

Policy and procedure

Medical appraisal and revalidation

Key messages

- **Engagement with annual appraisal is a professional requirement of all medical staff and underpins their revalidation and ongoing registration.**
- The main purposes of appraisal are to provide an opportunity for reflection on personal performance and practice; to discuss personal (professional) aspirations and how these can best link with service, team and Trust objectives; to agree a personal development plan; and to provide assurance of compliance with the professional standards of Good Medical Practice.^[7]
- The recommendation for an individual practitioner's revalidation is dependent on engagement with annual appraisal; failure to follow Trust process may result in a recommendation of non-engagement **at any time** during the revalidation cycle.
- This document outlines Trust process for delivering medical appraisal and revalidation to all medical staff with a prescribed connection to the Trust as their designated body.
- Monitoring of compliance with this policy will be included in the annual organisational audit report to the regional medical directorate and in the annual report to the Trust board of directors.

1 Scope

This policy and procedure applies to all contracted medical staff – permanent, temporary, locum or honorary – for whom Cambridge University Hospitals NHS Foundation Trust (hereafter, the Trust) is the designated body for the purpose of General Medical Council (GMC) revalidation.

Doctors for whom the Trust is not the designated body should follow the policy of their designated body.

In exceptional circumstances the Trust may agree to undertake appraisal duties for a doctor with a prescribed connection to another designated body. Equally the Trust may agree that a doctor with a prescribed connection to the Trust would be more appropriately appraised in another organisation. Individuals for whom such arrangements might be appropriate should contact the medical director's office.

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2 Purpose

The aim of this document is to provide clear structured guidance on the requirements and processes for medical appraisal and professional revalidation to ensure that robust, fair and transparent systems are in place, compliant with professional guidance and legislation, and understood by all relevant parties.

This is not a detailed account of the statutory, regulatory and professional requirements for appraisal and revalidation; for this see the [references](#) and [associated documents](#) sections below.

For job planning, see separate [job planning](#) procedure.

3 Introduction

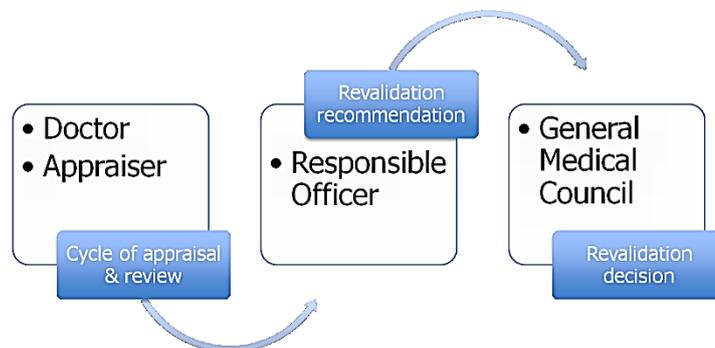
The contractual obligation for annual appraisal is not new. The introduction of professional revalidation for medical staff and the separation of job planning and appraisal processes necessitate an update to Trust documentation.

The main purposes of medical appraisal are to enable doctors to:

- discuss their practice and performance with their appraiser in order to demonstrate that they are up to date and fit to practise, continuing to meet the principles and values set out in the GMC document Good Medical Practice^[7], and thus inform the responsible officer's revalidation recommendation to the GMC
- enhance the quality of their professional work and to consider their own needs in the personal development plan (PDP)

Appraisal should be a positive process, supporting doctors in developing their practice more effectively, adding to the safety and quality of patient care. It also enables early identification of doctors whose practice needs attention, allowing for more effective intervention.

Medical appraisal feeds into the revalidation process as shown in the diagram below (source: A guide for doctors to the General Medical Council (Licence to Practise and Revalidation) Regulations 2012.^[1]).



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Under regulation 4(3)(a) of the licence to practise regulations, the GMC has the power to withdraw a doctor's licence where he/she fails, 'without reasonable excuse', to comply with the GMC [revalidation guidance](#).

4 Definitions

4.1 Completed appraisal

Locked down and completed appraisal form, following an appraisal meeting conducted within 9-15 months of previous appraisal, and signed off by the appraiser within 28 days of the appraisal meeting.

4.2 Medical appraisal guide model appraisal form ('MAG form')

The model interactive PDF published by NHS Revalidation Support Team 'Medical Appraisal Guide Model Appraisal Form'. All doctors covered by this policy should use the Trust version of the MAG form as published on the [medical director's pages](#) on Connect.

4.3 Designated body

An organisation designated under the Medical Professional (Responsible Officer) Regulations 2010 and 2013, with a duty to appoint or nominate a responsible officer, and support the responsible officer in discharging their statutory duties.

4.4 Prescribed connection

All doctors with a licence to practise are required to have a prescribed connection with a designated body or, where there is no association with a designated body, a suitable person.

Consultants employed by the Trust as their main NHS employer, clinical academics employed by the University of Cambridge, and non-consultant career grades will typically have a prescribed connection to the Trust.

Medical staff who do not have a prescribed connection to the Trust include:

- doctors in training with membership of foundation or specialty training programme (local education and training board)
- agency locums (locum agency)
- doctors employed by the GB armed forces
- honorary contract holders who undertake the majority of their NHS work elsewhere (another designated body)

[GMC online tool for finding your designated body](#).

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4.5 Responsible officer (RO)

A single individual nominated by the designated body to undertake the statutory role and responsibilities outlined in the responsible officer regulations, see [references section](#) below. There may also be a deputy RO.

4.6 Revalidation

The process through which all licensed doctors – as a condition of retaining their licence to practise – demonstrate to the GMC, through regular annual appraisal based on GMC core guidance (Good Medical Practice^[7]), that they remain up to date and fit to practise.

4.7 Non-engagement

Where, in the absence of reasonable circumstances to explain non-engagement, a doctor:

- does not participate in the local processes and systems that support revalidation on an ongoing basis, including annual appraisal
- does not participate in the formal revalidation process described in the licence to practise regulations

It is for the RO to determine whether there are reasonable circumstances that explain why a doctor is not engaging in revalidation and to discuss the case with the GMC Employer Liaison Advisor (ELA) if that determination is unclear.

4.8 Revalidation Support Team (RST)

The RST was established by government to enable revalidation implementation. As of 01 April 2014, NHS England took over RST responsibilities in:

- providing published guidance
- undertaking regional and national audit of revalidation and appraisal
- providing peer network to responsible officers nationally, and standards for training for appraisers and ROs

4.9 Revalidation committee

The revalidation committee comprises:

- the medical director (RO)
- associate director of workforce (medical staffing)
- appraisal lead (deputy MD professional governance)
- revalidation and compliance support manager

The committee meets routinely (at least once a month) to review and make recommendation on revalidation for doctors under notice, monitor ongoing risks and system requirements, perform quality assurance checks on

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appraisal portfolios, note changes to NHSE guidance or legislation, and manage cases of non-engagement.

4.10 Under notice

A doctor is 'under notice' from the GMC from 120 days prior to their revalidation due date to the point the GMC make a revalidation decision. The RO is only able to make recommendations to the GMC on a doctor while they are under notice. Outside this window of time the RO may make notifications to the GMC through the GMC REV6 form. A prescribed connection can be declined at any time.

5 Responsibilities

Contact details for RO, associate director of workforce (medical staffing), appraisal lead and revalidation and compliance support manager, as well as the active list of Trust trained appraisers, [are available on the medical director's pages](#) of Connect.

