which support revalidation.

4.23 Non-engagement

Non-engagement is the term used by the GMC to describe the situation where a doctor fails to participate in some or all of the processes which underpin the revalidation process.

Non-engagement may be active or passive. Failure of a doctor to ensure that s/he is appraised annually; failure to attend a requisite number of audit meetings; failure to meet CPD requirements; or failure to acknowledge and take action upon revalidation related correspondence from the GMC or Agency Responsible Officer, in a timely manner, may all constitute passive non-engagement.

Unless justified through illness or similar extenuating factor, non-engagement with revalidation or the processes which underpin it, is not acceptable, and may give rise to notification of non-engagement, by the Responsible Officer to the GMC.

Where the Responsible Officer is concerned about an apparent lack of engagement (and this may occur at any time, not just in the run-up to the revalidation date) the doctor concerned will be given an opportunity to explain the situation, in writing. The deadline for submission of an explanation will be two weeks from the date of request.

If the doctor fails to submit a response or fails to provide an acceptable response, the Responsible Officer will submit a "notice of concern" to the GMC. This notice is a request for the GMC to issue a "notice of concern" about non-engagement to the doctor. This could lead to a decision, by the GMC, to bring a doctor's revalidation date forward.

Where a doctor continues to refrain from engagement with the processes which underpin revalidation or where a doctor's non-engagement is unequivocal from the outset, s/he will be invited to meet with the Responsible Officer to discuss whether or not the Responsible Officer will submit a formal "notification of non-engagement" to the GMC. A record of this meeting will be maintained. The decision of the Responsible Officer will be final on this matter; there will be no internal appeal mechanism.

Once notified formally of the non-engagement of an individual, the GMC will immediately initiate the process of "administrative removal" from the register. The GMC will give the doctor a single opportunity to explain or justify the failure to engage. If the GMC accepts the explanation given, and stops the administrative removal process, this is likely to lead to the decision by GMC to bring forward the revalidation date.

4.24 Requests for Deferral

As stated above, requests for deferral may be made where a doctor has had or is intending to have a period of **extended** leave (typically sabbatical, maternity or long-term sick leave) or where a doctor is undergoing remediation or other fitness to practice process. The guiding principles here will be:

- That the doctor's evidence for revalidation will, at the revalidation due date, have a significant gap approximating the length of the absence which cannot be compensated for. For clarity, it is unlikely that an absence at the beginning of a 5-year cycle would necessitate a deferral whereas an extended period of absence immediately prior to a revalidation due date probably would necessitate deferral.
- That the doctor's revalidation support documentation is almost (but not quite) complete and therefore a short additional period is required before a positive recommendation can be made by the Responsible Officer.
- That there is a known performance issue which would prohibit a current recommendation of fitness for revalidation, but which is being addressed through a remediation or similar process.

Deferral requests may only be made to the GMC in the "revalidation notice period" (usually 4 months)* and be for any period up to but not exceeding one (1) year.

Other than in exceptional circumstances, requests for deferral must be submitted to the lead appraiser no later than two (2) months prior to the revalidation due date. Where a period of absence is anticipated, for example in cases of impending sabbatical or maternity leave, the deferral request should be made to the lead appraiser prior to the commencement of the leave*, requests will then be processed by the Agency in the normal way but held for submission to GMC once the notice period has commenced. In cases of sudden ill-health, the deferral request should be made at the earliest possible time. Alternatively, where the Agency becomes aware of sudden illness, of a serious nature, the lead appraiser and Medical Director may agree to submit a request for deferral without receipt of a request from the practitioner.

Requests for deferral must contain a full explanation of the reasons giving rise to the request.

The lead appraiser will consider the request for deferral and, if necessary, discuss this with the relevant doctor. Following consideration, the lead appraiser will refer the request, together with a recommendation that deferral be recommended to GMC (or not if appropriate) to the Responsible Officer within two (3) weeks of receipt.

The Responsible Officer will inform the doctor and the lead appraiser of his decision in respect of a deferral request and will process the request with GMC as appropriate.

It is understood that the GMC are developing guidance on a process for requesting a change to the revalidation due date in circumstances other than those covered by a deferral. The details are not currently available.

4.25 Revalidation Matters Pertaining to Locums and Leavers

For a number of reasons the Agency may need to support leavers and locums by retaining the prescribed connection, between them and the Agency, for a period of time. In these circumstances the following provisions have been agreed:

1. ALL doctors on the Responsible Officer's list are required to follow Agency, Departmental and GMC policy and guidelines with regard to appraisal and professional issues.
2. Doctors leaving the Agency to take up employment with another designated body with transfer to the list of that body.
3. Doctors retiring from the Agency will be maintained on the Agency list for a period of one (1) year to allow for a new prescribed connection to be established, if needed.
4. Retired doctors who return to work, working predominantly with the Agency, on a locum or sessional basis, will be retained on the Agency list for the duration of that employment..
5. Locum doctors working predominantly (more than 50% of practice) with the Agency for more than 6 months will be added to the Agency's list unless the agency through which they are employed is designated. Following resignation, point 3 above will only apply in exceptional circumstances and with the express written notification of the Agency's responsible Officer.

4.26 Quality Assurance

The Agency will use a number of mechanisms to assure the quality of the appraisal and revalidation processes. These will include, but are not limited to the following:

Outcomes of the appraisal process will be discussed under the "management objectives" aspect of the appraisal of all those who have a responsibility for the appraisal of others.

At least once in every two years the Agency will issue "Appraisal Feedback Questionnaires" to all appraisees. Responses will be analysed, and desensitised reports will be issued. Appraisers will receive individual reports. Outcome reports will be used, as appropriate, to inform appraiser up-date training.

