



**NHS England Medical Appraisal
Policy**

**Annex B: Appealing against appraiser
allocation**

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Description	Policy for appraisal of licensed medical practitioners who have a prescribed connection to NHS England (circa 42,000 doctors from circa 700 designated bodies). It describes the framework for appraisal, with tools to support implementation contained within the annexes.	
Cross Reference	The Medical Profession (Responsible Officers) Regulations, 2010/2013 and the GMC (Licence to Practice and Revalidation) Regulations 2012	
Superseded Docs (if applicable)	Medical Appraisal Policy (v1) published October 2013	
Action Required	Responsible officers to ensure that Doctors with a connection to NHS England are appraised in accordance with this policy	
Timing / Deadlines (if applicable)	To be implemented as soon as reasonably practicable	
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Document Status		
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The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

Annex B: Appealing against appraiser allocation

1.1 Background

The most important reasons for appealing against the allocation of a specific appraiser are where there is a potential conflict of interest or appearance of bias between the doctor and the appraiser, and appraiser suitability. These may most commonly be raised by the doctor but may also be raised by other personnel, such as the appraiser, the appraisal lead, the responsible officer, or colleagues of the doctor.

1.2 Potential conflict of interest or appearance of bias

Instances where potential conflict of interest or appearance of bias between doctor and appraiser most commonly occur, include:

1.3 Personal relationships

- where there is a personal relationship such as marriage or partnership between an appraiser and a doctor or where the two are related in any other way;
- where there is a financial or business relationship between an appraiser and a doctor (for example partners in a primary care partnership);
- instances where a third party is involved e.g. an affair or marriage breakdown;
- where there is significant breakdown in the relationship between an appraiser and a doctor.

1.4 Professional relationship

The different roles of the appraiser and the doctor might create a situation where a conflict of interest or appearance of bias might need further consideration:

- where there is an inverted line management relationship (for example where the doctor is the clinical director/responsible officer/employer to the appraiser in the doctor's main role or in any other place of work.
- where the direct line management relationship creates potential risk of conflict or appearance of bias. For example, a doctor's employer or responsible officer should not act as their appraiser.
- where there is a clinical relationship between the doctor and the appraiser.
- where there is reciprocal appraisal – where two doctors appraise each other.
- where an appraiser receives direct payment from a doctor for carrying out an appraisal.

The risk of conflict of interest or appearance of bias is greatest when the matter is current. However some historical matters may still create a potential conflict of interest or appearance of bias. These should be raised so that an objective judgement can be made by the responsible officer.

1.5 Appraiser suitability

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, for some doctors in senior management positions who 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.

In essence, the appraiser should therefore:

- be the most appropriate appraiser for the doctor, taking into account their 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
- have suitable skills and training in 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 that 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.

All appeals against the allocation of a specific appraiser should be recorded, along with the outcome, whether the risk is deemed to be significant or not, using the template below.

In many circumstances the matter can be resolved by discussion, openness and agreement. This should be documented in the interests of transparency.

When the matter cannot be resolved, then an alternative appraiser should be allocated.

In cases where the responsible officer and the doctor cannot agree a suitable appraiser, an external appraiser will be allocated by the regional responsible officer and their decision will be final.

A review of appeals against the allocation of a specific appraiser should be included by the NHS England responsible officer as part of the medical appraisal quality assurance process.

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Form for appealing against the allocation of a specific appraiser.	
Part A – to be completed by person making the appeal	
Doctor:	
Doctor's GMC number:	
Appraiser:	
Reason(s) for appealing against the allocation (tick all that apply): Potential conflict of interest or appearance of bias: <input type="checkbox"/> Close personal or family relationship (past or present) <input type="checkbox"/> Close financial or business relationship <input type="checkbox"/> Professional relationship <input type="checkbox"/> Known or longstanding personal animosity <input type="checkbox"/> Appraiser suitability <input type="checkbox"/> Other (please describe under "further details" below)	
Further details:	
Name of person making the appeal (if not the doctor): Designation: Contact details (in case appraisal office needs more information):	
Part B – to be completed by appraisal office	
Decision:	
Decision approved by: Name: Position: Date:	