



Revalidation Support Team

Quality Assurance of Medical Appraisers

Engagement, training
and assurance
of medical appraisers
in England

Main document

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1. Introduction

Revalidation of doctors is a key component of a range of measures designed to improve the quality of care for patients; it is the process by which the General Medical Council (GMC) confirms the continuation of a doctor's licence to practise in the UK. 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.

Through a formal link with their organisation, determined usually by employment or contracting arrangements, doctors relate to a senior doctor in the organisation, the responsible officer. The responsible officer makes a recommendation about the doctor's fitness to practise to the 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 decides whether to renew the doctor's licence.

The responsible officer is accountable for the quality assurance of the appraisal and clinical governance systems for doctors in their organisation. Improvement to these systems will support doctors in developing their practice more effectively, adding to the safety and quality of health care. This also enables early identification of doctors whose practice needs attention, allowing for more effective intervention.

All doctors who wish to retain their GMC licence to practise need to participate in revalidation.

This publication was written by the NHS Revalidation Support Team (RST), part of Guy's and St Thomas' NHS Foundation Trust. Since its formation in 2008, the RST has delivered a wide range of projects that have helped pave the way towards the implementation of medical revalidation.

As revalidation becomes embedded into mainstream processes throughout 2013-14, the RST is gradually transferring the majority of its knowledge, expertise and functions to NHS England. The RST is funded by the Department of Health (England) until 31 March 2014, when it will close.

All RST publications have been created in collaboration with partners and stakeholders.

2. Purpose and overview

The purpose of this document is to provide a practical framework for assuring the quality of the medical appraiser workforce. It outlines specifications for the engagement and training of medical appraisers and methods by which their performance in the role can be assured. It is targeted at responsible officers and those responsible for designing training and information systems to support revalidation. It may also be of interest to doctors, appraisers and managers.

This document is supported by a number of appendices, which are included in a separate document - *Quality Assurance of Medical Appraisers: Appendices* (RST, 2014):

Appendix 1	Core elements of a specification for medical appraisal
Appendix 2	Medical appraiser specification
Appendix 3	Competency framework for medical appraisers
Appendix 4	Medical appraiser competency self-assessment tool
Appendix 5	Sample medical appraisal feedback questionnaire
Appendix 6	Methods of assessment of medical appraisers

This document contains guidance on the following:

Engagement

This section provides advice for responsible officers on the selection and engagement of medical appraisers. It is supported by appendices 1 and 2.

Training

This section provides advice for responsible officers, training providers and those wishing to provide appraisals, on the essential elements of training that all those engaged to provide medical appraisals should successfully complete prior to engagement. It is supported by appendices 3 and 4. You may also wish to refer to the Training Specification for Medical Appraisers in England (RST, 2012), which covers all elements of medical appraisal for revalidation, including illustrative training materials.

Monitoring

This section provides advice for responsible officers, training providers, appraisers who are independent contractors and third party organisations providing an appraisal service to designated bodies, on methods for the monitoring and improvement of the quality of appraisals undertaken by medical appraisers. It is supported by appendices 5 and 6¹. The monitoring and review of medical appraiser outputs are described, in addition to situations where concerns about the standards of the appraisal outputs may relate to the skills and competency of the appraiser.

¹ Included in a separate document - *Quality Assurance of Medical Appraisers: Appendices* (RST, 2014)

3. Background

Medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor’s work. The following diagram describes the process which is explained in detail in the *Medical Appraisal Guide* (NHS Revalidation Support Team, 2013).

Figure 1: The process of medical appraisal



“Medical appraisal can be used for four purposes:

1. To enable doctors to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in *Good Medical Practice* (GMC, 2013) and thus to inform the responsible officer’s revalidation recommendation to the GMC
2. To enable doctors to enhance the quality of their professional work by planning their professional development
3. To enable doctors to consider their own needs in planning their professional development

and may also be used:

4. To enable doctors to ensure that they are working productively and in line with the priorities and requirements of the organisation they practise in.”

