

FACULTY OF PHARMACEUTICAL MEDICINE

REVALIDATION POLICIES

POLICY: APPRAISAL AUDIT POLICY

VERSION: 1.0

APPROVAL DATE: 24/3/2013

1. Purpose

This policy is designed to ensure that appraisals are being carried out to, at least, the minimum required standard and that the quality of appraisals is consistent.

2. Process

2.1 The Responsible Officer (RO) will audit at least 5% of appraisals each year selected randomly. The RO will also review any appraisals where significant concerns have been raised by the appraiser or any other person about the doctor.

2.2 The audit will not necessarily require all items in the supporting information to be reviewed. The supporting information will be sampled as will other items of the appraisal document, sufficient to give the RO confidence that the appraisal was thorough and carried out to the required standard. This will include the review of feedback forms completed by appraisees.

2.3 Unless an issue of patient/public safety or bias is raised through the audit, the appraisal output will not be affected; but the RO will address any issues directly with the appraiser and provide guidance and support or, if necessary, require the appraiser to attend further additional training before undertaking any further appraisals. Should any appraisals be already booked, an alternative appraiser will be allocated by the Revalidation Administrator (RA).

2.4 The RO will undertake an annual audit to review the reasons for all missed or incomplete appraisals and will ensure that any recommendations are enacted. In order to facilitate this audit the RA will maintain and collect data on an ongoing basis in the format set out in Appendix 2 of the *NHS Organisational Readiness Self-Assessment Questionnaire*.

2.4 Audit records and records of any actions required will be maintained by the Faculty designated body.