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CAREER GRADE MEDICAL STAFF APPRAISAL POLICY

SECTION 1 PROCEDURAL INFORMATION

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Document History Summary

Version	Date	Author	Status	Comment
1a	June 2011	Sharree Johnstone	Draft	New Policy
1b	July 2011	Sharree Johnstone	Draft	1st Consultation Period (Exec Team)
1c	Aug 2011	Sharree Johnstone	Draft	2nd Consultation Period (Clinical Directors)
1d	Oct 2011	Sharree Johnstone	Draft	3rd Consultation Period (Joint LNC/Management Committee & MSPG)
1e	Nov 2011	Sharree Johnstone	Approved Version	Updated & Reviewed and approved by Joint LNC/Management Committee & MSPG)
1	Jan 2012	Sharree Johnstone	Ratified	Updated following feedback/comments from Policy Ratification Group
2a	Feb 2015	Sue Rodgers	Draft	Review Undertaken
2b	March 2015	Sue Rodgers	Draft	1st Consultation Period (Exec Team)
2c	April 2015	Sue Rodgers	Draft	2nd Consultation Period (Director Clinical Services)
2d	July 2015	Sue Rodgers	Draft	Approved by Board of Directors
2e	Jan 2016	Sue Rodgers	Final Draft	Submitted to DRG for Ratification
2	Feb 2016	Sue Rodgers	Final	Ratified by Trust Document Ratification Group

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1. INTRODUCTION

Appraisal for Career Grade Medical Staff has been a contractual requirement since April 2001. The Rotherham NHS Foundation Trust is committed to providing an enhanced appraisal process to ensure that it is able to lay down the foundations for Revalidation whilst also delivering a supportive, encouraging and developmental experience to doctors. A strengthened medical appraisal process is an essential component of revalidation.

This policy has a direct link to a number of existing organisational strategies, policies and procedures. The appraisal process is integrated with job planning and business planning.

2. PURPOSE & SCOPE

Purpose

It sets out the roles and responsibilities of managers and employees in the delivery and completion of appraisal activity.

To provide a clear structure and process for the management of appraisal and personal development planning.

To ensure associated national pay progression systems are implemented appropriately through the appraisal process.

By undertaking an organisation wide and best practice approach to the appraisal process the Trust is able to align and monitor all individual performance objectives with corporate requirements

The policy requires that all qualified medical staff will undertake annual appraisal in accordance with the national guidance provided by the GMC and the Department of Health and working documents provided by the revalidation support manager.

2.2 Scope

This policy applies to all Consultants, Associate Specialist Doctors, Trust Doctors, Specialty Doctors and certain Locum appointments as defined later in the document, employed by The Rotherham NHS Foundation Trust, under the national terms and conditions for Medical and Dental staff.

3. ROLES & RESPONSIBILITIES

Roles	Responsibilities
The Chief Executive	Accountable to The Trust Board for ensuring the resources are in place for a robust appraisal process

<p>The Responsible Officer (RO) (Medical Director)</p>	<p>Accountable to the Trust Board for implementing and managing the appraisal process.</p> <p>The Medical Director in the role of Responsible Officer and with the support of the Appraisal and Revalidation lead will ensure that the policy is fully implemented and adhered to.</p> <p>The Medical Director or a nominee will receive, review, act upon appropriately and securely store all summaries of the appraisal discussion and Personal Development Plans (PDP).</p> <p>Responsible for preparing an annual report on appraisal and for any actions arising from this.</p> <p>Ensure appraisers are properly recruited, trained and are regularly assessed to carry out their role.</p> <p>Ensure all necessary administrative and managerial systems are in place to manage the appraisal system effectively.</p> <p>Ensuring the policy is fit for purpose, implemented and adhered to, reporting directly to the Chief Executive any issues affecting this process.</p> <p>In role of Responsible Officer the Medical Director is accountable to the Trust Board for ensuring that all doctors are up to date and fit to practise.</p> <p>The responsible officer will be responsible for keeping an accurate record of decisions made around the nature, conduct and frequency of annual appraisal for doctors that are currently subject to investigation and/or disciplinary action following health, conduct and/or clinical performance.</p>
<p>Associate Medical Director (AMD) (Lead for Medical Appraisal and Revalidation)</p>	<p>Monitor compliance with the policy by ensuring the completion and submission of annual information via approved process.</p> <p>Ensure this information is provided to the RO in a timely fashion.</p> <p>Ensure all medical appraisers receive training and are supported in their role through access to leadership and peer support.</p> <p>Ensure appraisers are regularly</p>

