MEDICAL APPRAISAL GUIDANCE SCOTLAND (MAGS)

A Guide to the structures and processes for the delivery of appraisal for Revalidation purposes

Produced by a working group of the Revalidation Delivery Board for Scotland (RDBS)

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1. Background

1.1 Medical Revalidation, a legal requirement in the UK since December 2012, is the process by which doctors demonstrate to the General Medical Council (GMC) that they are up to date and fit to practise. Introduction to revalidation - GMC (gmc-uk.org)

1.2 *The Medical Profession (Responsible Officers) Regulations 2010*(1) *and the Medical Profession (Responsible Officers) (Amendment) Regulations 2013*(2) require each body designated under the regulations to appoint a Responsible Officer (RO) who must monitor and evaluate the fitness to practise of doctors with whom the designated body has a prescribed connection.

1.3 A designated body is a doctor's principal employer that will provide a regular appraisal and support them with revalidation. The types of organisations that should be designated bodies are noted in Schedule, Part 1 and Part 2 to *The Medical Profession (Responsible Officers) Regulations 2010*(1) *and the Medical Profession (Responsible Officers) (Amendment) Regulations 2013*(2).

1.4 Doctors who wish to retain a licence to practise must revalidate every 5 years and undertake annual appraisal based on the GMC's core guidance, *Good Medical Practice*(3). On the basis of these appraisals and any other relevant information that is available, the RO makes a recommendation to the GMC regarding a doctor's suitability for revalidation.

1.5 Annual appraisal is a contractual obligation for all consultant and SAS doctors employed by NHS Boards and 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.

1.6 This document replaces and supersedes *NHS Scotland: A Guide to Appraisal for Medical Revalidation*, *July 2012 (Updated March 2014).*

2. Aim of Document

2.1 The aim of this document is to provide guidance regarding the structures and processes that are required to deliver medical appraisal in Scotland.

2.2 It is designed for those who are responsible for the delivery of the appraisal process in Scotland including ROs, appraisal leads and appraisers. It will also help appraisers and designated bodies ensure that appraisal is carried out effectively to a consistent high standard.

2.3 The document is applicable to all doctors and will assist them to understand the appraisal process, to participate more effectively and to enable them to have a productive and supportive appraisal.

3. Aims and Objectives of Appraisal

3.1 Appraisal is a supportive, formative and developmental process. It is principally an opportunity for reflection and learning of a doctors whole/complete practice. It should be a positive process, providing doctors with feedback and to allow reflection on their past and to plan their future progress.

3.2 In preparation for their annual appraisals, doctors must provide supporting information to demonstrate that they are continuing to meet the principles and values set out in *Good Medical Practice*[3]. The GMC has produced guidance regarding the supporting information that is required *Guidance on Supporting Information for Appraisal and Revalidation, March 2018, updated November 2020*[4].

3.3 The objectives of medical appraisal are as follows:

- To provide doctors with the opportunity to:
  - Reflect on their clinical and non-clinical practice.
  - Reflect on the supporting information they have gathered and what that information demonstrates about their practice.
  - Reflect on and discuss their health and wellbeing.
  - Identify areas where they could make improvements or undertake further development and produce a Personal Development Plan (PDP) for the coming year.
  - Demonstrate that they are up to date.

- To provide assurance to the employing organisation and to the wider public that a doctor is up to date across their whole practice.

- To support and provide a route to revalidation that builds on and strengthens existing systems.

3.4 Appraisal is NOT:

- The mechanism by which serious concerns regarding health, capability, behaviour or attitude are addressed. Whilst appraisal is an opportunity to discuss such concerns they should be managed in an appropriate and timely manner outside appraisal, in line with national and local policies.

- A performance management tool or a mechanism by which employers review or judge performance against a contract of employment, job plans or service objectives. Appraisal and job planning are separate processes, though the outputs from one may inform the other.

- A discussion about the content of job plans. Whilst appraisal may be an opportunity to discuss matters relating to job plans, it is not the mechanism to agree the content.

4. Structure and Governance

4.1 Revalidation Delivery Board for Scotland (RDBS)

4.1.1 The RDBS was convened by the Scottish Government to oversee the development and implementation of revalidation. It is the main policy making body for appraisal and revalidation in Scotland.

4.1.2 The Board is chaired by the Senior Medical Officer, lead for Medical Revalidation within Scottish Government and includes a range of stakeholders with an interest in appraisal and revalidation.

