



**NHS England Medical Appraisal
Policy**

Annex M: Glossary

Annex N: Working group

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Additional Circulation List	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	
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Superseded Docs (if applicable)	Medical Appraisal Policy (v1) published October 2013	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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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 M: Glossary of terms used in the NHS England Medical Appraisal Policy

Term/abbreviation	Definition (full term)
Appearance of bias	Appearance of bias occurs when an outside observer might reasonably think a person's preconceived opinions will affect their judgment to an unacceptable degree.
Appraisal month	The appraisal month is a set month, which when agreed between the responsible officer and a doctor will become fixed as the doctor's "appraisal month". Where not already otherwise established, and where a different month is not agreed to be more appropriate, a doctor's appraisal month will be their birth month. A doctor will be expected to undertake their medical appraisal within 84 days prior to and including the last day of their appraisal month, unless by specific agreement of the relevant NHS England responsible officer.
Appraisal office	The appraisal office is the name used in this policy to refer to the structure for leadership, management and administrative support for medical appraisal, accountable to a NHS England responsible officer.
Appraisal summary	The appraisal summary is a written summary of the appraisal discussion agreed by the doctor and the appraiser, as described in the Medical Appraisal Guide. It constitutes one of the three items which together comprise the appraisal outputs.
Appraisal year	The NHS England appraisal year runs from 1 April to 31 March.
Birth month	A person's birth month is the month during which their birthday occurs.
Clinical appraisal lead	A clinical appraisal lead is a doctor who provides overall leadership to the appraisal process on behalf of a responsible officer.
Clinical governance	Clinical governance is the framework through which healthcare organisations continuously improve the quality and safety of their care through measurement, learning and subsequent improvement.

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<p>Completed annual medical appraisal</p>	<p>A Category 1a completed annual medical appraisal is one where the appraisal meeting has taken place between 9 and 15 months of the date of the last appraisal, the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting, and the entire process occurred between 1 April and 31 March.</p> <p>A Category 1b completed annual medical appraisal is one in which the appraisal meeting took place in the appraisal year between 1 April and 31 March, and the outputs of appraisal have been agreed and signed-off by the appraisal and the doctor, but one or more of the following apply:</p> <ul style="list-style-type: none"> - a period of time of less than 9 months or greater than 15 months from the last appraisal has elapsed; - the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor between 1 April and 28 April of the following appraisal year; - the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor more than 28 days after the appraisal meeting. <p>However, in the judgment of the responsible officer the appraisal has been satisfactorily completed to the standard required to support an effective revalidation recommendation.</p> <p>Where the organisational information systems of the designated body do not permit the parameters of a Category 1a completed annual medical appraisal to be confirmed with confidence, the appraisal should be counted as a Category 1b completed annual medical appraisal.</p>
<p>Conflict of interest</p>	<p>Conflict of interest occurs when a person has two or more separate competing interests.</p>
<p>Designated body</p>	<p>A designated body is an organisation that employs or contracts with doctors and is designated under the Medical Profession (Responsible Officers) Regulations 2010 and the Medical Profession (Responsible Officers) (Amendment) Regulations 2013.</p>
<p>Doctor</p>	<p>A doctor is a licensed medical practitioner who is registered with the GMC and holds a valid GMC licence to practise.</p>

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GMC	The GMC (General Medical Council) registers doctors to practise medicine in the UK. Its purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.
Government Procurement Service	The Government Procurement Service is an executive agency of the Cabinet Office. Its purpose is to deliver centralised procurement for central government departments. A locum agency on the Government Procurement Service framework is a designated body under the Medical Profession (Responsible Officers) Regulations 2010 and the Medical Profession (Responsible Officers) (Amendment) Regulations, 2013
GP	A GP (general practitioner) is a doctor included in the medical performers list in accordance with the National Health Service (Performers Lists) (England) Regulations 2013.
Health Education England	Health Education England is a special health authority. It is responsible for providing leadership for the education and training system in health and public health.
Incomplete (or missed) appraisal	An incomplete (or missed) annual medical appraisal is one where the appraisal has not been completed according to the parameters of either a Category 1a or 1b completed annual medical appraisal,
MAG	The MAG (<i>Medical Appraisal Guide</i>) is a document from the NHS Revalidation Support Team describing a piloted and tested model of medical appraisal that complies with the needs of revalidation.
MAG form	The MAG form is the model appraisal form published by the NHS Revalidation Support Team based on their guidance document, the <i>Medical Appraisal Guide</i> .
Medical appraisal	Medical appraisal is appraisal of a doctor by a trained appraiser, informed by supporting information defined by the GMC, in which the doctor demonstrates that they are practising in accordance with the GMC <i>Good Medical Practice Framework for appraisal and revalidation</i> across the whole of their scope of practice. The NHS Revalidation Support Team has published a piloted and tested model of medical appraisal, the <i>Medical Appraisal Guide</i> which complies with the needs of revalidation.

