Mid Essex Hospital Services NHS Trust

Appraisal and Revalidation Policy for Medical Staff	**Policy** Register Number: 12008 Status: **Public**

Developed in response to:	Enhanced medical appraisal for the revalidation of doctors. Launched by the GMC in December 2012.
Contributes to CQC Regulation:	17, 18

Consulted With	**Post/Committee/Group**	**Date**
	LNC	December 2017

Professionally Approved By Dr Ellen Makings	Site Medical Director	December 2017

Version Number	3.0
Issuing Directorate	Corporate, Chief Medical Officer
Ratified by:	DRAG Chairmans Action
Ratified on:	2nd January 2018
Executive Management Board Sign Off Date	February 2018
Implementation Date	30th January 2018
Next Review Date	December 2020
Annual Organisation Audit/Contact for Information	Kay Gammage
Policy to be followed by (target staff)	All Non Training grade medical staff
Distribution Method	E-mail, Intranet and Website
Related Trust Policies (to be read in conjunction with)	Remediation Policy Equality and Diversity

Document Review History

Version Number	**Authored/Reviewed by**	**Active Date**
2.0	Kay Gammage/Rebecca Martin	3.6.16
2.1	Katherine Rowe/Rebecca Martin	6.6.7
3.0	Katherine Rowe/Rebecca Martin	30 January 2018

Contents

1.0 Purpose

1.1 The purpose of this policy is to ensure that all licenced medical practitioners (doctors) with a prescribed connection to the Trust undergo a high quality and consistent form of annual medical appraisal.

1.2 This policy outlines the requirements and approach to enhanced medical appraisals for revalidation to ensure that licensed doctors remain up to date and fit to practice. It is also aimed at providing support to all those involved with the medical appraisal process.

1.3 As described in the NHS Revalidation Support Team (RST) *Medical Appraisal Guide,* medical appraisal can be used for four purposes:

- 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 the GMC document *Good Medical Practice* and to inform the responsible officer's revalidation recommendation to the GMC
- To enable doctors to enhance the quality of their professional work by planning their professional development with a PDP that is SMART
- To enable doctors to consider their own needs in planning their professional development
- To enable doctors to ensure that they are working productively and in line with the priorities and requirements of the organisation they practice in

1.4 Appraisal is not a mechanism by which concerns regarding health, capability, behaviour or attitude are identified or addressed. Such concerns should be managed in an appropriate and timely manner, following the Trusts processes for raising concerns.

2.0 Aims

2.1 The medical appraisal process is designed to provide assurances to the Trust and the public that doctors are remaining up to date across their whole scope of practice through Revalidation.

2.2 This policy defines the process, roles and responsibilities of those involved in the medical appraisal and revalidation process and the relationship between appraisal and clinical governance.

2.3 Medical appraisal for doctors with a prescribed connection to the Trust will be carried out in accordance with the GMC guidance: *Supporting information for appraisal and revalidation*, and be based on the GMC's *Good Medical Practice Framework for appraisal and revalidation.*

3.0 Scope of Policy

3.1 This policy applies to all medical practitioners with a prescribed connection to the Trust. Responsible Officers are required to maintain a list of the doctors that have a prescribed connection to their designated bodies. GMC Connect is maintained weekly when doctors are joining and leaving the Trust.

3.2 There may be doctors employed or contracted to the Trust who have a prescribed connection to another designated body. Their professional medical appraisal should be performed within their own designated body with information included from their practice at Mid Essex Hospital.

4.0 Roles and responsibilities

4.1 **All medical practitioners** have a responsibility for ensuring that the principles outlined within this document are universally applied. These principles apply to doctors of all grades who are not in a deanery approved training programme and do not hold a National Training Number.

4.2 **The Trust Board** is responsible for approving the framework to support the revalidation of medical practitioners with a prescribed connection to the Trust and ensuring it is compliant with all relevant legislation.

4.3 **The Chief Executive Officer** is responsible for ensuring that adequate and appropriate resources are available to support the Responsible Officer in the discharge of his/her duties. The Chief Executive is also responsible for completing the annual Statement of Compliance as required by NHS England. The Chief Executive Officer will appoint the Responsible Officer (RO).

4.4 **The Responsible Officer:** The primary role for the successful delivery of enhanced medical appraisals for revalidation is that of the Responsible Officer (RO). This role is usually incorporated into the Chief Medical Officer's portfolio of responsibility as the senior medical professional within the organisation. With board approval this role can be delegated to a Deputy or Associate Chief Medical Officer. The RO is personally accountable to the GMC, Chief Executive (via the Chief Medical Officer) and the Trust Board.

4.4.1 The RO is bound by the Responsible Officer Regulations (2010) and the Medical Profession (Responsible Officers) (Amendment) Regulations 2013. The RO is responsible for ensuring appraisal and revalidation policies and associated processes comply with the relevant national guidance and legislation.

4.4.2 The RO's duties include:

- Agreeing an appraisal policy that is compliant with national guidance and legislation
- Supporting a programme of training for appraisers and ensuring they have sufficient resources for the role
- Provide assurance to the Board of Directors that statutory responsibilities are being discharged effectively
- Ensuring that there are appropriate systems and processes in place for collecting and holding data that inform the evaluation of fitness to practice
- Agreeing a process for addressing conflicts of interest and bias
- Agreeing and implementing a process and associated policy for remediation for doctors in difficulty

4.5 **Clinical and Divisional Directors** are responsible for ensuring that all medical practitioners in their areas are able to complete an annual appraisal in a timely manner and will highlight any concerns that they may have with a doctor's practice within their directorate or division to the Responsible Officer, as soon as the concern arises.

4.6 **Appraisal Lead**: The Appraisal Lead will be appointed by the Chief Medical Officer. Duties include to:

- Ensure appraisals are carried out to uniformly high standard
- Promote, support and facilitate implementation of national appraisal policies
- Attend regional network meetings and cascade good practice throughout the organisation
- Provide a full quality assurance process of appraisals due for revalidation and provide the RO with the necessary information required to make recommendations to the GMC
- Provide feedback and guidance to appraisees on their reviewed appraisals
- Provide support and guidance to the Trusts medical appraisers

4.7 Appraisers

4.7.1 Doctors have a responsibility to support the profession in the delivery of appraisal and revalidation. Appraisers will be identified by the Appraisal Lead and RO and once trained will receive a formal appointment letter from the RO which sets out the expected duties of the position.

4.7.2 As part of the quality assurance process within the Trust, there will be a continual review of appraiser skills and the Trust will obtain appraisee feedback on their performance and provide this to them for inclusion in their own appraisal.

4.7.3 In normal circumstances, an individual appraiser should undertake between five to twelve appraisals a year, to maintain an appropriate level of quality and consistency. If an appraiser undertakes fewer than this, the reasoning and arrangements for re-training (if appropriate) will be recorded as part of the quality assurance process.

4.7.4 Appraisers should allow approximately four hours for each appraisal and training associated with the role.

4.7.5 Enhanced medical appraisals require the appraiser to assess the doctor's portfolio and consider whether the evidence meets the requirements of the GMC's Good Medical Practice Framework for appraisal and revalidation.

4.7.6 The appraiser will be asked to assess whether the evidence submitted in the appraisal portfolio is appropriate for the doctor's scope of work and if reflection has been included.

4.7.7 If the evidence and reflection is insufficient to inform an evaluation of the doctor's practice, the appraiser in the first instance should discuss this with the appraisee.