4.2 Responsible Officers

4.2.1 Under the *Medical Profession (Responsible Officers) Regulations 2010*[1], and the *Medical Profession (Responsible Officers) (Amendment) Regulations 2013*[2], designated bodies must appoint an RO. The RO is responsible for ensuring that there is a process in place to deliver annual appraisal including the appointment of trained appraisers. Based predominantly on annual appraisal, but including any other information that is made available, the RO makes a recommendation to the GMC regarding a doctor's suitability for revalidation. The GMC however determines whether a doctor will be revalidated.

4.2.2 The Scottish Government is the designated body for RO's in Scotland. The Chief Medical Officer (CMO) is the Higher Level RO. A small number of doctors who work exclusively within Scottish Government are also allocated to the CMO for revalidation purposes.

4.2.3 The CMO in turn has a 'suitable person' for revalidation purposes who makes a recommendation to the GMC regarding the CMO's suitability for revalidation. By convention this is the Chair of the Academy of Medical Royal Colleges and Faculties in Scotland.

4.3 Medical Appraisal

4.3.1 Medical appraisal in Scotland is managed in the NHS designated bodies at Board level by Medical Directors/ROs who normally appoint appraisal leads and appraisers. NHS Education for Scotland (NES) support the appraisal process across Scotland by providing appraisal training. They also support the online platform Scottish Online Appraisal Resource (SOAR); the central depository for recording appraisal documentation. There is a central Medical Appraisal Team at NES, including a Post Graduate Dean with responsibility for Appraisal and Revalidation, an Associate Postgraduate Dean and a Manager. The SOAR facility and training resources are also available for private designated bodies.

4.4 Medical Appraisal & Revalidation Quality Assurance (MARQA) Review

4.4.1 An annual review of appraisal and revalidation has been commissioned by RDBS on behalf of the Scottish Government since 2010. This was initially undertaken by Health Improvement Scotland (HIS) but since appraisal year 2017/18

it has been produced by NES, when it was re-named as "Medical Appraisal & Revalidation Quality Assurance (MARQA) Review".

4.4.2 The process involves the annual completion of a self-assessment questionnaire by all designated bodies in Scotland. This seeks a range of information including appraisal rates, revalidation deferrals and a description of local governance processes.

4.4.3 A review panel convened by NES considers the submissions and can seek further information and/or recommend that a site visit be undertaken. NES then prepare and submit a report to the RDBS. This report is published and can be found at Medical Appraisal Scotland | I want access to | MARQA

5. Management and Structure of Appraisal

5.1 Governance of Appraisal

5.1.1 The RO has a duty to ensure that a structure is in place to deliver appraisal. This task can be delegated to an appropriate person such as an Appraisal Lead but under the legislation the RO retains overall responsibility and accountability for the system of appraisal.

5.1.2 Details of the role of the Appraisal Lead is available on the Medical Appraisal website. http://www.appraisal.nes.scot.nhs.uk/help-me-with/revalidation/appraisal-lead.aspx

5.2 Annual Report

5.2.1 Since 2008 the CMO has required Medical Directors of NHS Boards to submit an Annual Report outlining the key performance indicators relating to the delivery of appraisal to their NHS Board. Similarly, all other designated bodies must ensure that this information is conveyed to their relevant governance structures. Submission of the MARQA report would normally suffice for this purpose.

5.3 Linking Clinical and Staff Governance Systems to Appraisal

5.3.1 Designated bodies generate a large quantity of information in relation to the volume and quality of healthcare provided by their clinical teams and individual clinicians. They have a responsibility to assist doctors by making this information available in a usable format that can be presented for appraisal.

5.3.2 Priority should be given to providing reports of all significant clinical incidents and a list of complaints involving individual doctors over the preceding year. It is a GMC requirement that complaints and significant clinical incidents are discussed at appraisal.

5.4 **Resources to Support Appraisal**

5.4.1 It is recognised that small organisations (for example employing 15 or less doctors) may find it challenging to deliver a robust and independent system for appraisal given the requirement to have at least two trained appraisers allocated to an appraisee over a 5-year cycle. In these circumstances it is recommended for governance purposes that small designated bodies arrange to outsource the appraisal of their doctors to a larger designated body. They can also, if necessary, outsource the RO role. In this circumstance the RO would need to reassure themselves of local governance.

