



Revalidation Support Team

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# Training Specification for Medical Appraisers in England

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## 1. Introduction

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

Every doctor will relate to a local responsible officer, who will make a recommendation about the doctor's fitness to practise to the General Medical Council (GMC). The recommendation will be based on the outcome of the doctor's annual appraisals over the course of five years, combined with information drawn from the organisational clinical governance systems. Following the responsible officer's recommendation, the GMC will decide whether to renew the doctor's licence.

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

All doctors wishing to retain their GMC licence will need to participate in revalidation.

This publication has been prepared by the NHS Revalidation Support Team (RST). The RST works in partnership with the Department of Health (England), the General Medical Council and organisations to deliver an effective system of revalidation for doctors in England.

All RST publications have been created in collaboration with partners and stakeholders across the UK, including testing with over 4,000 doctors.

## 2. Purpose and overview

The purpose of this training specification is to provide assurance to responsible officers that medical appraisers are aware of the important position of appraisal within the revalidation process and to ensure that the quality and consistency of appraisal is sufficient to support revalidation. In addition, it is to provide assurance that the medical appraiser has sufficient communication skills to facilitate an effective developmental appraisal and to deal with any issues or concerns that might arise.

The training specification is intended to assist responsible officers in their preparations for implementing revalidation within their designated body. It should be read in conjunction with *Quality Assurance of Medical Appraisers* (NHS Revalidation Support Team, 2012). This document includes the following:

- general guidance on training for medical appraisers
- core content of medical appraiser training programmes for new and current medical appraisers, and
- illustrative training programmes for new and current medical appraisers (Appendices 1 and 2).

### 3. Training for medical appraisers – key issues

Medical appraisers have a crucially important role in improving the quality and consistency of appraisal. They facilitate the formative elements of challenge and support and help to ensure that the doctor is on course for successfully completing the revalidation cycle. They need to be aware of the elements of medical appraisal for revalidation as described in the *Medical Appraisal Guide* (NHS Revalidation Support Team, 2012), including the need to cover development needs across the full scope of the doctor's work.

The majority of medical appraiser skills are generic and medical appraisers from all disciplines should have the same core competencies. The training programme for medical appraisers should include the core content described and training events should be suitable for multi-specialty training.

To ensure appraisal is of a sufficient standard to inform revalidation, medical appraisers should participate in an initial training programme before starting to perform appraisals. The core training specification for all medical appraisers should include the following broad areas:

- core appraisal skills and skills required to promote quality improvement and the professional development of the doctor
- skills relating to medical appraisal for revalidation and a clear understanding of how to apply professional judgement in appraisal
- skills that ensure an effective appraisal is performed in the setting within which the doctor works, including both local context and any specialty-specific elements.

To facilitate the continuing development of appraisal skills, it is essential that medical appraisers are involved in ongoing support and development activities and are able to demonstrate that they keep up to date and fit to practise as medical appraisers.

Designated bodies commissioning medical appraiser training should ensure the training complies with the training specification. At a local level designated bodies may also wish to specify training which covers royal college or faculty advice on the specialty-specific aspects of continuing professional development and quality improvement activities. Specific organisational priorities and common development needs may also be covered.

Designated bodies may provide medical appraiser training from internal or external training providers. It is important that selected training providers are capable of delivering high quality medical appraiser training. The training providers should be able to demonstrate they have:

- high quality facilitation/training skills
- experience of delivering and facilitating effective medical appraiser training programmes
- good knowledge of the new elements of medical appraisal for revalidation (for example, through attending an RST event for training providers)
- involvement of an experienced medical appraiser or appraisal lead in the delivery of training.

## 4. Competency framework for medical appraisers

An example competency framework for medical appraisers, including new competencies relating to the role of the medical appraiser in revalidation can be found at Appendix 3 in *Quality Assurance of Medical Appraisers* (NHS Revalidation Support Team, 2012).