Periodically, the Agency will invite an external specialist to undertake a review of desensitised appraisal discussion summaries (appraisal form 3). This exercise will be analysed and reported. Outcomes will be used to inform appraisal up-date training and for the production of guidance where necessary.

On an on-going basis, the Agency will audit a random selection of revalidation portfolios. Outcome reports (and advice if appropriate) will be issued to the individual appraisees. This process may also be used to inform up-dating of relevant guidance.

From time to time the Agency may initiate an evaluation of the effectiveness of the appraisal process using comparative methodologies, for example reviewing the level of complaints received or clinical negligence claims lodged over time. Methodologies used will comply with appropriate guidance on the evaluation of medical appraisal.

The regulating body, RQIA, has a responsibility to audit Agency performance including performance in the management and governance of clinical appraisal and revalidation. The Agency will comply with all such exercises and, where an RQIA audit (and possible action plan) is current, will not impose additional pressure by initiating further audits unnecessarily.

29th Jan 07

4.27 Consultant Appraisal Protocol for Sharing of Information in the Case of Joint or Split-Site Appointments

It is understood that information to be shared must be relevant and pertinent to the appraisal process but it should not involve excessive additional paperwork or time commitment. It is also understood that each appraisee is entitled to expect the highest degree of privacy, all appraisal documentation will be treated with the utmost confidentiality and stored in accordance with statutory requirements and respective Agency I University policy. Recognising these requirements the following procedure should be followed:

Unless otherwise necessary and agreed, the organisation holding the contract of employment (lead employer) will retain responsibility for the conduct of appraisal and the collection and storage of relevant information.

The 2nd employer will provide all reasonable statistical information necessary for the fair conduct of the appraisal. Information required will be requested at least one month before the appraisal interview. The request will be made by the Appraiser to the appropriate manager of the 2nd employer.

The 2nd employer will also be asked to indicate if there are any notable commendations or complaints relevant to the appraisal process.

It is the responsibility of the lead employer to provide completed documentation to the 2nd employer at the conclusion of the appraisal. All shared information will be exchanged in sealed envelopes marked "strictly confidential".

Having concluded the appraisal interview and associated paperwork the Appraiser and Appraisee will complete, agree and sign the summary information form attached at Appendix 1.

Appendix 1 will be sent to the appropriate manager of the 2nd employer together with the following:

1. Job Plan
2. Personal Development Template

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5. EQUALITY SCREENING OUTCOME

This policy has been drawn up and reviewed in light of the statutory obligations contained within Section 75 of the Northern Ireland Act (1998). In line with the statutory duty of equality, this policy has been screened against particular criteria. If at any stage of the life of this policy there are any issues within the policy which are perceived by any party as creating adverse impacts on any of the groups under Section 75, that party should bring these to the attention of the Head of HR & Corporate Services.

The Northern Ireland Blood Transfusion Service is committed to the promotion of equality of opportunity of staff, donors and service users. We strive to ensure that everyone is treated fairly and that their rights are respected at all times. We believe that it is important that our policy is understood by all those whose literacy is limited, those who do not speak English as a first language or those who face communication barriers because of a disability. On request it may be possible to make this policy available in alternative formats such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English.

6. TRAINING REQUIREMENTS

Training & Guidance

All doctors who are appointed to a role which involves the appraisal of others will be required to undertake formal appraisal training. This training is currently provided by the HSC Leadership Centre and lasts for one day. Those in educational roles are required to undertake relevant training as defined by the NIMDTA.

Bespoke Appraiser Up-date Training will be provided annually for lead appraiser and delegated appraisers in advance of the commencement of the appraisal round. This training will concentrate on Agency processes, procedures and guidance but will also advise upon changes at regional or national level, as necessary.

Following the introduction of this policy & procedure and, if necessary, periodically thereafter, the Agency will provide Awareness Training for all relevant medical staff.

Appraisal Protocol for Shared Information – Appendix 1

For/Dr/ Mr _____ **(PRINT NAME)**

GMC No: _____

- 1. During Appraisal were any of the following discussed? Yes/No
Concerns about clinical performance Yes/No
Concerns about Management or Teaching skill Yes/No
Concerns about relationships with patients/peers

Brief details

- 2. During Appraisal were there any relevant declarations made in respect of probity or health? Yes/No

Brief details

- 3. Has the Appraisee demonstrated appropriate commitment to CME and CPD? Yes/No

- 4. Are there development needs other than those detailed on the Personal Development Template? Yes/No

Brief details

- 5. Has the Appraisee demonstrated adequate involvement in research and audit? Yes/No

- 6. Have there been any notable commendations or complaints? Yes/No

- 7. Any other relevant comments (include overleaf)

I understand that the information on this form, along with my agreed job plan and personal development template will be shared with _____, where I undertake part of my clinical commitments.

Appraisee Signature

Appraiser Signature

Date

Appendix 2 - 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..¹ **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
<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.

¹ <http://www.dhssosni.gov.uk/cic-revalidation-reportpdf>

	<ul style="list-style-type: none"> • 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
<p>4 - Maintaining Agency: 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</p>	<ul style="list-style-type: none"> • Statement of Probity and Health • Complaints • Compliments • Patient and colleague feedback.

GMC SUPPORTING INFORMATION REQUIREMENTS ²
Personal Details
Scope of Work
Record of annual appraisals
Personal Development Plans and Review
Statement of probity
Statement of health
Continuing Professional Development
Quality Improvement Activity
Significant Events
Patient (where applicable) and Colleague Feedback
Review of complaints and compliments

** The GMC acknowledge that not every doctor will have been involved in a significant event or received any complaints/compliments since their last appraisal. It is the demonstration of learning and any change of practise from both these supporting information requirements over a revalidation cycle that should be the focus rather than the number.³*