Document Control

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CONTENTS

Purpose

The purpose of this policy is to ensure that Northern Devon Healthcare Trust (NDHT)'s requirements for appraisal and revalidation are clear, understood and implemented fairly.

For Dentists employed by NDHT this policy applies only for the purposes of appraisal.

Medical appraisal differs fundamentally from appraisal in other settings due to its direct link with external professional regulation and revalidation.

Revalidation is the process by which doctors will have to demonstrate to the General Medical Council (GMC) that they are compliant with relevant professional standards, have up-to-date skills and competencies and are fit to practise.

Introduction

All doctors who wish to practise medicine in the United Kingdom must be both registered and licensed with the General Medical Council (GMC). This applies whether they practise full time, part time, as a locum, privately or in the NHS.

The purpose of revalidation is to assure patients, the public, employers and other healthcare professionals that licensed doctors are up-to-date and are practising to the appropriate professional standards.

Doctors who wish to keep their licence to practise will need to demonstrate to the General Medical Council (GMC) every five years that they are up-to-date and fit to practise.

The evidence to support revalidation will be collected during annual appraisals. Revalidation will not involve a point in time assessment of a doctor's knowledge and skills, but will be based on a continuing evaluation of a doctor's practice. It will be based on local systems of appraisal and clinical governance.

Appraisals happen on an annual basis within each appraisal year. An appraisal is not considered to have been completed without timely sign-off of the appraisal process on the Trust's electronic appraisal system (PReP) within 28 days of the appraisal meeting taking place.

Application for Clinical Excellence Awards and pay progression are dependent on the completion of annual appraisal and Job Planning.

Based on the evidence provided during the five year revalidation cycle the Responsible Officer (RO) will make one of three recommendations to the General Medical Council (GMC) as follows:

- a recommendation to revalidate, because they are satisfied the doctor is up to date and fit to practise
- a recommendation to defer because they need more information to make a recommendation about the doctor. This might happen if the doctor has taken a break from their practice (for example, maternity or sick leave).
- a recommendation of non-engagement because the doctor has failed to engage with any of the local systems or processes (such as appraisal) that support revalidation.

Scope

This policy applies to all consultants, speciality doctors, associate specialists, staff grade, clinical assistants, hospital practitioners, Trust Grade doctors and clinical fellows (medical staff) contracted directly by NDHT on a substantive or Trust locum basis.

For locums employed via an agency, the Responsible Officer (RO) may be within the locum agency or can be identified by the GMC website.

General practitioners who conduct work within the organisation will undertake their medical appraisal through the employing body for which they are on the performance list. The Trust will require a copy of the completed Appraisal Output form. Doctors in training will participate in a process of appraisal and revalidation led by Health Education South West and supported by the Director of Medical Education.

Doctors on any other form of contract should contact the Appraisal Lead to discuss their appraisal requirements.

Roles and Responsibilities

Responsible Officer

The Responsible Officer (RO) has overall responsibility for the effective implementation and operation of appraisals for all non-training grade medical and dental staff within the organisation.

At NDHT this will be incorporated into the Medical Director's role as the senior medical professional within the organisation, who is personally accountable to the Trust Board.

The Responsible Officer (RO) will make a recommendation to the General Medical Council (GMC) on a doctor's fitness for revalidation based on an assessment of their practice through annual appraisals over five years.

The Responsible Officer (RO) will ensure that arrangements are in place so that all information necessary to complete revalidation held by the organisation on each doctor's practice within the organisation is made available, e.g. complaints, SEA, appraisal output form. A revalidation checklist is used by the RO (see appendix A)

Trust Appraisal Lead

The Trust Appraisal Lead is appointed by the Responsible Officer (RO) to oversee the quality and delivery of the appraisal process within the Trust. He/she will provide leadership and training for appraisers; peer support and quality assurance for the Responsible Officer (RO). He/she will work closely with the Revalidation Support Manager (RSM) to ensure the provision of robust levels of internal and external reporting.

Trust Revalidation Support Manager

The Revalidation Support Manager works closely with the Appraisal Lead to co-ordinate and provide administrative support to the appraisal and revalidation process. The Revalidation Support Manager (RSM) will co-ordinate and monitor the selection of appraisers by appraisees using the Trust's electronic appraisal system (PReP).

The Revalidation Support Manager will provide a monthly update of completed appraisals to workforce.

The Appraisal Lead and Head of Medical Human Resources will ensure that appropriate protocols, processes and records are developed and maintained to ensure that all medical staff undertake annual appraisal in line with national guidance.

