

## **Medical Appraisal Policy**

Reader Information	
<b>Title</b>	Medical Appraisal Policy
<b>Author / Contact Details</b>	Responsible Officer/Suitable Person
<b>Publication Date</b>	March 2018
<b>Target Audience</b>	All doctors with a connection to the Responsible Officer of Noble's Hospital, Isle of Man Department of Health and Social Care
<b>Description</b>	Isle of Man Medical Appraisal Policy
<b>Changes</b>	Updated following publication of NHS England Medical Appraisal policy version 1.0, published October 2016  Recommendations of the North of England NHS Revalidation Network
<b>Superseded Documents</b>	Policy number P.165/06.12/v1.0 June 2012,P165/06.12/v1.1 November 2014/Updated March 2018

### **1. Purpose**

- 1.1 This document outlines the process for appraisal of doctors on the Isle of Man with a connection to the *suitable person*/RO of Noble's hospital. Doctors in training grades will participate in appraisal as required by the Mersey Deanery.
- 1.2 The aim of this policy is to ensure that all licensed medical practitioners with a connection to the *suitable person*/RO of Noble's hospital, undergo high quality annual medical appraisal consistent with the standard required by the GMC for revalidation.
- 1.3 The purpose of appraisal can be summarised as follows;
  - To enable 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* <http://www.gmc-uk.org/guidance/index.asp> and thus inform the *suitable person* /RO's revalidation recommendation to the GMC.
  - To enable doctors to consider their own needs and to enhance the quality of their professional work by planning their professional development
  - To enable doctors to ensure that they are working productively and in line with the priorities and requirements of the organisation they practise in.
- 1.4 Medical appraisal should support the delivery of safe, committed and caring services to patients.
- 1.5 The Appraisal process is an important method of providing assurance to the Hospital that the doctors in its employment are up to date and practising to a high standard within their areas of expertise. Concerns arising from Appraisal may be an indication of resource and governance issues which the Clinical Directors and Hospital management need to address
- 1.6 The original version of this policy has been updated following publication of the NHS England Medical Appraisal Policy Version 1, October 2013.

## **2. Definition of Appraisal**

- 2.1 Medical appraisal is the appraisal of a doctor by a trained appraiser, informed by supporting information defined by the GMC, in which the doctor demonstrates that they are practising in accordance with the GMC *Good Medical Practice Framework for Appraisal and Revalidation* <http://www.gmc-uk.org/doctors/revalidation/12382.asp> across the whole of the scope of their practice.
- 2.2 NHS England Revalidation team has published a piloted and tested model of medical appraisal, the *Medical Appraisal Guide (MAG)* which complies with needs of revalidation <http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/mag-mod-app frm.pdf> .
- 2.3 All doctors wishing to practice medicine in the UK and Isle of Man need to hold a licence to practise which will be subject to revalidation and renewal every 5 years. Annual appraisal is an essential requirement for revalidation.
- 2.4 Appraisal for NHS consultants was introduced in 2001, for general practitioners (GPs) in 2002 and for non-Consultant grade staff in March 2003.
- 2.5 Appraisal is a tool which helps individuals consider their performance and development needs in the context of:
  - 2.5.1 The requirements of their current role;
  - 2.5.2 Evolving needs of their organisation;
  - 2.5.3 Developments within the specialty/profession;
  - 2.5.4 Personal development needs.
- 2.6 Appraisal is an opportunity to review performance, confirm good medical practice, identify and address working environment issues, optimise skills and resources, discuss opportunities and aspirations, consider one's contribution to the service, discuss and plan personal development needs. The appraisal discussion includes challenge, encourages reflection and generates a Personal Development Plan (PDP) for the year ahead.
- 2.7 Annual appraisal is a contractual requirement for all doctors and dentists employed in the DHSC and forms part of their Terms and Conditions of Service. Pay progression for Consultants and SAS doctors is dependent on satisfactory participation in the appraisal process.
- 2.8 Appraisal must be based on verifiable supporting information that reflects the whole breadth a doctor's practice and informs objective evaluation of its quality. Evidence must be drawn from actual practice and include comparison with relevant and appropriate performance data from local, regional and national sources.
- 2.9 The overall aim of appraisal is to encourage and support every member of medical and dental staff to reach and sustain a high standard of performance and ensure that the highest quality of clinical care is provided to patients. Appraisal forms a key part of the process of assuring the quality of clinical care in the DHSC.

