

Medical & Dental Appraisal Policy

Issue Date	Review Date	Version
July 2020	July 2023	10

Purpose

This policy sets out the policy and processes for the annual appraisal of all Medical and Dental Consultants, SAS doctors, Trust doctors and other doctors to which the policy applies.

Who should read this document?

All Medical and Dental Consultants, SAS doctors and Trust doctors

Key Messages

University Hospitals Plymouth NHS Trust will follow the national arrangements for Medical and Dental Consultants, SAS doctors and Trust doctors appraisals, adapted where required for local circumstances.

Core accountabilities

Owner	Mark Wimlett
Review	Medical Staff Panel
Ratification	Medical Director
Dissemination (Raising Awareness)	All Medical and Dental Consultants, SAS doctors and Trust doctors
Compliance	Appraisal and Revalidation Office

Links to other policies and procedures

Version History

2	July 2006	
3	December 2007	
4	October 2009	
5	October 2010	
6	December 2011	
7	November 2011	Reviewed at MSP
8	November 2013	Completely redrafted to account for revalidation legislation
9	November 2015	Reviewed at MSP
9.1	November 2018	Extended to April 2019 by HR SMT

9.2	August 2019	Extended to November 2019 by Louise Tate
9.3	October 2019	Extended to February 2020 by Lisa White
9.4	Jun 2020	Extended to May 2021 by Lisa White
10	December 2020	Updated and agreed. Collectio to PA allocation for appraisers

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available in the Document Library. Larger text, Braille and Audio versions can be made available upon request.

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1 Introduction

University Hospitals Plymouth NHS Trust (UHP) believes that appraisal for doctors and dentists is a professional process of constructive dialogue, in which the doctor or dentist being appraised has a formal structured opportunity to reflect on his or her work, and to consider how his or her effectiveness might be improved.

The outputs from the appraisal process will form an important part of the evidence that is used when the Responsible Officer (RO) makes a recommendation to the General Medical Council (GMC) for revalidation for each doctor. The RO has a statutory duty to ensure that this policy complies with the revalidation regulations^{1&2}. This policy and its associated procedures will be overseen by the Appraisal Lead and the Medical Staff Panel.

2 Purpose and scope

Appraisal should be a positive process that enables reflection by individuals, on feedback on their performance, helps to chart their continuing progress, and identifies development needs. It is a forward-looking process, essential in identifying the developmental and educational needs of the individual. The primary aim of appraisal is to help appraisees consolidate and improve on good performance, aiming towards excellence. Appraisal is underpinned by continuing professional development and if used properly can help to develop a reflective culture within service and training. It also provides doctors with an opportunity to demonstrate the evidence that will be required for revalidation, and therefore whether they are fit to practice and are keeping up to date. Participation in appraisal is a contractual requirement of employment with the Trust.

The medical revalidation legislation^{1&2} came in to law in December 2012. It defines a number of legal entities – University Hospitals Plymouth NHS Trust (UHP) is the Designated Body for all doctors in non-training posts employed by UHP. The RO, who is required to make recommendations to the General Medical Council (GMC) about the doctors' continuing fitness to practise. His recommendations are based on the outputs of the medical appraisal system.

This policy applies to all career grade doctors including consultants, associate specialists, staff grade doctors, specialty doctors, Trust grade doctors and locums whose designated body is UHP. Doctors working in recognised training posts have the South West Peninsula Deanery as their designated body, and should follow the policies and procedures of that organisation. Medical appraisal applies to dentists employed by the Trust, but there is currently no equivalent to revalidation operated by the General Dental Council. Military doctors placed within the Trust will be expected to comply with this policy, although the outputs from their appraisals will be reviewed by their military RO.

¹ Medical Profession (Responsible Officers) Regulations, 2010 as amended in 2013'

² 'The General Medical Council (Licence to Practise and Revalidation) Regulations Order of Council 2012'

3 Definitions

Revalidation: is the process that is governed by the General Medical Council that demonstrates that licensed doctors are up to date and fit to practice.

Medical appraisal: is a process of facilitated self-review supported by information gathered from the full scope of work that a doctor undertakes.

Designated Body: An organisation, defined by the Medical Profession (Responsible Officers) Regulations 2010, which has a responsibility to appoint a Responsible Officer (RO). Designated bodies can be NHS Trusts, other organisations that deliver NHS care, private companies or charities.

Responsible Officer (RO): is a licensed doctor who is responsible for the quality assurance of the medical appraisal process and the clinical governance systems in their Designated Body. The RO is responsible for making the recommendation to the GMC about a doctor's fitness to practice.

Medical Appraisal Guide (MAG) Model Appraisal Form: is the appraisal form created by the Revalidation Team of NHS England as a model. It is an interactive PDF that can be used to record appraisal meetings and store relevant documentation.

