Directorate for Health Workforce and Performance
Planning and Development Division

The Scottish Government

Dear Colleague

MEDICAL REVALIDATION :
ANNUAL APPRAISAL DOCUMENTATION

Summary

1. This letter notifies employers of the introduction of revised appraisal guidance and associated documentation to enable NHS Boards, and medical practitioners (hereinafter referred to as doctors), to comply with the General Medical Council's (GMC) requirements for medical revalidation. The revised documentation is attached. Medical revalidation is the process by which doctors will demonstrate to the GMC that they continue to be fit to practise, through participating in a robust and transparent annual appraisal process, over a 5 yearly cycle.

2. The Cabinet Secretary for Health, Wellbeing and Cities Strategy places considerable importance on NHSScotland's compliance with these new requirements, which will contribute towards delivery of the Quality Strategy ambitions, support doctors in their professional development, and further enhance patient safety.

3. As medical revalidation is a reserved matter, commencement of the regulatory provisions to comply with the GMC's requirements is for the Secretary of State for Health to decide, and is anticipated in late 2012. This will commence new regulatory duties placed upon Responsible Officers (ROs), who are already in place in each NHS Board, and have been undertaking preparatory work. As the foundation for compliance is through annual appraisal for doctors, the Scottish Government has worked in partnership with the GMC, the 3 other Government administrations, and with a broad stakeholder group to ensure the NHS in Scotland is ready to meet its obligations in this regard.

4. It is important to record that revalidation arrangements relating to trainee doctors participating in Deanery-managed posts and/or training programmes fall within the responsibility of the RO of NHS Education for Scotland (NES).

CEL 31 (2012)

1 August 2012

Addresses

For action

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For information

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5. For most doctors employed by, or contracted to provide services to, the NHS in Scotland, annual appraisal has been a feature of their contractual requirements for many years. First introduced for all hospital consultants from April 2001, annual appraisal was progressively extended to consultants in public health, SAS grade doctors, and to General Practitioners, and is now well-embedded. In order to ensure a consistent, transparent approach to the collection and use of information, and in the application of clear, shared standards and practices for appraisal, mandatory national appraisal documentation was issued. This revised and updated guidance and documentation is designed to achieve a systematic and consistent approach to the collection and presentation of information for appraisal, enabling doctors and employers to understand their respective obligations, and is compliant with the GMC's medical revalidation requirements.

Action

6. Employers are required to:

- Ensure the revised appraisal guidance now applies in NHS Boards with ROs, and to all doctors with a prescribed connection to ROs in Scotland

- Ensure the revised appraisal forms associated with the guidance now apply in NHS Boards with ROs, and to all non-trainee secondary care doctors with a prescribed connection to ROs in Scotland

- Note that current appraisal forms in use for Primary care doctors remain extant, but will in due course be aligned with the revised secondary care appraisal forms, to form part of a consistent Scottish appraisal system, and be available electronically via the Scottish Online Appraisal Resource (SOAR) system currently under development for use across secondary care

- Maintain an approved list of NES-trained appraisers, and ensure appraisers are allocated to appraisees

- Provide ROs with sufficient funds and resources to enable him/her to discharge their responsibilities

Training, Support and Resources

7. As appraisal for doctors is already well-embedded across Scotland, these new requirements will build upon existing structures and processes, and should not require significant new financial resources. In addition, however, to facilitating this revised appraisal documentation for use, the Scottish Government has also provided substantial resources to meet the training costs of Board appraisers, to meet the training needs of ROs, to facilitate the development of the SOAR system for use by secondary care doctors, and for start-up measures required by ROs to fulfil their regulatory duties.

8. In supporting their ROs to fulfil their responsibilities, Boards will need to ensure local systems and processes are in place that support appraisal, and in particular that Appraisal Lead officers, and individual appraisers, have this role recognised in their job plans. In developing the appraisal documentation, the National Appraisal Leads Group has recommended that appraisers in secondary care should undertake 10 appraisals per annum, and considers that 0.5 Programmed Activities (PA) is sufficient for this. The Scottish Government has been mindful of delivering the GMC requirements for medical appraisal in a

fair and proportionate manner, and is satisfied that medical revalidation can be delivered within the quantum of existing PA time.

9. The development of the SOAR system for use across secondary care represents a significant investment in achieving a nationally consistent, efficient, and fit-for-purpose resource, which will assist individual doctors effectively organise their individual portfolios, and facilitate ROs and employers in meeting their appraisal obligations.

Timing and Roll-out of Medical Revalidation

10. Ensuring that all doctors can revalidate successfully is a considerable undertaking and, following discussion with the GMC and ROs, it has been agreed to roll-out revalidation in Scotland over a 3 year period, with the criteria for selecting the first group of doctors being revalidated from April 2013 based upon those doctors whose penultimate GMC reference numbers include 4 and 6, and information collated during their 2012-13 appraisal year. Notice to this first tranche of doctors has been issued, and this revised documentation will be important in this regard.

11. ROs will need to work co-operatively with the GMC on the roll-out arrangements, and will be closely involved in selecting those doctors who will revalidate from 2013-14 onwards. Monitoring of, and learning from, this important process will be required, and Healthcare Improvement Scotland has developed a self assessment tool for NHS Boards to use annually, and which will report to the Scottish Government Health Directorates. These annual returns will help inform future development of appraisal policy.

Summary

12. Medical revalidation is scheduled to commence across the UK from end 2012, and NHS Boards with ROs need to be prepared to comply with the GMC's requirements, with the first group of doctors requiring to be revalidated from April 2013, based upon their 2012-13 appraisal.

13. Chief Executives should support their ROs in meeting the requirements for revalidation of doctors, and should ensure that their Medical and HR Directors are aware of the terms of this letter, and the revised appraisal documentation attached.

Yours sincerely

DEREK FEELEY
Chief Executive

AILEEN KEEL CBE
Deputy Chief Medical Officer

A Guide to Appraisal for Medical Revalidation

Produced by the National Appraisal Leads Group on behalf of SGHSCD and NHSScotland

July 2012

Name:		Period
GMC Number:		

Document Title	A Guide to Appraisal for the Revalidation of NHS Career Grade Doctors.
Document purpose	To provide guidance on the implementation of appraisal to support Revalidation of career grade doctors in NHS Scotland and its partner organisations.
Author	National Appraisal Leads Group
Publication date	2012
Target Audience	Chief Executives of NHS Boards Executive Medical Directors of NHS Boards (including Special Boards) NHS Board Appraisal Leads All licensed doctors employed by, or contracting with the NHS in Scotland
Circulation list	Chief Executives of NHS Boards Executive Medical Directors of NHS Boards (including Special Boards) NHS Board Appraisal Leads
Superseded documents	PCS (DD) 2001/2, PCS (DD) 2001/7, PCS (DD) 2002/1, PCS (DD) 2002/7
Action required	Guidance and forms within this document to be implemented in each NHS Board.
Contact details	Senior Medical Officer (Revalidation), Scottish Government Health and Social Care Directorates, Ground Rear St Andrew's House, Edinburgh, EH1 3DG

Contents

1. Introduction

1.1 Background

1.1.1 The General Medical Council (GMC) has registered medical practitioners since it was founded by the *Medical Act in 1858*. It was created to distinguish qualified from unqualified practitioners thereby protecting patients. The last major review of the functions of the GMC was carried out by the Merrison Committee of Inquiry, culminating in the *Medical Act, 1983*.

1.1.2 As a consequence of the outcome of several high profile investigations of clinical performance it has been agreed that the regulation of doctors requires to be enhanced. In 1999 the GMC proposed the process of Revalidation for this purpose.[1] In contrast to traditional registration (which was only a historical record that a doctor had achieved registration at some time in the past and had not had his name erased) the new approach will involve a regular positive affirmation that a doctor is up to date and fit to practise.

1.1.3 The United Kingdom white paper *Trust, Assurance and Safety* [2] made recommendations with regard to the regulation of doctors and other health professions. These have been progressed in the *Health and Social Care Act, 2008*. Revalidation of doctors by annual appraisal was one of the important recommendations.

1.1.4 The Secretary of State for Health as part of the Coalition Government has confirmed his support for the implementation of Revalidation.

1.1.5 The Scottish Government supports the concept of Revalidation by appraisal because it believes that it will improve the quality of patient care.