Head of Medical Human Resources

The Head of Medical Human Resources ensures that related procedures and practices are regularly reviewed in line with changes in legislation

Trust Appraisers

Trust Appraisers will be appointed by the Appraisal Lead. The role involves:

- Adherence to the Appraisal and Revalidation Policy
- Declaration of any conflict of interest which would affect the appraisal
- Ensuring that, when appraising outside speciality, the appraiser should give consideration to as to whether specialty specific advice and guidance is required from the appropriate Clinical Director.
- Agreeing a date and appropriate venue for the appraisal
- Reviewing the submitted PReP Appraisal Input Form before the appraisal interview takes place and identifying key areas for discussion.
- If the PReP Appraisal Input Form requires further clarification or additional evidence identified by the appraiser, the Appraisal Input Form will be returned to the appraisee for appropriate amendment and re-submission.
- If the PReP Appraisal Input Form does not meet an appropriate standard for the appraisal meeting to take place the appraiser should inform the Appraisal Lead. Further assistance and support would then be offered to the appraisee and a new appraisal date agreed. The Responsible Officer (RO) would be informed at the Medical Appraisal and Revalidation Support Group.

- Ensuring that the appraisal output forms e.g. Appraisal Summary and Personal Development Plan (PDP) are completed and signed off within twenty eight days of the appraisal meeting

- Reporting concerns directly to the Responsible Officer (RO) and/or Appraisal Lead as appropriate

- Engaging in Peer Support by attending the annual appraiser update session or evidence of external development

- Taking part in performance reviews, including feedback on performance in their appraiser role

Trust Appraisee's

Trust Appraisee's are responsible for:

- Ensuring that they participate in the annual appraisal cycle to meet the requirements of revalidation. Guidance can be found on the General Medical Council (GMC) website and specialty based guidance from the appropriate Royal College's website or the Academy of Royal Colleges' website.

- Maintaining their PReP portfolio ensuring that supporting evidence is provided across all General Medical Council (GMC) domains for their whole scope of practice

- Ensuring they liaise with the Revalidation Support Manager (RSM) regarding support and assistance

- Ensuring that they liaise with the Revalidation Support Manager (RSM) regarding a 360^{o} patient and colleague feedback appraisal once during the five year revalidation cycle, this is facilitated by an external company Edgecumbe Consulting.

- Ensuring they contact their appraiser to arrange a date and appropriate venue for the appraisal meeting

- Ensuring that the PReP Appraisal Input Form is submitted to the appraiser ideally a minimum of one week prior to the appraisal meeting date

- Ensuring that sign off of the appraisal and completion of appraiser feedback takes place within twenty eight days of the appraisal meeting

Medical Appraisal and Revalidation Support Group

The purpose of the Medical Appraisal and Revalidation Support Group is:

- To advise and support the Responsible Officer (RO) on policy and practice for revalidation and appraisal.

- To provide oversight, scrutiny and assurance of medical appraisal outputs and relevant documentation to support the RO in the process of making recommendations for medical revalidation for individual doctors to the GMC.
- To provide clinical governance assurance to the RO in the process of making recommendations for medical revalidation for individual doctors.
- To provide robust assurance of the medical appraisal process and the medical appraisers including appointments, training and advice to the RO on the (dis)continuation of medical appraiser appointments when appropriate.
- To provide advice to the RO on remediation of doctors in difficulty and to provide support to the RO in the oversight of individual doctors who are not compatible with a positive recommendation for medical revalidation.
- To provide support to the RO in the completion of Medical Practice Information Transfer (MPIT) Form for doctors who are leaving the Trust.
- To promote effective triangulation of information where there may be a potential number of sources of information about an individual.
- To maintain strict confidentiality around the material discussed.
- To assure the Board on the governance of revalidation and appraisal.
- The MARSG will review minutes and actions monthly of the Medical Directors Advisory Group meetings with regards to implications for appraisals or Revalidation.
- In the absence (long-term sickness etc.) of the RO the group would provide assurance to a deputy RO or external RO regarding the recommendations for revalidation.

Appraisal – Main Principles

Appraisal happens on an annual basis within each appraisal year. Appraisal should be a positive process that gives doctors' feedback on past performance, charts continuing progress and identifies development needs. It is designed to recognise good performance, provide feedback and assist in the identification of performance issues so these can be dealt with at an early stage. It is a forward looking process essential in identifying the developmental and education needs of individuals. Appraisal is, at its heart, a reflective process with challenge where necessary allowing the doctor to review his/her development professionally with a trained colleague as an appraiser.

