

Clinical Academic Staff Appraisal Scheme

Guidance Notes

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UNIVERSITIES & COLLEGES
EMPLOYERS ASSOCIATION



CLINICAL ACADEMIC STAFF APPRAISAL SCHEME
Guidance Notes

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Foreword

To Vice-Chancellors/Principals and Association of UK University Hospitals Medical Directors

As we approach the planned implementation date of December 2012 for medical revalidation, it is crucial that UK higher education institutions together with their partner NHS bodies are well prepared for the enhanced appraisal process. This means implementing a sufficiently robust appraisal scheme to support the requirements of the GMC's Good Medical Practice Framework for appraisal and revalidation

The following guidance has been produced to raise the awareness of Vice-Chancellors /Principals and senior clinical academics of their responsibilities for the clinical academic appraisal process and sets out a recommended national model appraisal scheme for consultant clinical academic staff and senior academic GPs.

We are grateful for the contribution to this document by the UCEA Clinical Academic Staff Advisory Group (CASAG), the Department of Health, the Medical Schools Council (MSC), the Dental Schools Council (DSC), the GMC and GDC along with the British Medical Association (BMA), British Dental Association (BDA) and the Universities and Colleges Union (UCU). We also recognise that there are existing and developing examples of good joint working practice between universities and the NHS and the recommended revised national model has been developed in the context of this existing good practice.

I would commend this guidance to you and the accompanying recommended appraisal form to support the clinical academic appraisal process and to ensure that all clinical academic staff are fully aware of their responsibilities in the appraisal process, whether that is as an appraiser or as an appraisee.



Professor Peter Kopelman
Principal, St George's University of London and Chair of CASAG
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1. Licensing and revalidation in medicine

1.1 Under UK law, all doctors who practise medicine in the UK must be registered with the General Medical Council (GMC) and hold a licence to practise. All dentists must be registered with the General Dental Council (GDC). The GMC has developed a licensing and revalidation scheme that will require all medical practitioners, as a condition of retaining a licence to practice, to demonstrate on a regular basis their fitness to practise medicine in their chosen fields, which includes those who are engaged in teaching, research or other academic activities. The GDC is currently developing a similar system. Doctors will be required to collect information about their performance based on the following key headings of [Good Medical Practice](#) (2006 updated 2009)¹:

- Good clinical care
- Maintaining good medical practice
- Teaching and training, appraising and assessing
- Relationships with patients
- Working with colleagues
- Probity
- Health

1.2 The requirements for dentists are likely to be similar.

1.3 Appraisal provides a regular, structured system for recording progress and identifying development needs (as part of personal development plans) which will support individual clinical academics in achieving revalidation. It should be regarded as a formative, developmental process, and should take place annually drawing on the content of the job plan and discussions in the job plan review. Revalidation requires a summative judgement to be made about a doctor's (and dentist's) practice over a five year period and is informed by appraisal. Thus the two processes are different but, wherever possible, it is important to ensure that the core information underpinning appraisal and revalidation is the same.

¹ In February 2012 the GMC completed consultation on the 2012 Good Medical Practice and, at the time of writing, the revised is expected to be published shortly

2 Appraisal – an introduction

- 2.1 Appraisal is a professional process of constructive dialogue, in which the individual being appraised has a formal structured opportunity to reflect on his/her work and to consider how his/her effectiveness might be improved. It is a positive employer-led process to give employees feedback on their performance, to chart their continuing progress and to identify development needs. It is a forward-looking process essential for the developmental and educational planning needs of an individual.
- 2.2 Almost all universities which employ clinical academic staff, both medical and dental, introduced appraisal schemes for their academic staff in the late 1980s. These schemes have developed over time, most recently with the introduction of the Consultant Clinical Academic Contract in England in 2004 and the subsequent equivalents in the devolved nations and for Senior Academic GPs. With the introduction in 2012 of the [revised licensing and revalidation arrangements](#) for doctors (and dentists in 2014) in the UK it has become necessary to review the current scheme.
- 2.3 The principles of the [Follett Report](#)² remain a key driver for and underpin the joint approach between Higher Education Institutions (HEIs), medical and dental schools and their NHS partners. As stated in the Follett Report (para 50), “...without a new approach, clinical academics will face a series of overlapping but separate processes: NHS appraisal, university appraisal and performance review, NHS award schemes, and GMC requirements for evidence demonstrating fitness to practise in the fields of academic medicine. We think this is unsatisfactory as well as unsustainable in the long term. We see it as essential for the university to be an equal partner in the appraisal process, and believe that the recommendations ... will resolve the situation and be a powerful tool towards containing problems of overload.”
- 2.4 The Follett Report recognised that the position for dental academic staff with consultant contracts is somewhat different given the particular relationship between dental schools and dental hospitals, and the differing arrangements for recertification by the GDC. Nevertheless it recommended (paragraph 76) “...that dental schools