1.2 Revalidation of a Doctor's Licence to Practise

1.2.1 Medical Revalidation is the process by which doctors will demonstrate to the GMC that they continue to be fit to practise. The GMC has concluded a consultation process[3] and will announce the timetable for formal

[1] General Medical Council. *Revalidating doctors: Ensuring standards, securing the future.* GMC, London, 2000.
[2] Department of Health. *Trust, Assurance and Safety: the Regulation of Health Professionals in the 21st Century.* TSO, London, 2007.
[3] General Medical Council. *Revalidation: The Way Ahead.* GMC, London, 2010.

implementation of Revalidation in the near future. It is anticipated however that this will commence throughout the United Kingdom from late 2012.

1.2.2 Since November 2009 all doctors on the Medical Register who wish to practise medicine (including those who wish to retain the right to prescribe medication and certify deaths) have been required to have a Licence to Practise.

1.2.3 In future, doctors will be required to revalidate every five years in order to maintain their licence to practise. This will be predominantly based upon the satisfactory completion of 5 annual appraisals. Multisource feedback from both patients (for those doctors who see patients as part of their medical practice) and colleagues will be required at least once during the five year cycle.

1.2.4 The GMC has produced guidance with regard to the supporting information that a doctor will be required to present for revalidation: this can be found in the GMC publications "*Supporting Information for Appraisal and Revalidation*", "*The Good Medical Practice Framework for Appraisal and Revalidation*" and "*Guidance on Colleague and Patient Questionnaires*".

1.2.5 All doctors will be required to relate to a Responsible Officer (RO) who in turn will be responsible for making recommendations to the GMC with regard to maintaining that doctor's Licence. This recommendation will be based upon the satisfactory completion of five annual appraisals as outlined in this document. For the majority of doctors who work in NHSScotland the RO will be the Medical Director of the Health Board where they work. As a rule of thumb, doctors will relate to the RO where they undertake the majority of their work.

1.3 Appraisal

1.3.1 Appraisal will be the "corner stone" of medical Revalidation. Performed annually, it is predominantly a reflective interview between a doctor and a trained appraiser informed by available information about the whole range of that doctor's practice. It is inevitable however that appraisal will in the future involve an element of summative assessment. This is because the appraiser comes to a judgment as to whether the information presented by the doctor is sufficient for revalidation purposes. Further,

Appraisal will provide the essential information that will be used by the Responsible Officer[4] to recommend to the GMC that a doctor should have his/her licence to practise maintained.

1.3.2 Annual appraisal is also an important component of NHS Scotland's efforts to deliver against the Healthcare Quality Strategy and to ensure continuous quality improvement. Most doctors already practise to a high standard and it is expected that they will find appraisal a helpful process for both their personal and professional development.

1.3.3 For the small minority of doctors who fail to provide sufficient information at appraisal or in whom concerns are raised, annual appraisal will allow action to be taken while the situation is more likely to be remediable. This will be good for both patients and doctors. Guidance on remediation will be issued in due course.

[4] The Responsible Officer is the individual in each organisation with legal responsibility for the appraisal and fitness to practise of individual doctors. The Responsible Officer is expected to be the Executive Medical Director of each NHS Board in Scotland.

2. This Guidance

2.1 This document provides guidance to enable Health Boards, Responsible Officers (ROs), and medical practitioners comply with the GMC requirements for revalidation, and to support NHS clinical governance and the ROs role in ensuring that appraisals are fit for purpose for revalidation. It will assist ROs in making a recommendation to the GMC on the Revalidation of non-training doctors in NHS Scotland.

Duty to have regard to guidance

2.2 In discharging their responsibilities under regulations 11 and 13, ROs shall have regard to the following —

(a) guidance given by the Secretary of State in accordance with section 45C(2) of the Act; and

(b) guidance given by the General Council, including Good Medical Practice and guidance on fitness to practise procedures, to the extent that it relates to the nomination or appointment of ROs or their prescribed responsibilities.

3. National Oversight of Appraisal

3.1 National Appraisal Leads Group

3.1.1 The National Appraisal Leads Group (NALG) was set up in March 2009 by the Scottish Government Health Directorates with a remit to ensure the implementation of appraisal in NHS Scotland across all career grade doctors in all specialties and NHS Boards (It should be noted that trainee doctors are not appraised by Boards but are under the supervision of the Post Graduate Dean. The Medical Director of NES will be the RO for all trainee doctors in Scotland).

3.1.2 For governance purposes the NALG reports to the Scottish Government Health and Social Care Directorates via the Revalidation Delivery Board Scotland.

3.1.3 NALG is also represented on the Revalidation Delivery Board for Scotland.

3.2 External Quality Assurance of Appraisal

3.2.1 Responsible Officers and NHS Boards are responsible for providing a high quality appraisal system for the doctors employed by, or contracted with, the Board.

3.2.2 NHS Healthcare Improvement Scotland (HIS) already provides External Quality Assurance (EQA) of clinical governance and risk management in NHS Scotland.[5] In 2008, its predecessor NHS QIS produced its first report on appraisal in primary care.[6] NHS HIS is currently developing proposals for ongoing EQA of appraisal in both primary and secondary care. Testing in secondary care has taken place in the Highland Pilot and also in NHS Tayside. A readiness tool has been developed and issued by HIS (see section 4.2.3).

3.2.3 The GMC is currently developing its plans for QA.

[5] NHS Quality Improvement Scotland. *Clinical Governance and Risk Management: Achieving safe, effective, patient-focused care and services.* NHS QIS, Edinburgh, 2007.
[6] NHS Quality Improvement Scotland. *Time to Reflect: GP Appraisal in Scotland External quality assurance national report.*NHS QIS, Edinburgh, 2008.

4. Management and Structure of Appraisal within NHS Boards

4.1 Governance of Appraisal within NHS Boards

4.1.1 Under the *Medical Profession (Responsible Officers) Regulations 2010,* the Responsible Officer is responsible for ensuring systems of appraisal are in place and for making recommendations on the fitness to practise of doctors within an NHS Board. The RO is thus responsible to both his/her NHS Board as Medical Director, and to the GMC in terms of the reserved functions covered by the RO Regulations.

4.1.2 It will be necessary for the Responsible Officer to ensure that in each NHS Board a structure is developed to deliver appraisal. Two important principles must be included in all local systems. These are firstly; appraisers must have satisfactorily completed a NES-approved training course. It is expected that this will have been achieved by the starting date of revalidation in late 2012. Secondly, the appraiser must be allocated to the appraisee. The appraisee will no longer be able to self-select their appraiser. There should however be a system to allow an appraisee to object to the first allocated appraiser. While the Responsible Officer may delegate the management of appraisal by appointing an Appraisal Lead/Advisor (see section 4.3), the RO will retain overall responsibility and accountability for the system of appraisal.

4.1.3 Currently most geographical NHS Boards have an Appraisal Lead for Secondary Care and a Local Appraisal Advisor (equivalent to an Appraisal Lead) for Primary Care.

4.1.4 It is advised that the RO and Appraisal Lead/Local Appraisal Advisor set up a local Appraisal Steering Group chaired by the Appraisal Lead/Local Appraisal Advisor. Membership should include representatives from the following groups: Associate medical directors/clinical directors, Human Resources, Non-clinical management, Local Negotiating Committees who will nominate both consultant and SAS doctor representatives, GP Subcommittee of the AMC, Universities (where appropriate) and at least one lay member. The responsibility of this group should be to oversee the appraisal process and to ensure internal quality assurance. (This may require a link to be developed with the Board's clinical and staff governance

committees.) The minutes of these meetings should be made widely available and posted on the Board's web site.

4.2 Annual Report

4.2.1 Since 2008 the Chief Medical Officer has required Executive Medical Directors to produce an Annual Report on the performance of appraisal to their NHS Board. The completed report should be in the public domain and submitted to the NHS Board by 31st July of the year following the annual appraisal round.

4.2.2 A streamlined report format has been developed by NHS HIS.

4.2.3 As a minimum, the report will include:

- A description of the appraisal process in the NHS Board
- the number and percentage of doctors appraised (who should have been appraised) in the preceding year, sub-divided to show specialty and grade of doctor
- the percentage of appraisers who have undergone NES training
- a description of the process for internal audit of appraisal including a summarised and anonymised report of the feedback forms from appraisers and appraisees
- an action plan (with timescales and lead officers) to improve appraisal over the coming year
- a report on performance against the previous year's action plan
- in due course performance against the HIS tool which has been developed for this purpose.

