



**NHS England Medical Appraisal  
Policy**

**Annex J: Routine appraiser  
assurance tools**

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NHS England INFORMATION READER BOX		
<b>Directorate</b>		
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<b>Target Audience</b>	Responsible Officers, Medical Appraisal Leads, Medical Appraisers	
<b>Additional Circulation List</b>	Medical Directors, Doctors with a prescribed connection to NHS England, DH, BMA, GMC, Royal College of GPs, NHS Employers, Academy of Medical Royal Colleges, Regional HR and Finance Leads, NHS England Regional Directors	
<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Superseded Docs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>	
<b>Contact Details for further information</b>	Dr Maurice Conlon england.revalidation-pmo@nhs.net <a href="http://www.england.nhs.uk/revalidation/appraisers/app-pol/">http://www.england.nhs.uk/revalidation/appraisers/app-pol/</a>	
<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 J: Routine appraiser assurance tools

It is important that medical appraisers maintain and develop their skills on an ongoing basis. This is primarily the responsibility of the appraiser, but the designated body has a share in this responsibility.

There are a variety of means by which medical appraisers can maintain and develop their skills, but core activities include:

1. CPD: attendance at local update and appraisal network meetings, in addition to other types of continuing professional development, including peer review
2. Quality improvement activity: review of appraisal outputs, in particular the appraisal summary and PDP that are recorded in the appraisals they carry out
3. Significant events: noting and recording for reflections events from their appraisal work from which learning and development can be derived
4. Feedback: obtaining and reflecting on feedback from doctors whom they appraise, and from colleagues in their appraisal role
5. Appraiser assurance review meetings with a senior appraiser or appraisal lead.
6. Discussing and reflecting upon their performance as an appraiser at their own appraisal.

Using a simple framework to review a doctor's appraisal submission is another means of supporting appraiser consistency, especially in situations where appraisers are faced with a variety of appraisal formats used by doctors.

This appendix supplements the *Quality assurance of medical appraisers* guidance (QAMA) issued by the NHS Revalidation Support Team in setting out further detail and providing useful tools around the on-going process of appraiser assurance.

This position is underpinned by the following principles:

- a) The patient safety benefits of revalidation and the professional development benefits of appraisal depend on all doctors receiving a consistently good quality appraisal experience.
- b) Medical appraisers have a professional responsibility to maintain and develop their appraisal skills.
- c) Designated bodies have a responsibility to support their appraisers in the maintenance and development of their skills, and to assure the quality of medical appraisals.
- d) Attendance at network meetings and other forms of shared learning interactions is a key component of appraisers maintaining and developing their skills and of calibrating their behaviours and decisions.

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- e) Quality assurance audit of appraisal outputs and feedback from doctors helps to identify individual and group appraiser learning needs.
- f) Periodic assurance review meetings with a senior appraiser or appraisal lead, or with a peer appraiser is of benefit to all appraisers, and in particular new appraisers and appraisers requiring additional development. In addition, undertaking appraisals is part of a doctor's whole practice, which should therefore be discussed at the appraisers own appraisal for revalidation.
- g) There is also a role for self-review, although the involvement of a second person in the process adds to assurance and objectivity.

The tools that follow have been developed from experience in different parts of NHS England:

The Appraisal Summary and PDP Audit Tool (ASPAT) has been developed by doctors from the primary, secondary and independent sector and is a generic tool that may be used to audit the appraisal summary and PDP of all doctors in England. It may also be useful as a reference for appraisers as they write their appraisal summaries.

The ASPAT has been written after reviewing other available appraisal audit tools such as PROGRESS, EXCELLENCE, the East Midlands tool and the Oxford tool. This audit tool covers many similar areas to its predecessors and offers further development in certain areas. Whilst the ASPAT is not specifically intended to replace other tools where these are being used to good effect, it may act as a suitable standard tool in places where no such process has been in place before.