4 Duties

- 4.1 Trust Board – The Trust Board is responsible for monitoring and approving a framework to support the appraisal and revalidation of consultant and other career grade doctors that is compliant with all relevant legislation, guidelines and NHS best practise standards.
- 4.2 Chief Executive – the Chief Executive on behalf of the Designated Body (UHP) is responsible for ensuring that the RO is provided with appropriate resources to allow him/her to discharge their duties.
- 4.3 Responsible Officer (RO) – is accountable to the Chief Executive for the appraisal and revalidation processes. The RO is responsible for ensuring that this policy and processes comply with the relevant national guidance and legislation. The responsibilities include ensuring that appraisers are properly trained to carry out this role and are in a position to undertake appraisal of clinical performance, service delivery and management roles and for ensuring that accurate and timely information is provided to doctors to use in their supporting information. The RO will also be responsible for ensuring that an annual report on medical appraisal/revalidation is prepared for the Board of Directors. The RO decides on the revalidation recommendation that will be made to the GMC regarding a clinician.
- 4.4 The Appraisal Lead – is responsible for providing leadership and support to the appraiser workforce, coordinating guidance, educational and benchmarking opportunities and performance review to all appraisers. The post holder will promote, support and facilitate the implementation of national appraisal policies and ensure a robust quality assurance process is implemented for medical appraisals.
- 4.5 The Appraiser is responsible to the RO. The appraiser is responsible for the completion of summary of appraisal, agreeing and signing off of the Personal Development Plan and for completion of the appraiser statements. The appraiser is responsible for raising any concerns about the appraisal process in accordance with this policy.

- 4.6 The appraisee is responsible for arranging an appraisal meeting with their appraiser in accordance with their appraisal due date, and for collating and preparing the evidence for the appraisal meeting using the evidence checklist and documentation on the MAG Form, and providing this to the appraiser in advance of their appraisal meeting. Preparation for the appraisal is included in protected time that is in the generic supporting professional activities (SPAs) element of the job plan for each appraisee.

5 Connection to the Designated Body and Responsible Officer

- 5.1 The connection between a doctor and a Designated Body is set out in the Medical Profession (Responsible Officers) Regulations 2010¹. Generally these require that doctors in formal training connect to their postgraduate medical deanery, and that doctors on an NHS England *Performers list* connect to NHS England. For most other doctors the connection to a DB is based upon employment.
- 5.2 Where a doctor is employed on an honorary contract, zero hours contract or through the locum bank, UHP will review these connections on a quarterly basis to establish if the doctor has been working for the trust and that the connection is still valid. Doctors working within the Trust for an employment agency will generally connect to that Agency, and undergo appraisal and revalidation through them.
- 5.3 The RO regulations¹ require each Designated Body to appoint one RO. However, where a conflict of interest or appearance of bias exists between the RO and one or more of the doctors connected to that designated body, an alternative RO must be nominated or appointed. A doctor, the RO or other concerned individual must seek advice on the details of the conflict of interest or appearance of bias, initially by contacting the RO's Responsible Officer (A 'higher-level RO', who is an RO who operates at a regional or national level and is responsible for other ROs.)

6 Medical & Dental Appraisal

- 6.1 The aims of appraisal are to:
- Set out personal and professional development needs and agree plans for these to be met.
 - Regularly review a doctor's practice, utilising relevant and appropriate comparative operational data from local, regional and national sources.
 - Consider the doctor's contribution to the quality and improvement of services and priorities delivered locally.
 - Provide an opportunity for doctors to discuss their participation in activities for the wider NHS.
 - Utilise the annual appraisal process and associated documentation to meet the requirements for revalidation as determined by the GMC.
- 6.2 Appraisal process
- 6.2.1 Timing of appraisal
- Upon joining the trust, newly appointed medical and dental staff in non-training posts should discuss the timing of their first appraisal with the appraisal office. Initially this should

be 12 months after their last appraisal / Annual Review of Competency Progression (ARCP) with their previous Designated Body.

- The appraisal due date is the middle of a 3-month window in which the appraisal should take place. i.e. an appraisal due in September may take place in August, September or October.
- Many existing appraisees have an annual appraisal in or around the month of their birthday. This was adopted to spread the demand for appraisal across the calendar year, and should be maintained where possible, but is not mandatory.
- Clinical Academic staff are required to organise joint clinical/ academic appraisals, in accordance with the Follett principles. The medical school suggest that joint appraisal should be undertaken with clinicians whose academic responsibilities exceed 4 sessions per week, although clinicians below this can also undertake joint appraisal. Joint Appraisal can be scheduled to suit the academic appraisal timetable where required.