4.3 Role of the Appraisal Lead/Advisor

4.3.1 The precise tasks undertaken by the Appraisal Lead/Advisor will be delegated by the RO and may include:

- Appraisal Leads/Advisors are expected to ensure that all career grade doctors have had an annual appraisal.
- The Appraisal Lead/Advisors may be the appropriate people to maintain the Register of NES trained appraisers.
- The Appraisal Lead/Advisors may be responsible for organising the selection of prospective appraisers to attend the appraiser training course.

- The Appraisal Lead/Advisors may allocate the appraiser to an appraisee although other structures for this could be developed locally.
- Appraisal Leads/Advisors in conjunction with the Appraisal Steering Group will monitor the quality of appraisal. A system should be developed to monitor the quality of appraisal by the appraisal lead reviewing a confidential sample of form 4s/GPScot 4s and the appraisee and appraiser Feedback forms. Any concerns around appraiser performance should be addressed by the Appraisal Lead/Advisor.
- This may involve further training for the appraiser and suspension from appraisal activity until the training has been completed. There should also be a review of the validity of the appraisals that the individual had undertaken.
- Appraisal Leads should arrange annual meetings to ensure that all appraisers are up to date and to share best practice.

4.4 Linking Clinical and Staff Governance Systems to Appraisal

4.4.1 NHS Boards already generate information on the volume and quality of healthcare provided by teams and individual clinicians. In secondary care, examples would include clinical incident systems, complaints databases, national audit data and clinical activity data. In primary care, examples would include prescribing data, complaints, significant event analysis and data from the Quality and Outcome frameworks (QOF). In the future it could include death certification audit data.

4.4.2 The minimum supporting information that doctors will be required to bring to an appraisal has been outlined by the GMC – see section 1.2.4. In addition, the Medical Royal Colleges will provide guidance on how this supporting information applies in specialist practice. The appraisee and the appraiser should agree which information will be presented at subsequent appraisals.

4.4.3 NHS Boards have a responsibility to assist doctors by providing available information in a usable format for appraisal.

4.4.4 Priority should be given to providing reports of all clinical incidents or complaints involving individual doctors over the preceding year. This may require alterations to existing incident reporting and complaints systems. Complaints and

significant clinical incidents should be declared and discussed at appraisal as has been directed by the GMC.

4.5 Resources to Support Appraisal

4.5.1 Annual appraisal has been mandatory in NHS Scotland for many years. Consequently, structures for appraisal should already be in place and be funded. Appraisal should not therefore require a large increase in funding.

4.5.2 The Appraisal Lead/Advisor and the Appraisal Steering Group will require administrative support which will depend upon the size of the Board and the number of doctors that require to be appraised.

4.5.3 The Responsible Officer should ensure that each secondary care Appraisal Lead has protected time identified in his/her job plan to fulfil the required responsibilities. At present, Primary care Local Appraisal Advisors are funded by NHS Boards for 1-3 sessions per week. Appraisal leads in secondary care will require similar recognition which should be reflected in their job plans.

4.5.4 The Responsible Officer should ensure that each appraiser has sufficient time in his/her contract to allow high quality appraisal to take place. This includes the time required to prepare for the appraisal, the appraisal itself, and the subsequent writing of the form 4/GPScot 4. In addition, time will be required to attend local appraisal meetings. It has been recommended by the NALG that each appraiser should undertake 10 appraisals per annum in secondary care. In primary care, NHS Boards currently employ appraisers and allow one session per week to provide 22 appraisals per year. Appraisers in secondary care should have the time required to undertake appraisals recognised in their job plans. The NALG consider that 0.5 PAs would be appropriate for appraisers undertaking circa 10 appraisals per annum.

4.5.5 In addition, NHS Boards should ensure that sufficient support for clinical governance systems is in place, as effective clinical governance systems are required to underpin appraisal. In NHS Scotland, clinical governance is the responsibility of the Chief Executive, and is usually delegated to the Executive Medical Director and/or Executive Nurse Director.

5. Requirements of Appraisers

5.1 The Role of the Appraiser

5.1.1 The appraiser will have the key role in appraisal and therefore the Revalidation process. Appraisers will contribute to the development of their professional colleagues, and consequently to the quality of the service as a whole.

5.1.2 For the purpose of indemnity, the appraiser is "employed" by the NHS Board employing or contracting with the appraisee. The appraiser will be managerially accountable to the RO probably via the CD/AMD for his/her appraisal responsibilities. This could require an honorary contract.

5.1.3 In secondary care, appraisers will be expected to undertake circa 10 appraisals to ensure consistency of process, the maintenance of skills and the cost effectiveness of appraisal training. Primary care appraisers will continue to undertake circa 22 appraisals per year.

5.2 Appraiser Training

5.2.1 In order that appraisal is delivered to a uniform high standard across the country, all appraisers must undertake the National Appraiser training scheme and any subsequent training.

5.2.2 It has been agreed by The Scottish Government that NES will undertake the training programme for appraisers in secondary care. NES has already trained all appraisers in primary care. This will align training in primary and secondary care; and this training programme is well underway. The necessary complement of appraisers will either have been trained by the end of 2012 when roll-out of revalidation is expected to commence, or scheduled for such training in 2013. For ease of access, NES has arranged to undertake this training on a Regional basis. It is anticipated that approximately 650 appraisers will be required for secondary care appraisal in Scotland.

5.2.3 When a sufficient number of "appraisers" have been trained by NES a deadline will be set by Scottish Government after which only NES-trained appraisers may be used in NHS Scotland.

5.2.4 In addition to the initial training, appraisers may be required to attend ongoing training as appraisal develops.

5.2.5 An important early task for the local Appraisal Lead /Advisor will be to develop and maintain a list of trained appraisers. In addition it will be necessary to develop a system to select and send appraisers for training.

6. The Appraisal

6.1 Who should be appraised?

6.1.1 All career grade doctors employed in the NHS should be appraised.

6.1.2 Annual appraisal is a contractual obligation for all consultant and SAS doctors employed by NHS Boards, or GPs contracted with the NHS Board. It is not a contractual obligation for doctors in non-standard posts but these doctors will require to have an annual appraisal if they hold and wish to retain a Licence to Practise. All trainee doctors in deanery managed posts/programmes (Foundation; Core and Specialty Trainees; Locum Appointment Training LAT; Medical Training Initiative MTI) have regular educational appraisal and an Annual Review of Competence Progression (or equivalent).

6.2 Timing of the Appraisal

6.2.1 In primary care, appraisal occurs throughout the year. In secondary care, satisfactory participation in appraisal (evidenced by a completed form 4/PDP) is required for job planning and pay progression. Job planning is also informed by the Personal Development Plan generated at the appraisal.

6.3 Selecting the Appraiser

6.3.1 In primary care, the Local Appraisal Advisor allocates an appraiser to the doctor. In secondary care, the AMD/ Clinical Director or the Appraisal Lead will select an appraiser for the doctor from the NHS Board's approved list of trained appraisers.

6.3.2 In small NHS Boards it may be necessary to develop an arrangement with a large Board to gain access to trained appraisers.

6.3.3 The appraiser will have a licence to practise. In normal circumstances he/she will be in current clinical practice and drawn from the same broad specialty as the appraisee (e.g. a surgeon by a surgeon, a laboratory doctor by a laboratory doctor); this may not be possible however for highly specialised doctors or very small specialties and is therefore NOT guaranteed.

6.3.4 The appraisee is entitled to request one alternate choice of appraiser. If the appraisee has legitimate reason not to accept the second appraiser then the Appraisal Lead/Advisor will appoint another trained appraiser, and that decision will be final.

6.3.5 It is recognised that there are both advantages and disadvantages in having continuity of appraiser throughout the 5 year appraisal cycle. It may be desirable that an appraisee should have two different appraisers during each five year revalidation cycle.

6.4 Providing information for the appraisal

6.4.1 The GMC has produced a *Framework for Appraisal and Revalidation* based on the document, *Good Medical Practice*.[7] which describes four domains and 12 attributes of good medical practice. This is the framework against which a doctor should demonstrate fitness to practise over the 5 year revalidation cycle. The Framework is available on the GMC's website (www.gmc-uk.org).

