

## **Medical Revalidation – Appraisal Process and Output**

- ✓ Appraisal has been determined, by the GMC, to be the central process feeding the Responsible Officer's revalidation recommendation.
- ✓ All doctors must undergo annual appraisal. This is non-negotiable from both the GMC (revalidation) and Trust (contractual) perspectives.
- ✓ The Trust policy and procedures for Appraisal and Revalidation have been completely refreshed to be fully compliant with the requirements of revalidation. The policy and procedures have also been reviewed in the context of the Trust's stated values, and our ambition to be a high performing organisation living up to our promise of Delivering Compassionate Excellence.
- ✓ It is the Trust's responsibility to provide an appraiser and offer appraisal. The appraiser must be "top-up" trained in the new requirements and is allocated by the Trust.
- ✓ It is the doctor's responsibility to ensure s/he is appraised, that supporting information is collected, and that the appraisal documentation is sent to the appraiser well in advance of the appraisal.
- ✓ Appraisal must be conducted in an appropriate confidential environment, usually on Trust or University premises, with sufficient time to review all the documentation, including the supporting information, to reflect on it, and to agree a new personal development plan.
- ✓ Medical appraisal continues to be a process intended to encourage reflection and personal development, based on a review of key information including on performance. The specific requirements for the supporting information that the doctor must bring to appraisal for revalidation are:
  - a. Continuing Professional Development (annual)
  - b. Quality Improvement (at least once in each revalidation cycle)
  - c. Significant Events (annual)
  - d. 360 colleague feedback (at least once in each revalidation cycle)
  - e. 360 patient feedback (at least once in each revalidation cycle)
  - f. Review of compliments and complaints (annual)
- ✓ There are also Trust requirements linked to our policy and procedures, such as a review of the doctor's job plan, and compliance with statutory and mandatory training. These are also set out in our policy.
- ✓ 360 feedback is required (at least once in each revalidation cycle) for all the areas defined in the doctor's scope of practice. Where there is no patient contact, no patient 360 feedback is expected, but for doctors in clinical practice this exemption affects a minority of specialties. Colleague feedback is required in all areas and this may require different tools eg for clinical, leadership, and teaching roles. The GMC has issued guidance for the provision of colleague 360 feedback for clinical roles but for other roles, doctors will need to consider the GMC guidance and enact its spirit and principles in how feedback for other roles is solicited and presented (eg as independently of the doctor as possible), as will appraisers.
- ✓ The Trust (and the GMC) also endorse speciality-specific guidance on supporting information. Many different Royal Colleges and other professional bodies have already produced, or are developing, guidance, in some cases including detailed CPD curricula. It is important that each doctor is able to discuss relevant guidance from his/her specialty college or society, while recognising that at present these are guidance, not statute. I would see these as being important in the doctor reflecting, before and in the appraisal, on any "gaps" between specialty recommendations and the doctor's own practice,

and on what actions are appropriate to ensure the doctor's practice and patients remain safe into the future.

- ✓ Post-appraisal, the signed documentation must be sent to the Medical Directors Office no more than two weeks after the appraisal.
- ✓ Appraisals must all be completed by midnight on March 31st and sent to the Medical Directors Office by midnight on April 14th.