

POLICY UNDER REVIEW

Please note that, in view of national COVID19 advice, the Trust's current policy has been extended.

The policy remains under review and an updated version will be published in due course in line with national guidance and following discussion and agreement with key stakeholders and the JLNC.

Document Title	Medical Appraisal & Revalidation Policy V4.1		
This document replaces (exact title of previous version):	Medical Appraisal & Revalidation Policy V4.0		
Date Issued/Approved:	July 2017		
Date Valid From:	July 2017		
Date Valid To:	January 2022		
Directorate / Department responsible (author/owner):	Matt McKee, Revalidation Lead		
Contact details:	01872 255148		
Brief summary of contents	The purpose of this policy is to describe the process for appraisal and revalidation for all licensed middle and senior grade medical doctors who have a prescribed connection to RCHT. The aim is that all these doctors undergo a high quality and consistent form of annual medical appraisal.		
Suggested Keywords:	Appraisal, MSF, 360, Revalidation, Appraiser, Appraisee, Responsible Officer, Designated Body, MHPS		
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Controlled Document

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UNDER REVIEW

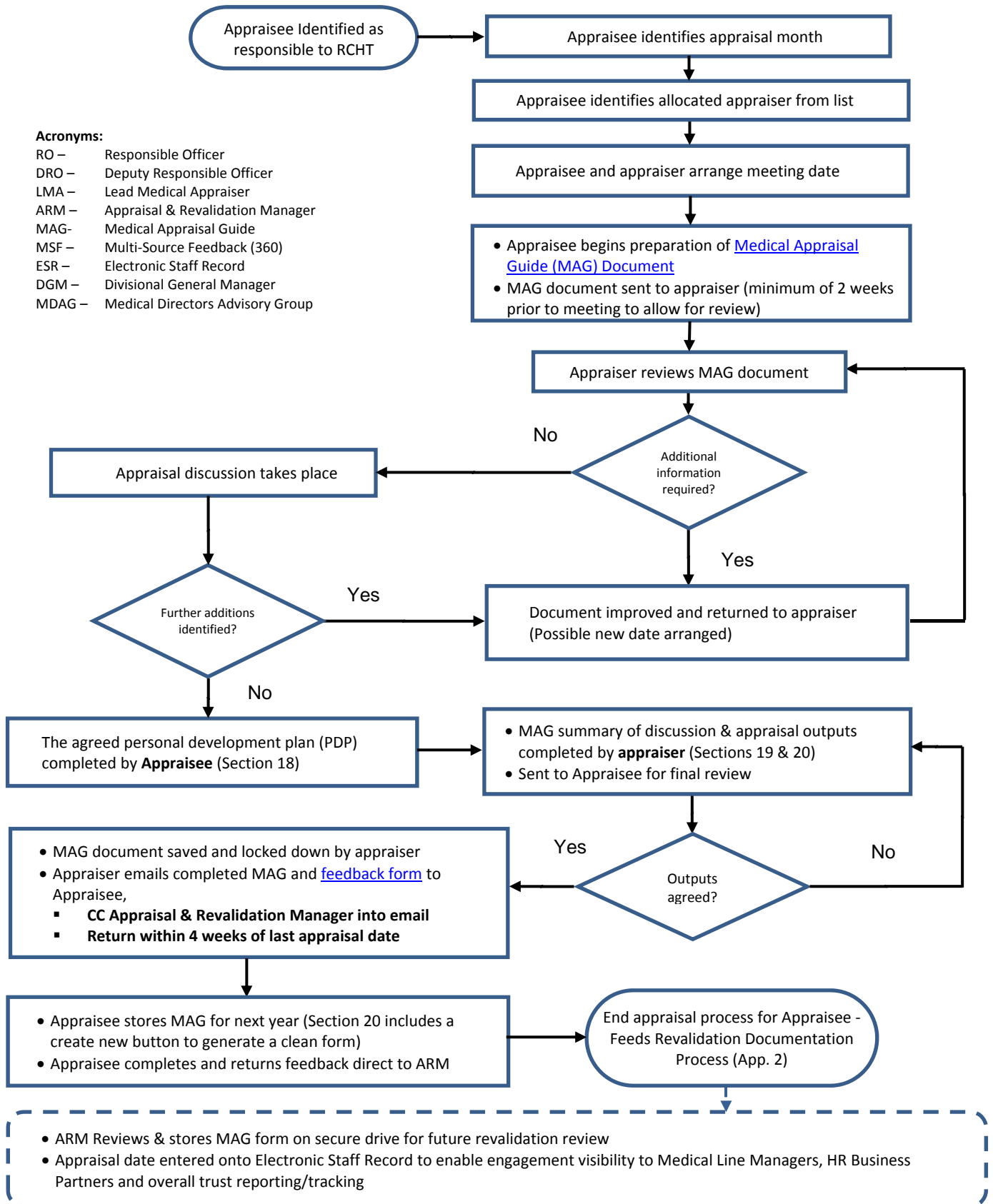
Medical Appraisal & Revalidation Policy

V4.1

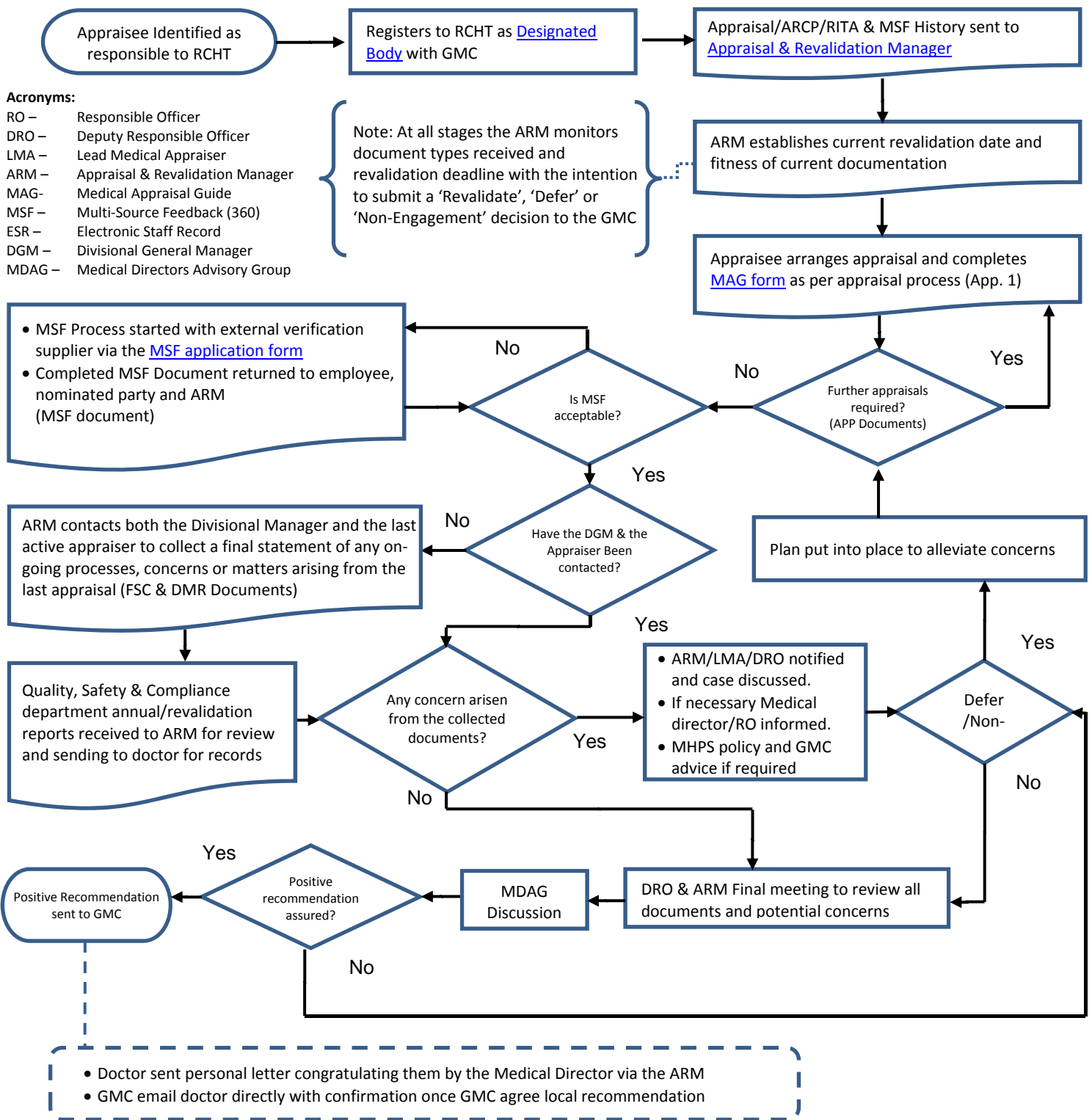
May 2017

Summary.

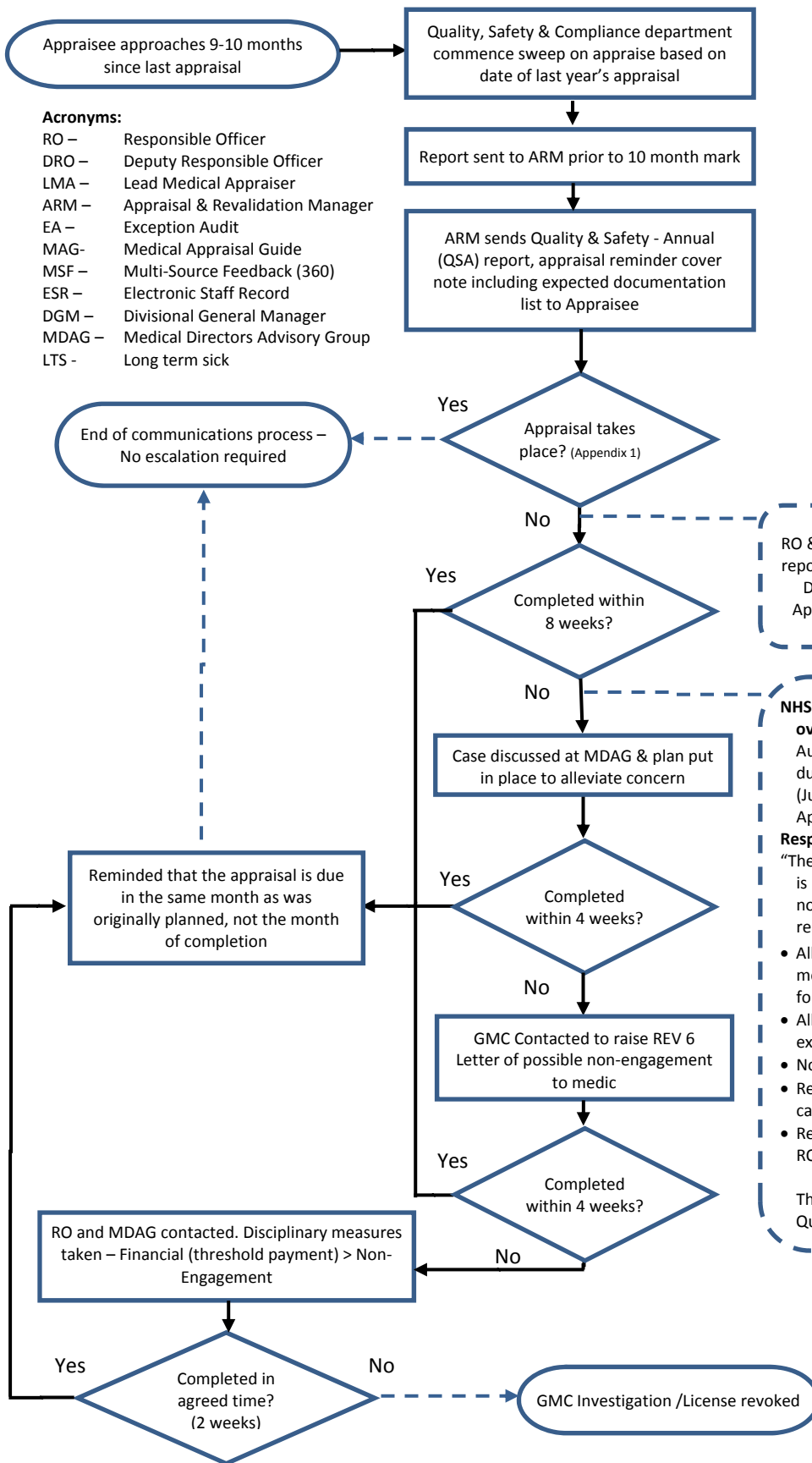
Appendix 1 – Appraisal Completion Process Overview