Medical appraiser competencies can be grouped into the following areas:

- professional responsibility – to maintain credibility as a medical appraiser
- knowledge and understanding – to understand the role and purpose of the medical appraiser and to be able to undertake effective appraisals
- professional judgement – to analyse and synthesise information presented at appraisal and to judge engagement and progress towards revalidation
- communication skills – to facilitate an effective appraisal discussion, produce good quality outputs and to deal with any issues or concerns that might arise
- organisational skills – to ensure the smooth running of the appraisal system, including timely responses and sufficient computer skills to be an effective medical appraiser.

The detailed descriptors under each core competency are included in the competency framework for medical appraisers.

## 5. Core content of medical appraiser training programmes

Medical appraisers are selected and appointed due to their suitability for the role and they will have a number of key attributes and some core skills, such as high standards of professional responsibility and good communication skills. Guidance on recruitment and selection is outlined in *Quality Assurance of Medical Appraisers* (NHS Revalidation Support Team, 2012). Any mandatory training, such as equality and diversity training should be completed.

There should be flexibility within the programme to allow for understanding of the local appraisal process. The detailed content of the training programme may also be informed by a preliminary needs-assessment using a competency-based self-assessment tool which takes account of the prior experience and skills of the medical appraisers. For an example see Appendix 4 in *Quality Assurance of Medical Appraisers* (RST, 2012). Decisions regarding the precise content of training for new medical appraisers are for the designated body and responsible officer.

Some of the material for training can be covered in pre-course reading and some elements, such as knowledge of legislation and guidance, educational principles and computer skills, would be suitable for e-learning modules.

The following table contains the core elements which should be covered in training programmes for medical appraisers to prepare them for revalidation.

Table 1: Core content for training programmes for medical appraisers

Key knowledge and understanding:

- The nature and purpose of appraisal and revalidation and how the two processes complement each other
- Relevant legislation and guidance relating to appraisal and revalidation
- The role and responsibilities of medical appraiser
- Organisational quality improvement systems (clinical governance, patient safety etc)
- Relevant basic educational principles



<p>Conducting a professional appraisal:</p> <ul style="list-style-type: none"><li>• Establishing a clear shared understanding between the medical appraiser and doctor, which describes the meaning of a professional appraisal and the limits of confidentiality</li><li>• Managing an effective appraisal discussion to support professional development, quality improvement and revalidation</li><li>• Applying communication skills to facilitate an effective appraisal discussion and build rapport, listen and question appropriately, give feedback, and challenge and support doctors</li><li>• Strategies for managing a difficult medical appraisal</li></ul>
<p>Supporting information required for revalidation:</p> <ul style="list-style-type: none"><li>• GMC portfolio requirements and relevant specialty-specific guidance</li><li>• How to ensure that the supporting information appropriately covers the whole scope of a doctor's work</li><li>• How to consider the quality and breadth of supporting information produced by the doctor against the GMC requirements</li><li>• How to use organisational information appropriately</li></ul>
<p>Raising concerns:</p> <ul style="list-style-type: none"><li>• Exploring thresholds and strategies for raising concerns</li><li>• How to deal appropriately with minor concerns that do not affect patient safety</li><li>• Exploring the circumstances in which a medical appraisal should be postponed or suspended for patient safety or fitness to practise concerns</li><li>• Highlighting the local procedures medical appraisers should engage if serious conduct, capability or health issues come to light in the course of the appraisal discussion</li><li>• Judging whether the doctor has engaged appropriately in the appraisal process and the review of their whole scope of work</li></ul>
<p>Effective personal development planning:</p> <ul style="list-style-type: none"><li>• Assessing whether previous personal development plan objectives have been achieved</li><li>• How to facilitate the production of an effective personal development plan</li></ul>
<p>Producing high quality written appraisal records and outputs (appraisal summary, personal development plan, statements and sign-off)</p>
<p>Computer skills and (where necessary) use of computerised support systems for appraisal and revalidation</p>
<p>Specific organisational priorities and needs (where necessary)</p>

## 6. Training new medical appraisers

Training for new medical appraisers should cover the core content outlined above. The training should be practical rather than theoretical, focusing on the 'hands-on' application of new skills and strategies, simulations, applying judgement to scenarios and discussing problems and areas of difficulty. The programme should allow every attendee to have experience of managing an appraisal discussion so that the medical appraiser is well prepared for their first independent appraisal. This may be achieved by rehearsing part of an appraisal in groups of three during the training with an appraiser, a doctor and an observer rotating their roles. In some training programmes, delegates have appraised each other in between the two days of training and brought the learning back to the second day.

