

FACULTY OF PHARMACEUTICAL MEDICINE

REVALIDATION POLICIES

POLICY:	APPRAISER SPECIFICATION, SELECTION AND TRAINING POLICY
VERSION:	1.6
APPROVAL DATE:	November 2021
NEXT REVIEW DATE:	November 2026

1. Purpose

To ensure that the appointment and training of Faculty appraisers meet the GMC and NHS(E) standards required by the Faculty Designated Body (DB).

2. Appraiser Specification

- a) Faculty appraisers will:
 - i. hold a medical degree;
 - ii. be registered and in good standing with the General Medical Council (GMC) and will normally hold a GMC licence to practise unless the Responsible Officer (RO) has agreed in writing that they do not require one;
 - iii. previously had experience of appraisals within the context of revalidation, having had at least two appraisals themselves;
 - iv. sign the *Faculty Appraiser Agreement* and work in accordance with the *Appraisal Policy* and other guidelines;
 - v. complete appraisal training prior to undertaking appraisals unless agreed in writing by the RO that prior training (at another DB for example) is sufficient.
- b) Appraisers are not required to be members of the Faculty.
- c) Those doctors who are undertaking Pharmaceutical Medicine Specialty Training (PMST) or Higher Medical Training (HMT) will not be accepted for Appraiser Training until their specialty training has been successfully completed. Doctors with current Approved Practise Settings (APS) status will also not be accepted for Appraiser Training.

3. Appraiser Selection

- a) Recruitment of appraisers will be by open advertisement to Faculty members and targeted advertisements may be sent to selected groups of members or other doctors in order to have appraisers with a wide range of experiences and backgrounds. This recognises the value of external appraisers. All recruitment will be in accordance with any FPM Equality and Diversity policies. The Revalidation Team, an Appraisal Lead and the Responsible Officer will be available for discussion with any prospective applicant if requested.
- b) The evaluation of applications will be undertaken by the Revalidation Team and a nominated Appraisal Lead. Discussions with applicants may be held in the case of borderline applications or for example if additional aspects need exploring.
- c) For each applicant whose prescribed connection is with the FPM DB, the Responsible Officer will provide written confirmation that there are no reasons known to the DB which would make the appointment inappropriate. This should take place prior to the applicant being invited to take part in New Appraiser Training.
- d) Applicants not connected to FPM DB should be contacted to seek permission to contact their Responsible Officer. With permission received, the relevant Responsible Officer should be contacted to provide written assurances that there are no known reasons why the doctor should not be appointed.
- e) The Revalidation Team will inform those applicants who are to be invited to the training. The Revalidation Team will also advise unsuccessful applicants.

4. Appraiser Training

- a) The Revalidation Team will liaise with applicants invited to the training regarding training requirements and dates after agreeing the training required with the RO.
- b) The appraiser will be required to complete appraiser training, approved by the Faculty, including, as applicable, training in Equality and Diversity, to the satisfaction of the Faculty before being appointed and conducting their first appraisal unless otherwise agreed in writing by the RO. After successful completion of training, the applicant will be included in the Faculty DB pool of appraisers.
- c) In exceptional circumstances, such as a pandemic, the format of the training may be altered to take into account the prevailing circumstances on the advice of the Appraisal Lead responsible for training. The training requirements and standard necessary for the role to be offered to an applicant will not be altered.
- d) Any additional training undertaken, including refresher training, will be at the Appraiser's own cost unless otherwise advised by the Faculty.

5. Training Providers

- a) Training will normally be provided in-house. Where an external training provider is to be used they will be approved by the RO on behalf of the DB.
- b) Training providers will be required to demonstrate:
 - i. effective facilitation/training skills;
 - ii. experience of delivering and facilitating effective medical appraiser training programmes;
 - iii. an up-to-date knowledge of the new elements of medical appraisal for revalidation);

- iv. the involvement of an experienced medical appraiser or Appraisal Lead in the delivery of training; and
 - v. that the training programme covers the requirements of this policy and the content as set out in Appendix 1 attached.
- c) Training should be practically-focused giving every attendee the experience of managing an appraisal discussion.
 - d) Prospective appraisers must be willing to undertake self-study as part of the training. This will include familiarisation with the specialty specific guidance for pharmaceutical medicine. Prospective appraisers should raise any queries on the self-study material with the trainer, or with the Revalidation Team, RO or Appraisal Lead.
 - e) Following training, the Revalidation Team will be the main administrative contact for appraisers who will refer relevant matters to the RO as appropriate. All appraisers will also be assigned to an Appraisal Lead they can contact.
 - f) Appraisal training will be of a minimum duration of one day.

6. On completion of training

- a) The Appraisal Lead with responsibility for training will inform the Revalidation Team which applicants should be appointed.
- b) On behalf of the Training Lead, the team will advise successful applicants and send out the Appraiser Agreement and Appraisal Policy.
- c) When the Appraiser Agreement is returned, the team will inform the RO and all Appraisal Leads as to which new appraisers will be assigned to each Lead.
- d) On receipt of confirmation from each Lead that there are no known conflicts of interest with the proposed assignment, the team will inform each appraiser of their assigned Lead.
- e) The Revalidation Team will also advise unsuccessful applicants.