Appendix 2 – Revalidation Process Overview



Appendix 3 – Appraisal Communication & Escalation Process Overview



Acronyms:

- RO – Responsible Officer
- DRO – Deputy Responsible Officer
- LMA – Lead Medical Appraiser
- ARM – Appraisal & Revalidation Manager
- EA – Exception Audit
- MAG- Medical Appraisal Guide
- MSF – Multi-Source Feedback (360)
- ESR – Electronic Staff Record
- DGM – Divisional General Manager
- MDAG – Medical Directors Advisory Group
- LTS - Long term sick

RO & MD Informed of lapse via HR report from Employee Intelligence Department – ARM contacts Appraisee to enquire on status.

NHS England Quarterly Report of overdue appraisals requested.
 Audit is started by the ARM during the following periods (July-Aug, Oct-Nov, Jan-Feb, and Apr-May).

Response categories:
 “The RO accepts the postponement is reasonable” & “The RO does not accept the postponement is reasonable”

- All LTS > 28 days inside the last 6 months is an approved reason for lapse.
- All others contacted for explanation to feed report.
- No response = Unapproved
- Responses judged and categorised.
- Responses followed up by LMA / RO as required

The two figures then feed the Quarterly report

Approximate Timespan & Action				
Situation	Severity	Since Appraisal	Timespan	Status
QSA Sweep begins	In date (2-3 Months)	9 months	2 weeks	Ok
Reminder Sent	In date (2 Months)	10th month	1 week	
Appraisal Completed	In date (1 Month)	11-12 Months	8 weeks	
DRO Informed	Overdue 1-2 Months	12th – 14th Month	8 weeks	
MDAG rev 6 Consideration	Overdue 2 Months	14th Month	4 weeks	GMC Permitted Overdue (Quarterly Exception Audit Begins >=12-13 Months)
Rev 6 Process Instigated	Overdue 3 Months	15th Month	4 weeks	Beyond permitted time period
GMC Contact	4 Months Over +	16th Month +	2 weeks	Beyond permitted time period

Table of Contents

1.	Introduction	6
2.	Purpose of this Policy/Procedure	6
3.	Scope	6
4.	Definitions / Glossary	7
5.	Ownership and Responsibilities	7
	Background of the National Appraisal System	7
5.1.	NHS England responsible officer	7
5.2.	Chief Executive Officer	8
5.3.	Clinical appraisal leads	8
5.4.	Medical appraisers	8
5.5.	Doctors	8
5.6.	Responsible Officer/Deputy Responsible Officer (RO)	8
5.7.	Appraisal and Revalidation Manager (ARM)	9
5.8.	Lead Medical Appraiser (LMA)	9
5.9.	Appraisers	9
6.	Standards and Practice	10
6.1.	List of Doctors with Prescribed Connection to RCHT	10
6.2.	Appraisal Booking, Management & Audits	11
6.3.	The exception Audit	11
6.4.	Appraisal Process	12
6.5.	Multi-Source Feedback (MSF/360 ⁰) Process	12
6.6.	Revalidation Decision	13
6.7.	Reporting	14
6.8.	Concerns raised and maintaining high professional standards	14
7.	Dissemination and Implementation	14
8.	Monitoring compliance and effectiveness	15
9.	Updating and Review	16
10.	Equality and Diversity	16
10.1.	Equality and diversity and medical appraisal	Error! Bookmark not defined.
10.2.	Equality Impact Assessment	Error! Bookmark not defined.
	Appendix 1. Governance Information	16
	Appendix 2. Initial Equality Impact Assessment Form	19

1. Introduction

1.1. Medical appraisal has been a requirement for Consultants since 2001 and for general practitioners (GPs) since 2002. Revalidation has been a requirement since 2012. The process must meet nationally defined standards, set by the NHS and GMC.

