



Revalidation Support Team

Quality Assurance of Medical Appraisers

Recruitment, training,
support and review
of medical appraisers
in England

Main document

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1. Introduction

Revalidation of doctors is a key component of a range of measures designed to improve the quality of care for patients; it is the process by which the General Medical Council (GMC) confirms the continuation of a doctor's licence to practise in the UK. The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.

Through a formal link with their organisation, determined usually by employment or contracting arrangements, doctors relate to a senior doctor in the organisation, the responsible officer. The responsible officer makes a recommendation about the doctor's fitness to practise to the GMC. The recommendation will be based on the outcome of the doctor's annual appraisals over the course of five years, combined with information drawn from the organisational clinical governance systems. Following the responsible officer's recommendation, the GMC decides whether to renew the doctor's licence.

The responsible officer is accountable for the quality assurance of the appraisal and clinical governance systems in their organisation. Improvement to these systems will support doctors in developing their practice more effectively, adding to the safety and quality of health care. This also enables early identification of doctors whose practice needs attention, allowing for more effective intervention.

All doctors who wish to retain their GMC licence to practise need to participate in revalidation.

This publication has been prepared by the NHS Revalidation Support Team (RST). The RST works in partnership with the Department of Health (England), the GMC and other organisations to deliver an effective system of revalidation for doctors in England.

All RST publications are created in collaboration with partners and stakeholders.

2. Purpose and overview

The purpose of this document is to provide a practical framework for assuring the quality of the medical appraiser workforce. It outlines processes for the recruitment, training and support of medical appraisers and methods by which their performance in the role can be reviewed. It is targeted at responsible officers and those responsible for designing information systems to support revalidation. It may also be of interest to doctors, appraisers, and managers.

This document is supported by a number of appendices, [which are included in a separate document](#):

Appendix 1	Role description
Appendix 2	Person specification
Appendix 3	Competency framework for medical appraisers
Appendix 4	Medical appraiser competency self-assessment tool
Appendix 5	Sample medical appraisal feedback questionnaire
Appendix 6	Methods of assessment of medical appraisers

This document contains guidance on the following:

Recruitment

This section provides advice for responsible officers and designated bodies on the recruitment and selection of medical appraisers. It is supported by appendices 1 and 2.

Training

This section provides advice for responsible officers and designated bodies on the training of medical appraisers. It is supported by appendices 3 and 4. A training specification for medical appraisers covering the elements of medical appraisal for revalidation, including illustrative training programmes suitable for new and current medical appraisers, is available on the RST website.

Support and review

This section provides advice for responsible officers and designated bodies on methods for the support and development of medical appraisers. It is supported by appendices 5 and 6. Routine monitoring of medical appraiser performance and annual performance review are described in addition to situations where concerns about the performance of a medical appraiser require a more formal evaluation of skills and competence.

3. Background

Medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor's work. The following diagram describes the process which is explained in detail in the *Medical Appraisal Guide* (NHS Revalidation Support Team, 2013).

Figure 1: The process of medical appraisal



Medical appraisal can be used for four purposes:

1. 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 *Good Medical Practice* (GMC, 2013) and thus to inform the responsible officer's revalidation recommendation to the GMC
2. To enable doctors to enhance the quality of their professional work by planning their professional development
3. To enable doctors to consider their own needs in planning their professional development

and may also be used:

4. To enable doctors to ensure that they are working productively and in line with the priorities and requirements of the organisation they practise in.

Responsible officers must ensure that the medical appraisal system is of sufficient quality to support their revalidation recommendations. The quality of the medical appraiser workforce is a major determinant in this. In any revalidation cycle a responsible officer may need to rely on appraisals performed in a number of different designated bodies and so it is essential that all medical appraisers have the appropriate level of competence to perform this important professional role to a consistent standard.

The term medical appraiser in this document refers to all those who perform medical appraisals as part of the process of revalidation.