The Trust Appraisal Lead will allocate an appraisal date to each doctor. For doctors with a prescribed connection to NDHT in 2014, the appraisal date has been allocated from the date of their appraisal in this year. For new appointees, the appraisal date will be decided by the Appraisal Lead, it is likely to be one year after CCST or twelve months after last appraisal elsewhere.

Every doctor is responsible for ensuring that they are appraised annually, by their allocated appraisal date, on their whole scope of work for which they use their licence to practise medicine (including any private or voluntary work).

For the avoidance of doubt, should a doctor have an appraisal later than their appraisal due date (whether or not by agreement with their Responsible Officer) their next appraisal should revert to their original appraisal date.

It is mandatory for all doctors to use the Trust's electronic appraisal management system, (PReP), for annual appraisal.

Medical Appraiser Appointment and Training

The Trust will provide an adequate pool of trained appraisers. The Appraisal Lead will identify the number of appraisals needed and ensure that there are a sufficient number of trained appraisers within the organisation to carry out these appraisals.

The list of Trust approved appraisers will be held by the Revalidation Support Manager (RSM).

The selection and training, following national guidelines, of new appraisers will be carried out as and when required.

Each appraiser will be required to conduct between three and ten medical appraisals each year. The time taken for undertaking the role of appraiser may be recognised through additional SPA in Job Plans and will be subject to Job Planning sign-off arrangements, guided by the assessment of time commitments outlined in the existing Appraiser Job Description. This is estimated, based on a maximum of ten doctors, as 0.5 of an SPA per week or ratio thereof.

The following assumptions have been made with regard to appraisal:

- Time required per appraisal (including preparation): four hours
- Number of appraisals per appraiser per year: three to ten per year (suggested maximum number) unless discussed with the Appraisal Lead

Appraisers are expected to discuss their performance as an appraiser in their own annual appraisal. The information that will be presented to provide evidence of performance in this role will include the number of appraisals carried out each year, a summary of the Appraisal Lead's quality assurance report and a focus on the feedback provided by doctors following their appraisal.

Appraisers will be supported by the Appraisal Lead through on-going professional development such as attending Appraiser Group meetings to ensure that consistently high standards are maintained across the Trust.

In situations where there is a perceived or actual conflict of interest that may impact on the completion of a transparent and high standard appraisal, the appraiser will be expected to step down and request that the doctor seeks another appraiser.

Each new appraiser will undertake the requisite training and will complete a maximum of five appraisals. The Appraisal Lead will review the first appraisal. Feedback following this will also provide evidence of satisfactory performance which the appraiser can use in their annual appraisal. It may also identify training needs which can be incorporated into the appraiser's annual Personal Development Plan.

Continued performance as a medical appraiser will be subject to annual review. Samples of individual appraiser's output summaries and Personal Development Plans will be subject to quality assurance by the Appraisal Lead. This quality assurance will further comprise of review of feedback questionnaires from doctors; a review of the number of appraisals carried out and of any complaints or other significant events involving the appraiser, in either their appraiser role or in other professional roles which they may carry out for NDHT. Any concerns will be addressed by the Appraisal Lead.

Serious complaints involving the appraiser may result in temporary or permanent suspension from the role of medical appraiser

Allocation of Appraiser

A list of trained Trust Appraisers is held by the Revalidation Support Manager (RSM).

The Trust Appraisal Lead and Revalidation Support Manager will allocate an appraiser on an annual basis. The appraisee can request a different appraiser if a conflict of interest is identified after the allocation.

Where appropriate the Responsible Officer (RO) will allocate an appraiser of their choice e.g. if he/she is aware of specific performance issues relating to a doctor

An individual appraiser should provide three consecutive appraisals for an individual doctor.

Within the five year revalidation cycle the doctor will have both in and out of speciality appraisals. In a small trust this may be difficult so a match to a similar specialty will be attempted.

The RO will identify an appropriate appraiser for all doctors undertaking senior management and leadership roles within the Trust.

Where a doctor has concerns that no appraiser with suitable knowledge and insight is available within the organisation, the Responsible Officer (RO) will assist in finding an alternative appraiser for the individual. It is permitted to use trained appraisers employed within partner NHS organisations in Devon to carry out appraisals with the agreement of the individual concerned.