1.2. The Medical Profession (Responsible Officers) Regulations 2010 and the amendment in 2013 require each body designated under the regulation to appoint a Responsible Officer (RO), who must monitor and evaluate the fitness to practice of doctors.

1.3. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

Aim

2.1. The purpose of this policy is to describe the process for appraisal and revalidation for all licensed medical doctors who have a prescribed connection to RCHT. The aim is that all these doctors undergo a high quality and consistent form of annual medical appraisal.

2.2. Annual medical appraisal should allow these doctors to:

- discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in the GMC document Good Medical Practice and thus to inform the responsible officer's revalidation recommendation to the GMC
- enhance the quality of their professional work by planning their professional development
- consider their own needs in planning their professional development
- demonstrate that they are working productively and in line with the priorities and requirements of the organisation they practice in

Objectives

2.3. RCHT has the following objectives for medical appraisal:

- to support the delivery of safe, committed, compassionate and caring services to patients
- to help supervise and support its doctors
- to support the process of medical revalidation
- to contribute to the achievement of local values of RCHT and nationally those of NHS England

2.4. The completed Medical Appraisal Guide (MAG) will form part of the evidence reviewed by the RO when making Revalidation recommendations to the GMC. The MAG form is a National template which is compliant with mandatory standards.

3. Scope

3.1. This policy applies to all senior and middle grade medical staff employed by RCHT and identified as RCHT being their Designated Body. <http://www.gmc-uk.org/doctors/revalidation/12387.asp>

4. Definitions / Glossary

Medical appraisal

4.1. Medical appraisal is the appraisal of a doctor's professional practice by a trained appraiser, informed by supporting information defined by the GMC, in which the doctor demonstrates that they are practicing in accordance with the GMC Good Medical Practice Framework for appraisal and revalidation across the whole of their scope of practice. The NHS Revalidation Support Team has published a piloted and tested model of medical appraisal, the Medical Appraisal Guide, which complies with the needs of revalidation.

4.2. A medical appraisal must cover a medic's entire scope of practice. As such, an appraisal undertaken by a part time/honorary employee with a different designated body can be accepted by RCHT so long as it follows the GMC standards.

Revalidation

4.3. Revalidation is the process by which licensed doctors demonstrate to the GMC that they are up to date and fit to practice. The cornerstone of the revalidation process is that doctors will participate in annual medical appraisal. On the basis of this and other information available to the responsible officer from local clinical governance systems, the responsible officer will make a recommendation to the GMC, normally every five years, about the doctor's revalidation. The GMC will consider the responsible officer's recommendation and decide whether to renew the doctor's license to practice.

5. Ownership and Responsibilities

Background of the National Appraisal System

Accountability for medical appraisal within NHS England

5.1. NHS England responsible officer

5.1.1. The national responsible officer (the NHS England National Medical Director) is accountable to the NHS England Chief Executive for the provision of medical appraisal for regional responsible officers and doctors directly employed by NHS England in national roles. The national responsible officer also has responsibility for ensuring all other doctors with a prescribed connection to NHS England who are linked to the national responsible officer (the responsible officers of the NHS Trust Development Authority, Health Education England and the NHS Litigation Authority) have a suitable medical appraisal and by agreement this may need to be directly provided by NHS England.

5.1.2. The regional responsible officers (regional medical directors) are accountable to the national responsible officer. The regional responsible officers also have responsibility for ensuring all other doctors with a prescribed connection to NHS England who are linked to the regional responsible officer (for example external responsible officers) have a suitable medical appraisal and by agreement this may need to be directly provided by NHS England.

5.1.3. The area team responsible officers (area team medical directors) are accountable to their regional responsible officer for the provision of medical appraisal to all doctors with a prescribed connection to NHS England who are linked to the area team responsible officer. These include doctors on medical and ophthalmic performers lists, doctors employed in local area teams and secondary care locum

doctors who are registered with a locum agency which is not on the Government Procurement Service framework.

5.2. Chief Executive Officer

5.2.1. The Chief Executive Officer of NHS England is accountable to the Board for supporting the function of the responsible officers in respect of all their statutory duties, including the provision of medical appraisal.

5.2.2. In addition to being accountable for the provision of medical appraisal, the responsible officer is also accountable for:

- ensuring the provision of processes for supervision of the quality of medical practice
- intervening should concern arise about medical practice
- making recommendations about revalidation to the GMC for doctors with a prescribed connection to the designated body.

5.3. Clinical appraisal leads

5.3.1. Where an NHS England responsible officer appoints a clinical appraisal lead, that person is accountable to the appointing NHS England responsible officer for providing leadership in respect of the medical appraisal process, in collaboration with the responsible officer, local appraisers, those doctors linked to the responsible officer, and other individuals and groups as locally determined. A job description and person specification for a clinical appraisal lead are set out in annex G.

5.4. Medical appraisers

5.4.1. Medical appraisers are accountable to their NHS England responsible officer (via their clinical appraisal lead if appropriate) for providing medical appraisals as described by this policy, and for engaging with training, support and review processes as described in this policy.

5.5. Doctors

5.5.1. Doctors with a prescribed connection to an NHS England responsible officer are individually professionally accountable for their engagement with the medical appraisal process.

5.6. Responsible Officer/Deputy Responsible Officer (RO)

5.6.1. The Appointment process is at Board level and is usually the Medical Director. The running and development of Revalidation systems can be delegated to an associate or deputy medical director acting as deputy RO.