### **3. Policy**

- 3.1 This policy applies to all medical staff with a connection to the *suitable person*/RO of Noble's Hospital, Isle of Man.
- 3.2 Locum doctors
- 3.2.1 Locum doctors directly employed by Noble's hospital on a temporary or fixed contract, and who do not have a prescribed connection elsewhere, will be appraised under this policy. Such doctors will not automatically be allocated an Appraiser through the hospital Revalidation and Appraisal team but must apply to the team if they wish to use the hospital appraisal system.
- 3.2.2 Locum doctors employed through a locum agency are responsible for making their own arrangements for appraisal in line with the policy of their own Designated Body/RO.
- 3.2.3 Locum doctors employed through an agency who spend the majority of their working year at Noble's Hospital (6 months or more) may request an appraisal through the hospital appraisal system but will be required to pay a fee to the hospital equivalent to the payment made by the hospital to their appraiser. Such locums will not automatically be allocated an appraiser through the hospital revalidation and appraisal office but must apply to that office if they wish to use the hospital appraisal system.
- 3.3 Joint Appointments/Visiting Consultants
- 3.3.1 Doctors who are employed by more than one employer or visit Noble's Hospital as part of their working week will require only one appraisal, normally by the lead employer.
- 3.3.2 Where possible, the Hospital will contribute relevant information to the appraisal carried out at the doctor's base hospital. In all cases where a concern is raised about a visiting Consultants clinical practice at Noble's Hospital, those concerns will be communicated by the suitable person/RO to the RO at the base Hospital.
- 3.4 General Medical Practitioners and those working in allied Primary Care environments (E.g. MEDS, Benefit assessments, Public Service medicals).

### **4 Roles and Responsibilities**

- 4.1 **The Medical Director** is accountable to the Chief Executive of the Department of Health and Social Care for ensuring that all doctors employed at Noble's hospital undergo annual appraisal in line with this policy.
- 4.2 **The suitable person/Responsible Officer (RO) is responsible for;**
- 4.2.1 Ensuring that a system of medical appraisal is in place that complies with the needs of GMC revalidation.
- 4.2.2 Appointing a hospital Appraisal lead, and SAS doctor revalidation and appraisal lead;
- 4.2.3 Appointing appraisers who are medically qualified and have received appropriate training in appraisal.
- 4.2.4 Ensuring that sufficient Appraisers are recruited and have adequate training, including providing information and opportunities for training in appraisal and and developing training programmes for appraisers;

- 4.2.5 Establishing an appraisal data base;
  - 4.2.6 Monitoring and reviewing progress on the number and quality of appraisals during the appraisal cycle;
  - 4.2.7 Ensuring common themes and concerns arising from appraisal are collated;
  - 4.2.8 Informing the Medical Director and Hospital Manager of serious issues arising from individual appraisals;
  - 4.2.9 Ensuring the appropriate documentation and storage of information with regard to the appraisal process and provide evidence of quality of appraisal to external review;
  - 4.2.10 Reporting to Noble's Senior Management Team on the progress of the Appraisal process within the Isle of Man;
  - 4.2.11 Maintaining links with other suitable persons/ROs through the national and regional RO networks and communicating concerns about doctors employed at more than one site;
  - 4.2.12 Nominating the Appraiser for all Clinical Directors, Director of Medical Education and the Appraisal Lead.
- 4.3 **The Head of Human Resources is responsible for:**
- 4.3.1 Ensuring that all new medical and dental practitioners, (full time, part time, locum, Honorary or permanent) receive a copy of the Appraisal Policy and receive appropriate Appraisal Awareness Training at Induction;
  - 4.3.2 Undertaking a pre employment check for all new medical employees including evidence of previous appraisal and name of their existing/ previous Responsible Officer;
  - 4.3.3 Providing information to the Appraiser and *suitable person*/RO about the attendance at work record of appraisees.
  - 4.3.4 Informing the revalidation team of any new medical staff employed to work for the DHSC.
- 4.4 **The hospital Appraisal Lead is responsible for:**
- 4.4.1 Acting as Chairman of the Appraiser Support Group (ASG) and arranging a minimum of three ASG meetings per year;
  - 4.4.2 Nominating the appraiser for every consultant with the exception of themselves, the Medical Director, Suitable Person/RO, Clinical Directors and Director of Medical Education.
  - 4.4.3 Liaising with the Suitable Person/RO to ensure that there are sufficient numbers of active Appraisers within each Clinical Division;
  - 4.4.4 Ensuring that Appraisal training is established and Appraisers encouraged to attend;
  - 4.4.5 Establishing and maintaining mechanisms to monitor and Quality Assure the appraisal process in the Hospital. This will include arranging for at least one appraisal conducted by new Appraisers during their first year to be observed by a 3<sup>rd</sup> party. The Appraisal Lead may act as observer or delegate this task to another experienced Appraiser. The permission of the Appraisee and Appraiser will be obtained prior to this observed appraisal;
  - 4.4.6 Providing the suitable person/RO with an annual Appraisal report.

