



**Appraisal Networks
Blueprint**

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Appraisal Networks Blueprint

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1 Background

1.1 General

Medical appraisal has been a requirement for consultants since 2001 and for general practitioners (GPs) since 2002. All doctors have been required to undergo annual appraisal since the commencement of revalidation in December 2012.

1.2 Responsible officer regulations

The Medical Profession (Responsible Officers) Regulations 2010 and the Medical Profession (Responsible Officers) (Amendment) Regulations 2013 require each body designated under the regulations to appoint a responsible officer who must monitor and evaluate the fitness to practise of doctors with whom the designated body has a prescribed link.

1.3 Revalidation

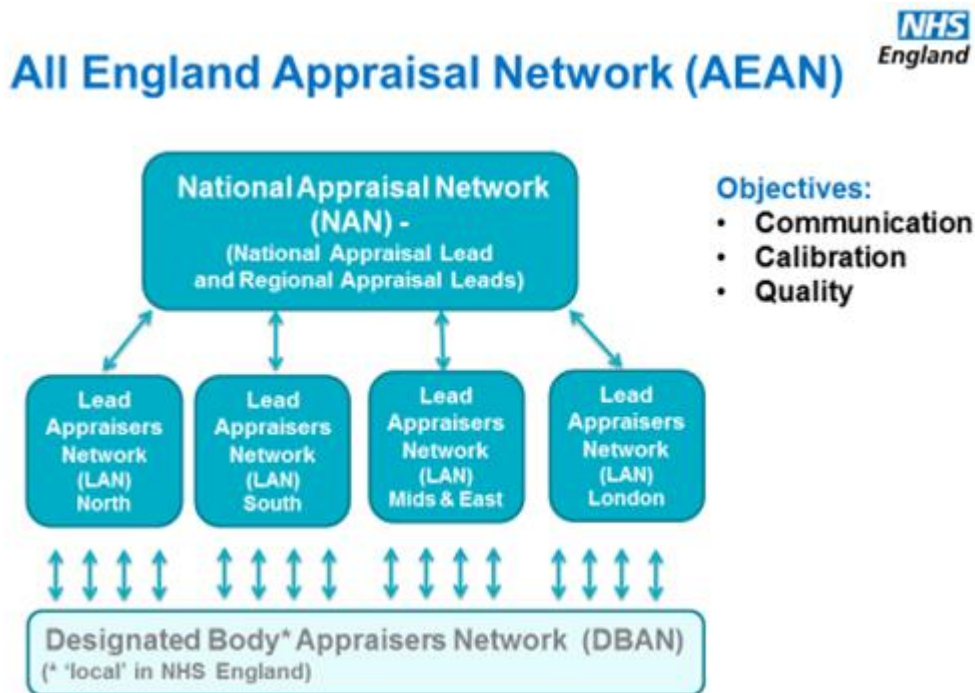
Revalidation is the process by which licensed doctors demonstrate to the General Medical Council (GMC) that they are up to date and fit to practise. One cornerstone of the revalidation process is that doctors participate in annual medical appraisal. On the basis of this and other information available to the responsible officer from local clinical governance systems, the responsible officer makes a recommendation to the GMC, normally once every five years, about the doctor's revalidation. The GMC will consider the responsible officer's recommendation and decide whether to continue the doctor's licence to practise.

1.4 Medical appraisal

Medical appraisal is the 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 guidance *Good Medical Practice* across the whole of their scope of work. In 2012 the GMC also published *Supporting information for appraisal and revalidation* followed in 2013 by *the Good Medical Practice Framework for appraisal and revalidation*, to support the process. The Academy of Medical Royal Colleges also assisted by coordinating the publication of specialty guidance on supporting information. In 2013 the NHS Revalidation Support Team published a piloted and tested model of medical appraisal, the *Medical Appraisal Guide ('MAG')*, which complies with the needs of revalidation. The *Medical Appraisal Guide* was reissued by NHS England in 2014.

2 All England Appraisal Network Structure and Purpose

The All England Appraisal Network was set up in 2014 and is structured as follows:



The All England Appraisal Network is designed to:

- support appraisers in their role
- provide a forum within which appraisers can agree shared approaches to the complex issues they face,
- provide an opportunity for appraisers to calibrate their own approaches and decision-making

It is important that the appraisal function itself is subject to robust quality assurance. This quality assurance and assurance of consistency is a key function of the appraiser network meetings. To achieve consistency of approach, it is essential that the appraisal network is operated to a single, shared model, to provide a framework within which convergence and consistency, both of approach and of decision-making, can be achieved. Appraiser networks address every aspect of the appraiser role. Whilst it is essential that each network is tailored to the local area in terms of focus, it is also essential to achieve consistency, both in terms of content and structure.

Quality improvement of the appraiser function is achieved through:

- active calibration of thresholds for intervention, decisions and recommendations, through sharing of experience and confidential case discussion at the network meetings
- consistent information sharing and two-way communication
- sharing of solutions and best practice
- cross-sector peer review, buddying and mentoring

- access to regional and national support and subject matter experts
- practical support for individual responsible officers and their teams

This document provides a blueprint for appraisal networks. All networks should aim to follow this specification, to enable comparison and collaboration across geography and sector, whilst offering a suitable choice of dates and venues to facilitate attendance of appraisers for designated body appraiser networks, and lead appraisers for the national appraisal network and lead appraiser networks at regional level.