5.6.2. The RO must have completed and be fully engaged with available training (from NHS South).

5.6.3. The RO must be fully engaged with the NHS South RO Network.

5.6.4. RO Regulations:

www.legislation.gov.uk/ukxi/2013/391/regulation/1/made?view

5.6.5. The RO/ Deputy RO has an annual appraisal by a trained RO Appraiser.

5.7. Appraisal and Revalidation Manager (ARM)

5.7.1. The post holder reports to the MD / RO / Deputy RO. Development of the post will be informed by a yearly appraisal.

Key responsibilities are as follows:

- The Revalidation Lead holds the Budget responsibility for Medical Revalidation and Appraisal.
- Management of appraisal document handling.
- Individual Revalidation & Appraisal Scheduling, Tracking, & Communication.
- Revalidation decisions (specifically deferral) when time critical decisions need to be made.
- Handling of CI and SI documents from Quality Safety and Compliance department for individual Revalidation assessment
- Tracking of appraisal compliance by external agency staff.
- Appraiser and Appraisee allocation management.
- Audit and feedback compilation.
- Provision of medical appraisal & revalidation compliance statistics to feed the Trust board, national Revalidation bodies and the Trust Management Committee (TMC) reports.
- Negotiation with other network trusts regarding facilitation of appraisal.
- Engagement with NHS Regional & National Revalidation Network is essential.

5.8. Lead Medical Appraiser (LMA)

5.8.1. The LMA is a senior doctor and experienced appraiser who provides leadership for the Approved Appraiser Group and leads the appointment and training process for new Appraisers.

5.8.2. The LMA also provides oversight and leadership of the medical appraisal system for appraisees.

5.8.3. The LMA is required to organise and run RCHT Appraiser meetings each quarter. These meetings serve to update Appraisers of changes to practice and to feedback any Network and National advances. Minutes are kept of these meetings, which are considered quorate with 5 appraisers.

5.8.4. The LMA must ensure that RCHT appraisal training is delivered for appraisers biannually and that the new appraiser training meets standards defined by the NHS Revalidation Support Team and NHS South RO Network.

5.8.5. The LMA must be fully engaged with the NHS South RO / appraisal leads Network.

5.8.6. The LMA has an annual appraisal of their role by the Deputy RO.

5.9. Appraisers

5.9.1. Potential appraisers are invited to apply for training, from the consultant and senior doctor group, having been in post for at least 3 years post completion of training.

5.9.2. Potential appraisers undergo initial training and may then choose after discussion with the LMA, to undergo a period of probationary training. During this

period they will perform 3 medical appraisals, which are overseen by the LMA. Following this, an interview process takes place with the LMA and Deputy RO before the appraiser is considered to be trained. Feedback from appraisees during this period is considered prior to appointing the clinician as an Appraiser.

5.9.3. Appraiser capacity and remuneration: Each Appraiser is remunerated at 0.25PA, currently negotiated at job planning within Divisions. Each appraiser must conduct at least 10 appraisals a year. This means 36 appraisers are required for the current senior medical workforce 356 Doctors and oral surgeons.

5.9.4. An appraiser should only appraise the same doctor at most for 3 successive years. Each doctor must have at least one appraisal conducted by an appraiser from the same or closely associated specialty at least once every 5 years, ideally for the last 2 years of the revalidation cycle.

5.9.5. Equality and diversity awareness: The Revalidation team will ensure that all appraisers undergo appropriate equality and diversity training on a regular basis.

6. Standards and Practice

6.1. List of Doctors with Prescribed Connection to RCHT

6.1.1. To obtain an accurate list of current doctors the NHS Electronic Staff Record (ESR) is checked against GMC Connect monthly by the Revalidation Lead.

6.1.2. GMC Connect is used as the source data for identifying doctors with a prescribed connection to RCHT – The master list for inclusion on national reports.

6.1.3. There can be uncertainty regarding the prescribed connection and designated body/responsible officer for doctors who are employed in the capacity of Locum tenens or Agency doctors, temporary staff or doctors with split academic or other roles. The RO can assist with identification or take advice from the regional RO to clarify this decision when required. This information should be held by the Revalidation lead.

6.1.4. All doctors with a prescribed connection to RCHT must have an annual medical appraisal. This is funded by RCHT.

6.1.5. Doctors who are employed by the Trust in a non-training capacity or 'Trust' doctor role must also perform an annual appraisal carried out and funded by the RCHT Appraisal team. This should involve the use of The Medical Appraisal Guide (MAG) form, with feedback provided from their Clinical/ Educational Supervisor to inform the process.

6.1.6. All doctors with a prescribed connection to RCHT must have a GMC compliant patient and colleague feedback completed at least every 5 years conducted by Client-Focused Evaluations Programme (CFEP UK Surveys cfepsurveys.co.uk). This is funded by RCHT.

6.1.7. Any doctors (including some Locum doctors) who do not have RCHT identified as their designated body will be charged a fee, currently £600 but subject to change, for a professional appraisal using the RCHT systems. They must make their own arrangements for a GMC compliant patient and colleague feedback.

6.2. Appraisal Booking, Management & Audits

6.2.1. The Appraisal Management Spread Sheet is maintained in real time by the RL to enable accurate and up to date information on appraisal planning and completion.

6.2.2. Access on a secure drive is limited to the RO /MD, Deputy RO, Appraisal Lead, Executive Assistant to the Medical Director, Select HR Business Partners. (R:\Revalidation Secured Documentation\Appraisals MSFs and Statements\)

6.2.3. An email reminder is sent by the Revalidation Lead to the appraisee one month to their appraisal date. The Revalidation lead also allocates the appraiser. The timing of the appraisal must be arranged directly by the appraisee to coordinate with the appraiser.

