Reference Number: UHB 129 **Version Number:** 2 (UHB); national policy version 10. Unchanged following review.	**Date of Next Review:** 30.09.27 **Publication:** Issue date March 2016; publication date not completed in source.

All Wales Medical Appraisal Policy

Policy Statement

Refer to the All Wales Medical Appraisal Policy for its purpose and requirements.

Policy Commitment

The Health Board will apply the arrangements set out in the substantive policy. Refer to the policy for full details.

Supporting Procedures and Written Control Documents

Refer to the substantive policy for supporting guidance and arrangements.

Other supporting documents: Refer to the substantive policy.

Scope

Refer to the substantive policy for scope and eligibility.

Equality & Health Impact Assessment (EHIA)	
Part 1 - Equality Impact Assessment (EQIA)	Refer to section 12 of the policy and the equality impact assessment referenced there.
Part 2 - Health Impact Assessment (HIA)	Refer to the substantive policy and any supporting health impact assessment documentation.
Policy Approved by	People and Culture Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Employment Policy Sub Group (EPSG). Reviewed on 30.09.26; no changes required. Policy and existing publication date carried forward. Next review: 30.09.27.
Accountable Executive or Clinical Board Director	Executive Director of People and Culture
Author	Refer to the substantive policy.

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
2 (UHB)	16.03.16 (source approval)	March 2016 (issue date)	Original March 2016 issue date retained. UHB version 2; national policy version 10. Source approval date 16.03.16; national ratification recorded as 17.03.16.
2 (unchanged)	30.09.26 (EPSG review)	March 2016 (issue date retained)	Reviewed by the Employment Policy Sub Group (EPSG) on 30.09.26. No changes required. Existing policy and publication date carried forward. Next review: 30.09.27.

Cardiff and Vale University Health Board

All Wales Medical Appraisal Policy v10 March 2016

Approved by: Revalidation and Appraisal Implementation Group (RAIG) / Wales Revalidation Delivery Board (WRDB).

Issue Date: **March 2016**

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Note: Development of the policy

This policy has been developed by a sub group representing the Revalidation and Appraisal Implementation Group (RAIG) at the request of the Wales Revalidation Delivery Board (WRDB).

The sub group was chaired by NHS Employers and included representatives from BMA Wales Cymru, the Health Boards and the Deanery. Drafts of the policy were shared with the WRDB, the Welsh Government Workforce and Organisational Development Section and the BMA Employment Advisers.

V06 of the policy was agreed by the Chair of RAIG on 13th April 2012, and ratified at WRDB on 25th April 2012.

In line with the Review requirements (section 13) Version 10 of the policy was agreed by a sub group of RAIG and ratified by WRDB on 17th March 2016.

1. Policy Statement

1.1 It is the policy of Cardiff and Vale University Health Board (the UHB) to promote the value and worth of appraisals for all medical employees and contractors.

1.2 It is the policy of the UHB to ensure effective arrangements exist to facilitate appraisal for all such employees in a fair and consistent manner.

2. Scope of Policy

2.1 This policy is applicable to all doctors, employed by the UHB, as well as to all medical independent contractors on a performers list, doctors in training, and locums.

2.2 Where an employee is either jointly employed, or is not employed by the UHB but provides a service to the UHB, the issue of who is responsible for providing the appraisal will be addressed in line with the GMC's flowchart available at http://www.gmc-uk.org/doctors/revalidation/designated_body_tool_landing_page.asp .

2.3 Any organisation in which a doctor is working, but which is not responsible for the doctor's appraisal, may still wish to have an interest in the outcome of the appraisal to ensure that its duties as a Health Board are discharged.

3. Objectives of appraisal

3.1 Appraisal is a professional, formative and developmental process. It is about identifying development needs, not performance management. It is a positive process to give doctors feedback on their past performance, to chart continuing progress and identify development needs[1].

3.2 During their annual appraisals, doctors will use supporting information to demonstrate that they are continuing to meet the principles and values set out in *Good Medical Practice*[2].

3.3 The objectives of medical appraisal in Wales are to:

3.3.1 Provide individuals with an opportunity to:

[1] DH 2002
[2] GMC *Supporting information for appraisal and revalidation 2011*

- Reflect on their practice and their approach to medicine
- Reflect on the supporting information they have gathered and what that information demonstrates about their practice
- Identify areas of practice where they could make improvements or undertake further development
- Document personal, team or service level issues which have constrained their service delivery or development
- Demonstrate that they are up to date[3].

