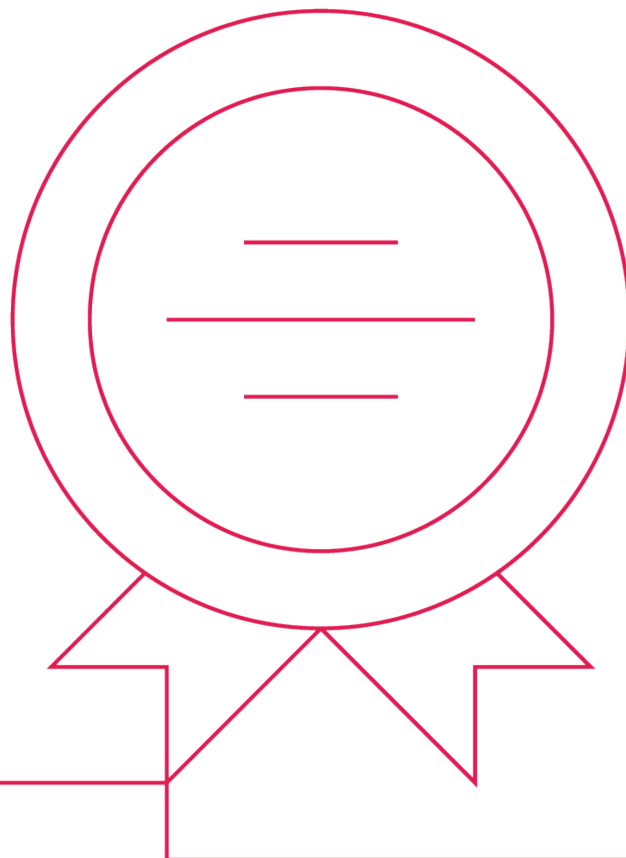
Academy of
Medical Royal
Colleges

August / 2020

Medical Appraisal Guide 2020

A guide for professional medical appraisals in the context of the COVID-19 pandemic



Contents

3	Introduction
4	Purposes of appraisal
5	Rationale for adjustments to the annual medical appraisal process
6	Essential components of the appraisal process
8	Stage 1: Inputs to appraisal
12	Stage 2: The confidential appraisal discussion
13	Stage 3: Outputs from appraisal
16	Conclusion
17	Evaluation

Introduction

This guidance describes how medical appraisal can be carried out considerately and effectively for professional appraisals in the context of the COVID-19 pandemic.

It develops and emphasises the already established function of appraisal to support doctors in their professional development. It is designed to help doctors understand what they need to do to prepare for and participate in this appraisal and to help appraisers and designated bodies ensure that this appraisal is carried out consistently and to a high standard in a way that supports the professional development of doctors, offers a confidential professional discussion about their experience of the pandemic and provides a chance for them to reflect on their health and wellbeing as essential factors for high standards of professional practice.

This is especially relevant for all doctors who have been personally impacted by COVID-19, through illness or bereavement, and doctors who are at additional risk from COVID-19 such as those from Black, Asian and Minority Ethnic (BAME) backgrounds or with other factors that increase risk such as pre-existing conditions, increasing age or pregnancy.

> *'During this pandemic, more than 45% of doctors say they are suffering from any of depression, anxiety, stress, burnout, emotional distress or other mental health condition relating to or made worse by their work'*
>
> *18 May 2020, BMA COVID-19 tracker survey p.28*

This guidance also reduces the preparation time required for appraisal, at this time of unprecedented clinical demand due to the global pandemic. It follows the format of the universally accepted Medical Appraisal Guide (RST, 2013). In this document, key excerpts from the text of the original Medical Appraisal guide are replicated in full. These are set out in **blue font** and indented from the main text. This demonstrates the continuity and consistency of this 2020 document with the original 2013 guide.

This guide for appropriate adjustments to the appraisal process in the context of the COVID-19 pandemic should be read in conjunction with General Medical Council (GMC) guidance, which sets out generic requirements for medical practice and appraisal in three main documents:

- Good Medical Practice (GMC, 2013)
- Good Medical Practice Framework for Appraisal and Revalidation (GMC, 2013)
- Supporting information for Appraisal and Revalidation (GMC, 2018)

Purposes of appraisal

What is medical appraisal?