² A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties, A report to the Secretary of State for Education and Skills, by Professor Sir Brian Follett and Michael Paulson-Ellis, September 2001

should follow our proposals for joint planning of an appraisal system, ensuring that it meets both NHS and university needs (and the requirements of the GDC for retaining professional status, which are not the same as those of the GMC) ...”

- 2.5 HEIs will also need to consider both doctors and dentists who work in Academic Public Health in England and whose honorary contracts may be with primary care trusts (PCTs) currently but may be with local authorities or Public Health England in the future.
- 2.6 Given the above, the Follett Report defines (para 54) *“joint appraisal as two appraisers, one from the university and one from the NHS, working with one appraisee on a single occasion”* and, for doctors, states that *“joint appraisal is the only way of reviewing the whole individual holding a single post that we believe a clinical academic to be, even though he or she is accountable to two masters. Equally positively, an annual requirement for NHS and university managers to come together to review the totality of demands on their staff will facilitate greater flexibility over time in matching service and academic needs with an individual’s experience, skills and career development.”*
- 2.7 In the case of dentists, it is recognised, as it was in the Follett Report, that it may often be possible and appropriate for a single appraiser to cover both sides of the work and thus, in the following, the term “joint appraisal” covers this eventuality.
- 2.8 As Follett observes (paragraph 8) *“Universities ... are legally independent and autonomous bodies. ... Thus so far as universities are concerned our recommendations will fall to be implemented individually by institutions which will need to fit them into their legal structures and existing staff management procedures.”*
- 2.9 Nevertheless, there is general agreement amongst the universities concerned that an overall national framework for the appraisal of senior clinical academic staff, with some flexibility to adapt to local arrangements with the NHS, would have great advantages to both the individual clinical academic and the employing institution. Thus this guidance document sets out a recommended national model appraisal scheme for consultant clinical academic staff and senior academic GPs which is the outcome of discussions between the UCEA Clinical Academic Staff Advisory Group (CASAG), the Department of Health, the Medical Schools Council (MSC), the Dental

Schools Council (DSC), NHS Employers, the GMC and GDC along with the British Medical Association (BMA), British Dental Association (BDA) and the Universities and Colleges Union (UCU). It is recognised that there are existing and developing examples of good joint working practice between universities and the NHS. The recommended revised national model has been developed in the context of this existing good practice.

2.10 The Equality Act 2010 requires all public bodies, including the NHS and universities, to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic³ and people who do not share it; and
- foster good relations between people who share a protected characteristic and people who do not share it.

2.11 Further, there are particular responsibilities under the Act relating to progression, promotion and staff development, of which appraisal is necessarily a part. Therefore, an essential additional requirement of the appraisal scheme is to reflect upon the equality and diversity responsibilities of clinical academic staff, both in their service delivery to patients and in their management responsibilities for and interactions with other staff, students and potential students.

2.12 Although, as indicated above, there are some differences in circumstances between doctors and dentists, the recommended model is intended for both. Thus, in the following, the term *clinical academic* refers to consultant doctors, senior academic GPs and consultant dentists except where it is explicitly stated otherwise.

³ The 2010 Equality Act 'protected characteristics' are age, disability, gender, gender reassignment, marriage and civil partnership, race, religion and belief, pregnancy and maternity, sexual orientation.

- 2.13 Appraisal in relation to NHS activity has been a requirement under the honorary consultant contract for all consultant clinical academics since 1 April 2001. This requirement was subsumed into new arrangements for joint university and Trust/Board appraisal schemes as from 2012. Under the new arrangements appraisal in relation to NHS activity will continue to be a requirement of honorary consultant contract holders.
- 2.14 The NHS Trust/Board timetable for completion of appraisal has, up until now, been 31 March of each year. Most universities, however, finish their annual appraisal round for academics by 31 July. Bearing in mind the recommendation of the Follett Report that appraisal is undertaken on a joint basis by both employers, it is recommended that HEIs and their partner NHS bodies discuss ways to rationalise the timetable for the appraisal of clinical academics with the aim of achieving a unified timetable for appraisal which is not burdensome for either appraisers or appraisees.

