



Revalidation Support Team

Organisational Readiness Self-Assessment

End of year questionnaire 2011-12

This questionnaire has been approved by the
Review of Central Returns Steering Committee – ROCR

ROCR Reference number: ROCR/OR/2127/002MAND

ROCR Licence Expiry Date: 1 December 2012

For Admin Use Only		
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March 2012
www.revalidationsupport.nhs.uk

The ROCR reference number for use when asking for this data is: **ROCR/OR/2127/002MAND**

This is for an annual mandatory collection from acute trusts, and voluntary from acute foundation trusts.

The Licence Expiry Date for this Collection continues to be: **1 December 2012**

For further information please contact rocr@ic.nhs.uk.

The ROCR team are keen to receive feedback on central data collections from the colleagues who complete/submit returns. In particular, around the length of time data collections take to complete and any issues, suggested improvements or duplication of data collections.

Feedback can be submitted to ROCR using an online form:

<http://www.ic.nhs.uk/webfiles/Services/ROCR/Data%20Collection%20Feedback%20Template.xls>

Organisational Readiness Self-Assessment (ORSA): End of year questionnaire 2011-2012

Revalidation is the process by which doctors in the UK will have their licence to practise renewed. The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.

Responsible officers are accountable for the quality assurance of the appraisal and clinical governance systems in their organisation. Improving these systems will support doctors in developing their practice more effectively, which will add to the safety and quality of health care in the UK. It will also enable the early identification of those doctors whose practice needs attention, allowing for more effective intervention.

The self-assessment exercise is designed to help designated bodies in England, as defined in *The Medical Profession (Responsible Officers) Regulations 2010* (Her Majesty's Stationery Office, 2010), develop their systems and processes in preparation for the implementation of revalidation. The results of this self-assessment will inform the Secretary of State's decision regarding commencement of revalidation. The aims of the self-assessment are therefore to:

- ensure designated bodies understand what is needed for revalidation and identify and prioritise areas for development
- inform the England Revalidation Delivery Board and the GMC regarding progress towards implementation in England

- contribute towards the Secretary of State's assessment of readiness for revalidation in 2012.

A commitment has been made by the UK health departments and the GMC that, subject to an assessment of readiness, medical revalidation will start across the UK in late 2012 [*Revalidation: A statement of Intent* (GMC, 2010)]. For the NHS, the importance of preparing local systems in readiness for revalidation is highlighted in the NHS Operating Framework 2012/13:

“Medical revalidation is central to improving the quality and safety of care. NHS organisations should be ready in 2012 (as indicated by their organisational readiness self-assessment returns) with clinical governance arrangements including appraisals for doctors in place, to support responsible officers in fulfilling their duties.”

[*The Operating Framework for the NHS in England 2012-13* (Department of Health, 2011)].

The self-assessment process will also enable designated bodies to provide assurance to the level two responsible officer¹, regulators, patients, the public, the profession and other interested bodies, that they are fulfilling their statutory obligations and their systems are sufficiently effective to support the responsible officer's recommendations.

¹ For the purpose of this document the 'level two responsible officer' is the responsible officer at the strategic health authority or the cluster of strategic health authorities.

Action planning

Following completion of the self-assessment it is important that designated bodies produce an action plan which addresses identified weaknesses and development needs in patient safety, quality assurance and appraisal systems. The action plan, including clear timescales for completion, should be agreed with the level two responsible officer and reported to the board or an equivalent governance or executive group.

The level two responsible officer has responsibility for making recommendations regarding the fitness to practise of each responsible officer in their area and the action plans will provide assurance that each responsible officer has established systems which will enable them to carry out their duties and that the designated body is moving towards readiness in an agreed timeframe. For the majority of designated bodies the action plans should achieve readiness by the end of 2012.

Using the data from the self-assessment

Board-level accountability for the quality and effectiveness of these systems is important and this report should be presented to the board, or an equivalent governance or executive group and should be included in an NHS organisation's quality account.

The collated data will be used for reporting overall progress on implementation to the England Revalidation Delivery Board and a report using collated information will be published on the NHS Revalidation Support Team (RST) website.

The RST will forward this report to the level two responsible officer with national and sector comparators. It will also be made available, on behalf of the level two responsible officer, to the GMC, the national healthcare regulators (the Care Quality Commission, Monitor), commissioners and other relevant bodies. The progress of individual designated bodies will be monitored and, where appropriate, highlighted to relevant bodies.

The content of the report may also be used by the responsible officer in their appraisal/revalidation portfolio as supporting information for the role of responsible officer.

This questionnaire has been approved by the Review of Central Returns Steering Committee – ROCR

How to use this document

The questionnaire is based on *The Medical Profession (Responsible Officers) Regulations 2010* (Her Majesty's Stationery Office, 2010) and associated guidance and additional criteria suggested by the GMC. Appendices give more detailed information with samples and details of core content.

The responsible officer is responsible for completing the self-assessment form on behalf of the designated body, though this responsibility can be appropriately delegated. Input can also be provided from medical workforce/human resources teams, appraisal leads and clinical governance teams amongst others. Final submissions will be made on behalf of the designated body and responsible officer should consider whether the report and the resulting action plan should be presented to the board, or an appropriate governance or decision making structure, to ensure there is an understanding of the corporate and statutory responsibilities.

The self-assessment tool is divided into four sections:

Section 1: Details of designated body

Section 2: Responsible officer

Section 3: Appraisal system

Section 4: Organisational governance

An electronic version of the form is available which should be completed by the responsible officer for each designated body in April/May 2012 for the year ending 31 March 2012. The deadline for completion is 21 May 2012. The information and guidance for submitting the electronic form will accompany the electronic form sent out at the end of March 2012.

This document should be read in conjunction with the responsible officer regulations and the responsible officer guidance. References to these documents are given in each section where appropriate.

Sources used in preparing this document

Appraisal Guidance for Consultants (Department of Health, 2001)

Appraisal Guidance for General Practitioners (Department of Health, 2004)

Assuring the Quality of Appraisers (NHS Revalidation Support Team, 2011)

Clinical Audit: A Simple Guide for NHS Boards & Partners (Health Quality Improvement Partnership, 2010)

Good Medical Practice (GMC, 2006)

Good Medical Practice Framework for Appraisal and Revalidation (GMC, 2011)

Good Medical Practice: Supplementary Guidance – Writing References (GMC, 2007)

Guidance on Colleague and Patient Feedback (GMC, 2010)

Guide to Independent Sector Appraisal for Doctors Employed by the NHS and Who Have Practising Privileges at Independent Hospitals – Whole Practice Appraisal (British Medical Association and Independent Healthcare Forum, 2004)

Information Management for Medical Appraisal and Revalidation in England: Guidance (NHS Revalidation Support Team, 2012)

Joint University and NHS Appraisal Scheme for Clinical Academic Staff (Universities and Colleges Employers Association, 2002)

The Medical Profession (Responsible Officers) Regulations 2010 (Her Majesty's Stationery Office, 2010)

The Medical Appraisal Guide (NHS Revalidation Support Team, 2012)

The Operating Framework for the NHS in England 2012-13 (Department of Health, 2011)

Preparing for the Introduction of Medical Revalidation: a Guide for Independent Sector Leaders in England (GMC and Independent Healthcare Advisory Services, 2011)

Revalidation: A Statement of Intent (GMC and others, 2010)

The Role of the Responsible Officer: Closing the Gap in Medical Regulation – Responsible Officer Guidance (Department of Health, 2010)

Supporting Information for Appraisal and Revalidation (GMC, 2011).