4.7.8 If this does not resolve the problem, the matter should be referred to the Appraisal Lead and/or the RO.

4.7.9 If during the appraisal discussion, a concern arises that the doctor's health, conduct or performance poses a threat to patient safety, the appraiser should stop the appraisal meeting immediately and refer to the Appraisal Lead/RO for further action.

4.7.10 Appraisers will be supported by the Appraisal Lead and will be expected to attend the regular appraiser support forums as part of their continuous professional development in the role.

4.8 Appraisees

4.8.1 It is the responsibility of individual doctors to ensure that they participate in the annual appraisal process which meets GMC's requirements for enhanced medical appraisals for revalidation.

4.8.2 Responsibilities include to:

- Ensure they are familiar with this policy.
- Complete an annual appraisal in accordance with this policy and GMC requirements.
- Ensure that where reasonably practicable, every appraisal is conducted within the timeframes specified within this policy. Non-compliance may lead to referral to GMC for non-engagement
- Contact their appraiser in a timely manner to arrange the date and time for appraisal meeting
- Use the Trusts approved electronic system to complete their appraisal portfolio
- Ensure that adequate time is set aside to prepare appraisal portfolio for appraiser's review. This should be submitted two weeks in advance of the appraisal date and if this is not done their appraisal may be postponed at their appraiser's discretion
- Ensure their appraisal is completed by the last day of their appraisal month (appraisal due date) and signed off within 28 days of the appraisal meeting
- Contribute to the Trusts quality assurance framework for appraisal by completing feedback surveys upon completion of their annual appraisal
- If leaving the Trust ensure they download their appraisals from Zircadian (Allocate) before they leave.

4.9 Appraisal and Revalidation Manager (Head of Medical Resources): will oversee the medical appraisal process for the Trust and develop procedures and practices that are in line with changes in legislation.

4.9.1 HoMR will ensure that appropriate protocols, processes and records are followed to ensure all doctors, with a prescribed connection to the Trust, have

access to an annual medical appraisal which is in line with national requirements for revalidation.

4.9.2 Other responsibilities include:

- Maintain the GMC Connect list of all doctors that have a prescribed connection with the Trust as a designated body under the regulation of the Medical Profession (Responsible Officer) Regulations (2010)
- Mange the Trust's electronic appraisal system and provide administrative support to its users
- Maintain and develop a pool of trained medical appraisers to ensure there are sufficient numbers to meet the needs of the medical workforce
- Provide monthly performance reports to Clinical Directors of appraisal activity within their directorates

4.10 Clinical Governance Leads

4.10.1 The directorate and divisional Clinical Governance Leads will be responsible for ensuring that relevant clinical governance systems are maintained so specific data can be obtained by each doctor in relation to appraisal and revalidation requirements.

4.10.2 Clinical Governance Leads should ensure doctors in their directorate receive copies of minutes from departmental clinical governance meetings and feedback from significant incidents in their area for learning.

5.0 Equality and Diversity

5.1 MEHT is committed to the provision of a service that is fair accessible and meets the needs of all individuals.

5.2 Staff applying this policy must consider the Trust's responsibilities when potential equality or disability issues may apply.

6.0 Medical Appraisal Principles

6.1 Enhanced medical appraisals are based on the principles and values set out by the GMC's *Good Medical Practice* guidance for doctors. This guidance describes the standards of competence, care and conduct expected of doctors in all aspects of their professional work. These aspects include:

- Good clinical care
- Maintaining good medical practice
- Teaching and training
- Relationship with patients
- Working with colleagues
- Probity
- Health

6.2 The GMC's *Good Medical Practice framework for appraisal and revalidation* forms the basis of a standard approach for all enhanced medical appraisals.

The framework consists of four domains that cover the spectrum of medical practice. Each domain is supported by three attributes, which in turn are defined by standards of behaviour.

6.3 The majority of these attributes apply to the practices or principles of the profession as a whole whereas a minority relate specifically to care of or relationships with patients. The supporting information, which will be collected within doctors' appraisal portfolios, will largely be specific to their specialisation.

6.4 The four domains of the GMC's Good Medical Practice are:

Domain 1 – Knowledge, Skills and Performance

- Maintain your professional performance
- Apply knowledge and experience to practice
- Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible and that the stamp issued to you is used at all times for clinical records

Domain 2 – Safety and Quality

- Put into effect systems to protect patients and improve care
- Respond to risks to safety
- Protect patients and colleagues from any risk posed by your health

Domain 3 – Communication, Partnership and Teamwork

- Communicate effectively
- Work constructively with colleagues and delegate effectively
- Establish and maintain partnerships with patients

Domain 4 – Maintaining Trust

- Show respect for patients
- Treat patients and colleagues fairly and without discrimination
- Act with honesty and integrity

6.5 Appraisers and doctors should consider how the doctors live up to our Trust values within their daily professional lives and place an equal emphasis not just on what they achieved, but how they go about achieving it. This will enable appraisers and doctors to identify development needs across the soft skills required to consistently live up to our values, helping the organisation to plan to provide the training that staff most require.

6.6 The expectation is that, by developing a portfolio of wide-ranging supporting information from their professional practice, a doctor will be able to show how they exhibit the above attributes to a satisfactory level. Supporting information will cover a five year cycle of revalidation and will be linked to all attributes. The six types of supporting information as outlined in the GMC's *supporting information for appraisal and revalidation* are:

- CPD
- Quality improvement activity
- Significant events
- Feedback from patients (where applicable)

- Feedback from colleagues
- Review of complaints and compliments

6.7 By providing all six types of supporting information over the appraisal year doctors should demonstrate, through reflection and discussion, that their practice meets all twelve attributes in the above four domains.

6.8 In discussing the supporting information, the appraiser will be interested in what the doctor did with the information and the reflections on the lessons learnt from completing the activity, not simply that it was collected and maintained in a portfolio. The appraiser will want to know what the doctor thinks the supporting information says about their practice and how they intend to develop or modify their practice as a result of that reflection.

6.9 Every doctor is responsible for ensuring that they are appraised annually on their whole practice, so will need to make arrangements to share information from each of their employers, including voluntary and private practice, on an annual basis. In order for a doctor to be appraised on their whole practice, it is acknowledged that information requests will need to be handled in a timely manner and information from e.g. private sector, other NHS employers, will need to be made available to the doctor to allow them to share the information with their appraiser.

6.10 A Trust guidance document is available to assist doctor's understand the type of information required their appraisal portfolios. This guidance document is an important tool for individuals to use when preparing for their appraisal and should be referred to for advice on local and national requirements for each type of supporting information. The guidance document is available on the medical appraisal section of the Trusts intranet site or upon request from the medical resources department. All new doctors are given a letter from the RO and a copy of the appraisal guidance.

6.11 Doctors in specialist practice should also consult the supporting information guidance provided by their Royal College or Faculty. The specialty supporting information guidance details what each medical Royal College or Faculty expects to be included in a doctor's appraisal portfolio, based on their specialty expertise.

7.0 Medical Appraisal Process

7.1 Format

7.1.1 To assist doctors with the collection of supporting information, the Trust uses Allocate Software's Zircadian system. This is a secure, internet based system which will allow doctors to collect and build a portfolio of appraisal evidence throughout the year.

7.1.2 Zircadian appraisal form is based upon NHS England's *Medical Appraisal Guide* format and includes the relevant sections required for revalidation

7.1.3 The use of Zircadian is mandatory and where possible, all supporting information pertaining to the appraisal should be uploaded onto the system. The appraisal form contained within the system must be used for every appraisal, hand written documentation will not be accepted under any circumstances. All patient identifiable information must be removed prior to uploading onto Zircadian.