	<p>appraised and accredited for these duties and responsibilities.</p> <p>Organise recruitment and selection of appraisers.</p> <p>Provide feedback to appraisers relating to their performance.</p>
Directors of Clinical Services (DCS)	<p>Ensure all medical staff receive an appraisal at least annually within the nationally agreed cycle.</p> <p>Accountable for ensuring compliance with the policy within their areas of responsibility</p> <p>Support the provision of data collection and any other organisation information to the doctor to enable the doctor to provide evidence for appraisal.</p> <p>Ensure that any nominated appraisers attend formal training.</p>
Business, General and Services Managers	<p>Support the provision of data available to the clinician</p>
The Medical Appraisal and Revalidation Support Manager	<p>Monitor compliance across the Trust and for individual doctors</p> <p>Act as resource for both appraiser and appraisee.</p> <p>Support the AMD and RO in the preparation of all necessary reports as per internal and national requirements.</p> <p>Maintain a current staff list as supplied by HR of all Medical and Dental staff who require to be Revalidated as per GMC regulations.</p> <p>Record, store and report data relating to appraisal and CPD.</p>
All Medical and Dental Staff	<p>Required to ensure the Trust is their prescribed GMC Connection</p> <p>Participate annually in appraisal</p> <p>Responsible for collating information and preparing for appraisal using the GMC guidance and Royal College Recommendations.</p> <p>Use Trust approved electronic documentation for the process</p> <p>Ensure that the portfolio presented for appraisal covers their entire scope of practice and includes reflection as a core component.</p>

	Trust grade doctors will participate and use standard documentation.
Director of Human Resources	<p>Ensure HR database is suitable to maintain records and provide reports (upon request) to underpin assurances required of the Responsible Officer. Record and store Job Plans and contractual obligations for each practitioner.</p> <p>When appointing medical staff the H.R will ensure all pre-employment checks are carried out and recorded including; Qualifications, Experience related to post, References, GMC Register, including licence to practice and restrictions to practice.</p> <p>Ensure appraisal information is obtained from the doctors previous employing organisation within 1 month.</p> <p>Report any adverse or unexpected findings to the Responsible Officer, via the Appraisal and Revalidation lead and the Recruiting Manager who will agree a response or an action plan and report back to POD with regard to the corporate induction process.</p> <p>Provide technical and clerical support to the Responsible Officer to appropriately manage issues of underperformance (performance, health, or conduct) that are identified whether through the appraisal process or other circumstances, that will then be managed in accordance with the Trust Conduct and Capability Policy for Medical and Dental staff.</p>
Other Departments	A number of Departments across the Trust will be responsible for ensuring that relevant information feeds into the appraisal process as required. A lead contact for each department should be nominated

4 PROCEDURAL INFORMATION

Procedural information included at **Appendix 1**
Procedure for individuals who have not completed an Annual Appraisal
Appendix 2

5. DEFINITIONS AND ABBREVIATIONS

5.1 Definitions

Appraisal:	A supportive dialogue between doctor and appraiser to review and reflect on performance and plan on-going professional development
Revalidation	The process through which the GMC will confirm that doctors demonstrate they are up to date and fit to practice, Based on annual appraisal.
Appraiser	Trained individual responsible for undertaking appraisal meeting with doctor, recognised for the role by the Trust.
Appraisee	Term for individual doctor being appraised
Appraisal Form	Standard documentation to be used to support the appraisal process as defined by the GMC. <ul style="list-style-type: none">• Background Details• Details of current medical activities• Record of Reference documentation supporting the appraisal and report on development action in the past year• Summary of Appraisal discussion with agreed action and Personal Development Plan.• Electronic only
Responsible Officer	Executive Officer of the Trust (Medical Director) accountable for implementing and managing the appraisal process

5.2 Abbreviations

360MSF	360 Multi-source Feedback
CPD	Continuing Professional Development

DCS	Director of Clinical Services
ESR	Electronic Staff Record
GMC	General Medical Council
HEE	Health Education England
HR	Human Resources
LNC	Local Negotiating Committee
MAG	Medical Appraisal Guide
ORSA	Organisation Readiness Self-Assessment
PDP	Personal Development Plan
QAC	Quality Assurance Committee
SI	Serious Incident