In this document when we refer to 'regulations', we mean *The Medical Profession (Responsible Officers) Regulations 2010* (2010) Her Majesty's Stationery Office. When we refer to 'guidance', we mean *The Role of the Responsible Officer: Closing the Gap in Medical Regulation - Responsible Officer Guidance* (2010) Department of Health.

Links to all referenced documents are available on the RST website: www.revalidationsupport.nhs.uk.

1. Section 1: Details of designated body	<p>This section contains contact details along with information describing the designated body, to facilitate reporting and allow benchmarking between similar organisations. Names and contact details do not need to be included in public reports.</p>	
1.1	Name of designated body: South Tees Hospitals NHS Foundation Trust	
	Address line 1 The James Cook University Hospital	
	Address line 2 Marton Road	
	Address line 3 Middlesbrough	
	Address line 4	
	City Middlesbrough	
	County Cleveland	Postcode TS4 3BW
	Responsible officer:	
	GMC registered first name *****	GMC registered last name *****
	GMC reference number *****	Phone *****
	Email *****	
	Chief executive (where appropriate)	
	First name *****	Last name *****
	Email *****	

1.2	Type/sector of designated body: (tick one)	Primary care trust		
		Hospital/secondary care foundation trust		✓
		Hospital/secondary care non-foundation trust		
		Mental health foundation trust		
		Mental health non-foundation trust		
		Other NHS foundation trust (care trust, ambulance trust, etc)		
		Other NHS non-foundation trust (care trust, ambulance trust, etc)		
		Other NHS organisation (strategic health authority, special health authorities, e.g. NHS Blood and Transplant)		
		Deanery		
	Independent/non NHS sector (tick one)	Independent healthcare provider		
		Locum agency		
		Faculty/professional body (for example, FPH, FOM, FPM, IDF)		
		Academic or research organisation		
		Government department or executive agency, armed forces, public bodies		
		Hospice, charity/voluntary sector organisation		
Other non NHS (please enter type)				

1.3	Location of designated body: [tick one]	North East SHA	✓
		North West SHA	
		Yorkshire and Humber SHA	
		East Midlands SHA	
		West Midlands SHA	
		East of England SHA	
		London SHA	
		South East Coast SHA	
		South Central SHA	
		South West SHA	
1.4	<p>Number of doctors with whom the designated body has a prescribed connection as at 31 March 2012</p> <p>The responsible officer should keep an accurate record of all doctors with whom the designated body has a prescribed connection [guidance, 4.5]. The prescribed connection is defined in detail in the regulations [regulations, 10] and the responsible officer must be satisfied that the doctor has correctly identified their designated body. To do this the responsible officer will need to understand this section of the regulations and will need to know the other roles the doctor performs. Detailed advice on establishing correct individual prescribed connections is contained in the regulations and guidance and further advice can be obtained from the level two responsible officer.</p> <p>A number of doctors, including locums, other employed or contracted doctors and doctors in wholly independent practice may not be included in these categories and should be entered under 'other'. All qualified general practitioners (GPs) including principals, salaried and locum GPs on the medical performers list should be entered under 'general practitioner'. Trainees on national training schemes, including GP trainees, have a prescribed connection to the deanery; trainees on independent schemes may have a prescribed connection to the employing trust. Academics with honorary clinical contracts will usually have their responsible officer in the NHS trust where they perform their clinical work. Depending on their contractual status, secondary care locums may have a prescribed connection to a locum</p>		

	agency or another designated body. Doctors with practising privileges may have a prescribed connection with the independent sector hospital depending on their other roles. The categories relate to current roles and job titles rather than qualifications or previous roles. The number of individual doctors in each broad category should be entered.	
IMPORTANT: ONLY DOCTORS WITH WHOM THE DESIGNATED BODY HAS A PRESCRIBED CONNECTION SHOULD BE INCLUDED IN THIS SECTION. EACH DOCTOR SHOULD BE INCLUDED IN ONLY ONE CATEGORY		
Please note that fields 1.4.1 – 1.4.7 are all mandatory and must not be left blank. Where the answer is nil, please enter “0”.		
1.4.1	Consultants (including honorary contract holders)	389
1.4.2	Staff grade, associate specialist, specialty doctor (including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere)	70
1.4.3	General practitioner (for primary care trusts only; doctors on a medical performers list)	0
1.4.4	Trainee: doctor on national postgraduate training scheme (for deaneries only; doctors on national training programmes)	0
1.4.5	Doctors with practising privileges (for independent healthcare providers only all doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)	0
1.4.6	Temporary or short-term contract holders (including trust doctors, locums for service, locums for training, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts)	16
1.4.7	Other (including some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc)	58
1.4.8	TOTAL (this cell will automatically sum 1.4.1 - 1.4.7)	533

<p>2.</p>	<p>Section 2: Responsible officer</p> <p><i>The Medical Profession (Responsible Officers) Regulations 2010 (Her Majesty's Stationery Office, 2010) came into force on 1 January 2011. These regulations define the role and the statutory responsibilities of the responsible officer and should be read in conjunction with <i>The Role of the Responsible Officer: Closing the Gap in Medical Regulation - Responsible Officer Guidance</i> (2010, Department of Health). The contractual arrangements and job description for the responsible officer will depend on the type of designated body and the other responsibilities the post holder has. Appendix 1 contains suggested core content for a responsible officer role description.</i></p>		
<p>2.1</p>	<p>A responsible officer has been nominated/appointed in compliance with the regulations [regulations, 5 and 7]</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> The responsible officer has been a medical practitioner fully registered under the Act throughout the previous five years and continues to be fully registered whilst undertaking the role of responsible officer. 	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p>2.2</p>	<p>A second responsible officer has been nominated/appointed where a conflict of interest or appearance of bias has been agreed with the level two responsible officer [regulations, 6]</p> <p>Each designated body will have one responsible officer but the regulations allow for a second responsible officer to be nominated or appointed where a conflict of interest or appearance of bias exists. This will cover the uncommon situations where close family or business relationships exist, or where there has been longstanding interpersonal animosity. In order to ensure consistent thresholds and a common approach to this, potential conflict of interest or appearance of bias should be agreed with the level two responsible officer. An additional responsible officer should then be nominated or appointed by the designated body and will require training and support in the same way as the first responsible officer. To ensure there is no conflict of interest or appearance of bias, the second responsible officer should be an external appointment and will usually be a current experienced responsible officer from the same region.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> In agreement with the level two responsible officer, the designated body has nominated/appointed a second responsible officer where there is a conflict of interest or appearance of bias between a doctor and the first responsible officer. If no cases of conflict of interest or appearance of bias have been agreed with the level two responsible officer, 'not applicable' should be entered 	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	