(from Medical Appraisal Guide (RST, 2013))

Medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor's work. 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 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 thepriorities and requirements of the organisation they practise in.

These remain the definition and purposes of professional medical appraisals, even in the context of the COVID-19 pandemic. However, as appraisal restarts, following the pause caused by the pandemic, it is appropriate to place added emphasis on purposes 2 and 3, and to allow for increased flexibility in the level of documentation that the doctor is expected to present. At this time of pressure on clinical services, it is appropriate that, for some parts of the GMC required supporting information, facilitated self-review can be supported by information presented in discussion, rather than written down prior to the appraisal.

Rationale for adjustments to the annual medical appraisal process

This Medical Appraisal Guide 2020, for appraisals in the context of the COVID-19 pandemic, is intended to complement and build on existing processes for appraisal. It is not intended to replace effective existing processes, where these are in place, and recognises that different groups of doctors require different processes to reflect their own circumstances.

In the context of the pandemic, the requirement on medical appraisal to support doctors in their practice with the minimum diversion from patient care comes into sharp focus. This can be assisted by rebalancing appraisal to include an enhanced focus on wellbeing and development and avoiding an approach that is tick-box or burdensome. Recognising the value of verbal, rather than written, reflection in demonstrating that doctors are working in line with the principles of Good Medical Practice (GMP) will support a reduction in the pre-appraisal documentation. This flexibility is justified by the response of doctors to the COVID-19 pandemic, the professionalism this has highlighted and the trust which the public place in them as a result.

> *"Healthcare workers face stressors and difficulties at the best of times, but in these times of COVID-19, these feelings may be heightened by worries over uncertainty and the unknown. These feelings are perfectly normal"*
>
> [*NHS Practitioner Health COVID-19 Workforce Wellbeing*]

In these appraisals, the impact of the COVID-19 pandemic on the ability of individuals to collect supporting information must be recognised. Although some doctors were able to continue collating supporting information in their normal way, many stopped collecting documentary evidence of their learning and quality improvement activity. It is appropriate to reflect this by requiring proportionate pre-appraisal documentation from each individual. Doctors should consider what information they need to reflect on and discuss at appraisal and avoid doing administrative activity to present additional information at their appraisal. At the same time, there should be an increased emphasis on the role of the appraiser to prompt sufficient reflection during the appraisal discussion, and document it, to demonstrate that the doctor continues to work in line with Good Medical Practice.

As a process of facilitated self-review, medical appraisal offers an opportunity to help doctors reflect on their health and wellbeing to the extent that this is relevant to their ability to provide high-quality, safe care. While there is evidence that this has already been a valuable component of many appraisals, it is of particular importance in the current pandemic response. Appraisers should be trained and encouraged to explore questions about maintaining health and wellbeing with the doctor during the discussion and be able to signpost doctors to appropriate resources as needed.

Essential components of the appraisal process

(from Medical Appraisal Guide (RST, 2013))

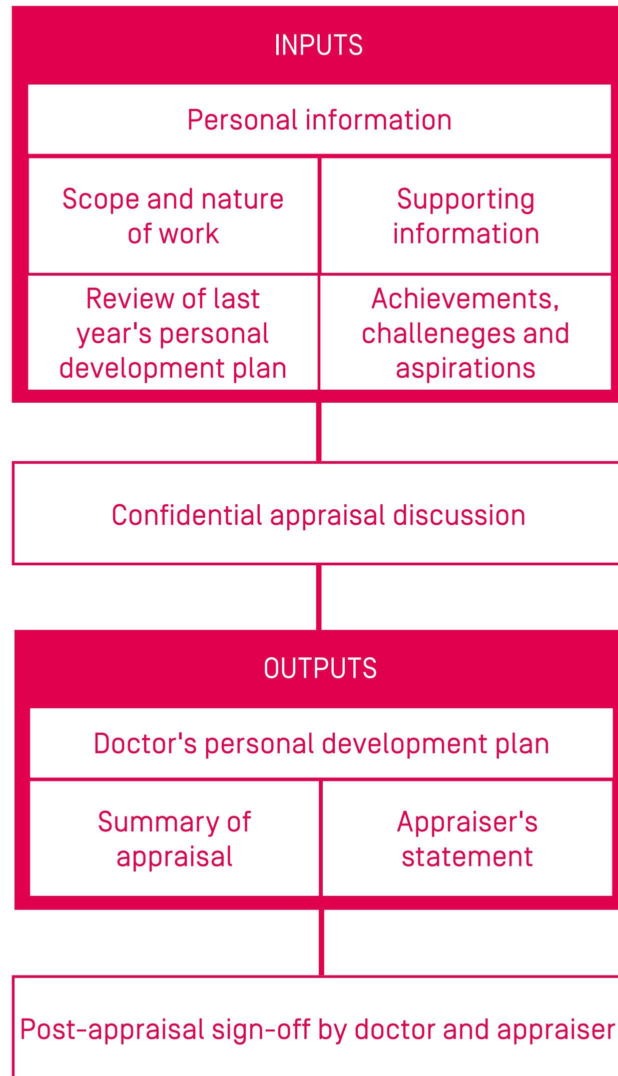
Medical appraisal is undertaken annually at a meeting between a doctor and a colleague who is trained as an appraiser. Medical appraisers are highly-trained individuals whose skills and competencies should be supported by regular updates and calibration of their professional judgements. The doctor is required to reflect on supporting information that is relevant to their scope and nature of work.