3.3.2 Provide assurances to their organisation/s and to the public that doctors are remaining up to date across their whole practice.

3.3.3 Provide a route to revalidation which builds on and strengthens existing systems with minimum bureaucracy.

3.4 Appraisal is NOT:

- The mechanism by which serious concerns regarding health, capability, behaviour or attitude are identified or addressed. Such concerns should be managed in an appropriate and timely manner outside appraisal.
- A mechanism by which employers review or judge performance against a contract of employment, job plan or service objectives[4].

4. Key Principles

4.1 Appraisal is an annual requirement (in most cases contractual) for all doctors. It should be a positive process which adds value for the doctor and the organisation without being unnecessarily burdensome.

4.2 Annual appraisal for every doctor will be based on a system which reflects the GMC's *Good Medical Practice* framework for appraisal and assessment[5] and incorporates the GMC's core set of supporting information for appraisal and revalidation. This core set of supporting information required for appraisal for the purposes of revalidation is defined by the GMC in their 2011 document *Supporting Information for*

[3] GMC *Framework for Appraisal and Assessment 2011*
[4] RST *Medical Appraisal Guide for Piloting 2011 v2*
[5] http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp

Appraisal and Revalidation[6]. Any additional guidance provided, for example by the Royal Colleges, is advisory only for the purpose of revalidation, although in the wider context of professional appraisal doctors may choose to include additional information relevant to their role/s.

4.3 Every appraisal will result in an agreed summary and Personal Development Plan which will be accessible to the UHB to inform their revalidation recommendation. There is a shared responsibility between the doctor and the UHB to support and progress the outcomes of the appraisal, including the Personal Development Plan.

4.4 Appraisal is a professional process. All appraisers must have received appropriate appraisal training and must keep these skills up to date through regular refresher training.

4.5 Appraisal and job planning are separate processes, although each process should inform the other and some information will need to flow between them. Generally the doctor is responsible for this information flow.

4.6 To ensure the requirements of revalidation are met, the annual appraisal will consider the whole of the doctor's practice.

4.7 The doctor and the Responsible Officer (RO) must be satisfied with the match between doctor and appraiser. Ideally, doctors will be able to choose their appraiser from a list of trained appraisers.

4.8 To ensure all doctors have an opportunity to experience different appraisals and to provide robust evidence for revalidation, wherever possible any doctor will only be appraised by the same appraiser twice within any rolling five year period.

4.9 Appraisal will be subject to whole system quality management which will include minimum levels of quality assurance.

4.10 Each Designated Body will have to follow this policy and demonstrate how it will be delivered to appropriate standards.

5. Appraisal in the context of revalidation

[6] http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp

5.1 The Revalidation Support Team (England) described appraisal in the context of revalidation[7]:

Revalidation is the process by which a doctor will have the opportunity to demonstrate that he or she remains up to date and fit to practise. Revalidation will be based on local clinical governance and appraisal processes. Effective medical appraisal and subsequent revalidation will satisfy the requirements of Good Medical Practice (GMP) and support the doctor's professional development.

As part of annual appraisal, the portfolio of supporting information based on the GMP framework for appraisal and revalidation will be reviewed and discussed, and an evaluation made of the doctor's professional practice according to Good Medical Practice. This process is to be supervised by a responsible officer. Every five years the responsible officer will make a recommendation to the GMC that the doctor is suitable for revalidation by the GMC.

Where indicated, the responsible officer will inform the GMC of any concerns about a doctor's fitness to practise, or a doctor's refusal to engage in the processes that inform the revalidation process.

These issues should be addressed as they arise and not solely when revalidation is due

5.2 The GMC has produced a number of documents which describe revalidation and the requirements of appraisal in this context:

- *Good Medical Practice* – defines the principles and values on which doctors should base their practice
- *Statement of Intent* – sets out the basis for revalidation
- *Framework for Appraisal and Revalidation* – translates *Good Medical Practice* into a format suitable for demonstration at appraisal
- *Supporting Information for Appraisal and Revalidation* – describes the information required of doctors for the purposes of appraisal and revalidation

All of these documents are available via the GMC's website, www.gmc-uk.org

6. Accountability, roles and responsibilities

[7] *Medical Appraisal Guide v2,* RST 2011

6.1 For all doctors, annual appraisal is a professional responsibility. It is a requirement of revalidation. For most doctors it is a contractual requirement, or a requirement of continued employment or inclusion on the Medical Performers List (MPL).