6. Appraisers

6.1 **The Role of the Appraiser**

6.1.1 The appraiser has a key role in appraisal and therefore the quality of the revalidation process.

6.1.2 In secondary care, appraisers should aim to undertake approximately 10 appraisals per year in order to ensure the consistency of the process, the maintenance of skills and the quality of the appraisal process. Primary Care appraisers will usually undertake approximately 22 appraisals per year.

6.1.3 To avoid conflict of interest and protect the integrity of the system, RO's should not undertake appraisals for doctors for whom they will be required to make a revalidation recommendation.

6.1.4 Similarly RO's in Scotland are not appraised within their designated body. They are appraised by a trained appraiser who is independently allocated to them by NHS National Services Scotland (NSS).

6.2 **Appraiser Training**

6.2.1 To ensure that appraisals are delivered to a uniform high standard across the country, all appraisers must undertake training. In Scotland, this is organised and delivered by NES. Appraisers are also expected to undertake refresher training, approximately every 5 years. Medical Appraisal Scotland | Be an Appraiser

6.2.2 Appraisers who have had equivalent training out with Scotland can discuss their interest with the employing health board's Appraisal Lead, who will determine vacancy and suitability to appoint to the role of medical appraiser (or suggest attendance at NES Medical Appraiser training).
https://www.appraisal.nes.scot.nhs.uk/media/373506/Medical-Appraisers-Appointment-process.pdf

6.3 **Resources to support appraisers.**

6.3.1 In addition to core training, continuing support should be given to appraisers to ensure that they maintain their appraisal skills such as:

- Attendance at appraiser Refresher training events.
- Organising local appraisers meetings.
- Attendance at annual Scottish Medical Appraisers Conference.

7. The Appraisal

7.1 Selecting the Appraiser

7.1.1 Each doctor should be independently allocated a trained appraiser. Doctors should not choose the appraiser.

7.1.2 There is no requirement for an appraiser that is allocated to an appraisee to be from the same clinical discipline.

7.1.3 Normally an appraiser will be in current practice or within 3 years of retirement.

7.1.4 The appraisee is entitled to request one alternative choice of appraiser. If the appraisee has reason not to accept the choice of appraiser then the Appraisal Lead will appoint another appraiser. Other than in exceptional circumstances, that decision will be final.

7.1.5 To ensure all doctors have an opportunity to experience different appraisals and to provide robust evidence for revalidation, a doctor should have at least 2 different appraisers within any rolling five-year period. An appraiser should not normally undertake more than 3 appraisals with the same doctor within a 5-year period.

7.1.6 In Scotland appraisers are normally registered doctors with a licence to practise.

7.1.7 Where a doctor does any work out with their designated body they must bring information about this to their appraisal. This includes both clinical and non clinical work in order to be a whole practice appraisal.

7.2 SOAR (Scottish Online Appraisal Resource)

7.2.1 SOAR is a secure online application developed by NES to facilitate the appraisal and revalidation processes. Funded by Scottish Government, SOAR is provided for all doctors connected to a designated body in Scotland. It facilitates safe collection and storage of information for appraisal. It also allows the organisation and tracking of appraisals and the storage of Form 4s. For full information of the appraisal process on SOAR, please visit the Medical Appraisal Scotland website: https://www.appraisal.nes.scot.nhs.uk/help-me-with/soar.aspx

7.3 **Providing information for the appraisal**

7.3.1 Doctors must evidence all of their clinical practice and any other relevant professional work that they undertake by providing supporting information. This is known as “whole practice appraisal”.

7.3.2 The supporting information required for appraisal has been defined by the GMC in the following documents available on the GMC website.

- Good Medical Practice
- Framework for Appraisal and Revalidation
- Guidance on supporting information for appraisal and revalidation

7.3.3 Doctors may choose to bring additional supporting information to show that they are “up to date and fit to practise” such as that recommended by their Medical Royal College, but this is additional to the core requirements for revalidation.

7.3.4 All of the documentation must be available to the appraiser at least two weeks prior to the appraisal interview. The interview may be postponed if the information is not available at that time, unless agreed otherwise by both parties.