7.1.4 Previous appraisals relevant to the doctor's current revalidation cycle should be uploaded onto Zircadian.

7.2 Timings and Reminders

7.2.1 For the purpose of auditing the appraisal system and to align with NHS England's appraisal periods, the appraisal year will run from 1st April to 31st March. A completed annual medical appraisal is one where the appraisal meeting takes place between nine and twelve months since the date of the last appraisal and the outputs of appraisal have been agreed and signed off by the appraiser and the doctor within 28 days of the appraisal meeting

7.2.2 Every doctor will have an agreed, fixed appraisal month every year. Doctors will be expected to have their appraisal meeting during their designated appraisal month. Any doctor, who cannot complete their appraisal in the month it is due, must obtain prior approval by the Appraisal lead to postpone the appraisal date as outlined in section 8.0 of this policy.

7.2.3 Reminders of forthcoming appraisals will be sent to the appraisee by email automatically 12 weeks before the provisional appraisal due date. This will be set as the last day of the appraisal month. Reminders will then be sent at 8 weeks, then 6 weeks and continue every 3 days until the appraisal date is confirmed.

7.2.4 Doctors should aim to schedule their appraisal date with their appraiser at least eight weeks before the due date and submit the appraisal documentation for review to the appraiser at least two weeks before the agreed appraisal date. The appraisal meeting should be scheduled in advance of reviewing the appraisee's appraisal portfolio.

7.2.5 Allocate will generate an automated email to notify the appraisee that the appraisal meeting is approaching and the appraisal form has not been submitted to the appraiser once the appraisal date has been confirmed within e-appraisal. This will occur 2 weeks before the planned meeting date, then every 3 days after until it has been submitted.

7.2.6 The appraiser will be automatically notified by email that the appraisal date has passed and that the appraisal meeting has not been completed every 3 days following the planned appraisal meeting date.

7.2.7 For appraisals which are being realigned with a doctor's revalidation date, the appraisal must be completed and signed off at least eight weeks before a revalidation recommendation is due. This allocated timeframe allows the

Responsible Officer and Appraisal Lead to conduct a thorough review of the submitted appraisal prior to considering a recommendation.

7.2.8 Failure to adhere to this timeframe may result in the Responsible Officer referring the matter to the GMC for investigation into non-engagement of the doctor. Please refer to section 9.0 for further information relating to non-engagement with the appraisal and revalidation process, The Trust has mechanisms in place to report appraisal completion rates to NHS England as outlined in section 13 of this policy.

7.2.9 Communications about appraisal will be sent to Trust email accounts. Doctors should ensure they check these regularly.

7.3 Allocating an Appraiser

7.3.1 The Appraisal Lead and the Head of Medical Resources will be responsible for making decisions on appraiser allocation. If there is any perceived or actual conflict of interest between an appraisee and an appraiser, this needs to be escalated to the Appraisal Lead or RO to make a decision.

7.3.2 Doctors will be allocated their appraiser every two years, according to the following principles:

- Doctors will not be allocated the same appraiser more than twice in a five year revalidation cycle and must then have a period of at least three years before being appraised again by the same appraiser
- Appraisers should be allocated and agreed at least ten weeks before the scheduled appraisal meeting
- Appraisers do not have to be from the same speciality or discipline as the doctor being appraised
- A doctor should not act as an appraiser to a doctor who has acted as their appraiser within the previous five years

7.3.3 The allocation of an appraiser can be appealed by a doctor to the RO using the form available on the Trust website (appendix 6). The RO will respond to the appeal giving their reasons and, where agreed, a different appraiser. Unless there are exceptional circumstances the doctor can appeal only twice for any given appraisal cycle they must accept the final appraiser allocation. Appeals must be received within four weeks of the appraiser allocation.

7.3.4 The Responsible Officer reserves the right not to appoint an appraiser where there are performance or conduct issues with the doctor.

7.3.5 External appraisers may be considered in circumstances where there is a lack of trained appraisers within the Trust, or where there is a perceived conflict of interest or appearance of bias that cannot be resolved internally.

7.4 Conflict of Interest and Risks of Collusion

7.4.1 Appraisers and appraisees must avoid any situations where a conflict of interest may exist between an appraiser and appraisee, including:

- Personal or family relationships
- Sharing of close business or financial interests
- Reciprocal appraisals (where two doctors appraise each other)
- Any payment or other gifts or favours in connection with the appraisal
- Collusion between an appraiser/appraisee within the revalidation cycle, for example in periodic joint appraisal or in qualitative evaluation of appraisal outputs

7.4.2 Where these situations arise, the doctors involved must report this to the RO. Failure to do so may constitute professional misconduct or fraud and may be subject to disciplinary action.

7.5 The Appraisal Meeting

7.5.1 The appraisal portfolio must be submitted to the appraiser at least two weeks prior to the date of the appraisal, taking into account any leave arrangements that may impact on the ability of both parties to prepare for the formal appraisal meeting.

7.5.2 If the appraisal portfolio is not submitted with sufficient time for review, the appraiser reserves the right to postpone the appraisal to allow two weeks for the review of documentation prior to the appraisal meeting.

7.5.3 If the quality of the portfolio of supporting information and/or the accompanying commentary appears incomplete or inadequate, the appraiser should discuss this with the doctor, with a view to the doctor amending or supplementing the supporting information before the appraisal meeting. If the appraiser is satisfied as to why the portfolio and commentary are as they are, the appraisal meeting can proceed as scheduled, and the appraiser should record the reasons given as part of the appraisal summary. The appraiser should aim to review the portfolio within the beginning of the two week time frame such that the doctor has the opportunity to rectify their inputs in time for the scheduled meeting to occur.

7.5.4 In the event where it is necessary to postpone the appraisal meeting because of incomplete or inadequate information, the appraiser should inform the appraisee of the postponement and what areas needs rectifying before the meeting can occur. The, Head of Medical Resources and the appraisal lead should also be informed by email at the earliest opportunity of this. It is the responsibility of the appraisee to then contact the appraiser to reschedule the appraisal meeting. The appraiser should conduct the appraisal meeting only when there is sufficient information within the appraisal portfolio.

7.5.5 Colleagues should allow at least two hours to conduct the formal appraisal meeting. This time must be scheduled at the mutual convenience of the appraiser and appraisee, and where possible during SPA time.

7.5.6 Appraisal meetings should not normally be scheduled during DCC time. However if it proves impossible to arrange a convenient time for both parties to meet during SPA time, an appraisal meeting may be scheduled during clinical time. This is subject to the usual period of notice being given and an

agreement to compensate for the lost clinical time, for example, by carrying out additional activities during alternative designated SPA time.

7.5.7 Appraisal meetings should normally be conducted on the hospital site, unless the RO or their nominated deputy gives specific permission to the contrary, with an appropriate venue arranged to ensure privacy.

7.5.8 On very rare occasions, an unexpected serious concern may come to light in the course of an appraisal. In such circumstances the appraiser should suspend the conversation, should not complete the appraisal outputs and should notify the RO as soon as reasonably practicable, so the matter may be addressed. The RO will decide within 28 days of the referral when and how the appraisal process should be reinstated and how the issues raised should be addressed.

7.5.9 The appraiser should complete the appraisal summary within 14 days of the appraisal meeting and the appraisee should review and sign off the appraisal within 14 days of the appraiser. If the appraisee disagree's with the appraisal summary they should contact the appraiser and the appraisal lead.

