



# Medical Appraisal Policy

Policy for the appraisal of licensed medical practitioners who have a prescribed connection to NHS England

Version 2.0, April 2015

# OFFICIAL

## NHS England INFORMATION READER BOX

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<b>Medical</b>	Commissioning Operations	Patients and Information
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The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

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# NHS England Medical Appraisal Policy

## Policy for the appraisal of licensed medical practitioners who have a prescribed connection to NHS England

Version number: 2

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## 1 Policy statement

NHS England is responsible for planning, securing and monitoring services commissioned by them in respect of primary care, offender health, military health and specialised commissioning. It is also responsible for holding Clinical Commissioning Groups (CCGs) to account for the services they plan, secure and monitor on behalf of local populations. NHS England will ensure services commissioned by them and others improve patient outcomes and meet the requirements of the Commissioning Framework.

This document is underpinned by the values of NHS England:

- A clear sense of purpose.
- A commitment to putting patients, clinicians and carers at the heart of decision-making.
- An energised and proactive organisation, offering leadership and direction.
- A focused and professional organisation, easy to do business with.
- An objective culture, using evidence to inform the full range of its activities.
- A flexible organisation.
- An organisation committed to working in partnership to achieve its goals.
- An open and transparent approach.
- An organisation with clear accountability arrangements.

This NHS England policy for medical appraisal seeks to embody these values, as well as ensure that medical appraisal is undertaken in a way that drives up quality and safety of healthcare and that NHS England discharges its statutory obligations in relation to its function as a designated body.

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## 2 Introduction

### 2.1 Policy aim and objectives

#### 2.1.1 Aim

The aim of this policy is to ensure that all licensed medical practitioners (doctors) with a prescribed connection to NHS England<sup>1</sup> undergo a high quality and consistent form of annual medical appraisal.

As described in the NHS Revalidation Support Team *Medical Appraisal Guide*, 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 the GMC document *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 the priorities and requirements of the organisation they practise in.

NHS Revalidation Support Team *Medical Appraisal Guide v4, March 2013*  
(re-issued with updated hyperlinks September 2014)

#### 2.1.2 Objectives

NHS England has the following objectives for medical appraisal:

- to support the delivery of safe, high quality, committed, compassionate and caring services to patients;
- to help supervise and support its doctors in achieving continual professional improvement;
- to support the process of medical revalidation;
- to contribute to the achievement of the values of NHS England.

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<sup>1</sup> There may be other doctors employed or contracted to NHS England who have a prescribed connection to another designated body. Their professional medical appraisal for revalidation should be performed within their designated body but an annual structured review of their performance in their NHS England role will be performed and will where relevant be informed by this policy.

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## 2.2 Background

### 2.2.1 General

Medical appraisal has been a requirement for consultants since 2001 and for general practitioners (GPs) since 2002.

### 2.2.2 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 regulation to appoint a responsible officer who must monitor and evaluate the fitness to practise of doctors with whom the designated body has a prescribed connection.

### 2.2.3 Revalidation

Revalidation is the process by which licensed doctors demonstrate to the GMC that they are up to date and fit to practise. One cornerstone of the revalidation process is that doctors will 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 will make a recommendation to the GMC, normally 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.

There is extensive guidance and information on the revalidation process available from many sources. The key references are listed below in Section 10 Associated documentation and references. Other information is also available from other sources, chief among which are the General Medical Council website (<http://www.gmc-uk.org/doctors/revalidation.asp>) and the NHS England Revalidation webpage (<http://www.england.nhs.uk/revalidation/>).

### 2.2.4 Medical appraisal

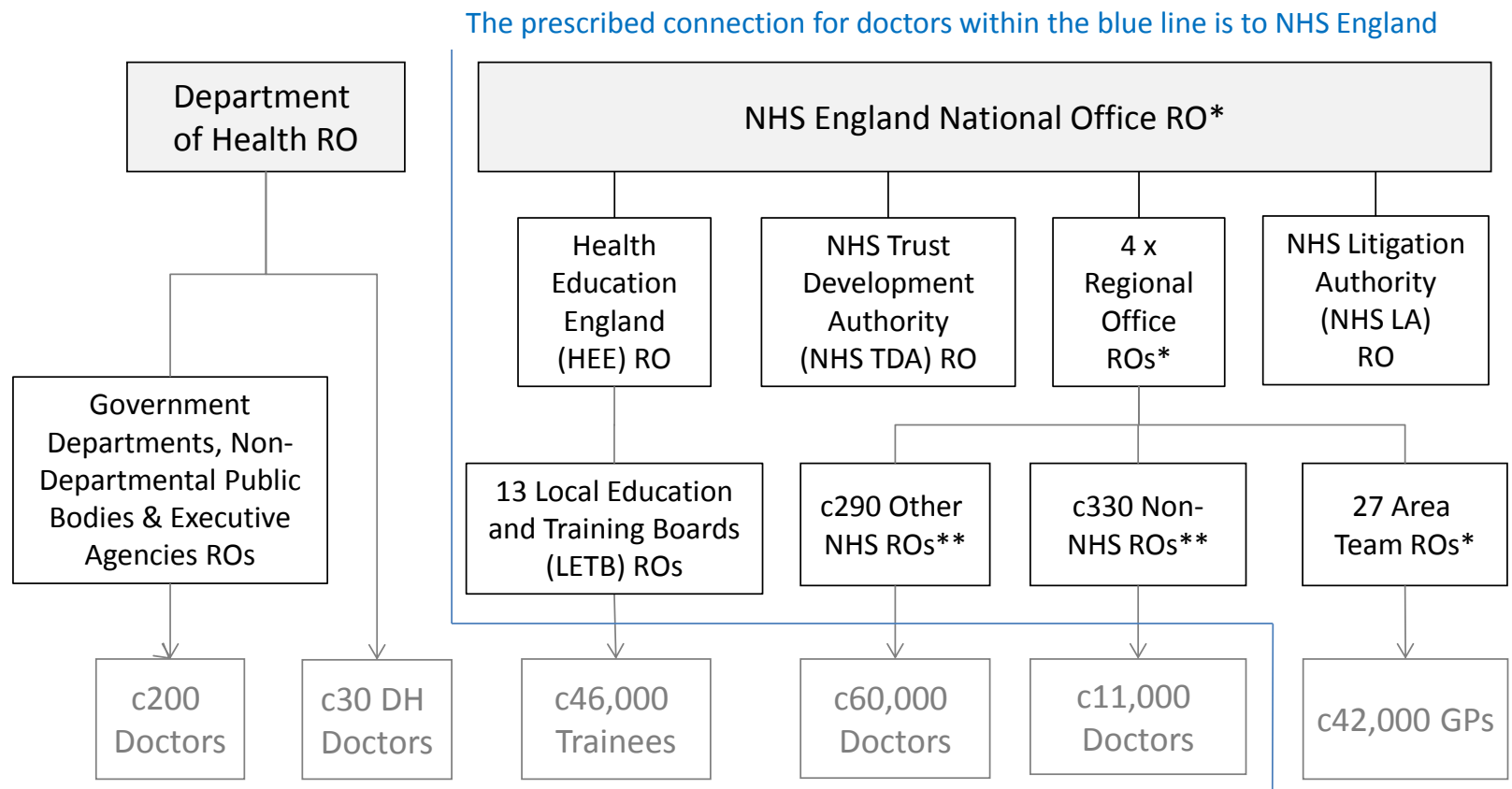
Medical appraisal is the appraisal of a doctor by a trained appraiser, informed by supporting information defined by the GMC, in which the doctor demonstrates that they are practising in accordance with the GMC guidance *Good Medical Practice* across the whole of their scope of practice. In 2013 the NHS Revalidation Support Team published a piloted and tested model of medical appraisal, the *Medical Appraisal Guide*, which complies with the needs of revalidation. This guide was updated in 2014.