6. REFERENCES

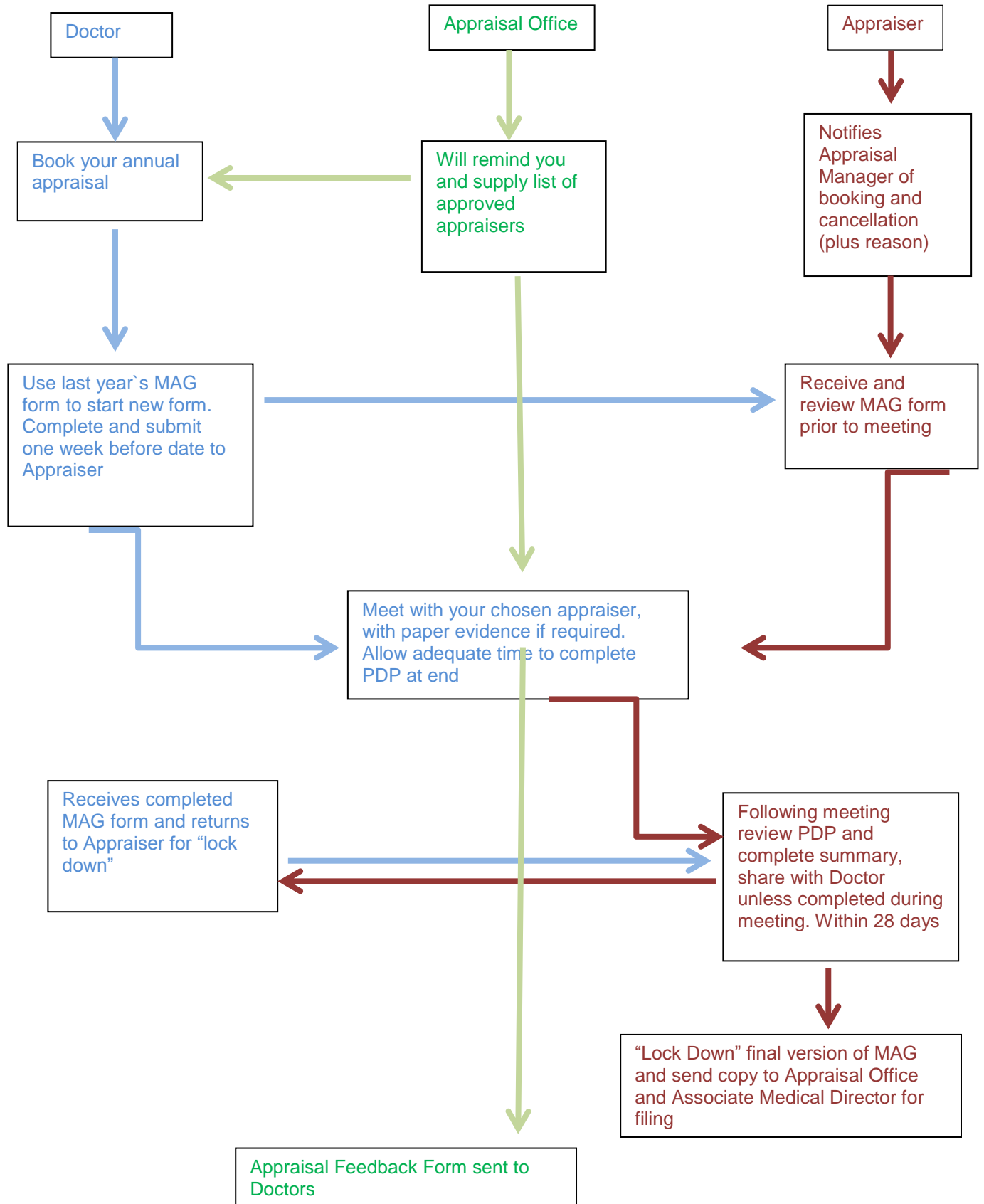
- Generic Standards Framework based on Good Medical Practice – GMC
- Maintaining High Professional Standards – Department of Health
- Organisational Readiness Self-Assessment Tool (Revalidation Support Team) – Revalidation Support Team
- National Terms & Conditions – Department of Health
- Assuring the quality of Medical Appraisal – NHS Clinical Support Team
- Trust, Assurance & Safety – the regulation of Health Professionals in the 21st century – Department of Health
- The Medical Profession (Responsible Officers) Regulations 2010;TSO

7. ASSOCIATED DOCUMENTATION

- Standard Appraisal Documentation
- Role of Responsible Officer
- Medical Conduct and Capability Policy and procedures for Practitioners