6.4.2 Doctors will need to maintain a portfolio of supporting information to demonstrate they are continuing to meet the domains set out in *"Good Medical Practice"*. The GMC's requirements on this are covered in its document "*Supporting information for appraisal and revalidation"* with additional specialist guidance available from the medical Royal Colleges and faculties. Appraisals do not need to be structured around the framework and the supporting information does not need to be mapped against specific attributes, although appraisees may wish to take this approach.

6.4.3 One key principle is that the information provided should address the professional roles that the doctor performs at the time of appraisal (which may differ from his/her job title, or previous specialist registration). The information must cover the full range of activity for all employers or contractors and any private practice activity.

[7] General Medical Council. *Good Medical Practice.* GMC, London, 2009.

6.4.4 Some information for appraisal will be provided from the NHS Board's systems, especially personalised clinical outcome information where this is available; other elements will be supplied directly by the appraisee.

6.4.5 All of the supporting information should be available to both the appraiser and the appraisee at least two weeks prior to the appraisal interview. The interview should be postponed if the information is not available at that time unless agreed by both parties.

6.4.6 The appraisal folder for primary care has been available in electronic form via the Scottish Online Appraisal Resource (SOAR) system for some time. The appraisal folder for secondary care is now available online on the SOAR platform. Paper or electronic presentation of secondary care appraisal documentation will be accepted initially but the intention is to move to an electronic web based only submission in the future.

6.5 The appraisal interview

6.5.1 The appraisal interview should take place in a quiet, neutral and comfortable environment. There should be no interruptions.

6.5.2 The appraisal interview will typically last for an average of 1.75 – 2.00 hours.

6.5.3 Whilst appraisal is a confidential process, the appraiser must ensure that the appraisee is aware of the limits of confidentiality (see section 6.7.). and who will have access to the form 4/GPScot 4 and personal development plan (see section 7.2).

6.6 The appraisal records

6.6.1 All appraisals in secondary care should now use the most up to date version of the nationally agreed appraisal documentation. In primary care there will be no change in the first instance to the currently available appraisal forms. The SOAR electronic platform is being developed to accommodate all the appraisal documentation from trainees, and from both primary and secondary care doctors. This will include any additional specialist College and Faculty portfolios. It is

anticipated that SOAR will be the "final common pathway" for all appraisal documentation in NHS Scotland.

6.6.2 The appraiser will be responsible for producing the form 4/GPScot 4/PDP after the interview (documents should not be hand written). The appraiser will agree the wording of the form 4/GPScot 4/PDP with the appraisee. If agreement cannot be reached, this should be recorded in the form 4/GPScot 4/PDP, and would automatically trigger review by the AMD/Clinical Director/Appraisal advisor in order to seek local resolution. The completed form 4/GPScot 4/PDP should be provided to the appraisee within 10 working days of the interview.

6.6.3 The completed Form 4/GPScot 4/PDP (signed by both appraiser and appraisee) should be forwarded to the Clinical Director who will collate for onward transmission to the RO. When "Follet joint appraisals" are undertaken a copy should be forwarded to the University Head of Department.

6.6.4 It is expected that both the appraisee and the appraiser will complete a feedback form which should be returned to the Appraisal Lead/Advisor after the appraisal documentation has been completed.

6.6.5 The actions agreed in the Form 4/GPScot 4/PDP are for the appraisee to pursue. The appraiser has no ongoing responsibility to ensure that actions are followed, or that resources are made available. For employed doctors that responsibility lies with the doctor's medical manager.

6.7 Serious concerns arising during the appraisal process

6.7.1 Appraisals should be a stimulating and enjoyable experience for both parties. Rarely, however, issues may arise during the appraisal process which raises serious clinical governance concerns about patient safety, a doctor's practice or probity. This would include cases where the appraisee has knowingly failed to disclose significant and relevant information or knowingly provided inaccurate or misleading evidence for the appraisal.

6.7.2 If serious issues of clinical governance or probity become apparent while the appraisal interview is ongoing, the appraiser should stop the appraisal and take appropriate action.

6.7.3 If, after the appraisal interview, the appraiser realises that such issues have arisen, the appraiser is professionally obliged to break confidence and take appropriate action.

6.7.4 If this happens after the appraisal process has been completed i.e. after the appraiser and appraisee have signed off Form 4/GPSCOT4/PDP, any concerns should be addressed via the appropriate local clinical governance procedures.

6.7.5 If the confidence of the appraisal is to be broken, it is essential that the appraisee is aware that further action will be taken. In some circumstances the appraiser may wish to encourage the appraisee to report the issue.

6.7.6 In secondary care the appraiser must report any serious concerns promptly to the Clinical Director/AMD who in turn, depending upon the seriousness of the concern, would escalate to the RO. In primary care, the appraiser needs to discuss his/her concerns with the Local Appraisal Advisor who would then make an appropriate referral to the Health Board Medical Director or CHP Clinical Lead if appropriate.

6.8 Colleague Feedback (Multi-source Feedback MSF)

6.8.1 It is a requirement of appraisal for Revalidation that feedback is obtained from work place colleagues (MSF) at least once every 5 years using an MSF tool which complies with GMC guidance. The NALG, in conjunction with NES, have proposed a practical process for the delivery of MSF across NHS Scotland

6.8.2 It is proposed that a single MSF will be undertaken by all doctors (primary and secondary care) in NHSScotland using a new MSF tool which is being developed by NES. The new tool will comply with GMC guidance.

6.8.3. The administrative structure for the delivery of the MSF will be as follows: - The appraisee will identify (and supply the e-mail addresses) of the “raters” who will be chosen from colleagues in the work place. The “raters” will be drawn from defined categories and will vary according to the doctor’s specialty or type of work. An IT structure will receive these email addresses and transfer the MSF tool to the “raters” to be completed

electronically. The output from the MSF will then be returned, collated and forwarded to the appraiser who will give feedback to the appraisee at the appraisal.

6.8.4 It is recognised that individuals who provide feedback from MSF require to have undertaken appropriate training. The NES training programme for appraisal therefore includes training in the delivery of MSF feedback

6.9 Patient Feedback

6.9.1 It is also a requirement of appraisal for Revalidation that feedback is obtained (where doctors have direct patient contact) from patients at least once every 5 years. Doctors however work in many different environments. As such, the NALG considered that it was not appropriate to have a single process for patient feedback for all doctors in NHS Scotland. Patient feedback will therefore be undertaken locally. Following consultation with the NALG, and the Revalidation Delivery Board for Scotland, and after further consideration by the NHSScotland Management Steering Group, it has been agreed to endorse use of the CARE questionnaire for both Primary and Secondary care sectors.

6.9.2. Feedback from patients must be collected using questionnaires that comply with GMC guidance. The purpose of the feedback is to provide doctors with information about their work through the eyes of those they treat and it is intended to inform further development. Doctors should receive questionnaire feedback prior to the appraisal to give time for them to consider and reflect upon it. Questionnaires should be administered independently of the doctor and appraiser. The range of patients should reflect the range of patients seen. It is in the doctors' best interest to have as many completed responses as possible to ensure the feedback reflects the totality of their work. It is recommended by NALG that 25 completed patient questionnaires should be obtained in a 12 month period. Good practice for patient questionnaire administration should be followed. Respondents should be anonymous and every effort should be made to avoid bias in the patient sample. All questionnaires issued should be tracked so that completion and non-completion rates are known. For the ease of administration it is advised that patient and colleague feedback are

not generally undertaken in the same year. Ideally both should, normally, be undertaken in the first three years of the revalidation cycle to facilitate any remediation that may be required prior to revalidation.

7. Output of Appraisal

7.1 Form 4/GPScot 4/PDP

7.1.1 The Form 4/GPScot 4/PDP is the record of an appraisal. It should objectively record the key supporting information presented. It should also record actions agreed. The appraiser should write a form 4/GPScot 4/PDP that genuinely reflects the appraisal interview.

7.1.2 It is important to note that Responsible Officers will make recommendations to the General Medical Council based on the form 4/GPScot 4.

7.2 Access to Appraisal Data

7.2.1 The appraisee and appraiser will have access to all the documentation associated with the appraisal. This will include access to all documentation and supporting information from previous appraisals. The appraiser will cease to have access to this information after the form 4/GPScot 4/PDP has been agreed and signed off by both parties.