6.2.4. Prior to the appraisal it may be appropriate for the appraisee to request a different appraiser. The Lead Appraiser must be involved in the decision and reallocation.

6.2.5. Reminders and notifications related to appraisees and appraisers are recorded on the management spread sheet by the RL.

6.2.6. The Exception Audit Process and data related to this process is held on the secure drive: (S:\TR13\Revalidation Secured Documentation\Reports & Data)

6.3. The exception Audit

6.3.1. Audits are conducted quarterly to gain a rationale from the doctors as to why they have missed their appraisal:

- The RL reports all doctors who have not had an appraisal in the last 12 Months. These doctors will have already received the reminder email from the RL and another around the 10 month point.
- Identified doctors are initially contacted by the Medical Appraisal Lead.
- The responses are tracked (RAG rated) by the RL.
- Doctors on sick or maternity leave are identified and informed of the requirement for an appraisal when back at work. But are registered as an approved reason.
- Please refer to the Appendix 3 - Appraisal Communication & Escalation Process Overview.
- Those remaining RAG Rated as Red (non-engaged) are informed of their status and the implications.
- At 14 months they are considered at MDAG.
- At 15 months the REV 6 form is submitted to the GMC.
- Further braches - Locally any pay progression is frozen. The GMC Employer Liaison Advisor is informed, with a judgement made on bringing forward Revalidation schedule date.
- No response to an exception audit request will result in an adjustment of the revalidation date and consideration of a non-engagement recommendation for the GMC.

6.4. Appraisal Process

6.4.1. The Medical Appraisal Guide (MAG) e portfolio is the only document acceptable for Medical Appraisal at RCHT. The guidance must be followed, and the whole document completed, covering the doctor's whole scope of practice.

6.4.2. Supporting information for appraisals: Doctors with a prescribed connection to RCHT are personally responsible for presenting their own supporting information, including patient and colleague feedback, in line with the requirements of the GMC guidance Supporting Information for Appraisal and Revalidation

6.4.3. Evidence which adequately documents the doctor's practice must be provided for each domain, and can be attached electronically to the MAG form. Others forms of evidence are acceptable and must be made available for the appraiser.

intra.cornwall.nhs.uk/Intranet/AZResources/RCHT/MedicalAppraisal/MedicalAppraisal.aspx

6.4.4. Sign off and lockdown of the document are described in the guidance and is completed by the appraiser in agreement with the appraisee.

6.4.5. The Locked document is emailed to the Revalidation Lead. All appraisals are held on the secured files. Access to these files is restricted to the RO/Deputy RO, Executive assistant to the Medical Director, Revalidation Lead and Lead Medical Appraiser. (R:\Revalidation Secured Documentation\Appraisals MSFs and Statements\Appraisals Completed)

6.4.6. Joint appraisal: The Revalidation Team will help make provision for joint appraisal where this may be appropriate; for example, in the appraisal of clinical academics according to the Follett Review principles.

6.4.7. In cases of joint appraisal, at least one of the appraisers, who will be responsible for the final sign-off statements, will have been recruited, trained, supported and reviewed in accordance with the RST guidance: Assuring the Quality of Medical Appraisers.

6.4.8. Failure of doctors to engage in the appraisal process will incur the following sanctions:

- Suspension of pay progression through scheduled increment points by the Medical Director.
- Inability to qualify and therefore apply for local employee based CEA applications.
- GMC Licence to practice will be put at risk if doctors fail to undergo a GMC compliant professional appraisal and a non-engagement will be made to the GMC.

6.5. Multi-Source Feedback (MSF/360°) Process

6.5.1. The Patient and Colleague feedback forms part of the information available to the RO to aid their Revalidation recommendations for a doctor.

6.5.2. A doctor must complete an MSF for each appraisal cycle (5 years). This must be one compliant with the GMC MSF requirements.

6.5.3. At RCHT the Patient and Colleague feedback has been outsourced to CFEP Surveys. Individual reports are sent back to each doctor with benchmark data. If any report raises concern in the public interest, CFEP will raise the concern with the RCHT RO.

6.5.4. MSF is currently funded by RCHT at £70 per doctor, every five years.

6.5.5. Where one is available the report is reviewed at appraisal by the appraiser, and the results discussed with the Appraisee.

6.5.6. As part of the MSF process reports also go to a nominated individual who may not be the appraiser.

6.5.7. As this is being funded by RCHT a copy is also sent direct to the Revalidation lead by the 3rd party supplier for revalidation portfolio.

6.6. Revalidation Decision

6.6.1. GMC Connect lists Doctors 'under notice'. These doctors have a Revalidation date allocated within 4 months of posting. The GMC must receive a recommendation made by the RO at least 18 days prior to the revalidation date.

6.6.2. The RO must make a recommendation within the available window, using the doctors under notice list on GMC connect.

6.6.3. The RO Dashboard and Search tool holds the information and evidence required to allow the RO to make an informed decision on the doctor's revalidation decision.