7.6 Allocate will automatically generate an email that notifies both the appraisee and the appraiser that the meeting took place 28 days ago but has not signed off.

8.0 Postponement or Deferment of Appraisal

8.1 It is mandatory for all doctors with a prescribed connection to the Trust to complete an appraisal annually and within 9-12 months of the month due date.

8.2 Postponement of an appraisal can only be agreed with the prior and express permission of the Appraisal Lead using the postponement request form (appendix 5). The form is available on the Trust appraisal website. Appraisal cannot be postponed any longer than three months from the due date. The Appraisal Lead can be contacted for informal advice before applying for a postponement.

8.3 Failure to complete an appraisal within this timeframe will result in a doctor's appraisal being reported as 'missed' for the period and this will be escalated to the appraisal lead and RO. Doctors will receive notification if they have an unapproved incomplete or missed appraisal and this may be subject to further investigation. The Trust audits all incomplete and missed appraisals.

8.4 Agreement to postpone an appraisal date will only be given in exceptional circumstances and will not lead to a change to the agreed appraisal month for future years. The original appraisal month should therefore be adhered to in future years if a postponement request is authorised. Normal annual leave is not considered a reason to postpone appraisal.

8.5 There are also exceptional circumstances when a doctor may request that an appraisal is deferred such that no appraisal takes place during a particular appraisal year. Examples include:

- Breaks in clinical practice due to sickness or maternity leave

- Breaks in clinical practice due to absence abroad or sabbatical
- Delay of an appraisal beyond the last day of their appraisal month due to unforeseen personal or work related issues

8.6 It would be expected that if a doctor is working abroad or on a sabbatical they would normally still have an appraisal.

8.7 Doctors who have a break from clinical practice may find it harder to collect evidence to support their appraisal, particularly if being appraised soon after their return to clinical practice. An appraisal however can often be useful when timed to coincide with a doctor's re-introduction to clinical work. Appraisers will use their discretion when deciding the minimum evidence acceptable for these exceptional appraisals.

8.8 As a general rule it is advised that doctors having a career break:
- In excess of six months should try to be appraised within six months of returning to work
- Less than six months should try and be appraised no more than eighteen months after their previous appraisal and wherever possible so that an appraisal year is not missed

8.9 The Trust will ensure that no doctor is disadvantaged or unfairly penalised as a result of pregnancy, sickness or disability.

8.10 Doctors are still expected to have to produce the recommended total amount of CPD for the five year cycle revalidation cycle, even if they have had some periods of leave during the five years.

8.11 Appraisals may also be deferred at the specific request of the RO where a doctor is already under investigation for concerns that have been raised.

8.12 The RO is unable to make a positive revalidation recommendation for any doctor who does not have an agreed and valid reason for the deferment of their appraisals and do not have a sufficient number of completed appraisals within each five year revalidation cycle.

9.0 Escalation Process for Non-Engagement

9.1 The Trust has processes in place to support engagement with the annual appraisal process, remind doctors of their professional responsibilities, and advise them as to the potential implications of non-engagement. Failure to engage with the appraisal process will place a doctor's employment status, and potentially their GMC licence to practice at risk. The doctor will be provided with reminders of when their annual appraisal is due for completion as outlined in section 7.2 of this policy.

9.2 If an appraisal meeting has not been completed by 28 days after the appraisal due month, and there has not been an agreed postponement to the appraisal due date, the Appraisal lead will write to the doctor by email with an attached 1st notification letter and a copy of the appraisal policy

9.3 If the doctor has not responded within 5 working days or has not completed their appraisal meeting within the agreed time frame,, a 2nd notification letter will be sent from the Responsible Officer by email to the doctor giving twenty eight days' notice to complete their appraisal meeting and reminding them of their professional responsibilities and potential consequences for failing to engage with the appraisal and revalidation processes. The names of these doctors will be discussed with the regional GMC Employer Liaison Advisor and their divisional director will be copied into the letter.

9.4 If the doctor has not completed their appraisal within the twenty eight days' notice or has not responded to the RO within 5 working days of the letter, the RO will review the revalidation and regulatory implications of non-engagement and in the absence of any mitigating factors will consider further action. Typically this will include notifying the GMC of a non- engagement concern for the doctor and formal action under disciplinary procedures and contract of employment may also be considered. The RO will inform the doctor and their divisional director of the action taken and notify them that the doctor is no longer eligible for pay progression or clinical excellence award application

9.5 If the RO has considered that there is no evidence to support the doctor not being able to participate in local processes that support revalidation, a non-engagement concern notification (REV6) will be submitted to the GMC which will stipulate a compliance date for the doctor to start engaging in the appraisal and revalidation processes. The GMC will then write to the doctor to outline that a non-engagement concern has been raised and the compliance date will be given.

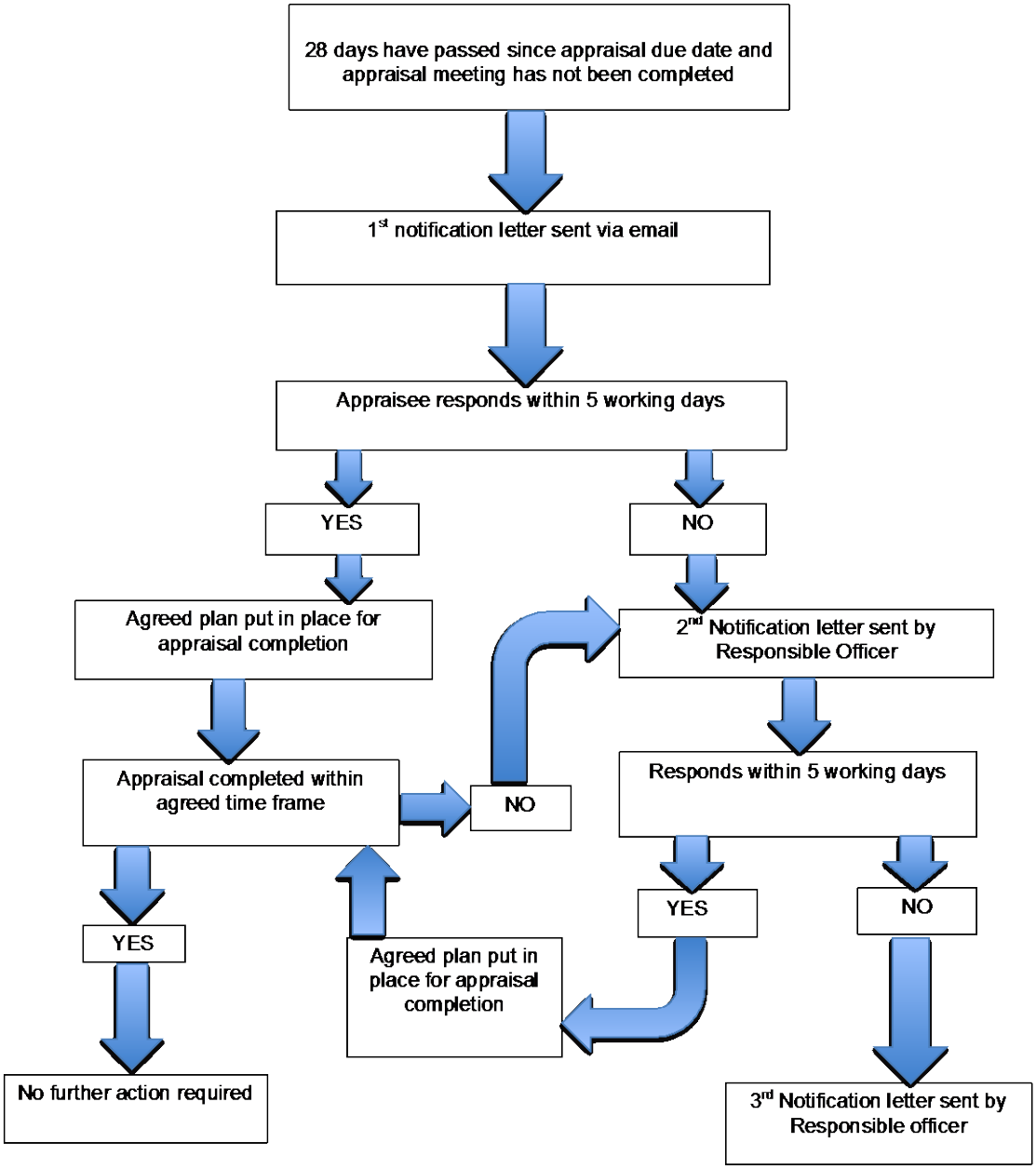
9.6 If the doctor continues with non- engagement, the RO will inform the GMC after the compliance date has passed who can place the doctor into their 4 month statutory notice period and bring forward their revalidation date.