6.1.1 The requirement to undertake annual appraisal applies equally to locum doctors. Locum General Practitioners are required to participate in appraisal as a requirement of their continued inclusion on the MPL. Locum doctors employed in secondary care will be given an opportunity to undertake appraisal within the UHB with which they have a prescribed connection. Locum doctors with a prescribed connection with an agency will be provided an opportunity to undertake appraisal by the agency.

6.1.2 Supplementary guidance has been developed by the Independent Healthcare Advisory Service for doctors working full time or substantially in the independent sector (http://www.independenthealthcare.org.uk/).

6.1.3 The Responsible Officer for all doctors in training in Wales is the Postgraduate Dean. Appraisal for doctors in training is provided through their training programme. Revalidation recommendations are based on engagement with the Annual Review of Competency Progression (ARCP) process. It is essential that there are clear communication links between the UHB and the Wales Postgraduate Deanery regarding clinical governance issues so that the revalidation recommendation can be made. Guidance on revalidation for trainees will be available separately from the Deanery.

6.2 The GMC expects doctors to provide evidence of whole practice appraisal, ie to bring to annual appraisal supporting information relating to all roles for which their professional qualification is required[8]. Employers and contracting bodies have a responsibility to make such data and evidence available to the doctor where possible. The Responsible Officer will make a recommendation to the GMC about a doctor's fitness to practise across the whole of their professional

[8] Supporting Information for Appraisal and Revalidation, GMC 2012, http://www.gmc-uk.org/doctors/revalidation/9622.asp

practice, normally every five years. In order to do this the Responsible Officer will need to be satisfied that appraisal has covered all of the doctor's professional roles. The appraisal system needs to be able to demonstrate that a doctor is qualified to undertake the additional roles, carries out appropriate development within these roles and is practising safely. This will usually be captured by bringing evidence relevant to all roles to a single annual appraisal, or by a doctor bringing evidence of appraisal or performance review from the additional roles to their main appraisal.

An All Wales policy relating to whole practice appraisal has been agreed and is available at http://revalidation.walesdeanery.org/

6.2.1 Where a separate appraisal or performance review is included in the main medical appraisal, the main Appraiser cannot be held liable for errors within that documentation. Performance concerns that may be raised within that documentation MUST be dealt with by the organisation providing that appraisal/performance review. The Appraiser has the responsibility to report that the appraisal/performance review has occurred but should not (normally) be expected to read or comment on areas of practice outside their remit as an Appraiser in the role that they are undertaking, if these have been covered by others.

6.2.2 For University Employed doctors, the Follet review concluded that 'universities and NHS bodies should work together to develop a jointly agreed annual appraisal and performance review process based on that for NHS consultants to meet the needs of both partners'[9] The Responsible Officer (RO) for these doctors should be identified using the GMC[10] and DH (England) guidance, although it is anticipated that in most cases this will be the NHS RO. There is a model form for and guidance on the appraisal process for medical academics produced jointly by the BMA and the Universities and Colleges Employers Association (UCEA) and published by UCEA[11].

[9] Follet and Ellis, *A review of appraisal, disciplinary and reporting arrangements for senior NHS and university staff with academic and clinical duties*, Department for Education and Skills, London 2001
[10] FAQs: http://www.gmc-uk.org/doctors/revalidation/faq_revalidation_p5.asp#x4
[11] http://www.bma.org.uk/support-at-work/appraisals/model-appraisal-form

The UHB will take steps to facilitate this process in partnership with the relevant University. However it remains the doctor's responsibility to ensure they are matched with suitable appraisers; that they provide evidence relevant to both role; that they agree a suitable meeting date and agree a single appraisal summary via MARS. The employers and contractors remain responsible for making relevant data and information available to the doctor where possible. It should be noted that, in accordance with the objectives described at section 3 above, the medical appraisal remains a formative process which does not constitute performance management, and is separate from job planning.

6.2.3 Doctors employed full time or substantially in management will still be required to undertake appraisal for the purposes of revalidation. Advisory standards for supporting information for medical managers are currently being developed by the Faculty for Medical Leadership and Management (www.fmlm.ac.uk). Performance reviews already in place in relation to this role will feed into the appraisal for the purposes of revalidation.

6.3 In line with the Medical Profession (Responsible Officer) Regulations 2010[12], ROs have a duty to ensure that appropriate, quality assured systems of appraisal are in place within their organisations and equally available to all doctors working for those organizations[13]. In relation to revalidation ROs also have a role in ensuring systems are available to enable doctors to collect the supporting information required for revalidation.

6.4 To avoid conflicts of interest, ROs will not usually undertake appraisals of doctors about whom they will be required to make a revalidation recommendation.