4. Recruitment

The quality and consistency of medical appraisal relies heavily on the skills and professionalism of medical appraisers; recruiting the right individuals is an important starting point. The following issues should be considered when recruiting to the role:

Appraiser capacity

The designated body's medical appraiser workforce needs to be sufficient to provide the number of appraisals needed each year. This assessment may depend on the total number of doctors with a prescribed connection, the geographical spread, the speciality spread, conflicts of interest and other factors.

Depending on the needs of the designated body, doctors from a variety of backgrounds should be considered for the role of medical appraiser. This includes locums and salaried general practitioners in primary care settings and staff and associate specialist doctors in secondary care settings. An appropriate specialty mix is important, although it is not always possible for every doctor to have an appraiser from the same specialty

The designated body should consider the number of appraisals each appraiser is expected to perform. There is a significant investment of time and resources in training and supporting a medical appraiser to the appropriate level of skill and experience. It is reasonable to assume that a minimum number of appraisals will be delivered each year to justify this input and to maintain competence. A maximum number of appraisals should also be identified, to ensure the medical appraiser's other roles are not compromised and to protect the organisation and doctors from the consequences of unavoidable absences. Each designated body should consider what limits are appropriate and describe them in the medical appraisal policy.

The principles outlined should apply to appraisers irrespective of any other roles performed by the individual (for example, clinical director or head of service). The appraisal policy in place at the designated body should define whether these roles are separate or combined, along with appropriate safeguards to mitigate any risk of conflict of interest or appearance of bias. The job description and person specification of the wider management role should always include the core elements relating to the role of medical appraiser.

Appraiser suitability

Responsible officers need to consider the profile of doctors within the designated body when considering who to recruit as a medical appraiser. The appraiser will normally be a licensed doctor with knowledge of the context in which the doctor works. This is particularly important for doctors in clinical roles. However, doctors work in many different roles and settings and there are situations where it may be more appropriate for the appraiser to be from a non-medical background. This already occurs; for example, some doctors in senior management positions do no clinical work. It would be inappropriate to compel such doctors to have a second appraisal by a licensed doctor purely to satisfy the requirements of revalidation.

The appraiser should therefore:

- be the most appropriate appraiser for the doctor, taking into account their full scope of work
- understand the professional obligations placed on doctors by the GMC
- understand the importance of appraisal for the doctor's professional development and promoting quality improvements in practice
- have suitable skills and training for the context in which the appraisal is taking place.

The GMC has made it clear that to satisfy the requirements of revalidation, appraisers do not need to be licensed doctors and that local decisions should determine the overall suitability of the appraiser workforce, but it is important that both the doctor and their responsible officer have confidence in the appraiser's ability to carry out the role to the required standard.

Recruitment process

Medical appraisers should be selected through a structured recruitment process. A suggested role description and person specification are shown in appendices 1 and 2. The recruitment process should be fair, open and accessible to all eligible candidates.

It is important to establish whether medical appraisers should be appointed before training (subject to satisfactory completion of training) or on demonstration of

competence once training has been completed. This is a local decision, but in either case a supported probationary period and an early review after the first few appraisals should be considered.

Contractual arrangements

Contractual arrangements should describe indemnity arrangements for the appraisals performed on behalf of the designated body. Periodic renewal of the contract or appointment subject to a satisfactory review of performance should be considered.

Sufficient time should be allowed in the role description for administration, preparation, carrying out the appraisal discussion and completing the appraisal outputs. This will usually require the allocation of contracted time to the role of medical appraiser (for example, supporting professional activities or a specified sessional commitment). If the appraiser role is combined with a wider medical management role it is important that sufficient time is allocated for performing appraisals.

Commissioning an external medical appraisal service

When a designated body commissions a medical appraisal service from an external appraisal provider (for example from a deanery or another independent body) the designated body should specify the quality standards for recruitment, training, support and review of the appraisers in a contract or service level agreement. The responsible officer retains overall responsibility for the quality of the appraisal system and should ensure there is a periodic review of the performance of the provider against the agreed quality standards.