5.1 Individual practitioner (appraisee)

Individual practitioners are professionally responsible to:

- provide appraisal and revalidation information to the Trust upon acceptance of offer of employment by returning the revalidation information form before commencement in post (see [appendix 1](#))
- align themselves to the appropriate designated body on commencement in post by logging onto their GMC online account and updating their designated body information
- remove their link to the Trust as designated body on termination of employment, via their GMC online account
- participate in annual appraisal following Trust process (see [appraisal process](#))
- provide supporting information at appraisal in line with GMC guidance (2012) Supporting Information for Appraisal and Revalidation^[2]
- comply with Trust policies and procedures
- provide positive statements from other places of clinical or other professional work
- undertake 360 feedback survey through the Trust's process (see [colleague feedback](#)) no more than 18 months in advance of the appraisal upon which revalidation recommendation is expected to be made, and at least once in a revalidation cycle
- undertake patient feedback survey through the Trust's process (see [patient feedback](#)) at least once in a revalidation cycle, where applicable to role

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5.1.1 Appraiser

Appraisers will be responsible to:

- conduct an annual appraisal for those doctors for whom they have appraisal responsibility as allocated by the RO
- undertake appropriate initial and top-up appraisal training
- identify and escalate any concerns as appropriate (see [concerns](#))
- exercise appropriate judgement as to when to postpone/suspend an appraisal discussion
- sign off statements about each appraisee in relation to their engagement with appraisal, progress with the previous PDP and the appropriateness of the new PDP and GMC requirements
- submit the locked down appraisal form to the responsible officer via the revalidation and compliance office within 28 days of the appraisal meeting
- retain/ destroy appraisal information in line with information governance and data protection guidelines (see [information governance and data protection](#))

5.1.2 Appraisal lead

The named clinical appraisal lead is accountable to the responsible officer and is responsible for:

- leadership of the medical appraiser workforce
- leading implementation of the appraisal policy
- leading on quality assurance of appraisal

5.1.3 Responsible officer (RO)

The responsible officer for the Trust is currently the medical director, and is accountable to the RO of the Regional Medical Directorate (Midlands & East), NHS England.

In summary, the responsible officer must ensure every doctor with a prescribed connection to the Trust:

- receives an annual appraisal to nationally agreed standards
- has a recommendation made to the GMC regarding their fitness to practise every five years, on which their continuing licence to practise is based
- undergoes the appropriate pre-employment checks, detail of which is covered in existing Trust policies and procedures; see:
 - [recruitment and selection \(medical and dental staff\) procedure](#)
 - [appointment and induction of locum doctors procedure](#)
 - [safeguarding children policy](#)

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- works within a managed system in which conduct and performance are monitored, with any concerns acted on appropriately to national standards, detail of which is covered in Maintaining High Professional Standards in the Modern NHS^[16] and existing Trust policies and procedures; see:
 - [disciplinary procedure](#) (personal misconduct)
 - [dignity at work policy](#)
 - [raising concerns \(whistleblowing\) procedure](#)
 - [remediation for medical staff policy and procedure](#)

The responsible officer can only make recommendations on revalidation about the doctors with a prescribed connection to their designated body.

Full detail of the RO responsibilities is provided in:

- The Medical Profession (Responsible Officers) Regulations 2010^[13]
- The Medical Profession (Responsible Officers) (Amendment) Regulations 2013^[14]

5.1.4 Medical director

Whilst it is usual for the medical director to also undertake the statutory role of RO, this is not mandated. Regardless of which individual undertakes the role of RO, the medical director retains responsibility for deciding whether and when a formal fitness to practise referral should be made to the GMC for any doctor employed by the Trust and remains the professional lead for all medical staff employed by the Trust.

5.1.5 Designated body

The Trust as designated body has a statutory obligation to provide support to the RO and to demonstrate this support by annual submission of a CEO signed statement of organisational compliance with the Responsible Officer Regulations to the relevant higher-level RO post submission of the annual organisational audit and no later than August 31.

5.1.6 Revalidation and compliance support manager

Administration for the revalidation and appraisal processes, maintenance of information systems in support of revalidation and appraisal, internal auditing of processes, systems improvement, reporting and policy review.

5.1.7 Associate director of workforce (medical staffing)

To provide professional advice and support to the RO, medical director, appraisers and any other relevant party when deciding on the appropriate course of action to be taken in each individual case where concerns relating to competency/ capability/ conduct/ non-engagement/ health, have been identified. Such advice will include but not be limited to correct due process, the legislative employment framework and local precedent.

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6 Medical appraisal

6.1 Timing and frequency

Appraisal is an annual requirement and should be conducted 9-15 months after the last appraisal. An individual doctor should usually have undertaken five appraisals in a given revalidation (five year) cycle.

The Trust conducts appraisals in two rounds:

- Round 1: 01 April – 30 June
- Round 2: 01 October – 31 December

Allocation to the appropriate appraisal round will be made by the revalidation and compliance support manager on the basis of:

- the individual's appraisal due date
- their start date with the Trust
- the duration of their contract

It is expected that the majority of consultants and SAS grade doctors will be appraised in Round 1 annually and all other Trust grade doctors, including clinical fellows, in Round 2.

Appraisal may be scheduled outside the Trust's appraisal round if necessitated by revalidation requirements. Requests should be made to the revalidation and compliance manager; these will be considered by the appraisal lead on a case by case basis.

If an individual has not received notification of their appraiser allocation by the start of the relevant round they should contact the revalidation and compliance support manager (for contact details see the [revalidation committee page](#) on Connect).

6.2 Appraiser selection, training and support

6.2.1 Appraiser/ appraisee ratio

The Trust will ensure an appropriate number of appraisers as required by the number of doctors with prescribed connection to the Trust to cover an adequate mix of specialties and to include both consultant and associate specialist grades.

Appraisers will be expected to undertake at least five appraisals annually to maintain competence, with a maximum allocation of 10. The Trust aims for no more than eight appraisals to be allocated to an appraiser in a given round.

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6.2.2 Appraiser selection

Any member of staff may make an expression of interest to enrol on Trust medical appraiser training to the RO or the RO delegates (head of medical staffing, appraisal lead, revalidation and compliance support manager).

6.2.3 Appraiser training

Appraisers are required to undertake initial training and top up training as prescribed by the Trust and in line with national guidance.

Appraiser training will be arranged annually as determined by need.

Appraisers may include any PDP needs relevant to their role as an appraiser in their own appraisal.

6.2.4 Support and review

Appraisers have access to leadership and advice from the Trust's appraisal lead.

Review of appraiser performance will be conducted at the end of each round, to include where available:

- self-assessment and appraisee feedback questionnaires based on the model RST assessment
- quality assurance in the form of the Trust medical appraisal and feedback checklist where appraisal is used to inform revalidation recommendation (see [appendix 2](#))
- complaints or significant events (eg missed or incomplete appraisals due to appraiser's lack of time or organisational skills)
- number of appraisals undertaken and timeliness of completion

These measures will be subject to annual audit.

Where concerns arise about an appraiser's ability, knowledge and skills to deliver effective appraisal, and remedial action does not rectify the situation, the individual will no longer participate as a Trust appraiser.

7 Appraisal process

See flowchart at [appendix 3](#).

Adequate protected time should be given to appraisers and appraisees to participate in appraisal. It is anticipated that:

- an appraisee should spend up to four hours preparing documentation for appraisal

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- an appraiser should spend about one hour reviewing the pre-appraisal documentation
- the appraisal meeting should take 1-2 hours

7.1 Stage 1: Preparation

It is advised that the appraisee should review their progress with their PDP and start gathering supporting information for their appraisal three to six months ahead of their appraisal due date.