APPENDIX 1

FACULTY OF PHARMACEUTICAL MEDICINE

CONTENT REQUIREMENTS FOR MEDICAL APPRAISER TRAINING

1. KEY OBJECTIVES OF TRAINING

Those successfully completing training will have knowledge of

- core appraisal skills and the skills required to promote quality improvement and the professional development of the doctor.
- skills relating to medical appraisal for revalidation and a clear understanding of how to apply professional judgement in appraisal.

- skills that ensure an effective appraisal is performed in the setting and scope of work within which the doctor works, including both local context and any specialty-specific context.

2. CONTENT FOR TRAINING PROGRAMMES FOR MEDICAL APPRAISERS

2.1 Key knowledge and understanding:

- The nature and purpose of appraisal and revalidation and how the two processes complement each other.
- Relevant legislation and guidance relating to appraisal and revalidation.
- The role and responsibilities of the medical appraiser.
- The roles and responsibilities of RO, Appraisal Leads and the Revalidation team.
- Organisational quality improvement systems (medical governance, patient safety etc).
- Relevant basic educational principles.

2.2 Conducting a professional appraisal:

- Establishing a clear shared understanding between the medical appraiser and doctor, which describes the meaning of a professional appraisal and the limits of confidentiality.
- Managing an effective appraisal discussion to support professional development, quality improvement and revalidation.
- Applying communication skills to facilitate an effective appraisal discussion and build rapport, listen and question appropriately, give feedback, and challenge and support doctors.
- Strategies for managing a difficult medical appraisal.
- Understanding the requirements of a return-to-work appraisal after a period of appraisee extended absence.
- Recording the appraisal in an Output Form to meet the requirements of FPM and NHS(E).

2.3 Supporting information required for revalidation:

- GMC portfolio requirements and relevant specialty-specific guidance.
- How to ensure that the supporting information appropriately covers the whole scope of a doctor's work.
- How to consider the quality and breadth of supporting information produced by the doctor against the GMC requirements.
- How to use organisational information appropriately.

2.4 Raising concerns:

- Exploring thresholds and strategies for raising concerns.
- How to deal appropriately with minor concerns that do not affect patient safety.
- Exploring the circumstances in which a medical appraisal should be postponed or suspended for patient safety or fitness to practise concerns.

- Highlighting the local procedures medical appraisers should engage if serious conduct, capability or health issues come to light in the course of the appraisal discussion.
- Judging whether the doctor has engaged appropriately in the appraisal process and the review of their whole scope of work.

2.5 Effective personal development planning:

- Assessing whether previous personal development plan objectives have been achieved
- How to facilitate the production of an effective personal development plan.
- Producing high quality written appraisal records and outputs (appraisal summary, personal development plan, statements and sign-off).
- Computer skills and (where necessary) use of computerised support systems for appraisal and revalidation.
- Specific organisational priorities and needs (where necessary).

2.6 Understanding medical appraiser competencies which are;

- **professional responsibility** in order to maintain credibility as a medical appraiser.
- **knowledge and understanding** in order to understand the role and purpose of the medical appraiser and to be able to undertake effective appraisals.
- **professional judgement** in order to analyse and synthesise information presented at appraisal and to judge engagement and progress towards revalidation.
- **communication skills** in order to facilitate an effective appraisal discussion, produce good quality outputs and to deal with any issues or concerns that might arise.
- **organisational skills** in order to ensure the smooth running of the appraisal system, including timely responses and also sufficient computer skills.

2.7 Additional content

- Knowledge of responsibilities of doctors as set out in Good Medical Practice.
- Knowledge of relevant medical 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.

3. TRAINING FOR DOCTORS WHO HAVE ALREADY BEEN TRAINED AS APPRAISERS

- a) Where a doctor has received recognised revalidation appraiser training (such as from another designated body), the RO will decide if it is necessary for them to attend Faculty training before they undertake their first appraisal.
- b) However, before being appointed, the Appraisal Lead with responsibility for training will have a discussion with those applicants who are not required to undertake further training (see 2.iv above) and inform the RO and Revalidation Team as to their suitability for appointment.

- c) On behalf of the Training Lead, the team will advise the successful applicants and send out the Appraiser Agreement and Appraisal Policy.
- d) When the Appraiser Agreement is returned, the team will inform the RO and the Appraisal Leads to whom the new appraisers will be assigned.
- e) On receipt of confirmation from each relevant Lead that there are no known conflicts of interest with the proposed assignment, the team will inform each appraiser of their assigned Lead.
- f) In conjunction with the Training Lead, the Revalidation Team will also advise unsuccessful applicants.

If training is required, this may take the form of a remote session as opposed to face to face.

Approved by Dr Susan Bews, Responsible Officer and Head of Revalidation Operations, Mr Tony Roche, 23 November 2021.