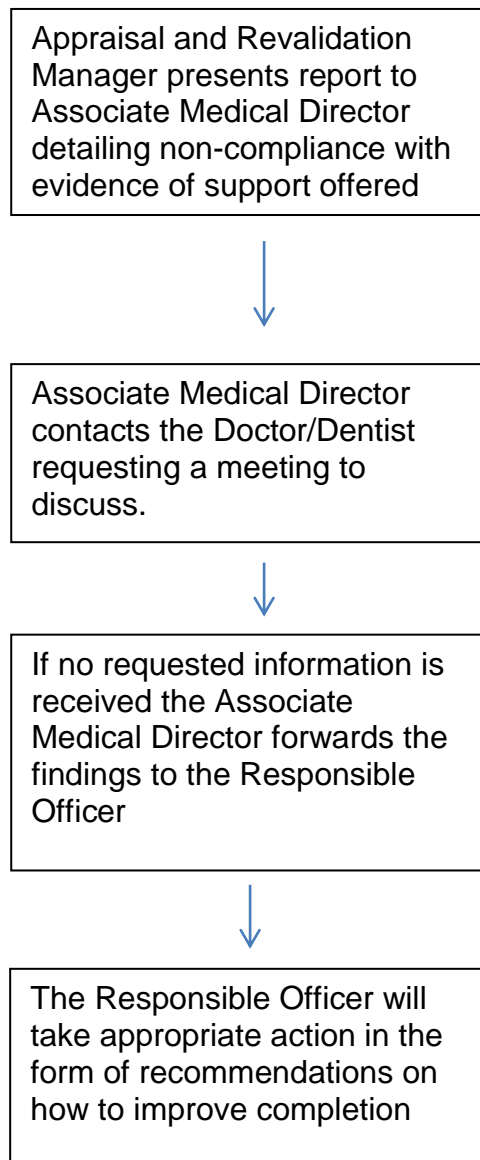
Appendix 1

Appraisal Flow Chart



Appendix 2

Procedure to be followed for Individuals who have not completed an annual Appraisal



**CAREER GRADE MEDICAL STAFF
APPRAISAL POLICY**

SECTION 2

**DOCUMENT DEVELOPMENT, COMMUNICATION,
IMPLEMENTATION AND MONITORING**

8. CONSULTATION AND COMMUNICATION WITH STAKEHOLDERS

This document was developed in consultation with:

Medical Director
Associate Medical Director (Medical Appraisal and Revalidation)
Directors of Clinical Services
Directorate General Managers
TRFT College Tutors
Director of HR

9. APPROVAL OF THE DOCUMENT

This document was approved by:

Board of Directors

10. RATIFICATION OF THE DOCUMENT

This document was ratified by the Trust Document Ratification Group

11. EQUALITY IMPACT ASSESSMENT STATEMENT

An Equality Impact Assessment has been carried out in relation to this document using the approved initial screening tool; the EIA statement is detailed at Appendix 1 to this section of the document.

The manner in which this policy impacts upon equality and diversity will be monitored throughout the life of the policy and re-assessed as appropriate when the policy is reviewed.

12. REVIEW AND REVISION ARRANGEMENTS

This document will be reviewed every three years unless such changes occur as to require an earlier review.

Associate Medical Director responsible for Appraisal and Revalidation is responsible for the review of this document.

13. DISSEMINATION AND COMMUNICATION PLAN

To be disseminated to	Disseminated by	How	When	Comments
Quality Governance Team via policies email	Author	Email	Within 1 week of ratification	Remove watermark from ratified document and inform Quality Governance Team if a revision and which document it replaces and where it should be located on the intranet. Ensure all documents templates are uploaded as word documents.
Communication Team (documents ratified by the document ratification group)	Quality Governance Team	Email	Within 1 week of ratification	Communication team to inform all email users of the location of the document.
All email users	Communication Team	Email	Within 1 week of ratification	Communication team will inform all email users of the policy and provide a link to the policy.
Key individuals Staff with a role/responsibility within the document Heads of Departments /Matrons	Author	Meeting/E mail as appropriate	When final version completed	The author must inform staff of their duties in relation to the document.
All staff within area of management	Heads of Departments /Matrons	Meeting / Email as appropriate	As soon as received from the author	Ensure evidence of dissemination to staff is maintained. Request removal of paper copies Instruct them to inform all staff of the policy including those without access to emails

14. IMPLEMENTATION AND TRAINING PLAN

This policy was implemented in 2012, and has only been reviewed which has not affected any additional training needs.

