



Quality assurance of appraisal: guidance notes

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Medical	Commissioning Operations	Patients and Information
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Finance		

Publications Gateway Reference: 05205

Document Purpose	Guidance
Document Name	Quality assurance of appraisal: guidance notes
Author	NHS England, Medical Directorate, Professional Standards Team
Publication Date	29 April 2016
Target Audience	Responsible Officers, Medical Appraisal Leads, Medical Appraisers
Additional Circulation List	Medical Directors, NHS England Regional Directors
Description	It is important that the standard of medical appraisal across England is as uniform as possible so that all doctors benefit from a similar experience and level of review. To achieve this, it is necessary to benchmark and quality assure the process, and tools have been developed to support this. Quality assurance of appraisal: guidance notes aims to put a framework around the tools in terms of their use and processes which support that.
Cross Reference	N/A
Superseded Docs (if applicable)	N/A
Action Required	N/A
Timing / Deadlines (if applicable)	N/A
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Document Status	This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

Quality assurance of appraisal: Guidance notes

Version number: 1.0

First published: April 2016

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Classification: OFFICIAL

Contents

- Contents 4
- 1 Background 5
 - 1.1 General..... 5
 - 1.2 Responsible officer regulations 5
 - 1.3 Revalidation..... 5
 - 1.4 Medical appraisal..... 5
- 2 Introduction..... 6
 - 2.1 The importance of consistent appraisal 6
 - 2.2 Relevance of this document 7
- 3 Components of assuring the quality of appraisal 8
 - 3.1 Development opportunities for appraisers 8
 - 3.2 Feedback from doctors being appraised 9
 - 3.3 Reviewing the appraisal outputs..... 9
 - 3.4 Reviewing appraisers' performance individually (Self/ peer/ appraisal lead/ responsible officer / appraisal and revalidation administration teams) 11
- 4 Supporting the appraiser's own appraisal..... 12
- 5 References 12

1 Background

1.1 General

Medical appraisal has been a requirement for consultants since 2001 and for general practitioners (GPs) since 2002. All doctors have been required to undergo annual appraisal since the commencement of revalidation in December 2012.

1.2 Responsible officer regulations

The Medical Profession (Responsible Officers) regulations 2010 and the Medical Profession (Responsible Officers) (Amendment) regulations 2013 require each body designated under the regulations to appoint a responsible officer who must monitor and evaluate the fitness to practise of doctors with whom the designated body has a prescribed link.

1.3 Revalidation

Revalidation is the process by which licensed doctors demonstrate to the General Medical Council (GMC) that they are up to date and fit to practise. One cornerstone of the revalidation process is that doctors participate in annual medical appraisal. On the basis of this and other information available to the responsible officer from local clinical governance systems, the responsible officer makes a recommendation to the GMC, normally once every five years, about the doctor's revalidation. The GMC will consider the responsible officer's recommendation and decide whether to continue the doctor's licence to practise.

1.4 Medical appraisal

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 guidance *Good Medical Practice* across the whole of their scope of work. In 2012 the GMC also published *Supporting information for appraisal and revalidation* followed in 2013 by *the Good Medical Practice framework for appraisal and revalidation*, to support the process. The Academy of Medical Royal Colleges also assisted by coordinating the publication of specialty guidance on supporting information. In 2013 the NHS Revalidation Support Team published a piloted and tested model of medical appraisal, the *Medical Appraisal Guide ('MAG')*, which complies with the needs of revalidation. The *Medical Appraisal Guide* was reissued in 2014.

2 Introduction

It is important that the standard of medical appraisal across England is as uniform as possible so that all doctors benefit from a similar experience and level of review. In order to achieve this it is necessary to benchmark and quality assure the process. Systems are being developed to standardise managerial and administrative processes. Responsible officer (RO) and appraisal lead networks (as part of the national appraisal network) also contribute to benchmarking. The insight provided by this quality assurance process also aids the responsible officer in the support of the development of the medical appraisal programme.

The key to standardising the quality of appraisal is to develop and quality assure the work of appraisers across England. This work is usually led by the appraisal leads and supported by the appraisal/revalidation administrator and managers in individual designated bodies (DBs).

Annex J (routine appraiser assurance tools) of the revised NHS England Medical Appraisal Policy offers guidance for appraiser quality assurance, and is available here: <https://www.england.nhs.uk/revalidation/appraisers/app-pol/>.