- 4.5 **The Specialty Doctor Revalidation and Appraisal lead (SAS RAP) is responsible for:**
- 4.5.1 Nominating on an annual basis an Appraiser for all non-consultant medical staff;
  - 4.5.2 Ensuring that all SAS doctors are familiar with and engaged in appraisal and revalidation.
- 4.6 **The GP Appraisal Lead is responsible for:**
- 4.6.1 Nominating the appraiser for every GP with the exception of themselves.
  - 4.6.2 Liaising with the suitable person/RO to ensure that there are sufficient numbers of active Appraisers for general practice;
  - 4.6.3 Ensuring that Appraisal training is established and Appraisers encouraged to attend;
  - 4.6.4 Establishing and maintaining mechanisms to monitor and quality assure the appraisal process in general practice. This will include arranging for at least one appraisal conducted by new appraisers during their first year to be observed by a 3<sup>rd</sup> party. The Appraisal Lead may act as observer or delegate this task to another experienced Appraiser. The permission of the Appraisee and Appraiser will be obtained prior to this observed appraisal;
  - 4.6.5 Providing the suitable person/RO with an annual appraisal report.
  - 4.6.6 Ensuring that all newly employed medical practitioners (full time, part time, locum Honorary or permanent) receive a copy of the Appraisal policy and receive appropriate Appraisal Awareness Training at Induction.
- 4.7 **The Clinical Directors are responsible for;**
- 4.7.1 Ensuring Medical practitioners have adequate time in their supporting professional activity to prepare for and participate in appraisal;
  - 4.7.2 Ensuring that relevant supporting information about clinical activity and outcomes within their Division is provided to the doctors and their Appraiser prior to their annual appraisal.
  - 4.7.3 Encouraging and facilitating doctors to undertake development activities as identified in their Personal Development Plan;
  - 4.7.4 Working cooperatively with the Medical Director to address issues raised through appraisal;
- 4.8 **Appraisers are responsible for:**
- 4.8.1 Following the process and time scales described in Appendix 2;
  - 4.8.2 Undertaking all work relating to the appraisal outside of their usual contracted hours (unless appraisal is included in their job plan). This may require 'time shifting' of other scheduled activities in order to accommodate the timetable of the Appraisee, and undertaking the time shifted duties in their own time. Whenever possible the appraisal interview should take place in SPA or admin time and should not disrupt clinical services;
  - 4.8.3 Submitting a claim for payment after each appraisal is completed (Appendix 4);
  - 4.8.4 Completing those appraisals assigned to them in accordance with this policy;

- 4.8.5 Ensuring that the appraisal is based upon verifiable evidence presented by the Appraisee;
  - 4.8.6 Agreeing a Personal Development Plan with the Appraisee;
  - 4.8.7 Reviewing the Appraisee's progress against their previous years Personal Development Plan;
  - 4.8.8 Completing the appraisal output which must be signed by the appraiser and appraisee and returned to the Medical Director within 28 days of the appraisal meeting;
  - 4.8.9 In all cases the structured outputs of appraisal including the final sign-off statements should be those listed in the electronic appraisal system used.
  - 4.8.10 Participating in a process of Quality Assurance which will include feedback form Appraisees as well as third party observation of appraisal.
- 4.9 **The Appraisee is required to:**
- 4.9.1 Attend appraisal training as part of induction training and as required by the suitable person/RO;
  - 4.9.2 Participate in annual appraisal as described in this Policy as part of their contractual obligations and as required by the GMC;
  - 4.9.3 Undertake all activities relevant to appraisal in the time allocated to Supporting Professional Activities in their job plan. This includes the appraisal meeting itself which must be scheduled in SPA time and must not result in the cancellation or curtailment of any clinical services;
  - 4.9.4 Establish and maintain an electronic appraisal portfolio using the hospital PReP system for Hospital employees or Clarity system for GPs.
  - 4.9.5 Provide evidence that the actions agreed in the PDP at the previous year's appraisal have been completed within the agreed timescale and where this has not been possible to provide an explanation of why not;
  - 4.9.6 Provide feedback on the appraisal process by completing the feedback form provided on the electronic appraisal system being used. The appraisal is not complete until this feedback had been provided.