6.2.2 Selection of an appraiser

- The appraisee normally chooses an appraiser from the list of trained appraisers available on the HMSC website, or from the Appraisal Administrator, unless otherwise directed by the Responsible Officer.
- The appraisee will usually remain with their current appraiser until that pair have completed three appraisals. At that point a new appraiser will need to be chosen.
- For revalidation, appraisees should have two different appraisers during each five year revalidation cycle.
- We will advise newly appointed medical and dental staff to initially choose an appraiser from within their specialty where possible. All other medical and dental staff are advised an appraiser from outside their specialty can bring a fresh perspective upon their practice, and so should be chosen periodically.
- Appraisees and appraisers should avoid arrangements involving actual, or potential, conflicts of interest. Examples of such a conflict may include: doctors having a personal or family relationship; doctors who share business or financial interests; instances where there is a significant breakdown in the relationship between an appraiser and an appraisee; paired appraisals – when two doctors appraise each other; doctors where there is an inverted line management relationship.
- If the appraiser becomes unable to conduct the appraisal in the required timeframe due to absence, the doctor should contact the appraisal administrator for advice and alternatives.
- There are situations where the Responsible Officer, in consultation with the Appraisal Lead and the Chair of the HMSC, will offer a limited choice of appraisers for some doctors with professional issues coming to his or her attention. For these doctors, all other aspects of their appraisal will follow the normal process.
- If an appraisee wishes to use an appraiser that is external to the Trust then this must be agreed in advance with the Appraisal Lead. In addition, in this circumstance, it is the appraisee's responsibility to inform the appraiser that by undertaking the appraisal the appraiser is agreeing to comply with this policy, and to work within the standards set for appraisers, including participation in the quality assurance programme.

Trust grade doctors should be allocated an educational supervisor who have a formal appraisal discussion with the doctor, using the MAG form to record a summary of the discussion and outcomes. See Also Appendix 1 - Appraisal of doctors who temporarily exit training

6.2.3 The process for appraisal will be as follows:

- The appraisal administrator will issue a reminder to the appraisee 3 months before their appraisal due date.
- The appraisal administrator will also send a copy of “Form A” (See Appendix 9) to the doctor’s line manager (usually the Service Line Director), informing them of the upcoming appraisal for that doctor. If the line manager wishes to contribute their opinion of the appraisees performance, to be discussed at appraisal, they should:
 - discuss the details with the individual doctor concerned,
 - send the completed form to the doctor, to attach to section 14 of the MAG form
 - send a copy of the completed form to the appraisal administrator.

It is not mandatory that the line manager completes Form A, but if he/she does then the doctor must present this at appraisal, with reflection, for discussion.

- The appraisee should agree an appraisal date with the appraiser, usually at least six weeks in advance of the appraisal meeting. The appraisee will notify the Appraisal Administrator of the planned appraisal date and who their appraiser will be.
- The Appraisal Administrator will send an email to the appraisee confirming if they have been named in any incidents (SIRI) or complaints / compliments, approximately six weeks ahead of the start of their appraisal due month.
- The appraisal input documentation should normally be available to the appraiser two weeks prior to the appraisal meeting (one week being the absolute minimum).
- The doctor and appraiser must use the MAG Form for all appraisal documentation.
- The appraisee should prepare for the appraisal by identifying issues to be raised with the appraiser, collecting relevant evidence and by preparing a draft personal development plan (PDP). This includes making a declaration of their full scope of practice within the UK (i.e. Any role in which the appraisee has undertaken work as a doctor). This includes NHS work, any work carried out in the independent sector, Private practice, voluntary work or medico-legal work. Appraisees should provide evidence from other organisations in which they work.
- The appraiser should review the portfolio of evidence in advance of the meeting. If evidence is missing, there should be an opportunity for the appraiser to request that the evidence is provided before the meeting.
- Both appraiser and appraisee should note that their duty of patient confidentiality requires that any patient identifiable details be removed from documents that are to be stored electronically.
- The appraisal meeting must be held in an appropriate environment.
- The appraiser must complete the summary of appraisal. The appraisee and appraiser should complete the agreed personal development plan together.

- The outputs from the appraisal meeting include the following: summary of appraisal, PDP and the appraiser statements. On completion of the appraisal all these are signed off by both the appraisee and the appraiser. This is carried out electronically on the MAG form.
- The completed MAG form is sent by the appraiser, to the Appraisal Administrator, within two weeks of the appraisal.
- The Appraisal Administrator will confirm that the incident (SIRI) and complaint information (see above) has been included in Section 9 and/or section 11 of the MAG, and (where appropriate) Form A has been attached to Section 14, or that there are appropriate comments from the appraiser to confirm their discussion. If this is not the case the Appraisal Administrator will write to the appraiser for confirmation.
- The Appraisal Administrator will request that the appraisee completes feedback on the appraiser and appraisal process as a whole, by sending an electronic link to the survey system
- The Appraisal Administrator will also acknowledge receipt of the form, will confirm the following years' expected appraisal date and if the appraiser needs to choose a different appraiser for the following year.

6.3 Documentation

6.3.1 Guidance on what information should be included is available. The content of appraisal is based on the GMC guidance published in 'Good Medical Practice – framework for appraisal and revalidation'³ and in 'Guidance on supporting information for appraisal and revalidation'⁵, and it is an essential requirement of this policy that the supporting information collected by each appraisee meets these standards, and those that have been established by the relevant UK Medical Royal College. For appraisees not working in specialist practice other sources of guidance include the Faculty of Medical Leadership and Management.

6.3.2 The appraisee must complete all sections of the MAG Form, although each section does not have to be covered in detail every year. If the appraisee has previously been the subject of an investigation, in accordance with the Trust's Maintaining High Professional Standards (MHPS) policy, the RO may request that outputs from that investigation are reflected upon and discussed at appraisal. In these cases the information should be included in section 14 of the MAG. If the investigation results in a separate process (e.g. remediation or disciplinary), or the investigation is ongoing, it may be appropriate for an appraisal to be deferred.