2.3	<p>Appropriate responsible officer training is undertaken [Guidance, 4.48 - 4.49]</p> <p>A minimum standard cannot be set for this important area as every responsible officer will have different training and development needs depending on their experience and the type of designated body they work in. A short general programme of initial training for responsible officers in England has been delivered regionally by strategic health authority clusters during 2011/12. The responsible officer's appraisal should help to prioritise their ongoing development needs in the role and these should be agreed with their appraiser and included in their personal development plan.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • Appropriate initial training has been undertaken. • Appropriate ongoing training and development is undertaken in agreement with the responsible officer's appraiser. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.4	<p>Local/regional support is available to the responsible officer</p> <p>Regional 'responsible officer networks' have been set up to facilitate the ongoing development and support of responsible officers. These will encourage the development of local/regional protocols for responding to concerns, managing conflicts of interest, information sharing, thresholds for intervention, etc.</p> <p>Within these networks, the responsible officer should have access to support from:</p> <ul style="list-style-type: none"> • the level two responsible officer [guidance, 4.50] • their GMC employer liaison adviser [guidance, 4.27] • National Clinical Assessment Service [regulations, 18b] • medical royal colleges and faculties for advice regarding doctors' specialist practice [guidance, 4.7] • the RST <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • The responsible officer has made themselves known to the level two responsible officer where they have a prescribed connection [guidance, 2.6]. • The responsible officer is engaged in the regional responsible officer network and has access to appropriate regional and national support. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	<p>2.5</p>	<p>Provision of funding and resource from the designated body is sufficient to undertake the responsibilities of the role [regulations, 14, 19]</p> <p>Each designated body must provide the responsible officer with sufficient funding and other resources necessary to fulfil their statutory responsibilities. This may include sufficient time to perform the role, administrative and management support, information management and training. The responsible officer may wish to delegate some of the duties of the role to an associate or deputy responsible officer. It is important that those people acting on behalf of the responsible officer only act within the scope of their authority.</p>	<p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>
		<p>To answer 'Yes':</p> <ul style="list-style-type: none"> In the opinion of the responsible officer, sufficient funds and other resources have been provided to enable them to discharge their responsibilities under the regulations. 	

3. Section 3: Appraisal system

The appraisal system is one of the cornerstones of revalidation and good quality appraisal is essential for the responsible officer to be assured that each medical practitioner is up to date and fit to practise. Appraisal must also provide a safe environment for personal development needs to be discussed and agreed. A good appraisal system is dependent on effective leadership and management, the quality of the supporting information and the quality and professionalism of the appraisers. Guidance on the model of medical appraisal including the supporting information for revalidation, the specialty aspects of appraisal and the outputs of appraisal (i.e. personal development plan, appraisal summary and appraiser statements) is now available in *The Medical Appraisal Guide* (NHS Revalidation Support Team, 2012). For revalidation to fulfil its primary objectives it is essential that information from all the doctor's roles is available at appraisal. Current agreements between NHS trusts and universities for joint appraisal arrangements for clinical academics governed by the Follett principles, are unaffected by this guidance and should remain in place.

The appraisal system must be set up to deliver annual appraisal for all the doctors who have a prescribed connection with the designated body. In order to ensure all doctors have an annual appraisal, it is necessary for the responsible officers to establish the reasons for missed or incomplete appraisals, to satisfy themselves that the appraisal system is functioning effectively and also that doctors are fulfilling their professional and contractual obligations. The responsible officer is responsible for the quality and effectiveness of the appraisal system even if this has been commissioned from an external provider organisation. In these circumstances, it is advisable for a service agreement to be drawn up defining the required quality standards and key indicators.

For the purposes of this guidance the organisational appraisal year runs from 1 April to 31 March. The appraisal year is defined in this way to assist the management and monitoring of the appraisal system and to allow comparison and benchmarking between organisations and sectors. A completed appraisal is one where the appraisal meeting has taken place within the appraisal year and the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting. It is not suggested that these definitions, required for managing an effective organisational appraisal system, should be applied in the future to revalidation recommendations for individual doctors. The audit will give a detailed understanding of what has happened in all missed or incomplete appraisals and the responsible officer will exercise judgement on a case by case basis if an appraisal falls outside the appraisal year for acceptable reasons.

In exceptional circumstances the designated body may wish to agree a different 'appraisal year' with the level two responsible officer but the principle remains that every doctor should have an appraisal within any agreed 12 month period.

For deaneries the process of annual review of competence progression is considered to be equivalent to the appraisal process and the role of the educational supervisor is considered to be equivalent to the role of the appraiser.

<p>The role of medical appraiser is an important professional role and effective selection processes and structured initial training programmes are needed. Ongoing performance review, development and support of appraisers will also be necessary to maintain the skills of the appraiser and to assure the quality and consistency of appraisal. Further guidance on appraiser selection, training, support and performance review is contained in <i>Assuring the Quality of Appraisers</i> (NHS Revalidation Support Team, 2011), which is available on the RST website.</p>		
<p>3.1</p>	<p>A medical appraisal policy with core content is in place</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> A medical appraisal policy is in place covering the core content which is relevant to the designated body (see Appendix 3) 	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>3.2</p>	<p>Numbers of doctors with whom the designated body has a prescribed connection who have a completed appraisal between 1 April 2011 and 31 March 2012 [guidance, 3.10]</p> <p>For the purposes of this guidance, a completed appraisal is one where the appraisal meeting has taken place within the appraisal year (between 1 April 2011 and 31 March 2012) and the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting. In most circumstances the final sign-off of the appraisal should occur within a few days of the appraisal meeting. Some organisations may require additional sign-off from a medical manager, clinical director or medical director. These additional processes should be described in the organisation's appraisal policy with any necessary deadlines but the principle that should apply in all situations is that the appraiser and doctor should sign the agreed outputs within 28 days.</p> <p>The 28-day period is to allow for holidays and other absences and should be sufficient for agreement and sign-off in almost all circumstances. For example, an appraisal meeting taking place on 31 March would need to be signed off on 27 April for it to be included in the year. An appraisal that has not been signed-off within this period should be regarded as incomplete and included in the audit of missed/incomplete appraisals so the reason for the delay can be explored.</p> <p>In completing this self-assessment it is important to distinguish between the responsible officer's responsibility to manage the quality and effectiveness of the appraisal system and their responsibility to make recommendations on individual doctors. To manage the system the responsible officer needs to know that every doctor has an annual appraisal and the sign-off has been completed. In making recommendations on individual doctors the responsible officer can use their judgement to allow flexibility for appraisals delayed by holidays, sickness absence, study leave, etc. There is no suggestion that an individual appraisal will be invalidated by delays, but in managing the appraisal system the</p>	

