



Medical Appraisal Policy

Document Summary

This document sets out the policy for the delivery of doctor appraisal in the Trust and is in accordance with the Department of Health Revalidation Support Team guidance on Appraisal and Revalidation.

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1 SCOPE

This policy applies to all doctors who have a licence to practise and

- Who are employed by Cumbria Partnership Foundation Trust (the Trust)
- AND
- Where the Trust's 'responsible officer' is responsible for the doctor's appraisal and revalidation i.e. the doctor has a prescribed connection with the Trust.

2 INTRODUCTION

The Purpose of Appraisal and its relationship to Revalidation

Annual appraisal is the core component of revalidation for all doctors. The GMC has stated that:

“for the purposes of revalidation, it will be essential that there is an effective appraisal system that includes an evaluation of each doctor’s performance against the relevant standards. Doctors will need to maintain a folder or portfolio of information drawn from their practice to show how they are meeting the required standards”.

The GMC has produced two core documents that will underpin the implementation of revalidation for all UK doctors. These documents are ‘The Good Medical Practice Framework for Appraisal and Revalidation’, and ‘Supporting Information for Appraisal and Revalidation’.

The GMC Framework will form the basis of a standard approach for all appraisals, in which licensed doctors must take part in order to revalidate. The Cumbria Partnership Foundation Trust (the Trust) Medical Appraisal Policy follows the GMC guidance. The GMC Framework states that Responsible Officers will base their recommendations for revalidation on the outcome of a doctor's annual appraisals over the course of five years, combined with information drawn from the clinical governance systems of the organisation(s) in which the doctor has worked. During their appraisals, doctors will discuss their practice and performance with their appraiser and use supporting information to demonstrate that they are continuing to meet the principles and values set out in *Good Medical Practice*.

The GMC also states:

“A key element in the revalidation process is the supporting information that doctors will provide from their day-to-day practice in order to demonstrate that they are complying with the professional standards. The information required will vary depending on the nature of the doctor's practice, but will include material such as audit data, outcome data, and evidence of participation in Continuing Professional Development (CPD). This information should be brought together with other relevant clinical governance information to the annual appraisal.

Effective Revalidation will depend on the quality, consistency and nature of appraisal to ensure the confidence of patients and doctors. Organisations that employ or



contract with doctors will need to ensure that all of their doctors (*for whom they are the Designated Body*) have an annual appraisal and that at least part of that appraisal involves an evaluation of the doctor's performance against the professional standards set by the GMC."

It is the aim of this policy document to ensure that the doctors working in the Trust experience a fair, consistent and non-bureaucratic appraisal process, delivered by appraisers who are selected, trained, updated and quality assured in line with national standards defined by NHS England.

Appraisal for doctors is a professional process of constructive dialogue, in which the doctor being appraised has a formal structured opportunity to reflect on their work and to consider how his or her effectiveness might be improved.

3 STATEMENT OF INTENT

It is the duty of each NHS body to establish and keep in place arrangements for the purpose of monitoring and improving the quality of health and social care provided by and for that body.

The appraisal process;

- Will be accessible to all doctors (defined in scope above)
- Should emphasise a positive and developmental approach
- Should be fair and effective
- Should be well informed
- Should, where possible, show how patient care and working within NHS organisations can be improved
- Should be undertaken at regular intervals with skill, professionalism and confidentiality
- Should provide adequate preparation time and be adequately prepared for, by both appraiser and appraisee.

4 RELATED TRUST POLICIES, PROCESSES AND PROCEDURES

Procedures that support this policy are stored in the Medical Revalidation SharePoint site.

The Medical Appraisal Policy will be separate from the generic Trust Appraisal Policy because of the specific requirements for medical revalidation.

Procedures cascading from this Medical Appraisal Policy include:

- Quality Assurance of Appraisers
- Responding to Complaints about appraisal
- Procedure for Deferral of Appraisals
- Guidelines for Clinical Directors on providing Supporting Info for a Doctors appraisal

Related policies and procedures include

- Managing Revalidation recommendations procedure



- Responding to Concerns about Medical and Dental Staff Policy
-
- All policies and procedures for Medical Appraisal can be found via Staff Web (Medical Revalidation page)

5 DEFINITIONS

The Trust	Cumbria Partnership Foundation Trust
RO	Responsible Officer under the Medical Profession (Responsible Officers) Regulations 2010
RST	NHS Revalidation Support Team (subsumed into NHS England)
NHS E	NHS England
SI	Supporting Information
CNTW	NHS England – Cumbria and North East Area team
Prescribed Connection	Every doctor has a prescribed connection to a single organisation (Designated Body) that is responsible for their annual appraisal and revalidation recommendation. The GMC has created an algorithm that allows all doctors to identify their Designated Body. This organisation must be a Designated Body regulated under the regulations detailed above.