Medical Appraisal Guide, NHS Revalidation Support Team, 2013

Responsible officers have a statutory duty to ensure the provision of a suitable medical appraisal for all doctors with a prescribed connection to the responsible officer’s designated body². The quality of the medical appraiser workforce is a major determinant in this.

In any revalidation cycle a responsible officer may need to rely on appraisals performed in a number of different designated bodies. In addition it is possible that appraisers in different sectors will be engaged in different ways (e.g. as employees or as independent contractors).

While the levers for assuring the quality of the appraisal outputs may be different, the responsible officer must be able to quality assure the process effectively, to identify how the quality of appraisal is related to the competence of the appraiser. Whether the supervision is primarily:

- an organisational responsibility (in the case of employed appraisers)
- a personal professional responsibility (in the case of appraisers engaged as independent contractors) or

² See *The Medical Profession (Responsible Officer) Regulations 2010* and *The Medical Profession (Responsible Officers) (Amendment) Regulations 2013*

- a delegated responsibility (in the case of third party organisations commissioned to provide an appraisal service),

there need to be methods of assuring that all medical appraisers have the appropriate level of competence to perform this important professional role to a consistent standard.

The term medical appraiser in this document refers to all those who perform medical appraisals as part of the process of revalidation.

4. Engagement

The quality and consistency of medical appraisal relies heavily on the skills and professionalism of medical appraisers. Engaging the services of the right individuals is an important starting point and the following issues should be considered:

Appraiser capacity

The pool of appraisers available to the designated body needs to be sufficient to provide the number of appraisals needed each year. This assessment may depend on the total number of doctors with a prescribed connection, the geographical spread, the speciality spread, conflicts of interest and other factors.

Depending on the needs of the designated body, individuals from a variety of backgrounds should be considered for engagement as medical appraisers. This includes locums and salaried general practitioners in primary care settings and staff and associate specialist doctors in secondary care settings. An appropriate specialty mix may be important, although it is not possible for every doctor to have an appraiser from the same specialty.

The designated body should consider the range and number of appraisals each appraiser is engaged to deliver, bearing in mind that the ability to specify this may depend on the model of engagement with the appraiser. Training a medical appraiser to the appropriate level of skill and experience requires a significant investment of time and resources, whether from the employing organisation in the case of employed appraisers or on the part of the appraiser where they operate as independent contractors. The designated body will want to monitor the range and number of appraisals a single appraiser is engaged to provide each year to maintain the quality of appraisal outputs on one hand and to maintain a broad cohort of appraisers on the other. Depending in part on the method of appraiser engagement, each designated body should describe an appropriate approach to this issue in the local medical appraisal policy.

For appraisers who are employed, there is a relatively common tendency for the appraiser role to be included in a broader job plan. The principles outlined should apply to appraisers irrespective of any other roles performed by the individual (for example, clinical director or head of service). The appraisal policy in place at the designated body should define whether these roles are separate or combined, along with appropriate safeguards to mitigate any risk of conflict of interest or appearance of bias.

The job description and person specification of the wider management role should always include the core elements of the role of medical appraiser.

For appraisers engaged as independent contractors, capacity and conflicts of interest are a matter of personal professional responsibility on the part of the appraiser. At the same time it is legitimate for the engaging responsible officer to seek to assure themselves, by means of the quality specification of the service being commissioned from the appraiser, that the appraiser has the capacity to undertake the appraisals required of them and is aware of the need to declare when there may be a conflict of interest or appearance of bias between him or her and a doctor being appraised.

Appraiser suitability

Responsible officers need to consider the profile of doctors within the designated body when considering whom to engage as a medical appraiser. The appraiser will normally be a licensed doctor with knowledge of the context in which the doctor works. This is particularly important for doctors in clinical roles. However, doctors work in many different roles and settings and there are situations where it may be more appropriate for the appraiser to be from a non-medical background. This already occurs; for example, some doctors in senior management positions do no clinical work. It would be inappropriate to compel such doctors to have a second appraisal by a licensed doctor purely to satisfy the requirements of revalidation.