	<p>organisation needs to set a reasonable expectation, track what's happening and understand the reasons for delays. It would be unusual for a designated body to appraise all the doctors for whom it has responsibility within the appraisal year. There are many potential reasons for this and the main purpose of this section is to help the designated body establish the reasons for missed or incomplete appraisals so that the management of the appraisal system can be optimised.</p> <p>The same categories of doctors in section 1.4 are used in this section to identify those doctors who have had a completed appraisal in the year 2011/12. Comparing the numbers in sections 1.4 and 3.2 will give an indication of the additional organisational capacity and training required.</p> <p>For deaneries the annual review of competence progression process should be considered to be equivalent to the appraisal process.</p>	
<p>IMPORTANT: ONLY DOCTORS WITH WHOM THE DESIGNATED BODY HAS A PRESCRIBED CONNECTION SHOULD BE INCLUDED IN THIS SECTION. EACH DOCTOR SHOULD BE INCLUDED IN ONLY ONE CATEGORY</p>		
<p>Please note that fields 3.2.1 – 3.2.7 are all mandatory and must not be left blank. Where the answer is nil, please enter “0”.</p>		
3.2.1	Consultants (including honorary contract holders)	272
3.2.2	Staff grade, associate specialist, specialty doctor (including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere)	23
3.2.3	General practitioner (for primary care trusts only; doctors on a medical performers list)	0
3.2.4	Trainee: doctor on national postgraduate training scheme (for deaneries only; doctors on national training programmes)	0
3.2.5	Doctors with practising privileges (for independent healthcare providers only all doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)	0

	3.2.6	Temporary or short-term contract holders (including trust doctors, locums for service, locums for training, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts)	0
	3.2.7	Other (including some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc)	0
	3.2.8	TOTAL (this cell will automatically sum 3.2.1 - 3.2.7)	295
3.3	<p>An audit has been performed to determine reasons for all missed or incomplete appraisals [guidance, 3.10]</p> <p>A missed or incomplete appraisal is an important occurrence which could indicate a problem with the appraisal system or a potential issue with an individual doctor which needs to be addressed. Missed appraisals are those which were due within the appraisal year but not performed. Incomplete appraisals are those where, for example, the appraisal discussion has not been completed or where the personal development plan or appraisal summary have not been signed off within 28 days of the appraisal meeting. For this exercise to be valuable every missed or incomplete appraisal should be included in the audit and, depending on numbers, it may not be possible to complete the audit within the ORSA reporting period.</p> <p>For deaneries the process of annual review of competence progression should be considered to be equivalent to the appraisal process.</p>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<p>To answer 'Yes':</p> <ul style="list-style-type: none"> An audit of all missed or incomplete appraisals for the appraisal year 2011/12 has been completed or is underway. (See Appendix 2 for a suggested format of the audit report.) Recommendations and improvements are enacted. 		

<p>3.4</p>	<p>The number of trained medical appraisers is sufficient for the needs of the designated body [guidance, 3.9, 3.10]</p> <p>It is important that the designated body's appraiser workforce is sufficient to provide the number of appraisals needed each year. This assessment may depend on total number of doctors who have a prescribed connection, geographical spread, speciality spread, conflicts of interest and other factors. Depending on the needs of the designated body, doctors from a variety of backgrounds should be considered for the role of appraiser. This includes locums and salaried general practitioners in primary care settings and staff and associate specialist doctors in secondary care settings. An appropriate specialty mix is important though it is not possible for every doctor to have an appraiser from the same specialty. Further guidance on the recruitment of medical appraisers is available on the RST website.</p> <p>To ensure appraisal is of a sufficient standard to inform revalidation, appraisers should participate in an initial training programme before starting to perform appraisals. Further guidance on the training of medical appraisers for the needs of revalidation is available on the RST website. The training for medical appraisers should include:</p> <ul style="list-style-type: none"> • core appraisal skills and 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 enable the doctor to be an effective appraiser in the setting within which they work, including both local context and any specialty specific elements. <p>It is suggested that during 2012/13 a minimum of 50% of current appraisers should receive a module of revalidation training to ensure they are aware of how appraisal will fulfil the new professional requirements of revalidation. The remaining current appraisers should receive a module of revalidation training the following year. All new appraisers should receive training which includes the requirements of revalidation from the start of 2012/13. For deaneries the role of the educational supervisor should be considered to be equivalent to the role of the appraiser.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • In the opinion of the responsible officer, the number of medical appraisers who have received appropriate training is sufficient for the designated body's needs. 	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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	3.4.1	Number of active medical appraisers at 31 March 2012 [guidance, 3.9] [if answer is nil please enter "0"] Active appraisers are those who have performed at least one appraisal in the appraisal year.	58
	3.4.2	Number of active medical appraisers at 31 March 2012 who have attended an appraiser training course at any time [guidance, 3.10] [if answer is nil please enter "0"] The training history and current training status of all appraisers needs to be understood by the responsible officer so that plans can be made to update their training.	56