6 DUTIES

SEE ALSO APPENDIX 1 MEDICAL APPRAISAL MANAGEMENT & ACCOUNTABILITY FRAMEWORK.

6.1 Formal responsibility for ensuring there is an approved appraisal process rests with the Trust

- To ensure that an appraisal scheme is in place that covers all doctors.
- To ensure that appraisers are adequately trained and supported, with robust assurance processes.
- To provide appraisers with indemnity within their role
- To ensure that robust processes are in place to deal with worries or complaints from individual doctors about the process or outcomes of appraisal.
- To ensure that action is taken as far as possible to address the education and development needs of doctors and service development requirements identified and agreed in the course of appraisal.
- To make adequate financial provision to support the appraisal process.
- To ensure that the appraisal system meets developing standards for revalidation as recommended by the GMC, Department of Health and NHS E.
- To ensure that performance concerns identified through the appraisal process are appropriately referred in accordance with the Trust's policies on the management of underperformance.



6.2 The Responsible Officer (RO)

- has overall accountability for all aspects of doctor appraisal
- Responsible officers have a statutory duty to ensure the provision of a suitable medical appraisal for all doctors with a prescribed connection to the responsible officer's designated body.
- The responsible officer is accountable for the quality assurance of the appraisal and clinical governance systems for doctors in their organisation

6.3 The Clinical Director for Appraisal (CD for A)

- oversees the implementation of systems, policies and procedures in relation to Appraisal and Revalidation, including setting appraisal months for each doctor
- supporting the RO, is responsible for providing clinical leadership for developing Appraisal and Revalidation processes
- is responsible for the leadership of the appraiser team, including training & support
- will oversee Quality Assurance of appraisers, which includes monitoring of new appraisers and is professionally accountable to the Trust Medical Director
- is supported by the Revalidation Team.

6.4 The Doctor's Clinical Director (CD) along with the CD for A

- are responsible for ensuring that concerns about doctors are reviewed as part of the appraisal.

6.5 Medical Directorate

- is responsible for the operational management of the systems and processes for medical appraisal and revalidation.

6.6 The Appraiser Team

- is responsible for being prepared for and carrying out a fair, objective and supportive appraisal.
- maintaining training and participating in quality assurance activities in the role of appraiser.

6.7 The individual doctor being appraised

- 
- is responsible for arranging their appraisal with one of the Trust's trained appraisers; and for ensuring it occurs within each appraisal year, within the scheduled month, unless agreed with the RO.
 - is responsible for engaging effectively with this Medical Appraisal Policy and its related procedures
 - collects and organises Supporting Information over the course of the year for ALL aspects of their role. (scope of practice)
 - provides written reflections on their learning
 - ensures they have reviewed the previous year's PDP
 - are open to challenge and have a constructive approach to their appraisal
 - contributes to problem solving.
 -

7 THE TRUST APPRAISAL PROCESS

7.1 Appraisal Process & Timescales (see Appendix 2 Appraisal Process Flowchart)

- 7.1.1 The appraisal process is cyclical in nature. Each doctor is responsible for having an appraisal in each appraisal year (1st April to 31st March) within their scheduled month. Doctors are required to select an appraiser, arrange a date for the appraisal, prepare for and participate fully in the appraisal meeting.
- 7.1.2 Each doctor will have a set appraisal month, scheduled by the Trust. The aim is to align this with the doctor's month of birth. However, to help the Trust manage the spread of appraisals, a different month may be set. In addition, for doctors new to the Trust, the aim is to set the appraisal month to ensure that an appraisal is carried out within the appraisal year. This would be no sooner than 6 months of the start date, to enable the doctor to have time to collect adequate supporting information for a meaningful appraisal.
- 7.1.3 Doctors are required to use the electronic Appraisal Form chosen by the Trust and collate supporting information (SI) for the full scope of their work.
- 7.1.4 Doctors are required to make their Appraisal Portfolio available to the Trust and their appraiser no less than three weeks in advance of the appraisal. This will be done automatically if not released by the Appraisee.
- 7.1.5 The CD is responsible to supplement the Appraisal Portfolio with further comments not provided by the Trust's supporting information, prior to **the appraisal meeting** (refer to Guidelines for Clinical Directors on providing Supporting Info for a Doctors appraisal; available via Staff Web – or alternatively contact Medical Directorate Team).
- 7.1.6 Appraisers are required to submit documentation as evidence that the appraisal has taken place. They are required to sign off a series of statements relating to the doctor's progress towards revalidation.
- 7.1.7 Doctors are required to complete an electronic Appraisal Feedback form.
- 7.1.8 The Trust expects to receive completed documentation within four weeks of the appraisal meeting. This requires doctors to sign off appraisal summary



and agree the PDP with the appraiser, within 28 days of the date of the appraisal- in line with NHS England Guidelines.