All staff covered by this policy must use the Trust's MAG form published annually on the medical director's pages of Connect and subsequently generated using the 'new form' facility on the locked down appraisal form from the previous year.

Individuals experiencing difficulties using the form should initially refer to the generic [user instructions](#) published by NHS England.

Appraisees must ensure no patient or staff identifiable information is contained in the appraisal form beyond that of appraiser and appraisee.

In addition to demonstrating compliance with the GMC core performance standards (see GMC website for various documents providing guidance for appraisees and AoMRC Specialty Guidance for Appraisal and Revalidation^[2]) the following information is required in support of your appraisal and should be uploaded to the MAG form or submitted to your appraiser for discussion at the appraisal meeting.

7.2 Positive statement from other places of work

The appraisal must record the whole scope of the appraisee's practice, including the organisations and locations in which work as a doctor, ie that requiring GMC registration, has been undertaken in the last year.

Positive statements from the Spire Lea (Impington), Nuffield Hospital (Trumpington), and Fitzwilliam (Peterborough) will be obtained by the Trust directly.

For all other organisations it is the responsibility of the appraisee to request a positive statement from the medical director of that organisation. An example letter of request is in [appendix 4](#).

A positive statement is required from each external organisation at each appraisal.

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7.3 Continuing professional development (CPD)

For members of a Royal College or Faculty, CPD should be evidenced in line with expectations for their professional group. For those who are not, there should be evidence of proportionate, needs-based CPD tailored to the individual and their practice.

CPD must be discussed at each appraisal meeting.

7.4 Colleague feedback (360 degree/ multisource feedback)

The GMC requires at least one multisource colleague feedback to be performed and reflected upon in any five year revalidation cycle. The Trust and RO require that at least one 360 feedback is undertaken within 18 months of the last appraisal before the revalidation recommendation is due. This should be completed using the Trust's 360 process (see [appendix 5](#)).

Doctors may request a Trust 360 survey at any time with any frequency. In some cases the RO may request that a doctor obtains additional 360 feedback, particularly if there have been ongoing conduct/ behavioural concerns.

The purpose of the 360 feedback is to provide objective feedback from colleagues across the entirety of the appraisee's practice and should include participants with a range of job roles, age, gender and ethnicity, representative of their workplace. It is appropriate that those working in non-clinical roles nominate suitable equivalents.

- It is the responsibility of the appraisee to ensure the accuracy of the email addresses provided on the nomination form.
- The appraisee's line manager must be one of the participants unless expressly agreed by the appraisal lead.
- A minimum response rate of 12 out of 20 participants is considered sufficient for reporting the results. In exceptional circumstances a report may be produced with fewer than 12 responses, with due regard to diminished reliability of the results.
- The appraisee should reflect on both the 360 responses and their own self assessment results.
- Concerns identified by the colleague feedback process should be clearly reflected upon, discussed at appraisal, and form the basis of suitable objectives in the personal development plan.
- If concerns are identified in the 360 reports and it is felt by the RO that inadequate reflection or PDP have been evidenced, the Trust will contact the appraisee to offer support in planning personal improvement. Significant concerns will be dealt with as outlined in the section on [concerns](#), below.

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7.5 Patient feedback

When possible, patient feedback must be evidenced in at least one appraisal in the five year revalidation cycle. To support a structured provision of patient feedback the Trust has implemented a rolling programme of patient surveys in outpatients. Currently there is no process for inpatient feedback.

It is accepted that some practitioners may not have patient facing roles, or that their patients are not in a position to provide feedback. The GMC recommend thinking broadly about who can give feedback who are not conventional patients but have a similar role, eg families or carers, colleagues, students, or even suppliers. Suitable alternatives can be agreed with the appraiser or appraisal lead.

7.5.1 Results of patient survey

The patient survey responses are collated by the patient experience department. On receipt of the results, the revalidation and compliance support manager sends the report electronically to the named doctor in question. Requests for information should be made to the revalidation and compliance support manager in the first instance. The information from the patient survey is shared only with the doctor named in the report.

- Concerns identified in the patient survey results report should be clearly reflected upon, discussed at appraisal, and form the basis of suitable objectives in the personal development plan.
- If concerns are identified in the patient survey report and it is felt by the RO that inadequate reflection or PDP have been evidenced, the Trust will contact the appraisee to offer support in planning personal improvement. Significant concerns will be dealt with as outlined in the section on [concerns](#), below.
- If patient feedback raises significant concerns about the doctor's practice the revalidation and compliance support manager will raise this with the revalidation committee.

7.5.2 Generic patient survey

Assistance for those who wish to run their own survey outside the Trust can be requested from the patient experience department.

7.5.3 Failure to obtain results

It is possible that a practitioner may not be working in clinic at the time the survey is active; equally there is no guarantee that any survey responses will be made by their patients. Individuals should therefore maintain a personal portfolio of patient or customer appreciation to use in substitution.

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7.6 Mandatory training

Evidence of completion of all mandatory training relevant to the appraisee's role, as listed on the [online mandatory training guide](#), must be provided by the appraisee at each appraisal.

Summary certificates are available on request from mandatorytraining@addenbrookes.nhs.uk

GCP training should also be evidenced by those who are actively participating in clinical research.

7.7 Audit/ quality improvement activity

Evidence of audit and/or quality improvement activity must be provided by the appraisee at each appraisal. When possible, this should include selected measures of clinical outcome, benchmarked against appropriate comparators, from across the range of the doctor's clinical practice.

7.8 Hospitality register

A completed hospitality register must be submitted at each appraisal, even if it is a nil return. Guidance is contained within the [standards of business conduct policy](#), and is also available from the Trust secretary.

7.9 Declaration

The Trust requires appraisees to sign and attach a declaration stating that there are no material omissions in their completed MAG form. A copy of the declaration is available for download in the [appraisals section](#) of the medical director's pages on Connect.

7.10 Additional items

The responsible officer may ask the doctor to include certain key items of information (such as complaints or significant events) for discussion at appraisal. These items are to be identified at the fortnightly casework meeting (medical director's office/ medical staffing). The information will be passed on via the medical director's office to the revalidation and compliance support manager, who will in turn notify the appraiser and appraisee by email. The appraisal documentation will be checked upon receipt for evidence of discussion of the key items as specified.

7.11 Stage 2: Appraiser allocation

Appraisees may not choose their appraiser. Appraisers will be allocated by the appraisal lead on the basis that:

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- Doctors will be appraised, wherever possible, by an appraiser from a related specialty. They will not be appraised by their line manager or their employer.
- A doctor should normally have no more than three consecutive appraisals with the same appraiser and must then have a period of at least three years before being appraised again by the same appraiser. In exceptional circumstances, justification for this will be recorded within the governance review processes.
- A doctor should not act as appraiser to a doctor who has acted as their appraiser within the previous five years.
- Appraisers will not normally be asked to perform more than eight appraisals in a given appraisal round.

To mitigate against risk of bias or conflict of interest the Trust will publish an up to date list of trained appraisers prior to allocation for the appraisal round. Appraisees will be invited to indicate, in confidence, by a given deadline, any appraisers with whom they have:

- personal or family relationships
- close shared business or financial interests
- line management relationship outside the Trust
- any other reason for objecting to being appraised by

Clinical academics with employment through the university are required to undertake joint NHS and academic appraisal in line with the principles of the Follett Review; see [joint NHS/ academic appraisal meetings](#) below for further information. The university department of human resources will allocate an academic appraiser, usually the academic head of department or their nominated deputy, or in the case of academic heads of department, the Regius.