3 Definition and aims of appraisal

- 3.1 As indicated above, appraisal allows the employer and individual employee to consider together activity and development needs, and to address any matters that may inhibit performance. In the particular case of clinical academic staff, it offers an opportunity to address the inherent tension of combining the demands of research, education, clinical service and administration to meeting the objectives of two employers. It is not the primary aim of appraisal to scrutinise doctors and dentists to see if they are performing poorly but rather to help them consolidate and improve on good performance, aiming towards excellence. However, it can help to recognise, at an early stage, developing poor performance or ill health, which may be affecting practice.
- 3.2 The [GMC Good Medical Practice Framework for Appraisal and Revalidation](#) sets out the broad areas which should be covered in medical appraisal and on which recommendations to revalidate doctors will be based. The Framework for Appraisal derives from the GMC's [Good Medical Practice](#) which describes what is expected of all doctors registered with the GMC. The expectations are structured around four 'domains':
- knowledge, skills and performance;
 - safety and quality;
 - communication, partnership and teamwork;
 - maintaining trust.
- 3.3 In terms of maintaining professional performance Good Medical Practice states that doctors **must, 'take steps to monitor and improve the quality of their work, for example through audit, appraisals and performance reviews. They must respond constructively to the outcomes, undertaking further training where necessary.**

3.4 The aims and objectives of the clinical academic appraisal scheme are to enable the university, the NHS and the individual clinical academic to:

- review the contribution of the individual to education, research and clinical service;
- review the contribution of the individual to academic and/or clinical leadership of the discipline and to innovation both locally, nationally and internationally;
- review regularly an individual's work and performance, utilising relevant and appropriate comparative performance data from local, regional and national sources;
- ensure the fulfilment of the equality and diversity responsibilities of both the organisations and the individual;
- optimise the use of skills and resources in seeking to achieve the delivery of priorities with respect to research, teaching and clinical practice;
- consider the clinical academic's contribution to the quality and improvement of services and priorities delivered locally within higher education and the NHS;
- set out personal and professional development needs and agree plans between the sectors for these to be met;
- identify the need for the working environment to be adequately resourced to enable any objectives in the agreed job plan to be met;
- provide an opportunity for clinical academic staff to discuss and seek support for their participation in activities for the wider higher education and NHS sector;
- for medical practitioners, utilise the annual appraisal process and associated documentation to meet the requirements for GMC revalidation;
- for dental practitioners, utilise the annual appraisal process as a complement to recertification and continuing professional development (CPD), and to meet the requirements of GDC revalidation when it is introduced.

3.5 NHS staff with honorary academic contracts may also find it helpful to make use of the agreed appraisal form for clinical academic staff to guide their appraisal discussions and ensure that their teaching and research activity is properly reflected in the appraisal.

4 Appraisal process and content

4.1 For the university, the Vice-Chancellor/Principal or the Head of School⁴ as his/her delegated nominee and, for the NHS Trust/Board, the Chief Executive, are accountable for the appraisal process and are therefore responsible for ensuring that appraisers are properly trained to carry out this role and are in a position to undertake appraisal of academic activity, clinical performance, service delivery and management issues jointly. For the university, and as appropriate within the internal management structure, the appraiser will in most cases be the appropriate head of department⁵ or nominee and, for the Trust/Board, the clinical director or equivalent (see section 8 for detail).

4.2 Responsibility for appraisal will be shared but lead responsibility rests:

- with the university for teaching, research and university management;
- with the NHS for clinical service together with relevant management issues including the clinical academic's contribution to the organisation and delivery of local services and priorities⁶;
- with both for the wider roles of clinical academics in clinical innovation, professional leadership and their equality and diversity responsibilities.

4.3 Doctors whose appraisal forms will be submitted to secure their revalidation will want to ensure that their appraisal is structured against the headings of Good Medical Practice and the equivalent document in dentistry and that all aspects of their medical and dental practice are subject to appraisal by at least one registered practitioner. Responsible officers (who make the recommendation to the GMC regarding revalidation) are also responsible for ensuring that appraisal takes place, that those for clinical academics are compliant with the principles of the Follett Report and that revalidation processes locally meet the requirements of national revalidation.