The appraiser should therefore:

- be the most appropriate appraiser for the doctor, taking into account the doctor's full scope of work
- understand the professional obligations placed on doctors by the GMC
- understand the importance of appraisal for the doctor's professional development and promoting quality improvements in practice
- have suitable skills and training for the context in which the appraisal is taking place.

The GMC has made it clear that to satisfy the requirements of revalidation, appraisers do not need to be licensed doctors and local decisions should determine the overall suitability of the appraiser workforce, but it is important that both the doctor and their responsible officer have confidence in the appraiser's ability to carry out the role to the required standard.

Engagement process

Medical appraisers should be engaged through a structured process. Suggested specifications are shown in appendices 1 and 2³. The engagement process should be fair, open and accessible to all eligible candidates.

Medical appraisers should demonstrate their ability to deliver appraisal against the required specification by undertaking appropriate training, before being engaged. It is also good practice to scrutinise initial appraisal outputs and an early assurance review after the first few appraisals should be considered.

Contractual arrangements

As referred to earlier, appraisers are usually engaged on one of three models: on an employment basis, as individual independent contractors, or by commissioning their services via an external provider. For each model, important differences apply; in all cases the aim is to arrive at a consistent level of quality of medical appraisal, regardless of the model of engagement.

For appraisers who are employed, there is greater organisational scope to define the specific circumstances of the appraiser's work. For example, sufficient time should be allowed in their role description for administration, preparation, carrying out the appraisal discussion, completing the appraisal outputs, and for participation in appraiser review and development activities. This will commonly require the allocation of contracted time to the role of medical appraiser (for example, supporting professional activities or a specified sessional commitment). If the appraiser role is combined with a wider medical management role it is important that sufficient time is allocated for performing appraisals. Performance management and continuing professional development are normally a matter for the employing organisation to define within the contract of employment.

For appraisers engaged as independent contractors, such matters are a matter of personal professional responsibility on the part of the appraiser. In this case, the responsible officer would not specify the specific circumstances of the appraiser's work, such as his or her performance management or continuing professional development. Instead, the engaging responsible officer must make provision to assure his or herself

³ Included in a separate document - *Quality Assurance of Medical Appraisers: Appendices* (RST, 2014)

that the appraiser is self-managing his or her own performance and professional development to at least the required standard described in this document. This can be achieved by means of the specification of the service being commissioned from the appraiser.

When a designated body commissions a medical appraisal service from an external appraisal provider (for example from a deanery or another independent body) the designated body should specify the quality standards for engagement, training and monitoring of the appraisers in a contract or service level agreement. These standards should be at least equivalent to those described in this document.

For all models of engagement, the responsible officer retains statutory responsibility for the appraisal system and should ensure there is a periodic assurance review of the appraisal outputs against agreed quality standards.

5. Training

General principles

Medical appraisers should develop an appropriate set of skills to ensure that appraisal is a positive process, driving quality improvement through the motivation and development of the individual doctor. It is important that all medical appraisers, irrespective of the environment in which they appraise, any other roles they may perform and the model by which they are engaged, have a set of core competencies that enables appraisal for revalidation to be delivered effectively, consistently and fairly.

Medical appraiser competencies

Many potential appraisers will already have a significant level of competency as a result of their background and training. Some competencies will need to be selected for at engagement, but additional core competencies should be acquired through appropriate training, development and support activities, whether these are the immediate responsibility of the engaging body or the individual appraiser.

The majority of medical appraiser skills are generic. However, there may be specialty-specific elements to cover, particularly those relating to the continuing professional development and quality improvement activities of the doctor being appraised. There may also be other contextual elements to consider, for example, the requirements of the Follett principles⁴ in relation to the appraisal of clinical academics.

