

FACULTY OF PHARMACEUTICAL MEDICINE

REVALIDATION POLICIES

POLICY: APPRAISAL AUDIT POLICY

VERSION: 4.0

APPROVAL DATE: 08 DEC 2025

NEXT REVIEW DATE: 01 NOV 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 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. Since its value can be enhanced through feedback to appraisers it can therefore be used as an opportunity for a one-to-one review with the appraiser of their role.

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 for each Appraisal Lead will be drawn from their allocated appraisers. This will be random, decided and advised by the Revalidation Manager or equivalent.

The process may also be used in 'for cause' cases. Identified by the Appraisal Leads and RO. All such cases require consultation with and approval of the RO.

The ASPAT template in Word is annexed to this Faculty ASPAT Process.

The following should be noted:

1b, d, e, f & g With respect to evidencing or validation of the appraisee's practice, professional judgement will be required. It is not a Faculty DB requirement that an appraiser *lists* the supporting information (SI) in the appraisal summary (1b). 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. If specific elements of supporting information uploaded to the input form or presented at the appraisal are not documented, but the

output form contains clear and explicit description which assures or verifies the appraisee's activities, a score of 2 should be considered.

Item 1h) 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. Where a doctor undertakes more than one clinical role, a separate 'clinical review' is required for each.

Item 1i) As no specialty specific guidance has been set by the Faculty DB, by default this will normally score 2.

3. Process

The Revalidation Department will advise each Lead of the selected appraisers. For each appraiser he or she will send the following:

- The appraisee names for the two most recently closed appraisals. Send only the appraisee names for first/second appraisals for the appraisee in question, as the third and final appraisal may no longer be viewable by the appraiser. (MAG-Lite appraisals should not be included).
- The most recent annual report from the post-appraisal questionnaire in PReP, together with the mean scores across the whole DB to provide a benchmark.
- Attach a copy of the current ASPAT form and link to Appraiser Summary report

The Appraisal Leads will then undertake the process outlined below:

a. For each selected appraiser, their allocated Lead will email the appraiser to arrange the review call. In preparation for the audit and their review, the Lead will invite the appraiser to complete a self-assessed ASPAT on the most recently closed appraisal and return the review form. The appraisal Lead will also conduct an ASPAT review on this appraisal and record the score in the ASPAT form in PReP. (Suggested email text in Appendix 1)

b. If there is a low score or any other concerns based on the review of this appraisal the Lead may undertake an additional ASPAT on the second most recent appraisal identified by the Revalidation Manager. If undertaken this should be recorded in the ASPAT form in PReP.

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, scores of around 40 out of 50 would normally warrant consideration for a second appraisal to be audited. In exceptional cases of concern, a third appraisal may be requested for review.

d. The Lead will then compare the two (or three) assessments at or before the review discussion. This will form the basis for the review meeting. The Lead should recognise good practice, where appropriate, providing guidance for improvement. The role will be discussed more widely as appropriate in line with the review template, whether returned by the appraiser or not.

The specific scores for the ASPATs reviewed will not usually be shared with the appraiser in order that the focus of the meeting be on their practice and not achievement of any specific score, but can be provided upon request.

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. Subsequent actions may include providing guidance and support or, if necessary, requiring 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 Lead will complete a 'summary report' for the appraiser for inclusion at their next appraisal. This should include any points for action. This will be entered into the "Appraiser Summary Report" jotform (Appendix 2) from which the office will receive an emailed copy and forward this to the appraiser. The RO will be copied into this email. The Lead will provide a copy of the appraiser's self-assessed review with any relevant annotations (e.g. points on which feedback provided at the review meeting) to the Revalidation Office to be kept on file. The scores assigned by the appraiser from the self-assessed form will not be entered into PReP.

i. The Revalidation Department 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 FPM office.

Appendix 1 – Suggested email template for appraiser notification

This is suggested wording and can be amended as required.

Title: Appraiser Review Call

Dear

I hope you are well.

I'm writing to schedule an 'Appraiser review' call within the next few weeks. This is part of FPM's routine audit appraisal activity.

The process is as follows:

- You are invited to review your most recent Output Form and score it using the ASPAT* form (attached) and return it to me ahead of our meeting. Please also complete the 'comments' box for each section reflecting on where you have covered the elements well and any pointers for doing things differently. I will also review one or more of your Output Forms.
- These reviews and reflection will be the basis of the discussion. This is also an opportunity to look at your most recent appraiser feedback scores and have a general discussion about the role.
- Following the meeting I will prepare a short summary which you could use in your own appraisal portfolio.
- *[Scheduling arrangements]* I will schedule the call for an hour although we may not need the full time.

**Appraisal Summary and PDP Audit Tool. This is a generic tool recommended by NHSE.*

Do let me know if you have any questions.

Kind regards,

Appendix 2 Appraiser Summary Report

Appraiser Summary Report	
Appraiser	Appraiser GMC Number
Date of review meeting with appraiser	
MM-DD-YYYY 	
Date	
Appraisee 1 (self review)	Date of Appraisal Meeting
	MM-DD-YYYY 
Date	
Appraisee 2	Date of Appraisal Meeting
	MM-DD-YYYY 
Date	
Additional Appraisee?	
Please Select	
Areas of High Quality documentation	
Points of note for improvement	
Review of Appraisee Feedback	
Additional Points covered in discussion	
Specific Actions agreed with appraiser (if any)	
Appraisal Lead	Date of Completion
	MM-DD-YYYY 
Date	

Approved by the Responsible Officer, Dr David Montgomery GMC #6029104 and the Appraisal Leads Group