⁴ The term *Head of School* is used to denote the person who acts as the managerial head of the Medical or Dental School or Faculty. The term used within individual universities may vary - for example titles such as *Dean, Principal* or *Head of (Medical/Dental) Faculty* may be used.

⁵ The term *Department* is used to denote one of the small number of main groups into which the Medical or Dental School or Faculty is organised, the term used locally may vary.

⁶ Clinical academics may work for more than one NHS employer, but one of these will be agreed to be the lead employer for the purposes of managing the individual. Cognisance will need to be taken of all the NHS affiliations of clinical academics.

England

The appraisal agenda is set out in the Model Appraisal Form at Appendix A. The form was initially developed in England by the Revalidation Support Team within the Department of Health for use in NHS in England. Following input by clinical academics at the University of Leeds, the UCEA Clinical Academic Staff Advisory Group (CASAG), MSC and the BMA the form was modified for use in the HE sector. The form should be used in conjunction with the [Medical Appraisal Guide \(Version 3 March 2012\)](#)

The revised form has been made available on the UCEA website for use by members. The form is a generic interactive pdf, which allows both clinical academics and appraisers to enter information and upload documents into the form before, during and after the appraisal meeting. It is designed to be updated annually so that it can be used seamlessly for the full five-year revalidation cycle. Each year, appraisal information can be archived into a history section so that future appraisers can access previous information easily and all information relating to appraisal for revalidation can be found in one place.

Further information on the IT compatibility of the form is available from the RST [Organisational Guidance for using the MAG Model Appraisal Form v3.0](#)

Scotland

The new NHS Scotland appraisal documentation entitled 'A Guide to Appraisal for Medical Revalidation' (http://www.sehd.scot.nhs.uk/mels/CEL2012_31.pdf) is the result of a co-ordinated approach by Scottish medical schools (HRDs and Principals) and the Board for Academic Medicine and Appraisal Leads Group for Scotland. It was trialled in the Lothian NHS Board (Edinburgh).

The clinical academic appraisal section is added as a brief supplementary appraisal form to the NHS Scotland documentation and allows doctors to present information relating to the academic component of their work. This will be available in electronic form on the [SOAR website](#).⁷

⁷ Scottish Online Appraisal Resource

Wales

NHS Wales has developed an all Wales appraisal policy and, at the time of writing further discussions are taking place to ensure there is a joint approach between substantive and honorary employers.

Northern Ireland

It has been agreed with the Department of Health Social Services and Public Safety (DHSSPS) that Queens University Belfast (QUB) takes the lead in developing a draft integrated clinical academic appraisal document, based on the enhanced appraisal documentation developed/piloted for secondary care. At the time of writing (July 2012), the latter has not yet had regional approval.

For more information on the Queens University Belfast model see the May 2012 Regional Revalidation Readiness Report http://www.dhsspsni.gov.uk/cic-revalidation-readiness-report_may-2012.pdf

5 Recertification in Dentistry

- 5.1 For clinical academic staff who are registered only with the GDC, the recertification scheme, phased in over three years commencing in January 2002, involves only a return of participation in verifiable and non-verifiable CPD. Therefore there is no current requirement for a direct link with the appraisal process. However, it is sensible to view CPD and appraisal as complementary elements of quality assurance and improvement.
- 5.2 The GDC has committed itself to the development of a revalidation scheme. A date has not yet been decided. The GDC is doing further work to develop proposals for revalidation, including ensuring they are cost-effective and proportionate. It is unlikely that revalidation would be introduced for dentists before at least 2014. The GDC will ensure that all dentist registrants have plenty of notice in order to prepare.
- 5.3 There may be a need, when that scheme has been developed, to revisit the clinical academic appraisal scheme.

