



**NHS England Medical Appraisal
Policy**

Annex H: Information governance

OFFICIAL

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Medical	Commissioning Operations	Patients and Information
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Document Name	Medical Appraisal Policy (v2)	
Author	NHS England, Medical Directorate (Revalidation)	
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Target Audience	Responsible Officers, Medical Appraisal Leads, Medical Appraisers	
Additional Circulation List	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	
Description	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.	
Cross Reference	The Medical Profession (Responsible Officers) Regulations, 2010/2013 and the GMC (Licence to Practice and Revalidation) Regulations 2012	
Superseded Docs (if applicable)	Medical Appraisal Policy (v1) published October 2013	
Action Required	Responsible officers to ensure that Doctors with a connection to NHS England are appraised in accordance with this policy	
Timing / Deadlines (if applicable)	To be implemented as soon as reasonably practicable	
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Document Status		
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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.

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The RST guidance *Information Management for Medical Revalidation in England*, and the guidance and 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 responsible officer.
- 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 responsible officer.
- 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 *NHS confidentiality code of practice*. 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 nhs.net e-mail accounts. Where the doctor does not have a secure nhs.net e-mail account, further advice should be sought from the responsible officer as to whether an alternative e-mail account is acceptable or a suitable alternative method of exchanging the documentation should be used. At such time as NHS IT encryption methods facilitate the secure sharing of appraisal documentation with hitherto unsecure destinations, these methods may be adopted within the parameters set out in formal guidance and policy at that time.
- 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 upload a copy to the NHS England Revalidation Management System. Where the RST Medical Appraisal Guide Model Appraisal Form ("MAG form") is used, this should be the "Locked down" version of the form.
- The appraiser must then delete or destroy all other electronic and other copies of the doctor's appraisal documentation, no later than one calendar month

after the date on which the appraisal has been received by the responsible officer. This includes deletion from:

- all files and folders on their computer hard drive, including from the computer “recycle bin”;
 - the “Sent items” on their e-mail;
 - the “Deleted items” folder on their e-mail;
 - any securely encrypted mass storage device (memory stick) on which a copy has been stored;
 - any other place where the appraiser has stored the form.
- E-mail receipts for sent items may be retained by the appraiser.
 - The responsible officer and their team will make arrangements for safe and secure storage of the appraisal documentation and other relevant information in accordance with the RST guidance *Information Management for Medical Revalidation in England*. The responsible officer will also maintain a written protocol for access to the doctor’s appraisal and revalidation portfolio and to the information held on the responsible officer’s local revalidation dashboard, with named personnel and criteria for access.

1.1 Confidentiality of appraisal information

The appraisal discussion is an important opportunity for a confidential open discussion between a doctor and a trained appraiser. The responsible officer will normally base their decision to recommend for revalidation on the basis of the appraisal outputs, i.e. the summary of discussion, the new personal development plan, and the appraiser’s statements. However, the responsible officer may view any relevant information to assure their recommendation about the doctor’s fitness to practise. In the context of appraisal this may on occasion include the completed full appraisal documentation and the doctor’s supporting information. More guidance on this can be found in the NHS Revalidation Support Team document: *Information management for medical revalidation in England*.