Annex J includes the following documents:

- The medical appraisal feedback questionnaire
- The appraiser assurance review template
- The appraisal summary preparatory notes template
- The appraisal summary and PDP audit tool

Quality assurance starts at the appointment of appraisers and continues with their training, development, audit of their work and at one to one reviews. This paper aims to put a framework around these tools in terms of their use and the processes which support that.

2.1 The importance of consistent appraisal

There are current risks around the lack of a standardised quality of appraisal across organisations and regions:

- There may be missed opportunities for reflection, learning and development if for example, significant events and complaints are not discussed and reflected on appropriately at appraisal
- Lack of the formative approach in appraisal may reduce the motivational, developmental and mentoring opportunities that an appraisal may offer
- Appraisal may be a negative experience for the doctor if not handled appropriately
- If appraisal outputs are not adequate (as a standalone document) the responsible officer may be required to spend additional time reviewing a doctor's portfolio before making a decision prior to the revalidation recommendation date

- If the summary does not accurately reflect the doctor's work or if the documentation is inadequate, then the responsible officer may not have appropriate information for making a recommendation for revalidation decision – this could lead to a wrong decision being made
- Issues around patient safety may be missed if an appraisal is not undertaken to a satisfactory standard

It is therefore important that responsible officers have processes in place to monitor the quality of the appraisals which are being carried out under their supervision. In part this monitoring is undertaken within the Framework of Quality Assurance (FQA) which sets out essential parameters for the components of revalidation, including appraisal. The FQA also includes an annual organisational audit (AOA) measuring against these parameters. This paper sets out to explore aspects of the appraisal process at a more detailed level than the AOA. It focuses on processes and measures to review the effectiveness of appraisers who are established in their role (i.e. have been through a selection process, initial training and induction into the role), so as to promote consistency and on-going support the development of appraisers in their role.

It is recommended that responsible officers and their designated bodies use the framework described in this paper as the basis for their approach to reviewing and developing the quality of their appraisals; the common adoption of the same framework by all will maximise the shared learning that will result and in itself will also be an important step towards consistency.

2.2 Relevance of this document

Most of the content of this document is intended to be relevant to all designated bodies in England, and this is indicated by a paragraph denoting 'recommendation for all designated bodies'. Recommendations for specific designated bodies such as NHS England are noted as such, and the relevant sections are printed in blue.

This paper is of particular importance to responsible officers, appraisal leads, appraisal managers, clinical governance, information governance, appraisal administrators and appraisers. It will also be of interest to patient and public representatives and other groups with an interest in the quality of healthcare.

3 Components of assuring the quality of appraisal

The following opportunities currently exist for reviewing the quality of appraisals and hence are well placed to form the components of a quality assurance process:

- Providing development opportunities for appraisers
- Obtaining feedback from doctors being appraised
- Reviewing appraisal outputs (summary and PDP)
- Reviewing appraisers' performance individually (self/peer/appraisal lead/responsible officer/ appraisal and revalidation administration teams)

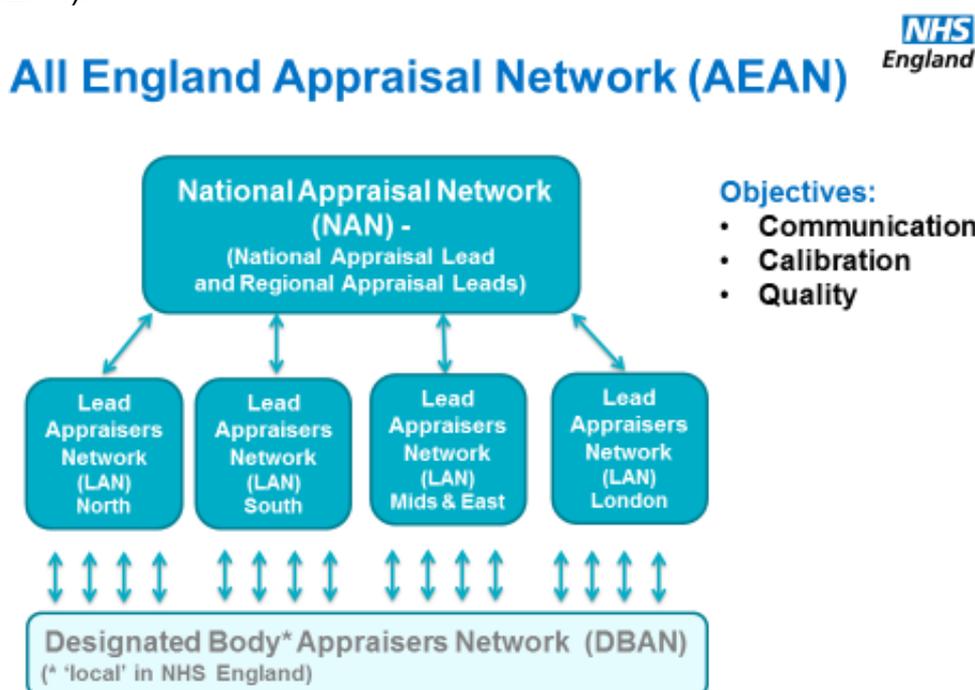
3.1 Development opportunities for appraisers