6.4 Multi-source feedback

6.4.1 A requirement of revalidation is that clinicians must collect and reflect upon feedback from patients and colleagues. This should be undertaken in year 2 or 3 of the revalidation cycle, but must be done no later than year 4, to allow discussion of the feedback to be included within the next appraisal. The minimum requirement is that 15 colleagues and 20 patients provide feedback. We are aware that the minimum numbers for colleague and patient feedback for MOD personnel may be greater.

6.4.2 The Trust uses an electronic system to assist in the collection and analysis of multi-source feedback. Access to the current system will be provided when it is deemed necessary to meet the timeframes above, but clinicians are welcome to ask the Appraisal administrator to adjust the timing of the feedback within the 5-year revalidation cycle.

6.4.3 Colleague feedback should be sought from a wide range of clinical and non-clinical colleagues representing the clinician's full scope of practice, which may require more than 15 colleagues. The appraisee's selection of colleagues will be reviewed by the Appraisal Administrator to ensure that it has sufficiently represented all staff groups across their scope of practice, and will contract the appraisee to request that further selections are made if this does not appear to be the case. The RO reserves the right to mandate, in agreement with the chair of the HMSC, a minimum number of senior clinical colleagues for this feedback exercise.

6.4.4 Patient feedback should be sought from across the clinician's full scope of practice. Doctors who do not have patients may need to consider who else could provide feedback on their provision of medical services, and the best means to collect this feedback. Royal colleges may have specific guidance, but clinicians should also refer to the Appraisal Lead if still unsure.

6.5 Outcomes of appraisal

For most appraisee's the appraisal process will result in a positive outcome with the development of an agreed personal development plan. The maximum benefit from the appraisal process can only be realised where there is openness between the appraisee and appraiser. The appraisal should identify individual needs which will be addressed through the personal development plan. The following forms must be completed:

6.5.1 Summary of Appraisal.

The summary of appraisal is separated into four domains, knowledge skills and performance, safety and quality, communication partnership and teamwork, and maintaining trust. It is essential that the first statement in KSP is a summary of the scope of practice that has been reviewed. For example: Doctor A is a consultant (insert specialty) working as part of a team of X consultants that provides a service to UHP and (insert any other sites). Clinical work includes outpatient clinics, ward rounds and on call covering X sites. He/she is also an educational supervisor (insert other roles) and does/does not undertake private practice and has no other activities that require a license to practice (or insert other roles e.g. voluntary work, medico-legal work).

The key points of discussion and outcome must be fully documented. Any agreed actions should be clearly summarised in a SMART (Specific, Measurable, Achievable, Realistic, Time bound) format to ensure continuity for one appraiser to the next. The summary must cover an overview of what supporting information was included, what it showed and what if any corrective action was taken. If items of information were missing there should be documentation of what action has been agreed to correct this omission. The summary should be structured in line with the four domains of GMC framework³.

6.5.2 Personal Development Plan (PDP)

NHS England recognise the PDP as an important way of producing change. 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 and organisational issues acquisition of new skills and techniques. The personal development plan should be agreed within the appraisal meeting or very soon after. It is important that the PDP is aspirational and stretching taking into account the appraisees situation.

6.5.3 Appraiser Statements

The appraiser will complete the following statements to complete the appraisal process (these are completed electronically in the MAG Form):

- 1 *An appraisal has taken place that reflects the whole of the doctor's scope of work and addresses the principles and values set out in Good Medical Practice.*
- 2 *Appropriate supporting information has been presented in accordance with the Good Medical Practice Framework for Appraisal and Revalidation and this reflects the nature and scope of the doctor's work.*
- 3 *A review that demonstrates appropriate progress against last year's personal development plan has taken place.*
- 4 *An agreement has been reached with the doctor about a new personal development plan and any associated actions for the forthcoming year.*
- 5 *No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practice.*

If the appraiser has not been able to confirm one or more of the statements then the appraiser should document the reasons and the appraisee should also document their own views. This does not mean that the appraisee will not be recommended for revalidation it simply draws this issue to the attention of the RO. The RO will then make a judgement on what further assessment is required of that appraisee.

6.5.4 At the conclusion of the appraisal meeting, both parties may complete a Confirmation of Appraisal form, (See Appendix 7) which confirms that an appraisal has taken place, and may be copied by the appraisee for distribution to other organisations in which they may practice. Other organisations may require a copy of the output statements and PDP. It is the appraisee's responsibility to send them.

6.5.5 Where there is disagreement, which cannot be resolved at the meeting, this should be recorded and advice should be sought from the Appraisal Lead. Where the appraisee continues to disagree with the content of the appraisal or the process that has been followed and a confirmation of appraisal reporting form cannot be issued, then the appraisee will be advised of his/her right to raise their concern formally in accordance with the Trust's Grievance Procedure.