There are three stages in the medical appraisal process, as shown in Figure 1:

1. Inputs to appraisal
2. The confidential appraisal discussion
3. Outputs of appraisal.

Each of these components is described in this document. Some individual doctors, groups of doctors or organisations may require more detail on a particular aspect of the process.

Figure 1: Medical Appraisal



If more detailed guidance is needed, individuals should contact their responsible officer.

Stage 1: Inputs to appraisal

(from Medical Appraisal Guide (RST, 2013))

Doctors contact details

The doctor's contact details should be provided to ensure that the appraiser can contact the doctor. The date of the appraisal and the designated body with whom the doctor has a prescribed connection should also be recorded.

Scope and nature of work

The doctor should record the scope and nature of the work that they carry out as a doctor to ensure that the appraiser and the responsible officer understand the full range of their work and practice. This should include all roles and positions in which the doctor has clinical responsibilities and any other roles for which a licence to practise is required.

This should include work for voluntary organisations and work in private or independent practice and should include managerial, educational, research and academic roles.

It is anticipated that many doctors will have undertaken work that is outside their normal scope of practice in order to support the pandemic response, and this will need to be described in the pre-appraisal preparation and reflected on during the appraisal.

Supporting information

The supporting information should relate to the doctor's complete scope and nature of work.

The GMC document, Supporting information for Appraisal and Revalidation (GMC, 2018) describes the six types of supporting information that a doctor will be expected to provide and discuss at appraisal at least once in each five-year cycle. These are:

1. Continuing professional development (CPD)
2. Quality improvement activity (QIA)
3. Significant events (SE)
4. Feedback from colleagues
5. Feedback from patients, or those for whom you provide services
6. Review of complaints and compliments.

The supporting information for appraisals is normally produced on an annual basis, building into a comprehensive portfolio over the whole revalidation cycle. It has always been accepted that it may be appropriate to emphasise one aspect or another in a particular year. In these appraisals, it is appropriate that some doctors will focus primarily on the impact of this global pandemic on them, their practice, patients and families, and on their future personal and professional development.

It is also important that reflection on any significant events and complaints that have arisen since the last appraisal must be included, for the purposes of learning, improvement and to provide appropriate assurance of good medical practice.

'Without appraiser support I would not have continued working.'

Medical appraisal: feedback from GPs, NHS England 2018-19

Review of last year's personal development plan (PDP)

[from Medical Appraisal Guide [RST, 2013]]

The doctor should provide commentary on the previous year's personal development plan (PDP) and may also wish to comment on other issues arising from the previous year's appraisal discussion.

It would normally be expected that the objectives laid out in the personal development plan are completed by the time agreed but it should be remembered that circumstances and priorities may have changed (for example a doctor's job may have changed).

It may also be that some objectives may take longer than a year to achieve and it may therefore be inappropriate for the plan to be completed, although this should normally be recognised and agreed at the time the plan is written.

The appraisal portfolio should include the personal development plan and summaries of appraisal discussion for each year in the current revalidation cycle.