### 2.2.5 NHS England as a designated body

NHS England is the largest designated body under the regulations. It has a prescribed connection with approximately 45,000 doctors. The usual means by which a doctor has a prescribed connection to NHS England are described in the NHS England published document *Prescribed Connections to NHS England* and are illustrated in Figure 1. The rules for establishing which NHS England responsible officer a doctor relates to are illustrated in Figure 2.

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**Figure 1: Prescribed connections to NHS England (from *Prescribed connections to NHS England*)<sup>2</sup>**



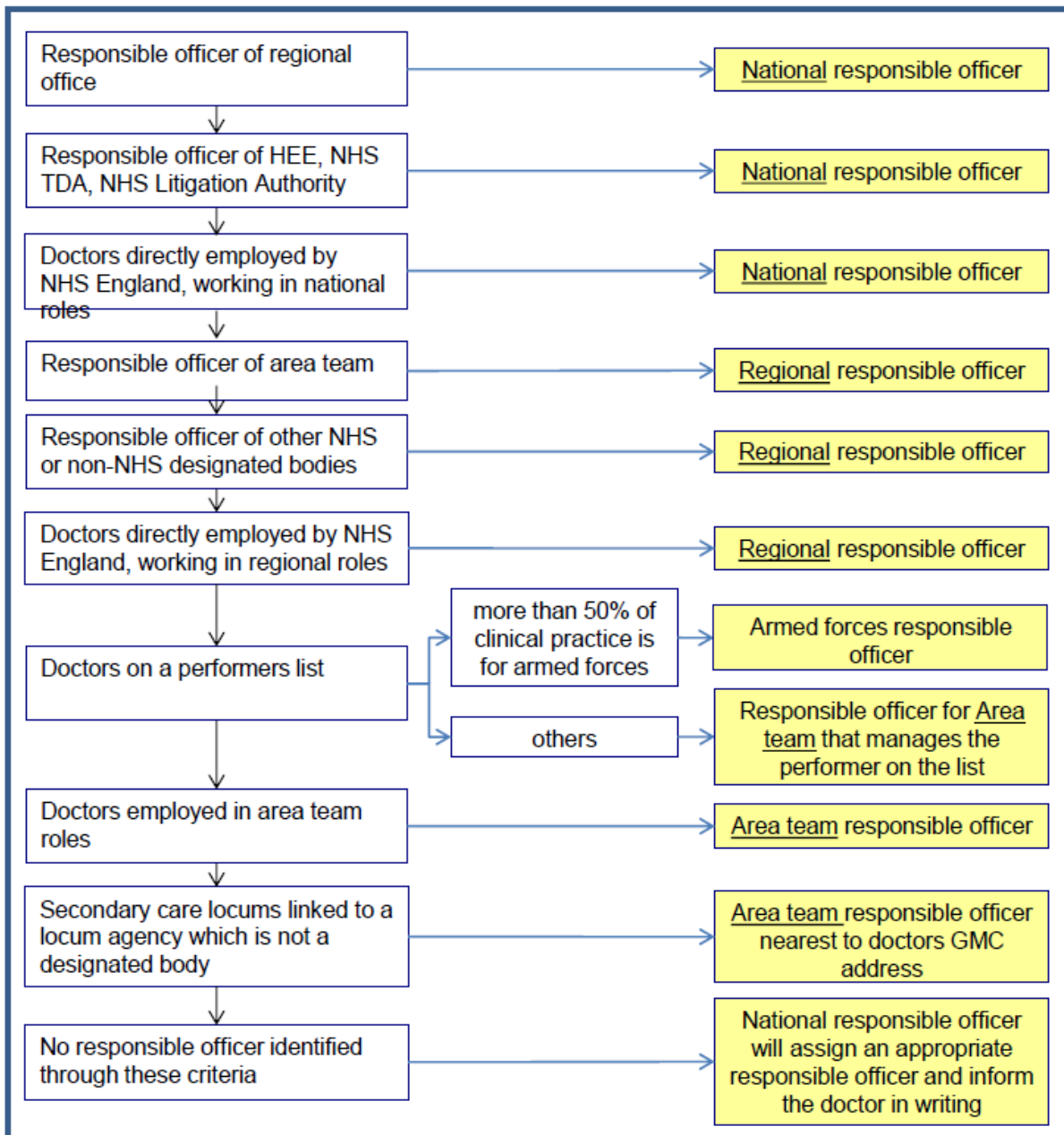
\* Denotes NHS England Responsible Officers (ROs)

\*\* Responsible officer of other NHS or non-NHS designated bodies including ROs from medical defence organisations, RMO organisations, British College of Aesthetic Medicine, NHS Blood & Transplant, NHS Leadership Academy, Faculty of Homeopathy, Defence Deanery, non-NHS organisations and armed forces (on the basis of the address of the Designated Bodies' headquarters)

<sup>2</sup> In the NHS England structural revision in 2015, the 27 Area Teams are replaced by 12 appraisal teams across the four regions.



**Figure 2: Identifying the relevant NHS England responsible officer for a doctor with a prescribed connection to NHS England<sup>3</sup>.**



<sup>3</sup> In the NHS England structural revision in 2015, the 27 Area Teams are replaced by 12 appraisal teams across the four regions.

### 3 Scope

This policy applies to the appraisal of licensed medical practitioners who have a prescribed connection to NHS England.

## 4 Roles and responsibilities

### 4.1 NHS England responsible officer<sup>4</sup>

The national responsible officer (the NHS England National Medical Director) is accountable to the NHS England Chief Executive for the provision of medical appraisal for regional responsible officers and doctors directly employed by NHS England in national roles. The national responsible officer also has responsibility for ensuring all other doctors with a prescribed connection to NHS England who are linked to the national responsible officer (the responsible officers of the NHS Trust Development Authority, Health Education England and the NHS Litigation Authority) have a suitable medical appraisal and by agreement this may need to be directly provided by NHS England.

The regional responsible officers (regional medical directors) are accountable to the national responsible officer. The regional responsible officers also have responsibility for ensuring all other doctors with a prescribed connection to NHS England who are linked to the regional responsible officer (for example external responsible officers) have a suitable medical appraisal and by agreement this may need to be directly provided by NHS England.

The NHS England responsible officers within the NHS England regions (normally the equivalent NHS England medical directors) are accountable to their regional responsible officer for the provision of medical appraisal to all the doctors for whom they are responsible. These include doctors on medical and ophthalmic performers lists, doctors employed in local locations and secondary care locum doctors who are registered with a locum agency which is not on the Government Procurement Service framework.

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<sup>4</sup> In addition to being accountable for the provision of medical appraisal, the responsible officer is also accountable for:

- ensuring the provision of processes for supervision of the quality of medical practice;
- intervening, should concern arise about medical practice;
- making recommendations about revalidation to the GMC for doctors with a prescribed connection to the designated body;
- whilst retaining statutory responsibilities at all times, NHS England responsible officers will normally delegate many operational tasks to members of their team. Actions ascribed to the responsible officer in this policy should be taken to indicate the responsible officer *or person with appropriately delegated authority*.

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## 4.2 Chief Executive Officer

The Chief Executive Officer of NHS England is accountable to the Board for supporting the function of the responsible officers in respect of all their statutory duties, including the provision of medical appraisal as described by this policy.