## **5 Selection and Training of Appraisers**

- 5.1 Appraisers will be appointed by the suitable person/RO for Hospital Doctors and lead GP appraiser for General Practice based on the person specification outlined in Appendix 1. There will be sufficient numbers of trained Appraisers to ensure that no Appraiser is required to undertake more than 10 appraisals per year.
- 5.2 Training programmes for appraisers, including update training and training in MSF, will be identified by the suitable person/RO and made available to all Appraisers.
- 5.3 Appraisers will not undertake any appraisals until they have received training, including MSF feedback, approved by the suitable person/RO.
- 5.4 Trained Appraisers will take part in update training as required.
- 5.5 All new Appraisers will be evaluated after one year by the Appraisal Lead to ensure that the knowledge and skills to undertake appraisal are being successfully applied. This evaluation will be based on the results of Appraisee feedback and at least one observed appraisal (see Appraisal Lead responsibilities).

## **6 Appraisal Process**

### **6.1 Allocation of Appraiser:**

- 6.1.1 Appraisers will normally be a licensed doctor with knowledge of the context in which the appraisee works. However there are situations where it may be more appropriate for the appraiser to be from a non-medical background (for instance doctors in management roles). Where a question arises the suitable person/RO will make a decision about this and their decision will be final.
- 6.1.2 The Appraisee may nominate up to 3 Appraisers from the pool of trained hospital Appraisers, one of which will be allocated to undertake the appraisal. In some cases the Appraisers nominated by the Appraisee may not be suitable or available in which case another suitable Appraiser will be allocated by the hospital Appraisal lead or SAS lead or appraisal and revalidation team.
- 6.1.3 In relation to Primary Care, an appraiser and appraisee will be matched via Clarity, the electronic appraisal system.
- 6.1.4 The suitable person/RO allocates the Appraiser for all Clinical Directors, Director of Medical Education and the Appraisal Lead.
- 6.1.5 The Appraisal Lead nominates the Appraiser for all other Consultant medical staff.
- 6.1.6 The SAS lead nominates the Appraiser for all non-consultant staff.
- 6.1.7 A doctor should normally have no more than three consecutive appraisals with the same appraiser and must then have a period of at least three years before being appraised again by the same appraiser. In exceptional circumstances it may be deemed appropriate for a doctor to have the same appraiser for more than three consecutive years, but this must be in agreement with the suitable person/RO
- 6.1.8 Mutual appraisal must be avoided. A doctor should not act as an appraiser to a doctor who has acted as their appraiser within the previous five years.
- 6.1.9 Both Appraiser and Appraisee must declare and if possible avoid any real or perceived conflict of interest.
- 6.1.10 If the doctor or any other person objects to the allocated Appraiser they can appeal in writing to the hospital Appraisal Lead explaining their reasons. The appeal may be repeated if there is no agreement after the first appeal. In cases where the doctor and the Appraisal lead cannot agree a suitable Appraiser, the suitable person/RO will make a final decision.

### **6.2 Preparation and Timing of Appraisal:**

- 6.2.1 Adequate preparation for the appraisal is essential and both Appraisee and Appraiser should allocate sufficient time. The process and timescale outlined in Appendix 3 must be followed.
- 6.2.2 Each doctor will have an agreed fixed appraisal month each year. Where this month is not already established a doctor's appraisal month will be the month of their birthday.
- 6.2.3 Each doctor will receive an automatic notification of their expected appraisal date from the hospital e-portfolio system (PReP) GP electronic appraisal system, Clarity.
- 6.2.4 Once allocated the appraisal month may only be varied in agreement with the

suitable person/RO.

- 6.2.5 For the purpose of auditing the appraisals system the appraisal year is 1 April to 31 March. A completed annual appraisal is one where the appraisal meeting has taken place before the end of the allocated appraisal month. The appraisal meeting cannot take place after the end of the allocated appraisal month without the prior agreement of the hospital or GP Appraisal lead. In all cases the appraisals must be completed by the end of the appraisal year unless by prior agreement of the suitable person/RO.

6.3 Format of Appraisal:

- 6.3.1 The hospital e-portfolio (PReP) <https://nobles.prevalidation.com> or Clarity in the case of GPs is compulsory for all doctors for whom this policy applies.

- 6.3.2 Appraisals are also accepted using the Revalidation Support Team (RST) *Medical Appraisal Guide Model Appraisal Form* (MAG pdf) provided they are attached or uploaded onto the hospital PReP system.  
<http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/mag-mod-app frm.pdf> .

- 6.3.3 Paper formats are no longer accepted.

6.4 Supporting Information:

- 6.4.1 Doctors are personally responsible for presenting their own supporting information, including patient and colleague feedback, in line with the GMC guidance [http://www.gmc-uk.org/doctors/revalidation/revalidation\\_information.asp](http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp)
- 6.4.2 All doctors must submit information to their Appraiser about any incidents and complaints in which they have been named.