6 Preparation

- 6.1 Good preparation by both the appraisee and appraisers prior to the appraisal meeting itself is one of the important factors which ensure that the benefits of appraisal are realised.
- 6.2 The appraisee should prepare for the appraisal by identifying those issues that he/she wishes to raise with the appraisers and prepare an outline personal development plan.
- 6.3 The appraisee needs to consider how he/she is are continuing to meet the principles and values set out in the four domains of the Good Medical Practice Framework for Appraisal and Revalidation (see paragraph 3.2 above) or equivalent for those registered with the GDC. For England Section 18 of the appraisal form provides the appropriate prompts and for Scotland Form 2 provides the pre appraisal questions.
- 6.4 The appraisers should agree and then prepare a workload summary with the academic being appraised drawing on the agreed job plan, which includes the full scope of all the work that the clinical academic undertakes. It will be necessary for early discussion to take place on what data are relevant and will be required. This will include data on clinical workload, teaching, research, management, equality and diversity issues and any pertinent internal and external comparative information. It should also include work for voluntary organisations and work in private or independent practice. Section 4 of the English form and Form 2 of the Scottish form provide the appropriate prompts.
- 6.5 In order to undertake joint appraisal, it will be necessary for the Trust(s)/Board(s) or other NHS body and the university to share information about the appraisee in accordance with the Follett principles and the general mutual obligations of the contract of employment⁸.
- 6.6 The primary purpose of the summary of the scope of work is to inform the appraisal and job plan review, and to facilitate joint planning and development between the university and the NHS. It will highlight any significant changes which might have arisen over the previous 12 months and which require discussion between all parties.

⁸ See clause 3 of the honorary contract

- 6.7 Discussion should be based on accurate, relevant, up-to-date and available data. This should be supplemented by any information generated as part of the regular monitoring of organisational performance undertaken by the university, the NHS body or the individual.
- 6.8 In advance of the appraisal meeting, the appraisers should gather the relevant information as specified above. Where appropriate they should also consult in confidence with the Head of School, Head of Department, Medical Director, other Clinical Directors/lead consultants and members of the immediate academic and care teams for their input (for England see Section 10 of the appraisal form). It may be that for this input some universities and NHS bodies will wish to design local mechanisms for structured feedback. More information on this is available in the GMC document [‘Supporting information for appraisal and revalidation’](#). Ideally, the information and paperwork to be used in the appraisal meeting should be shared between the appraisers and the appraisee 7 days in advance but definitely no later than five working days in advance to allow for adequate preparation for the meeting and validation of supporting information.

7 Scheme Content

- 7.1 The scheme content is as listed in the relevant appraisal form for clinical academics; a key feature will be the areas of teaching, research, leadership and innovation. (for England see Section 12 of the appraisal form and for Scotland see Section 3 of annexed clinical academic appraisal form)

Teaching/Education

The appraisal of the teaching activities of the appraisee in the preceding year should include:

- a review of the quantity and quality of teaching activity to: medical, dental and other undergraduate students, postgraduate students, trainee medical and dental staff, other health professionals, professionals complementary to medicine and dentistry, with consideration of feedback from those being taught;
- developments and innovations in teaching such as method, content, use of materials and technology;
- contribution to curriculum development;
- examining - internal and external;
- contribution to public education about medical and dental practice.

Research

The consideration of the appraisee's research activities in the preceding year should include:

- national and international academic reputation;
- notable research achievements;
- the volume and range of publications;
- invited lectures and conferences attended;
- the quality and impact of research undertaken;
- details of external funding awards;
- research leadership and project management;
- supervision of research students;
- confirmation that all necessary procedures including ethical approval have been followed.
- Patient and public engagement

Leadership and Innovation

This focuses on the clinical academic's work locally, nationally and internationally and may, for example, include:

- contributions to local and national health service development;
- contributions to developments in the field of clinical governance;
- contributions to public, community and charitable medical organisations;
- involvement in international programmes;
- contributions to healthcare programmes in developing countries;
- membership of local, regional and national bodies, including academic, professional, NHS and other government committees.

Clinical Performance

This focuses on all clinical aspects of the appraisee's work including data on activity undertaken outside the lead NHS employer. This is incorporated in the relevant sections of the generic appraisal forms and should include:

- clinical activity with reference to data generated by audit, outcome data, and recorded complications, with discussion of factors influencing activity, including the availability of resources and facilities;
- concerns raised by clinical complaints which have been investigated. If there are any urgent and serious matters which have been raised by complaints made but which have not yet been fully investigated, these should be noted. The appraisal should not attempt to investigate any matters which are properly the business of other procedures e.g. mediation and disciplinary procedures;
- review of CPD, including the updating of relevant clinical skills and knowledge through Continuing Medical Education (CME);
- the use and development of any relevant clinical guidelines;
- risk management and adherence to agreed clinical governance policies of the NHS body
- professional relationships with patients and colleagues and team working.

Management and Administration

This focuses on the appraisee's formal management and administration responsibilities, including the management and supervision of staff, undertaken for the university and Trust/Board citing any noteworthy achievements and any difficulties experienced in reconciling these with other duties.