6.6 Links to revalidation

6.6.1 The appraisal process is the vehicle through which the GMC's revalidation requirements will be delivered for doctors. It is the appraisee's responsibility to ensure that they have either completed an annual appraisal or have agreed alternative arrangements in advance of any planned break in service.

6.6.2 The process for reaching a recommendation for revalidation for each doctor, and the information that is used by the RO to reach that decision, is described in the GMC Protocol for making revalidation recommendations⁴

During the 4 month statutory notice period, the doctor's revalidation recommendation will be discussed by the Revalidation Decision Group. This group normally consists of the RO, Appraisal Lead, Job Planning and Revalidation Manager and Appraisal Administrator. The group is constituted to consider any issues that may affect an individual's revalidation. If, however, there are likely to be discussion of any 'Failure to engage' decisions, then the

HMSC chair and LNC chair will be invited to the meeting and/or asked for their opinion to be represented at the meeting. The RO will then make a recommendation, in accordance with the protocol⁴.

Where a doctor is the subject of a GMC fitness to practise process, the statutory revalidation process will usually be placed on hold by the GMC.

6.7 Responding to Concerns

6.7.1 There are many ways in which potential concerns about an appraisee's performance, conduct or behaviour may come to light. In general it is unlikely that the appraisal meeting will be the first time that a serious concern is identified. The procedure for dealing with concerns is outlined in the Trust policy on remediation for medical and dental staff and in the MHPS policy.

6.8 When should an appraisal meeting be adjourned?

6.8.1 Where it becomes apparent during the appraisal process that there is a potentially serious performance issue (that has not been previously identified) that requires further discussion or examination the appraisal meeting must be stopped. The matter must be referred by the appraiser immediately to the Service Line Director to take appropriate action. The MHPS policy will then be followed. Other situations in which the meeting may be suspended is where an appraiser wishes to seek further advice over any aspect of the supporting information or the appraisal process. The appraiser would be expected to contact either the Appraisal Lead or the Medical Director to discuss the issue.

6.9 What is an unsatisfactory appraisal?

6.9.1 There is no absolute guide as to what constitutes an unsatisfactory appraisal; however guidance is given in the GMC's guidance on supporting information⁵ on what is considered to be essential documentation that should be detailed in the portfolio. In addition, it is expected that all appraisees are familiar with the standards for supporting information for appraisal and revalidation that are set by any relevant UK Royal College. Appendix 8 also gives guidance that should be included in an appraisal portfolio if the appraisee is an educational supervisor or college tutor. If any part of the essential documentation is not identified in a portfolio (unless a satisfactory explanation can be offered by the appraisee) then this must be brought to the attention of the appraisee prior to the appraisal meeting. This should provide an opportunity for the appraisee to produce the relevant piece of information. If the information is not immediately available then the appraiser may then either agree an action plan with the appraisee so that the issue is addressed in the subsequent appraisal cycle or consider alternative evidence.

6.9.2 Other areas such as failure to address issues that have been previously raised such as lack of essential documentation, issues about clinical performance or personal behaviour, then these may result in an unsatisfactory outcome. However these issues would have to be sufficiently serious to justify this course of action. Part of the developmental approach to appraisal should be in supporting the appraisee in improving the quality of evidence in the appraisal portfolio. It is only when there has been a clear failure to respond to actions outlined in previous summary of appraisals that the appraisal could be considered as being unsatisfactory. If this was the case then this would be reflected in the appraiser statements.

If the issues cannot be resolved with the appraisee then the matter should be referred to the Service Line Director.

6.10 Complaints arising from the appraisal process

6.11 Any complaints arising from the appraisal process must be reported to the RO. The Appraisal lead, or another individual as appropriate, will investigate the complaint and identify if there can be a resolution, otherwise the policy appropriate to the nature of the complaint should be followed. Recruitment and selection of appraisers.

6.11.1 Recruitment and selection of appraisers is overseen by the Appraisal Lead.

6.11.2 Doctors interested in becoming appraisers should consider the Person Specification (Appendix 2) and Job description (Appendix 3), discuss the idea within their own appraisal and include within their PDP. Service line directors may also identify potential candidates to be appraisers.

6.11.3 Potential candidates should contact the Appraisal lead, who may wish to discuss their suitability for the role in an informal interview prior to appointing them.

6.11.4 Where the appraisal office identify a need for more appraisers, they may organise the appropriate training to be delivered on site, and invite senior medical staff to attend. Otherwise, the appraisal office will be able to signpost potential candidates to suitable training providers.

6.11.5 Appraisers are accountable to the RO.

6.12 Appraiser training

6.12.1 The Appraisal Lead is responsible for ensuring adequate formal update training is made available for Appraisers to attend. Appraisers must attend at least every 3 years, but may attend more frequently.

6.12.2 Appraisers will also be invited to other training activities related to Quality assurance, overseen by the Appraisal Lead, and will be informed of their expected participation.