<p>3.5</p>	<p>Medical appraisers are supported in the role through access to leadership and peer support</p> <p>Support for medical appraisers may include access to:</p> <ul style="list-style-type: none"> • leadership and advice on all aspects of the appraisal process from a named individual, such as the appraisal lead • training and professional development resources to improve appraiser skills • peer support with opportunity to discuss the difficult areas of appraisal in an anonymised and confidential environment • specialty-specific support, where necessary • annual review of performance in the role of appraiser, including suggestions for inclusion in their personal development plan to address their development needs. <p>Organisations may choose to satisfy these requirements in different ways, but there is evidence that a well structured appraiser support group led by an experienced appraisal lead or facilitator can meet these needs.</p> <p>For deaneries the annual review of competence progression process should be considered to be equivalent to the appraisal process and the role of the educational supervisor should be considered to be equivalent to the role of the appraiser.</p> <p>Further guidance on the support for medical appraisers is available on the RST website.</p> <hr/> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • As a minimum, support arrangements for appraisers should include access to: <ul style="list-style-type: none"> ○ leadership and advice on all aspects of the appraisal process from a named individual (for example, the appraisal lead) ○ peer support with opportunity to discuss handling the difficult areas of appraisal in an anonymised and confidential environment. ○ specialty-specific support, where necessary. 	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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<p>3.6</p>	<p>Medical appraisers receive feedback on their performance in the role which includes feedback from doctors or feedback on the quality of outputs of appraisals (such as personal development plans and appraisal summaries)</p> <p>Completion of training is not a guarantee that knowledge and skills have been assimilated or of competence in the role and feedback on performance in the role is included as a means of assuring the quality of the work of appraisers.</p> <p>Performance review may include:</p> <ul style="list-style-type: none"> • feedback from doctors on the appraiser’s performance in the role; • a review of outputs of appraisals (such as personal development plans and appraisal summaries); • a review of any complaints or significant events relating to the appraiser; or • a review or evaluation after initial training or after a probationary period. <p>An example feedback questionnaire is shown in <i>Assuring the Quality of Appraisers</i> (NHS Revalidation Support Team, 2011), available on the RST website.</p> <p>For deaneries the role of the educational supervisor should be considered to be equivalent to the role of the appraiser. Further guidance on the methods of review and evaluation of medical appraisers is available on the RST website.</p> <p>It must be recognised that some appraisers may fail to maintain the necessary knowledge, skills and attributes to be an effective appraiser and, if appropriate remedial processes are unsuccessful, those individuals should not continue in this important professional role.</p> <hr/> <p>To answer ‘Yes’:</p> <ul style="list-style-type: none"> • The process of performance review should include at least one of the following methods: <ul style="list-style-type: none"> ○ feedback from doctors on the appraiser’s performance in the role ○ a review of the outputs of completed appraisals (for example, personal development plans and appraisal summaries) <p>NB. Before the end of 2012/13 the process of performance review should include both of the above methods.</p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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<p>4.</p>	<p>Section 4: Organisational governance</p> <p>The responsible officer has responsibility for ensuring the doctors with whom the designated body has a prescribed connection are up to date and fit to practise. Those designated bodies involved in commissioning or providing healthcare have an additional statutory responsibility for the quality of the care provided on their behalf. This section deals with the governance and accountability arrangements required to fulfil these responsibilities.</p>	
<p>4.1</p>	<p>A governance structure or strategy is in place (including clinical governance where appropriate)</p> <p>All designated bodies involved in commissioning or providing healthcare have a statutory responsibility for the quality of the care provided on their behalf. For most designated bodies the process by which this is achieved will be described in a board-approved governance strategy which includes clinical governance or clinical quality assurance. For designated bodies that do not have a board or do not directly deliver clinical care, the equivalent in these settings may be a description of the structures and arrangements for assuring the quality of contractors or the quality of services provided. This should include reporting and accountability arrangements and the methods of internal and external quality assurance.</p> <p>If the designated body is an agency, the description should include the means of assuring the quality of those who are delivering services through the agency. The document will need to be approved by the executive team, management team, council or an equivalent internal governance or management structure.</p> <p>For deaneries the description should include the process for information sharing between the clinical training placements and the deanery responsible officer.</p> <p>Processes for the management and governance of relevant information relating to individual doctors with whom the designated body has a prescribed connection should be described.</p> <hr/> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • A governance structure or strategy is in place with written description or policies for: <ul style="list-style-type: none"> ○ reporting and accountability arrangements for quality of services and internal and external quality assurance ○ management and governance of relevant information relating to individual doctors with whom the designated body has a prescribed connection [guidance, 4.32] 	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

4.2	<p>The governance systems (including clinical governance where appropriate) are subject to external or independent review.</p> <p>Most designated bodies will have external or independent review by a regulator. Designated bodies which are healthcare providers are subject to review by the national healthcare regulators (the Care Quality Commission or Monitor). NHS primary care trusts are overseen by the strategic health authority or cluster. Deaneries are externally approved for training by the GMC.</p> <p>Some designated bodies will not be regulated or overseen by an external regulator (for example locum agencies and organisations which are not healthcare providers) and an alternative external or independent review process should be agreed with the level two responsible officer. A potential solution in these circumstances is a periodic external review of the ORSA end of year report through a peer group agreed with the level two responsible officer. Further guidance on this will be available during 2012.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • Governance systems are subject to external or independent review by a national regulator or through a process agreed with the level two responsible officer • Improvement notices or formal action plans arising from external governance reviews are shared with the level two responsible officer 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.3	<p>There is a system for monitoring the fitness to practise of doctors with whom the designated body has a prescribed connection [regulations 16(3)(a)]</p> <p>In most situations the collection of detailed information which relates directly to the practice of an individual doctor is neither possible nor desirable, due to the nature of the doctor's work. In these situations, team-based or service-level information should be monitored. The types of information available will be dependent on the setting and the role of the doctor and will include clinical outcome data, audit, complaints, significant events and patient safety issues. An explanation should be sought where an indication of outlying quality or practice is discovered. The information/data used for this purpose should be kept under review so that the most appropriate information is collected and the quality of the data (for example, coding accuracy) is improved.</p> <p>In primary care this type of information is not always routinely collected from general practitioners or practices and new arrangements may need to be put in place to ensure the responsible officer receives relevant fitness to practise information. In order to monitor the conduct and fitness to practise of trainees, arrangements will need to be agreed</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	<p>between the deanery responsible officer and the trainee’s clinical attachments to ensure relevant information is available in both settings. Appropriate records should be maintained by the responsible officer.</p>	
	<p>To answer ‘Yes’:</p> <ul style="list-style-type: none"> • Relevant information (including clinical outcomes where appropriate) is collected to monitor the doctor’s fitness to practise and is shared with the doctor for their portfolio • The quality of the data used to monitor individuals and teams is reviewed [guidance, 5.16] 	
<p>4.4</p>	<p>All doctors with whom the designated body has a prescribed connection are able to obtain structured feedback from patients and colleagues in compliance with GMC criteria [guidance, 3.5, 5.18]</p> <p>Doctors are required to obtain feedback from patients and colleagues using structured feedback questionnaires at least once in each five-year revalidation cycle. The GMC’s <i>Guidance on Colleague and Patient Feedback</i> (GMC, 2010) describes the criteria for implementation and administration.</p> <p>This exercise is an essential component of the revalidation portfolio of supporting information and if it is not present the responsible officer will not be able to submit a revalidation recommendation. It will be important for the responsible officer to identify those doctors who have not undertaken this exercise within the revalidation cycle so they can ensure it is completed.</p> <p>Some designated bodies may wish to arrange this exercise for their doctors whilst others may decide to ensure the doctor is aware of their responsibility to complete the exercise and highlight appropriate providers which the doctor can use.</p> <p>Patient feedback will not apply to doctors who have no direct patient contact but in these circumstances others may provide feedback, such as, carers, parents, students, clients and customers.</p> <p>To answer ‘Yes’:</p> <ul style="list-style-type: none"> • All doctors with whom the designated body has a prescribed connection are aware of the requirement for completion of a patient and colleague feedback exercise which complies with GMC requirements. • The responsible officer can identify those doctors who have not completed a patient and colleague feedback exercise within the revalidation cycle. 	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