## 4.3 Clinical appraisal leads and senior appraisers

Owing to the scale involved for most NHS England responsible officers, it will be the norm for the responsible officer to put an appraisal support team in place to manage the appraisal system on their behalf. Where an NHS England responsible officer appoints a clinical appraisal lead, senior appraiser(s)<sup>5</sup> and/or non-clinical manager(s), those persons are accountable to the appointing NHS England responsible officer for providing leadership in respect of the medical appraisal process, in collaboration with the responsible officer, local appraisers, those doctors linked to the responsible officer, and other individuals and groups as locally determined. Illustrative job descriptions and person specifications for a clinical appraisal lead and senior appraiser are set out in annex G.

## 4.4 Medical appraisers

Medical appraisers are accountable to their NHS England responsible officer (via their clinical appraisal lead and senior appraiser if appropriate) for providing medical appraisals as described by this policy, and for engaging with training, support and review processes as described in this policy.

## 4.5 Doctors

Doctors with a prescribed connection to an NHS England responsible officer are individually professionally accountable for their engagement with the medical appraisal process as described by this policy.

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<sup>5</sup> A review of provision of support to appraisal across NHS England in 2014 found that in addition to appointing a clinical appraisal lead to support their overall appraisal system, it is widespread practice for NHS England responsible officers to engage a number of appraisers to support local groups of appraisers within their system. A variety of terms is in use to denote these persons. For simplicity and to make clear the distinction between the two roles, this policy uses the term senior appraiser to denote a medical appraiser who offers support and supervision to a designated local group of appraisers.

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## 5 Procedural document development process

### 5.1 Responsible officer regulations

NHS England is a designated body under the terms of the Medical Profession (Responsible Officers) regulations 2010 and the Medical Profession (Responsible Officers) (Amendment) regulations 2013. These regulations require the provision of a suitable appraisal process for licenced medical practitioners who have a prescribed connection to NHS England.

### 5.2 A single NHS England policy for medical appraisal

Prior to the formation of NHS England, the responsibility for the provision of medical appraisal rested with Primary Care Trusts, each of which had their own appraisal policy. The creation of NHS England therefore necessitated the creation of a single NHS England-wide medical appraisal policy, so that appraisal for doctors connected to NHS England is performed to a consistent manner throughout the organisation.

Publication of version 1.0 of this policy harmonised and replaced all previous medical appraisal policies of those individual bodies. This version (version 2.0) represents an update of version 1.0, reflecting developments in the area of appraisal in the intervening time. All parts of NHS England should now be working consistently to this updated NHS England Medical Appraisal Policy.

### 5.3 Sponsor and Lead Author

The NHS England Deputy Medical Director, by way of delegation from the national responsible officer (the NHS England National Medical Director), is the sponsor for the NHS England Medical Appraisal Policy. The NHS England National Appraisal Lead, Dr Maurice Conlon, is the Lead Author.

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## 6 Framework for medical appraisal

There are four aspects to the framework for medical appraisal described in this policy:

- 1) Leadership of medical appraisal.
- 2) Appraisers.
- 3) The medical appraisal.
- 4) Organisation and governance of medical appraisal.

### 6.1 Leadership of medical appraisal

NHS England responsible officers are responsible for the clinical leadership of medical appraisal in the relevant part of NHS England as described in this policy.

Each NHS England responsible officer will be able to describe how the leadership and accountability of medical appraisal is expressed within their part of NHS England.

Essential components of this will include:

- Description of the structure for leadership of medical appraisal, with identified personnel and description of any delegated functions. In areas where this is not currently established, the principles and functions described in annex I are intended to be of help in developing a suitable local structure.
- Provision by each NHS England responsible officer of periodic reporting as defined in the NHS England framework for the quality assurance of revalidation (FQA) (of which the quality management of appraisal is a key component), and a description of the process for addressing actions arising. As well as being of value to the responsible officer producing it, such reporting will serve to support quality monitoring processes within NHS England as a whole. These in turn will contribute to external assurance of the quality of appraisal and revalidation within NHS England.
- Support for the provision and participation in the All England Appraisal Network (6.2.2.1) by appropriate personnel, at local, regional and national level.

### 6.2 Appraisers

#### 6.2.1 Recruitment, training, support and review of appraisers

Given that the large majority of doctors with a prescribed connection to NHS England are general practitioners, NHS England will continue the existing practice of recruiting the large majority of its appraisers from this population.

NHS England responsible officers will arrange to recruit, train, support and review the performance of medical appraisers in line with the NHS Revalidation Support Team guidance *Quality Assurance of Medical Appraisers*. The appendices to *Quality Assurance of Medical Appraisers* and the tools listed in Annex J of this policy will be the operational

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tools for this, unless by specific agreement of the relevant NHS England responsible officer. This will be the case regardless of the model by which NHS England appraisers are engaged. These tools may be adapted and other tools may be incorporated from time to time as agreed by NHS England.

## 6.2.2 Specific operational details

### 6.2.2.1 All England Appraisal Network

NHS England will continue to support the participation of relevant persons in the All England Appraisal Network at local, regional and national level, as described in the proposal document *All England appraisal network v1.0, November 2013* (available on request from [england.revalidation-pmo@nhs.net](mailto:england.revalidation-pmo@nhs.net)). Local appraisers will attend local meetings, clinical and administrative appraisal leads will attend regional meetings and the regional appraisal leads and national lead will attend national meetings. Attendance at such meetings will assist with calibration of approach within NHS England as a designated body. Because the network is open to all designated bodies in England, it will also facilitate increasing consistency across the healthcare sector in England as a whole.

### 6.2.2.2 Individual appraiser activity

In normal circumstances, an individual appraiser should undertake between 5 and 20 appraisals a year, to maintain an appropriate level of quality and consistency. If an appraiser undertakes fewer or more than this, the reasoning and arrangements for supervision of this will be recorded as part of the quality monitoring process.

An appraiser should not undertake more than two appraisal meetings on the same day.

### 6.2.2.3 Number of appraisers

Responsible officers will ensure that they engage enough suitable appraisers to complete the necessary appraisal meetings on a timely basis. Where the ratio of appraisers to doctors is lower than 1:20 or higher than 1:5, the justification for this will be recorded as part of the overall governance review of the appraisal process.

### 6.2.2.4 Managing concerns about performance of appraisers

Where concern arises about the performance of a medical appraiser, which cannot be addressed by the normal processes described in *Quality Assurance of Medical Appraisers*, this will be managed according to the relevant NHS England human resource policies and in keeping with the contractual arrangement between NHS England and the appraiser in question.

### 6.2.2.5 Appraiser indemnity

Medical appraisers are 'relevant persons' for the purposes of the NHS Litigation Authority Third Party Liability Scheme and as such are covered by this scheme in terms of liability for their actions whilst acting in the role of appraiser. Appraisers who are licensed medical practitioners should note that this cover does not extend to representing them in the case of a challenge to their licence or registration and should therefore consider whether they also need to maintain appropriate professional insurance.

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## 6.3 The medical appraisal

Medical appraisal for doctors with a prescribed connection to NHS England 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*.

Medical appraisal for doctors with a prescribed connection to NHS England will conform to the model of appraisal described in the NHS Revalidation Support Team *Medical Appraisal Guide*.

### 6.3.1 Specific operational details

#### 6.3.1.1 Format of appraisal

There is a variety of appraisal formats in place across NHS England, based on previously established arrangements. In several areas, the use of one appraisal vehicle predominates. NHS England will accept appraisals undertaken in any format which has previously been agreed and properly procured, where these are demonstrably in keeping with the NHS Revalidation Support Team *Medical Appraisal Guide* and are also agreed by the relevant NHS England responsible officer. Where no such arrangement has been made, medical appraisals for doctors with a prescribed connection to NHS England may be undertaken using the NHS Revalidation Support Team *Medical Appraisal Guide Model Appraisal Form* (MAG form) or another format which, as a minimum, replicates the information presented in the *MAG form*. There is a link to the *MAG form* in Section 10 (Associated Documentation and References).