7.1.9 Doctors are required to take appraisal outputs to their next management supervision meeting.

7.1.10 The CD for Appraisal and Revalidation Team, supporting the RO will review a sample of appraisal outputs for the purposes of quality assurance.

7.2 Appraisal Portfolio and Supporting Information

7.2.1 The Trust will specify the electronic Appraisal Form for all doctors to use.

7.2.2 Doctors are required to collect evidence for the different types of supporting information (SI) and their frequency as per GMC and the relevant Medical Royal College's Supporting Information Guidelines, for the full scope of their work.

7.2.3 The Trust will provide the Multisource Feedback (MSF) tools in accordance with GMC standards. There will be an MSF tool to seek feedback from colleagues and a separate tool for feedback from patients and carers.

7.2.4 The Trust will source and provide key SI information (for example specified complaints, SUIs/significant events, outlying performance, clinical outcomes). The Revalidation Team will add these directly into the doctor's appraisal portfolio for the appraisal discussion.

- In addition, in a few cases there may be certain key items that the RO wants to ensure are included in the appraisal discussion so that development needs are identified e.g. specific complaints or significant events. In this case, Reval Admin will send the details direct to the Appraiser, as well as loading to the appraisal. After the appraisal, the CD for A will check that these have been considered.
- Where a doctor does a large part of work with another organisation, the Doctor will provide similar key information from them.

7.3 Doctors with Performance Concerns

Under the Responding to Concerns about Medical and Dental Staff Policy, the doctor's CD is informed of such concerns and their resolution, and the doctor discusses any lessons learned at their next appraisal.

At the point when revalidation is due, the RO has to sign off that the doctor has no unresolved performance concerns. The appraisal documentation is an important mechanism to allow the RO to check that any concerns identified have been addressed and resolved prior to recommending revalidation.

7.4 Concerns/Issues

If the appraiser identifies any personal or practice concerns during the appraisal process that could potentially affect progress towards revalidation or highlight a patient safety risk, these should initially be discussed with the doctor. If the issues



cannot be dealt with within the appraisal process, advice should be sought initially from the CD for A.

7.5 Complaint about the appraisal process

If an individual doctor has concerns regarding their appraisal this should be raised in the first instance with the appraiser concerned. If the concerns are not resolved at this stage the doctor should contact the CD for A who will attempt to resolve the problem through discussion and mediation involving others as appropriate. In exceptional circumstances or when a concern cannot be resolved by these means, the matter will be referred to the RO.

7.6 Scope of Practice

RO's are required to sign off a doctor (for whom the Trust is the Designated Body) as having been appraised in terms of all additional roles; which could include educational supervisor, undergraduate teacher, medical manager, appraiser, private practice, or private roles such as sports medicine. Documentation from all of the appraisal roles should be included in the doctor's supporting information folder. Development needs in the PDP should reflect the doctor's full scope of practice.

7.7 Appraisers

The opportunity to become an Appraiser is open to all doctors with whom the Trust has a prescribed connection.

Appraisers are selected by a panel comprising the RO, CD for Appraisal and the Medical Directorate Business Manager. They consider the experience of the doctor and the panel's knowledge of them, a completed application form and citations from both their medical manager and medical colleague.

New appraisers are required to undergo training which is recognised by the CPFT as meeting national standards prior to carrying out first appraisals.

The intent is that Appraisers will carry out a minimum of 5 and maximum of 10 appraisals a year.

The doctor will only be appraised by the same appraiser for a maximum of three years.

The Trust provides ongoing annual updates to appraisers, along with regular peer support meetings.

Any issues of concern regarding the quality of an Appraisers work will be discussed with the CD for Appraisal for a decision regarding further action.

7.8 Liability

The Trust agrees to indemnify the appraiser in respect of any loss suffered by them in connection with any claim or proceeding brought by any person whether under Statute, Common Law or otherwise and including claims based in negligence, which



arise from the proper performance of the appraiser under or in connection with the contract agreement.

8 ORGANISATION AND GOVERNANCE OF MEDICAL APPRAISAL

The RO will manage an appraisal system that is subject to effective governance and ensures that all doctors with a prescribed connection to the Trust are accounted for annually.

8.1 Record Keeping and Administration

All records will be kept in accordance with appropriate guidelines, and ensure processes are in line with the Data Protection Act 1998 and The Freedom of Information Act 2000. Processes will be reviewed as legislation changes to ensure compliance is maintained, for example, the General Data Protection Regulations that will be implemented in 2018.

8.1.1 Maintenance of an accurate list of doctors requiring appraisal

The RO will use a suitable tool (with data supplied by the Trust's ESR system), to maintain an accurate list of all doctors in the Trust and those with a prescribed connection with the Trust.