6.12.3 An appropriate allocation of SPA time will be agreed in the job plan of trained appraisers, and this will equate to 1 PA per appraisal plus 2 PA per year for quarterly update meetings, and 2 PA per year for appraisal training. Assuming an appraiser carries out a minimum of 4 appraisals per year, this will equate to 0.2 PA of non generic SPA. Further appraisals should equate to 0.025 PA each, up to 0.4 PA for the maximum 12 appraisals for each appraiser. This should allow adequate time for preparation and conducting of appraisals, and training activities.

Number of Appraisals	4	5	6	7	8	9	10	11	12
PA	0.2	0.225	0.25	0.275	0.3	0.325	0.35	0.375	0.4

6.12.4 Medical appraisers are 'relevant persons' for the purposes of the NHS Litigation Authority Third Party Liability Scheme and as such are covered by this scheme in terms of liability for

their actions whilst acting in the role of appraiser. Appraisers who are doctors also need to be members of a suitable medical defence organisation, as these bodies provide the protection needed should their licence be called into question through appraisal work.

6.13 Annual Appraiser feedback

The annual appraiser feedback report is based on the following information (and assessed against the following standards).

- 1 A record of the number of appraisals carried out in the last appraisal cycle (Appraise 4-12 appraisees in each appraisal year)
- 2 A record of the timeliness of the submission on MAG documentation following the appraisal meeting
- 3 Using the electronic survey tool, an anonymised summary of appraisal feedback will be created. The summary score, together with any free text comments that identify areas for improvement or of good practice, will be recorded on the feedback form. The should be reflected upon in appraisal.
- 4 Attendance at an annual appraisal update (At least once every three years)

6.13.1 Appraisers should complete their own appraiser reflective template form (Appendix 4) .This fully completed appraiser SRT form must then be included in the appraiser's own appraisal portfolio, and must be reviewed as part of their own annual appraisal at least once during each revalidation cycle.

6.13.2 If the performance of an appraiser causes concern following the annual review, then the RO may decide that a face to face review of that appraiser with the Appraisal Lead should be arranged. The review will include an assessment of the information that is summarised in the annual appraiser feedback form together with information on any agreed actions from previous appraisal rounds. A plan of action if agreed will be documented in the summary of the annual special review of an appraiser's performance. There should then be an early assessment as to whether the quality of the subsequent summary of appraisal forms has improved.

6.13.3 If agreement cannot be reached on how the performance of the appraiser can be improved or if there has been failure to improve following a previous review then the Appraisal Lead may recommend to the RO that this individual is deselected as an appraiser. The RO will have the final say in this matter. This decision can be appealed and the appeal will be heard by the Chief Executive.

6.14 Deferment of an annual appraisal

6.14.1 All doctors and dentists are required to undergo an appraisal annually. This is also a requirement, for doctors, for successful revalidation. There are, however, circumstances when no appraisal takes place during one appraisal year, including:

- Breaks in clinical practice due to sickness or maternity leave.
- 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.

As a general rule it is advised that doctors having a career break contact the appraisal office as early as possible to discuss and agree the most appropriate arrangements.

Each case can be dealt with on its merits and the Trust is mindful that no appraisee should be disadvantaged or unfairly penalised as a result of pregnancy, sickness or disability. Doctors who have a break from clinical practice may find it harder to collect evidence to support their appraisal, particularly if being appraised soon after their return to clinical practice. However often an appraisal can be useful when timed to coincide with a doctor's re-introduction to clinical work. Appraisers will use their discretion when deciding the minimum evidence acceptable for these exceptional appraisals.

6.14.2 Doctors who think they may need to defer their appraisal for a reason other than that listed above should also contact the Appraisal Administrator at the earliest possible opportunity.

The decision to allow a deferment in these cases will depend on a number of factors:

- How many appraisals have or will have been missed in a five year period.
- Whether there is anticipated to be further breaks from clinical practice in the near future.
- If there have been problems with evidence in previous appraisals.
- If the doctor is undergoing any investigation about his/her performance.

(This list is not exhaustive)

Informal advice on the likelihood of a deferment being agreed can be obtained from the Trust Appraisal Lead.

6.15 Failure to engage in the appraisal procedure

- If appraisal documentation has not been received, and the doctor has not informed the appraisal administrator of the date of appraisal, then the appraisal Administrator will write to the appraisee at the end of the appraisal due month to remind them of their obligations to undertake appraisal and request that they are completed by the end of the next month. (i.e. if an appraisal was due in September, it must take place in August, September or October, but a reminder will be sent at the end of September) .
- If no further communication is received then the failure to engage in appraisal procedure will commence on the first of next month, i.e. in the example where an appraisal was due in September, the procedure will be enacted on 1 November.
- The Medical director will write formally to the clinician informing them that they must complete the appraisal process (or apply for a deferment/exception) within 2 working weeks or be judged to be in breach of their Terms and Conditions of service. At this point the appropriate disciplinary action may be taken, including but not limited to restriction on Clinical Excellence Awards (CEA) awards and/or delay of pay progression. In addition, the GMC may be notified as part of the notification of non-engagement procedure that has been defined by the GMC.

6.16 Confidentiality

The medical revalidation and appraisal processes have been designed so that the appraisal inputs are confidential between the doctor and their appraiser. In the vast majority of cases the appraisal outputs (appraisal summary, PDP and appraiser's statements) provide all the information that the RO needs to make an assured recommendation to the GMC about a doctor's revalidation.