The NHS Revalidation Support Team *MAG form* illustrates the functional requirements for a medical appraisal vehicle, consistent with the NHS Revalidation Support Team *Medical Appraisal Guide*. The *MAG form* also functions as a suitable no-cost option for an appraisal vehicle accepted and recognised by NHS England. NHS England is happy to make the specification of the *MAG form* available to appraisal vehicle providers, to facilitate the design of their products as closely to this specification as possible. At such time as NHS England makes revision to the *MAG form* or the specification of its content, this will be shared with interested providers.

NHS England will not procure an appraisal vehicle for doctors connected to it, nor will it seek to further extend existing contracts once they expire.

NHS England will continue to work to define the functional requirements of appraisal vehicle(s) in the future, whether pdf-based, on-line or in some other format, and in line with NHS England requirements.

NHS England does not accept appraisal documentation provided in paper format.

Where individual doctors have chosen their own vehicle, whether from a commercial provider or a college or other professional body, they must ensure that the information from this is presented in a format compatible with the required GMC Domains and *Medical Appraisal Guide* outputs, and which is agreed by their responsible officer. In addition, doctors choosing to use a personally sourced vehicle (including from commercial providers, colleges and other professional bodies) do so at their own risk in terms of the

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security of their information. NHS England does not accept liability for the functioning of any appraisal vehicle provided by any external organisation.

NHS England may revise these arrangements as appropriate from time to time.

In all cases the structured outputs of appraisal, including the final sign-off statements, should be those listed in the NHS Revalidation Support Team *Medical Appraisal Guide*:

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.

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### 6.3.1.2 Personal information

The supporting information used for appraisal and revalidation must be anonymised by doctors to ensure that all personal identifiers, including names, dates of birth, addresses,

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hospitals and NHS numbers, are removed and that patients, carers, relatives and staff are not directly identifiable.

It is possible that in some circumstances the information contained in appraisal and revalidation portfolios would allow those with local knowledge to identify individuals. However, access is limited and risks can be reduced to acceptable levels by putting in place the 'limited access safeguards' set out on pages 38-39 of the Information Commissioner's *Anonymisation: managing data protection risks code of practice*.

Patients should be notified in leaflets, notices and on practice websites that all records are stored and processed confidentially. They should also be notified that patient information may be used for purposes of professional development and revalidation of doctors. Patients should also be informed that such information will be anonymised and the 'robust safeguards' required by the Information Commissioner put in place.

#### 6.3.1.3 Assigning an appraiser to a doctor

NHS England responsible officers will take the following guidance from the NHS Revalidation Support Team document *Quality Assurance of Medical Appraisers*, into account when considering the suitability of an appraiser for a particular doctor:

#### 6.3.1.4 Appraiser suitability

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

In essence, the appraiser should therefore:

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

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

In addition to this there must be no conflict of interest or appearance of bias between a doctor and their appraiser, to ensure the objectivity of the appraisal. Also, to maximise

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achievement of all the purposes of appraisal stated earlier, the doctor should be in agreement with the assigned appraiser.

#### 6.3.1.5 Allocation process

The NHS England approach is for a doctor's appraiser to be allocated by the relevant appraisal office. All NHS England responsible officers should adopt an allocation method by the end of March 2016.

In allocating an appraiser NHS England responsible officers will need to ensure the suitability and objectivity of the appraiser. This would include checking the allocation for suitability and objectivity before the appraisal takes place, and ensuring that the appraiser is aware of their responsibility to make a declaration that there is no potential conflict of interest or appearance of bias prior to an appraisal.

If the doctor or another person objects to the allocated appraiser they should complete an appeal form explaining their reasons (annex B) and send it to the responsible officer. If the appeal is accepted, the doctor should be allocated a different appraiser. The appeal process should be repeated once if there is still no agreement after the first appeal.

In cases where the responsible officer and the doctor cannot agree a suitable appraiser after two appeals, an external appraiser will be allocated by the regional responsible officer; their decision will be final.

A doctor should normally have no more than three consecutive appraisals with the same appraiser and must then have a period of at least three years before being appraised again by the same appraiser. If, in exceptional circumstances, it is deemed appropriate for a doctor to have the same appraiser for more than three consecutive appraisals, the justification for this will be recorded within the governance review processes.

Equally, an allocated pairing of a doctor with an appraiser should normally be for three consecutive appraisals. Where a doctor wishes to change appraiser early, the doctor must complete the form to appeal against appraiser allocation in annex B. The responsible officer or other person with delegated authority must be fully clear about the justification for the re-allocation and whether any other action is appropriate in relation to the matter, before allowing the appeal.

A doctor should not act as appraiser to a doctor who has acted as their appraiser within the previous five years. Similarly, a doctor who has entered the NHS England appraisal process from a training programme should not be allocated their educational supervisor as their appraiser for the first three years after exiting training.

#### 6.3.1.6 Conflict of interest or appearance of bias between a doctor and their appraiser

As stated above, the process of assigning an appraiser to a doctor should take into account the need to ensure the objectivity of the appraiser. NHS England responsible officers should follow the process described in annex B for managing situations where a concern is expressed from any source about a risk of conflict of interest or appearance of bias between a doctor and their assigned appraiser.

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### 6.3.1.7 Appraisal of responsible officers

A responsible officer should be appraised by a trained appraiser who is:

- appointed or agreed by that responsible officer's own responsible officer;
- not a doctor for whom they have statutory responsibilities.

NHS England regional responsible officers will maintain a list of appraisers with the skills required to undertake appraisal of responsible officers whose prescribed connection is to NHS England<sup>6</sup> and the responsible officers of Health Education England, NHS Trust Development Authority and the NHS Litigation Authority, and other doctors as necessary.

### 6.3.1.8 Medical appraisal process and timescales

Each doctor is expected to undertake an appraisal in every appraisal year (1 April to 31 March).

Each doctor will have an agreed, fixed appraisal date each year (the 'appraisal due date'). Where not already otherwise established, and where a different date is not agreed to be more appropriate, a doctor's appraisal due date will be the last day of the month of their birthday (their 'appraisal month'). Doctors will be expected to participate in their appraisal meeting on or before the stipulated appraisal due date, unless by specific, written agreement of the relevant NHS England responsible officer. For the avoidance of doubt, should a doctor have an appraisal later than their appraisal due date (whether or not by agreement with their responsible officer), their next appraisal should revert to their original appraisal month.

In order to manage their appraisal scheduling in the final month of the appraisal year, NHS England responsible officers may exercise discretion to minimise the number of doctors who are allocated an appraisal due date in March.

A doctor's appraisal due date may be changed by agreement between the doctor and the responsible officer or other person with delegated authority. The process and timescales are set out in annex A.

### 6.3.1.9 Interrupting an appraisal

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 responsible officer as soon as reasonably practicable, so that the matter may be addressed. The responsible officer will decide within a timescale appropriate to the circumstances and no later than 28 days after being notified when the appraisal process should be reinstated and how the issues raised are to be addressed.

<sup>6</sup> The NHS England national responsible officer holds their prescribed connection outside NHS England. Their appraisal is therefore to be undertaken in accordance with the appraisal policy of the body to which the national responsible officer is connected.

