

FACULTY OF PHARMACEUTICAL MEDICINE

REVALIDATION POLICIES

POLICY: APPRAISAL POLICY

VERSION: 2.0

APPROVAL DATE: October 2019

NEXT REVIEW DATE: February 2024

1. Purpose

Annual appraisal is the cornerstone of revalidation with, normally, the outputs of five appraisals forming the basis on which the Responsible Officer (RO) will make a recommendation to the General Medical Council (GMC). It is thus essential that the Faculty as a Designated Body (DB) has a sound, robust, transparent and fair appraisal system. This policy describes the essential elements of that system. The administration will be carried out by the Faculty Revalidation Team and overseen by the RO.

2. Selection of appraisers

2.1 Appraisers will be selected in accordance with the Faculty's *Appraiser Specification, Selection and Training Policy*.

2.2 Appraisers will be medically qualified and will be registered and in good standing with the GMC and will hold a GMC licence to practise unless agreed by exception with the Responsible Officer.

2.3 The Revalidation Team will maintain a list of appraisers and short professional biographies to assist with Conflict of Interest (CoI) determinations.

2.4 Appraisers will sign an agreement with the Faculty as described in the *Appraiser Agreement Policy*.

3. Training of appraisers

3.1 Appraisers will be trained in accordance with the Faculty's *Appraiser Specification, Selection and Training Policy*.

3.2 All appraisers will be appropriately trained before conducting an appraisal and will undertake refresher training as and when required by the Faculty.

3.3 The assigned Appraisal Lead will assist their newly appointed appraisers by providing appropriate oversight, normally of the first three appraisals

4. Allocation of appraisers and appraisees

4.1 Each appraisee will have been allocated a revalidation date by the GMC. Annual appraisals will not be timed to fit with an individual appraisee's revalidation date.

4.2 The allocation of the appraiser to the appraisee will be made without input by either appraiser or appraisee.

4.3 The Revalidation Team will ensure that an appraiser does not undertake more than three appraisals for an appraisee in a cycle.

4.4 The appraisee will be allocated an appraiser and asked to respond within one week to indicate whether or not s/he has any reason to suppose there is a potential conflict of interest with the proposed appraiser based on information provided by the Faculty or known to the appraisee.

4.5 The appraiser will be advised of the proposed allocation of their appraisee and asked if there is a potential conflict of interest and to respond within one week. If there is no potential conflict of interest, the allocation will be progressed, and the two accounts linked in the PReP e-portfolio system. It is the responsibility of the appraisee to contact the appraiser to arrange the meeting in the appraisal window however appraisers should make the Faculty aware if no contact is made.

4.6 If either the appraiser or the appraisee raises a potential conflict of interest, the RO will adjudicate and if the potential conflict of interest is considered to be of significance to the appraisal situation, another appraiser will be allocated in the same manner. Full records will be maintained of all such instances and of decisions taken.

5. Conduct of appraisals

5.1 The RO will ensure that where appropriate the appraiser has been informed of any relevant information or additional requirements that the Faculty is aware of about the appraisee prior to the appraisal and also of any restrictions on practice imposed by the GMC. It is, however, the appraisee's own personal professional responsibility to ensure all relevant information is brought to the appraisal, including any complaints or concerns of which they are aware in relation to their whole practice and to meet any additional requirements the RO has set them. The appraiser should take any necessary steps to ensure that they have access to the most up-to-date information regarding the appraisee from the GMC List of Registered Medical Practitioners before the appraisal.

5.2 Where relevant, each doctor is responsible for making arrangements for the sharing of information/appraisals from all organisations for which they provide medical services, including nonpharmaceutical medicine medical work. The requirement for and/or extent of this information can be discussed by the appraisee with the appraiser and/or RO.

5.3 Appraisals cannot be considered to be complete until sign-off and closure. Documentation should be completed within 28 days of the appraisal meeting and the Revalidation Team informed if this is not possible.

5.4 Any professional issues arising from the appraisal process or the appraisal itself will be referred to the RO.

5.5 All appraisals will be carried out in accordance with the current national and GMC guidance and any additional Faculty policies and requirements.

5.6 Appraisal meetings must be conducted face-to-face except in the case of exceptional circumstances which must be approved beforehand by the RO. Such requests, giving the full circumstances, must be made in writing by the appraisee and records of the decisions made will be maintained by the Faculty DB. Geographical aspects alone will not be accepted as exceptional circumstances.