The appraisal process serves a number of purposes which influence the circumstances in which appraisal documentation may be viewed by individuals other than the appraiser and the appraisee. These include:

- Providing an accurate record for those involved (appraiser and appraisee)
- Quality assurance of appraiser work
- Addressing concerns highlighted in the appraisal interview
- Some capacity to highlight CPD issues that might need to be addressed by the Trust
- To form part of the basis for the recommendation on revalidation

Where there is a need for other individuals to have access to appraisal information, then the guidance below should be followed. The summary of appraisal documents will be held in electronic format, on a shared drive to which only the RO, Appraisal lead, Job planning and Revalidation Manager and Appraisal Administrator have access. The appraisal interview should not take place without the previous year's summary of appraisal being available to the appraiser prior to the meeting. If this is not provided by the appraisee it will be automatically emailed to the appraiser on request by the appraisal administrator. Consent for this to be done and access to the summary of appraisal form and PDP as described in this section is implicit in participation in appraisal.

Access to Summary of Appraisal and Personal Development Plans

Task	Individuals Involved	Comments
Clinical Governance – Corporate Level	Chief Executive, RO and Appraisal Lead. Director of Human Resources as part of an investigation.	Has access to all summaries of appraisal and PDPs – as required
Filing of completed appraisal documents	Appraisal administrator	Held in personal secure electronic folder in the MAG - annual
Quality assurance of appraiser work	RO, Appraisal Lead and Appraisers conducting Quality assurance	Review of all outputs from the appraisal process – annual
Analysis of learning needs	Appraisal Lead	PDPs – annual
Appraiser has concerns about performance and wishes to discuss this to register a 'concern'	Service Line Director and Medical Director/RO	Summary of appraisal and PDP – as required appraisee will be notified as part of this process
The appraisee makes a complaint about appraisal process	Appraisal Lead, RO	Summary of appraisal and PDP as required. The appraiser will be notified as part of this process.
To follow through appraisal actions	Appraisee / Appraisal Administrator	Previous year's summary of appraisal supplied to next year's appraiser - annual

7 Monitoring Compliance and Effectiveness

- 7.1 Compliance with appraisal timescales by individual doctors will be monitored by the RO, and discussed at the Revalidation Decision Group.
- 7.2 The Trust is required to submit an Annual organisational Audit to NHS England, usually during May and covering the previous financial year. The Audit requires the trust to confirm that the systems required to underpin revalidation remain in place, and to confirm the numbers of individuals, by grade of staff, who have completed their appraisal on-time, late, or not at all.
- 7.3 The Medical Director's Office will produce an annual report to advise the board as to the revalidation and appraisal process and performance. The format of this report is determined by NHS England but typically will include the following sections:

- Individuals responsible – This section will identify individuals with responsibility for appraisal within the Trust including the medical and managerial responsibility.
- Activity levels – The number of doctors who have been appraised and the total due for appraisal in the reporting year. There will be an exception audit of all missed or incomplete appraisals included in the report.
- Quality assurance of the appraisal process assurance of the appraisal process – The report will summarise the outcome of the annual assessment of appraisals including work done to address previously identified areas for development. Results of any previous assessments will also be included.
- Revalidation recommendations – The number of recommendations made by the RO during the reporting period, and a breakdown of ‘revalidation’, ‘defer’ or ‘non-engagement’ recommendations.
- Summary – The report will include a summary of important issues arising from the appraisal cycle

NHS England normally require a ‘Statement of Compliance’ is completed by the Chair of the Board to confirm that this has been done, to be submitted by the end of September.

8 DISSEMINATION, IMPLEMENTATION AND TRAINING

This updated policy will be disseminated via consultant briefing, e-mail to all doctors and the annual appraiser update sessions.

9 CONSULTATION, REVIEW AND APPROVAL/RATIFICATION

This policy is normally updated every three years unless major changes in the appraisal/revalidation guidance indicates the need for an earlier review. Major reviews are consulted on via the Medical Staff Panel. Approval/ratification of the updated policy is undertaken by the Medical Staff Panel.

10 REFERENCES

- 1 medical Profession (Responsible Officers) Regulations, 2010 as amended in 2013’
- 2 ‘The General Medical Council (Licence to Practise and Revalidation) Regulations Order of Council 2012’
- 3 General Medical Council. The Good Medical Practice framework for appraisal and revalidation, 2013General Medical Council. The GMC Protocol for making revalidation recommendations; Guidance for Responsible Officers and Suitable Persons, Fifth Edition March 2018
- 4 General Medical Council; Guidance on supporting information for appraisal and revalidation

Appendix 1 - Appraisal of doctors who temporarily exit training

NHS England recognises that doctors who have a temporary pause in their training may transfer their prescribed connection from their postgraduate dean, for the period of the pause, to an NHS Trust employer. These doctors are employed as “Trust doctors.”

When this situation occurs at University Hospitals Plymouth, and it is the intention of the doctor to return to formal training within 12 months, the RO will adapt the approach taken to the appraisal of these doctors and exert discretion about the supporting evidence those doctors are required to present.