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## 6.4 Organisation and governance of medical appraisal

NHS England responsible officers will manage an appraisal system that is subject to effective governance and ensures that all doctors with a prescribed connection to NHS England are accounted for annually.

### 6.4.1 Specific operational details

#### 6.4.1.1 Administrative support for appraisal

An NHS England model for administrative support for medical appraisal is described at Annex I. This is not intended to be prescriptive and the relevant responsible officer is free to define their own team differently as appropriate. It may be noted that the appraisal network referred to in section 6.2.2.1 provides a forum for mutual calibration of levels of managerial and administrative support for appraisal and a mechanism whereby issues identified may be fed back to NHS England centrally.

#### 6.4.1.2 Maintenance of an accurate list of doctors requiring appraisal

NHS England has procured a national *Revalidation Management System* (RMS) as the means by which responsible officers will maintain an accurate list of doctors requiring appraisal, and implementation of the RMS across NHS England commenced in 2014-15. The RMS replaces the locally developed mechanisms previously used by NHS England responsible officers, including the NHS Revalidation Support Team *Responsible Officer Dashboard*. As well as maintaining the responsible officer's list of doctors, it provides several organisational benefits, including: maintaining a list of appraisers, allocating appraisers, sending programmed reminders, providing secure storage of appraisal outputs, populating a dashboard showing the status of doctors in respect of their revalidation, linking with the GMC revalidation system (*GMC Connect*), supporting quality assurance processes including the FQA and feedback from the doctors being appraised, and allowing seamless migration of doctors between different responsible officers in NHS England. It is expected that all NHS England responsible officers will have made the transition to using RMS for their doctors by March 2016.

#### 6.4.1.3 Arrangements for information management

NHS England responsible officers will follow the NHS Revalidation Support Team guidance *Information Management for Medical Revalidation in England*. In particular, they will ensure that the process flows for handling, storage and sharing of the appraisal documentation in Annex H are followed.

#### 6.4.1.4 Monitoring the quality of medical appraisal

In its role as Senior Responsible Owner of revalidation in England, NHS England has developed a single framework for quality assurance of medical revalidation (FQA), applicable to all designated bodies in England. A significant component of this is the quality monitoring arrangements for medical appraisal. NHS England responsible officers will continue to comply with the requirements of this framework.

#### 6.4.1.5 Data for the responsible officer

Pending the development of IT processes that permit the automated extraction of salient information from appraisal documentation for use by the appraisal office in populating the responsible officer information system, NHS England responsible officers will require

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appraisers' assistance in transferring certain key items of information from appraisals to the RMS (section 6.4.1.2), for example by completion of a checklist at each appraisal. Annex C lists these items of information. This list will be reviewed regularly, on at least an annual basis.

#### 6.4.1.6 The appraisal year and definition of completed annual medical appraisal

For the purpose of auditing the appraisal system, the NHS England appraisal year is 1 April to 31 March.

NHS England responsible officers will use the definition of completed medical appraisal as set out in the NHS England framework for quality assurance in the following sections (6.4.1.7 and 6.4.1.8). Should the definitions in the NHS England framework for quality assurance change, then the amended definitions will be adopted by NHS England.

#### 6.4.1.7 Completed medical appraisal

##### Category 1a completed annual medical appraisal

A Category 1a completed annual medical appraisal is one where the appraisal meeting has taken place between 9 and 15 months of the date of the last appraisal, the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting, and the entire process occurred between 1 April and 31 March.

##### Category 1b completed annual medical appraisal

A Category 1b completed annual medical appraisal is one in which the appraisal meeting took place in the appraisal year between 1 April and 31 March, and the outputs of appraisal have been agreed and signed-off by the appraisal and the doctor, but one or more of the following apply:

- a period of time of less than 9 months or greater than 15 months from the last appraisal has elapsed;
- the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor between 1 April and 28 April of the following appraisal year;
- the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor more than 28 days after the appraisal meeting.

However, in the judgement of the responsible officer, the appraisal has been satisfactorily completed to the standard required to support an effective revalidation recommendation.

Where the organisational information systems of the designated body do not permit the parameters of a Category 1a completed annual medical appraisal to be confirmed with confidence, the appraisal should be counted as a Category 1b completed annual medical appraisal.

It should be noted that these definitions in sections 6.4.1.7 and 6.4.1.8 are relevant to the quality assurance of the appraisal process and do not directly relate to the process and timescales for arranging appraisal, arrangements for which are described in section 6.3.1.8 and Annex A.

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#### 6.4.1.8 Annual audit of missed or incomplete appraisals

NHS England responsible officers will use the definitions of incomplete or missed medical appraisal as set out in the NHS England framework for quality assurance, as follows:

##### Approved incomplete or missed appraisal (Category 2)

An approved incomplete or missed annual medical appraisal is one where the appraisal has not been completed according to the parameters of either a Category 1a or 1b completed annual medical appraisal, but the responsible officer has given approval to the postponement or cancellation of the appraisal. The responsible officer must be able to produce documentation in support of the decision to approve the postponement or cancellation of the appraisal in order for it to be counted as an approved incomplete or missed annual medical appraisal.

##### Unapproved incomplete or missed appraisal (Category 3)

An unapproved incomplete or missed annual medical appraisal is one where the appraisal has not been completed according to the parameters of either a Category 1a or 1b completed annual medical appraisal, and the responsible officer has not given approval to the postponement or cancellation of the appraisal.

Where the local organisational information systems do not retain documentation in support of a decision to approve the postponement or cancellation of an appraisal, the appraisal should be counted as an unapproved incomplete or missed annual medical appraisal.

NHS England responsible officers will use the process set out in the NHS England framework for quality assurance of revalidation to audit those appraisals which are missed or incomplete. The RMS referred to earlier in section 6.4.1.2 is specifically designed to support this. NHS England responsible officers will arrange their processes so as to maximise the number of doctors having a Category 1a completed medical appraisal, and minimise the number with unapproved incomplete or missed medical appraisal (Category 3).

A missed or incomplete appraisal should not lead to a change to a doctor's agreed appraisal month, unless the responsible officer deems this to be necessary.

#### 6.4.1.9 Reinstating appraisal

A doctor who is seeking to return to practice after a period of absence should discuss their circumstances with their NHS England responsible officer at the earliest opportunity. The timing of their first appraisal will be determined to some extent by their individual circumstances, including whether they can demonstrate that they have maintained fitness to practise in the relevant areas during their absence and hence whether a bespoke re-training programme or period of supervision is required prior to resuming practice. The first appraisal should take place between 6 and 12 months after re-entry to practice. The NHS England responsible officer may also exercise discretion as to whether, within this range, it occurs earlier to support the doctor's return to practice, or later to facilitate the accrual of

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supporting information<sup>7</sup>. Where possible and practical, if the doctor had a previously agreed appraisal month this should be reinstated. Also, if the doctor has had an appraisal previously and circumstances permit, their first appraisal should be undertaken within 15 months of the last one.

Suitable arrangements must always be made to manage a doctor's return to practice after a significant break. Such arrangements are independent of this medical appraisal policy.

#### 6.4.1.10 Appraiser engagement and payment

In order to achieve consistency, NHS England standardised the arrangements for engaging and paying appraisers during 2013/14. The ongoing mechanisms are as follows:

##### Independent contractor model

NHS England now has a standard approach of engaging medical appraisers using a single independent contractor model, with payment calculated on the basis of one standard payment per appraisal. Almost all new appraisers have been engaged on this basis from 1 November 2013, and this will continue to be the standard approach from April 2015. The payment takes into account aspects such as normal appraiser expenses, and the appraiser's requirements to maintain and develop their skills and cooperate with NHS England assurance processes.