<p>4.5</p>	<p>The designated body’s clinical audit activity is in line with national guidance (including contributions to clinical registers and databases and confidential enquiries)</p> <p>This may not apply to every designated body but those involved in commissioning or providing healthcare will need to ensure audit activity is appropriate and complies with national guidance relevant to their areas of medical work. Commissioners should ensure audit activity is aligned with strategic priorities, is effectively led and covers the whole pathway of care. The results of audits should contribute to service development and the monitoring of service quality, and relevant information should be shared with the doctor for inclusion in their portfolio.</p> <p>This section also includes contributions to clinical registers and databases, including the National Joint Registry and clinical outcome review programmes, which encompass confidential enquiries. Contributing to these registries and systems is a professional responsibility described in paragraph 14 of <i>Good Medical Practice</i> (GMC, 2006) and is a major means of improving patient safety and of improving the knowledge and understanding of specific medical conditions.</p> <p>Further information on ensuring clinical audit activity is in line with national guidance is available from Health Quality Improvement Partnership (HQIP) and a guide for all NHS Boards is available in <i>Clinical audit: A Simple Guide for NHS Boards & Partners</i> (January 2010) HQIP. Further information regarding clinical registers and databases is available from HQIP.</p> <p>To answer ‘Yes’:</p> <ul style="list-style-type: none"> • The audit activity within the designated body is in line with national guidance (for example guidance from HQIP, National Institute of Health and Clinical Excellence, National Clinical Audit Advisory Group, etc) [guidance, 4.25] • Audit reports and relevant information are shared with the doctor for inclusion in their portfolio 	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>
<p>4.6</p>	<p>There is a process in place for the responsible officer to ensure that key items of information (such as specific complaints, significant events and outlying clinical outcomes) are included in the appraisal portfolio and discussed at the appraisal meeting, so that development needs are identified [regulations 11(3)]</p> <p>It is important that issues and concerns about performance or conduct are addressed at the time they arise. The appraisal meeting is usually not the most appropriate setting for dealing with concerns and in most cases these are dealt with outside the appraisal process in a clinical governance setting. Learning by individuals from such events is an important part of resolving concerns and the appraisal meeting is usually the most appropriate setting to ensure this is</p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

	<p>planned and prioritised. In a small proportion of cases, the responsible officer may therefore wish to ensure certain key items of supporting information are included in the doctor's portfolio and discussed at appraisal so that development needs are identified and addressed.</p> <p>In these circumstances the responsible officer may require the doctor to include certain key items of supporting information in the portfolio for discussion at appraisal and may wish to check in the appraisal summary that the discussion has taken place. In some settings (for example, where the doctor and the appraiser work in the same organisation and the information can be sent through secure internal transfer) it may be appropriate for this information to be sent to both the doctor and the appraiser to discuss in the appraisal. The method of sharing key items of supporting information should be described in the appraisal policy. It is important that information is shared in compliance with principles of information governance and security. For further detail, see <i>Information Governance for Medical Appraisal and Revalidation in England</i> (NHS Revalidation Support Team, 2012).</p>	
	<p>To answer 'Yes':</p> <ul style="list-style-type: none"> • There is a written description within the appraisal policy of the process for ensuring that key items of supporting information are included in the doctor's portfolio and discussed at appraisal. 	
<p>4.7</p>	<p>There is a process in place for obtaining relevant information when the designated body enters into a contract of employment or for the provision of services with doctors [regulations, 16(2)]</p> <p>The responsible officer has specific responsibilities when the designated body enters into contracts of employment or for the provision of services with doctors. This applies to locum agency contracts and also to the granting of practising privileges by independent health providers.</p> <p>The prospective responsible officer must:</p> <ul style="list-style-type: none"> • ensure doctors have qualifications and experience appropriate to the work to be performed [regulations 16(2)(a)] • ensure that appropriate references are obtained and checked [regulations 16(2)(b)] • take any steps necessary to verify the identity of doctors [regulations 16(2)(c)] • where the designated body is a primary care trust, manage admission to the medical performers list in accordance with the regulations. [regulations 16(2)(d)] <p>It is also important that the following information is available:</p> <ul style="list-style-type: none"> • GMC information: fitness to practise investigations, conditions or restrictions, revalidation due date; [regulations, 	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

	<p>11(2)(d)]</p> <ul style="list-style-type: none"> • Criminal Records Bureau check (although delays may prevent these being available to the responsible officer before the starting date in every case), and • gender and ethnicity data (providing this information is voluntary - to monitor fairness and equality). [guidance 4.47, 6.9] <p>It may be helpful to obtain a structured reference from the current responsible officer which complies with GMC guidance on writing references and includes relevant factual information relating to:</p> <ul style="list-style-type: none"> • the doctor's competence, performance or conduct • appraisal dates in the current revalidation cycle, and • local fitness to practise investigations, local conditions or restrictions on the doctor's practice, unresolved fitness to practise concerns <p>See <i>Supplementary Guidance – Writing References</i> (GMC, 2007) and paragraph 19 of <i>Good Medical Practice</i> (GMC, 2006) for further details.</p> <p>In situations where the doctor has moved to a new designated body without a contract of employment, or for the provision of services (for example, through membership of a faculty) the information needs to be available to the new responsible officer as soon as possible after the prescribed connection commences. This will usually involve a formal request for information from the previous responsible officer.</p>	
	<p>To answer 'Yes':</p> <ul style="list-style-type: none"> • When the designated body is entering into a contract of employment or for the provision of services with doctors, the responsible officer has a process for obtaining relevant information, as outlined in the responsible officer regulations, and maintains accurate records of all steps taken. • For primary care trusts, admission to the medical performers list is managed in accordance with the regulations. [regulations 16(2)(d)] 	

