



**NHS England Medical Appraisal  
Policy**

**Annex I: Suggested appraisal team  
structure – the appraisal office**

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<b>Target Audience</b>	Responsible Officers, Medical Appraisal Leads, Medical Appraisers	
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<b>Description</b>	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.	
<b>Cross Reference</b>	The Medical Profession (Responsible Officers) Regulations, 2010/2013 and the GMC (Licence to Practice and Revalidation) Regulations 2012	
<b>Superseded Docs</b> (if applicable)	Medical Appraisal Policy (v1) published October 2013	
<b>Action Required</b>	Responsible officers to ensure that Doctors with a connection to NHS England are appraised in accordance with this policy	
<b>Timing / Deadlines</b> (if applicable)	<b>To be implemented as soon as reasonably practicable</b>	
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<b>Document Status</b>		
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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 I: Suggested appraisal team structure – the appraisal office

These arrangements will vary according to the shape and size of the population of doctors of a given responsible officer. This annex therefore sets out the principles and common features which all responsible officers should expect to have in place for leading and supporting effective appraisal in their setting. It is necessary to note that a responsible officer is likely to need other staff in support of the other statutory functions of the responsible officer, such as monitoring performance, responding to concerns about a doctor's practice and making revalidation recommendations to the GMC.

### 1.1 Principles

NHS England responsible officers should ensure they have access to the following:

- dedicated professional/peer leadership for appraisal in their area;
- access to a learning network for appraisal leaders (e.g. that shares good practice for appraisal implementation);
- management and administrative support that enables communication, co-ordination, assurance and audit of appraisal quality and completion, troubleshooting / Q&A service;
- access to training support and resources to ensure that all appraisers keep up-to-date with current developments in appraisal practice; and
- financial management for the elements of running appraisal that require this (e.g. paying and invoicing).

### 1.2 Specific arrangements

The appraisal team described here is a generic structure which will enable a NHS England responsible officer to deliver a high quality appraisal system. It is recognised that the needs of the national, regional and other NHS England responsible officers are different in scale and other aspects. Some flexibility is therefore expected in terms of how the appraisal team is structured in an individual appraisal office. Nevertheless the structure described is applicable to a significant degree in the differing contexts.

- Professional/peer leadership should be divided into an 'overall' and 'supporting' structure. Overall leadership should be delivered by a dedicated clinician who has paid time in their role to undertake this work (the clinical appraisal lead). They should be supported by clinical colleagues taking responsibility for the assurance of appraiser performance of groups of

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appraisers within the team (the senior appraiser<sup>1</sup>). It is expected that most NHS England appraisal teams will choose to do this.

- Given the scale of the task for each NHS England appraisal office, the person with overall responsibility for revalidation should not normally also undertake the role of clinical appraisal lead.
- A senior manager should oversee the running of all aspects of appraisal. This role may overlap and integrate with other revalidation and quality improvement roles.
- A number of supporting managers and administrators will be required to underpin the tasks of:
  - communications
  - appraiser recruitment/commissioning and allocation
  - appraisal scheduling and reminders
  - answering operational questions
  - connecting appraisal outputs with revalidation systems to enable recommendations to GMC
  - managing the appraisal and revalidation management systems
  - IT support
  - co-ordination of doctor feedback to appraisers (meetings with appraisers to discuss impact) and appraiser performance review
  - setting up and running of events for doctors (e.g. awareness raising, user updates)
  - administration of training programmes for appraisers
  - quality assurance systems (feedback, output review, audit of compliance with standards) – maintenance and report writing
  - complaints handling
  - conflict resolution
  - financial processing and reporting
  - support process of supporting information provision.

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<sup>1</sup> A review of provision of support to appraisal across NHS England in 2014 found that in addition to appointing a clinical appraisal lead to support their overall appraisal system, it is widespread practice or NHS England responsible officers to engage a number of appraisers to support local groups of appraisers within their system. A variety of terms is in use to denote these persons. For simplicity and to make clear the distinction between the two roles, this policy uses the term senior appraiser to denote a medical appraiser who offers support and supervision to a designated local group of appraisers.