Details of this as well as the standard contractor agreement and the rate of payment are published separately.

##### Appraisal role incorporated into a broader employed position

A small number of NHS England appraisers undertake their appraisal function as a component of a broader employed role within NHS England. Their terms and conditions, including remuneration for the role, are covered by their overall job description and contract of employment.

##### Seconded appraisers

A small number of NHS England appraisers are employed elsewhere in the NHS, and undertake their appraisal work under the terms of a secondment arrangement between NHS England and their base organisation. Their terms and conditions are defined in the secondment arrangement, and their remuneration is provided to their source organisation. This model applies predominantly to appraisers in the regional pools, who may, for example, be doctors in NHS Trusts in their main role.

##### Employed appraisers

A very small number of medical appraisers continue to hold employment contracts, carried over from their arrangements prior to their transfer to NHS England. Work will continue to review and ratify these arrangements.

##### Commissioned appraisal service

NHS England also accepts the model of appraiser engagement where the responsible officer commissions appraiser services from an external organisation. Where this model is

<sup>7</sup> If a doctor is undertaking *any* professional duties within their scope of work, they must continue to have annual appraisal as defined above. However, if this work falls outside the remit of their work on the Performers List, it may be that their prescribed connection lies somewhere other than with NHS England.

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used, the relevant NHS England responsible officer retains accountability for the quality of the appraisal process. Assurance must be obtained from the provider organisation that the terms of this policy apply. This will include adhering to the NHS Revalidation Support Team guidance *Quality Assurance of Medical Appraisers*. It also includes using the same rate of payment as NHS England.

#### Other arrangements

From time to time NHS England may exert discretion in engaging medical appraisers via a model which may differ from those listed above. In such cases, the content of annex K, which describes medical appraiser role expectations, will apply, to ensure that the appraiser performs to the requirements of this policy and associated guidance and regulations.

##### 6.4.1.11 Direct payment to doctors undergoing appraisal

Whilst NHS England is committed to resourcing an appraisal system which is accessible for all doctors with a prescribed connection to NHS England within the terms of the relevant regulations, it does not make direct payments to doctors being appraised.

##### 6.4.1.12 Arrangements for agreeing the postponement of appraisal

NHS England responsible officers will use the process for recording and approving requests for postponement of appraisal set out in annex D.

##### 6.4.1.13 Management of apparent non-participation by a doctor

NHS England responsible officers will use the process and documentation set out in annex E if a doctor appears not to be actively and effectively participating in the appraisal process.

##### 6.4.1.14 Management of complaints about the appraisal process

NHS England responsible officers will use the complaints process set out in annex F to address complaints raised as part of the appraisal process.

##### 6.4.1.15 Supporting information for appraisals

Doctors with a prescribed connection to NHS England are personally responsible for presenting their own supporting information, including anonymised patient information and colleague feedback, in line with the requirements of the GMC guidance *Supporting Information for Appraisal and Revalidation*<sup>8</sup>.

NHS England medical appraisers will have regard to suitable resources pertaining to the assessment of supporting information as directed by NHS England from time to time.

<sup>8</sup> NHS England recognises that there are mutual benefits to NHS England and to doctors if there is consensus about the nature of the supporting information a doctor presents at appraisal and cooperation in respect of the gathering this information. NHS England endorses the collaborative document from the healthcare regulators *Effective governance to support medical revalidation - a handbook for boards and governing bodies* and will participate in discussions to ensure it has reasonable arrangements to support doctors in collecting supporting information for appraisal.

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#### 6.4.1.16 Equality and diversity awareness

NHS England responsible officers will ensure that all appraisers undergo appropriate equality and diversity training on a regular basis in line with its requirements for employees and other workers.

#### 6.4.1.17 Patient and public involvement

NHS England is committed to securing patient and public involvement in the medical appraisal policy and its processes, in keeping with the NHS England overall approach to patient and public involvement. The methods by which this is achieved in the context of medical appraisal and the means of monitoring these will be as described in the overall NHS England approach for securing patient and public involvement.

#### 6.4.1.18 Joint appraisal

NHS England responsible officers will make provision for joint appraisal where this may be appropriate; for example, in the appraisal of clinical academics according to the Follett Review principles. In cases of joint appraisal, at least one of the appraisers, who will be responsible for the final sign-off statements, will have been recruited, trained, supported and reviewed in accordance with the NHS Revalidation Support Team guidance: *Quality Assurance of Medical Appraisers*.

#### 6.4.1.19 Emerging developments in medical appraisal

NHS England will take into account emerging thinking on aspects of medical appraisal in recognition of the continuing development of medical appraisal and the need to work towards increased consistency both within NHS England as a designated body, and across all designated bodies. NHS England will therefore participate in the discussion and adoption of approaches described by the All England Appraisal Network in their Medical Appraisal Position Statements (MAPS). The list of MAPS as they currently exist at publication of this document can be found in Annex L.

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## 7 Distribution and implementation

### 7.1 Target audience and circulation

This target audience of this policy is: NHS England responsible officers, NHS England appraisal leads, and doctors with a prescribed connection to NHS England.

It will also be circulated to the following persons and organisations: NHS England medical directors, NHS England regional directors, NHS England regional leads, NHS England finance leads, Department of Health, General Medical Council, Academy of Medical Royal Colleges, Royal College of General Practitioners, NHS Employers, British Medical Association.

It will be available on the NHS England website medical revalidation page at <http://www.england.nhs.uk/revalidation/>.

It may also be of interest to other designated bodies across the United Kingdom.

### 7.2 Implementation

Responsibility for implementation of this policy is shared according to the accountabilities described in section 4. Day to day operational implementation will be undertaken by the NHS England responsible officers and their teams.

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## 8 Monitoring

The application and effectiveness of this policy will be monitored and assessed in partnership with doctors, appraisers and relevant partners and stakeholders.

### Q1. Element to be monitored i.e. measurable policy objective

1. The application and effectiveness of key aspects of this policy, as defined through the Framework for Quality Assurance (FQA) for responsible officers and revalidation described below, will be monitored. Such aspects include:
  - a. Measurement of appraisal rates
  - b. Maintenance of a cohort of suitable appraisers
  - c. Adherence to the agreed format of medical appraisal
2. Other aspects may also be monitored from time to time, according to levels of priority identified by NHS England.
3. The policy in its entirety will be subject to day to day discussion and review via the network arrangements described below.

### Q2. Position responsible for monitoring

The NHS England Deputy Medical Director, by means of delegation from the responsible officer for the NHS England national office, is responsible for monitoring adherence to this policy.

### Q3. Method

1. Monitoring will be primarily undertaken via the NHS England Framework for Quality Assurance (FQA) of revalidation processes. This framework is led by NHS England for all designated bodies in England, in its role as Senior Responsible Owner for the implementation of the responsible officer regulations in England, in order to ensure that NHS England is discharging its statutory functions.
2. Monitoring of other aspects pertaining to efficiency and consistency may take place, as determined on the basis of emerging priorities, by the NHS England Revalidation Programme Board.
3. Monitoring of routine compliance and effectiveness of this policy is also achieved through discussion and calibration within the Responsible Officer Calibration and Operational Network, and the All England Appraisal Network. These are effective in monitoring the policy in its everyday use across NHS England.

### Q4. Frequency

1. Monitoring of key aspects of this policy will occur at the frequency set out by the FQA. This will include an annual organisational audit undertaken by each NHS England responsible officer. It will also include other aspects such as an independent verification process, which may itself include local visits from a verification team. Again, the frequency of these is determined by the FQA.
2. The frequency of monitoring of other aspects pertaining to efficiency and consistency will be determined by the NHS England Revalidation Programme Board.
3. Monitoring via the networks described above occurs on a continual basis, with feedback across and between these networks supported by a variety of meetings and other means of communication.