Doctors will be notified by email of their Trust allocated appraiser one month prior to the start of the round in which their appraisal is due. It is the responsibility of individual practitioners to provide a preferred email address to the revalidation and compliance support manager if the default addenbrookes.nhs.uk email address is not available or routinely used.

Objections to the allocation from the appraisee must be raised to the revalidation and compliance support manager or appraisal lead within five working days. The appraisal lead will decide whether reallocation is indicated and the appraisee will be informed of the outcome within five working days.

After this period, Trust appraisers will be informed by email of their allocated appraisees for the appraisal round. Objections to the allocation from the appraiser must be raised with the revalidation and compliance support manager or appraisal lead within five working days. The appraisal lead will decide whether reallocation is indicated. Both appraiser and appraisee will be informed of the outcome within five working days.

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7.12 Stage 3: The appraisal meeting

It is the responsibility of the appraisee to contact their allocated appraiser and make the necessary arrangements for their appraisal.

The appraisee must notify the revalidation and compliance support manager of reason(s) for delay if it is foreseeable that appraisal will not occur within the expected time frame. All extensions must be approved by the medical appraisal lead, or member of the revalidation committee. Failure to complete appraisal within the designated period in the absence of either a properly agreed postponement or exceptional circumstances preventing engagement (such as severe illness) will require the RO to notify the GMC of failure to engage. This is applicable throughout the revalidation cycle, not only the final year, and may lead to the GMC bringing forward a doctor's revalidation date.

A non-exhaustive list of potentially acceptable reasons for extension: maternity leave, sickness, sabbatical, new to the Trust <6 months, delayed allocation of appraiser. In some cases a deferral (excused from annual cycle) may be appropriate – see [deferral of appraisal](#) below.

The appraisee should send the prepared appraisal form, completed up to and including section 18, to their appraiser at least five working days ahead of the appraisal meeting, or by a deadline agreed by the appraiser, to allow the appraiser to read the document in advance of the appraisal meeting and request any missing information to avoid last minute postponement of the appraisal meeting, or the need for repeat meetings.

7.12.1 Appraisal outputs

The agreed personal objectives in the personal development plan should be:

- S**pecific
- M**easurable
- A**chievable
- R**ealistic
- T**ime-bound

Where the appraisee has been asked by the RO to include certain key items of information for discussion at appraisal, it is expected that evidence of this discussion is recorded in the summary and that PDP needs are identified and addressed.

7.12.2 Joint NHS/ academic appraisal meetings

Ideally the joint appraisal should occur with appraisee, Trust appraiser and university appraiser present at the same meeting. In the event that this would delay the appraisal outside the accepted window of completion, the appraisee should organise separate meetings and the academic appraisal feed into the Trust appraisal by completion and attachment of the academic appraisal form (downloadable [here](#)). The academic appraiser and appraisee

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should notify the Trust appraiser of any concerns that arise from that meeting ahead of the Trust appraisal meeting. It is the responsibility of the Trust appraiser to lockdown and submit the final appraisal form.

7.13 Stage 4: Completion and sign off

The appraisal document should be electronically signed by the appraisee and appraiser(s) once completed in full, and locked down by the Trust appraiser.

The appraiser will be expected to provide a series of statements, agreed with the appraisee, to help inform the RO's decision on whether to make a positive recommendation. These statements should confirm agreement or disagreement that:

1. An appraisal has taken place that reflects the whole of a doctor's scope of work and addresses the principles and values set out in Good Medical Practice.^[7]
2. Appropriate supporting information has been presented in accordance with the Good Medical Practice Framework for Appraisal and Revalidation^[7] and this reflects the nature and scope of the doctor's work.
3. A review that demonstrates appropriate progress against last year's personal development plan has taken place.
4. An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year.
5. No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise.

In the event that a statement outcome is 'disagree' the appraiser should raise this for discussion with the lead appraiser. Disagreement does not necessarily mean that a positive revalidation recommendation cannot be made, as there may be extenuating circumstances.

All appraisal documents must demonstrate the expected supporting information as outlined in the [preparation](#) section above. Failure to do so will initiate the non-engagement process, see the [recommendation of non-engagement](#) section below/ [appendix 6](#).

The Trust appraiser must send the locked down form to the revalidation and compliance support manager within 28 days of the appraisal meeting and send a copy to the appraisee.

The revalidation and compliance support manager should be notified of any anticipated delays to meeting this deadline, eg due to awaited supporting information.

The appraiser should delete/ destroy copies of appraisal information as per information governance requirements (see [information governance and data](#)

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[protection](#)) once confirmation of receipt has been received from the revalidation and compliance support manager.

7.14 Stage 5: Appraisal feedback

Appraisees will be invited to provide structured feedback on their appraisal experience via the Trust's online appraisal feedback survey. The survey will measure satisfaction with administration of the appraisal process and appraiser performance. The survey will run in the second month after the end of the appraisal round (Round 1 in August, Round 2 in February).

The anonymised results will be collated and:

- recorded in the annual board report
- used to inform, and measure success of, improvements to the appraisal process on an ongoing basis
- used to identify specific or general issues with the appraiser skill set and suggest areas for top up training or support
- used to provide feedback to individual appraisers

Appraisers will complete the same feedback survey about their own appraisal, with an additional section on self-assessment of their competency as an appraiser.

7.15 Review of appraisal documentation by the RO

Any concerns to be flagged to the RO should be clearly outlined in section 20 of the MAG form by the appraiser, irrespective of whether the appraisal occurs in the revalidation year or not. See also [concerns](#).

Any 'disagrees' or noted issues or concerns in section 20 of the MAG form will be followed up by the revalidation committee.

When a doctor comes under notice from the GMC (three months ahead of their revalidation date) the most recent appraisal document will undergo a quality assurance process using the Trust's appraisal checklist ([appendix 2](#)) and will be reviewed by revalidation committee along with 360 feedback results prior to recommendation to the GMC.

Incomplete appraisals will be returned to the appraisee and appraiser with an action plan for the return of the required information within a specified timeframe. Failure to comply will activate the non-engagement process. An annual audit of the medical appraisal and feedback checklist results will be performed and reported in the annual board report.

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7.16 Deferral of appraisal

A request for deferral of appraisal should be made to the appraisal lead in writing at the earliest possibility when it becomes known that an individual will not be able to participate in the annual cycle.

Acceptable reasons include, but are not limited to:

- parental leave
- long term sickness
- sabbatical or break from practise
- recent return from a period working abroad

All requests for deferral of appraisal will be considered on a case by case basis. Failure to request a deferral prior to appraisal due date will result in a record of delay and the non-engagement process will be instigated.

The request will be approved in writing by the appraisal lead and where it is possible to plan ahead this will include an action plan and new agreed appraisal due date based on the expected return to work date and individual circumstances.

7.17 Concerns

The discussions held at appraisal are confidential. However, when serious concerns arise about an appraisee's health, competence or conduct, that causes or has the potential to cause harm to a patient, staff member or the organisation, or where the doctor develops a pattern of repeating mistakes or appears to behave persistently in a manner inconsistent with the standards of Good Medical Practice^[7], it is the responsibility of the appraiser to inform the appraisee that the issue must be raised to the responsible officer, who will determine whether further investigation is indicated.

The responsible officer must decide how to respond to reports and concerns which are unsubstantiated, hearsay or opinion, in consideration of their duty to protect patients, other employees, and the reputation of the Trust.