8.1.2 Appraisal Record

A live database will be kept within the Trust, recording key appraisal information relating to each doctor, for each 5 year revalidation cycle. As a minimum, this will include:

- Dates of appraisals & next due
- Record of appraiser
- Documentation received, including SI reviewed & for full scope of work
- Any gaps in the process / deferments and reasons for this
- Performance concerns tagged & included in appraisal

8.1.3 Appraiser Record

A live database will be kept within the Trust, recording key information about appraisers. As a minimum, this will include:

- Selection outcome
- Dates of training attended
- Dates of peer support sessions attended
- Date of annual reviews
- Appraisal feedback questionnaires



8.2 Confidentiality & Information Governance

The appraisal process is a confidential process between the appraiser and doctor however the appraisal process serves a number of purposes which influence the circumstances in which appraisal documentation may be viewed by individuals other than the appraiser and doctor. These may include the RO, the CD for A, Revalidation Admin, the doctor's CD and Investigators. Such circumstances may include:

- Quality assurance of appraisal work
- Reviewing documents of doctors under performance review
- CD providing overview of the doctor's appraisal documentation
- Reval Admin - Administering & supporting doctors in the appraisal process

However all accesses are strictly controlled and meets the constraints of the RST Information Management & Trust Information Governance.

Appraisal Forms, Summaries of Discussion, PDPs and signoffs will be held in electronic format within the Trust. An appraisal interview should not take place without the previous year's Summary of Discussion and PDP being available to the appraiser.

8.3 Monitoring the quality of medical appraisal

The RO is responsible for providing quality assurance of medical appraisal & revalidation to the Trust's Board (through the Trust's governance structure) and to NHS England. They will follow the requirements of the NHS England's Framework for Quality Assurance.

All appraisers are subject to quality assurance checks of their performance, including annual review.

8.4 Annual audit of missed or incomplete appraisals (for doctors with prescribed connection only)

The Trust will carry out an annual audit of appraisals at the end of the appraisal year. This is to meet the requirements of the NHS England Framework for Quality Assurance.

For missed appraisals, this audit considers appraisals due within the appraisal year and the length of time from the previous appraisal, and any agreed deferrals.

For incomplete appraisals, the audit considers appraisals where the appraisal meeting has taken place but the documentation has not been completely signed off within the target number of days of the meeting.

A missed or incomplete appraisal does not automatically lead to a change to a doctor's fixed scheduled month.



8.5 Reinstating appraisal after absence

Where there has been a gap in appraisal because of a break from all professional practice (for example maternity leave, sabbatical, long term sick), on return to professional practice the appraisal month will be adjusted to ensure an appraisal is carried out that appraisal year.

The intent is that this appraisal would be no sooner than 6 months of the return date, to enable the doctor to have time to collect adequate supporting information for a meaningful appraisal

8.6 Deferment of Appraisals

There are exceptional circumstances when a doctor may make a formal request to defer their appraisal outwith the scheduled month.

To meet national guidance, the Trust intends that each doctor has an appraisal within each appraisal year, and within a 9 – 15 month window from the previous appraisal.

This request to defer is considered by the CD for A considering the previous appraisal record and performance.

8.7 Management of apparent non-participation by a doctor

All doctors with a licence to practise are required to participate in annual appraisal in accordance with GMC revalidation regulations.

In the majority of cases, doctors participate actively in the system. However, for a small minority who do not participate, the RO, CD for A and revalidation team will use the procedure and documentation set out in Appendix 3.

The procedure identifies the sequence of actions which are taken to support participation and advises doctors of the potential implications regarding revalidation and their licence to practise.

9 TRAINING

Training for appraisers and doctors is organised by the Revalidation Team, with content managed by the CD for A.

There is no mandatory training associated with this policy. Individuals' training needs will be identified through annual appraisal and supervision.

10 MONITORING COMPLIANCE WITH THIS DOCUMENT

The table below outlines the Trusts' monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.



Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Medical Appraisal policy being followed	Written report	Clinical Director for Appraisal	Annual	Quality & Safety Committee	Clinical Director for Appraisal