Conflict of Interest

Examples of conflicts of interest between appraiser and appraisee include:

- A personal or family relationship
- Paired appraisals where two doctors appraise each other within the same revalidation cycle
- An appraiser receiving direct payment from a doctor for performing the appraisal
- Line management responsibility, where this is felt to present a barrier to the principles of good and independent appraisal
- Situations where there is a performance issue under consideration, in which case a doctor with line-management responsibility, such as a Clinical Director, should not undertake appraisal of the individual concerned

Examples of conflicts of interest between appraisee and Responsible Officer (RO) include:

- A personal relationship between the appraisee and the Responsible Officer (RO)
- A financial or business relationship between the appraisee and the Responsible Officer (RO)
- Third party involvement in a personal relationship
- Known and long standing animosity between the appraisee and the Responsible Officer (RO)

Responsible Officer's Appraisal

NHS England is responsible for medical appraisal of the Responsible Officer (RO) and making recommendation regarding his/her revalidation. NHS England will allocate a trained external appraiser to conduct the appraisal of the Responsible Officer (RO). The Responsible Officer (RO) is required to provide additional evidence in regard to his/her role as a Responsible Officer (RO) in addition to their general evidence as a doctor.

Appraisal arrangements of appointees/leavers

Where a doctor has moved to NDHT from another organisation, then they will be obligated to participate in this Trust's appraisal process. An appropriate appraiser will be allocated in accordance with this policy. Arrangements will need to be made for the relevant appraisal records to be transferred. This will be the responsibility of the doctor but he/she will be assisted in any case of difficulty by NDHT. An MPIT form may be requested.

Where a doctor moves from NDHT to another organisation, then they will become the responsibility of the relevant Responsible Officer (RO) in the new organisation. The Trust will ensure that, on request from the doctor, the relevant appraisal records are transferred to the new organisation with the normal safeguards regarding confidentiality.

As part of their induction programme, all newly employed non-training grade doctors will be invited to meet the Appraisal Lead and Revalidation Support Manager (RSM) to ensure they meet their obligations with regard to appraisal and eventual revalidation and to decide on their appraisal date for the forthcoming appraisal year. Support and guidance will be offered as required.

Colleagues retiring but wishing to remain licensed will need to discuss with the Appraisal Lead and Responsible Officer regarding their future intended work, a decision can then be made.

Trust Locum Doctors

All medical staff are contractually obligated to participate in appraisal and revalidation. This includes locum doctors contracted by NDHT where the Trust is the designated body with whom the locum doctor is employed at the time of their appraisal. This is irrespective of how long the locum doctor has held a position within the Trust.

When a locum doctor leaves the Trust an MPIT (Appendix B) should be completed by the appropriate Clinical Director and sent to the Head of Medical Human Resources for retention on the doctor's personal file. This report would then be available for the doctor to use as supporting information in their next appraisal.

Agency Locum Doctors

Appraisals can be organised through the agency (designated body) or can be arranged through a Trust appraiser but a financial fee will be charged.

Electronic Appraisal system (PReP)

It is mandatory for 'all doctors' with NDHT as their designated body (see section 3 of this policy) to use the Trust's electronic appraisal system (PReP).

The PReP Appraisee User Guide (see appendix C) can also be accessed via the Revalidation Support Office (RSO) or via the Help facility within the PReP system.

PReP will be used to record supporting information and reflection across their whole scope of practise to demonstrate that the doctor is up-to-date and fit to practise.

All queries should be directed to the Revalidation Support Manager (RSM).

Supporting Information

Over the five year revalidation cycle and via annual appraisals doctors will have to demonstrate evidence including reflection and discussion at appraisal of all six types of supporting information encompassing their whole scope of practice. All doctors need to have demonstrated their practise against the domains and attributes outlined in the GMC Good Medical Practice Framework for appraisal and revalidation.

It is essential that third-party information eg patient identifiable data is not uploaded to the PReP system. This information should be brought to the appraisal meeting in hard-copy if required.

The domains are supported by the following six types of information:

- Continuing Professional Development (CPD) in whole scope of practice. This should reflect the scope of the doctor's clinical practice including professional, managerial and academic activities. Doctors can choose to upload their Royal

College CPD summary, rather than individual CPD certificates to their PReP portfolio. However, reflection on learning from their CPD activities must also be included in their PReP portfolio. A reflective summary of the whole of CPD rather than individual courses can be useful to identify gaps across an individual's practice. See appendix D, educational appraisal.