5. Training

General principles

Medical appraisers should develop an appropriate set of skills to ensure that appraisal is a positive process, driving quality improvement through the motivation and development of the individual doctor. It is important that all medical appraisers, irrespective of the environment within which they appraise and any other roles they may perform, have a set of core competencies that enables appraisal for revalidation to be delivered effectively, consistently and fairly.

Medical appraiser competencies

Many potential appraisers will already have a significant level of competency as a result of their background and training. Some competencies will be selected for at recruitment, but additional core competencies should be acquired through appropriate training, development and support activities.

The majority of medical appraiser skills are generic. However there may be specialty-specific elements to cover, particularly those relating to continuing professional development and quality improvement activities. There may also be other contextual elements to consider, for example the requirements of the Follett principles¹ in relation to the appraisal of clinical academics.

An example competency framework for medical appraisers has been developed which highlights core competencies relating to the role of the medical appraiser in revalidation ([see appendix 3](#)).

¹ *A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties* (Department for Education and Skills, 2001)

Medical appraiser competencies can be grouped into the following areas:

- professional responsibility – to maintain credibility as a medical appraiser
- knowledge and understanding – to understand the role and purpose of the medical appraiser and to be able to undertake effective appraisals
- professional judgement – to analyse and synthesise information presented at appraisal and to judge engagement and progress towards revalidation
- communication skills – to facilitate an effective appraisal discussion, produce good quality outputs and to deal with any issues or concerns that might arise
- organisational skills – to ensure the smooth running of the appraisal system, including timely responses and sufficient computer skills to be effective.

Training specification for medical appraisers

Designated bodies commissioning medical appraiser training should use an appropriate training specification to manage the delivery of a suitable training programme. In doing so, responsible officers will gain assurance that the training will deliver medical appraisers capable of undertaking effective appraisal to support both revalidation recommendations and the development of the doctors. They will be reassured that local appraisal is consistent with appraisal elsewhere, and that the training provider has the right characteristics to deliver the required training.

Examples of generic training specifications for new and existing medical appraisers are available on the [RST website](#)

In the interests of consistency, medical appraisers from all disciplines should demonstrate the same level of core competencies, so training programmes should be based on a strong core of generic material. At the same time designated bodies may wish to specify relevant local aspects to be covered, and the precise content of a programme for training medical appraisers is ultimately a matter for the designated body. Local variations might include royal college or faculty advice on the specialty-specific aspects of the supporting information, the provision of joint appraisals for clinical academics in line with the Follett principles, specific organisational priorities and common local development needs.

The detailed content of a training programme may also be informed by a preliminary needs-assessment using a competency-based self-assessment tool taking account of the prior experience and skills of the medical appraisers ([see appendix 4 for an example](#)).

With the commencement of revalidation in December 2012, existing medical appraisers required additional training to cover explicitly the key elements of medical appraisal for revalidation. An illustrative training programme suitable for current medical appraisers was made available, alongside the training specification, [on the RST website](#). This formed the basis of a programme of training for current medical appraisers organised by the RST through the strategic health authority clusters in 2012-13.

The RST has also published illustrative appraiser training materials for the training of new appraisers, to help training providers design their programmes for training new appraisers. They can be found [on the RST website here](#)

6. Support and review

General principles

Undertaking medical appraisal is an important professional role. While all appraisers should reach an acceptable level of competency during initial training, ongoing support and development activities combined with growing experience will ensure they continue to improve their skills and calibrate their professional judgements and behaviour, as well as help to demonstrate that they are keeping up to date and fit to practise in the role of medical appraiser.

Whilst different designated bodies may take different approaches, there should be clear arrangements to support medical appraisers and review their performance with:

- continuing review of performance, including assessment of competence
- continuing professional development, including access to peer support.

Review of performance

Ongoing review of performance should be carried out for all medical appraisers to ensure that they are appropriately supported, their development needs are being addressed and appraisals are being performed to the required standard. Participation in performance review should be a contractual requirement of working as a medical appraiser and included in the job description and appraisal policy.

