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Title: Appraisal Policy for Doctors

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Contents

1	Introduction	4
2	Why we need this policy	5
2.1	Purpose	5
2.2	Objectives.....	5
3	Scope.....	5
3.1	Who this policy applies to	5
3.2	Roles and responsibilities	5
4	Policy.....	8
4.1	Links to Revalidation	8
4.2	Links to Job Planning	8
5	Principles of Appraisal.....	9
6	Appraisal Process	10
7	Procedure to be followed for doctors who have not completed an annual appraisal	10
8	Confidentiality	11
9	When an appraisal meeting should be adjourned	11
10	When an appraisal is unsatisfactory	11
11	Complaints arising from the appraisal process	12
12	Exemption from appraisal	13
13	New appointments	13
14	Postponement of an annual appraisal.....	13
15	Private/Non-NHS/Non-TEWV practice.....	14
16	Exit reports for Trust and Agency Locum Doctors	14
17	Doctors who do not have a prescribed connection with TEWV	14
18	Quality assurance programme for appraisal	15
18.1	Quality assurance (QA) of medical appraisal will comprise of:	15
18.2	The Work of Appraisers which will be delivered through the appraisal of the appraiser and the additional three processes:	15
18.2.1	Recruitment and Selection	15
18.2.2	Appraiser Training.....	15
18.2.3	Annual Appraiser Performance Review	16
19	Definitions.....	16
20	Related Documents	17
21	How this policy will be implemented	17
21.1	Training needs analysis.....	17
22	How the implementation of this policy will be monitored.....	18

23	References	18
24	Document control (external).....	19
	 Appendix 1 - Equality Analysis Screening Form	 20
	Appendix 2 – Approval checklist	23

1 Introduction

Doctors must undertake an annual appraisal in accordance with the requirements of the General Medical Council and NHS England in order to uphold their licence to practice.

Tees, Esk & Wear Valleys NHS Foundation Trust believes that appraisal for doctors is a professional process of constructive dialogue, in which the doctor being appraised has a formal structured opportunity to reflect on his or her work. The ethos of appraisal is developmental and allows the doctor to consider how his or her effectiveness might be improved.

The implementation of this Policy reflects anti-discriminatory practice. Should any doctor believe that the terms of the Policy are not being complied with, they have the right to raise their concerns by using the Trust Grievance Policy & Procedure.

This policy is critical to the delivery of psychiatric care and to support our “Journey to Change”. Our ambition is to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows: -

- This policy supports the trust to co-create a great experience for all patients, carers, and families from its diverse population by ensuring the medical workforce provide a compassionate and professional level of service underpinned by early and effective interventions. By ensuring that our Doctors are complying with the Trust’s medical appraisal process this will support the attainment of a high level of care for service users.
- This policy supports the trust to co-create a great experience for our colleagues by ensuring the workplace is fit for purpose. This policy aligns to the Trust values, so that people affected are treated with respect and compassion. Clearly defined roles and responsibilities are outlined as well as the need for appropriate support for those involved at any stage of the process.
- This policy supports the Trust to be a great partner through engagement and consultation in its implementation with local and national organisations including the General Medical Council, NHS England, The Royal College of Psychiatry and the British Medical Association. This helps to ensure a well lead and managed workplace which ensures the highest standards from our medical staff. If there is an issue related to a medic, we work inventively across the boundaries with organisations to engage with the GMC to support the formal processes that are required to manage this.

2 Why we need this policy

2.1 Purpose

This Policy and the accompanying Appraisal Procedure will provide all doctors with a guide to ensure that they are clear about what is expected from them as they prepare for appraisal and revalidation. It will enable medical staff to develop in their post and contribute to Trust, service, locality and team objectives.

2.2 Objectives

- To provide guidance and support to all involved in the appraisal and revalidation process for doctors (excluding doctors in training).
- To outline the full appraisal for doctors policy and to provide clarity on the appraisal and revalidation process for those involved.
- To ensure relevant matters are dealt with according to the statutory framework set out in "Maintaining High Professional Standards in the Modern NHS".

3 Scope

3.1 Who this policy applies to

The Policy applies to all Consultants, Associate Specialists, Specialty doctor Grade, Specialist Grade doctors and Trust Grade doctors within Tees Esk and Wear Valley NHS Foundation Trust, along with clinical academics (with an NHS contract) and Trust locums.

This policy does not apply to doctors who are in training.