6.5 Appraisal interview:

- 6.5.1 The appraisal interview requires structure. It will consist of:
- 6.5.2 A reflective discussion about practice based upon the GMC domains of Good Medical Practice during which the supporting evidence will be considered.
- 6.5.3 A professional discussion which includes agreeing a Personal Development Plan for the following year.
- 6.5.4 The appraisal meeting is likely to require between two and three hours to ensure enough time for a meaningful discussion to take place. The place of the interview should be private and free from interruptions. The discussion should be confidential, open, honest, fair and supportive.
- 6.5.5 The Appraiser is responsible for managing both the process and the content of the interview. The Appraiser will record the outcomes of the appraisal interview. The Appraiser will assist the Appraisee in identifying and responding to any development needs identified.
- 6.5.6 The appraisal should enable the individual to set clear objectives for the coming year. It should identify individual needs, which will be addressed through the Personal Development Plan.
- 6.5.7 A doctor may make a complaint about the appraisal process where they believe that the terms of this policy have not been followed or any other personnel involved in the process has not undertaken their duties in a proper



and professional manner. Any complaint should follow the process described in Appendix 5.

#### 6.6 Potential Serious Issues regarding Risk:

When it becomes apparent during the appraisal process that there is a potentially serious performance, conduct, or health issue that requires further discussion or examination, the Appraiser must suspend the appraisal and refer the matter immediately to the suitable person/RO for hospital doctors or through the Lead Appraiser for General Practice for GPs.

#### 6.7 Refusal to participate:

6.7.1 Appraisal is a contractual obligation for medical staff and forms part of the Terms and Conditions of Service. It follows therefore that refusal to participate will result in disciplinary action which could lead to dismissal for breach of contract. Failure to participate is defined as failing to follow this policy.

6.7.2 Where a practitioner refuses to participate, the Appraisal lead will send a 'warning letter' advising the doctor of the consequences of failing to engage and inviting them to reply within 2 weeks.

6.7.3 any doctor who fails to respond satisfactorily to the 'warning letter' will be referred to the suitable person/RO as quickly as possible. The suitable person/RO will investigate the reason(s) for non participation.

6.7.4 Legitimate reasons for failure to meet the requirements for annual appraisal may include prolonged periods of sick leave or maternity leave etc. In the absence of an acceptable reason for non-participation, the *suitable person/RO* will consider referral to the GMC. Such a referral will be made as soon as it is apparent that a doctor is failing to participate and will not wait until a recommendation for revalidation is required.

### 7. **Governance and Operational Issues:**

7.1 The suitable person/RO will manage an appraisal system that is subject to effective governance and ensures that all doctors with a connection to them are accounted for annually.

7.2 The suitable person/RO will maintain an accurate list of doctors requiring appraisal using the hospital electronic e-portfolio (PReP), which will also provide a 'dashboard' to monitor individual doctors progress as well as the overall position with regard to appraisal and revalidation of doctors connected to the suitable person/RO.

### 8. **Confidentiality**

8.1 The Appraisal meeting is a confidential discussion between the Appraisee and Appraiser which results in agreed outputs which are shared with the *suitable person/RO* so that they may make an informed recommendation to the GMC for revalidation of a doctor. The *suitable person/RO* may also view any relevant information, including the full appraisal documentation, to assure their revalidation recommendation to the GMC about a doctor's fitness to practise.

8.2 The output of an individual doctor's appraisal may also be shared with;

8.1.1 The Medical Director;

- 8.1.2 The Clinical Director (PDP only);
- 8.1.3 Director of Primary Care, as appropriate
- 8.1.4 The General Medical Council;
- 8.3 Where it becomes apparent during the appraisal process that there is a potentially serious issue which may put colleagues/patients at risk, the rules of confidentiality will no longer apply and the Appraiser must immediately refer the matter to the *suitable person*/RO to take appropriate action. The appraisal may be suspended until the identified problems have been dealt with.
- 8.4 The outputs of appraisal will be sent to the *suitable person*/RO. The appraiser and appraisee should make the relevant Clinical Director aware of the agreed personal development plans as soon as possible. Where resources are required the PDP must be relevant to Divisional objectives or for GPs either contractual or practice objectives.
- 8.5 A record of the output of every appraisal will be held electronically and in paper form by the suitable person/RO.
- 8.6 Quality Assurance of Appraisal is a key process to ensure that local appraisal effective and fit for purpose. A number of documents published by the NHS England revalidation team describe this process including the Quality Assurance of Medical Appraisal (QAMA)

<http://www.england.nhs.uk/revalidation/ro/app-syst/>

Essential components of this process include:

- 8.6.1 Audit to assess compliance with Hospital Policy, Primary Care for GPs on appraisal for medical practitioners.
- 8.6.2 Monitoring participation and completion of documentation.
- 8.6.3 Development of training programmes for appraisal
- 8.6.4 Anonymised sampling of outputs including PDP.
- 8.6.5 Anonymised sampling of portfolios
- 8.6.6 Production of Annual Appraisal Report
- 8.6.7 Monitoring the quality of appraisals by random sampling of 10 appraisals per year
- 8.6.8 Observation by third party of Appraisal undertaken by all new Appraisers during their first year.
- 8.6.9 Feedback summaries from appraisees.
- 8.6.10 Periodic (minimum every 3 years) independent external review of the Hospital's appraisal system

## 9. **Appendices**

1. Job description – medical appraiser
2. Medical appraisal process and timescales
3. Information governance
4. Payment claim form for Appraisers
5. Complaints process

**Department of Health  
Noble's Hospital**

**Job Description – Medical Appraiser**

<b>Job Title:</b>	Medical Appraiser
<b>Accountable to:</b>	<i>suitable person</i> /Responsible Officer
<b>Reports to:</b>	Appraisal lead and Clinical Directors
<b>Remuneration:</b>	£500 per appraisal when that appraisal, including supporting work, is done outside of normally contracted hours
<b>Base:</b>	Noble's Hospital
<b>Appointment:</b>	3 years (reviewed at 12 months)

**1. Job Purpose:**

To support the Hospitals Appraisal policy and provide evidence to the Medical Director/Responsible Officer through Strengthened Medical Appraisal (SMA) that individual doctors are meeting GMC requirements for revalidation.

**2. Key Responsibilities**

- To attend appraisal training as required by the hospital Appraisal policy.
- To undertake a minimum of 4 and maximum of 8 appraisals per annum.
- To liaise with the hospital Appraisal lead SAS RAP lead who are responsible for the allocation of appraisers to individual appraisees.
- To follow the guidance contained in the document 'Guidance for senior medical staff appraisal' WUTH 2009.
- To attend a minimum of 2 Appraisal Support group (ASG) meetings per year.
- To participate in performance review of their appraisal role and follow arrangements for Quality Assurance described in the hospital Appraisal policy.
- To understand the confidentiality of the appraisal process and when this confidentiality should be breached.

- To follow the appraisal process described in the Hospital appraisal policy ensuring that the timescales are adhered to whenever possible.

### 3. Person specification for Medical Appraiser

<b>Qualifications</b>	Medical Degree
	GMC License to Practice
	Training in appraisal including MSF
<b>Experience</b>	Has been subject to a minimum of 2 medical appraisals, not including those in training grades.
	Experience of managing own time to ensure deadlines are met.
	Experience of applying principles of adult education or quality improvement.
<b>Knowledge</b>	Knowledge of the role of appraiser.
	Knowledge of the appraisal purpose and process and its links to revalidation.
	Knowledge of educational techniques which are relevant to appraisal
	Knowledge of responsibilities of doctors as set out in Good Medical Practice
	Knowledge of relevant Royal College speciality standards and CPD guidance
	Understanding of equality and diversity, and data protection and confidentiality legislation and guidance
	Knowledge of the health setting in which appraisal duties are to be performed
	Knowledge of Evidence Based Medicine and clinical effectiveness
<b>Expertise, Skills and Aptitudes</b>	Excellent integrity, personal effectiveness and self-awareness, with an ability to adapt behaviour to meet the needs of an appraisee
	Excellent oral communication skills – including active listening skills, the ability to understand and summarise a discussion, ask appropriate questions, provide constructive challenge and give effective feedback
	Objective evaluation skills
	Commitment to ongoing personal education and development
	Good working relationships with professional colleagues and stakeholders

	Ability to work effectively in a team
	Motivating, influencing and negotiating skills
	Adequate IT skills for the role

**4. Job Description Agreement**

I have read and agree with the content of this job description, and accept that the role will be reviewed annually as part of the development review process.