Personal and Organisational Effectiveness

This focuses on personal and organisational effectiveness in relation to both university and NHS activities. For example, relationships and communications with academic and NHS colleagues and patients; the contribution made to the organisation and development of services, the delivery of service outcomes and identification of the resources needed to improve personal effectiveness. This will also include both consideration of equality/diversity responsibilities (although it is emphasised that these pervade all areas of work) and relevant comparative performance data.

Other matters

Discussion of any other matters which either the appraiser or the clinical academic being appraised may wish to raise, such as the clinical academic's general health and wellbeing. This might also include the balance of workload and the interactions between teaching, research and clinical roles.

For the purposes of revalidation, the information presented needs to be considered in relation to the seven headings of Good Medical Practice (see Paragraph 1.1).

The revalidation process depends upon the implementation of the appraisal system and, in line with good practice, the system should be subject to regular local review.

8 Peer Review

- 8.1 Peer review may exceptionally be used in two main circumstances. First in cases where the assessment of some of the more specialist aspects of a clinical academic's teaching, research and clinical performance may best be carried out by peers who are fully acquainted with the relevant areas of expertise and knowledge. Where it is apparent that peer review is an essential component of appraisal, the appraisers and the appraisee should plan this into the timetable in advance of the appraisal interview.
- 8.2 Second, if it becomes apparent during the appraisal that more detailed discussion and examination of any aspect of the appraisee's work would be helpful and important, either the appraisers or the appraisee should be able to request internal or external peer review. Normally such peer review would involve three appropriate experts, one nominated by the NHS organisation, one nominated by the university and one nominated by the appraisee. Any such review should normally be completed within one month and a further meeting scheduled as soon as possible thereafter (but no longer than one month) to complete the appraisal process.
- 8.3 As a matter of routine, the results of any other peer review or external review carried out involving the clinical academic or their team (e.g. by the funding council, an educational body, a professional body, or similar bodies) will need to be considered at the next appraisal meeting. This will not prevent the employer from following its normal processes in dealing with external reviews.

9 Who undertakes the appraisal?

- 9.1 The appraisal will normally be conducted jointly by a university and an NHS appointee.
- 9.2 The Head of School and the Chief Executive of the NHS partner body will nominate the appropriately trained persons competent to undertake appraisal across the broad range of headings within the appraisal scheme. It is required that at least one of the appraisers be on the Medical Register or Dental Register as appropriate. Both parties must ensure that the appraisers are properly trained and in a position to undertake this joint role and, where appropriate, the linked process of Job Plan Review. The appraisee has the right to object to those nominated to act as appraisers.
- 9.3 The appraisers will be able to cover teaching, research, clinical and management aspects. The university appraiser may be the Head of Department and the NHS appraiser may be the clinical director or equivalent, if this is appropriate to the management arrangements of both organisations. However, there may be provision for a wider range of potential appraisers given local agreement between university and Trust/Board and proper arrangements for the training and accreditation of those appraisers.
- 9.4 Where there is a recognised incompatibility between one or both of the proposed appraisers and the appraisee, the Head of School and Chief Executive of the NHS partner body will resolve the matter by nominating suitable alternatives acceptable to all parties (including the appraisee). If agreement is not reached on the appraiser(s) within one month of the matter being raised the decision of the Head of School/Chief Executive will be binding.
- 9.5 Special arrangements are required for those clinical academic staff who have senior management roles within the university or NHS body.
- 9.6 If the clinical academic being appraised is the Head of School then normally the Vice-Chancellor would be the university appraiser.
- 9.7 If the clinical academic being appraised is a Head of Department then normally the Head of School would be the university appraiser.

- 9.8 If the clinical academic being appraised is a Clinical Director then normally the Medical Director or other suitable consultant nominated by the Chief Executive of the NHS partner body would be the NHS appraiser.
- 9.9 If the clinical academic being appraised is the Medical Director then the NHS appraiser would be a suitable consultant, nominated by the Chief Executive, who had not himself or herself been appraised by the Medical Director in the same year.
- 9.10 Appraisers are responsible for providing to the appraisee's Head of Department and Clinical Director, or other appropriately senior post holders previously agreed, details of any action arising from the appraisal which is considered to be necessary. Heads of Department and Clinical Directors (or other appropriately senior post holders) are then responsible for ensuring the necessary action is taken. Heads of Department, Clinical and Medical Directors are accountable to the Head of School and the Chief Executive of the NHS partner body respectively for the outcome of the appraisal process.
- 9.11 The Vice-Chancellor (through delegation to the Head of School if appropriate) is accountable to the University Council⁹ and the Chief Executive of the NHS partner body to the board of the NHS Trust/Board for ensuring that all clinical academic staff are appraised and any follow up actions taken.