3.2 Roles and responsibilities

Role	Responsibility
Chief Executive	On behalf of the Designated Body (Tees, Esk & Wear Valleys NHS Foundation Trust) is responsible for ensuring that the Responsible Officer (RO) is provided with appropriate resources

	to allow him/her to discharge their duties. The Chief Executive will ensure that indemnity is provided for appraisers both internal to the Trust and appraisers that are external to the Trust;
Board of Directors	<ul style="list-style-type: none"> Monitoring and approving a framework to support the appraisal and revalidation of doctors that are compliant with all relevant legislation, guidelines and NHS best practice standards; Ensuring that any key recommendations set out by the GMC are incorporated into our policy and procedure. Ensuring that corporate departments support revalidation by the collection, access and delivery of information including accurate and timely outcomes data.
Medical Director/Responsible Officer (RO)	<ul style="list-style-type: none"> Is accountable to the Chief Executive for the appraisal process and accountable to the GMC for his/her decisions. The Medical Director/RO is responsible for ensuring that the Appraisal Policy for Doctors and the processes therein comply with the relevant national guidance and legislation. The responsibilities include ensuring that appraisers are properly trained to carry out this role and are in a position to undertake appraisal of a doctor's whole scope of practice. The RO will make a recommendation to the GMC based on the information provided through the appraisal. The RO will need to have enough information to make one of the three recommendations: <ul style="list-style-type: none"> Make a positive recommendation that the doctor is up to date, fit to practice and should be revalidated (it is expected this will be the case for the vast majority of doctors); Request a deferral because the RO needs more time or more information to make a recommendation about the doctor (eg this might happen if the doctor has taken an extended break from practice); Notify the GMC that the doctor has failed to engage with appraisal or with the appraisal process.
Associate Responsible Officer	<ul style="list-style-type: none"> Is accountable to the Responsible Officer and responsible for: <ul style="list-style-type: none"> Ensuring that all doctors undertake an annual appraisal in line with this Policy; Training and support to doctors and appraisers; Allocating an appraiser if there is any conflict of interest between a doctor and an Associate Medical Director/Lead Psychiatrist; Ensuring that an Annual Report on consultant appraisal is prepared for the Executive Board and Medical Development Management Group.

<p>Medical Directorate Management Group</p>	<ul style="list-style-type: none"> • Overall responsibility for monitoring compliance with this Policy: • Confirming the appointment of appraisers; • Undertaking an annual review of the appraisal cycle; • Monitoring the performance of the appraisers using the Annual Report as a basis for this review (see appendix 3 for Terms of Reference)
<p>Revalidation Team</p>	<ul style="list-style-type: none"> • Ensuring information is sent to the doctor in timely fashion; • The monitoring of activity on the official appraisal database, SARD (Strengthened Appraisal & Revalidation Database); • Recording information detailed from SARD on when doctors have submitted and completed appraisal; • Alerting the Associate Responsible Officer and Medical Development Manager of any missed appraisals or any late returns of documents; • Preparing monthly, quarterly and annual reports in a timely manner, such as: Quarterly Trust Revalidation Group, FQA Quarterly Report, Trust Board Report, Annual Organisational Audit Report as well as any other requests for information from appropriate sources.
<p>The Appraiser</p>	<ul style="list-style-type: none"> • Responsible to the Responsible Officer; • Responsible for facilitating a whole practice appraisal with doctors; • Is expected to carry out between 6-8 appraisals each year; with a minimum of 4 but this may vary on demand; • Will not carry out appraisals for the same doctor for more than 3 consecutive years. Any appraisal that is carried outside of these limits will not be accepted by the Revalidation Team; • Is responsible for completing the PDP, the summary of appraisal, agreeing the revalidation statements and 'signing off' the appraisal. • Is responsible for ensuring that once the appraisal has been 'signed off' it is submitted on SARD within 28 days of the appraisal taking place. • The appraiser is encouraged to use a coaching style. • Must participate in annual appraisal training
<p>Doctor</p>	<ul style="list-style-type: none"> • Responsible for their own revalidation, including demonstrating they are sufficiently reflecting on information from their practice, learning and making improvements • Doctors are required by the GMC to: • Keep their connection details up to date in the GMC online account. • Collect and reflect on supporting information that reflects the whole of practice.