**Job Holder's name (please print)**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Job Holder's signature:**

\_\_\_\_\_

**Line Manager's name (please print)**

\_\_\_\_\_

**Date:** \_\_\_\_\_

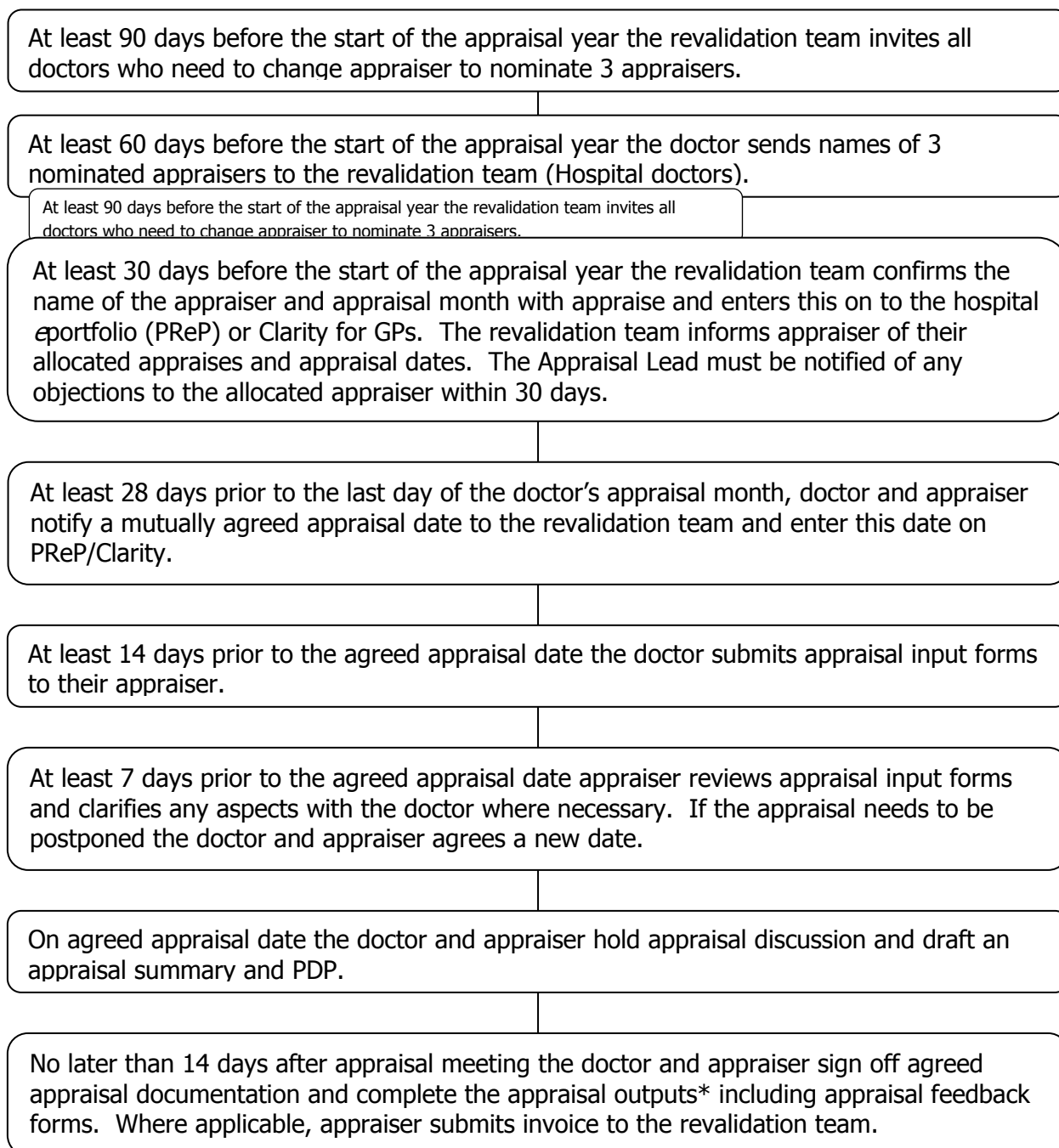
**Line Manager's signature:**

\_\_\_\_\_

## Appendix 2 Medical appraisal process and timescales

The flow chart below describes the process and timescales for undertaking an annual appraisal.

The appraisal year runs from 1<sup>st</sup> April to 31<sup>st</sup> March



\* For every medical appraisal the structured outputs of appraisal including the final sign-off statements for the appraisal should be those listed in the RST Medical Appraisal Guide

### Appendix 3 : Information governance

The RST guidance *Information Management for Medical Revalidation in England*, and the guidance and English legislation, on which this is based, applies.

As a consequence of this, the following specific arrangements apply:

- All relevant records should be maintained by the doctor and the *suitable person*/RO
- The appraiser requires access to the doctor's portfolio and appraisal forms for the purpose of carrying out the appraisal. The appraiser is not allowed to maintain or keep personal records about a doctor's appraisals for any purpose. All the appraiser's records of the doctor's appraisal portfolio and appraisal form should therefore be destroyed when the appraisal has been completed and the outputs have been received by the doctor and the *suitable person*/RO.
- Drafts of a doctor's appraisal documentation may be exchanged by e-mail between a doctor and their appraiser only using secure means which are compliant with the The hospital PReP system also provides a secure means for sharing information; the security of the storage has been approved by the Isle of Man Data Protection Supervisor . When it is necessary to send appraisal documentation by e-mail, the most straightforward means of achieving this is for the documentation to be sent between iom.gov e-mail accounts. Where the doctor does not have a secure iom.gov e-mail account, further advice should be sought from the *suitable person*/RO as to whether an alternative e-mail account is acceptable or a suitable alternative method of exchanging the documentation should be used.
- Such alternatives of exchanging a doctor's appraisal documentation between a doctor and their appraiser include exchanging it using a securely encrypted mass storage device (memory stick), or using a local intranet facility which has been shown to meet the requirements of the NHS confidentiality code of practice. When in possession of a memory stick containing a doctor's appraisal documentation, the appraiser is responsible for its security in the same way as for a private and confidential paper document.
- After the appraisal is complete, the appraiser must send a copy of the final appraisal documentation to the doctor for their records, and a copy to the suitable person/RO. Where the RST Medical Appraisal Guide Model Appraisal Form ("MAG form") is used, this should be the "Locked down" version of the form.



**Isle of Man**  
Government

*Reiltys Ellan Vannin*

# Department of Health and Social Care

*Rheynn Slaynt as Kiarail y Theay*

## APPRAISAL REMUNERATION

Appraiser:

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Appraisee:

---

Division to be charged:

---

Date Undertaken

---

Checked by:

---

Authorised by:

---

Cost Centre:

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 1931030202 | Med - Medical Staffing                      |
| <input type="checkbox"/> 1931040203 | Sur - Medical Staffing Orthopaedic Services |
| <input type="checkbox"/> 1931040301 | Sur - A&E                                   |
| <input type="checkbox"/> 1931040504 | Sur - Medical Staffing Surgical Services    |
| <input type="checkbox"/> 1931040601 | Sur - Medical Staffing Anaesthetic Services |
| <input type="checkbox"/> 1931040905 | Sur - Breast Service                        |
| <input type="checkbox"/> 1931040906 | Sur - Urology Service                       |
| <input type="checkbox"/> 1931040908 | Sur - ENT Service                           |
| <input type="checkbox"/> 1931040910 | Sur - Dental Services                       |
| <input type="checkbox"/> 1931040911 | Sur - Ophthalmology                         |
| <input type="checkbox"/> 1931050202 | WCO - Obstetricians/Gynaecologists          |
| <input type="checkbox"/> 1931050302 | WCO - Paediatricians                        |
| <input type="checkbox"/> 1931060107 | Diag - Rad - Medical Staffing               |
| <input type="checkbox"/> 1931060210 | Diag - Path - Medical Staffing              |
| <input type="checkbox"/> SA0001293  | Hospice                                     |
| <input type="checkbox"/> 1922010102 | Occupational Health                         |
| <input type="checkbox"/> 1913211001 | Mental Health                               |
| <input type="checkbox"/> 1927010101 | Public Health                               |

Please submit one form per appraisal to Appraisal and Revalidation Team, Management Suite, Noble's Hospital, for processing.

Each claim is awarded £500 per appraisal



## Appendix 5

### **Complaints process**

Doctors with a prescribed connection to the Isle of Man's suitable person/RO and who undergo appraisal within the DHSC appraisal system can expect their appraisal to be conducted under the terms of this policy. The process should be well organised and professionally carried out by the staff supporting the process, the appraiser and any other personnel contributing to the process. This annex describes the process by which a doctor may make a complaint about the appraisal process, where they believe that the terms of this policy have not been followed, or that their appraiser or any other personnel involved in the process has not undertaken their duties in a proper and professional manner.

Complaints should be resolved:

- as quickly as possible;
- fairly and non-judgementally;
- at a local level;
- using any outcomes to formulate lessons learned and to improve the future quality of the service.

Common categories under which a complaint may be made about the appraisal process by a doctor include, but are not limited to:

- the standard of service provided by an individual appraiser;
- deviation from agreed standard appraisal procedures;
- the actions or behaviour of any appraisal team members;
- actions or inactions deemed detrimental to an individual doctor or their practice;
- failures in the administration system, including communication;
- appraiser allocation and payments;
- breaches of confidentiality;
- dissatisfaction or disagreement with decisions reached or matters pertaining to professional or clinical judgement.

If an individual doctor has concerns regarding their appraisal this should be raised in the first instance with the individual concerned.

If the doctor feels unable to raise the matter with the individual or the doctor remains unhappy with the response they have received, they should complain to the local appraisal clinical lead or appraisal manager. Complaints should be made in writing.

The local appraisal officer is responsible to the relevant responsible officer for managing the complaints process, with input from the local clinical appraisal lead.