



**NHS England Medical Appraisal  
Policy**

**Annex F: Complaints process**

# OFFICIAL

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<b>Directorate</b>		
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<b>Author</b>	NHS England, Medical Directorate (Revalidation)	
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<b>Target Audience</b>	Responsible Officers, Medical Appraisal Leads, Medical Appraisers	
<b>Additional Circulation List</b>	Medical Directors, Doctors with a prescribed connection to NHS England, DH, BMA, GMC, Royal College of GPs, NHS Employers, Academy of Medical Royal Colleges, Regional HR and Finance Leads, NHS England Regional Directors	
<b>Description</b>	Policy for appraisal of licensed medical practitioners who have a prescribed connection to NHS England (circa 42,000 doctors from circa 700 designated bodies). It describes the framework for appraisal, with tools to support implementation contained within the annexes.	
<b>Cross Reference</b>	The Medical Profession (Responsible Officers) Regulations, 2010/2013 and the GMC (Licence to Practice and Revalidation) Regulations 2012	
<b>Superseded Docs</b> (if applicable)	Medical Appraisal Policy (v1) published October 2013	
<b>Action Required</b>	Responsible officers to ensure that Doctors with a connection to NHS England are appraised in accordance with this policy	
<b>Timing / Deadlines</b> (if applicable)	<b>To be implemented as soon as reasonably practicable</b>	
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<b>Document Status</b>		
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The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

## Annex F: Complaints process

Doctors with a prescribed connection to NHS England who undergo appraisal 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, and
- using any outcomes to formulate lessons learned and to improve the 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. Figure 1 contains a suitable template for this.

The local appraisal officer is responsible to the relevant responsible officer for managing the complaints process, with input from the local clinical appraisal lead. On receipt of a complaint, the local appraisal manager should log the complaint, notify the responsible officer, acknowledge receipt of the complaint to the doctor within 1 working week, and undertake an information gathering exercise to establish the facts. The doctor should be made aware that further help, advice and support are available, for example from the BMA.

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The local appraisal manager and the clinical appraisal lead should then review the facts and develop a response to the complaint. A written response to the doctor making the complaint should be made within 28 days. This should contain:

- a summary of the complaint;
- description of the facts as they have been established;
- a summary of the outcome;
- an apology where appropriate;
- details of any changes implemented as a result of the complaint
- information on further support and advice if the complainant remains dissatisfied.

If the doctor is not satisfied by the response to their complaint, they should raise the matter with the responsible officer.

If the doctor's complaint relates to the actions of their responsible officer, it may still be possible to use this form but it should be submitted to the responsible officer's responsible officer.

All complaints relating to the NHS England medical appraisal process will be collated by NHS England responsible officers in the context of the quality assurance process, and a review with outcomes included in the medical appraisal governance processes.

Confidentiality of all personnel should be maintained at all times.

This process does not aim to address issues around:

- anonymous or unofficial complaints including whistle blowing;
- dissatisfaction with regionally or nationally agreed appraisal policies.

**Figure 1: Standard complaint template**

Template for complaint about the appraisal process by a doctor	
Responsible officer:	
Doctor:	
Doctor's GMC number:	
Appraiser:	
Date of incident:	
Subject of complaint:	
Details of complaint:	
Date of complaint:	
Thank you for raising a complaint about the appraisal process. You should submit this to your local appraisal office. You should receive an acknowledgement within seven days and a written response within 28 days.	
Appraisal office use Date of final response: Signed off by: Outcome and action taken:	