7.2.2 The Form 4/GPScot 4/PDP will be sent by the appraiser to the appraisee's AMD/Clinical Director (or equivalent medical line manager).

7.2.3 The Responsible Officer will have access to all Form 4s/GPScot 4s and PDPs. The Responsible Officer may require access to the full appraisal documentation in the event that a significant concern is raised about a doctor's practice from either the appraisal or elsewhere.

7.2.4 The Appraisal Lead/Advisor will have access to all Form 4s/GPScot 4s and PDPs for the purposes of quality control of appraisal.

7.2.5 Form 4s/GPScot 4s should be retained for a minimum of two revalidation cycles (10 years).

8. Specific Doctor Groups

A basic principle of appraisal is that it should cover the full range of the doctor's professional activities, including unpaid roles. Doctors have a wide range of careers. The NHS appraisal system is designed for doctors who are employed in, or contracted by the NHS. There are doctors however who do not work in a managed environment or within the NHS but have an interaction with the NHS or NHS patients. The appraisal for revalidation arrangements for some of these doctors are described below.

8.1 University-employed Doctors

8.1.1 The Follet review[8] states that "Universities and NHS bodies should work together to develop a jointly agreed annual appraisal and performance review process based on that for NHS consultants, to meet the needs of both partners." That principle continues in the appraisal for revalidation process.

8.1.2 University-employed doctors with an honorary NHS contract should have a single joint appraisal. This would usually involve either two appraisers (one NHS, one University), or by agreement between the University and the NHS, a single appraiser fulfilling both roles. In the case of two appraisers the appraisal should be led by the NHS Appraiser.

8.1.3 Doctors employed in the NHS with honorary University appointments whose activity involves significant University-related work, but who do not require a joint appraisal, (e.g. research, teaching or administration) must ensure the supporting information provides adequate information for these activities.

8.1.4 The Board for Academic Medicine in Scotland has approved a brief supplementary appraisal form specifically to allow doctors to present information relating to the academic component of their work. This will be available in electronic form on the SOAR platform.

[8] Sir Brian Follett, Michael Paulson-Ellis. *A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties.* Department for Education and Skills, London, 2001.

8.2 Doctors working full time or substantially in Management

8.2.1 This group of doctors (which includes Medical Directors in NHS Boards, Advisors and Full Time Officers in Scottish Government, Post Graduate Deans and other doctors in full time management roles) will be required to undergo appraisal if they require to maintain a licence to practise. This will be in addition and separate from any performance review arrangements already in place. It is recognised however that the evidence gathered for performance review may also be presented for appraisal and may be sufficient to demonstrate "fitness to practise" within their role.

8.2.2 Medical Directors have been undertaking appraisal within a system coordinated by the Scottish Association of Medical Directors (SAMD). Medical Directors will participate in appraisal for revalidation using the standard forms in accordance with GMC guidance.

8.2.3 Government Officers, Post Graduate Deans and other doctors in full time management roles may choose to access the system operated by SAMD or if appropriate (e.g. seconded doctors) use the appraisal structure within their employing organisations.

8.2.4 There is a statutory requirement for ROs to have a Responsible Officer. In addition, ROs like any other doctor who wishes to be revalidated, must undergo appraisal specifically for revalidation purposes. The appraiser who leads the RO appraisal requires to have been trained by NES and the appraiser must be independently allocated to the appraisal. This will be achieved by enhancement of the current appraisal process for medical directors.

8.3 Doctors working in the private sector

8.3.1 This guidance is not mandatory for doctors who work completely in private practice, but such doctors should regard this as good practice.

8.3.2 In Scotland, most doctors who have a private practice are also employed by the NHS. In this circumstance the NHS Board will take the lead role for appraisal.

8.3.3 The NHS Board's Responsible Officer will wish to ensure that there is adequate sharing of clinical governance information between the two, or more, organisations. It is the private institution's responsibility to ensure that adequate clinical governance procedures are in place within their organisation, and shared with the Responsible Officer.

8.3.4 Doctors will be required to bring to the NHS Appraisal a full account of their clinical and other activities within private practice. This will include a profile of the numbers of patients treated and the nature of any treatment or interventions. It is also a requirement that any complaints or adverse events that occurred in private practice are declared and discussed at appraisal. It is anticipated that private institutions will develop structures to facilitate this.

8.4 Employed General Practitioners

8.4.1 Some general practitioners are also employed in hospital roles (e.g. clinical assistants, hospital practitioners or general practitioners with special interest). These doctors should ensure that their GP appraisal includes sufficient information to cover these additional roles. The majority of these doctors will continue to be appraised by a general practice appraiser with contributions from other areas of work e.g. a Hospital Consultant. However, some with unusual or extensive roles may require a joint appraisal with a secondary care appraiser. As a guiding principle, appraisal will take place where a doctor does most of his/her work. The appropriate arrangements should be discussed in advance with the relevant medical line manager and/or appraisal leads.

8.4.2 Some general practitioners are employed in a general practice role. These doctors should be appraised in the same way as other general practitioners.

8.4.3 Employed general practitioners should be made aware that their form 4/GPScot 4/PDP will be made available to the relevant medical line manager(s).

8.5 Sessional (Locum) Doctors

8.5.1 All locum doctors in primary care are required to be on the Performers List of all the health boards where they work. As part of this requirement the doctor must state who his/her Medical Director/Responsible Officer is, and the date of the most

recent appraisal. The Lead Health Board for the purposes of appraisal and revalidation will be the Health Board where the doctor undertakes the majority of their work.

8.5.2 Locum doctors employed in primary and secondary care NHS posts for two months or more in a twelve month period should be given the opportunity to undergo an appraisal immediately prior to leaving or immediately after leaving the post. That appraisal should include a discussion of all complaints, critical incidents/adverse events and an audit of the clinical practice with outcomes measures. The output of that appraisal should be forwarded to the locum's designated RO. In NHS Scotland this process may be facilitated by the development of the "locum bank".

8.5.3 Where locum doctors are provided by an agency, NHS Boards should ensure that their procedures are updated to check that locum doctors are licensed and have an up to date Form 4/GPScot 4/PDP as evidence that they have participated satisfactorily in appraisal before they commence work.

8.5.4 It is recognised that doctors who work in a series of short-term locum positions with no substantive appointment may find it difficult to fulfil the requirements of revalidation. NHS Boards should make every effort to help these doctors in their efforts to obtain information to support revalidation.

8.6 Doctors with no connection to the NHS

8.6.1 NALG's remit does not extend to doctors who have no connection to the NHS. The following guidance, however, may be of some assistance to those doctors.

8.6.2 A number of doctors in Scotland work full time in private practice. The majority are either employed by or have practicing privileges to a hospital owned by one of the major private health providers. It has been agreed that the medical directors of these companies will have RO status. Those doctors should therefore link with the company ROs in the first instance. In the event that these doctors wish to access a NES-trained appraiser in NHS Scotland they can approach the local Board Appraisal Lead/Advisor who will make reasonable efforts to allocate an appraiser at an agreed cost.

8.6.3 A small number of doctors are employed by Hospices in Scotland. These are usually charitable institutions. There is however a close working relationship between the Hospices and NHS Scotland. It is proposed therefore that doctors who are only employed by Hospices will be able, if they wish, to access the RO and the appraisal structure in the Health Board where the Hospice is geographically located.

APPRAISAL DOCUMENTS

SUPPORTING REVALIDATION FOR ALL MEDICAL STAFF (excluding staff in recognised training posts or based principally in General Practice).

MAIN APPRAISAL FOLDER

CONTENTS

Clinical Academics who hold substantive contracts with Universities and an honorary contract with an NHS Board will be expected to undertake joint appraisal involving both NHS and University appraisers. By agreement with the Board's Appraisal Lead it may be possible for one appraiser to cover both roles although this would not be regarded as the norm. Documentation will be required to be provided by an appraisee that will conform to the guidelines prepared by SGHD, the Academy of Royal Colleges and the Universities.