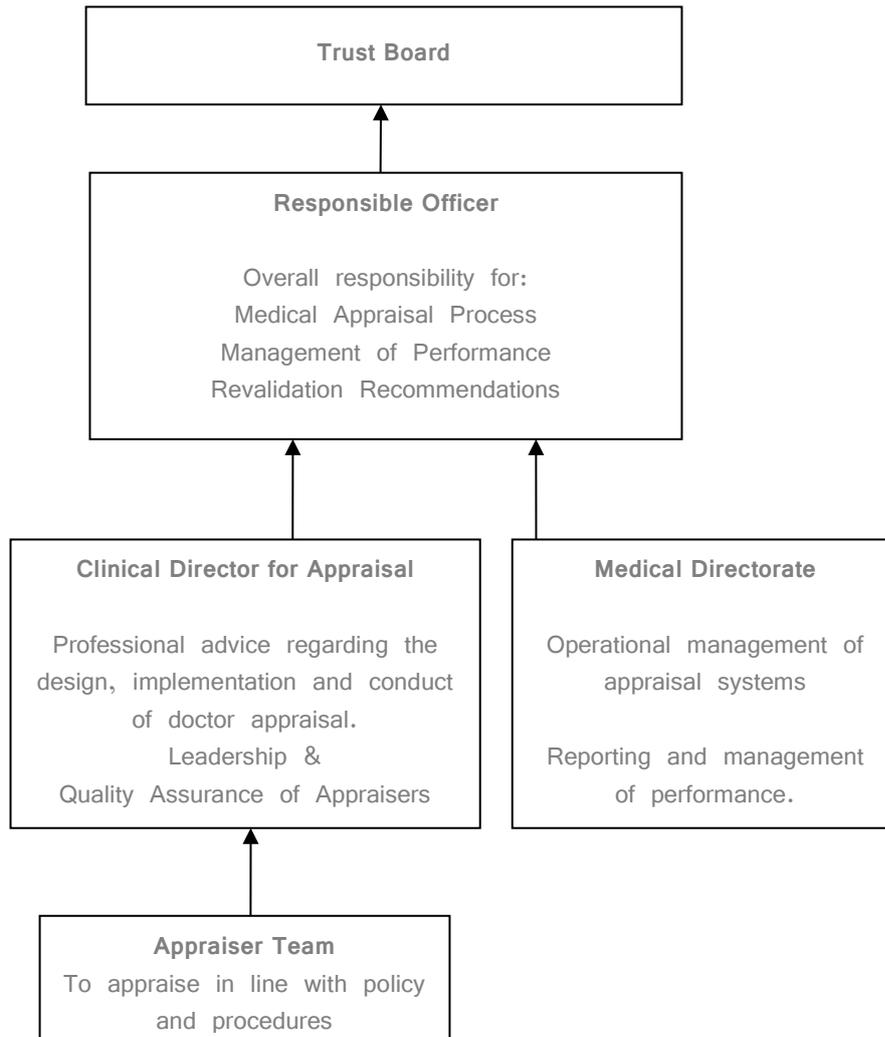
References/ Bibliography

GMC guidance 'The Good Medical Practice Framework for Appraisal and Revalidation'	http://www.gmc-uk.org/The_Good_medical_practice_framework_for_appraisal_and_revalidation_DC5707.pdf_56235089.pdf
GMC guidance 'Supporting Information for Appraisal and Revalidation'	http://www.gmc-uk.org/RT_Supporting_information_for_appraisal_and_revalidation_DC5485.pdf_55024594.pdf
GMC 'Good Medical Practice'	http://www.gmc-uk.org/guidance/good_medical_practice.asp



Appendix 1

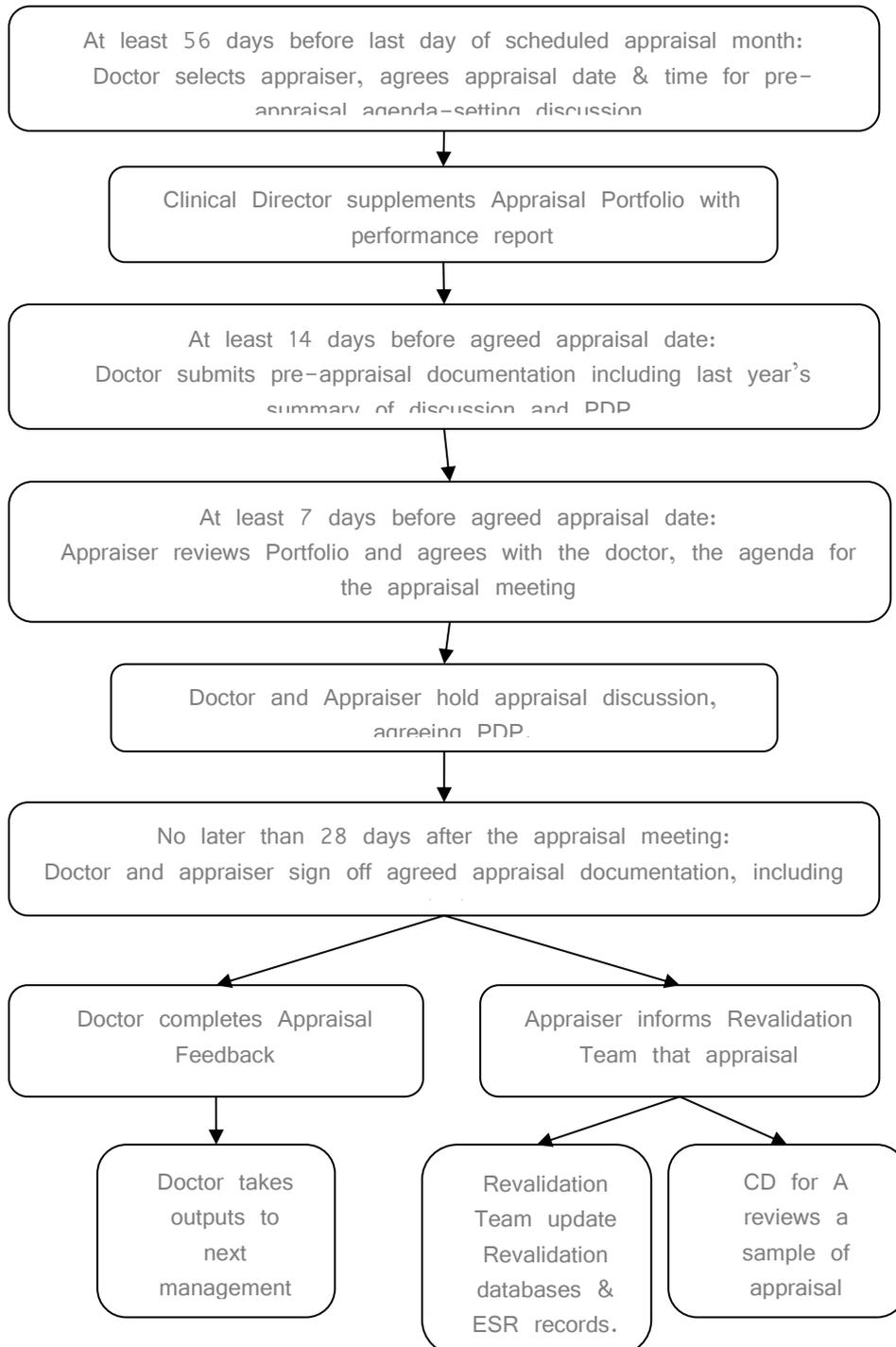
Medical Appraisal Management and Accountability Framework