The Medical appraisal feedback questionnaire has been reproduced from appendix 5 of *Quality Assurance of Medical Appraisers (QAMA)*, and is the standard tool used for this purpose in NHS England.

The Appraiser assurance review template is a means of recording a review of the appraiser role according to the categories of supporting information set out by the GMC. It is intended to support one-to-one meeting between an appraiser and their senior appraiser or appraisal lead, but may also be used in peer-to-peer or self-review.

The appraisal summary preparatory notes template can provide a useful method for an appraiser to prepare for an appraisal, especially if the appraisal vehicle being used by the doctor does not clearly follow the format set out in the *Medical Appraisal Guide Model Appraisal Form (MAG form)*. It is not of itself an assurance tool but is presented here as an optional appraiser support tool.

## 1.1 Appraisal Summary and PDP Audit Tool

Appraiser identifier	Click here to enter text.
Doctor identifier	Click here to enter text.
Date of appraisal	Click here to enter a date.
Organisation	Click here to enter text.
Auditor (usually the senior appraiser)	Click here to enter text.

### Scale:

0 Unsatisfactory

1 Needs improvement

2 Good

Score each item out of two

### 1.1.1 Setting the scene and overview of supporting information

a) The appraiser sets the scene summarising the doctor's scope of work	Choose an item.
b) The evidence discussed during the appraisal is listed <i>(not all senior appraisers feel that this is necessary, so if not required score 2)</i>	Choose an item.
c) There is documentation of whether the supporting information covers the whole scope of work	Choose an item.
d) Specific evidence is summarised with a description of what it demonstrates	Choose an item.
e) Objective statements about the quality of the evidence are documented	Choose an item.
f) All statements made by the appraiser are supported by evidence	Choose an item.
g) Appraiser comments about evidence refer/fit in to the four GMC domains and associated attributes set out in the GMC guidance <i>Good medical practice framework for appraisal and revalidation</i>	Choose an item.
h) Reference is made to whether speciality specific guidance for appraisal has been followed e.g. college recommendations for CPD and quality improvement activity <i>(this is not a GMC requirement so if the senior appraiser does not feel that this is necessary, score 2)</i>	Choose an item.

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i) Reference to completion of locally agreed required training (e.g. safeguarding training, basic life support training) is made ( <i>please insert agreed requirements, score 2 if none agreed</i> )	Choose an item.
<b>Comments:</b> <a href="#">Click here to enter text.</a>	

### 1.1.2 Reflection and effective learning

a) There is documentation of evidence showing that reflection on learning has taken place or that the appraiser has discussed how the doctor should document their reflection	Choose an item.
b) There is documentation of evidence showing that learning has been shared with colleagues or that the appraiser has challenged the doctor to do so	Choose an item.
c) There is documentation of evidence showing that learning has improved patient care/practice or that the appraiser has explored how this might be taken further with the doctor	Choose an item.
<b>Comments:</b> <a href="#">Click here to enter text.</a>	

### 1.1.3 The PDP and developmental progress

a) There is positive recording of strengths, achievements and aspirations in the last year	Choose an item.
b) There is documentation of appropriate challenge in the discussion and PDP e.g. significant issues discussed and new suggestions made	Choose an item.
c) The completion (or not) of last year's PDP is recorded	Choose an item.
d) Reasons why any PDP learning needs that were not followed through are stated ( <i>if the PDP was completed then score 2</i> )	Choose an item.
e) There are clear links between the summary of discussion and the agreed PDP	Choose an item.
f) The PDP has SMART objectives (specific, measurable, achievable, relevant, timely)	Choose an item.

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g) The PDP covers the doctor's whole scope of work and personal learning needs and goals	Choose an item.
h) The PDP contains between 3-6 items	Choose an item.
<b>Comments:</b> Click here to enter text.	