15. PLAN TO MONITOR THE COMPLIANCE WITH, AND EFFECTIVENESS OF THE TRUST DOCUMENT

15.1 Process for Monitoring Compliance and Effectiveness

Audit/Monitoring Criteria	Process for monitoring e.g. audit, survey	Audit / Monitoring performed by	Audit / Monitoring frequency	Audit / Monitoring reports distributed to	Action plans approved and monitored by
Participation	% quarterly to Quality Assurance Committee (QAC)	Appraisal & Revalidation Manager	Quarterly	Quality Appraisal Committee Forum	R.O AMD
Revalidation Vs Deferral	Data to Annual Report	Appraisal & Revalidation Manager	Annual	QAC HEE Appraisal Forum	R.O AMD
Quality Assurance of Meeting	Feedback Survey	Appraisal & Revalidation Manager	On-going	QAC Appraisal Forum	R.O AMD

15.2 Standards/Key Performance Indicators (KPIs)

The standard will be 100% compliance with regards to the participation in the appraisal process. There may be a number of reasons why an individual may be exempt from appraisal or may request that their appraisal be deferred, as outlined below:

- Individuals who have been in post for less than six months prior to the end of the appraisal year will be exempt from the process for that year but will be expected to meet with the Director of Clinical Services to agree relevant service related objectives, personal development plan and the first job planning meeting.
- Individuals may request deferment when there have been breaks in clinical practice due to sickness or maternity or
- Breaks in clinical practice due to absence abroad on sabbaticals.

Section 2 Appendix 1

EQUALITY IMPACT ASSESSMENT (EIA) INITIAL SCREENING TOOL

Document Name: Career Grade Medical Staff Appraisal Policy Date/Period of Document: Feb 2016 – Feb 2019
 Lead Officer: Dr Alison Cooper Directorate: Medical Director Reviewing Officers: Mrs S Rodgers

<input type="checkbox"/> Function	<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Procedure	<input type="checkbox"/> Strategy	<input type="checkbox"/> Joint Document, with whom?
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Describe the main aim, objectives and intended outcomes of the above:
 To provide a framework for managing/supporting an enhanced appraisal process for Career Grade Medical Staff.

You must assess each of the 9 areas separately and consider how your policy may affect people's human rights.

1. Assessment of possible adverse impact against any minority group				
1	How could the policy have a significant negative impact on equality in relation to each area?	Response		If yes, please state why and the evidence used in your assessment
		Yes	No	
1	Age?		x	
2	Sex (Male and Female)?		x	
3	Disability (Learning Difficulties/Physical or Sensory Disability)?		x	
4	Race or Ethnicity?		x	
5	Religion and Belief?		x	
6	Sexual Orientation (gay, lesbian or heterosexual)?		x	
7	Pregnancy and Maternity?		x	
8	Gender Reassignment (The process of transitioning from one gender to another)?		x	
9	Marriage and Civil Partnership?		x	

You need to ask yourself:

- Will the policy create any **problems** or **barriers** to any community of group? **No**
- Will any group be **excluded** because of the policy? **No**
- Will the policy have a negative impact on **community relations**? **No**

If the answer to any of these questions is yes, you must complete a full Equality Impact Assessment

2. Positive impact:				
1	Could the policy have a significant positive impact on equality by reducing inequalities that already exist? Explain how will it meet our duty to:	Response		If yes, please state why and the evidence used in your assessment
		Yes	No	
1	Promote equal opportunities			N/A
2	Get rid of discrimination			N/A
3	Get rid of harassment			N/A
4	Promote good community relations			N/A
5	Promote positive attitudes towards disabled people			N/A
6	Encourage participation by disabled people			N/A
7	Consider more favourable treatment of disabled people			N/A
8	Promote and protect human rights			N/A

3. Summary						
On the basis of the information/evidence/consideration so far, do you believe that the policy will have a positive or negative adverse impact on equality?						
Positive	<i>Please rate, by circling, the level of impact</i>					Negative
HIGH	MEDIUM	LOW	NIL <input checked="" type="checkbox"/>	LOW	MEDIUM	HIGH
Date assessment completed: 29.1.16	Is a full equality impact assessment required?			<input type="checkbox"/> Yes (documentation on the intranet)		<input checked="" type="checkbox"/> No