4.8	<p>There is a process in place to ensure fitness to practise evaluations and appraisals take account of all available information relating to the doctor's fitness to practise, from the work carried out for the designated body and for any other organisation. [regulations 11(1)(3)]</p> <p>The responsible officer will need to ensure relevant information is available from all the organisations and settings in which the doctor works when appraisal and fitness to practise evaluations or investigations are performed. For doctors who move frequently between organisations, ensuring relevant information is available from a sample of the doctor's places of work may be adequate.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • There is a process in place to ensure that relevant information from all the doctor's roles and places of work is available when appraisal and fitness to practise evaluations are performed. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.9	<p>A process is established for the investigation of capability, conduct, health and fitness to practise concerns [regulations, 11(2)(b)]</p> <p>It is the responsibility of the responsible officer to respond appropriately when unacceptable variation in individual practice is identified or when concerns exist about the fitness to practise of doctors with whom the designated body has a prescribed connection. The designated body should establish a procedure for initiating and managing investigations and appropriate records should be maintained of all steps taken.</p> <p>The responsible officer regulations outline the following responsibilities:</p> <ul style="list-style-type: none"> • ensuring investigators are appropriately qualified [regulations, 16(4)(a)] • ensuring all relevant information is taken into account and that factors relating to capability, conduct, health and fitness to practise are considered [regulations, 16(4)(c)] • where appropriate, ensuring advice is taken from GMC employer liaison advisers, the National Clinical Assessment Service, local expert resources, specialty and royal college advisers [guidance, 3.10] • where appropriate, making a recommendation to the designated body that the doctor should be suspended or have conditions or restrictions placed on their practice; [regulations, 16(4)(g)] • where appropriate, taking any steps necessary to protect patients; [regulations, 16(4)(g)] • ensuring that a doctor who is subject to these procedures is kept informed about progress and that the doctor's 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	<p>comments are taken into account where appropriate; [regulations, 16(4)(e)(f)]</p> <ul style="list-style-type: none"> • appropriate records are maintained by the responsible officer of all fitness to practise information. [regulations 11(2)(f)] 	
	<p>To answer 'Yes':</p> <ul style="list-style-type: none"> • A description of the process for investigating concerns is in place which complies with the responsible officer regulations. 	
<p>4.10</p>	<p>A policy (with core content) for re-skilling, rehabilitation, remediation and targeted support is in place. [regulations, 16(4)(h)]</p> <p>The responsible officer regulations outline the following responsibilities:</p> <ul style="list-style-type: none"> • ensuring that appropriate measures are taken to address concerns, including but not limited to: <ul style="list-style-type: none"> ○ requiring the doctor to undergo training or retraining [regulations, 16(4)(h)(i)] ○ offering rehabilitation services [regulations, 16(4)(h)(ii)] ○ providing opportunities to increase the doctor's work experience [regulations, 16(4)(h) (iii)] ○ addressing any systemic issues within the designated body which may contribute to the concerns identified [regulations, 16(4)(h)(iv)], and • ensuring that any necessary further monitoring of the doctor's conduct, performance or fitness to practise is carried out [regulations, 16(4) (d)]. <p>Further guidance for responsible officers on policies for re-skilling, rehabilitation, remediation and targeted support will be published on the RST website at the end of March 2012.</p> <p>To answer 'Yes':</p> <ul style="list-style-type: none"> • A policy for re-skilling, rehabilitation, remediation and targeted support is in place which complies with the responsible officer regulations. 	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

4.11	Where a doctor is subject to conditions imposed by, or undertakings agreed with the GMC, the responsible officer monitors compliance with those conditions or undertakings [regulations, 11(2)(d)]	<input checked="" type="checkbox"/> Yes
	To answer 'Yes': <ul style="list-style-type: none"> A process is in place to monitor compliance with GMC conditions or undertakings. 	<input type="checkbox"/> No
4.12	A description of the support available from the designated body for doctors to keep their knowledge and skills up to date is in place	<input checked="" type="checkbox"/> Yes
	The doctor has the primary responsibility for keeping their knowledge and skills up to date. The medical royal colleges and faculties have responsibility for setting specialty standards for continuing professional development. Designated bodies will have different levels of responsibility in this area. For example, designated bodies that directly employ their medical staff will have higher levels of responsibility than those where the relationship is one of contractor or agency. The important principle is that the responsible officer should ensure that doctors are supported by the organisation in their efforts to keep their knowledge and skills up to date and to improve their performance and the quality of care they provide to patients [guidance 4.15]. This may be part of a wider education and training strategy and include provision of study leave, mandatory training and access to learning and development. As a minimum, it should involve provision of information about relevant learning and development opportunities, which may be provided either internally at minimum cost where common development needs are identified (for example training in resuscitation, safeguarding children), or externally, for example at local postgraduate centres. <p>To answer 'Yes':</p> <ul style="list-style-type: none"> A written description of the support available from the designated body for medical practitioners to keep their knowledge and skills up to date is in place. 	<input type="checkbox"/> No
4.13	Relevant appraisal, revalidation and human resources policies are fair and non-discriminatory [guidance 4.47, 6.9]	<input checked="" type="checkbox"/> Yes
	To answer 'Yes': <ul style="list-style-type: none"> Doctors with whom the designated body has a prescribed connection are asked to provide gender and ethnicity information. 	<input type="checkbox"/> No

Appendix 1: Core elements of a role description for a responsible officer

The role of responsible officer may be a stand-alone role or an integral part of a broader medical management role. The following are the core elements of the role of the responsible officer and should be incorporated in the job description of the individual performing the role. Where the term 'doctor' is used in this description it refers to doctors with whom the designated body has a prescribed connection under the regulations.

The job description of the postholder includes the following core elements in relation to the responsible officer role:	
1	In relation to monitoring doctors' conduct and performance, the responsible officer:
a	Regularly reviews and seeks to explain variations in the general performance and quality information held by the designated body including: <ul style="list-style-type: none"> • routine performance data and quality indicators • complaints • significant events and significant untoward incidents • audit
b	Ensures relevant information relating to all the doctor's roles is available for monitoring fitness to practise and appraisal
c	Maintains records of all fitness to practise evaluations, including appraisals, investigations and assessments
d	Establishes a system for tracking completion of structured patient and colleague feedback exercise by doctors in compliance with GMC requirements