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<p>Medical appraisal position statements (MAPS)</p>	<p>NHS England medical appraisal position statements are a means by which issues pertinent to consistency and quality are captured, discussed and developed, so as to develop an agreed approach across all relevant parties. A NHS England medical appraisal position statement may therefore be relevant to NHS England only or to all designated bodies in England.</p>
<p>Medical appraiser</p>	<p>A medical appraiser is a person engaged to provide medical appraisals on behalf of NHS England under the terms of this policy.</p>
<p>Missed (or incomplete) appraisal</p>	<p>A missed (or incomplete) annual medical appraisal is one where the appraisal has not been completed according to the parameters of either a Category 1a or 1b completed annual medical appraisal,</p>
<p>NDPB</p>	<p>Non-departmental public body.</p>
<p>NHS England</p>	<p>NHS England (also known as the NHS Commissioning Board) is an executive non-departmental public body which oversees the planning, delivery and day-to-day operation of the NHS as set out in the Health and Social Care Act 2012. NHS England is a designated body under the Medical Profession (Responsible Officers) (Amendment) Regulations, 2013.</p>
<p>NHS Litigation Authority (NHS LA)</p>	<p>The NHS Litigation Authority is a special health authority. Its function is to provide indemnity cover for legal claims against the NHS, assist the NHS with risk management, share lessons from claims and provide other legal and professional services for its members.</p>
<p>NHS Trust Development Authority (NHS TDA)</p>	<p>The NHS Trust Development Authority is as special health authority. It is responsible for overseeing the performance management and governance of NHS Trusts, including clinical quality, and managing their progress towards foundation trust status.</p>

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<p>NHS Revalidation Support Team (RST)</p>	<p>The NHS Revalidation Support Team (RST), part of Guy's and St Thomas' NHS Foundation Trust, was a Department of Health funded body, created to support the implementation of revalidation. The RST worked in partnership with the Department of Health (England), the GMC and designated bodies, to deliver an effective system of revalidation for doctors in England.</p>
<p>Non-participation</p>	<p>Non-participation is the term given to the situation where a doctor fails to participate in the appraisal process provided by their designated body despite requests to do so from their responsible officer or members of the appraisal office team.</p>
<p>Outputs of appraisal</p>	<p>The outputs of appraisal comprise:</p> <ol style="list-style-type: none"> 1. the appraisal summary, 2. the doctor's personal development plan, and 3. the appraiser's statements, <p>all as described in the RST Medical appraisal Guide</p>
<p>Performers list</p>	<p>The performers list is a list which NHS England is required to maintain in accordance with the National Health Service (Performers Lists) (England) Regulations 2013. It comprises medical, dental and ophthalmic lists. GPs may only provide NHS primary care services in England if they are included in the medical performers list of NHS England performers list.</p>
<p>Personal development plan</p>	<p>The personal development plan is an itemised list of personal objectives as described in the <i>Medical Appraisal Guide</i>.</p> <p>It constitutes one of the three items which together comprise the appraisal outputs.</p>
<p>Personal information</p>	<p>Personal information is information from which individuals (for example, patients, carers, relatives or staff) can be identified.</p>
<p>Prescribed connection</p>	<p>A prescribed connection is the name given to the link between a doctor and a responsible officer. The criteria by which a prescribed connection is established are set out in the Medical Profession (Responsible Officers) Regulations 2010 and the Medical Profession (Responsible Officers) (Amendment) Regulations, 2013.</p>