6.5 Appraisers are responsible for maintaining their own skills in this role (eg through taking up approved training), preparing for and facilitating appraisal discussions and producing the appraisal summary and PDP in line with agreed quality criteria.

[12] http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents
[13] This includes all doctors regardless of location or branch of practice

6.6 Appropriate leadership, support and ongoing development will be provided for appraisers, usually by the organisation which employs them in this role.

7. Managing exceptions

7.1 There will be agreed processes in place for supporting and managing doctors and Designated Bodies who fail to complete the appraisal within the required timeframes. The principles underpinning these processes for all doctors are set out in the All Wales Exceptions Management Protocol which can be accessed at https://gp.marswales.org/default/library

7.2 All Wales appeal processes similar to the agreed job planning appeal model, will be developed to manage conflict of interest situations / disputes which have exhausted local processes, for example conflicts between appraiser and appraisee or failure to agree the appraisal summary.

8. Integration between appraisal and other quality and safety systems

8.1 Clinical governance information plays a key role in the supporting information for appraisal and revalidation. Doctors are required to include quality improvement activity including audit, significant event analysis, a review of complaints, and clinical performance data where this is available. It is the doctor's role to ensure this information is included in their supporting information, but the UHB also has a role to play in ensuring this information is as accessible as possible.

8.2 Appraisal, performance management and rehabilitation / remediation are separate systems which fulfil separate purposes, while all contributing to overall clinical governance and the wider quality and safety agenda. However, for doctors to be properly supported and for revalidation as a whole to operate effectively and fairly it is essential that there are clear, consistent and transparent links and information flows between these systems.

8.3 Doctors should have an opportunity to discuss at their appraisal any factors constraining their ability to deliver their roles or progress their PDP. It is best practice for the UHB to collate these constraints and issues of workplace governance reported in appraisal summaries, and feed these into their workplace governance processes.

8.4 Appraisal and Continuing Professional Development (CPD) are closely linked. Doctors are required to bring evidence of CPD relating to their practice to their appraisal, and one of the key outputs of appraisal is the Personal Development Plan. It is best practice for the UHB to collate the agreed development needs reported in appraisal summaries, and to describe in their local training strategies the links between these identified development needs, organisational development activity and study leave.

8.5 Peer and patient feedback systems will comply with the GMC's *Guidance on Colleague and Patient Questionnaires*[14].

9. Confidentiality

9.1 The appraisal discussion, as a professional discussion between colleagues regarding the appraisee's development, remains in principle confidential.

9.2 A sample of appraisal inputs (appraisal documentation and supporting information) will be reviewed anonymously each year for quality assurance purposes.

9.3 All appraisal outputs (appraisal summary and PDP) will be subject to appropriate quality assurance, and will be utilised by the Responsible Officer and his / her delegated officers to inform the revalidation recommendation. It may also be necessary to review other elements of the appraisal documentation to inform this recommendation.

9.4 It remains the case that should information come to light in the appraisal discussion which raises concerns about fitness to practise or patient safety, the appraiser has a professional responsibility to "discontinue the appraisal discussion" escalate the issue in accordance with specified procedures.

9.5 In Wales all doctors with a prescribed connection to an NHS Responsible Officer, other than those in training or employed by locum agencies, are required to use the online Medical Appraisal Revalidation System (MARS) which is governed by specific terms and conditions of use, including confidentiality, to which all users agree at registration

[14] http://www.gmc-uk.org/Colleague_and_patient_questionnaires.pdf_44702599.pdf

10. Data Protection Act 1998

The UHB's Data Protection Policy will cover appraisal and revalidation.

11. Freedom of Information Act 2000

All UHB records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the UHB may be found on the UHB website.

12. Equality and Diversity

12.1 The UHB's Equality and Diversity Policy will apply to appraisal and revalidation.

12.2 This policy has been impact assessed to ensure that it promotes equality and human rights. The assessment was undertaken using the toolkit of the NHS Centre for Equality and Human Rights and completed on ……. The equality impact assessment outcome report is available to download at: https://revalidation.walesdeanery.org/images/2012%20App%20Policy%20EIA%20full.pdf

13. Review

This policy will be reviewed every two years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

14. Monitoring

It is the responsibility of the UHB to monitor local compliance with this policy, and to report on this to the Welsh Government and the Wales Revalidation Delivery Board as required.

15. UHB Approval

Responsibility for formally adopting this policy sits with the UHB Resources and Delivery Committee.

Signatures / Dates