A two-day programme is proposed for new medical appraisers to ensure there is sufficient time for this type of practical training and rehearsal of skills. (See Appendix 3 for an illustrative programme.)

This type of training is usually carried out in groups of 12-18 participants with a high ratio of facilitators to attendees. This allows individuals to receive direct feedback from the facilitators on their performance against the core competencies.

Assessment or evaluation of individuals by an experienced trainer during or at the end of this training can be an effective means of ensuring that medical appraisers are ready to perform their first independent appraisal. If this assessment shows the medical appraiser has not yet achieved the appropriate level of competence, support and training should be put in place so that the appraiser has every opportunity to develop the necessary skills.

At a local level designated bodies may also wish to provide training which covers:

- relevant royal college or faculty advice relating to specialty-specific aspects of continuing professional development and quality improvement activities
- specific organisational priorities, and
- other common medical appraiser development needs.

## 7. Training current medical appraisers

Current medical appraisers have different training needs to new appraisers, to ensure they are ready for revalidation. They should already have received basic training and ongoing support and will have much of the necessary background knowledge, skills and experience to manage the appraisal discussion.

The focus of training for current medical appraisers should be on the additional knowledge and the new elements of appraisal which directly relate to revalidation. These include:

- understanding the nature and purpose of medical appraisal for revalidation
- making judgements about when to postpone an appraisal
- reviewing the scope of work and ensuring that the portfolio and discussion cover the full scope of the doctor's work
- reviewing the portfolio of supporting information against GMC guidance, and
- the sign-off process and the outputs of medical appraisal.

Relevant existing competencies may also helpfully be revised, including:

- communication/feedback skills
- creating a shared understanding of the parameters within which a professional appraisal discussion can go ahead
- understanding when and how to suspend the appraisal process
- making judgements about the achievement of the personal development plan, and
- producing high quality written outputs including an appropriate structured personal development plan.

Training for current medical appraisers may be provided through larger regional events that are cross-specialty. There is no need for directly observed rehearsal or simulation, so a lower ratio of facilitators to attendees is appropriate. The RST has designed an illustrative programme for current medical appraisers (see Appendix 4), which can be delivered as a half-day (3 1/2 hour) training event. This programme will need to be extended beyond a half-day if it includes any additional elements.

Current medical appraisers will vary in their prior experience and their current knowledge and skills so designated bodies may wish to take the opportunity to perform a more structured review of their medical appraiser workforce capacity and capability. Using a competency self-assessment tool may help organisations identify training needs in their medical appraiser workforce.

## Appendix 1

### Illustrative training programme for new medical appraisers

#### Pre-course preparation

##### Reading list:

- *Good Medical Practice* (GMC, 2006)
- *Good Medical Practice Framework for Appraisal and Revalidation* (GMC, 2011)
- *Supporting Information for Appraisal and Revalidation* (GMC, 2011)
- *Medical Appraisal Guide* (NHS Revalidation Support Team, 2012)
- *Quality Assurance of Medical Appraisers* (NHS Revalidation Support Team, 2012). See 'Appendix 3: Medical appraiser competency framework'.

Completion of competency self-assessment tool - see *Quality Assurance of Medical Appraisers* (RST, 2012), Appendix 4

Other organisational training requirements (e.g. equality and diversity, information governance training)

## **Illustrative training programme day one** (*with preliminary facilitator notes*)

### **09:30 Welcome and introduction to the day**

- housekeeping and ground rules
- introductions and objectives

### **09:40 Communication skills: active listening**

- Ask participants to work in pairs or trios and, using self-assessments completed prior to the day, to discuss which skills they bring and which skills they want to develop.