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Pseudonymisation	Pseudonymisation is described by the NHS as “the technical process of replacing person identifiers in a dataset with other values (pseudonyms) available to the data user, from which the identities of individuals cannot be intrinsically inferred, for example replacing an NHS number with another random number, replacing a name with a code or replacing an address with a location code”. <i>Confidentiality NHS Code of Practice</i> (DH, 2003).
Quality assurance	Quality assurance is the term given to the processes and procedures that systematically monitor different aspects of a service, process or facility to detect, correct and ensure that quality standards are being met.
Region	A region is one of four areas in NHS England: North, South, Midlands and East, and London. Each region has a regional NHS England responsible officer, to whom the responsible officers within the region are accountable, and who are accountable in turn to the national NHS England responsible officer.
Responsible officer	A responsible officer is a licensed doctor with at least five years’ experience who has been nominated or appointed by a designated body to undertake the functions and responsibilities of the responsible officer as set out in the Medical Profession (Responsible Officers) Regulations 2010 and the Medical Profession (Responsible Officers) (Amendment) Regulations, 2013.
Revalidation	Revalidation is the process by which the GMC confirms the continuation of a doctor's licence to practise in the UK. The GMC will revalidate a doctor on the basis of the doctor’s demonstrating that they are up to date and fit to practise through participation in medical appraisal and clinical governance processes.
Revalidation cycle	Revalidation cycle is the term given to the interval between revalidation decisions on a doctor by the GMC. Following a doctor’s first revalidation decision, the interval between revalidation decisions will be five years.

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Sign off statements	The sign off statements is a series of statements made at the end of an appraisal by the appraiser to the responsible officer that will, in turn, inform the responsible officer's revalidation recommendation to the GMC. The sign off statements are set out in the <i>Medical Appraisal Guide</i> . They constitute one of the three items which together comprise the appraisal outputs.
Single operating model	The single operating model is the NHS England approach which seeks to bring together all the approaches previously enacted by primary care trusts into one common approach.

Annex N: Working group

Version 1.0 of this NHS Medical Appraisal Policy, published in October 2013, was developed with the support of a working group from across NHS England. The working group consisted of the following people and their respective teams:

Name	Organisation
Core group	
Les Ashton	NHS England (Leicestershire & Lincolnshire)
Susi Caesar	NHS England (Wessex)
Maurice Conlon (Chair)	NHS Revalidation Support Team
Ros Crowder	NHS England (South)
Hilton Dixon	NHS England (Durham Darlington & Tees)
Sue Frankland	NHS England (Bath, Gloucestershire, Swindon and Wiltshire)
Nick Hall	NHS England (Birmingham, Solihull & Black Country)
Di Jelley	NHS England (Cumbria, Northumbria, Tyne & Wear and Durham, Darlington and Tees)
Abayomi McEwen	NHS England (Essex)
Liz Mearns	NHS England (Bath, Gloucestershire, Swindon and Wiltshire)
Brian Rambihar	NHS England (Lancashire Area Team)
Paul Twomey	NHS England (North Yorkshire & The Humber)
Sarah Whiteman	NHS England (Hertfordshire & South Midlands)
Support	
Sheree Axon	NHS England (HR Directorate)
David Bell	NHS England (HR Directorate)
James Fisher	NHS England (Revalidation Programme Management Office)
Clare Pettit-Gardner	NHS England (Revalidation Programme Management Office)
Russell Rochford	Capsticks Solicitors LLP
Marjorie Rogan	NHS England (Revalidation Programme Management Office)

In the revision leading to production of Version 2.0 of this NHS England Medical Appraisal Policy, the process was led by the All England appraisal network (National Group), with input from the Responsible Officer Calibration and Operational Network

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and NHS England appraisal teams. The All England appraisal network (National Group) consisted of the following people:

Name	Organisation
Members	
Vicky Banks	NHS England Appraisal Lead (South)
Ruth Chapman	NHS England Appraisal Lead (London)
Maurice Conlon (Chair)	NHS England National Appraisal Lead
Nick Hall	NHS England NHS England Appraisal Lead (Midlands and East)
Paul Twomey	NHS England Appraisal Lead (North)
Support	
Lisa Browne	NHS England (Midlands and East)
Jenny Kirk	NHS England (Professional Standards Team)
Helen Boyle	NHS England (Midlands and East)