	<ul style="list-style-type: none"> • Take part in annual whole practice appraisals (including work done privately) • Send the GMC further information if requested. • Make sure their responsible officer or suitable person can make a recommendation about them. • Familiarise themselves with GMC guidance and engage with the processes that support revalidation. • Doctors are required by the Trust to: • Submit their portfolio to the appraiser two weeks in advance of the appraisal • Submit a 'signed off' copy of the documentation to the appraiser within 21 days; • Complete the appraisal feedback form and return to the Revalidation Team within 28 days; • Raising any concerns about the appraisal process in accordance with this Policy
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4 Policy

4.1 Links to Revalidation

Revalidation is an evaluation of a doctor's fitness to practise. This process supports doctors in regularly reflecting on how they can develop or improve their practice. It gives patients confidence doctors are up to date with their practice and promotes improved quality of care by driving improvements in clinical governance (GMC).

The appraisal process is the vehicle through which the GMC's revalidation requirements will be delivered for doctors. Successful completion of the appraisal process as outlined in this Policy will provide sufficient evidence to support the process of revalidation.

4.2 Links to Job Planning

The job planning process is separate from the appraisal process. Job planning is an annual event and will be carried out by the relevant medical and operational managers at a meeting held separately from the appraisal meeting.

A doctor can be appraised by their medical line manager, however when this is not the case it may be necessary for an exchange of information to take place between the line manager and appraiser prior to the appraisal meeting.

5 Principles of Appraisal

Appraisal should be a positive process to give doctors feedback on their past performance, to chart their continuing progress and to identify development needs;

It is a forward-looking process, using coaching skills and is essential in identifying the developmental and educational needs of individuals. The primary aim of appraisal is to help doctors consolidate and improve on good performance, aiming towards excellence;

Appraisal is underpinned by continuing professional development and if used properly can help to develop a reflective culture within service. It provides doctors with an opportunity to demonstrate the evidence that will be required for revalidation;

The aims of appraisal are to:

- Regularly review a doctor's work and performance, utilising relevant and appropriate comparative operational data from local, regional and national sources;
- Consider the doctor's contribution to the quality and improvement of services and priorities delivered locally;
- Set out personal and professional development needs and agree plans for these to be met;
- Provide an opportunity for doctors to discuss and seek support for their participation in activities for the wider NHS;
- Utilise the annual appraisal process and associated documentation to meet the requirements for revalidation as determined by the GMC;
- Provide assurance that a doctor is fulfilling their duties, roles and responsibilities to an acceptable standard as stated by the GMC.

The content of appraisal is based on the following key documents which doctors are expected to make themselves familiar with:

- Good Medical Practice: General Medical Council: 2013; (updated 2014 & 2019)
- Good Medical Practice Framework for Appraisal & Revalidation GMC, March 2011 (updated 2013)
- Medical Appraisal Guide, March 2012; (updated 2013 & 2014)
- The Royal College of Psychiatrists 'Revalidation Guidance for Psychiatrist' (College Report 194 2014);
- Guidance for doctors: requirements for revalidation and maintaining your licence GMC, April 2018
- Guidance on supporting information for appraisal and revalidation, GMC April 2018
- The GMC protocol for making revalidation recommendations, GMC April 2018

6 Appraisal Process

Doctors are expected to follow the Appraisal Procedure (see Appendix 4);

The appraisal year runs from 1st April to 31st March;

Each doctor will have an annual appraisal and should not be appraised by the same appraiser for more than three consecutive years;

A doctor can return to a previous appraiser but must have a minimum gap of 3 years.

Preparation for the appraisal is included in protected time that is in the Core Supporting Programmed Activities (SPAs) element of the job plan;

For the purposes of revalidation it is a doctor's responsibility to participate in annual appraisal. Failure to do so may be regarded as non-engagement in the appraisal process and may result in referral to the General Medical Council and failure to be revalidated;

Appraisers may not necessarily be medical leaders or from the same specialty however all appraisers will be trained to what had been Revalidation Support Team standards and can be either Consultants or SAS grade doctors;

Any disputes relating to the allocation of appraisers will be dealt with under the Appraisal Procedure (Appendix 1);

7 Procedure to be followed for doctors who have not completed an annual appraisal

In such cases the process in the Appraisal Procedure (Appendix 2) should be followed;

An appraisal will be classified as 'missed' if:

- The appraisal meeting is not completed between 9 and 15 months of the previous appraisal;
- The appraisal meeting is not completed between the 1st April and 31st March of that appraisal year;

If a missed appraisal is part of non-engagement from the appraisal process, the Responsible Officer may make the decision to refer to the General Medical Council.