### **10:00 Knowledge and understanding: appraisal and revalidation**

- Outline what's new about medical appraisal for revalidation.
- Review the nature and purpose of medical appraisal and revalidation and how the two fit together into one process.

### **10:30 Communication skills: questioning skills**

Introduce open questions and stem questions as tools for the medical appraiser to consider when preparing for an appraisal.

*Resource sheets could be provided.*

11:00 Coffee

### **11:15 Professional responsibility: introducing the appraisal**

Discussion/examples of an explicit code of conduct between the medical appraiser and doctor that spells out the limits of confidentiality and the parameters within which the medical appraisal can take place.

### **11:30 Communication skills: giving feedback**

Discuss:

- dos and don'ts of giving feedback
- feedback models.

**12:00 Communication skills: giving feedback**

- Ask participants to work in trios (appraiser, appraisee, observer), using an area that the appraisee has agreed that they are prepared to discuss as a mini-appraisal discussion.
- Check the medical appraiser introduces the appraisal.
- Observe the observer giving feedback and applying the principles.

**12:45 Communication skills: giving feedback plenary**

- If not covered in participants' feedback, highlight that the first person to give feedback had a harder time than the last and that we learn by seeing good examples modelled for us.
- Emphasise that giving feedback is challenging and getting back to 'safe ground' is important.

13:00 Lunch

**13:45 Professional judgement: supporting information**

This session covers the supporting information required for revalidation and how to assess the standard of supporting information produced by the doctor. Several elements need addressing, including:

- how much supporting information is enough to go ahead
- what are the standards and breadth required at this stage in the revalidation cycle
- how to benchmark individual judgements as a medical appraiser with other appraisers.

**14:45 Professional responsibility: suspending the appraisal**

This session explores the circumstances in which an appraisal should be postponed or suspended and the local procedures an appraiser should follow should serious conduct, capability or health issues come to light in the course of the appraisal discussion.

*Medical appraisers should be given a written protocol with names and contact details to use in appraisals should a poor performance or occupational health issue arise. This needs to be locally developed.*

15:15 Tea

**15:30 Communication skills: dealing with difficult medical appraisals**

Medical appraisals may be difficult for a variety of reasons but there are some common themes. This exercise should explore appropriate responses to specific issues (e.g. doctors who have difficulty gathering appropriate supporting information, who are disinterested, who cannot prioritise, or are angry or threatening). This provides time to review the difficulties faced by certain groups of doctors (e.g. locums) and how to facilitate an effective appraisal in such cases.

**16:30 Plenary: planning for day two**

- Ensure that the specific group aims for the day derived at the beginning have been addressed, or can be carried forward to day two.
- Explain the structure of the appraisal discussion exercise for the second day so that everyone is clear about how it will run and what to expect.
- Provide protected time for those who wish to start preparing for the exercise by swapping pre-appraisal preparation materials in trios (appraiser, doctor, and observer).

17:00 Close



## **Illustrative training programme day two** (*with preliminary facilitator notes*)

### **09:30 Welcome and introduction to the day**

### **09:35 Reconnection**

Ask participants:

- the main thing they learned from the first day
- what they want to get out of today.

### **09:45 Rehearsing the appraisal: further preparation**

- Ask participants to review pre-appraisal preparation materials shared on day one in trios (appraiser, doctor, observer).
- Ask each participant to individually prepare for the forthcoming appraisal, particularly considering how to introduce the appraisal, potential stem questions and open questions etc.

### **10:15 Rehearsing the appraisal: cycle one**

- Ask participants to conduct 30 minutes simulated appraisal discussion in trios (appraiser, doctor, observer), focusing on one or two areas of *Good Medical Practice*.
- Observers should then feedback, remembering the guidelines for giving feedback.