Appendix 2

Appraisal Process Flowchart





Appendix 3

NON PARTICIPATION IN APPRAISAL PROCEDURE

The following procedure details how the Trust will operate in relation to apparent non-participation with medical appraisal.

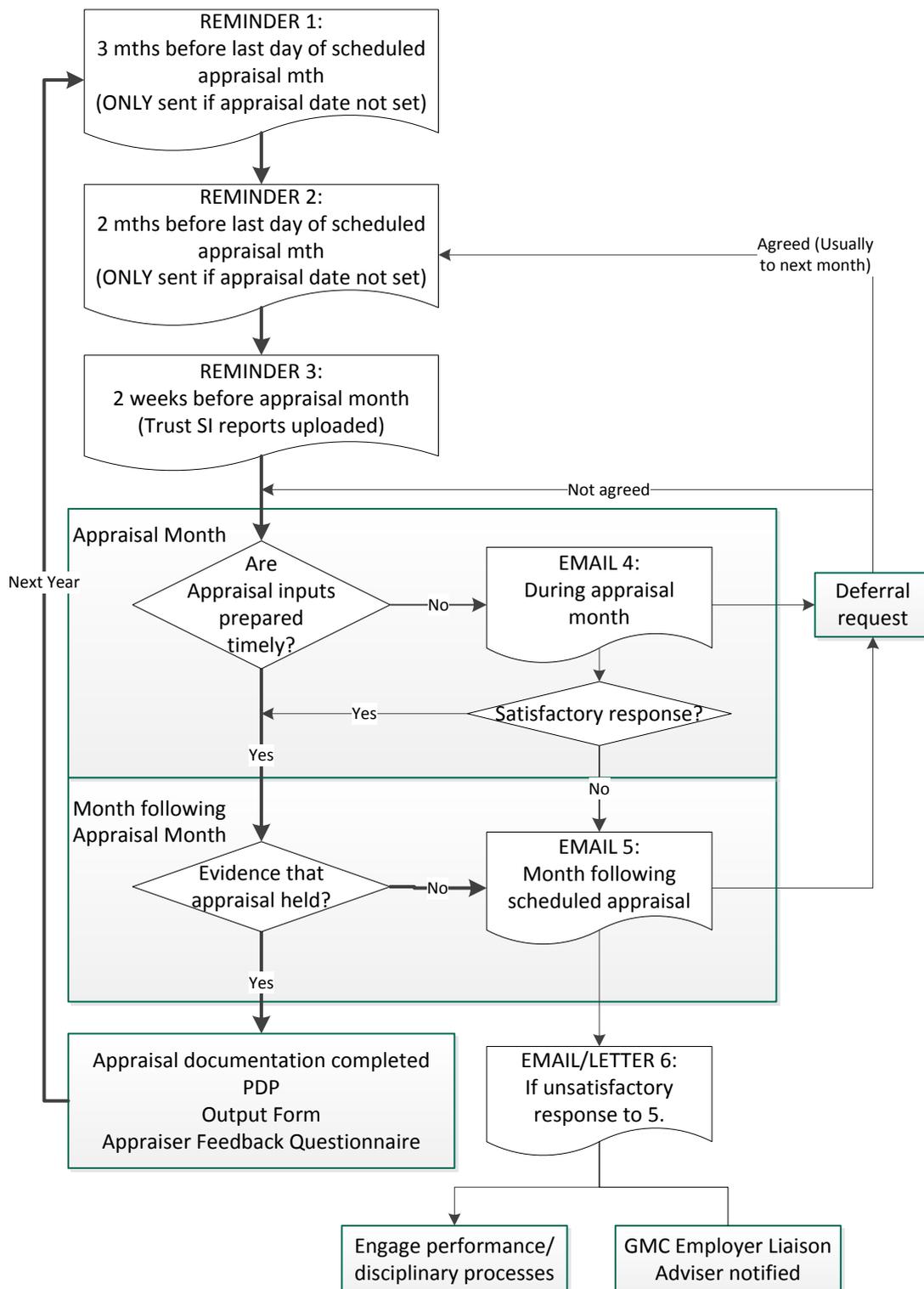
Every doctor will receive at least 1 reminder in advance of their scheduled appraisal month and have the support of the revalidation team for its preparation.