8 Confidentiality

The appraisal documentation may be viewed by individuals other than, the appraiser and the doctor. These include:

- The Responsible Officer
- The Revalidation Team
- Clinical leaders - for quality assurance of appraiser work
- Clinical leaders - addressing any concerns highlighted in the appraisal;
- Medical education – confirming standards for recognition of trainers.

Clarification as to who has access to appraisal documentation is contained in the Appraisal Procedure (Appendix 3);

9 When an appraisal meeting should be adjourned

- Where it becomes apparent during the appraisal process that there is a potentially serious performance, conduct or health issue (that has not been previously identified) which requires further discussion, consideration or examination, the appraisal meeting should be stopped and support offered.
- The matter must be referred by the appraiser immediately to the relevant Associate Medical Director/Lead Psychiatrist; to take appropriate action.
- The Associate Medical Director/Lead Psychiatrist will inform the Associate Responsible Officer and the Responsible Officer.
- Appropriate Policy and Procedure will then be followed, after discussions with Medical Development and any reasonable adjustments will be made should the doctor require them in order to continue with the appraisal process.

10 When an appraisal is unsatisfactory

There is no absolute guide as to what constitutes an unsatisfactory appraisal; however guidance is given in the Appraisal Procedure (Appendix 4) on what is considered to be essential documentation that should be detailed in the portfolio. In addition, it is expected

that all doctors are familiar with the standards that are set by the General Medical Council and the Royal College of Psychiatrists (see 5.5 for list of relating documents);

If any part of the essential documentation is not identified in a portfolio (unless a satisfactory explanation can be offered by the doctor) then this must be brought to the attention of the doctor prior to the appraisal meeting. This should provide an opportunity for the doctor to produce the relevant supporting information.

If the information is not immediately available then the appraiser may then agree an action plan with the doctor so that the issue is addressed in the subsequent appraisal cycle or the two parties can agree that an alternative form of evidence would be sufficient;

Other areas such as failure to address issues that have been previously raised, such as lack of essential documentation, issues about clinical performance or personal behaviour may result in an unsatisfactory outcome. However these issues would have to be sufficiently serious to justify this course of action.

Part of the developmental approach to appraisal should be in supporting the doctor in improving the quality of evidence in the appraisal portfolio. It is only when there has been a clear failure to respond to actions outlined in previous appraisal summaries that the appraisal could be considered as being unsatisfactory. If the issues cannot be resolved with the doctor then the matter should be discussed with the relevant Associate Medical Director/Lead Psychiatrist and then referred to the Associate Responsible Officer;

It should be noted that if a doctor has been allowed to complete their own summary of appraisal this will not be accepted by the Responsible Officer. The doctor will be asked to undertake a further appraisal with another appraiser and for the summary of appraisal to be completed by the appraiser in line with Trust Policy.

11 Complaints arising from the appraisal process

The appraisal process relies on a two way dialogue and aims for mutual agreement. If a doctor considers that any aspect of the appraisal process has not been carried out effectively or fairly, an approach should be made to the appraiser in the first instance. If the doctor and appraiser are unable to resolve the difficulty, then the doctor has an automatic right to raise concerns with the Associate Responsible Officer.

The doctor may raise a concern in writing to the Associate Responsible Officer or the Responsible Officer who will investigate the issue (or nominate someone of sufficient experience).

A judgement will be made by the Associate Responsible Officer or the Responsible Officer and communicated in writing to the doctor and appraiser. Should either the doctor or appraiser be unhappy with the outcome, they may instigate the Trust Grievance

Procedure. Please refer to the Grievance Procedure on the Trust Intranet for further information.

12 Exemption from appraisal

All doctors who have been in post for more than 6 months (including Trust locums) before the end of an appraisal year will be expected to participate fully in an appraisal, that appraisal year. This will allow doctors time to gather sufficient supporting information;

A doctor may be exempt from the appraisal process if:

- they have been in a post with TEWV for less than 6 months prior to the end of an appraisal year **OR**;
- The doctor has not held a substantive Consultant, SAS, Trust doctor or General Practitioner post prior to joining TEWV **OR**;
- The doctor is a locum and has not held a locum post prior to joining TEWV

13 New appointments

Prior to appointment, the doctor's previous Responsible Officer will be contacted to confirm that the candidate has participated in appraisal and that there are no concerns regarding being up to date and fit to practice;

For new appointments, the procedure in the Appraisal Procedure (Appendix 6) should be followed;

New doctors will have a meeting with their clinical manager to discuss issues such as appraisal date, PDP and job plan, CPD Peer Groups, within the first two months of their appointment;

New doctors will have their annual appraisal within the first twelve months of their appointment. Their appraisal date will generally fall in the month of them commencing their post, depending on when they start with the Trust and when their last appraisal was.