9.7 If the doctor continues with non-engagement, the GMC will then commence their proceedings for non-engagement with revalidation directly with the doctor which may result in the removal of their licence to practice.

9.8 The RO may also formally review the matter in line with the Trust policies and processes, which may result in a decision being made about the doctor's on-going employment with the Trust.

9.9 If the doctor subsequently begins engaging in the appraisal and revalidation process they will follow the usual appraisal process.

Algorithm of Escalation Process



10.0 Selection, Training and Support of Medical Appraisers

10.1 Person Specification and Job Description

A person specification and a summary of activities expected from the medical appraiser role is available and can be found in appendix 1 and 2 of this policy. The Appraisal Lead and RO will ensure there are sufficient trained appraisers to deliver appraisals.

10.2 Required Competences for Appraisers

10.2.1 These include:

- The ability to summarise a discussion clearly and accurately
- Objective evaluation skills
- Commitment to on-going personal education and development
- Good working relationships
- Ability to work as part of a team
- Motivating, influencing and negotiating skills
- IT skills

10.2.2 The Responsible Officer and Appraisal Lead will confirm that a doctor is suitable to be an appraiser and will review the performance of all new appraisers in their first year in order to confirm their continuation in that role.

10.3 Training and Development of Appraisers

10.3.1 Trust appraisers will have attended an approved training course for new medical appraisers for revalidation.

10.3.2 Trained appraisers will be expected to keep their skills up to date by attending yearly update training and in house appraiser forums.

10.4 Access to Leadership, Support and on-going Development

10.4.1 Support for appraisers will be available from the Responsible Officer and Appraisal Lead. The Appraisal Lead will be responsible for coordinating the local meetings and support network.

10.4.2 The MEHT Appraisers Support Network will provide support and updates to all appraisers via email group and face to face meetings. All appraisers are expected to attend. The RO and Appraisal Lead will provide feedback and updates from the regional meetings.

10.5 Review of Skills

10.5.1 Appraisers will be expected to be undergo a yearly review on their role as an appraiser as part of their annual appraisal.

10.5.2 The Trust will collect feedback from appraisees and individual feedback will be provided to appraisers for inclusion and reflection within their appraisal. This is a mandatory field on Zircadian.

10.5.3 The Appraisal Lead and RO will also provide feedback on appraisers as part of the Quality Assurance process and through panel review.

10.5.4 If there are performance concerns related to the role of an appraiser, for example poor quality outputs that are not addressed after feedback or inability to deliver outputs within the required timeframe, then the appraiser may be removed from the role.

10.6 Recognition of the Role of Appraiser

10.6.1 The role of the appraiser is a professional role and requires on average 4 hours per appraisal to allow for preparation, meeting and sign off.

10.6.2 The trust recognises the importance of this role and it will be remunerated appropriately by agreement with the CMO.

11.0 Revalidation Recommendations

11.1 The Trust will have an Appraisal Review Panel to advise on revalidation recommendations. This will normally be the RO and Appraisal Lead but input from a Senior Appraiser may be requested. The panel will meet as needed to ensure recommendations are submitted on or before the Revalidation submission due date.

11.2 The Appraisal Review Panel will review the outcome of all appraisals within the five year revalidation cycle and consider the alongside other relevant information regarding the individual doctor when making a revalidation recommendation to the GMC.

11.3 The final decision on the recommendation remains with the RO as they hold the statutory duty.

11.4 Doctors who have a conflict of interest or appearance of bias with the RO can be allocated an external RO by application to the regional RO.

11.5 In making their recommendation, ROs will consider the following areas:

11.5.1 There is evidence of annual appraisals with supporting information. This will be provided by the appraisal outputs, including the summary completed by the appraiser.

11.5.2 Where appraisal has identified developmental needs, there is evidence of continuing development and reflection between appraisals.

11.5.3 There is evidence of reflection on the supporting information. This will be provided by the appraiser’s summary.

11.5.4 There is evidence that the risk of complacency and collusion between appraiser and the doctor is minimised. This will be demonstrated through altering appraisers every two years, verification of clinical data, patient and colleague feedback and appropriate appraiser training.

11.6 The RO will make each revalidation recommendation in line with the Medical Profession (Responsible Officers) Regulations 2010 and the GMC protocol for making revalidation recommendations.

11.7 Doctors will receive a letter from the RO informing them of the revalidation recommendation submitted.

12.0 Appraisal and Job Planning

12.1 Appraisal is not the process by which the Trust reviews or judges performance against an individual's contract of employment, job plan or service objectives. This is conducted under the Trust Job Planning review process.

12.2 It is expected that individuals will present their job plan, which has had a yearly review to their appraiser as part of their appraisal documentation. Any issues arising from the job plan, clinical outcomes or other governance data may be relevant to the appraisal will form part of the appraisal discussion.

13.0 Quality Assurance of Appraisals and Revalidation

13.1 NHS England's Framework of Quality Assurance (FQA) provides an overview of the elements defined in the RO Regulations, along with a series of processes to support RO and Designated Bodies in providing the required assurance that they are discharging their respective statutory responsibilities.

13.2 The Trust will be expected to receive an annual board report on the implementation of revalidation and submit an annual statement of compliance to their higher level RO. RO's will also be required to submit quarterly and annual returns to their higher level responsible officers in accordance with the guidance contained in the FQA.

13.3 The Trust Board will receive an annual report at year end, based on the Annual Organisational Audit (AOA), confirming the numbers of appraisals that have been completed across the organisation, any key themes that are emerging and recommendations for improving the process and quality (if relevant) for the following year in line with the FQA.

13.4 It is a mandatory requirement that appraisees are asked for feedback on their appraisal experience on an annual basis. The results collected from this feedback will be used to identify areas of improvement in the process for future years as well as providing an overview of the appraisers performance for the year.

13.5 A review template for quality assurance of medical appraisals is available for the appraisee when checking an appraisal is complete and also for the appraiser to use prior to the appraisal meeting (appendix 4).