- S:\TR13\Revalidation Secured Documentation\Reports & Data\Reports\MDAG Reval Monthly Report
- S:\TR13\Revalidation Secured Documentation\Appraisals MSFs and Statements

6.6.4. The evidence brought together to inform the RO's recommendation is includes the following:

- Review of all appraisals conducted since 2010
- Review of CFEP Patient and Colleague Feedback for the current cycle
- All annual Quality and Safety Governance reports for the individual doctor including:
 - Complaints
 - Critical and Serious Incidents
 - Legal Settlements
 - Patient Outcomes
- Fitness to practice Sign off: Division Director
- Disciplinary Process Sign Off: Divisional Director
- Final Appraiser Sign off

The Revalidation Recommendation can be one of only 3 options:

- Recommended for Revalidation
- Deferral due to:
 - *".....being subject to an on-going process"*

- or “*Insufficient evidence for a positive recommendation*”
- Failure to engage

6.6.5. The RO must inform any doctor immediately if a deferral or failure to engage recommendation is made.

6.6.6. This process may be carried out by the Deputy RO who will keep the Medical Director informed monthly at the Medical Directors Advisory group. The Revalidation Lead also has the ability to make these recommendations (specifically deferral) when time critical decisions need to be made.

6.7. Reporting

6.7.1. The RO will report in writing to the following:

- Quarterly to RCHT Trust Management Governance Committee
- Annually to the RCHT Board. This annual report will also be fed to the Annual Audit
- Monthly to NHS England.

6.8. Concerns raised and maintaining high professional standards

Concerns

6.8.1. Concerns raised by appraisees or appraisers will be referred to the Medical Appraisal Lead or Revalidation & Appraisal Lead, subsequently to the Deputy Responsible Officer and Responsible Officer as indicated.

6.8.2. Management will be as described in the RCHT document on MHPS.

6.8.3. If issues of potential bias or conflict arise between appraisee and appraiser, a change of pairing will be offered. If potential conflict of interest or bias is identified at the level of the Revalidation Team, the responsibility will be transferred to another appropriate member of that team in the first instance.

High professional standards of the RCHT appraisal body will be maintained by:

6.8.4. Representation of the Revalidation Team at Regional and National Appraisal Lead and RO network meetings

6.8.5. Active participation in Regional Appraisal Peer Review

6.8.6. Active engagement with audit of appraisal practice and outcome

6.8.7. Engagement of Trust appraisers in appraisal based CPD activity and Trust training

7. Dissemination and Implementation

7.1. A copy of the policy will be stored electronically in the Human Resources/Medical Staffing section of the Trust’s document library on the internet/intranet site.

7.2. A copy of the policy will be circulated to Appraisers and Medical Directors Advisory Group to enable them to participate in and support the implementation of the policy.

7.3. A clear communication will be sent to the Trust's senior managers including the Medical Director and other executive directors to make them aware that the new policy has been issued and that they are responsible for cascading the information to the medical line managers they are responsible for.

7.4. The Chairs of the JLNC and SMADEC will be advised of the issue of the revised policy.

8. Monitoring compliance and effectiveness

Quality assurance of the appraisal process:

8.1. The RCHT medical appraisal system will operate within the NHS Framework of Quality Assurance (see table below).

8.2. The Responsible Officer or Deputy RO reviews all appraisal sign off documents prior to revalidation.

8.3. Quality Assurance of Appraisals is conducted on a random sample of appraisals each year, ensuring all appraisers are reviewed. The QA is conducted by the RO against standards defined in the NHS Medical Appraisal Excellence tool.

(S:\TR13\Revalidation\Tools)

8.4. External quality assurance is maintained with presentation of a non-selected sample of redacted RCHT appraisal MAG documents at the RO Network meetings.

8.5. All appraisers request structured feedback from all appraisees, submitted independently to the Revalidation Lead for collation and review. Individual appraisers receive individual and group feedback for benchmarking of practice.

8.6. Regional Peer review forms a transparent review of redacted appraisal outcomes and the appraisal process for benchmarking practice and learning.

8.7. On-going discussion and governance meetings for appraisers held quarterly and update training for new and established appraisers biannually, provide consistency of practice for appraisers.

8.8. Appraisers are requested to submit self-assessment forms to the Revalidation Lead.

8.9. Spot audits are performed on particular aspects of appraisal sign off forms.

8.10. An automatic review of the appraisal is initiated for any outcome less than MAG form 5As.

8.11. Feedback of exemplary and poor practice to appraisers and simulation training informs, develops insight and reflection of practice.

Element to be monitored	Elements of compliance with the policy will be audited by the Revalidation team
Lead	Jointly within the Revalidation Team
Tool	<ul style="list-style-type: none"> ▪ Core standards

	<ul style="list-style-type: none"> ▪ Quarterly information template ▪ Annual Organisational Audit ▪ Annual Board Report template ▪ Annual Board compliance statement ▪ Independent verification ▪ Calibration, consistency, learning and best practice
Frequency	<ul style="list-style-type: none"> ▪ Quarterly to RCHT Trust Management Governance Committee ▪ Annually to the RCHT Board. This annual report will also be fed to the Annual Audit ▪ Quarterly to NHS England
Reporting arrangements	<p>The RO will report in writing to the following: Quarterly to RCHT Trust Management Governance Committee Annually to the RCHT Board. This annual report will also be fed to the Annual Audit Monthly to NHS England.</p> <p>Any required actions must be identified in the minutes of the meetings where they are presented; these should be fed back to the revalidation team for action.</p> <p>The Revalidation team will identify deficiencies in the system and act upon them</p>
Acting on recommendations and Lead(s)	The Revalidation Team will undertake subsequent recommendations and action planning for deficiencies and recommendations within reasonable timeframes
Change in practice and lessons to be shared	Compliance with the policy is audited by the revalidation team. Lessons learned will be disseminated at the biannual Approved Appraiser Training days by the Lead Medical Appraiser and to any other interested stakeholder.