This document is a development of the advice found in the Quality Assurance of Medical Appraisals (Revalidation Support Team, version 5, January 2014) which suggests:

- 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

In principal the development of appraisers should be aligned with the national appraisal network for standardisation and benchmarking purposes. Resources may be shared across the network via regional appraisal lead network meetings. Topical themes may also be shared.

The diagram below shows the structure of the All England Appraisal Network (AEAN):



Recommendation for all designated bodies: A designated body should bring their appraisers together in face to face groups at least once a year in the Designated Body Appraisal Networks (DBANs) ('Local' Appraisal Networks in NHS England). Other group communications such as web based discussions and sharing of information should take place more frequently increasing opportunities for learning and interaction to four times a year.

Recommendation for NHS England appraisal offices: Each local and regional office should organise at least four rounds of local NHS England appraisal network events per year, with an expectation that appraisers attend at least three or substitute one of these attendances with another relevant appraisal meeting.

The NHS Revalidation Support Team guidance *Quality Assurance of Medical Appraisers* (NHS Revalidation Support Team, 2014) includes appraiser competencies and an appraiser self- assessment which will help appraisers identify their specific areas for development.

3.2 Feedback from doctors being appraised

There is currently no tool to assess the rapport and communication between a doctor and appraiser within the one to one appraisal meeting itself. The exception to this is direct observation and feedback, which may be used but is resource intensive and could affect the dynamic of the appraisal. However, the doctor's feedback on their appraisal provides information relating to how the doctor and appraiser interacted (as well as feedback relating to the appraisal system). Where doctors may be recognised, collation of feedback and provision of a summary of feedback for appraisers should be considered. The appraiser should reflect on this feedback and look for areas for development. The results may also be discussed with another colleague or the appraisal lead at a one to one. An appropriate feedback form for this purpose 'the medical appraisal feedback questionnaire' may be found within Annex J of the NHS England Medical Appraisal Policy, available here: <http://www.england.nhs.uk/revalidation/appraisers/app-pol/>.

Recommendation for all designated bodies: A designated body should aim to obtain feedback from a minimum of 20% of all doctors being appraised. This percentage was considered by the National Appraisal Network to be reasonably stretching whilst also being respectful that not all designated bodies are currently at a similar baseline.

Recommendation for NHS England appraisal offices: NHS England appraisal offices should use the NHS England Medical Appraisal Policy feedback questionnaire for all appraisals, with a view to achieving at least 20% completion by doctors each year, with the results being fed back to the appraiser annually.

3.3 Reviewing the appraisal outputs

The appraisal summary and personal development plan (PDP) are reviewed by the responsible officer prior to making a revalidation recommendation for a doctor. The

appraisal summary should therefore be detailed enough for the responsible officer to view it as a standalone document providing adequate information to aid them in their decision. The summary should also reflect a formative, developmental discussion between a doctor and their appraiser documenting what they have achieved in the last year and what they plan to do in the coming year. A number of appraisal output tools have been developed to help sign post appraisers and assess the standard of the summary and PDP with a view to highlighting areas for development.

The Appraisal Summary and PDP audit Tool (ASPAT) has been written after reviewing other available appraisal audit tools such as PROGRESS, EXCELLENCE, the East Midlands tool and the Oxford tool. It covers many similar areas to its predecessors and offers further development in certain areas. Whilst the ASPAT is not specifically intended to replace other tools where these are being used to good effect, it may act as a suitable standard tool in places where no such process has been in place before.

The appraisal lead is an appropriate person to assess the appraisal outputs (summaries and PDPs) of their local appraiser group. However appraisal output audit may also be delegated to other appropriate colleagues under the direction of the appraisal lead.