⁹ The term *University Council* denotes the governing body of the university although the actual title used in particular universities may vary.

10 Outcomes of Appraisal

- 10.1 The maximum benefit from the appraisal process can only be realised where there is openness between the appraisee and appraisers. The appraisal should identify individual needs that will be addressed through the personal development plan (see the England appraisal form Section 16 and section 5 of the clinical academic annex to the Scottish form) http://www.sehd.scot.nhs.uk/mels/CEL2012_31.pdf . The plan will also provide the basis for a review with specialty teams of their working practices, equality and diversity responsibilities, resource needs and clinical governance issues. All records will be held on a secure basis and access/use must comply fully with the requirements of the Data Protection Act.
- 10.2 Appraisal meetings will be conducted in private and the key points of the discussion and outcome must be fully documented and copies made accessible to appraisers and appraisee. It is expected that the appraisal will be conducted using electronic/on-line facilities and all appraisal documents, including supporting documents will be stored electronically in a secure manner.
- 10.3 All parties must indicate 'sign off' to the appraisal summary document (see the England form at Section 20 and the Scottish Form 4) and a copy must be made available electronically in confidence to the Head of School or representative, Head of Department (if not one of the appraisers), NHS Trust/Board Chief Executive, Medical Director and Clinical Director (if not one of the appraisers). For the Head of School and the Chief Executive of the NHS partner body, this will also include information relating to objectives which will inform the job plan review.
- 10.4 There will be occasions where a follow up meeting is required before the next annual appraisal and Heads of Department and Clinical Directors should ensure that the opportunity to do this is available.
- 10.5 Except as indicated above, appraisers are responsible for ensuring that all completed forms and records that are part of the appraisal documentation are confidential to them. Appraisees are responsible for safekeeping of all completed forms and records to ensure the continuity of their personal appraisal from year to year. Those seeking revalidation with the GMC will require the annually completed appraisal forms as evidence of their participation. To that end, appraisers must also sign a series of statements relating to the appraisal, agree a new personal development plan (PDP)

and ensure that the doctor is content with the appraisal summary, before forwarding anything to the responsible officer.

- 10.6 The appraisers should submit the final version of the form in a secure format that cannot be modified to the responsible officer. Local guidance should make it clear whose responsibility it is to send the completed form to the responsible officer. This will normally be the NHS appraiser. The appraiser should also ensure that the doctor or dentist receives a copy of this version too as it is this version that is required to activate the form for use the following year.
- 10.7 Where there is disagreement which cannot be resolved at the meeting, this should be recorded and a meeting will take place in the presence of the Head of School and Medical Director (or their nominee(s)), depending on which sector the disagreement relates to, to discuss the specific points of disagreement.
- 10.8 Where it becomes apparent during the appraisal process that there is a potentially serious performance issue which requires further discussion or examination, the matter must be referred by the appraisers immediately to the Head of School, Medical Director and Chief Executive to take appropriate action. This may for example include referral to any support arrangements that may be in place.
- 10.9 The Vice-Chancellor (through delegation to the Head of School if appropriate) and the Chief Executive of the NHS partner organisation must submit a joint annual report on the process and operation of the appraisal scheme to the University Council and NHS Trust/Board respectively. In the NHS, this information will be shared and discussed with the relevant Medical Staff Committee or its equivalent and the Local Negotiating Committee (LNC). The annual report must not refer, explicitly or implicitly, to any individuals who have been appraised. The report will highlight any significant organisation-wide issues and action arising from the appraisal process.

11 Personal Development Plan

- 11.1 As an outcome of the appraisal, key development objectives for the following year and subsequent years should be set. These objectives may cover any aspect of the appraisal such as personal development needs, training goals, CME, CPD and organisational issues such as equality and diversity.
- 11.2 The Head of School and the Chief Executive of the NHS partner body should ensure that personal development plans are appropriately reviewed. It is expected that this would be carried out using the normal local organisational arrangements for reviewing the outcomes of appraisal with appropriate modifications to allow this to be undertaken jointly by the university and the NHS. The review of the personal development plan is to ensure that key areas have been covered, for example that training is being provided to enable an academic to introduce a new teaching, research or clinical technique, and to identify any employer-wide issues which might need to be addressed on an organisation basis.