The flexibilities originally described in this section are particularly relevant in the context of the pandemic. Doctors will be able to discuss any personal or professional development activities and reflections they have completed since their last PDP. While many doctors will have been able to make some progress with their previous PDP goals, some will have found that their PDP goals have been delayed or superseded by new priorities arising from their pandemic response. If no progress has been made with a goal, it may be carried forward, or dropped, after discussion during the appraisal meeting, as appropriate.

Achievements, challenges and aspirations

[from Medical Appraisal Guide [RST, 2013]]

The appraisal should provide an opportunity for a general commentary on the doctor's achievements, challenges and aspirations.

This important part of the confidential appraisal discussion offers the doctor an annual opportunity to review practice, chart progress and plan for development, and ensures that the appraisal is a useful process for all doctors. This is a vital part of the appraisal process and should be prepared for and addressed appropriately.

This emphasis on reflection on the achievements, challenges and aspirations of the doctor in the original Medical Appraisal Guide has particular relevance now. An increased focus on this vital part of the appraisal process will promote professionalism in keeping with the current context.

Pre-appraisal preparation and reflection

Pre-appraisal preparation for all doctors will include updating their scope of work and review of their previous PDP, and achievements, challenges and aspirations. In addition, for all appraisals, even in the context of the pandemic, the doctor should include the details of any significant events or complaints in which they were personally named, and anything that they have been asked to bring to the appraisal, and complete the pre-appraisal sign-offs. Beyond these key elements for assuring patient safety, no further additional documentary supporting information from the individual is expected for this appraisal, although it can be presented if available and of value to the doctor. The reflection on the impact of the pandemic on the doctor's CPD, QIA and relationships with their colleagues and patients, including feedback and compliments, can be left to the appraisal discussion and facilitated by the appraiser. For many doctors, their appraisal will be the first opportunity since the start of the pandemic to debrief with a colleague.

If a doctor has already collected significant supporting information, particularly from prior to the COVID-19 pandemic, they should include it in their appraisal portfolio, providing this does not take time away from clinical care during the pandemic. It would be inappropriate to spend time removing supporting information which is already in place. There should be a flexible approach to accommodate the preferences and preparedness of the doctor.

Doctors will only be ready for a positive revalidation recommendation, from the appraisal point of view, if all six types of GMC required supporting information have been collected, reflected on and discussed at appraisals in their current revalidation cycle. Due to the disruption caused by the COVID-19 pandemic, some doctors may find that they have not been able to collect all the supporting information they require before their appraisal. They should discuss the issues with their appraiser and agree a plan to collect the missing information so that it can be reflected on and discussed at their next appraisal. The GMC have already moved forward revalidation dates which were due up until 16th March 2021 by twelve months, which gives doctors additional time to provide all the required supporting information. There is also flexibility to bring an appraisal date forward. However, if, for some reason, a doctor will not be able to have another appraisal before their revalidation recommendation is due, they should discuss this. The responsible officer, or suitable person, will review the circumstances and may make a deferral recommendation to the GMC to give the doctor more time to collect the information they need.

Appraiser's review of the appraisal portfolio

(from Medical Appraisal Guide (RST, 2013))

The appraisal portfolio should normally include:

- Supporting information (including a summary of all supporting information in the current revalidation cycle)
- A description of the doctor's scope and nature of work (including any significant changes or circumstances)
- Previous personal development plans and summaries of the appraisal discussion for each year in the current revalidation cycle
- A commentary on achievements, challenges and aspirations

For this appraisal, the supporting information required can be considered in the context of the pandemic response. For many doctors, the written documentation provided will be streamlined, and supplemented by discussion during the appraisal meeting.

> The appraisal process should demonstrate that the doctor fulfils the requirements of the Good Medical Practice Framework for Appraisal and Revalidation.

If, given the increased focus of this appraisal on professionalism, health and wellbeing, the doctor is unable to engage with the appraisal process, additional support should be provided. The

appraiser will wish to proceed with the appraisal discussion in order to understand the issues that prevent the doctor from engaging. If in doubt, the appraiser or the doctor may wish to discuss this with the appraisal lead, responsible officer or nominated deputy.