14 Postponement of an annual appraisal

The GMC requires all doctors to undergo an appraisal annually. This is a requirement for successful revalidation. There is however exceptional circumstances when a doctor may

request that an appraisal is postponed such that no appraisal takes place during one appraisal year, for example if a doctor is off on long term sick or on maternity leave.

Each case will be dealt with on its merits and the Trust is mindful that no doctor must be disadvantaged or unfairly penalised as a result of pregnancy, sickness or disability. Doctors who have a break from clinical practice may find it harder to collect evidence to support their appraisal, particularly if being appraised soon after their return to clinical practice. However, often, an appraisal can be useful when timed to coincide with a doctor's re-induction to clinical work. Appraisers will use their discretion when deciding the minimum evidence acceptable for these exceptional appraisals.

The Trust has the right to consider taking formal action if a doctor does not undergo an annual appraisal without having good reason.

The procedures relating to when postponement may be appropriate, the procedure to be followed, the application form and the certificate if the applicant is successful is found in the Appraisal Procedure (Appendix 7).

15 Private/Non-NHS/Non-TEWV practice

Revalidation requires a "whole practice" appraisal, hence evidence must be provided for the whole scope of work. Supporting information must be provided as shown in the Appraisal Procedure (Appendix 8) and the doctor should arrange with the private or non-NHS sector provider to complete and sign the form;

If the doctor is self-employed and performing private/none NHS work they should discuss with the appraiser what evidence should be included in the appraisal portfolio.

16 Exit reports for Trust and Agency Locum Doctors

The Trust has a duty to provide information for locum doctors that they can utilise in future appraisals. All locum doctors that have been with the Trust for over 3 months should receive an Exit Report if they have not undergone an appraisal within the period they have been working for the Trust. This will be prepared by the Revalidation Team and the Lead Psychiatrist/ Associate Medical Director as shown in the Appraisal Procedure (Appendix 9);

17 Doctors who do not have a prescribed connection with TEWV

17.1 Doctors employed through a Service Level Agreement or on a sessional basis by TEWV and whose majority of NHS practice is not with TEWV shall receive a report detailing essential supporting information. This shall be completed by the Revalidation Team on behalf of the Lead Psychiatrist/ Associate Medical Director in any areas that this doctor has practiced and should be placed in their portfolio for utilisation in appraisals outside TEWV. This is found in the Appraisal Procedure (Appendix 10);

17.2 Doctors employed through a Service Level Agreement or on a sessional basis by TEWV and whose majority of NHS practice is with TEWV will be appraised in line with this Policy and their Responsible Officer shall be TEWV's Executive Medical Director;

18 Quality assurance programme for appraisal

18.1 Quality assurance (QA) of medical appraisal will comprise of:

The Process which will be carried out as part of the Annual Report which is reported to the Board of Directors and monitored by the Medical Development management group.

The Revalidation Team will produce an Annual Report on medical appraisal. The details of this are found in the Appraisal Procedure (Appendix 11);

18.2 The Work of Appraisers which will be delivered through the appraisal of the appraiser and the additional three processes:

18.2.1 Recruitment and Selection

The Medical Development management group will have overall responsibility to appoint appraisers, who will have been selected using the job description person specification and application form found in the Appraisal Procedure (Appendices 12, 13 and 14);

The Executive Medical Director as the Responsible Officer will not be an appraiser;

18.2.2 Appraiser Training

New appraisers will receive training in keeping with the NHS England recommendations;

Existing appraisers will receive invitations to 4 Appraiser Update Sessions per year of which two must be attended in the appraisal year. The content of the sessions are similar

for May/September and then for November/February. These will be arranged by The Revalidation Team and led by the Associate Responsible Officer;

An annual training report will be provided to the Medical Development management group as part of the Annual Report.

18.2.3 Annual Appraiser Performance Review

An appraiser’s performance will be assessed against the following:

- Agreed standards for appraisers;
- Review of appraiser documentation;
- Review of doctor feedback;

Details are contained in the Appraisal Procedure (Appendices 15-19).