2	In relation to medical appraisal, the responsible officer:
a	Ensures that the designated body maintains a medical appraisal system which complies with national guidance and requirements
b	Ensures there are sufficient numbers of trained medical appraisers
c	Ensures that doctors undertake annual appraisals
d	Ensures that medical appraisals take account of relevant information relating to all the doctor's roles
3	In relation to responding to concerns, the responsible officer:
a	Responds appropriately when variation in individual practice is identified
b	Takes any steps necessary to protect patients
c	Establishes procedures to investigate concerns about the capability, conduct, health and fitness to practise of a doctor
d	Initiates investigations with appropriately qualified investigators and ensures that all relevant information is considered
e	Recommends to the designated body, where appropriate, that the doctor should be suspended or have conditions or restrictions placed on their practice
f	Ensures that appropriate measures are taken to address concerns, including but not limited to: <ul style="list-style-type: none"> • requiring the doctor to undergo training or retraining • offering rehabilitation services • providing opportunities to increase the doctor's work experience • addressing any systemic issues within the designated body which may contribute to the concerns identified
g	Ensures that any necessary further monitoring of the doctor's conduct, performance or fitness to practise is carried out

	h	Ensures that a doctor who is subject to these procedures is kept informed about progress and that the doctor's comments are taken into account where appropriate
4		In relation to contracts of employment or contracts for the provision of services with doctors, the responsible officer:
	a	Ensures that doctors have qualifications and experience appropriate for the work to be performed
	b	Ensures that appropriate references are obtained and checked
	c	Takes any steps necessary to verify the identity of doctors
	d	Where the designated body is a primary care trust, manages admission to the medical performers list in accordance with the regulations
	e	Maintains accurate records of all steps taken
	f	Provides structured references to a prospective new responsible officer in a timely manner
5		In relation to communicating with the GMC, the responsible officer:
	a	Co-operates with the GMC in carrying out its responsibilities
	b	Makes recommendations to the GMC about doctors' fitness to practise, taking all relevant information into account
	c	Where appropriate, refers concerns about the doctor to the GMC
	d	Monitors a doctor's compliance with conditions imposed by or undertakings agreed with the GMC

6	In relation to governance and reporting, the role description includes a description of:
	a The responsible officer's governance and reporting responsibilities
	b The responsible officer's responsibility to advise the board (or equivalent governance or executive group) on resources required to fulfil the statutory obligations
	c The indemnity arrangements for responsible officer

Appendix 2: Suggested format of audit report to identify reasons for missed or incomplete appraisals

A missed or incomplete appraisal is an important occurrence which could indicate a problem with the appraisal system or a potential issue with an individual doctor which needs to be addressed. Missed appraisals are those which were due within the appraisal year but not performed. Incomplete appraisals are those where, for example, the appraisal discussion has not been completed or where the personal development plan or appraisal summary have not been signed off within 28 days of the appraisal meeting. For this exercise to be valuable, every missed or incomplete appraisal should be included in the audit.

Results of audit to identify reasons for all missed or incomplete appraisals		Numbers
1	Doctor factors:	
a	Absence of doctor (for example due to maternity or sick leave)	
b	Incomplete portfolio or insufficient supporting information	
c	Appraisal outputs not agreed/signed off by the doctor within 28 days of the appraisal meeting	
d	Factors relating to lack of time of doctor	
e	Lack of engagement of doctor	
f	Other doctor factors (describe)	

2	Appraiser factors:		
	a	Absence of appraiser	
	b	Appraisal outputs not agreed/signed off by the appraiser within 28 days of the appraisal meeting	
	c	Factors relating to lack of time of appraiser	
	d	Other appraiser factors (describe)	
3	Organisational factors:		
	a	Factors relating to administration or management of appraisal system	
	b	Factors relating to function or failure of electronic portfolio or other information system	
	c	Insufficient numbers of trained appraisers	
	d	Other organisational factors (describe)	
4	Recommendations:		

Appendix 3: Core content of medical appraisal policy

The following content may need to be covered in the designated body's appraisal policy. Some of these areas may not be required depending on the needs of the designated body. An example appraisal policy is available on the RST website.

The medical appraisal policy may cover the following areas:

1. Objectives of medical appraisal

This must include professional development, revalidation and where relevant, organisational development needs. The appraisal system must cover all doctors with a prescribed connection [regulations, 11(2) (a)].

2. Accountability, management, quality assurance and reporting arrangements for the appraisal system

3. An explanation of how the appraisal system incorporates the standards in the GMC's *Good Medical Practice Framework for Appraisal and Revalidation* and, where appropriate, complies with current Department of Health appraisal guidance

4. Responsibilities of:

- the designated body
- the responsible officer
- the appraiser (and appraisal lead, where this role exists), and
- the doctor

5. Description of medical appraisal process

This should include timescales, deadlines and to whom the outputs of appraisal are sent on completion. See *The Medical Appraisal Guide* (NHS Revalidation Support Team, 2012) for further detail.

6. Description of integration with quality improvement, clinical governance and performance monitoring systems

This should include the transfer and sharing of information between these systems and the use of collated development needs to inform organisational development activity.

7. Description of the relationship of medical appraisal to the job planning process, if appropriate

8. Arrangements, if appropriate, for whole practice appraisal and joint appraisal for clinical academics with honorary contracts to comply with the Follett principles.
9. Description of essential supporting information requirements
10. Confidentiality, security and access arrangements; electronic portfolio support, if appropriate
11. Feedback from participants about the medical appraisal system
12. Principles of equality and fairness
13. Arrangements for allocation of doctors to appraisers, including:
 - whether doctors have a choice of appraiser and the situations where choice is limited or removed
 - appeals relating to allocation
 - conflicts of interest - this should cover common situations where a conflict may exist between doctor and appraiser, such as:
 - personal or family relationships
 - an appraiser and doctor sharing close business or financial interests
 - reciprocal appraisal - where two doctors appraise each other
 - an appraiser appraising a doctor who acts as their line manager in the same or in a different organisation;
 - a responsible officer or a doctor's direct employer acting as appraiser
 - financial arrangements - (an appraiser should not receive direct payment from a doctor for performing the appraisal; appraisers are contracted to, and paid by the designated body).
14. How specific situations will be dealt with, including:
 - illness, secondment, absence, suspension
 - missed or incomplete appraisals, including engaging disciplinary procedures where this is appropriate
 - description of the process which allows the responsible officer to ensure that key information (for example specified complaints, significant events, outlying clinical outcomes) is included in the appraisal portfolio and has been discussed in the appraisal, so that development needs are identified
 - risk of collusion/complacency between appraiser and doctor, and how this will be mitigated, for example through appraiser support/training activities, ensuring two different appraisers within the revalidation cycle, periodic joint appraisal or qualitative evaluation of appraisal outputs

- significant concerns or patient safety issues arising within appraisal
- complaints about the appraiser or the appraisal system

15. Selection, training and support of medical appraisers.

For further information on this section including competencies, role description, person specification, training and support see *Assuring the Quality of Appraisers* (NHS RST, 2011) available on RST website], including:

- description of the selection process for medical appraisers:
 - required competencies
 - probationary period or early review of skills [if applicable]
- role description and person specification for medical appraisers
- description of the training and development of medical appraisers
 - description of initial training
 - arrangements for access to leadership, support and ongoing development
 - arrangements for performance review, including feedback on performance in the role

16. Description of indemnity arrangements for medical appraisers