Declarations before the appraisal discussion

[from Medical Appraisal Guide [RST, 2013]]

Doctors should make a declaration that demonstrates:

1. Acceptance of the professional obligations placed on doctors in Good Medical Practice in relation to probity and confidentiality

2. Acceptance of the professional obligations placed on doctors in Good Medical Practice in relation to personal healt

3. Personal accountability for accuracy of the supporting information and other material in the appraisal portfolio.

Organisations have an obligation to assist doctors in collecting supporting information for appraisal. A doctor cannot be held responsible for genuine errors in information supplied to them.

The usual declarations before the appraisal discussion will still be required in the context of the COVID-19 pandemic.

Stage 2: The confidential appraisal discussion

(from Medical Appraisal Guide (RST, 2013))

The confidential appraisal discussion remains at the heart of every effective appraisal process. The appraiser is in a unique position to support, guide and challenge the doctor constructively, having reviewed the ... commentary provided.

It is the appraiser who uses his or her experience and training to facilitate the appraisal discussion in order to achieve the appropriate balance between the four appraisal purposes...

The appraisal discussion is confidential and the privacy that this allows is needed to consider some of the more difficult areas that may be raised.

Confidentiality is not absolute, however, and, much like in a doctor-patient consultation, there may be occasions in an appraisal when the appraiser is obliged to share information gained in the appraisal discussion.

This would clearly be the case should patient safety issues be identified. The appraiser should always act in a professional manner and follow published local procedures where they exist.

When in doubt the appraiser or the doctor may wish to discuss this with the appraisal lead, responsible officer or nominated deputy.

'Perfect balance between challenge and support.'

'...will help to improve the quality of my patient care.'

Medical appraisal: feedback from GPs, NHS England 2018-19

This section underpins the governance of appraisals as they restart, following the pause caused by the COVID-19 pandemic, by establishing the boundaries for a confidential discussion where the doctor will be supported by their appraiser to reflect on their practice and their approach to medicine and consider what their professional actions demonstrate about their practice. It is important that doctors are reassured that the discussion will be confidential and that the appraisal is a safe space to explore ideas and concerns, within the provisions relating to personal or patient safety above. It is appropriate to reassure doctors that the appraisal summary is not a verbatim account of the discussion but a summary of the elements relevant to demonstrating continued competence as a doctor in order to revalidate successfully.

Stage 3: Outputs from appraisal

(from Medical Appraisal Guide (RST, 2013))

The doctor and the appraiser should agree how the appraisal should be summarised and how the doctor is going to undertake further professional development.

The doctor's personal development plan (PDP)

The doctor and the appraiser should agree a new personal development plan at the end of the appraisal.

The plan is an itemised list of personal objectives for the coming year (or, where appropriate, for a longer period). There should be an indication of the period of time in which items should be completed and how completion should be recognised.

The personal development plan represents the main developmental output for the doctor. It may be appropriate to combine this plan with any objectives arising from job planning and from other roles so that the doctor has a single development plan. The doctor should be clear, however, which elements are required for revalidation and which are required for other purposes.

It is anticipated that the ability to take time to develop an appropriate PDP in the context of the COVID-19 pandemic will be a key function of these appraisals.

The summary of the appraisal discussion

The doctor and the appraiser should agree the content of a written summary of the appraisal discussion.

This written summary should cover, as a minimum, an overview of the supporting information and the doctor's accompanying commentary, including the extent to which the supporting information relates to all aspects of the doctor's scope and nature of work. It should also include the key elements of the appraisal discussion itself.

The summary should be structured in line with the four domains of the Good Medical Practice Framework for Appraisal and Revalidation.

It may also be helpful for the appraiser to record a brief agreed summary of important issues for the doctor in that year, to ensure continuity from one appraiser to the next.

The appraisal summary in the context of the pandemic remains a document which should be written by the appraiser, and agreed with the doctor, with due regard for the confidentiality considerations above. It should support the doctor in demonstrating that they continue to remain competent in the four domains of Good Medical Practice, that they have engaged with the annual appraisal process, and summarise the discussion about the key supporting information required by the GMC. It should not be a verbatim record of the discussion and many aspects of reflection on the impact of the pandemic will not need to be recorded.

The outputs of medical appraisal in the context of the pandemic remain the same as in the original Medical Appraisal Guide.

The appraiser's statements

(from Medical Appraisal Guide (RST, 2013))

The appraiser makes a series of statements to the responsible officer that will, in turn, inform the responsible officer's revalidation recommendation to the GMC. The appraiser should discuss these with the doctor.