9. Updating and Review

9.1. The policy will be reviewed on a regular basis, at least every 3 years, to ensure its continued efficacy.

10. Equality and Diversity

10.1. General statement

This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Diversity & Human Rights Policy'](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Medical Appraisal & Revalidation Policy		
Date Issued/Approved:	April 2011		
Date Valid From:	4 July 2017		
Date Valid To:	4 July 2020		
Directorate / Department responsible (author/owner):	Matt McKee - Revalidation Lead		
Contact details:	01872 25 5148		
Brief summary of contents	The purpose of this policy is to describe the process for appraisal and revalidation for all licensed middle and senior grade medical doctors who have a prescribed connection to RCHT. The aim is that all these doctors undergo a high quality and consistent form of annual medical appraisal.		
Suggested Keywords:	Appraisal, MSF, 360, Revalidation, Appraiser, Appraisee, Responsible Officer, Designated Body, MHPS		
Target Audience	RCHT ✓	CFT	KCCG
Executive Director responsible for Policy:	Associate Medical Director		
Date revised:	May 2017		
This document replaces (exact title of previous version):	Medical Appraisal & Revalidation Policy V4.0 - 07 Jan 16		
Approval route (names of committees)/consultation:	Medical Director Advisory Group RCHT approved appraisers group		
Divisional Manager confirming approval processes	Medical Director		
Signature and name of JCNC Chair/Secretary	'Not Required'		
Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings	Name:		
Signature of Executive Director giving approval	Original signed		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only

Document Library Folder/Sub Folder	HR/Medical Staffing
Links to key external standards	http://www.gmc-uk.org/doctors/revalidation/9627.asp
Related Documents:	Appraisal and Pay Progression Policy
Training Need Identified?	No

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
April 2011	V1.0	Initial Issue	Dr Ray Sinclair – Associate Medical Director/RO
April 2012	V2.0	Policy update and reformat	Dr Ray Sinclair – Associate Medical Director/RO
14 Aug 14	V3.0	Complete rewrite	Rebecca Mawer- Lead Medical Appraiser (LMA)
07 Jan 16	V4.0	Full review & adjustments, flow chart addition, Equality Impact assessment review with Equality Lead, review period adjustment to 3 years & RCHT policy template migration	Matt McKee – Revalidation & Appraisal Lead
31 May 17	V4.1	Minor adjustments to follow up timescales, change to flow charts.	Matt McKee – Revalidation & Appraisal Lead

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

Name of Name of the strategy / policy /proposal / service function to be assessed (hereafter referred to as <i>policy</i>) (Provide brief description):	
Directorate and service area: Medical Directorate	Is this a new or existing Policy? Revision of existing policy
Name of individual completing assessment: Matt McKee	Telephone: 01872 25 5148
1. Policy Aim* Who is the strategy / policy / proposal / service function aimed at?	All middle and senior grade medical staff This policy is aimed at all medical staff who have a prescribed connection to RCHT, and to direct the Board or members of the public who wish to understand what processes are in place for medical appraisal and revalidation. The aim is that all these doctors undergo a high quality and consistent form of annual medical appraisal.
2. Policy Objectives*	Objectives are to help supervise and support doctors at RCHT <ul style="list-style-type: none"> ▪ to support the process of medical revalidation ▪ to contribute to the achievement of local values of RCHT and nationally those of NHS England
3. Policy – intended Outcomes*	Compliance with GMC and NHS England Appraisal and Revalidation recommendations
4. *How will you measure the outcome?	By auditing features of the policy to ensure improved compliance
5. Who is intended to benefit from the policy?	Clarity of the process of medical appraisal and revalidation at RCHT will benefit the non-training medical staff , the Board and the public
6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?	No, however is has been passed by the RCHT approved appraiser group and the Medical Directors Advisory Group
b) If yes, have these *groups been consulted?	Yes
C). Please list any groups who have been consulted about this procedure.	The approved appraiser group Medical Directors Advisory Group

7. The Impact			
Please complete the following table.			
Are there concerns that the policy could have differential impact on:			
Equality Strands:	Yes	No	Rationale for Assessment / Existing Evidence
Age		N	Applies to all medical staff with a GMC licence to practice medicine - Allowances are made for individual needs/Requirements

Sex (male, female, trans-gender / gender reassignment)		N	Applies to all medical staff with a GMC licence to practice medicine - Allowances are made for individual needs/Requirements
Race / Ethnic communities /groups		N	Applies to all medical staff with a GMC licence to practice medicine - Allowances are made for individual needs/Requirements
Disability - Learning disability, physical disability, sensory impairment and mental health problems		N	Applies to all medical staff with a GMC licence to practice medicine - Allowances are made for individual needs/Requirements
Religion / other beliefs		N	Applies to all medical staff with a GMC licence to practice medicine - Allowances are made for individual needs/Requirements
Marriage and civil partnership		N	Applies to all medical staff with a GMC licence to practice medicine - Allowances are made for individual needs/Requirements
Pregnancy and maternity		N	Applies to all medical staff with a GMC licence to practice medicine - Allowances are made for individual needs/Requirements
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		N	Applies to all medical staff with a GMC licence to practice medicine - Allowances are made for individual needs/Requirements
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> • You have ticked “Yes” in any column above and • No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or • Major service redesign or development 			
8. Please indicate if a full equality analysis is recommended.			No
9. If you are not recommending a Full Impact assessment please explain why.			
This is a national initiative and a rewrite of a policy that was already in place at RCHT.			
Signature of policy developer / lead manager / director Matt McKee		Date of completion and submission 07/01/2016	
Names and signatures of members carrying out the Screening Assessment	1. Matt McKee 2. Ray Sinclair		

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead,
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,
Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed _____

Date _____