7.18 Failure to complete appraisal

Doctors who have not completed an annual appraisal, in the absence of agreed deferral or exceptional grounds, will:

- be ineligible for routine pay progression
- be ineligible for entry to the local clinical excellence awards process
- not receive Trust support for new national clinical excellence awards applications
- have it noted in the employer's citation for renewal national clinical excellence award application
- require a notification of non-engagement by the RO to the GMC

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7.19 Exit reports for doctors in post for nine months or less

For doctors with contracts of <9 months, for whom the Trust is the designated body, it may not be possible to perform appraisal as outlined above if:

- their appraisal due date does not fall during their employment with the Trust
- they are in post too short a time to provide meaningful appraisal

In order to provide these doctors with evidence for their revalidation portfolio the Trust will issue an exit report ([appendix 7](#)) completed by their clinical line manager and signed on behalf of the RO.

7.20 Reporting

For detail on reporting, see the [monitoring compliance](#) section below.

- monthly reporting at revalidation committee meeting
- quarterly and annual audit reported to RO and higher-level RO
- annual board report
- statement of compliance

8 Revalidation

Revalidation is a process of licence renewal supported by the following legislation:

- The Medical Act 1983
- The General Medical Council (Licence to Practise and Revalidation) Regulations 2012
- The Medical Profession (Responsible Officers) Regulations 2013 (as amended)^[14]

The majority of doctors should have no problem meeting the requirements for revalidation.

The responsible officer has three options when making a recommendation. In brief, these are (in order of preference):

- positive recommendation
- deferral request
- formal notification of non-engagement

Each doctor will:

1. register on GMC Online
2. confirm their responsible officer
3. receive a date from the GMC
4. familiarise themselves with Trust appraisal process and documentation
5. gather supporting information
6. prepare for appraisal
7. participate in appraisal
8. sign-off appraisal

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9. repeat steps 5-8 annually
10. receive a revalidation confirmation from the GMC

The responsible officer will make a revalidation recommendation in line with the GMC protocol for making revalidation recommendations^[12] on the basis of appraisals undertaken in the revalidation cycle, to include at least one review of multisource colleague and (where applicable) patient feedback.

The RO will raise concerns with revalidation procedure and individuals where there are revalidation issues with the regional GMC ELA.

The revalidation and compliance support manager, on behalf of the RO, will:

- maintain an accurate list of medical staff with prescribed connection to the Trust for the purpose of revalidation
- maintain records of appraisal, investigations and assessments for individuals for the purpose of making revalidation recommendation
- maintain and develop processes to provide multisource colleague feedback, and patient feedback for staff in patient-facing roles
- undertake internal quality assurance of appraisal input and output in accordance with GMC guidelines
- undertake quarterly audit of the Trust's processes against revalidation core standards
- notify individual practitioners of the outcome of the revalidation review, including where applicable the need for the submission of additional information
- notify individual practitioners of the recommendation made

The Trust board will receive an annual report on appraisal and revalidation activity and recommendations from the responsible officer.

Should the GMC withdraw the doctor's licence to practice, they will be in breach of their employment contract and not legally permitted to practise medicine in the UK; under these circumstances the Trust will immediately suspend all further clinical practice until the licence is restored, and consider suspension of pay and/or termination of employment as appropriate.

8.1 Request for deferral of revalidation date

Reasons for requesting a deferral:

- insufficient information to make a positive recommendation
- the doctor is under active investigation

A request is submitted by the RO to the GMC to defer a revalidation date for a period of 4-12 months. The doctor will be notified of the decision, by the revalidation committee, with an explanation as to the reasons why and the expected action to be taken during the period to the new recommendation

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date. The GMC will confirm the new date to the doctor a minimum of 120 days ahead of the new revalidation date.

For engaged staff who need additional time to gather supporting information a default request for a four month deferral will be made. This should provide adequate time to gather the required information.

For exceptional circumstances (eg prolonged sick leave, parental leave, sabbatical) the deferral request will be based on the individual's circumstances and their proposed return to work date. The RO will make a decision on the need to defer as it may be reasonable to make a recommendation on previous satisfactory appraisals if the individual's portfolio supports this.

For doctors who are the subject of an active Trust investigation, it is not appropriate for the RO to make a recommendation before the investigation is complete and a deferral will be decided on the circumstances of the case. If there is a concurrent GMC investigation, the GMC may set the deferral date.

8.2 Recommendation of non-engagement

A notification of non-engagement will be made to the GMC at any time in a doctor's revalidation cycle when there is

- evidence of failure to complete annual appraisal in line with this policy and/or
- failure to respond to communication from the RO or their delegates (head of medical staffing, appraisal lead, revalidation and compliance manager), and that this continues to be the case despite all reasonable opportunities and support being available and in the absence of exceptional mitigating circumstances that would prevent communication

There will be a three strike process in the lead up to a notification being made (see flowchart in [appendix 6](#)).

The RO (or their deputy) will discuss the case with the GMC ELA and will request a meeting with the doctor in question prior to submitting the notification of non-engagement. If a non-engaged doctor fails to attend the meeting with the RO/RO deputy a decision will be made in absentia and the doctor will be notified of the outcome by letter.

A notification of non-engagement will be made by recommendation if the doctor is under notice at that time. If the doctor is not under notice the RO will complete a REV6 form which notifies the GMC of non-engagement and on this basis the GMC may bring forward the doctor's revalidation date.

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8.3 Bias or conflict of interest between individual practitioner and responsible officer

Any individual has the opportunity to raise a concern about a potential conflict of interest or appearance of bias. The individual may discuss their concerns within the designated body, with the RO, the higher level RO or regional medical directorate prior to making an application to the higher level RO using the RST [conflict of interest or appearance of bias application form](#).

It is expected this will be a rare event with most minor concerns being managed internally through transparent and fair processes.

Full procedural detail is given in the 2014 RST Briefing: [Responsible Officer Conflict of Interest or Appearance of Bias](#).

9 Complaints

Any complaints regarding the appraisal or revalidation process should be initially raised informally with the head of medical staffing or formally through the Trust's [grievance procedure](#).

If the complainant remains unsatisfied they may raise their complaint to the higher level RO.

Doctors should note that the decision to revalidate lies with the GMC; appeal against the outcome of revalidation **must be made to the GMC in line with their appeals procedure**.

10 Information governance and data protection

The Trust's policy is underpinned by RST Information Management for Medical Revalidation in England.^[9]

Associated legislative documents:

- The Medical Profession (Responsible Officers) Regulations 2010^[13]
- The Medical Profession (Responsible Officers) (Amendment) Regulations 2013^[14]
- The Data Protection Act 1998
- The Freedom of Information Act 2000

The doctor should comply with reasonable requests for information relating to their performance and fitness to practise from those entitled to ask for it. Deliberate withholding of information may be considered a probity issue.

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10.1 Access

Information regarding an individual's revalidation and appraisal is confidential and access is limited to those who need it to discharge their duties; this will routinely include (in addition to appraisee):

- appraiser
- responsible officer
- responsible officer delegates (appraisal lead/ deputy RO; head of medical staffing; revalidation and compliance support manager)

Other ROs may request the following information from the Trust on current or previous employees through formal RO-RO transfer request or in the form of a reference:

- competence, performance or conduct
- appraisal dates in the current revalidation cycle
- local fitness to practise investigations, local conditions or restrictions, and any unresolved fitness to practise concerns

When more detailed information is required this may be obtained directly from the doctor or from the previous responsible officer on request.

The Trust will comply with reasonable requests for relevant information from agency locum doctor's responsible officer.

The GMC has the right to access all information relevant to the licensure of doctors.