Appraisal record

Details of Appraiser			
Year		**Name**	**GMC Number**
1			
2			
3			
4			
5			

FORM 1 – PERSONAL INFORMATION

- *This form should be completed by the appraisee in advance of the appraisal.*
- *The aim of Form 1 is to provide basic background information about you as an individual including brief details of your career and professional status.*
- *The form includes an optional section for any additional information.*
- *An updated form 1 is only required for subsequent appraisals if anything has changed.*

1.1	Full name	
1.2	Registered address (contact address if different)	
1.3	Main employer	
1.4	Main place of work	
1.5	Other employers/ places of work	
1.6	Date of primary medical qualification	
1.7	GMC registration number and type	
1.8	Registration date and specialties	
1.9	Title of current post and date appointed	
1.10	For any specialist registration / qualification outside UK, please give date and specialty	
1.11	Please list any other specialties or sub-specialties in which you are registered	
1.12	Is your registration currently in question?	
1.13	Date of last revalidation (if applicable)	
1.14	Please list all posts in which you have been employed in NHS and elsewhere in the last five years (including any honorary and/or part-time posts)	

ANY ADDITIONAL INFORMATION (YOU MAY ATTACH A CURRENT VERSION OF YOUR CV (Optional))

FORM 2 – SCOPE OF PRACTICE

- *This form should be completed by the appraisee in advance of the appraisal.*
- *The aim of Form 2 is to provide an opportunity to describe your current post(s) in the NHS, in other public sector bodies, or in the private sector, including titles and grades of any posts currently held or held in the past year.*
- *Information should cover your practice at all locations since your last appraisal or during the last 12 months whichever is longer.*
- *You may wish to comment in addition on factors which affect the provision of good health care, including your views on resources available and action taken to address any obstacles to the provision of good health care.*
- *If you have a current job plan, you should include it in the wallet at the end of Form 2.*

2.1 Please give a short description of your work in your specialty, including the different types of activity you undertake	
2.2 List your main sub- specialist skills and commitments	
2.3 Please give details of any emergency, on-call and out of hours responsibilities	
2.4 Please give details of out-patient work	
2.5 Details of any other clinical work	
2.6 In which non-NHS hospitals and clinics do you have practising privileges or have admitting rights? If your practice differs from your NHS practice at some or all of these locations, please give details**. If you practise in several institutions make sure that you include in Form 3 the following for each institution** – ▪ number and type of cases. ▪ Any audit or outcome data for the private practice. ▪ Details of any adverse events, critical incidents. ▪ Details of any investigations into the conduct of your clinical practice or working relationships with colleagues	

FORM 2 – CONTINUED

2.6.1 List any non-clinical work that you undertake in your current post as a doctor which relates to teaching and training	
2.6.2 List any non-clinical work that you undertake in your current post as a doctor which relates to management	
2.6.3 List any non-clinical work that you undertake in your current post as a doctor which relates to research	
2.6.4 List any non-clinical work that you undertake in your current post as a doctor which relates to any other activities	
2.6.5 List any medical work you undertake for regional, national or international organisations.	
2.7 Please list any other professional (ie medical) activities.	

CURRENT JOB PLAN

Attach your current job plan here.

FORM 3 - SUPPORTING INFORMATION FOR APPRAISAL

This portfolio of supporting information is structured around the GMC's 4 Domains within 'Good Medical Practice' (GMP). It is envisaged that this portfolio will be developed over a 5 year cycle. There are certain elements which should be produced every year such as the Health and Probity statements.
The appraisee should consider which specialty specific information they may need to include with reference to College or specialty guidance.

There are certain elements that the GMC consider should be included. These are referred to as Core elements A to G and are highlighted in bold italics. The frequency with which they should be addressed is also included.

Domain 1 – Knowledge, Skills and Performance

***** *CORE ELEMENT A* *****
CPD record – every appraisal cycle

GMC Guidance –
www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp

Documents		Relevant year	Appraiser's initials

FORM 3 – CONTINUED

Domain 2 – Safety and Quality

***** CORE ELEMENT B *****

Quality improvement activity- every appraisal

For the purposes of revalidation you will have to demonstrate that you regularly participate in activities that review and evaluate your work. Examples of this type of information include:

1. ***Clinical Audit***
2. ***Review of clinical outcomes***
3. ***Case review or discussion***
4. ***Audit and monitoring of the effectiveness of a teaching programme***
5. ***Evaluation of the impact and effectiveness of a piece of health policy or management practice.***

***** CORE ELEMENT C *****

Significant events – every appraisal

***** CORE ELEMENT F *****

Health statement – every appraisal

GMC Guidance –
www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp

Documents		Relevant year	Appraiser's initials

FORM 3 – CONTINUED

Domain 3 – Communication, Partnership and Teamwork

***** CORE ELEMENT D *****

Feedback from colleagues and patients once in a 5 year cycle

**** CORE ELEMENT E *****

Complaints and compliments – every appraisal

A complaint is a formal expression of dissatisfaction or grievance. You should be able to demonstrate awareness of complaints, your participation in the investigation and the response, any actions taken in response and identify any development needs.

GMC Guidance –
www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp

Documents		Relevant year	Appraiser's initials

FORM 3 – CONTINUED

Domain 4 – Maintaining Trust			
***** Core element G ***** *Probity Statement – every appraisal* *GMC Guidance –* *www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp*			
Documents		**Relevant year**	**Appraiser's initials**

Year of appraisal

Core element F – Health Statement [9]

The GMC acknowledges that medicine can be a demanding profession and that doctors who become ill should receive help and support. The GMP Framework states that Doctors should be registered with a general practitioner outside his/her family to ensure that he/she has access to independent and objective medical care. Doctors should not treat themselves. Doctors should protect their patients, colleagues and themselves by being immunised against common serious communicable diseases where vaccines are available. If a doctor knows that he/she has, or thinks that he/she might have a serious condition that could be passed on to patients, or if a doctors judgement or performance could be affected by a condition or its treatment, the doctor must consult a suitably qualified colleague. The doctor must ask for and follow their advice about investigations, treatment and changes to the doctor's practice that they consider necessary. A doctor must not rely on his/her own assessment of the risk posed to patients.

A. *Are you registered with a General Practitioner***?**

If no – please explain why you are not registered.

YES / NO

B. Do you have any illness or physical condition which results – or in the past 5 years has resulted in your restricting or changing your professional activities?

If yes please give details of the changes that you have made in your professional practice.

YES / NO

C. Please confirm that you accept all the professional obligations placed on you in Good Medical Practice***.***

YES / NO

D. Are you or have you been in the past five years – the subject of GMC Fitness to Practise proceedings because of concerns about your health or similar proceedings of any other professional regulatory body or licensing body within the UK or abroad?

If yes please give details (and preferably include a letter signed by an occupational health physician confirming your fitness to practise)

YES / NO

All the information in this declaration is true to the best of my knowledge

Signature of Appraisee:

[9] A new health Statement should be completed and signed for each years appraisal

Core element G Probity Statement[10]

Year of appraisal

***A**. In the past 5 years, have you been convicted of a criminal offence either inside or outside the UK?*

YES/NO

If yes give details

***B.** Are there any criminal proceedings pending against you inside or outside the UK?*

YES/NO

If yes give details

***C**. In the past 5 years, have you ever had any cases considered, heard and concluded against you by any of the following?*

1.	The General Medical Council	***YES / NO***
2.	Any other professional regulatory/licensing body within the UK	**YES / NO**
3.	Any other professional regulatory/licensing body outwith the UK	**YES / NO**

If yes to any of the above – give details

***D.** Are there any cases pending against you with any of the following organisations?*

1.	The General Medical Council	***YES / NO***
2.	Any other professional regulatory/licensing body within the UK	**YES / NO**
3.	Any other professional regulatory/licensing body out with the UK	**YES / NO**

If yes to any of the above – give details

***E.** In the past 5 years, has there been any disciplinary action taken against you by your employer or other contractor – either inside or outside the UK – that has been upheld?*

YES/NO

If yes please give details

***F.** In the past five years has your employment or contract ever been terminated or suspended – in the UK or abroad – on grounds relating to your fitness to practise (conduct, performance or health).*

YES/NO

If yes please give details

I. I accept the professional obligations concerning probity placed on me in paragraphs 56-76 of Good Medical Practice.

YES/NO

All the information in this declaration is true to the best of my knowledge

Signature of Appraisee:

[10] A new probity statement should be completed for each years appraisal

FORM 4A - SUMMARY OF APPRAISAL DISCUSSION

SUMMARY OF APPRAISAL DISCUSSION
Year 1, Domain 1 (Including Core element A) Discussion: - Issues: - Action: -
Year 2, Domain 1 (Including Core element A) Discussion: - Issues: - Action: -
Year 3, Domain 1 (Including Core element A) Discussion: - Issues: - Action: -
Year 4, Domain 1 (Including Core element A) Discussion: - Issues: - Action: -
Year 5, Domain 1 (Including Core element A) Discussion: - Issues: - Action: -

FORM 4A - CONTINUED

SUMMARY OF APPRAISAL DISCUSSION
Year 1, Domain 2 (Including Core elements B, C and F) Discussion: - Issues: - Action: -
Year 2, Domain 2 (Including Core elements B, C and F) Discussion: - Issues: - Action: -
Year 3, Domain 2 (Including Core elements B, C and F) Discussion: - Issues: - Action: -
Year 4, Domain 2 (Including Core elements B, C and F) Discussion: - Issues: - Action: -
Year 5, Domain 2 (Including Core elements B, C and F) Discussion: - Issues: - Action: -

FORM 4A - CONTINUED

SUMMARY OF APPRAISAL DISCUSSION
Year 1, Domain 3 (Including Core elements D and E) Discussion: - Issues: - Action: -
Year 2, Domain 3 (Including Core elements D and E) Discussion: - Issues: - Action: -
Year 3, Domain 3 (Including Core elements D and E) Discussion: - Issues: - Action: -
Year 4, Domain 3 (Including Core elements D and E) Discussion: - Issues: - Action: -
Year 5, Domain 3 (Including Core elements D and E) Discussion: - Issues: - Action: -

FORM 4A - CONTINUED

SUMMARY OF APPRAISAL DISCUSSION
Year 1, Domain 4 (Including Core elements G) Discussion: - Issues: - Action:-
Year 2, Domain 4 (Including Core elements G) Discussion: - Issues: - Action:-
Year 3, Domain 4 (Including Core element G) Discussion: - Issues: - Action:-
Year 4, Domain 4 (Including Core element G) Discussion: - Issues: - Action:-
Year 5, Domain 4 (Including Core element G) Discussion: - Issues: - Action:-

FORM 4B - AGREED SUMMARY OF THE RANGE AND QUALITY OF SUPPORTING INFORMATION

- The aim of this section is to provide an agreed summary of the range and quality of supporting information based on the documents listed in Form 3
- This form should be completed by the appraiser and agreed by the appraisee.
- The mandatory Personal Development Plan is included as Form 4E.

Each year each domain should be marked with a '0' or '1' as per the key below.

		Year 1	Year 2	Year 3	Year 4	Year 5
Domain						
1	**Knowledge Skills and performance (Core Element A) (every appraisal cycle)**					
2	**Safety and quality (Core Elements B, C and F) (every appraisal)**					
3	**Communication and Team work (Core Element E) (every appraisal))**					
	MSF – Colleague Feedback (Core element D) (Once in a 5 year cycle)					
	MSF – Patient Feedback (Core element D) (Once in a 5 year cycle)					
4	**Maintaining Trust (Core Element G) (every appraisal)**					
PDP	**Professional development plan**					

Key:

0	The doctor has provided no information relating to this domain or the information is insufficient to meet the requirements of the GMC in this area.
1	The doctor has provided at least one Core element of information relating to the domain. This information is sufficient to meet the requirements of the GMC in this area.

Name:		Period
GMC Number:		

Form 4C PERSONAL DEVELOPMENT PLAN

In this section the appraiser and appraisee should review progress against last year's personal development plan (if there is one) and identify key development objectives for the year ahead, which relate to the appraisee`s personal and/or professional development. This will include action identified in the summary Form 4a above but may also include other development activity, for example, where this arises as part of discussions on objectives and job planning. Doctors approaching retirement may well wish to consider their retirement intentions and actions which could be taken to retain their contribution to the NHS.

This plan should be used for specific personal rather than organisational development needs.

The important areas to cover are:

- action to maintain skills and levels of service to patients
- action to develop or acquire new skills
- action to change or improve existing practice

REVIEW OF LAST YEAR'S PERSONAL DEVELOPMENT PLAN		
What development needs were identified?	Actions agreed	Has this been achieved? If not or partially – why was it not fully achieved? If achieved has this resolved the development need?

PERSONAL DEVELOPMENT PLAN for the year ahead		
What development needs have been identified?	Actions agreed	Target dates

Name:		Period
GMC Number:		

FORM 4D - SIGN OFF

YEAR 1 - SIGN OFF

We confirm that this summary is an accurate record of the appraisal discussion, the key information used, and of the agreed personal development plan:

Signature of Appraisee:

Signature of Appraiser: Date:

Name of Appraiser:

Name of Co-Appraiser (if relevant): GMC Number:

Signature of Co-Appraiser: Organisation:

YEAR 2 - SIGN OFF

We confirm that this summary is an accurate record of the appraisal discussion, the key information used, and of the agreed personal development plan:

Signature of Appraisee:

Signature of Appraiser: Date:

Name of Appraiser:

Name of Co-Appraiser (if relevant): GMC Number:

Signature of Co-Appraiser: Organisation:

YEAR 3 - SIGN OFF

We confirm that this summary is an accurate record of the appraisal discussion, the key information used, and of the agreed personal development plan:

Signature of Appraisee:

Signature of Appraiser: Date:

Name of Appraiser:

Name of Co-Appraiser (if relevant): GMC Number:

Signature of Co-Appraiser: Organisation:

YEAR 4 - SIGN OFF

We confirm that this summary is an accurate record of the appraisal discussion, the key information used, and of the agreed personal development plan:

Signature of Appraisee:

Signature of Appraiser: Date:

Name of Appraiser:

Name of Co-Appraiser (if relevant): GMC Number:

Signature of Co-Appraiser: Organisation:

YEAR 5 - SIGN OFF

We confirm that this summary is an accurate record of the appraisal discussion, the key information used, and of the agreed personal development plan:

Signature of Appraisee:

Signature of Appraiser: Date:

Name of Appraiser:

Name of Co-Appraiser (if relevant): GMC Number:

Signature of Co-Appraiser: Organisation:

Form 5A: Notification of Exemption from Appraisal

This form is used if the appraisee has a legitimate and valid reason for not being able to engage in an appraisal in any individual year. T**he Appraiser should consult with their Appraisal Lead before filling out this form.**
Form 5A is to be completed and signed by the appraiser, and sent to the RO (or RO nominated officer).as well as the doctor who is unable to undertake the appraisal process.
To:
Name of Board Appraisal Lead:

I wish to inform you that I have been unable to undertake an appraisal with the doctor below for the reasons noted below.

Appraisee Details:

Surname:	
Forename(s):	
GMC Number:	
Health Board:	

Appraiser Details:

Surname:	
Forename(s):	
GMC Number:	
Health Board:	

Interview details:

Relevant Year of Appraisal Interview:	

I have been unable to undertake an appraisal with this appraisee for the following reason(s):

	Tick:
This doctor is on maternity leave.	
This doctor is on a sabbatical.	
This doctor is currently working abroad.	
This doctor is currently on long term sick leave	
Other (please specify):	

When did the appraisee leave, and when will they return to work?* (If known)

Leaving Date:	**Return to work date:**

Any other Comments:

Name of Appraiser: (PLEASE PRINT)	
Signature:	
Date:	

Name of Board Appraisal Lead: (PLEASE PRINT)	
Signature:	

Date:	

Form 5B: Notification of Non-Participation in Appraisal

This form is used if, after reasonable encouragement and support, a doctor declines to take part in or fails to complete an appraisal under the Scottish Medical Appraisal Scheme for the relevant year.

The Appraiser should consult with their Board Appraisal Lead before filling out this form.

Form 5B is to be completed and signed by the appraiser, and sent to the Board Appraisal Lead, as well as the doctor who declined to take part in or failed to complete the appraisal process.

The Board Appraisal Lead will contact the doctor to offer further help and support. If the doctor continues to refuse to participate in or complete an appraisal, the Board Appraisal Lead will forward this form to the local Responsible Officer for any further action.

To: (Name of Board Appraisal Lead) |

I wish to inform you that I have been unable to complete an appraisal with the doctor below for the reasons noted below.