An example competency framework for medical appraisers has been developed which highlights core competencies relating to the role of the medical appraiser in revalidation (see appendix 3⁵).

⁴ *A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties* (Department for Education and Skills, 2001)

⁵ Included in a separate document - *Quality Assurance of Medical Appraisers: Appendices* (RST, 2014)

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 deal with any issues or concerns that might arise
- organisational skills – to ensure the smooth running of the appraisal system, including timely responses and effective computer skills.

Specification for medical appraiser training

Designated bodies, other organisations or individuals commissioning medical appraiser training should use an appropriate training specification to define a suitable training programme. In doing so, responsible officers will gain assurance that those who have successfully completed such training will be capable of undertaking effective appraisal to support both revalidation recommendations and the development of the doctors. They will be reassured that local appraisal is consistent with appraisal elsewhere and the training provider has the right characteristics to deliver the required training. Examples of generic training specifications for medical appraisers are available in *Training Specification for Medical Appraisers in England* (RST, 2012).

In the interests of a process which must deliver consistent standards of output, medical appraisers from all disciplines should demonstrate the same level of core competencies, so training programmes should be based on a strong core of generic material. Designated bodies may also wish to specify relevant local aspects to be covered; the precise content of an appropriate programme for training medical appraisers is ultimately a matter for the designated body or individual wishing to become a medical appraiser. Local variations might include royal college or faculty advice on the specialty-specific aspects of the supporting information, the provision of joint appraisals for clinical academics in line with the Follett principles, specific organisational priorities and common local development needs.

The detailed content of a training programme may also be informed by a preliminary needs-assessment using a competency-based self-assessment tool taking account of the prior experience and skills of the medical appraisers (see appendix 4 for an example⁶).

The NHS Revalidation Support Team has published illustrative appraiser training materials, to help training providers design their programmes for training new appraisers.⁷

⁶ Included in a separate document - *Quality Assurance of Medical Appraisers: Appendices* (RST, 2014)

⁷ They can be found [on the RST website](#) until 31 March 2014 and [on the NHS England website](#) from 1 April 2014.

6. Assurance

General principles

Undertaking medical appraisal is an important professional role. While all appraisers should have reached an acceptable level of competency by the end of initial training, ongoing assurance activities combined with growing experience will ensure they continue to improve their skills and calibrate their professional judgements and behaviour, and help demonstrate that they are keeping up to date and fit to practise in the role of medical appraiser.

Whilst different designated bodies may take different approaches, there should be clear arrangements to assure and calibrate appraisers' outputs with:

- continuing professional development, including access to peer support
- continuing review of performance, including assessment of competence.

The means by which these are delivered will vary according to the model of engagement of the appraiser referred to earlier under 'Contractual arrangements'; the following should be read with this in mind.

Assurance review

Ongoing review of appraisal outputs should be carried out for all medical appraisers to ensure that they are appropriately supported in calibrating their appraisal work, their development needs are being addressed and appraisals are being performed to the required standard. Arrangements for participation in assurance review should be included in the local appraisal policy and terms of engagement, whether the latter is an employment contract or consultancy agreement.

To fulfil the responsible officer's obligation to maintain assurance of the appraisal process, assurance review of medical appraisers should be the responsibility of a named individual delegated by the responsible officer, such as a clinical appraisal lead, regardless of whether the review occurs in-house or elsewhere. The designated body should define the details of the review process locally, bearing in mind that the following should be included as minimum:

- the scope of the appraisal work undertaken
- the number of appraisals undertaken
- the timeliness of completion of documentation

- the quality of the outputs of appraisals
- the results of structured feedback from doctors and, where available, colleagues (see appendix 5 for a sample feedback questionnaire⁸)
- any complaints and significant events (for example, a missed or incomplete appraisal caused by the appraiser's lack of time or personal organisational skills)
- any relevant continuing professional development the medical appraiser has undertaken, such as appraiser update sessions
- an opportunity for the medical appraiser to consider their individual development needs.