**1.1.4 General standards and revalidation readiness**

a) The documentation is typed and uploaded onto an electronic toolkit in clear and fluent English	Choose an item.
b) There is no evidence of appraiser bias or prejudice or information that could identify a patient/third party information	Choose an item.
c) The stage of the revalidation cycle is commented on	Choose an item.
d) There is documentation regarding revalidation readiness relating to supporting information (e.g. states that feedback and satisfactory QIA are already done). Any outstanding supporting information/other requirements for revalidation are commented on with a plan of action to address them	Choose an item.
e) Appraisal statements (including health and probity) have been signed off or if not, an explanation given ( <i>if signed off score 2</i> )	Choose an item.
<b>Comments:</b> Click here to enter text.	

<b>TOTAL SCORE (OUT OF 50)</b>	Click here to enter text.
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**General comments from the senior appraiser:**

Click here to enter text.
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## 1.2 Medical Appraisal Feedback Questionnaire

(from Quality Assurance of Medical Appraisers v5, appendix 5)

Dear Doctor

Now that your recent appraisal has been signed-off as complete, I would be very grateful if you will complete the following questionnaire. It will be used to provide information to the responsible officer about the quality of the appraisal and feedback to help your appraiser. All feedback will be collated so that it is anonymous before being fed back to the appraiser.

Please note that if you have a serious concern about the conduct of your appraisal, do not use this form but please contact [Click here to enter text.](#) directly, at: [Click here to enter text.](#)

If you answer 'no' to any of the 'yes/no' questions below, please use the relevant comments box to provide an explanation and constructive suggestions for improvement.

Medical appraisal feedback questionnaire						
Name of designated body	NHS England					
Name of doctor	<a href="#">Click here to enter text.</a>					
Name of medical appraiser	<a href="#">Click here to enter text.</a>					
Date of appraisal discussion	dd/mm/yyyy					
Duration of appraisal discussion	Hours	<1	1-2	2-3	3-4	>4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there sufficient protected time for the appraisal discussion?	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Was the venue private and professional?	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Comments <a href="#">Click here to enter text.</a>						



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<b>The administration and management of the appraisal system</b>					
Is the appraisal process satisfactory?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Did you have access to all necessary forms and materials for your appraisal?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Were you able to collect the necessary supporting information from the organisation(s) where you work?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Did the administrative support for the appraisal process meet your needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Any comments about the administration or management of your appraisal system Click here to enter text.					
<b>The appraiser</b> <i>(Please give your appraiser feedback for their personal development)</i>	<b>Poor</b>	<b>Borderline</b>	<b>Satisfactory</b>	<b>Good</b>	<b>Very good</b>
Please rate your appraiser's skills in...	1	2	3	4	5
Establishing rapport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating thorough preparation for your appraisal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to you and giving you time to talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving constructive and helpful feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenging you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping you to review and reflect on your practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping you to identify gaps and improve your portfolio of supporting information for revalidation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping you to review your progress against your last personal development plan (PDP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping you to produce a new PDP that reflects your development needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing the appraisal process and paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Would you be happy to have the same appraiser again?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other comments about your appraiser <a href="#">Click here to enter text.</a>	

<b>The appraisal overall</b> <i>Was the appraisal useful overall for...</i>	
Your personal development?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Your professional development?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Your preparation for revalidation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Promoting quality improvements in your work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Improving patient care? ( <i>where applicable</i> )	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other comments about your appraisal overall <a href="#">Click here to enter text.</a>	

Thank you for taking the time to complete this questionnaire.  
Please return it to [Click here to enter text.](#)

## Appraiser Assurance Review Template

### 1.3 Using this template

It is good practice for the senior appraiser (or appraisal lead) to hold a periodic assurance review meeting with individual appraisers. This template is intended to guide this process and provide a record of the meeting for the appraiser and the appraisal office.

Whilst initially designed to support an assurance review meeting between an appraiser and their senior appraiser, this template can also be used alone by an appraiser as a self-review tool, or by an appraiser and a fellow appraiser as a peer-facilitated review tool, in a networking or buddying context.