The outputs should be assessed once a year, reviewing either two or 20% of summaries and their relating PDPs for each appraiser (whichever is the greater number). This standard of 20% allows for some assessment of consistency within an appraiser's work whilst maintaining proportionality with respect to the work of auditing. Resources may allow a higher percentage of outputs to be assessed providing more validity; this may also be necessary using a risk-based approach if there is concern about the program or individual appraisers, or for new appraisers. Once the appraisal lead is assured that the standard of outputs in the appraiser group is satisfactory, the volume and frequency of outputs audited might reduce. The process of reviewing appraisal outputs in this manner is to review the appraiser function not to make any judgements about the doctor to whom they relate. The outputs reviewed should therefore be anonymised in respect of the doctor where possible and chosen randomly. If an appraiser does not show development over time this audit documentation may support a decision to stop using their services.

An audit tool may be used to:

- Support the quantitative and qualitative assessment of an individual appraiser's appraisal outputs (summaries and PDPs) of the appraisals they have carried out
- Provide reference and guidance to an appraiser preparing for an appraisal and writing up an appraisal summary
- Provide reference and guidance to all doctors when preparing for their own appraisal
- Assist with local, regional and national benchmarking when looking at the standard of appraisal outputs
- Support the responsible officer's decision making process at the point of making a recommendation

Recommendation for all designated bodies: For each appraiser review a minimum of 20% of, or at least two (whichever is the greater number) appraisal outputs per year using ASPAT or another tool.

Recommendation for NHS England appraisal offices: For each appraiser review a minimum of 20% of, or at least two (whichever is the greater number) appraisal outputs per year using ASPAT or another tool.

3.4 Reviewing appraisers' performance individually (Self/ peer/ appraisal lead/ responsible officer / appraisal and revalidation administration teams)

The appraiser may carry out self-assessment (QAMA, 2014) and self-review of their work however one to one appraiser performance reviews is helpful to add objectivity and facilitate the identification of areas for development as well as highlighting and valuing good performance.

The Routine Appraiser Assurance Tools (found in Annex J attached to the NHS England Medical Appraiser Policy, available here: <http://www.england.nhs.uk/revalidation/appraisers/app-pol/>) includes an appraiser assurance review template which is suitable for a one to one review with an appraiser.

The appraisal lead or another appropriately experienced delegated individual (which may be a peer) may periodically meet for a one to one with an appraiser to review their appraisal work, discuss the findings from doctors' feedback (from appraisals carried out), reflect on the results of an audit review of the appraiser's appraisal outputs, and discuss any feedback from the appraisal and revalidation administration teams relating to the appraiser's proficiency with systems and processes. Meeting all appraisers for a one to one every year might be inefficiently labour intensive; it may be a better use of resource for appraiser reviews to take place less frequently and/or on the basis of developmental need¹.

The appraisal lead may wish to identify appraisers who might benefit from further guidance and only meet with these appraisers to review their work and sign post their development. This might occur on a yearly basis initially until the appraisal lead is assured that the appraisers are performing to the standard required.

Recommendation for all DBs: That a designated body expects an appraiser to complete a self-review at least every two years and that either peer/ lead appraiser/ RO review occurs at least once every five years depending on the need for development.

Recommendation for NHS England appraisal offices: That each appraisal office expects an appraiser to complete a self-review every two years and that either

¹ Additional one-to-one meetings with newly trained appraisers might usefully occur more frequently in their induction phase.

peer/lead appraiser/responsible officer review occurs at least once every five years depending on the need for development.

4 Supporting the appraiser's own appraisal

Documentation arising from the assurance processes described in this paper comprise excellent supporting information for an appraiser to reflect on and present at their own appraisal as follows:

- Attendance of meetings – CPD
- The medical appraisal feedback questionnaire – feedback from 'clients/proxy patients'
- The appraiser assurance review template – quality improvement activity/feedback from colleagues
- The appraisal summary and PDP audit results – quality improvement activity

5 References

Quality Assurance of Medical Appraisers: Engagement, training and assurance of medical appraisers in England, version 5 (NHS Revalidation Support Team, 2014)
<http://www.england.nhs.uk/revalidation/ro/app-syst/>

NHS England Medical Appraisal Policy (version 2.0, April 2015)
<http://www.england.nhs.uk/revalidation/appraisers/app-pol/>

The Medical Profession (Responsible Officers) (Amendment) Regulations 2013
<http://www.legislation.gov.uk/ukxi/2013/391/made>

The Medical Profession (Responsible Officers) Regulations 2010 (Her Majesty's Stationery Office, 2010)
www.legislation.gov.uk/id/ukdsi/2010/9780111500286