

FACULTY OF PHARMACEUTICAL MEDICINE

REVALIDATION POLICIES

POLICY: APPRAISAL AUDIT POLICY

VERSION: 3.0

APPROVAL DATE: 1st November 2023

NEXT REVIEW DATE: 1st November 2028

1. Purpose

This policy documents the process for the ongoing systematic review of the output from all appraisers to ensure that appropriate standards are being maintained.

2. Background

The Appraisal Summary and PDP Audit Tool ASPAT is a generic tool which NHSE recommend to be used by Designated Bodies (DBs) to audit and quality assure the appraisal summary and PDP of revalidation appraisals. It has been published as part of the NHSE Medical Appraisal Guide. However, its value can be enhanced through feedback to appraisers. It should therefore be used as an opportunity for a one-to-one review with the appraiser of their role.

In view of the fact that it requires significant time and resource – and consequently cost – the FPM DB has decided that currently it will undertake the process on a c. 20% sample of appraisers each year with the intention being that the work of all appraisers will be covered over a five-year period. The annual sample will be largely random, decided and advised by The Head of Revalidation Operations, but advice will be sought from the Appraisal Leads and the RO as to whether any specific appraisers would benefit each year.

The ASPAT template and Appraiser Assurance Review template, which includes suggested questions for the review with the appraiser, are taken from the NHSE Medical Appraisal Policy and are annexed to this Faculty ASPAT Process. Both the ASPAT and the review templates will be pre-populated by the office and should be returned to the Head of Revalidation Operations once completed.

The following should be noted:

a) It is not a Faculty DB requirement that an appraiser lists the supporting information (SI) in the appraisal summary. It is however good practice and expected that sufficient detail will be provided for a reader to have a sound understanding of what SI was provided that enabled the appraiser statements to be confirmed – in which case a score of 2 would be assigned.

b) As no specialty specific guidance has been set by the Faculty DB, by default this will normally score 2.

c) For locally agreed expected information, the Faculty DB requires all doctors to comply with the Faculty Clinical Review policy and therefore all doctors undertaking clinical work (patient or volunteer) are required to provide a 'clinical review' at each appraisal.

3. Process

The Head of Revalidation Operations will advise each Lead of the selected appraisers and for each the two relevant appraisees and their appraisal dates and will send the two pre-populated forms per selected appraiser to the Lead (ASPAT form and Appraiser Review Form). The most recent annual evaluation scores from the post-appraisal questionnaire in PReP will be included on the form.

The Appraisal Leads will then undertake the process outlined below:

a. For each selected appraiser, their allocated Lead will ask the appraiser, in preparation for the audit and their review, to complete a self-assessed ASPAT on a pre-specified appraisal, normally the most recently closed appraisal.

b. The Lead will also invite the appraiser to complete the 'ASPAT self-review' and 'Comment' sections and return the partly pre-populated review form.

c. In parallel the relevant Lead will undertake an ASPAT on the more recent of the two appraisals identified by the Head of Revalidation Operations. If the score is low or there are any concerns the Lead will undertake a second ASPAT on the other appraisal identified by the Head of Revalidation Operations. The Appraisal Lead will need to exercise their professional judgement on what constitutes a low score as it needs to be viewed in the context of their knowledge of the appraiser, the circumstances of the appraisal and the reasons from the ASPAT for the low score. As guidance, a score of around 40 out of 50 would normally warrant consideration for a second appraisal to be audited.

d. The Lead will then compare the two (or three) assessments and at or before the review discussion, will inform them of the outcome, (but not normally the actual score), recognising good practice and where appropriate to provide guidance for improvement. The role will be discussed more widely as appropriate in line with the review template whether returned or not.

e. Any areas of significant concern will be discussed directly with the RO. Unless an issue of patient/public safety or bias is raised through the audit, the appraisal output will not be affected; but the RO or Appraisal Lead 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 Team.

f. The actual scores will be communicated to the Head of Revalidation Operations along with the ASPAT outcomes and review form which will include a brief description of any further action the Lead has considered appropriate.

g. The appraiser will be sent a copy of the final signed review form by the office for inclusion at their next appraisal.

h. The Head of Revalidation Operations will collate the results for the RO.

i. The Head of Revalidation Operations will keep a record of each year's allocations to ensure these are allocated once every five years. Audit records and records of any actions required will be maintained by the Faculty designated body.