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**Q5. Reporting arrangements – Committee/Group that monitoring is reported to, including responsibility for action plans**

1. The results of the annual organisational audit are fed back to each NHS England responsible officer, who is responsible for generating a suitable action plan in response to the findings. The overall outputs from the FQA are reported to the NHS England Revalidation Programme Board, which in turn reports to the England Revalidation Implementation Board and to ministers.
2. Any monitoring commissioned by the NHS England Revalidation Programme Board will be reported to that board, which will be responsible for implementing any resulting action plans.
3. Any feedback on the compliance or effectiveness of this policy which arises from the networks described above will be channelled to the NHS England Revalidation Programme Board, which will be responsible for implementing any resulting action plans.

## 9 Equality and Health Inequalities Analysis

This procedural document forms part of NHS England's commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities. Where any aspect of this policy is identified as contravening the principles of equality and diversity in respect of any individual(s), the relevant responsible officer will raise this with their higher level responsible officer with a view to both correcting this matter for the individual(s) concerned, and making appropriate amendments to this policy.

### 9.1 Section 1: Equality analysis

Evidence		
<p><b>What evidence have you considered?</b></p> <p>This NHS England Medical Appraisal Policy is founded on guidance relating to revalidation and appraisal from the Department of Health, GMC and the NHS Revalidation Support Team, and is intended to discharge NHS England's statutory responsibilities as described elsewhere in this document. It has been shared with the British Medical Association for comment and no significant detriment relating to equality has been raised. The medical appraisal process is set out to be applicable equally and fairly to all licenced medical practitioners with a prescribed connection, and is seen as a mechanism for supporting and supervising these individuals. There are no identified matters in relation to the relevant guidance and legislation, nor from the discharge of this policy to date, that indicate any detriment in relation to equality that requires attention in a general manner. Where a NHS England responsible officer becomes aware of any such issue in relation to an individual, they are empowered to consider this, discuss it with colleagues as appropriate and make appropriate arrangements to accommodate the needs of the individual in question.</p>		
<p><b>Age</b> No general issue in relation to this protected characteristic has been identified. Where a NHS England responsible officer becomes aware of any such issue in relation to an individual, they are empowered to consider this, discuss it with colleagues as appropriate and make appropriate arrangements to accommodate the needs of the individual in question.</p>		
<p><b>Disability</b> No general issue in relation to this protected characteristic has been identified. Reasonable adjustments will be made to allow doctors with a disability to fully participate in the appraisal process. Where a NHS England responsible officer becomes aware of any such issue in relation to an individual, they are empowered to consider this, discuss it with colleagues as appropriate and make appropriate arrangements to accommodate the needs of the individual in question.</p>		

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**Gender reassignment (including transgender)** No general issue in relation to this protected characteristic has been identified. Whilst recognising the primacy of patient safety, there is clear information governance guidance referred to within this policy, which makes clear the right to confidentiality of the doctor being appraised. Where a NHS England responsible officer becomes aware of any such issue in relation to an individual, they are empowered to consider this, seek advice and support as appropriate and make appropriate arrangements to accommodate the needs of the individual in question.

**Marriage and civil partnership** No general issue in relation to this protected characteristic has been identified. Where a NHS England responsible officer becomes aware of any such issue in relation to an individual, they are empowered to consider this, discuss it with colleagues as appropriate and make appropriate arrangements to accommodate the needs of the individual in question.

**Pregnancy and maternity** No general issue has been identified in relation to this protected characteristic. Arrangements are included in the policy to allow for the postponement of appraisals for doctors on maternity, paternity or adoption leave and those on long-term absence as a result of sickness. Where a NHS England responsible officer becomes aware of any such issue in relation to an individual, they are empowered to consider this, discuss it with colleagues as appropriate and make appropriate arrangements to accommodate the needs of the individual in question.

**Race** No general issue has been identified in relation to this protected characteristic. Where a NHS England responsible officer becomes aware of any such issue in relation to an individual, they are empowered to consider this, discuss it with colleagues as appropriate and make appropriate arrangements to accommodate the needs of the individual in question.

**Religion or belief** No general issue has been identified in relation to this protected characteristic. Where a NHS England responsible officer becomes aware of any such issue in relation to an individual, they are empowered to consider this, discuss it with colleagues as appropriate and make appropriate arrangements to accommodate the needs of the individual in question.

**Sex** No general issue has been identified in relation to this protected characteristic. Where a NHS England responsible officer becomes aware of any such issue in relation to an individual, they are empowered to consider this, discuss it with colleagues as appropriate and make appropriate arrangements to accommodate the needs of the individual in question.

**Sexual orientation** No general issue has been identified in relation to this protected characteristic. Where a NHS England responsible officer becomes aware of any such issue in relation to an individual, they are empowered to consider this, discuss it with colleagues as appropriate and make appropriate arrangements to accommodate the

needs of the individual in question.

**Carers** No general issue has been identified in relation to carers in the context of this policy. Arrangements are included in the policy to allow for the postponement of appraisals for doctors with carer's obligations as appropriate. Where a NHS England responsible officer becomes aware of any such issue in relation to an individual, they are empowered to consider this, discuss it with colleagues as appropriate and make appropriate arrangements to accommodate the needs of the individual in question.

**Other identified groups** No other detriment has been identified in relation to any other identified group. The processes relating to medical appraisal and revalidation are designed to be applicable to all doctors regardless of specialty, location in the UK or context of engagement, such that, if the doctor is capable of practising in a particular specialty, location or context of engagement, they are also capable of complying with the appraisal process. Whilst bearing in mind the primacy of patient safety, where a NHS England responsible officer becomes aware of any such issue in relation to any other identified group, they are empowered to consider this, discuss it with colleagues as appropriate and make appropriate arrangements to accommodate the needs of the individual in question.

## Engagement and involvement

### How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

Engagement of this nature was undertaken in the development of the guidance and legislation underpinning this policy. Version 1.0 of this policy was shared with the British Medical Association for comment and this version will also be shared on publication.

### How have you engaged stakeholders in testing the policy or programme proposals?

The NHS Revalidation Support Team undertook a three stage pilot process to develop the model of appraisal which underpins this policy.

This policy includes a formal feedback/complaint process whereby any individual or group of individuals who have comments or observations about its impact in relation to any of the protected characteristic may submit these to the responsible officer so that they may be addressed.

### For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

The most comprehensive of the three stage pilot processes, known as the Pathfinder Pilots, involved testing the proposed model of appraisal with a group of 3000 doctors, from across England and reported in July 2011. The recommendations from this report led to the appraisal process subsequently defined by the NHS Revalidation Support Team in their *Medical Appraisal Guide*, which underpins this policy.

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## Summary of Analysis

From the above, it can be confirmed that no issue has been identified, whether in the design of the appraisal process, or in the enactment of this policy to date, that adversely impacts on any of the protected characteristics. Even bearing this in mind, there is a mechanism in place whereby individuals with an observation of this nature may share this with their responsible officer so that this may be considered and addressed. This is a useful safety net to ensure that any such issue, as yet unrecognised, may be raised and addressed in the future.

**Eliminate discrimination, harassment and victimisation** The NHS England Medical Appraisal Policy presents a consistent model of appraisal for all doctors with a prescribed connection to NHS England; as such, it is a vehicle for eliminating discrimination, harassment and victimisation by ensuring that every individual is subject to the same level of scrutiny and entitled to the same level of support. It is also flexible to the possible needs of an individual with one or more than one protected characteristic, in that NHS England responsible officers have the discretion to amend processes where appropriate, and where considerations of patient safety permit, in order to accommodate the needs of that individual.