The level two (regional) responsible officer has the right to access information relating to the fitness to practise of the responsible officer and to the quality assurance of the organisational systems (appraisal and clinical governance) underpinning the responsible officer's recommendations.

Personal information held by the doctor or the designated body may need to be released under the order of a court or tribunal. In these circumstances, the legal obligation overrides any objection the individuals may have.

Individuals are entitled to view information held about them by the designated body unless there is an exemption under the Data Protection Act 1998.

Individuals have a right to request that information is:

- amended where there are factual inaccuracies
- qualified, so their comments are attached
- deleted

This is not an absolute right to have the request actioned; patient safety and fitness to practise considerations must be taken into account and information relevant to current or future evaluation of fitness to practise should be retained, in some cases indefinitely.

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10.2 Transfer of information

The locked down appraisal form should be sent by email using addenbrookes.nhs.uk to addenbrookes.nhs.uk email addresses or nhs.net to nhs.net. An exception is made for clinical academics who may register their cam.ac.uk email address with the revalidation office.

Where the doctor does not have a secure email account, further advice should be sought from the responsible officer.

For appraisal documents prohibited by size from email transfer, a Trust encrypted mass storage device (memory stick) should be used; the appraiser retains responsibility for its safekeeping.

10.3 Retention

The appraisee should retain a copy of their appraisal document and all supporting documents for their personal records. Copies should be available to the RO upon request.

The appraiser should only retain appraisal documentation until the completed appraisal has been received by the RO and the appraisee. All information relating to the doctor's appraisal must be deleted/ destroyed within one calendar month of confirmation of receipt from the revalidation and compliance office. Email receipts for sent items may be retained by the appraiser.

The responsible officer will make arrangements for safe and secure storage of the appraisal documentation and other relevant information in accordance with the RST guidance.

10.4 Consent

Consent is not normally required to share fitness to practise information, the collection and retention of which is normally exempt from the restrictions of the Data Protection Act 1998.

Only relevant factual information will be shared with those who have a right to know, and should not contain personally identifiable information relating to patients or other staff.

The medical director/ responsible officer or other senior manager from the Trust will consider whether information is relevant and sharing can be justified.

Discussion in the appraisal meeting is confidential unless fitness to practise or patient safety issues arise. The appraiser should highlight any such issues to the responsible officer and the appraisee should be aware of any information highlighted in this way.

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The doctor should be informed when information from another organisation relating to a fitness to practise concern is shared with the doctor's responsible officer. The implications of not sharing potentially important information should be carefully considered and, if necessary, discussed anonymously with other senior colleagues and GMC ELA before a decision is made.

11 Indemnity

If a doctor is not revalidated as a result of a recommendation by an employee of the Trust, then we may see the doctor bring a claim against the appraiser or Trust directly on the grounds that the appraisal or recommendation was flawed in some way. The claim will in effect become an employer liability matter for which the Trust is indemnified via the RPST/LTPS (Risk Pooling Scheme for Trusts/ Liabilities to Third Parties Scheme).

12 Remediation

Remediation is based upon the following non-negotiable principles arising from the professional, regulatory, contractual and legal obligations:

- The responsibility of the individual doctor to keep themselves up to date and fit to practise
- The responsibility of the NHS provider to meet the quality and continuity aspects of their contract
- The responsibility of the RO (in England) to fulfil their legal requirements around investigation, training and work experience where there are concerns about a doctor.

The Trust's remediation process for medical staff is set out in the [remediation for medical staff policy and procedure](#).

13 Monitoring compliance with and the effectiveness of this document

The key standards of the document to be monitored are outlined in the RST core standards document and appendices, see [section 11](#). These standards will be monitored through:

- monthly meeting of revalidation committee
- quarterly and annual internal audit, as prescribed by NHS England
- bi-annual appraisee survey (appraisal feedback)
- external quality assurance audit against this policy/ procedure as required by the RO or higher level RO

The monitoring will be conducted by the revalidation and compliance support manager. The results of the monitoring will be reviewed by:

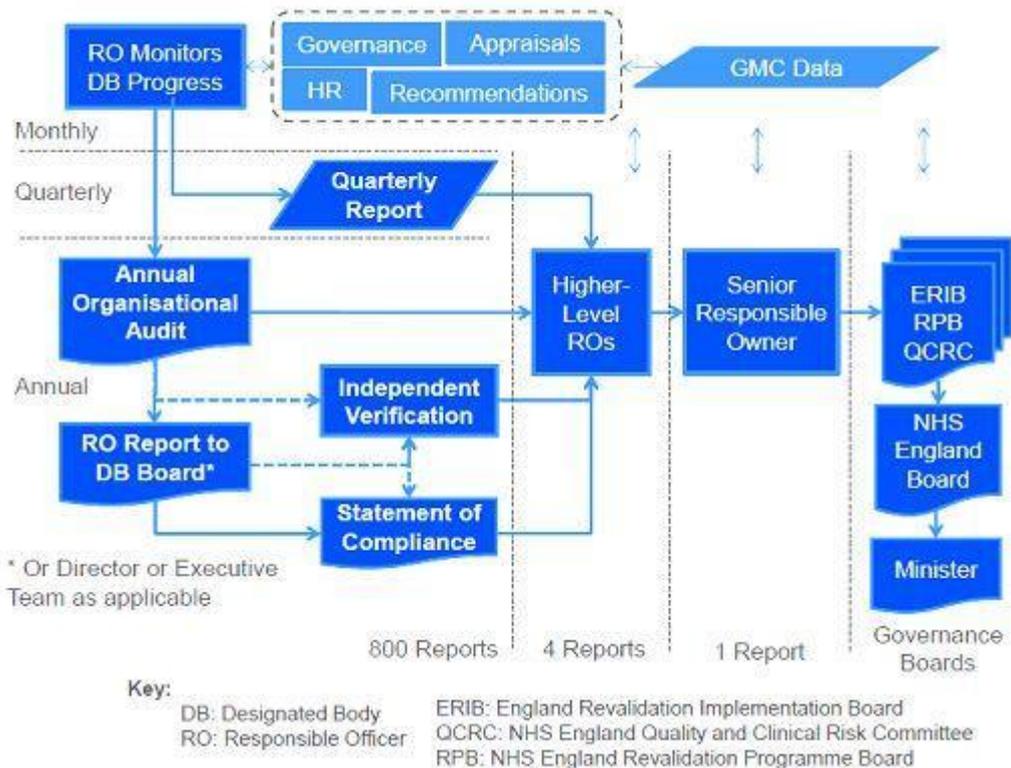
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- appraisal lead
- head of medical staffing
- responsible officer
- Trust board of directors
- regional medical directorate revalidation office

13.1 Quarterly and annual organisational audit

The Trust must undertake quarterly update and annual organisational audit (AOA) reports which measure effectiveness of Trust processes against NHS England core standards, and are reported to the higher-level responsible officer for the region. This is a standardised return which is collated into reports to the various governance boards, see diagram below:



From: A Framework of Quality Assurance for Responsible Officers and Revalidation.^[6]

13.1.1 Board report

These reports will also inform an annual board report on medical appraisals and revalidation with the RO as executive sponsor. The expectation of regulators (GMC, CQC, Monitor and NHS Trust Development Authority) is that the boards of designated bodies monitor the organisation's progress in implementing the Responsible Officer Regulations.

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13.1.2 Statement of compliance

The chief executive will be required to sign a statement of compliance, to submit to the regional medical directorate annually, after submission of the annual organisational audit and before 31 August.

This demonstrates compliance with the statutory obligation of the designated body to provide support to the responsible officer.