Appraisee Details:

Surname:	
Forename(s):	
GMC Number:	
Health Board:	

Appraiser Details:

Surname:	
Forename(s):	
GMC Number:	
Health Board:	

Interview details:

Relevant Year of Appraisal Interview:	

I have been unable to sign an Appraisal Form 4 for the following reason(s):

	Tick:
This doctor has failed to arrange an appraisal interview with me, despite reasonable effort to facilitate this/ This doctor has failed to attend two or more arranged dates without reasonable cause.	
Because of serious concerns raised during the appraisal interview, the appraisal interview was terminated and the appraisal could not be completed.	

Any other Comments:

Name of Appraiser:(PLEASE PRINT)	
Signature:	
Date:	

Name of Board Appraisal Lead: (PLEASE PRINT)	
Signature:	
Date:	

Form 5C: Notification of Clinical Governance Issues

This form is to be used where the appraisee has disclosed any information or where their behaviour during the course of the appraisal process raises serious and significant concerns in relation to Clinical Governance.
This form can be completed either by the Appraiser or the Board Appraisal Lead.
For Appraisers, prior to completing this form consult with your Appraisal Lead, RO (or RO nominated officer).
The completed Form 5C is stored on SOAR, and will be made available to the Responsible Officers for Revalidation purposes.

The most widely used definition of clinical governance is as follows:
"A framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish."
G Scally and L J Donaldson, *'Clinical governance and the drive for quality improvement in the new NHS in England'* BMJ (4 July 1998): 61-65

To:
Name of Board Appraisal Lead:

I wish to inform you that an issue(s) has arisen during this appraisee's appraisal, which has caused concerns with regards to Clinical Governance.

Appraisee Details:

Surname:	
Forename(s):	
GMC Number:	
Health Board:	

Appraiser Details:

Surname:	
Forename(s):	
GMC Number:	
Health Board:	

Interview details:

Relevant Year of Appraisal Interview:	

The Clinical Governance issue(s):

Any other Comments:

	Appraiser	**Board Appraisal Lead**
Name: (PLEASE PRINT)		
Signature:		
Date:		

FORM 6A - APPRAISEE FEEDBACK FORM (to be returned to your local appraisal governance body)

Appraisee:	Appraiser:	Date of Appraisal:

Before the Appraisal

Which appraisal under the Scottish Medical Appraisal Scheme was this? My first ☐ My second ☐ My third ☐ My Fourth ☐ My Fifth ☐

How challenging did you find it to prepare the paperwork for this appraisal?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Very difficult — Quite simple

How much time did you spend preparing for your appraisal?

Over 5 hours ☐ Between 2 and 5 hours ☐ Between 1 and 2 hours ☐ Less than 1 hour ☐

Overall, how would you say you were feeling towards your impending appraisal?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Very negative — Quite positive

During the Appraisal

Did you begin the appraisal feeling clear about what was going to be discussed?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — We agreed this at the beginning

Did the appraiser clearly explain the confidentiality of the process to you?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

No — Completely clear

Did you feel at ease during this appraisal?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

I felt ill at ease throughout — I felt completely at ease from the start

Did you feel that the appraiser was familiar with the paperwork you had sent them?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

The appraiser did not appear to have read it — Had clearly taken the time to read and think about it

Did you feel that the appraisal addressed all the issues that needed to be addressed?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — Completely

Did you feel that this appraiser was sensitive to you and to your way of working as a doctor in NHS Scotland?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — Very much so

Did you feel that the appraiser gave you any feedback constructively?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — Very constructive and fair

FORM 6A - CONTINUED

To what extent did this appraiser help you to reflect on and identify your development needs?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — Very much so

To what extent are you confident that you have gathered enough revalidation evidence for your practice as a doctor in NHS Scotland?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — Very confident

Did you discuss other roles in addition to your clinical role? Yes ☐ No ☐ Role discussed: ☐

If yes, to what extent are you confident that you have gathered enough revalidation evidence for this other role?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — Very confident

Did you feel that you had a fair and appropriate personal development plan by the end of the interview?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — Very much so

Overall, how did you feel by the end of appraisal interview?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Very negative — Very positive

AFTER THE APPRAISAL…

How long did your appraisal interview last?

Over 2 hours ☐ Between 1.5 and 2 hours ☐ Between 1 and 1.5 hours ☐ Less than 1 hour ☐

Did it feel the right length?

Too long ☐ Too short ☐ Just about right ☐

Please rate the venue of your appraisal in terms of convenience to get to, comfort and freedom from interruption:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all suitable — Very suitable

When was the paperwork completed?

Not yet complete ☐ The appraiser sent me completed paperwork within 2 weeks ☐ The appraiser sent me completed paperwork within 1 week ☐ We completed it together straight after the interview ☐

Did you feel the completed paperwork reflected a fair and accurate account of your discussion?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — Completely

To what extent did you find this appraisal helpful to your professional reflection and development?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all Extremely Helpful

Would you wish to be appraised by this appraiser again? Yes ☐ No ☐

Do you have any other comments you wish to make about your appraiser, or expand on any of your responses above?

FORM 6B - APPRAISER FEEDBACK FORM

Appraiser:	Appraisee:	Date of Appraisal:

Before the Appraisal

How challenging did you find it to review the paperwork for this appraisal?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Very difficult — Quite simple

How much time did you spend preparing for this appraisal?

Over 5 hours ☐ Between 2 and 5 hours ☐ Between 1 and 2 hours ☐ Less than 1 hour ☐

Overall, how would you say you were feeling towards this impending appraisal?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Very negative — Very positive

During the Appraisal

Did you begin the appraisal feeling clear about what was going to be discussed?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — We agreed this at the beginning

Did you feel that the confidentiality of the process was understood?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

No — Completely clear

Did you feel at ease during this appraisal?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

I felt ill at ease throughout — I felt completely at ease from the start

Did you feel that the appraisal addressed all the issues that needed to be addressed?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — Completely

Did you feel that the feedback you gave was constructive?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — Very constructive and fair

To what extent did this appraisal help reflect on and identify development needs?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — Very much so

FORM 6B - CONTINUED

To what extent are you confident that enough evidence was gathered for revalidation as a doctor in NHS Scotland?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — Very confident

Did you discuss other roles in addition to the clinical role? Yes ☐ No ☐ Role discussed: ☐

If yes, to what extent are you confident that enough revalidation evidence was gathered for this other role?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — Very confident

Did you feel that a fair and appropriate personal development plan was identified by the end of the interview?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — Very much so

Overall, how did you feel by the end of appraisal interview?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Very negative — Very positive

After the Appraisal…

How long did the appraisal interview last?

Over 2 hours ☐ Between 1.5 and 2 hours ☐ Between 1 and 1.5 hours ☐ Less than 1 hour ☐

Did it feel the right length?

Too long ☐ Too short ☐ Just about right ☐

Please rate the venue of the appraisal in terms of convenience to get to, comfort and freedom from interruption:

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all suitable — Very suitable

How long have you taken to complete form 4?

Not yet complete ☐ within 2 weeks ☐ within 1 week ☐ We completed it together straight after the interview ☐

Did you feel the completed paperwork reflected a fair and accurate account of your discussion?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — Completely

ACADEMIC MEDICINE

SECTION 1: SUPPORTING DOCUMENTATION

Summary CV	
Other – please specify:	

SECTION 2: ASSESSMENT AGAINST PREVIOUS YEARS' ACADEMIC OBJECTIVES

1. Objective	
Progress	
2. Objective	
Progress	
3. Objective	
Progress	
4. Objective	
Progress	
5. Objective	
Progress	
6. Objective	
Progress	

SECTION 3: SUMMARY OF ACTIVITY UNDERTAKEN (refer to the guidelines from your university)

Research

Teaching and Scholarship

Leadership and Management

SECTION 4: ACADEMIC OBJECTIVES FOR FORTHCOMING YEAR

Max. 5 objectives
1.
2.
3.
4.
5.
6.

SECTION 5: ACADEMIC CAREER ASPIRATIONS, FUTURE PLANS AND PERSONAL/PROFESSIONAL DEVELOPMENT NEEDS FOR FORTHCOMING YEAR

Future plans and agreed training or developmental requirements (brief description of development needs or learning gap). If required please use a Personal Development Plan (PDP) template.