It may be that there is a clear and understandable reason that an appraiser is unable to make a positive statement. For example, a doctor may not have made significant progress with the previous year's personal development plan because of a period of prolonged sickness.

If an appraiser is unable to confirm one, or more than one, statement, this does not mean that the doctor will not be recommended for revalidation, it simply draws an issue to the attention of the responsible officer.

The doctor and the appraiser should each have the opportunity to give comments on the statements to assist the responsible officer in understanding the reasons for the statements that have been made.

The appraiser may also wish to record at this point other issues that the responsible officer should be aware of that may be relevant to the revalidation recommendation.

It would be inappropriate for the appraiser to report issues without the doctor's knowledge.

The appraiser's statements should confirm that:

1. An appraisal has taken place that reflects the whole of a doctor's scope of work and addresses the principles and values set out in Good Medical Practice

2. Appropriate supporting information has been presented in accordance with the Good Medical Practice Framework for Appraisal and Revalidation and this reflects the nature and scope of the doctor's work

3. A review that demonstrates appropriate progress against last year's personal development plan has taken place

4. An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year.

The appraiser must remain aware when conducting an appraisal of their duty as a doctor as laid out in Good Medical Practice. The appraisal summary should include a confirmation from the appraiser that they are aware of those duties. "I understand that I must protect patients from risk of harm posed by another colleague's conduct, performance or health. The safety of patients must come first at all times. If I have concerns that a colleague may not be fit to practise, I am aware that I must take appropriate steps without delay, so that the concerns are investigated and patients protected where necessary."

This provides the context for a further statement that:

5. No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise.

The appraiser and the doctor should both confirm that they agree with the outputs of appraisal and that a record will be provided to the responsible officer. If agreement

cannot be reached the responsible officer should be informed. In this instance, the appraiser should still submit the outputs of the appraisal, but the responsible officer should take steps to understand the reasons for the disagreement.

'I am refreshed and ready for the next 12 months... inspired for ongoing career development. Thank you.'

Medical appraisal: feedback from GPs, NHS England 2018-19

There should be no changes to the post-appraisal outputs required after this appraisal, although appraisers should apply their professional judgement in the context of the pandemic when considering their statements. In broad terms, it is expected that appraisers will mark statements as 'Agree' or 'Disagree' in the same way in this appraisal as in previous appraisals.

Conclusion

[from Medical Appraisal Guide (RST, 2013)]

Medical appraisal has evolved to become part of the framework of support and supervision of doctors in the UK. In revalidation, appraisal [has become] a universal process, based on the GMC's Good Medical Practice.

In setting out the essential components of medical appraisal, the Medical Appraisal Guide lays the foundations for the delivery of a consistent process...

Effective medical appraisal will inform a doctor's professional development needs and aspirations. It will also allow appraisers and responsible officers to have confidence that doctors remain up to date and fit to practise according to the values and principles of Good Medical Practice. Along with clinical governance processes and the management structures within organisations, this will allow responsible officers to continue to make informed revalidation recommendations to the GMC.

This in turn will allow revalidation to serve its primary purposes of promoting improvements in patient safety and in the continuing support and improvement of doctors' practice.

This original conclusion of the Medical Appraisal Guide remains as relevant as when it was originally written. Adapted to the context of the pandemic and applied across the UK, medical appraisals will recognise the constraints and pressures on doctors and increase the support that is offered to them. In this way, appraisal will nurture the professional growth of doctors and support better patient care.

Evaluation

There has been a call for a reduction in the regulatory burden since Sir Keith Pearson's review of medical revalidation: Taking revalidation forward (GMC, 2017).

This important change in the medical appraisal process in the context of the pandemic will need evaluation. Elements of this shift in emphasis may be found to be of value, in the longer term, in improving the process of revalidation for doctors, but the acceptability of these changes to patients, doctors, responsible officers and the GMC must be properly assessed.

Academy of Medical Royal Colleges
10 Dallington Street
London
EC1V 0DB
United Kingdom

Telephone: +44 (0)20 7490 6810
Email: academy@aomrc.org.uk
Website: aomrc.org.uk

Registered Charity Number:
1056565

© Academy of Medical Royal Colleges 2020