The intended procedure is as follows:

1. The reviewer or appraisal office part-populates the template, and prepares the appraiser's audit of appraisal outputs, doctor feedback and any other relevant information, as available.
2. The appraiser completes remaining items in Section A.
3. The appraiser and reviewer hold the review meeting, structured along the lines of the information in the template.
4. The appraiser and reviewer agree the content of Section B, and complete the sign-off in Section C.
5. The appraiser and the appraisal office each retain a copy of the final template.

Note: Appraisers who are themselves licenced medical practitioners should present a copy of the completed template at their own medical appraisal, as supporting information indicating their participation in effective governance processes in relation to their appraisal work.

### 1.4 Section A

Appraiser's name: [Click here to enter text.](#)

Reviewer's name: [Click here to enter text.](#)

Reviewer's role: [Click here to enter text.](#)

Date of review meeting: [Click here to enter a date.](#)

#### 1.4.1 General

Specialty: [Click here to enter text.](#)

Other roles: [Click here to enter text.](#)

Start date as appraiser: [Click here to enter text.](#)

Have you signed a contract/consultancy agreement? [Choose an item.](#)

Date of signature of contract/consultancy agreement: [Click here to enter text.](#)

Number of appraisals in the last year: [Click here to enter text.](#)

Number of appraisals you would like to do next year: [Click here to enter text.](#)

Scope of appraisal work (e.g. primary care, secondary care, private, responsible officer appraisals): [Click here to enter text.](#)

### 1.4.2 Headlines

*Looking at your last review's development themes/objectives in relation to your role as appraiser, to what extent did you get to fulfil these?*

Click here to enter text.

*As an appraiser, what do you consider you did well in the last year?*

Click here to enter text.

*What is your approach to preparation and appraisal summaries completion?*

Click here to enter text.

*What difficulties/ barriers have you come across as an appraiser?*

Click here to enter text.

*How well does your appraisal work fit in with your other professional duties?*

Click here to enter text.

*Do you have any helpful tips/good practice to share?*

Click here to enter text.

*Do you have any suggestions for appraisal workshop topics?*

Click here to enter text.

*How would you like your appraisal work to develop?*

Click here to enter text.

### 1.4.3 CPD for your appraisal work

Local appraiser groups/appraiser network meetings attended: [Click here to enter text.](#)

*Comments on these, and any other CPD activities you have undertaken in relation to your appraisal work; possible development plans:*

Click here to enter text.

### 1.4.4 Quality improvement activity for your appraisal work

(Appraisal office should provide the audit of appraisal summaries and PDPs if available)

*Comments on the audit of your appraisal summaries and PDPs and any other quality improvement activity relating to your appraisal work; possible development plans:*

Click here to enter text.

### 1.4.5 Significant events in your appraisal work

(Consider, for example, unexpected concerns, interrupted appraisal, failure to agree outputs with doctor)

*Comments; possible development plans:*

Click here to enter text.

### 1.4.6 Maintaining professional relationships with doctors you have appraised

(Appraisal office to provide doctor feedback if available,)

*Comments on doctor feedback provided by the appraisal office and any other feedback from the doctors you have appraised; possible development plans:*

Click here to enter text.

#### **1.4.7 Maintaining professional relationships with colleagues in your appraisal work**

*Comments; possible development plans:*

[Click here to enter text.](#)

#### **1.4.8 Your health in relation to your appraisal work**

*Comments; possible development plans:*

[Click here to enter text.](#)

#### **1.4.9 Maintaining probity in relation to your appraisal work**

(Consider, for example, identification of conflict of interest or appearance of bias with doctors you are asked to appraise, delivering a professional appraisal through diligent preparation and personal organisation.)