Performance review of medical appraisers should be the responsibility of a named individual, such as an appraisal lead. The content of the review process is for the designated body to define. It should be clearly laid out in the organisation's appraisal policy.

Review of performance should cover, as a minimum:

- the scope of the appraisal work undertaken
- the number of appraisals undertaken
- the timeliness of completion of documentation
- the quality of the outputs of appraisals
- the results of structured feedback from doctors and, where available, colleagues ([see appendix 5 for a sample feedback questionnaire](#))
- any complaints and significant events (for example, a missed or incomplete appraisal caused by the appraiser's lack of time or personal organisational skills)
- any relevant continuing professional development the medical appraiser has undertaken, such as appraiser update sessions

- an opportunity for the medical appraiser to consider their performance and development needs, with any actions agreed to be included in their personal development plan.

It is important that complaints and significant events relating to a medical appraiser are dealt with at the time they arise and not delayed, for example until an annual performance review meeting.

Appraisal leads and responsible officers should be alert for signs of concern about the performance and capability of any medical appraiser. This may require particular attention immediately after training, during any probationary period and after any period of prolonged absence or significant health issue.

Medical appraiser performance review processes should also be reasonable and proportionate. Training, development and review of medical appraisers should recognise that this may not be the doctor's main role and should integrate well with the processes in place for their other clinical or management roles.

Continuing professional development

Medical appraisers will keep up to date for the role in a variety of ways. Designated bodies should consider which of the following approaches will be most useful locally:

- learning based on performance measures in the role, such as feedback from the doctors being appraised, review of appraisal outputs.
- supported or self-directed action learning sets
- access to training and professional development resources
- wider medical appraiser networks including regular communications and web-based discussion groups

There are a number of important but uncommon situations that every medical appraiser needs to know how to manage, should they arise. These include issues such as significant patient safety concerns, important health or behavioural problems, fraud or probity issues. Such topics should form the basis of regular continuing professional development activities.

Peer support

Peer support is an essential component of continuing professional development for appraisers, who must be able to cross-reference their professional judgements with other appraisers in order to achieve consistency over time. Designated bodies should consider which of the following will add value locally:

- access to leadership and advice from a named individual (for example, an appraisal lead)
- a medical appraiser support group led by a suitably skilled appraisal lead or facilitator, in which difficult areas of medical appraisal can be discussed in a safe environment
- specialty-specific support
- a medical appraiser 'buddy' system where appraisers have a colleague with whom to discuss areas of concern.

Some medical appraisers may need access to external peer support because of their role within the organisation or their relationship with the other local medical appraisers (for example, if they are the medical director or appraisal lead).

Assessment of competence

Under certain circumstances, structured evaluation of a medical appraiser's competence or capability can be a valuable way of providing in-depth feedback to a medical appraiser and their designated body about their performance in the role. It may be used as part of routine organisational quality assurance procedures, for example:

- during, or at the end of, initial medical appraiser training
- at the end of a probationary period
- prior to the renewal of the medical appraiser's contract
- once in each revalidation cycle as a part of a local accreditation process.

It may also be a valuable exercise where there are concerns about the performance of a medical appraiser.

Some medical appraisers may fail to maintain the necessary attributes, knowledge and skills to be an effective medical appraiser. If appropriate remedial processes fail, these individuals should not continue to perform this important role.

The following factors will enhance the quality of competency-based assessment:

- basing the assessment on performance in the role
- triangulating evidence from more than one source
- Using criterion-referenced assessment i.e. assessing the appraiser in relation to pre-determined standards through formal exercises and simulations rather than simply in relation to other appraisers.

The selection of assessment tools will depend on the competency being assessed and the standard to which it should be demonstrated (some options for assessment are [described in appendix 6](#)). It is important to ensure that the assessment method is fair and proportionate. Innovation and development of resources to support assessment should be encouraged.