Medical Development will collate information for each appraiser into an annual appraiser feedback report.

The appraiser will receive a copy of this report and will be expected to include within his/her own appraisal portfolio.

If the performance of an appraiser causes concern there will be a face to face meeting that will take place between the appraiser and the Associate Responsible Officer. This will automatically be triggered if a doctor has been allowed to complete their own summary of appraisal. Further specific training may be advised within a specified time frame.

If agreement cannot be reached on how the performance of the appraiser can be improved or if there has been failure to improve following a previous review then the Associate Responsible Officer may recommend to the Medical Development management group that this individual is deselected as an appraiser. The Medical Development management group will have the final say in this matter. This decision can be appealed and the appeal will be heard by the Responsible Officer.

19 Definitions

Term	Definition
Appraisal	Medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor’s work.

Revalidation	Revalidation is an evaluation of a doctor’s fitness to practice. Every licensed doctor who practices medicine in the UK must revalidate every 5 years to show they are up to date and fit to practice.
Appraiser	The appraiser is a trained and skilled individual who will undertake the appraisal meeting with the doctor.

20 Related Documents

This Policy should be read in conjunction with:

- Dealing with Concerns Affecting Medical Staff Policy.
- Grievance Policy and Procedure HR-0002.

21 How this policy will be implemented

- Compliance with this Policy will be monitored by the Medical Directorate management group using the NHS England Annual Organisational Audit Report as the basis of the appraisal compliance assessment.
- This policy will be published on the Trust’s intranet and external website.
- Removed implementation action plan as not required.

21.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Doctors	Training on the appraisal process including how to use SARD electronic portfolio for appraisal.	2 hours	Provided every four months for new doctors who join the Trust.
Appraisers	Training for appraisers on new guidance.	2 hours	Four sessions per year, of which appraisers must attend two sessions.

22 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Percentage of doctors with an up-to-date appraisal. Any exemptions and reasons for these.	Monitored monthly by the revalidation lead and a quarterly report provided internally at the management meetings. The Annual Board Report and Statement of Compliance is submitted externally to NHS England on an annual basis.	Medical Directorate Management meetings.
2	Percentage of doctors revalidated in the given appraisal year.	Monitored monthly by the revalidation lead and a quarterly report provided internally at the management meetings. The Annual Board Report and Statement of Compliance is submitted externally to NHS England on an annual basis.	Medical Directorate Management meetings.

23 References

- Good Medical Practice: General Medical Council: 2013; (updated 2014 & 2019)
- Good Medical Practice Framework for Appraisal & Revalidation GMC, March 2011 (updated 2013)
- Medical Appraisal Guide, March 2012; (updated 2013 & 2014)
- The Royal College of Psychiatrists 'Revalidation Guidance for Psychiatrist' (College Report 194 2014);
- Guidance for doctors: requirements for revalidation and maintaining your licence GMC, April 2018
- Guidance on supporting information for appraisal and revalidation, GMC April 2018
- The GMC protocol for making revalidation recommendations, GMC April 2018

24 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	21 September 2022
Next review date	21 September 2025
This document replaces	HR-0041-v3 Appraisal Policy for Doctors
This document was approved by	Medical Directorate Management Meeting
This document was approved	24 August 2022
This document was ratified by	Management Meeting
This document was ratified	21 September 2022
An equality analysis was completed on this policy on	12 September 2022
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
v3.1	21 Sept 2022	Full review with minor changes: <ul style="list-style-type: none"> • updated to new policy template, and • job titles updated to reflect new structure. 	Ratified

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Medical Directorate
Title	Appraisal Policy for Doctors
Type	Policy
Geographical area covered	Trust wide
Aims and objectives	Guide doctors on the appraisal process, ensuring they are clear on the processes to follow where appraisal is concerned.
Start date of Equality Analysis Screening	July 2022
End date of Equality Analysis Screening	September 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Doctors within TEWV (excluding doctors in training).
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.) NO

	<ul style="list-style-type: none"> • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Veterans (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	
Describe any positive impacts	This policy does not impact negatively on any of the protected groups.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Refer to the references section.
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No not for this particular version of the policy as it has only undergone minor updates such as changes to management roles. Previous versions have had consultation such as at LNC meetings.
If you answered Yes above, describe the engagement and involvement that has taken place	
If you answered No above, describe future plans that you may have to engage and involve people from different groups	This policy will be shared at the next LNC meeting in October 2022 just for information as only minor changes made.

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	N/A
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	