7.3.5 During the Covid19 pandemic (2020/2021), in recognition of the unprecedented pressures on the medical workforce, appraisers were instructed to ensure that, in addition to including the core requirements, the appraisal should include an opportunity for focused reflection on maintaining the personal and professional wellbeing of the doctor. It is anticipated that this will continue to be an important component of the appraisal interview in the future. The GMC in particular have been supportive of this wellbeing approach to appraisal alongside their core requirements, which remain the same.

7.4 **Colleague Feedback**

7.4.1 It is a GMC revalidation requirement that doctors should seek feedback, from a range of workplace colleagues, at least once in each revalidation cycle. A Multi Source Feedback (MSF) tool should be used that is compliant with GMC guidance. *Guidance on Supporting Information for Appraisal and Revalidation, March 2018, updated November 2020*[4].

7.4.2 The MSF tool provided by NES and hosted on SOAR is a convenient and compliant tool. Doctors may choose the individuals that are approached but this must include a wide range of medical and non-medical staff. The MSF report must be provided for discussion and reflection at appraisal at least once in every 5 year cycle of revalidation.

7.5 **Patient Feedback**

7.5.1 It is a GMC revalidation requirement that at least once in every revalidation cycle, doctors must collect, reflect on and discuss feedback from patients. This should be from a representative sample of patients, or those for whom medical

services are provided. *Guidance on Supporting Information for Appraisal and Revalidation, March 2018, updated November 2020*[4].

7.5.2 The GMC guidance states that when deciding how to do this, doctors should consider which mechanism or tool would be the most appropriate for their patients, and what would give meaningful information about their practice. A structured questionnaire may be suitable, however doctors may take another approach if it better suits the context of their work and/or patients' needs. Other approaches could include structured interviews, formal comment cards or a remote feedback tool like an app. More information is available in the GMC G*uidance on Developing and Implementing Formal Patient Feedback Tools, November 2020*[5].

7.5.3 Doctors must not select the patients that will be approached to provide feedback. Patient should be invited to participate independently of the doctor and the feedback should be independently collated. It is recommended that feedback is obtained from a minimum of 25 patients.

7.5.4 Designated bodies should support doctors by providing or advising on mechanisms used to seek feedback, and by providing access to any relevant feedback collected centrally. Local appraisal teams can provide advice about the process.

7.5.5 There will be a group of doctors for whom patient feedback is not applicable, for example, doctors who conduct research only or some forensic doctors. This should be discussed and agreed with their appraiser.

7.6 **Serious concerns during an appraisal**

7.6.1 At the outset of the appraisal the appraiser should explain the terms of the confidentiality agreement that the appraisal is taking place under and the circumstances under which that confidentiality would be breached, such as those noted in 7.6.2 and 7.6.3.

7.6.2 Occasionally a serious issue regarding patient safety or in relation to the behaviour or probity of the doctor that was previously unknown may arise during an appraisal. If this occurs the appraiser should stop the interview and explain to the appraisee that the concern will be reported to the appropriate officer.

7.6.3 In the event that a serious issue becomes apparent to the appraiser after the appraisal interview is completed, or signed off, the appraiser would have a duty of candour to report a concern in the same way that any health professional would have that duty.

8. Output of Appraisal

8.1 **Form 4**

8.1.1 The Form 4 is the record of an appraisal. It must objectively record the content of the appraisal, summarise the nature of the discussion and outline the key

supporting information presented. It should reflect the nature of the discussion, record the actions that have been agreed and confirm the PDP for the coming year.

8.1.2 The Form 4 should include all the key discussion points to aid the RO in their revalidation recommendation decisions. The RO will use this and other information available to them in making the revalidation recommendation.

9. Specific Doctor Groups

Doctors work in a range of clinical and non-clinical environments. A basic principle of appraisal is that it must cover the full scope of practice. A number of these roles are outlined below.

9.1 University-employed doctors

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

9.1.2 Doctors employed in the NHS with honorary University appointments who undertake a significant volume of University-related work such as teaching or research, must ensure that the supporting information provides adequate information for these activities.

9.1.3 The Board for Academic Medicine in Scotland has developed and approved a convenient supplementary appraisal form to allow doctors to present information relating to the academic component of their work. This is available in electronic form on the SOAR platform.

9.2 Doctors working full time or substantially in Management

9.2.1 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) must also undergo appraisal if they wish to retain a licence to practise by revalidation. This will be in addition and separate from any performance review arrangements that are required by their employer. Evidence gathered for performance review may however also be suitable for appraisal and may be submitted to demonstrate “fitness to practise”.