13.1.3 Independent verification

The higher-level RO will ensure that independent verification (external audit) is carried out in the Trust once every revalidation cycle (5 years). This is primarily a desk top review with follow up of any concerns identified.

14 References

1. GMC (2014) [A guide for doctors to the General Medical Council \(Licence to Practise and Revalidation\) Regulations 2012](#)
2. Academy of Medical Royal Colleges (AoMRC) [Specialty Guidance for Appraisal and Revalidation](#)
3. GMC [Colleague and patient feedback for revalidation](#)
4. GMC (2013) [Effective Governance to Support Medical Revalidation](#)
5. [Follett Principles](#)
6. DH, NHS England (2014) [A Framework of Quality Assurance for Responsible Officers and Revalidation](#)
 - a. [FQA: Annex A – Core Standards](#)
 - b. [FQA: Annex B – Quarterly Information Template](#)
 - c. [FQA: Annex C – Annual Organisational Audit \(AOA\)](#)
 - d. [FQA: Annex D – Annual Board Report Template](#)
 - e. [FQA: Annex E – Statement of Compliance](#)
 - f. [FQA: Annex F – independent verification](#)
7. GMC (2013) [Good Medical Practice Framework for Appraisal and Revalidation](#)
8. GMC [Supporting information for appraisal and revalidation](#)
9. RST (2014) [Information Management for Medical Appraisal in England](#)
10. RST (2012) [Medical Appraisal Guide](#)
11. RST (2014) [Responsible Officer Conflict of Interest or Appearance of Bias](#)
12. GMC (2014) [The GMC protocol for making revalidation recommendations](#)
13. [The Medical Profession \(Responsible Officers\) Regulations 2010](#)
14. [The Medical Profession \(Responsible Officers\) \(Amendment\) Regulations 2013](#)
15. DH (2010) [The Role of Responsible Officer: Closing the gap in Medical Regulation – Responsible Officer Guidance](#)
16. DH (2005) [Maintaining High Professional Standards in the Modern NHS](#)

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15 Associated documents

- [appointment and induction of locum doctors procedure](#)
- [data protection policy](#)
- [dignity at work policy](#)
- [disciplinary procedure](#)
- [grievance procedure](#)
- [information governance policy](#)
- [raising concerns \(whistleblowing\) procedure](#)
- [recruitment and selection \(medical and dental staff\) procedure](#)
- [registration of professional staff policy](#)
- [remediation for medical staff policy and procedure](#)
- [safeguarding children policy](#)
- [standards of business conduct policy](#)

Equality and diversity statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust equality and diversity statement.

Disclaimer

It is **your** responsibility to check against the electronic library that this printed out copy is the most recent issue of this document.

Document management

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Owning department:	Medical director's office		
Author(s):	Sarah Nicol, HR Project Assistant		
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Version number:	1	Review date:	July 2017
Local reference:		Media ID:	33766

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Appendix 1: Revalidation information form for new staff

Complete in block capitals, in full, and return by start date to:

Private & Confidential

Revalidation and Compliance Support Manager
Box 154
Addenbrooke's Hospital
Hills Road
Cambridge
CB2 0QQ

First Name		Start date	
Surname		End date	
GMC number			
Contract Type (circle)	Permanent	Locum/fixed term	Honorary
Grade			
Specialty			

It is your responsibility to notify the GMC of a change of designated body and responsible officer. *Please complete section 1 or section 2 below.*

Section 1: If this Trust will be your designated body for the duration of your contract with the Trust, update your GMC online account with the following:

Designated Body: CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Responsible Officer: JAGJIT AHLUWALIA

And complete the following table with details of your last five appraisals/ARCP

Date of appraisal (most recent first)	Designated Body	Responsible Officer	Documentation available?
			Yes / No

Section 2: If this Trust will **not** be your designated body, indicate below the designated body and responsible officer for the duration of your contract with the Trust.

Designated Body: _____
Responsible Officer: _____

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Appendix 2: Medical appraisal checklist and feedback

Medical Appraisal Checklist and Feedback

Appraisee Name Last appraisal date
 Trust Appraiser Academic appraiser

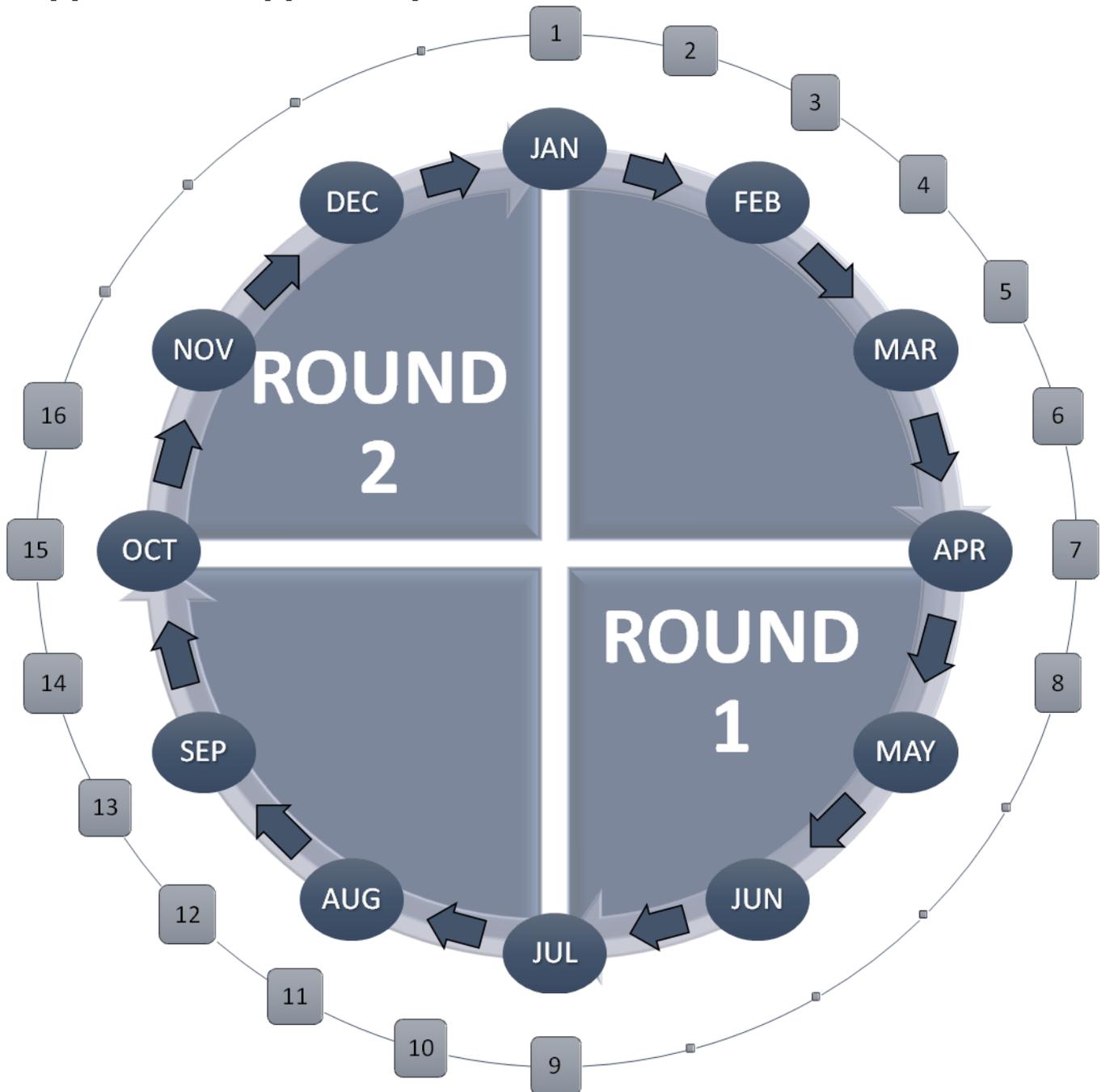
Section	YES	NO	N/A
6. Did this appraisee have an adequate review of last year's PDP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are CPD credits in line with college requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the appraisee attempted to measure the quality of all aspects of their work and review and evaluate (as outlined in section 4)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have any reports of involvement in significant events been reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If revalidation takes place in current year has colleague feedback been received in last 18 months? Where indicated has appropriate reflection taken place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has patient feedback been received ? Where indicated has appropriate reflection taken place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have any reports of being named in, or having carried clinical or managerial responsibility for, any complaints been reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. This section has been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. This section has been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have the following been completed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corporate mandatory training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safeguarding Children L1 and L2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitality Register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive statement(s) from other MD(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. This section has been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. This section has been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Agreed PDP Plan: This section has been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Summary of appraisal: This section has been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Outputs: This section has been completed and any 'disagrees' reviewed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of this appraisal: <input type="text"/>			
Comments: <input style="width: 100%; height: 50px;" type="text"/>			