The text of the reminders is based on the doctor using the PReP appraisal tool and will be customised as required for the circumstances (for non-PReP appraisals, the text is amended accordingly).

1. Each year, each doctor will be made aware of the requirement to have their annual appraisal and reminded of their scheduled month (reminder 1). (If the doctor has already advised the revalidation team of an agreed appraisal date (updated onto PReP), then they will not be sent this reminder. The assumption being that they are already engaged with appraisal).
 - a. Doctors whose prescribed connection to the Trust is new will be advised within 3 months of their responsible officer and their scheduled month for appraisal.
2. A further simple reminder will be sent (reminder 2) ONLY if the doctor has not already advised an agreed appraisal date.
3. Each doctor will receive confirmation that Trust SI reports have been added to their portfolio. This includes a reminder of the appraisal timelines (reminder 3)
4. During the month of the scheduled appraisal, the revalidation team will monitor and support the doctor to progress their appraisal. In the unusual circumstance that the doctor appears not to be participating, a further reminder will be sent (reminder 4). This may result in the doctor requesting a deferral or the RO being informed.
5. The month following scheduled appraisal. If there is no evidence that the appraisal has taken place, and no deferral request has been received, then the revalidation team will escalate to the RO who will consider what action to take, which may be informal or more formal using Email 5 (non-participation).
6. If the RO does not receive a satisfactory response, they will consider what action to take. In very rare circumstances, this may result in the doctor being referred to the GMC and performance/disciplinary processes invoked. The doctor will always be informed before any referral to the GMC.



Figure 1 Flowchart showing reminders, timescales and non-participation steps





Reminder 3 – sample text

Subject: Medical Revalidation - CPFT Supporting Information Uploaded for your appraisal

By Email from medicalrevalidation

Dear Dr XXXX

PREPARING FOR YOUR APPRAISAL

As your appraisal is due next month, you should be collating your evidence of supporting information and loading this to the PReP Appraisal tool. If you have misplaced your login details, we can reset this for you.

If you want to defer your appraisal to another month, you should request this as soon as possible for consideration.

NB Timely annual appraisal is a key element that demonstrates your engagement with the process. Any non-approved delays may impact your revalidation.

We have added supporting information into your portfolio – see below for details.

Just a reminder of the timing of next steps on the PReP system: -

Before your Pre-appraisal discussion

- **The Doctor** prepares and submits their Input Form

Before your appraisal meeting

- **The Doctor** reviews their PDP from last year & drafts objectives
- **The Appraiser** approves the Input Form

At the appraisal meeting,

- **The Doctor and Appraiser** agree and complete the PDP for next year

- For guidance for your appraisal, go to the [Trust Medical Revalidation home page](#)

On behalf of Medical Directorate



Reminder 4 – sample text

Subject: Medical Revalidation – Your Participation in Appraisal
By Email from medicalrevalidation

Dear Dr XXXX

YOUR PARTICIPATION IN THE TRUST'S APPRAISAL SYSTEM

Your Trust appraisal is due this month, **at the latest by the xx/xx/xxxx** (last day of month), using the PReP appraisal tool.

Please can you confirm to us in next 5 working days, that your appraisal is planned to take place this month and that you will be fully prepared for it.

I am concerned that you will be unable to achieve this for the following reasons: -

...custom text depending on situation

It may be that there are reasons why you are unable to be ready for your appraisal as planned for xx/xx/xxxx, which you may wish to discuss with Dr XXX, Deputy RO.