9.3 Doctors working solely or mainly in the private sector

9.3.1 In Scotland, most doctors who work in private practice are also employed by the NHS. In these circumstance the doctor should connect to the designated body where they do the majority of their clinical work.

9.3.2 Doctors are required to undertake “whole practice appraisal” meaning that they must submit supporting information relating to both their NHS and private

practice. Complaints or adverse events that arise from all components of their work must be declared and discussed at appraisal.

9.3.3 Doctors who only work in private practice must relate to an RO who in turn will agree with the doctor the arrangements for undertaking appraisal. Some private organisations have appointed RO's for this purpose.

9.3.4 A small number of doctors are employed by Hospices in Scotland. Arrangements have been made for those doctors to relate to the RO of the Health Board where the Hospice is geographically situated. The NHS RO will also make arrangements for appraisal.

9.4 General Practitioners who also work in secondary care

9.4.1 Some general practitioners also work in a range of hospital roles. These doctors must participate in whole practice appraisal which usually takes place where the doctor undertakes most of their work.

9.5 Locum Doctors

9.5.1 All locum doctors in primary care are required to be on the performers list. They must provide evidence that they have an RO and details of previous appraisals. The RO would normally be from the designated body where the locum doctor does most of their work.

9.5.2 Locum doctors employed in either primary or secondary care NHS posts for two months or more in a twelve month period should be given the opportunity to undergo a formal appraisal if required, during that locum post. They must provide supporting information relating to all practice that they have undertaken in the year leading to this appraisal. This should include feedback from any locum posts, complaints or adverse events that arise from any aspect of their work, all of which must be declared and discussed at appraisal.

9.5.3 It is good practice that locum doctors employed in either primary or secondary care should be given the opportunity for feedback from a colleague prior to leaving the post. The feedback should include details of complaints, critical incidents or adverse events and these must be included in the doctors annual appraisal as supporting information.

9.5.4 Locum doctors should endeavour to provide supporting information from all of their professional practice, to include clinical and non clinical work, in their appraisal documentation.

9.5.5 In the event of a serious adverse incident relating to the doctor undertaking the locum position, this matter should be escalated to the RO of the Board and shared with the locum's RO in line with the Board's policy.

9.5.6 Where locum doctors are employed by an agency that is also a designated body; then the agency will be responsible for appraisal and revalidation. In these circumstances the employer must ensure that their employment procedures are

updated to check that locum doctors are licensed and have an up to date Form 4 and PDP.

9.5.7 It is recognised that doctors who work in a series of short-term locum positions may find it challenging to fulfil the requirements of revalidation. Designated bodies should make every effort to help these doctors by providing supporting information and access to appraisals.

9.6 Clinical Fellows

9.6.1 An increasing number of doctors are choosing to undertake clinical fellowships out with a formal training programme.

9.6.2 Clinical Fellows should be allocated an educational supervisor at the start of their period of employment and an educational programme should be agreed. Clinical fellows wishing to maintain a licence to practise will require an annual appraisal, and therefore must be allocated an identified appraiser (who may need to be a different individual from the educational supervisor), and be registered with and upload relevant evidence to SOAR to support the process.

9.7 Doctors who undertake a small volume of work

9.7.1 Doctors are required to show that they are "up to date and fit to practise". This implies that they should undertake sufficient work to maintain their skills. The GMC does not prescribe how many hours work are necessary for this purpose. ROs must therefore exercise an element of judgement regarding how much work they consider is sufficient to allow a doctor to maintain their skills.

9.7.2 Doctors who undertake a small volume of work may find it useful to refer to the NHS England guidance "*Supporting doctors who undertake a low volume of NHS General Practice clinical work",* March 2019(6). Whilst the document is intended for General Practitioners it makes a number of points that are helpful and relevant for all doctors who undertake a small volume of work to consider when approaching an appraisal.

10. References

1. The Medical Profession (Responsible Officers) Regulations 2010

2. The Medical Profession (Responsible Officers) (Amendment) Regulations 2013

3. Good Medical Practice

4. Guidance on Supporting Information for Appraisal and Revalidation, March 2018, updated November 2020

5. Guidance on Developing and Implementing Formal Patient Feedback Tools, November 2020

6. Supporting Doctors Who Undertake a Low Volume of NHS General Practice Clinical Work, March 2019