11:00 Coffee

### **11:15 Rehearsing the appraisal: cycle two/cycle three (45 minutes each)**

Ask participants to repeat the simulated appraisal process above once or twice.

### **12:45 Rehearsing the appraisal: plenary**

Pull together what individuals learned from the experience:

- How fast did the time go by?
- How much can be covered in 30 minutes in a high trust environment?
- Did paperwork get in the way?
- Did they make notes?

13:00 Lunch

**13:45 Organisational skills: the appraisal summary**

Discuss how to produce a professional appraisal summary, including:

- sharing examples of good practice
- medical appraisers writing up the appraisal discussion, as rehearsed in the morning.

**14:15 Professional judgement: the personal development plan**

Discuss how to facilitate the production of an effective personal development plan, including:

- revision of SMART objectives
- consider developing example objectives or writing up objectives from the morning.

**14:45 Professional judgement: signing off the outputs of appraisal**

Review the sign-off process for medical appraisal including the statements, the outputs of the appraisal and sign-off stages.

15:15 Tea

**15:30 Knowledge and understanding: local processes and specialty-specific issues**

- Take a more detailed look at local appraisal policy, matching, allocation, venue, time, preparation for appraisal and the processes to be followed.
- Support and performance review processes.

**16:30 Conclusions: questions/answers session**

Ensure that the group aims have been addressed.

**16:45 Evaluation**

- Review of competency self-assessment – has confidence improved?
- Give out course evaluation forms.

17:00 Close

## Appendix 2

### Illustrative training programme for current medical appraisers

#### Pre-course preparation

##### Reading list:

- *Good Medical Practice* (GMC, 2006)
- *Good Medical Practice Framework for Appraisal and Revalidation* (GMC, 2011)
- *Supporting Information for Appraisal and Revalidation* (GMC, 2011)
- *Medical Appraisal Guide* (NHS Revalidation Support Team, 2012)
- *Quality Assurance of Medical Appraisers* (NHS Revalidation Support Team, 2012). See 'Appendix 3: Medical appraiser competency framework'.

Completion of competency self-assessment tool – see *Quality Assurance of Medical Appraisers* (RST, 2012), Appendix 4

## **Illustrative training programme** *(with preliminary facilitator notes)*

### **09:00 Welcome, introduction, aims and objectives**

- introductions and objectives
- key messages for the day

### **09:45 Introducing the medical appraiser competency framework**

### **09:55 What's new about medical appraisal for revalidation?**

- Review the nature and purpose of medical appraisal and revalidation and how the two fit together into one process.
- Outline what's new about appraisal for revalidation:
  - whole practice appraisal
  - inputs: supporting information, scope of practice
  - outputs: personal development plan, summary, statements.

### **10:05 Providing a professional appraisal and introducing confidentiality**

Discuss or provide briefing notes on providing an explicit code of conduct between the medical appraiser and doctor that spells out the limits of confidentiality and the parameters within which the appraisal can take place.

10:30 Coffee

### **10:50 Suspending the appraisal process**

Explore the circumstances in which an appraisal should be postponed or suspended and the local procedures medical appraisers should follow should serious conduct, capability or health issues come to light in the course of the appraisal discussion.

*Medical appraisers should be given a written protocol with names and contact details to use in appraisals should a poor performance or occupational health issue arise. This needs to be developed locally.*

**11:05 Looking at supporting information**

Discuss supporting information required for revalidation and how to assess the supporting information produced by the doctor, including:

- how much supporting information is needed to show engagement with revalidation
- spread of supporting information across the full scope of the doctor's work
- the relationship between the GMC requirements for supporting information, any contractual or organisational requirements, or speciality advice.

**11:50 Looking at the personal development plan**

Discuss how to facilitate the production of an effective personal development plan.

**12:05 Signing off the outputs of appraisal**

Review the sign-off process for medical appraisal including the statements, the outputs of the appraisal and sign-off stages.

**12:15 Conclusions: questions and answers session**

**12:25 Evaluation: evaluation forms for the event**

12:30 Close