- Quality Improvement activity. For the purposes of revalidation doctors will be required to demonstrate that they regularly participate in activities that review and evaluate the quality of their own work e.g. clinical audit and review of clinical outcomes including After Action Reviews.

- Significant events and complaints. Any incidents can be retrieved using the "incidents for appraisal" application. See appendix E.

- Feedback from colleagues. A 360° feedback appraisal should be carried out at least once in the five year revalidation cycle. Doctors should contact the Revalidation Support Manager (RSM) to request access to the Edgecumbe 360° feedback appraisal system. It is important to recognise that this process takes time so at least three months should be given to collect and reflect on the data.

- Feedback from patients (where appropriate). The Edgecumbe 360° feedback should ideally be used for patient feedback. However in certain circumstances an alternative validated tool can be used provided that collection and analysis of the data is carried out by a third party. Where feedback from patients is not possible to obtain advice should be sought from the appropriate Royal College.

- Review of complaints and compliments. The doctor must include reflection on their complaints and compliments in their PReP portfolio but should bring hard copies of this evidence, i.e. thank you cards, etc, to the appraisal meeting. This will avoid disproportionate time and effort spent anonymising patient identifiable data from their supporting information.

Completion of Appraisal

Following an annual appraisal discussion, a Personal Development Plan (PDP) and appraisal Output Form must be generated and agreed before the appraisal is deemed complete. A doctor will revalidate every five years, and will use the previous five annual appraisals as evidence of good practice. Quality assurance of the process is monitored through appraisee feedback on their appraisers and the quality of the Appraisal Output Forms using a validated tool, PROGRESS 2 (see appendix F).

The Personal Development Plan (PDP) will contain a set of actions and activities related to the appraisal discussion to be undertaken by the doctor over the following twelve months. The Personal Development Plan (PDP) must include actions that are specific. They must also contain a statement of how the actions/activity will be undertaken and the way in which this will be measured and demonstrated at subsequent appraisal. Actions must contain a time limit. Review of the success of completion of the previous year's Personal Development Plan (PDP) will be an integral part of the discussion in subsequent appraisals.

It is important in developing PDPs that consideration should be given as to whether they are aligned to Departmental and Trust objectives. Appraisal PDPs should be reviewed and discussed at annual job planning meetings.

Outcomes of Appraisal

Appraisal Output Form

This will contain a succinct, informative summary of the appraisal discussion and include reference to the supporting information reviewed by the appraiser. Both the Appraisal Output Form and Personal Development Plan (PDP)s will be used by the Responsible Officer (RO) to assist in making a recommendation for revalidation. It is important that the appraisee reviews this form and ensures that they agree with the content.

Appraiser feedback form

To assist with quality assurance of the appraisal process, appraisees will be automatically asked to complete an appraiser feedback form. This will be reviewed by the Appraisal Lead and anonymised summaries will be made available to appraisers.

Unsatisfactory Outcomes of Appraisal

Where there is a significant disagreement which cannot be resolved advice should be sought from the Appraisal Lead and Responsible Officer (RO). Where the doctor continues to disagree with the content of the appraisal or the process that has been followed then the doctor will be advised of his/her right to raise their concern formally by the Responsible Officer (RO).

An unsatisfactory outcome of appraisal may also arise from:

- Failure to address issues that have previously been raised about clinical performance or personal behaviour
- The appraiser's judgement that there is inadequate evidence in any section of the appraisal portfolio.
- Failure to complete the previous year's Personal Development Plan (PDP) without adequate explanation.

Complaints and Remediation

Where a doctor has concerns about the way in which their appraisal has been conducted, they should make an initial complaint in writing to the Responsible Officer (RO) who will discuss at the Medical Appraisal and Revalidation Support Group. In some cases, it may be necessary for the doctor to repeat their annual appraisal with a second appraiser. The Responsible Officer (RO) may decide that this appraisal is undertaken by two independent appraisers – one selected by the doctor and one selected by the organisation.