It is important that complaints and significant events relating to a medical appraiser are dealt with at the time they arise and not delayed, for example until an annual assurance review process.

Appraisal leads and responsible officers should be alert for signs of concern about the performance and capability of any medical appraiser. This may require particular attention for recently trained appraisers, during initial deployment and after any period of prolonged absence or significant health issue.

Medical appraiser training and assurance review processes should be reasonable and proportionate. Those developing a specification for training providers and developing programmes for the training, development and review of medical appraisers should recognise that this is not normally the appraisers' main role. The requirements of maintaining appraisal skills must not be made so excessively onerous that appraisers are inhibited from taking on the role.

Continuing professional development

Medical appraisers will keep up to date in a variety of ways. Designated bodies should consider which of the following approaches will be most useful locally:

- learning based on assurance measures in the role, such as feedback from the doctors being appraised or review of appraisal outputs
- supported or self-directed action learning sets

⁸ Included in a separate document - *Quality Assurance of Medical Appraisers: Appendices* (RST, 2014)

- access to training and professional development resources
- wider medical appraiser networks including regular communications and web-based discussion groups.

There are a number of important but uncommon situations that every medical appraiser needs to know how to manage, should they arise. These include issues such as significant patient safety concerns, important health or behavioural problems, fraud or probity issues. Such topics should form the basis of regular continuing professional development activities.

The responsible officer must assure themselves that all medical appraisers engaged to provide the appraisal service are maintaining appropriate skills, in line with the responsible officer's statutory duties.

Peer support

Peer support is an essential component of continuing professional development for appraisers, who must be able to cross-reference their professional judgements with other appraisers in order to maximise consistency over time.

Designated bodies should consider which of the following will add value locally:

- access to leadership and advice from a named individual (for example, a clinical appraisal lead)
- participation in local appraisal network meetings led by a suitably skilled clinical appraisal lead or facilitator, in which challenging areas of medical appraisal can be discussed in a safe environment
- specialty-specific support
- a medical appraiser 'buddy' system where appraisers have a colleague with whom to discuss areas of concern.

In those designated bodies where the appraisers are employed, the responsible officer can define which of these approaches to use; where appraisers are engaged as independent contractors or via an external provider, the responsible officer should seek to clarify the participation of the appraisers in peer support via the service specification or consultancy agreement.

Some medical appraisers may need access to external peer support because of their role within the organisation or their relationship with the other local medical appraisers.

(For example, clinical appraisal leads will obtain peer support by attending regional appraisal network meetings.)

Assessment of competence

Under certain circumstances, structured evaluation of a medical appraiser's competence or capability can be a valuable way of providing in-depth feedback to a medical appraiser and the designated body about the individual's performance as an appraiser. It may be used as part of routine organisational quality assurance procedures, for example:

- prior to commencing the provision of medical appraisals
- at the point of contract renewal
- once in each revalidation cycle as a part of a local accreditation process.

It may also be used in exceptional circumstances as a valuable exercise where there are concerns about the performance of a medical appraiser.

Some medical appraisers may fail to maintain the necessary attributes, knowledge and skills to remain an effective medical appraiser. If appropriate remedial processes fail, these individuals should not continue to be engaged to undertake this important function.

The following factors will enhance the quality of competency-based assessment:

- basing the assessment on performance rather than theoretical knowledge.
- triangulating evidence from more than one source
- using criterion-referenced assessment (i.e. assessing the appraiser in relation to pre-determined standards through formal exercises and simulations rather than simply in relation to other appraisers).

The selection of assessment tools will depend on the competency being assessed and the standard to which it should be demonstrated. Some options for assessment are described in appendix 6⁹. It is important to ensure that the assessment method is fair and proportionate. Innovation and development of resources to support assessment should be encouraged.

⁹ Included in a separate document - *Quality Assurance of Medical Appraisers: Appendices* (RST, 2014)