This version updated 11.06.14

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Appendix 3: Appraisal process flowchart



1.	List of appraisers published. 10 working days for reporting conflict of interest.	9.	List of appraisers published. 10 working days for reporting conflict of interest.
2.	Round 1 allocation.	10.	Round 2 allocation.
3.	Round 2 Appraisal Satisfaction Survey	11.	Round 1 Appraisal Satisfaction Survey.
4.	Round 1 Notification of allocation. Objections within 5 working days.	12.	Round 2 Notification of allocation. Objections within 5 working days.
5.	Round 2 Appraisal Satisfaction Survey results.	13.	Round 1 Appraisal Satisfaction Survey results.
6.	Appraiser peer group and top up training	14.	Appraiser peer group and top up training.
7.	All Round 1 allocations agreed	15.	All Round 2 allocations agreed.
8.	New appraiser training if indicated	16.	New appraiser training if indicated

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Appendix 4: Request for statement from another organisation

Medical Director
Another NHS Trust or Organisation
Address
Address
Address

Date

Cambridge University Hospitals request for RO to RO transfer of information – statement for:

Section 1: Details of doctor			
Name			
Job title			
Department			
GMC number		Date of last appraisal:	

Section 2: Since this doctor's last appraisal, there have been	YES	NO
Restrictions on his/her practise (GMC or local)		
Concerns about this doctor's fitness to practise		

If you have answered 'yes' to either statement, please complete section 3. Otherwise proceed to section 4.

Section 3: Since this doctor's last appraisal, there were concerns or investigations	YES	NO
Of conduct or capability		
Of involvement in serious untoward incident/ significant event		
Of being named in complaint(s)		
Resulting in referral to NCAS/ GMC (or both)		
Please provide a brief summary of the concern, current position and anticipated date of outcome, or details where addressed through re-skilling and/or remediation.		

Section 4: Details of person completing this form on behalf of the RO			
Name			
Job title			
Email			
Telephone			
Date		Signature	

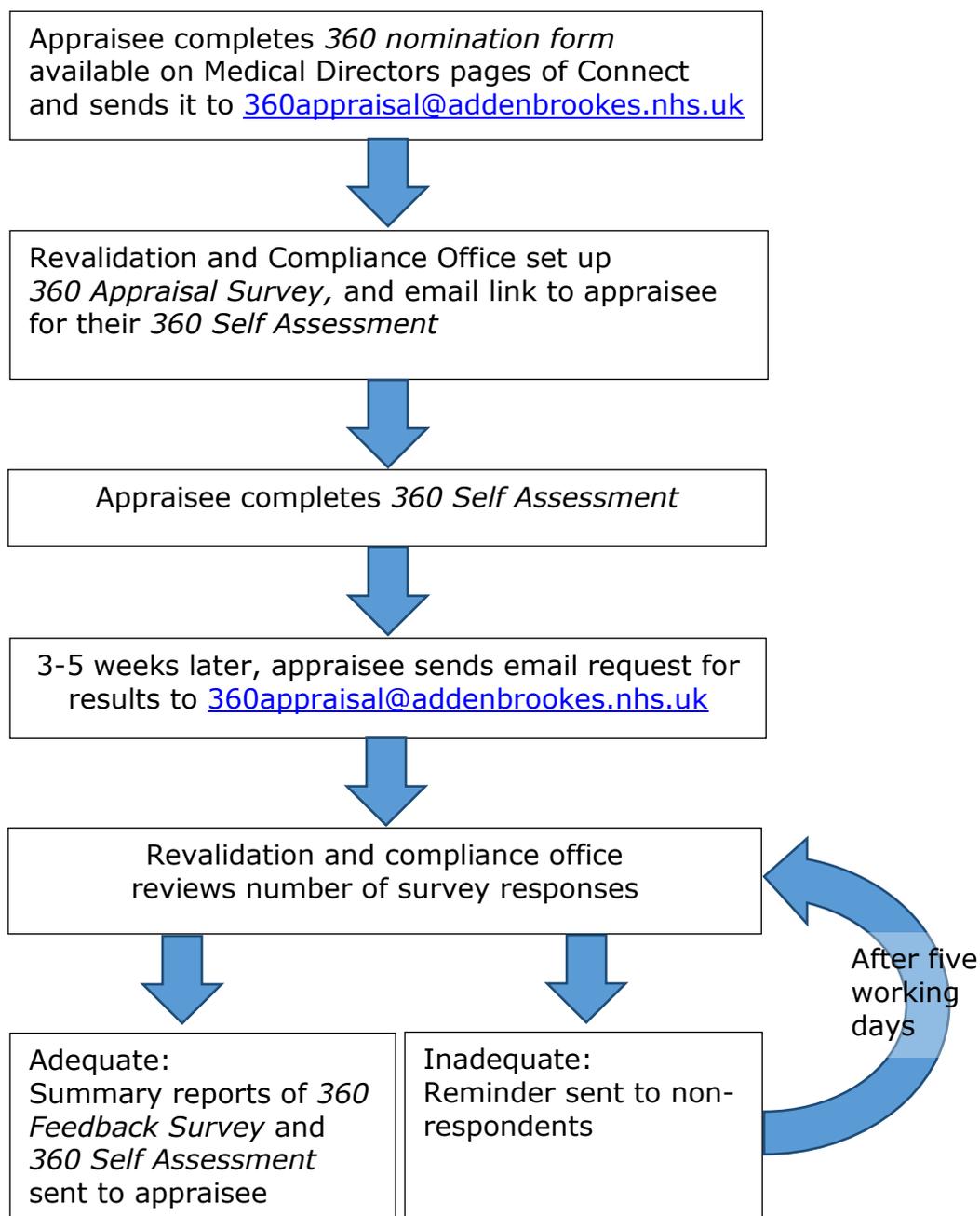
Return to: revalidation@addenbrookes.nhs.uk

Revalidation and Compliance Support Manager, Box 154, Addenbrooke's Hospital

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Appendix 5: 360 colleague feedback process flowchart



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Appendix 6: Process of referral for non-engagement

Concerns arise about a doctor's engagement in the appraisal and revalidation processes as outlined in the Trust's medical appraisal and revalidation policy.