14.0 Records and Confidentiality

14.1 This section aims to clarify issues of confidentiality of appraisal documentation and outcome.

14.2 There is an explicit link between participation in appraisal, outcome of annual appraisal, and GMC re-licensure through revalidation. Appraisal therefore has a summative (but objective) component linked to clinical governance and revalidation where the outcome may be shared with others as detailed below.

14.3 Whilst the details of an appraisal meeting are confidential to the appraiser and doctor, the Head of Medical Resources, Appraisal Lead, CMO and RO will have access to the portfolio and appraisal documentation through the Zircadian system. Doctors can mark documentation that they wish to keep entirely confidential as 'private' within the Zircadian system, which can then only be viewed by their appraiser, CMO, RO and the Appraisal Lead.

14.4 The appraisal process serves a number of purposes, which influence the circumstances in that individuals other than the appraiser and the doctor may view appraisal documentation. These include:

- Providing an accurate record for those involved
- Quality assurance of appraisers, which may include 'sampling' of appraisal documentation
- Addressing concerns highlighted in the appraisal interview
- Having a capacity to highlight themes that might need to be addressed by the Trust as a whole
- Reviewing appraisal documentation as part of the process of making a revalidation recommendation
- Transfer of information between Trusts where a doctor changes employment or works in more than one designated body
- Sharing of appraisal information between the different organisations in which a particular doctor may work

14.5 The Trust uses the Zircadian electronic documentation. Information held in electronic format complies with the MEHT data security and confidentiality policies. All those involved in the appraisal and revalidation process must ensure that all patient identifiable information is removed prior to uploading into the portfolio.

14.6 From 2016-17 it has been specified that the PDP element of the appraisal form will be made available to a doctors Clinical or Divisional Director on request.

14.7 The above may apply to those holding equivalent roles across the Essex Success Regime, where appropriate, and for the purposes of quality assurance.

14.8 Appraisers have a duty under *Good Medical Practice* to inform the RO if concerns arise for patient safety during the appraisal meeting. If concerns regarding the doctor's fitness to practice arise during the appraisal meeting, the appraiser should suspend the meeting and seek advice from the RO. In

the absence of the RO, advice can be sought from the Chief Medical Officer or their Deputy and Appraisal Lead.

14.9 The appraiser must ensure that there are no comments referring to personal health in the appraisal summary or personal development plan

14.10 A summary of the purposes for which appraisal summary and PDPs are used and who has access to them is set out in the table below.

Reason	Who can access	Comments
Corporate accountability for patient safety	Chief Executive Chief Medical Officer Responsible Officer Appraisal Lead	Has access to whole of Zircadian form and attached documents
Clinical governance and job planning – Directorate level	Divisional Director Clinical Director	Has access to PDP element only for those in his/her directorate
Administration related to completed appraisal documents	Head of Medical Resources Appraisal administrator(s)	Held in secure electronic folder with specified limited access rights
Quality assurance of appraiser work	Appraisal Lead. Responsible Officer Head of Medical Resources	Has access to whole of Zircadian form and attached documents
Analysis of learning needs in PDP	Appraisal Lead Responsible Officer	Has access to whole of Zircadian form and attached documents
Where the appraiser has concerns about performance and wishes to discuss this to register a “concern”	Appraisal Lead Responsible Officer Chief Medical Officer	Has access to whole of Zircadian form and attached documents.
Doctor wants to make complaint about appraisal process	Responsible Officer Appraisal Lead Chief Medical Officer	Has access to whole of Zircadian form and attached documents.
For purposes of revalidation recommendation	Responsible Officer Appraisal Lead Chief Medical Officer Senior Appraiser Governance representative	Revalidation recommendations made through Appraisal Review Panel prior to Responsible Officers final decision
Performance, conduct and capability issues.	CEO, RO, CMO, HR Director. Appraisal Lead.	Has access to whole of Zircadian form and attached documents
For the legitimate purpose of Transfer of Information	The RO or nominated deputy of relevant designated body where the doctor also works or will work.	Post-appraisal summary sections of Zircadian form provided on request. Whole Zircadian form may be provided with doctor’s consent.
To review compliance with HEEoE requirements for the appraisal of educators	The Director of Post Graduate Education	Has access to whole of Zircadian form in order to access sections relating to education and to review “appraisal of educators” attachment

15.0 Monitoring Compliance

15.1 In order to ensure quality assurance throughout the appraisal process, theTrust will undertake the following monitoring:

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring	Group/ committee which will receive the findings/ monitoring report	Individual responsible for ensuring that the actions are completed
Quality of Appraisals	Audit of documentation	RO & Appraisal Lead	Yearly audit and when appraisals are reviewed for revalidation	Trust Board as part of the annual report	RO
Ensuring annual appraisals are completed	RAG rated report to monitor activity and quarterly reports to NHS England	Head of Medical Resources	Quarterly	RO, Appraisal Lead and Trust Board	RO and Appraisal Lead
Appraisal Process	Review existing mechanisms for appraisal to ensure they remain fit for purpose	RO Appraisal Lead & Head of Medical Resources	Prior to appraisal Cycle September to December and post appraisal cycle	Appraiser and appraisee meetings	RO
Quality assurance of appraisers	• Audit • Top up training • New appraiser training	RO and Appraisal Lead	Annually		RO
Overall performance	AOA	Head of Medical Resources	Annually	NHS England/RO/ Trust Board,	RO/ Appraisal Lead and Head of Medical resources

16.0 References

Producing a quality appraisal at MEHT: http://meht-intranet/clinical-pages/doctors-appraisal-and-revalidation/doctors-appraisal/

General Medical Council - Good Medical Practice: www.gmc-uk.org/guidance

Ready for Revalidation – Making revalidation recommendations: the GMC responsible officer protocol*:* http://www.gmc uk.org/static/documents/content/Responsible_Officer_Protocol.pdf

General Medical Council – Good Medical Practice Framework for appraisal and revalidation:
http://www.gmcuk.org/GMP_framework_for_appraisal_and_revalidation.pdf_41326960.pdf

General Medical Council – Supporting Information for Appraisal and Revalidation:
http://www.gmc- uk.org/Supporting_information100212.pdf_47783371.pdf

NHS England – Medical Appraisal Guide:
http://www.england.nhs.uk/revalidation/appraisers/med-app-guide/

Terms and Conditions – Consultants/Consultants Contract 2003:
http://www.nhsemployers.org/~/media/Employers/Documents/Pay%20and%20reward/Consultant_Contract_V9_Revised_Terms_and_Conditions_30081bt.pd

17.0 Abbreviations

GMC	General Medical Council
RO	Responsible Officer
AOA	Annual Organisational Audit
CPD	Continuing Professional Development
PDP	Personal and Professional Development Plan
Prescribed Connection	The association between an individual doctor and their designated body
Designated Body	The Organisation which is responsible for providing the Responsible Officer duties for a particular doctor. This is determined in Statute and is not determined by doctor choice
QA	Quality Assurance
FQA	Framework for Quality Assurance
DCC	Direct Clinical Care
SPA	Supporting Professional Activities
Appraisee	Doctor undergoing appraisal

Appraiser Person Specification **Appendix 1**

The role of appraiser may be a stand-alone role or an integral part of a broader medical management role (e.g. clinical lead). To ensure quality and consistency the person specification of medical appraisers should include core elements relating to the role of appraiser. The following is an example.