3 The Blueprint

3.1 Attendance

As an initial standard for the year 2016-17, there should be at least four face to face meetings and four teleconferences per year at national level (to include the four regional appraisal leads and national appraisal lead), and between three and four meetings per year at regional levels.

Frequency of meetings at local level is more difficult to prescribe, although best practice is likely to be three to four network meetings per year. Some designated bodies already run networks at this frequency, but others do not or cannot. As a minimum, appraisers and appraisal leads should attend at least one annual network meeting with other appraisers each year, to allow for sharing of information, networking, consistency and calibration of decision making. Ideally attendance at network meetings should be protected time, and not viewed as part of personal study leave.

It must be emphasised that face to face meetings bringing appraisers together to share good practice, calibrate decision making and update approaches is a vital component of the appraisers keeping up to date in their appraisal role. However, it may be also helpful to think creatively about additional ways to communicate and share information between appraisers. This may include newsletters, online forums, discussions at lunchtime meetings, peer support, external training and self-review. It may be helpful to consider 'buddying up' with other designated bodies, and sharing appraiser training. Small designated bodies may also benefit from joining together to form local networks, or larger network meetings could be hosted by lead appraisers in rotation.

There are a variety of resources available to assist in the running of effective network meetings. These include a DVD entitled 'Medical Appraisal Scenarios - November 2015', created by NHS England (south region) and available on the NHS England website: http://www.england.nhs.uk/revalidation/Clinical_appraisal_skills_video_workshops. Other resources include a range of workshops from Health Education England, which can also be found on the NHS England website: <http://www.england.nhs.uk/revalidation/appraisers/meetings/hee-resources/>. The

British Medical Journal (BMJ) website may also be useful although some aspects require a subscription: <http://learning.bmj.com/learning/home.html>.

3.2 All network meetings

To be successful and retain credibility, the network meetings need:

- leadership: network meetings should be chaired by the lead or senior appraiser (or responsible officer if the organisation does not have a lead or senior appraiser), to provide visible and clear leadership
- design and planning: all meetings should follow the nationally agreed format, described in this document
- expertise: the networks should provide appraisers with the opportunity to seek advice from a range of expert sources, depending upon subject matter, and may include the GMC, human resources expert, NCAS advice, etc. It may be appropriate to offer this opportunity periodically, for example at an annual network meeting or when there is a specific issue of relevance to discuss, in order to allow sufficient time and opportunity for open discussion at quarterly meetings.
- management and administrative support: including logistics, event management
- skilled facilitation: the peer review section of the meeting will require expert handling, ensuring that a confidential environment is created to allow appraisers to share details of cases, their approach to resolving issues and the outcome.

Network events should be:

- held roughly every 3 months (unless a region-wide event is planned for that quarter), with dates set well in advance to ensure optimal attendance.
- located at easily accessible venues, given the local geography
- of at least 1.5 to 2 hours in duration; it is likely that larger networks should be closer to 3 hours in duration
- chaired by the lead or senior appraiser (or, as noted above, the responsible officer if the organisation does not have a lead or senior appraiser)
- funded and supported by the designated body and its senior management team
- open to appraisers from all sectors (where appropriate)
- open to appraisers from other areas and regions (where appropriate)

It is suggested that appraisal network meetings take the following default format at local meetings (regional and national appraisal network meeting structure may need some variation):

1. A two-way information sharing session, to include general updates and time for questions and answers. Slides and notes will be circulated to the network.
2. A 'Bring and Borrow' session for clinical appraisal leads/appraisers, focussed on a specific topic each meeting, in which aspects handled well are presented (brought) and areas on which help and advice is sought are raised with the

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network (borrowed). Through this mechanism, appraisal best practice is identified and shared. All attendees should participate in this session bringing cases and enquiries when requested.

3. Calibration/peer review of clinical appraisal lead/appraiser decision-making:
 - a closed confidential forum for clinical appraisal leads/appraisers
 - calibration will be achieved, for example, by scenario discussion and case discussion
 - peer review will be achieved, for example, by structured review of an appraisal system, an audit of portfolios or appraisal output documentation.

It is important that the appraisal networks cover these three elements so that clinical appraisal leads and appraisers throughout England are provided with similar opportunity to share, learn and calibrate both their approach and their decision-making. It may be appropriate to deviate from this suggested format when carefully considered, for example when proactively arranging for an external speaker to be invited to the meeting. However, sharing, calibration and updates remain the essential aspects of network meetings, regardless of the format in which these are delivered.

3.3 Outputs

Issues arising from appraiser network meetings should be fed into regional appraiser network meetings. If the issue is not resolvable by the regional appraiser network or requires action that will impact on all four regions it should be escalated to the national appraisal network. It may also be appropriate to share the issue at the Responsible Officer Calibration Operational Network (ROCON) for the purposes of national level information sharing and calibration. Issues arising from the network meetings and information channelled through to appraisers will provide a helpful steer for individual designated bodies and also provide a focus for any more local level meetings of other related decision-makers, for example responsible officers.

Issues arising from appraiser network meetings should also be escalated internally to the responsible officer, to inform in-year changes to the medical appraisal programme, and the annual report and action plan considered by the board. The support of the board for actions and appropriate resource are then demonstrated by their sign off of the compliance statement required as part of the Framework for Quality Assurance.