5.7 The location and timing of each appraisal must provide an appropriate, confidential and professional environment for the appraisal meeting. Public or open meeting spaces are not acceptable and a private room where there will not be any interruptions must be used.

5.8 Should it be required, the Faculty will reimburse the appraiser any reasonable costs of hiring a suitable meeting room for the appraisal meeting. The appraiser will be required to follow guidance within the *Appraiser Expenses Policy* with regard to the maximum costs allowable. The Faculty has a meeting room which can be booked for appraisal meetings.

5.9 Paper-based evidence may be used by the appraisee in addition to that held within the electronic portfolio with the agreement of the appraiser with the reflections and learnings being included in the Input Form. It is for the appraiser to decide whether or not to accept paper-based evidence. The appraiser must identify and record in the Output Form the paper-based supporting information that was examined for the appraisal. The appraisee has the responsibility of maintaining any paper-based supporting information for the full revalidation cycle. However, the appraisee should limit the paper based evidence and wherever possible upload appropriately redacted supporting information with reflection to PReP.

5.10 Appraisals will be structured to emphasise both the importance of completing documentation and also the importance of dialogue and the exchange of views.

5.11 The Faculty DB and the appraisee must retain copies of the appraisal documentation over a minimum of a five-year period.

5.12 If a third party, for whatever reason, needs to contribute to an appraisal this should be discussed and agreed between the appraiser and appraisee in advance. Any costs for this will be the direct responsibility of the appraisee.

5.13 The appraiser will inform the RO without delay should any concerns regarding an appraisee's fitness to practise and / or engagement with the revalidation process arise should this be before, during or after an appraisal.

5.14 Appraisers must make known to the RO any concerns arising from the appraisal so that action can be taken to address such concerns in a timely manner.

6. Conflicts of Interest

6.1 Appraisers must provide the Revalidation Team with a short, relevant professional biography to allow potential conflicts of interest to be identified. This biography should be updated as and when necessary.

6.2 This professional biography will be made available to appraisees as part of the allocation process

6.3 The appraiser must advise the Revalidation Team of any potential conflicts of interest which the appraiser is aware of prior to an appraisal and advise the RO of any which arise during the appraisal and of any action which was taken at the appraisal to manage any conflicts of interest that emerged.

6.4 The appraiser must declare any potential conflicts of interest with their appraisees should the need arise.

6.5 The RO may refer any concerns regarding conflicts of interest that he or she has not been able to resolve for resolution through appropriate channels such as the Chief Executive or Higher Level RO

6.6 If any other person or body raises issues of conflict of interest or other matters regarding appraisers, these will in the first instance be addressed by the RO. In the event of the matter not being resolved to the satisfaction of the reporter, the matter will be referred to the Chief Executive

7. Performance review, audit and reports

7.1 In accordance with the *Appraisal Audit Policy*, a number of appraisals will be audited annually.

7.2 Appraisers will be required to participate in performance review, additional training and mentoring as directed by the RO or their Appraisal Lead. The Faculty reserves the right to terminate the agreement with an appraiser at any time.

7.3 Records of completed appraisals will be held on the Faculty's revalidation electronic system for recording and audit purposes.

7.4 The Revalidation Team will maintain records to enable annual audits to be performed to determine the reasons for all 'missed' or 'incomplete' appraisals in accordance with NHSE definitions.

7.5 An annual report will be provided to the Faculty Board which will include details of the number of appraisals completed during the year, any key emerging themes and any recommendations.

7.6 The RO will also review any appraisals where significant concerns have been raised by the appraiser or any other person about the doctor. This will be supplemented by the appraisal outputs being reviewed in accordance with Post Appraisal Screening System working practice.

8. Confidentiality

8.1 Appraisers must sign an Appraiser contract whereby the appraiser agrees to treat all information received or discussed in connection with any appraisal as confidential with the exception that information relevant to an appraisee's revalidation may be shared with the Faculty RO and / or

another official representative of the Faculty DB and, when required, with the GMC. Relevant information may also be shared by the Faculty DB with future designated bodies should an appraisee change designated body.

8.2 The Appraiser contract also includes that it is the appraiser's responsibility to ensure that they comply with all relevant data protection legislation and to alert the Faculty immediately should a data breach occur.

This policy replaces the 2013 version and has been updated to more accurately reflect FPM DB procedures.

Approved by the FPM Board, 22 October 2019.