*Comments; possible development plans:*

[Click here to enter text.](#)

#### **1.4.10 Complaints and compliments in relation to your appraisal work**

(Appraisal office to provide information about complaints if available)

*Comments; possible development plans:*

[Click here to enter text.](#)

#### **1.4.11 Any other comments before the discussion**

Reviewer: [Click here to enter text.](#)

Appraiser: [Click here to enter text.](#)

### **1.5 Section B**

#### **1.5.1 Comments/summary following discussion**

Reviewer: [Click here to enter text.](#)

Appraiser: [Click here to enter text.](#)

#### **Personal development themes for your appraisal work**

[Click here to enter text.](#)

#### **Actions by reviewer/appraisal office**

[Click here to enter text.](#)

## 1.6 Section C

### 1.6.1 Sign-off

We agree that the above is an accurate summary of the review discussion and agreed personal development themes/actions.

Signature: May be agreed by e-mail if both parties consent, in which case names sufficient:

[Click here to enter text.](#)

Date of sign-off: [Click here to enter a date.](#)

## 1.7 Appraisal Summary Preparatory Notes Template

This form is designed for the appraiser's use only, to make relevant preparatory notes. Sections may be copied and pasted into the doctor's appraisal following the appraisal meeting as appropriate.

This form is designed for the appraiser's use only, to make relevant preparatory notes. Sections may be copied and pasted into the doctor's appraisal following the appraisal meeting as appropriate.

<b>Doctor's name</b>	
<b>Date of appraisal</b>	
<b>Revalidation date</b>	

<b>SETTING THE SCENE AND SCOPE OF WORK</b>

<b>SUPPORTING INFORMATION (list what is provided under the following headings. Include the action plan for any supporting information that is missing)</b>
Continuing professional development (may include college recommendations)
Quality improvement activity (e.g. audit/case reviews)
Significant events (if applicable)
Feedback from colleagues (5 yearly)
Feedback from patients (where applicable and 5 yearly)
Review of complaints and compliments

### **Quality Improvement Activity**

1. Clinical audit
2. Review of clinical outcomes
3. Case review
4. Audit teaching programme
5. Evaluate health policy or management practice

### **Significant Events**

Significant events are reserved for the rare cases where there was a serious incident (for example unexpected death or permanent harm) and a significant untoward incident (SUI) process was initiated

The systems around SUIs are rarely activated in primary care but less serious significant event analyses may still be submitted for learning

Reference to any other clinical supervision/specialty appraisal also submitted/RO evidence

**LAST YEAR'S PDP**

Was it completed? If not, document why not

**Domain 1: Knowledge, skills and performance**

**Domain 2: Safety and quality**

**Reflection prompt:**  
*What went well? What could have been done better?*

*How has this learning affected the doctor personally?*

*How has it improved their patient care? Did they objectively demonstrate this?*

*Did they disseminate this learning to colleagues?*

**Refer to the doctor's strengths and areas for development**

**Domain 1 Knowledge, skills and performance**

*Attribute 1 - Maintain your professional performance*

*Attribute 2 - Apply knowledge and experience to practice*

*Attribute 3 - Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible*

**Domain 2 Safety and Quality**

*Attribute 1 - Contribute to and comply with systems to protect patients*

*Attribute 2 - Respond to risks to safety*

*Attribute 3 - Protect patients and colleagues from any risk posed by your health*



**Domain 3: Communication, partnership and teamwork**

**Domain 4: Maintaining trust**

**Domain 3  
Communication,  
Partnership and  
Teamwork**

- Attribute 1 - Communicate effectively*
- Attribute 2 - Work constructively with colleagues and delegate effectively*
- Attribute 3 - Establish and maintain partnerships with patients*
- New:  
Teaching, training, supporting and assessing  
Continuity and coordination of care*

**Domain 4  
Maintaining Trust**

- Attribute 1 - Show respect for patients*
- Attribute 2 - Treat patients and colleagues fairly and without discrimination*
- Attribute 3 - Act with honesty and integrity*

**Summarising Comments**

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**Appraiser:**

**Date:**

***Now copy and paste the text in each of the boxes to the relevant areas of your online toolkit.***