**Advance equality of opportunity** The NHS England Medical Appraisal Policy presents a consistent model of appraisal for all doctors with a prescribed connection to NHS England; as such it is a vehicle for advancing equality of opportunity by ensuring that every individual is subject to the same level of scrutiny and entitled to the same level of support. It is also flexible to the possible needs of an individual with one or more than one protected characteristic, in that NHS England responsible officers have the discretion to amend processes where appropriate, and where considerations of patient safety permit, in order to accommodate the needs of that individual.

**Promote good relations between groups** The NHS England Medical Appraisal Policy presents a consistent model of appraisal for all doctors with a prescribed connection to NHS England; as such it is a vehicle for promoting good relations between groups by ensuring that every individual is subject to the same level of scrutiny and entitled to the same level of support and thus making visible the fact that a level playing field is available to all individuals. It is also flexible to the possible needs of an individual with one or more than one protected characteristic, in that NHS England responsible officers have the discretion to amend processes where appropriate, and where considerations of patient safety permit, in order to accommodate the needs of that individual.

## Evidence based decision-making

In the implementation of this policy and in evaluation reviews of equality monitoring, NHS England will remain alert to the identification of issues of equality in relation to this policy as described above. Findings will be evaluated to identify any negative impact and

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address these accordingly. Additionally, where a NHS England responsible officer identifies any issue relating to equality, this will be shared with their higher level responsible officer so that it can be captured, analysed and, where appropriate, lead to refinement/correction of this policy with a view to ensuring fair outcomes.

This equality analysis will be published as a component of this policy, and as such will be shared with all those listed in the circulation, and any person or body who accesses it from the NHS England revalidation web page. Comments and observations in relation to equality matters will be welcomed by the sponsor and the lead author.

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## 9.2 Section 2: Health Inequalities Analysis

Evidence
<p><b>What evidence have you considered to determine what health inequalities exist in relation to your work?</b></p> <p>The content of this policy is underpinned by guidance from the Department of Health, General Medical Council, and by legislation, the purpose of which is to reduce health inequalities by making more consistent the assurance of the professional behaviour of doctors in the United Kingdom.</p>
Impact
<p><b>What is the potential impact of your work on health inequalities?</b></p> <p>The purpose of this policy is to reduce health inequalities by making more consistent the assurance of the professional behaviour of doctors with a prescribed connection to NHS England, regardless of their specialty, location or context of engagement.</p>
<p><b>How can you make sure that your work has the best chance of reducing health inequalities?</b></p> <p>The full enactment of this policy will provide the greatest likelihood that it will have maximum impact in terms of reducing health inequalities by making more consistent the degree to which doctors with a prescribed connection to NHS England are maintaining their standards of practice.</p>
Monitor and Evaluation
<p><b>How will you monitor and evaluate the effect of your work on health inequalities?</b></p> <p>NHS England and the GMC have programmes in place to assess the degree to which the benefits of medical appraisal and revalidation are realised, and this includes the degree to which medical appraisal and revalidation contribute to the reduction of health inequalities. Evaluation from this work will be of value in monitoring and evaluating the effectiveness of this policy in reducing health inequalities.</p>
For your records
<p><b>Name of person(s) who carried out these analyses:</b></p> <p>Dr Maurice Conlon</p>
<p><b>Name of Sponsor Director:</b></p> <p>Dr Mike Bewick</p>
<p><b>Date analyses were completed:</b></p> <p>7 April 2015</p>
<p><b>Review date:</b></p> <p>1 April 2016</p>

### 9.3 Equality Impact Assessment screening involvement – Signatures

Managers Signature:

Date:

A handwritten signature in black ink, appearing to be 'M. C. S.', written on a light blue background.

7 April 2015

## 10 Associated documentation and references

*A guide to confidentiality in health and social care* (HSCIC, 2013)

<http://www.hscic.gov.uk/media/12822/Guide-to-confidentiality-in-health-and-social-care/pdf/HSCIC-guide-to-confidentiality.pdf>

*A Framework of Quality Assurance for Responsible Officers and Revalidation* (Department of Health, NHS England, 2014) <http://www.england.nhs.uk/revalidation/ga/>

*A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties: A report to the Secretary of State for Education and Skills*, by Professor Sir Brian Follett and Michael Paulson-Ellis (Department for Education and Skills, 2001)

<http://webarchive.nationalarchives.gov.uk/20060715145349/dfes.gov.uk/follettreview/>

*All England appraisal network proposal v1.0* (NHS England, 2013) Available on request from: [england.revalidation-pmo@nhs.net](mailto:england.revalidation-pmo@nhs.net)

*Anonymisation: managing data protection risks code of practice* (ICO, 2012)

<https://ico.org.uk/media/1061/anonymisation-code.pdf>

*Appraisal for consultants working in the NHS: guidance* (Department of Health, 2001)

[http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4006971](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006971).

*Appraisal for general practitioners: guidance* (Department of Health, 2002)

[http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4006979](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006979).

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[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4069253](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253).

*Effective governance to support medical revalidation: A handbook for boards and governing bodies* (A collaboration of healthcare regulators, 2013) [http://www.gmc-uk.org/static/documents/content/Governance\\_handbook.pdf](http://www.gmc-uk.org/static/documents/content/Governance_handbook.pdf)

*Information Management for Medical Revalidation in England* (NHS Revalidation Support Team, 2013) [http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/rst\\_revalidation\\_information\\_management\\_2014v41.pdf](http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/rst_revalidation_information_management_2014v41.pdf)

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*Introduction and link to Anonymisation Standard for the publication of health and social care data* (HSCIC, 2013) <http://www.hscic.gov.uk/article/2741/New-Anonymisation-Standard-for-the-publication-of-health-and-social-care-data-becomes-effective-on-30-April-2013>

*Joint Funding Council's Libraries Review Group: Report (The Follett Report) 1993*  
<http://www.ukoln.ac.uk/services/papers/follett/report/>

*Medical Appraisal Guide: A guide to medical appraisal for revalidation in England*, version 4 (NHS Revalidation Support Team, 2013 (reissued with updated hyperlinks September 2014)) <http://www.england.nhs.uk/revalidation/appraisers/med-app-guide/>

*Medical Appraisal Guide Model Appraisal Form* (NHS Revalidation Support Team, 2012)  
<http://www.england.nhs.uk/revalidation/appraisers/mag-mod/>

*Medical Appraisal Guide Model Appraisal Form: User guide* (NHS Revalidation Support Team, 2012) <http://www.england.nhs.uk/revalidation/appraisers/mag-mod/>

*Medical Appraisal Position Statements* (NHS England) Available on request from:  
[england.revalidation-pmo@nhs.net](mailto:england.revalidation-pmo@nhs.net).

*Prescribed Connections to NHS England* (NHS England, 2013)  
<http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/prescribed-connections.pdf>

*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/>

*Supporting information for appraisal and revalidation* (GMC, 2012)  
[www.gmc-uk.org/doctors/revalidation/revalidation\\_information.asp](http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp).

*The Good medical practice framework for appraisal and revalidation* (GMC, 2013)  
[www.gmc-uk.org/doctors/revalidation/revalidation\\_gmp\\_framework.asp](http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp).

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

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## 11 Annexes

A	Appraisal process
B	Appealing against appraiser allocation
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D	Requesting postponement of appraisal
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M	Glossary
N	Working group