12 Academics working in more than one Trust/Board

- 12.1 The university employer and associated Trusts/Boards should agree on a 'lead' Trust/Board for the clinical academic's appraisal. There must be appropriate discussions prior to the appraisal between the clinical appraiser and the appropriate clinical directors of all the relevant Trusts/Boards to ensure key issues are considered. Systems should be established for accessing and sharing data with individuals identified for ensuring that this happens, and for agreeing arrangements for action arising out of the appraisal.

13 Training

- 13.1 To be successful the appraisal scheme needs an appropriate level of support to appraisers and appraisees including a commitment on behalf of both organisations that time will be allocated in the work schedules or job plans of individuals to accommodate the requirements of the scheme. Thus adequate time should be allocated for the preparation and appraisal meeting and to ensure that all those involved in the appraisal process, both appraisers and appraisees, receive appropriate training before beginning appraisal.
- 13.2 Appraisal training must ensure that appraisees and appraisers are fully cognisant with their responsibilities including that of addressing equality and diversity issues. It is recommended that training is undertaken as a joint exercise between the university and the NHS Trust/Board.

14 Links with other Procedures

- 14.1 Annual appraisal is a contractual requirement for all NHS consultants, whether substantive or honorary. Clinical academics should, therefore, participate fully and positively in the appraisal process.
- 14.2 Refusal by a clinical academic to participate in the appraisal process will be a disciplinary matter to be dealt with, where necessary, under the employer's disciplinary procedures. Additionally, where appropriate, the Chief Executive of the NHS organisation will report the refusal to the Employer-Based Awards and Clinical Excellence Awards Committees and the academic will not be considered for an award until he/she has agreed to participate fully in the appraisal process.

15 Existing Local Schemes

- 15.1 This guidance is an updated version of the 2002 version which was informed by the experience of some existing local schemes and of universities which had already introduced a joint appraisal scheme for clinical academics. The GMC has advised that local schemes are appropriate and certainly permissible to reflect the diversity of practice settings and employers of doctors as long as whatever scheme is agreed complies with the key principles that are relevant to the whole profession; i.e. the seven pillars of Good Medical Practice (listed in the opening paragraph) and the four domains which cover the spectrum of medical practice. A single format as in the case of the recommended scheme might not be suitable for all doctors and dentists in all settings. NHS and HE employers may continue to use a local scheme, provided there is agreement between the university and Trust(s)/Board(s) that it is consistent with the principles and domains of the national model.

16 Serious issues relating to poor performance

- 16.1 Serious issues relating to poor performance will most often arise outside the appraisal process and must be addressed at that time. It is not acceptable to delay dealing with such issues until the next scheduled appraisal. Such concerns should be dealt with in accordance with the normal internally agreed employer procedures.
- 16.2 In the event of serious concerns being identified during an appraisal, they should be dealt with in the same way. The appraisal will then have to be suspended until the identified problems have been resolved.

17 Role of the Vice-Chancellor, Head of School and the NHS Trust/Board Chief Executive

- 17.1 As previously stated, the Vice-Chancellor/Principal (through the Head of School) and the NHS Trust/Board Chief Executive are accountable for ensuring that all clinical academic staff undergo an annual appraisal and that there are appropriate, trained appraisers in all cases. The Head of School and the NHS Trust/Board Chief Executive should also ensure that the necessary links exist between the appraisal process and other university and NHS Trust/Board processes concerned with teaching, research, clinical governance, quality and risk management and the achievement of service priorities. In discharging this accountability, the Vice-Chancellor/Principal, NHS Trust/Board Chief Executive, Head of School and Medical Director will, if necessary, have confidential access to any documentation used in the appraisal process. In these circumstances, the individual concerned will be informed.
- 17.2 The Vice-Chancellor/Principal and the NHS Trust/Board Chief Executive will be accountable to the University Council and the NHS Board respectively for overseeing the appraisal process. This means ensuring and confirming to these bodies that:
- appraisals have been conducted for all clinical academics;
 - any issues arising out of the appraisals are being properly dealt with;
 - personal development plans of clinical academics are in place.

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