Core elements of a person specification for medical appraiser	
No distinction has been made between 'essential' and 'desirable' as the importance of each of these qualities should be determined in relation to the local context. Probationary periods or provisional appointment subject to satisfactory completion of training and/or demonstration of competence should be described in the job description.	
Qualifications	Medical Degree or other degree Current GMC License to Practice if doctor/ Full professional registration with relevant body for non-medical appraisers
	Completion of Appraisal Training (this may not be a requirement prior to appointment but would need to be completed before appraisals are performed)
Experience	Experience of managing own time to ensure deadlines are met
	Participation in appraisal processes
	Experience of applying principles of adult education or quality improvement
Knowledge	Knowledge of the role of appraiser Knowledge of the appraisal purpose and process and its links to revalidation Knowledge of educational techniques which are relevant to appraisal
	Knowledge of responsibilities of doctors as set out in Good Medical Practice Knowledge of relevant Royal College speciality standards and CPD guidance Understanding of equality and diversity, and data protection and confidentiality legislation and guidance
	Knowledge of the health sector in which appraisal duties are to be performed Knowledge of local and national healthcare context Knowledge of Evidence Based Medicine and clinical effectiveness
	Excellent integrity, personal effectiveness and self-awareness, with an ability to adapt behaviour to meet the needs of an appraisee Excellent oral communication skills – including active listening skills, the ability to understand and summarise a discussion, ask appropriate questions, provide constructive challenge and give effective feedback
Expertise, Skills and Aptitudes	Excellent written communication skills – including the ability to summarise a discussion clearly and accurately
	Objective evaluation skills
	Commitment to on-going personal education and development
	Good working relationships with professional colleagues and stakeholders Ability to work effectively in a team
	Motivating, influencing and negotiating skills
	Adequate IT skills for the role
	Commitment to Equality and Diversity practice within enhanced medical appraisals

Appendix 2

Medical Appraiser Role - Summary of activities

- To prepare appropriately for the appraisal interview by reviewing the doctor's e-portfolio and contact the appraisee before the appraisal interview in good time should further information be required

- To ensure that the post-appraisal PDP, summary and sign off is completed and submitted to the Responsible Officer as soon as it is agreed by both parties. The content should be an accurate and comprehensive summary of the appraisal discussion

- To be available to the appraisee, if needed to discuss problems in meeting the identified requirements and using this opportunity to signpost the appraisee to other resources of help

- To conduct each appraisal in accordance with the Trust's policy and procedures which meets the GMC's requirements for appraisal and revalidation

- Both appraiser and appraisee must recognise their professional duty to protect patients. If during the appraisal process the appraiser believes that the appraisee may pose a risk to patients the appraisal should be suspended immediately and the Responsible Officer notified immediately using agreed Trust procedures. The appraisal may be continued at a later date once the issue is resolved. Nothing in the appraisal process can override the basic professional obligation to protect patients

- To ensure that any information which raises concerns about patient safety are brought to the attention of the RO or CMO

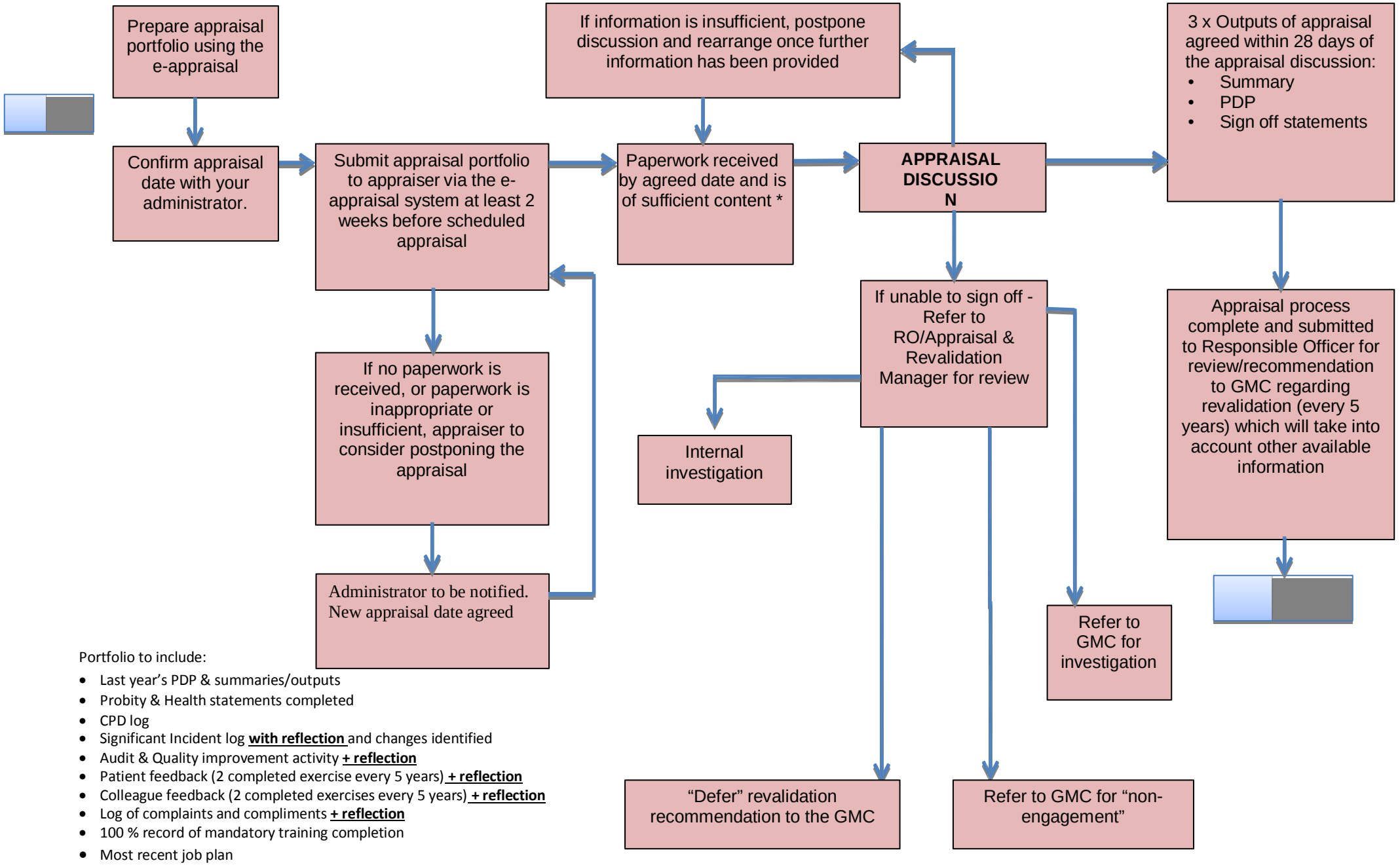
- Stay up to date and remain aware of any changes to the appraisal process within the Trust by ensuring all communication from relevant managers and appraisal leads are read

- Undertake continuing professional development appropriate to the role as an appraiser and document this in your personal development plan

- Participate fully in the Trust's Quality Assurance process of the appraisal system by gaining feedback on your appraisal meetings. The appraiser will undertake to have this role included in their own appraisal to review their performance and structure their future development needs and results obtained from feedback will be included in their appraisal portfolio. The appraiser will submit information for scrutiny by external regulatory bodies as appropriate

- Participate in the management and administration of the appraisal systems within the Trust, including the use of the e-appraisal system

MEHT Medical Appraisal Process Appendix 3



Portfolio to include:

- Last year's PDP & summaries/outputs
- Probity & Health statements completed
- CPD log
- Significant Incident log **with reflection** and changes identified
- Audit & Quality improvement activity **+ reflection**
- Patient feedback (2 completed exercise every 5 years) **+ reflection**
- Colleague feedback (2 completed exercises every 5 years) **+ reflection**
- Log of complaints and compliments **+ reflection**
- 100 % record of mandatory training completion
- Most recent job plan

Appendix 4

Review template for quality assurance of medical appraisals

*Appraisee name:*_____

*Appraiser name:*_____

Date of appraisal: _____

	Annual	***Per Cycle***	***Documented?***	***Reflection/ Learning points made?***
Scope of work	☐			
Last year's PDP reviewed	☐			
CPD	☐			
Quality Improvement Activity (at least 1 per cycle)	☐			
Significant Events – Is there a letter from Governance to confirm involvement?	☐			
Colleague feedback with appropriate number of responses and mix of raters (17 recommended)		☐		
Patient feedback with appropriate responses (34 recommended)		☐		
Review of Complaints – Is there a letter from PALS to confirm involvement?	☐			
Review of Compliments	☐			
Information included to cover whole scope of work (i.e. – letter from Private Practice etc)	☐			
Teaching, training, leadership & innovation activities	☐			
Probity declaration	☐			
Health declaration	☐			
Statutory/Mandatory training - record of completion	☐			

	Annual	Per Cycle	Documented	Reflection and Learning points made?
Next year's PDP is SMART	☐			
Summary of how the 4 domains of Good Medical Practice (and their attributes) are being met through the portfolio of supporting information	☐			
Reflection / evidence of discussion on personal behaviours in accordance with trust values	☐			

GENERAL QUALITY ASSURANCE REVIEW			
	Yes	**No**	
An appraisal has taken place which reflects the whole scope of work and addresses the principles of "Good Medical Practice"?			
Appropriate supporting information has been presented in accordance with GMP framework for appraisal and revalidation and this reflects the nature and scope of the doctors work			
The appraiser has made a clear record of any significant omissions in the appraisal documentation			
A review that demonstrates progress against last year's PDP including reasons for non-completion.			
No information has been presented or discussed in the appraisal that causes a concern about the doctor's fitness to practice?			
Appraisal deemed satisfactory?			

Appendix 5

Appraisal postponement request form

Appraisal postponement application form	
Doctor's name:	
GMC number:	
Telephone number(s):	
Email:	
Doctor's appraisal month:	
Date of last appraisal:	
Name of last appraiser:	
Revalidation due date:	
Reason for request for postponement of appraisal:	
Proposed date for next appraisal:	
Date of request:	
Responsible Officer decision	
Postponement agreed:	Yes No
Comment:	
Agreed new appraisal date:	
Date of decision:	
Signature:	

Appendix 6

Form for appealing the specific allocation of an appraiser

Form for Appealing the specific allocation of an appraiser	
Part A- to be completed by person making the appeal	
Doctor	
Doctors GMC number	
Appraiser	
Reason(s) for appealing the allocation (tick all that apply): Potential conflict of interest or appearance of bias: ☐ Close personal or family relationship (past or present) ☐ Close financial or business relationship ☐ Professional relationship ☐ Known or longstanding personal animosity ☐ Appraiser suitability ☐ Other (please describe under further details below)	
Further details:	
Contact details:	
Part B – to be completed by the appraisal office	
Decision: Decision approved by: Name: Position: Date:	

Appendix 7

Mid Essex Hospital Services NHS
NHS Trust

Trust Headquarters
Court Road
Broomfield
Chelmsford
Essex CM1 7ET
Tel: 01245-514571

Email:@meht.nhs.uk

Mr
GMC
Date

Private and Confidential
By Email

Dear

First Notification of Failure to Participate in Annual Appraisal

Our records indicate that you should have had your appraisal by xx/xx/xx. To date we have not received confirmation that your appraisal meeting has been undertaken.

If you have not had your appraisal meeting please inform me of the reason for this by email within the next 5 working days. My email address/contact details are as shown at the top of this letter.

I have to inform you that participation in the appraisal system provided by MEHT is a regulatory and contractual requirement for all doctors with a prescribed connection to MEHT. Failure to participate without agreed postponement places you at risk of action being taken against you under the various provisions of the regulations and your contract.

Annual appraisal is viewed by MEHT as a valuable component of a doctor's professional development. In addition, a satisfactory annual appraisal is now a GMC requirement for revalidation and non-participation places you at risk of the matter being referred to the GMC for non-engagement.

If you do not respond in 5 working days of this letter the escalation process as outlined in section 9 of the attached appraisal policy will be followed.

Should you wish to discuss the above, please contact the Head of Medical Resources, Appraisal Lead or Responsible Officer.

I look forward to hearing from you by xx/xx/xx.

Yours sincerely

Appraisal Lead
Associate Chief Medical Officer MEHT

Appendix 7

Reminder letter 2

Mid Essex Hospital Services NHS
NHS Trust

Trust Headquarters
Court Road
Broomfield
Chelmsford
Essex CM1 7ET
Tel: 01245-514571

Email: @meht.nhs.uk

Dr
GMC
Date

Private and Confidential
By Email

Dear

Second Notification of Failure to Participate in Annual Appraisal

I am writing to express my concern that you have failed to respond to the letter sent xx/xx/xx and participate in the annual appraisal process.

I would remind you that it is a GMC requirement that you participate in the appraisal system provided by NHS England. For your revalidation I will be required as your responsible officer to make a recommendation on your fitness to be relicensed. One of the questions I will be obliged to answer will be in relation to your participation with the appraisal process.

I therefore urge you to book your appraisal meeting within the next few days such that the meeting is completed within 28 working days of the date of this letter. If there are any practical problems in arranging your appraisal please contact me without delay. You must respond to this letter in 5 working days to provide the date of your appraisal meeting.

If I do not receive confirmation from you that you are taking urgent steps to arrange your appraisal meeting by xx/xx/xx, I will discuss your case and consider formal regulatory and contractual action as appropriate. Please be advised, your failure to participate will also be recorded in the local revalidation system and I will begin discussions with the local GMC Employer Liaison Adviser about your non-participation should I not hear back from you. As annual appraisal is a GMC requirement I have to inform you that you are at risk of a formal referral to the GMC in respect of your revalidation.

I look forward to being advised that you have taken the appropriate steps to remedy the situation. Should you have any queries, please do not hesitate to contact me.

Yours sincerely

Responsible Officer
CC: Divisional Director

Appendix 7

Reminder letter 3

Mid Essex Hospital Services NHS
NHS Trust

Trust Headquarters
Court Road
Broomfield
Chelmsford
Essex CM1 7ET
Tel: 01245-514571

:

Dr
GMC

Private and Confidential
By Email

Dear Click here to enter the doctor's name

Final Notification of Failure to Participate in Annual Appraisal

Further to my letter dated xx/xx/xx, a copy of which is attached for your information, I have been advised that you have still failed to comply with your regulatory requirement to engage in the annual appraisal system provided by MEHT.

I am therefore writing to advise you that your failure to participate has been recorded in the local revalidation system. As annual appraisal is a GMC requirement, I have to inform you that I am discussing your case with our local GMC Employer Liaison Adviser, and that you are at risk of a formal referral to the GMC in respect of your revalidation. Annual appraisal is also a contractual obligation and failure to comply may lead to disciplinary action.

I urge you to make immediate contact with me so that this matter can be resolved.
This letter has been copied to the GMC Employer Liaison Advisor.

Yours sincerely

Responsible Officer

cc. GMC Employment Liaison Adviser
cc. Divisional Director