The appraisal process is not designed for remediation or for dealing with areas of clinical or professional concern. Where these are identified during the appraisal process, the appraiser will notify the Responsible Officer (RO) and the issues raised will be dealt with in accordance with the Trust's guidance on remediation as attached to 'Maintaining Higher Professional Standards in a Modern NHS' or the Managing Performance Concerns Policy (Medical and Dental) – see link below.

http://ndht.ndevon.swest.nhs.uk/managing-performance-concerns-for-medical-and-dental-staff-policy/

Deferment of appraisal

All doctors should undergo appraisal annually before their previously allocated appraisal date. This is also a requirement for successful revalidation. There are, however, exceptional circumstances when a doctor may request that an appraisal is deferred such that no appraisal takes place during one appraisal year. Instances when the doctor may request a deferment are:

- Breaks in clinical practice due to sickness or maternity
- Breaks in clinical practice due to absence abroad or sabbaticals
- Breaks In practice due to suspension from clinical work as a result of the doctor being investigated as a result of concerns over his/her performance or behaviour

A doctor who is seeking to return to practice after a period of absence should discuss their circumstances with the Appraisal Lead at the earliest opportunity. The timing of their first appraisal will be determined to some extent by their individual circumstances including whether they can demonstrate that they have maintained fitness to practise in the relevant areas during their absence and hence whether a bespoke re-training programme or period of supervision is required prior to resuming practice.

The first appraisal should take place between six and twelve months after re-entry to practice. The Responsible Officer (RO) may also exercise discretion as to whether within this range it occurs earlier to support the doctor's return to practice or later to facilitate the accrual of supporting information. Where possible if the doctor had a previously agreed appraisal month this should be reinstated.

Confidentiality

Supporting information contained in the portfolio can be accessed by the doctor, their appraisers, and officers directly accountable to the Responsible Officer (RO) only. The Responsible Officer, Appraisal Lead and Revalidation Support Manager will have open access to appraisee's portfolios. The MAC Chair and Director of Nursing, Quality and Workforce may view portfolios, including the input form, during the Medical Appraisal and Revalidation Support Group meetings only. Supporting information must not include any patient identifiable details.

The appraisal discussion is strictly confidential to the doctor and appraiser except by prior agreement. However if the appraiser identifies issues that lead him/her to question the fitness to practise of the doctor this will be brought to the attention of the Responsible Officer (RO).

The Appraisal Input and Output forms and the Personal Development Plan (PDP) will be shared with the Responsible Officer (RO). The Personal Development Plan (PDP) can be shared with the appropriate Lead Clinician. These documents may be shared with other organisations with the agreement of the doctor. This may occur when an employee works for more than one organisation or where an employee ceases employment at NDHT and moves to a new organisation.

Quality Assurance

Internal Quality Assurance (QA) of appraisal comprises:

- Assurance of the process
- Assurance of work of appraisers

Assurance of the process addressing systems of medical appraisal; revalidation and deferral recommendations; monitoring performance and responding to concerns will be carried out as follows:

- Exception reporting to the Trust Board by the Medical Director
- Quarterly reporting to NHS England
- Annual Organisational Audit (AOA) report to NHS England
- Annual report to the Trust Board by the Appraisal Lead
- Statement of Compliance by the Trust Board to NHS England

Quality Assurance of the appraisers will be undertaken each year by the Appraisal Lead using:

- Recruitment and selection
- Review of probationary appraiser performance after their first appraisal
- Review of Appraisal summaries using the PROGRESS 2 tool (Appendix F)
- Review of established appraisers' performance through regular feedback questionnaires from appraisees
- Appraiser Group meetings and Study days

Job Planning

The process of Job Planning is separate to the appraisal process and should not be undertaken at the same time as appraisal. Please refer to the NDHT Job Planning Policy (Senior Doctors).

Training and awareness

Advice and support will be provided by the Revalidation team to support staff and managers in adhering to this policy and their understanding of dealing with appraisal and revalidation.

The Revalidation team will raise awareness of this policy through the publication of information on BOB and to advise staff of changes to the policy through the staff bulletin and ratification processes.

Contact details

Any queries regarding this policy should be directed to the Appraisal Lead or Revalidation Support Manager (RSM):

- Appraisal Lead

Tel: (01271) 314164 (ext 4164)

Email: stuartkyle@nhs.net

- Revalidation Support Manager (RSM)

Tel: (01271) 314109 (ext 4109)

Email: lucy.parr@nhs.net

Monitoring, Review and Audit Procedures

This policy will be monitored and audited on a regular basis. A full review will take place every three years by the Revalidation Support Office (RSO) unless legislative changes determine otherwise.

Equality Impact Assessment

Group	Positive Impact	Negative Impact	No Impact	Comment
Age			X	
Disability			X	
Gender			X	
Gender Reassignment			X	
Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership			X	
Pregnancy			X	
Maternity and Breastfeeding			X	
Race (ethnic origin)			X	
Religion (or belief)			X	
Sexual Orientation			X	