If you want to defer your appraisal to another month, please advise.

Annual appraisal is viewed by Cumbria Partnership Foundation Trust as a valuable component of a doctor's professional development.

In addition, a satisfactory annual appraisal is now a GMC requirement for revalidation and non-participation places you at risk of the matter being referred to the GMC. I attach details of the 'Non-participation in appraisal process' flowchart for your information.

A reminder of what is required to prepare for your appraisal meeting using the PReP system: -

Before your Pre-appraisal discussion

- The Doctor prepares and submits their Input Form – 2 weeks before the discussion, to enable their appraiser to review this

Before your appraisal meeting

- **The Doctor** reviews their PDP from last year and drafts
- **The Appraiser** approves the Input Form

If you need any help in preparing your Input Form, please contact the revalidation team.

I look forward to your reply so that I can assure your Responsible Officer that your appraisal is on target.

On behalf of Medical Directorate

Reminder 5 – sample text



Subject: Medical Revalidation – Failure to fully participate in the appraisal system
By Email & Letter from CD for Reval/RO

Dear Dr XXXX

YOUR PARTICIPATION IN THE TRUST'S APPRAISAL SYSTEM

Our records indicate that your scheduled Trust appraisal should have been held this month, **at the latest by the xx/xx/xxxx**. The revalidation team inform me, that to date, it is unclear whether your appraisal meeting has been undertaken.

Please confirm to me or the revalidation team in next 5 working days, whether you have had your appraisal or confirm your agreed appraisal date (within the next 28 days). I urge you to book a date with your appraiser, if you have not already done so, and to make the necessary arrangements for your appraisal to be carried out as a matter of urgency.

On behalf of your Responsible Officer, I have to inform you that participation in the Trust's appraisal system is a regulatory and contractual requirement for all doctors with a prescribed connection to the Trust. Failure to participate without agreed postponement, places you at risk of action being taken against you.

In addition, a satisfactory annual appraisal is now a GMC requirement for revalidation and non-participation places you at risk of the matter being referred to the GMC. I attach details of the Trust's 'Non-participation in appraisal process' flowchart for your information.

Reminder of Appraisal Process

You are required to use the PReP appraisal tool and agree an appraisal date and pre-appraisal discussion (2 weeks beforehand) with your appraiser.

- Before your pre-appraisal discussion, you need to submit your Input Form to your appraiser.
- Before your appraisal, you should review last year's PDP and draft ideas for next year. Your appraiser should approve the Input Form
- During the appraisal, you should agree your PDP for next year.
- After the appraisal, you should signoff the Output Form completed by your appraiser, then complete your Appraisal Feedback Questionnaire on PReP. Your appraiser should complete a SI Checklist. Please have this documentation completed on PReP within 28 days of your appraisal meeting (to meet NHS England requirement).

This letter has been sent by email and hard copy by registered mail to the address held by HR.

Yours sincerely
CD for Reval / RO



Reminder 6 – sample text

Subject: Medical Revalidation – Failure to fully participate in the appraisal system
By Email & Letter from RO

Dear Dr XXXX

Further to the letter dated xx/xx/xxxx from xxxxxx (letter 4), I am writing to express my concern that you have failed to respond and participate fully in the annual appraisal process. I am sending this letter by email and hardcopy in case, for some reason, you have not received earlier email reminders.

Participation in the Trust's appraisal system is a regulatory and contractual requirement for all doctors with a prescribed connection to the Trust. Failure to participate without agreed postponement, places you at risk of action being taken against you.

I would remind you that it is a GMC requirement that you participate in the Trust's appraisal system. You will also be aware that with revalidation, I will be required as your responsible officer to make a recommendation on your fitness to be relicensed. One of the questions I will be obliged to answer will be in relation to your participation with the appraisal process.

I therefore urge you **within 5 working days**, to confirm to me or the revalidation team that you have booked your appraisal and/or make the necessary arrangements for your appraisal to be carried out/completed as a matter of urgency.

The Revalidation Team contact details:
MedicalRevalidation@cumbria.nhs.uk

If I do not receive confirmation from you or the Revalidation Team by xx/xx/xxxx (5 days from today) that you are taking urgent steps to arrange this, I intend to

- Record your failure to participate in the Trust's revalidation system
- Refer your case to the Trust's Good Medical Practise Group to consider formal regulatory and/or contractual action as appropriate under the Trust's formal performance and disciplinary processes.
- Discuss your case with the local GMC Employer Liaison Adviser, about your non-engagement with the appraisal system.

As annual appraisal is a GMC requirement, I have to inform you that you are at risk of a formal referral to the GMC in respect of your revalidation.

I look forward to being advised that you have taken the appropriate steps to remedy the situation.

Yours sincerely
Responsible Officer

Medical Appraisal Policy



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