The prime driver for modifying the approach taken for an individual doctor or a group of doctors is to apply that process which demonstrates the fitness to practise of the doctor in question most effectively.

Timing: The doctor will be informed of the proposed date of the appraisal meeting, and will work to that timetable. Typically this will be 12 months after their last ARCP.

Appraiser: These Trust doctors will have an Assigned Educational supervisor (AES) by their host service line, in the same way that trainees are, and that AES will be eligible to claim the time in their Job Plan for their role.

Appraiser Training: AES training is more than sufficient to allow a consultant to conduct and appraisal for a Trust doctor who meets the above criteria.

Appraisal Meeting: The AES will conduct an appraisal meeting in lieu of an ARCP. The Trust doctor will complete the MAG form and submit this to their AES ahead of the meeting, but may need more assistance than usual from the AES to complete this action.

Multisource feedback. If a doctors revalidation recommendation becomes due while they are a Trust Doctor subject to these arrangements, then the RO may accept the feedback processes undertaken during training as meeting the requirements for revalidation.

Other supporting information for appraisal. Appraisers should make reference to the GMC guidance for supporting information, but use their judgement to ensure that it is appropriate to a level of experience of the doctor undergoing appraisal. Where there is doubt they should consult with the appraisal lead

If, after a period of 12 months the Trust doctor still intends to return to training then this arrangement can be extended for a further 12 months. Where the doctor is unlikely to return to training, or a total of 24 months has elapsed then the doctor should be subject to the full arrangements for appraisal.

Bank Doctors: Where a doctor has temporary pause in their training, but have not committed to a fixed term Trust doctor contract, they may undertake work in the Trust through the NHSP Bank. This employment may establish a prescribed connection. If the 'host' service line is satisfied that the doctor's commitment to service is sufficient, they may decide to support that doctor with an AES. In these cases the above arrangements for appraisal should be used.

The final responsibility for ensuring that the process applied demonstrates that a doctor is meeting the requirements of the GMC framework³ rests with the RO.

Appendix 2 - Person specification for appraisers

	Essential/Desirable
Section 1: Education	
Medical or Dental Degree	E
GMC Registration and licence to practise	E
Completion of appraisal training before appointment	E
Section 2: Experience	
Minimum three years' experience in a senior medical/dental post	E
Involvement in medical education or training	D
Section 3 – Skills, Aptitude and Knowledge	
Good interpersonal and communication skills and competent in the use of the Appraisal Toolkit	E
Understanding of the Medical and Dental Appraisal Policy and process	E
Understanding of equality and diversity best practice	E
Understanding of learning needs assessment	D
Knowledge of local professional development and educational structures	D
Personal Qualities	
Motivated and conscientious	E
Enjoying respect of colleagues	E
Health and Physical Abilities	
Psychologically capable of work as an appraiser	E

Appendix 3 - Job description for appraisers

Overall Purpose

To carry out medical appraisals in line with the Medical and Dental Appraisal Policy.

Key Areas of Responsibility

Responsible to the Responsible Officer. To carry out appraisals in line with the standards set out in the policy . To report any serious concerns in line with HR policies and procedures.

Description of Role and Key Responsibilities of Appraiser

Undertake pre-appraisal preparation, appraisal discussion and complete post appraisal documentation in line with the policy .

Duration of appointment as an appraiser – appraisers are appointed for a five year term which can be renewed

Appraisers will undertake no more than 12 appraisals each year, and will normally carry out a minimum of 4.

After initial training, competence will be assessed as part of the routine quality assurance report.

There is a requirement to attend initial training before being appointed.

There is a requirement to participate in ongoing training, to address development needs in the role of appraiser, as described in the policy (section 6.12).

There is a requirement to participate in performance review and quality assurance of the role of appraiser as outlined in the policy.

There is a requirement to use the MAG form to record the appraisal process.

There is a requirement to comply with all aspects of the policy including the section on confidentiality.

Providing appraisers comply with the policy, all appraisers are covered by Trust indemnity.

Appendix 4 - Appraiser reflective template

To be completed by the appraiser and included in appraisers appraisal portfolio.

Name: _____

Service Line: _____

Questions	Response
How many appraisals have you done in this appraisal year and how many could you do in the next year?	
Feedback on assessment of your summary of appraisal (summary of appraisal form score and free text comments): What areas can you improve?	
How long do you spend on appraisals?	Preparation: Interview Writing up Follow up
Feedback from appraisees Are there any areas for improvement that have been identified?	
What do you enjoy about the appraiser role? What has gone well? What are your strengths?	
What improvements have you made over the last year (what actions have you taken to address any difficulties identified before?)	

<p>Have you attended any appraisal support group or skills update meetings?</p> <p>Please outline your main learning points and how/whether they have influenced the way you work as an appraiser</p>	
<p>What areas have you found difficult in your work this year?</p>	
<p>Have you appraised any colleagues about whom you had performance concerns? How did you handle this?</p>	
<p>Do you feel you would like to continue in your role as an appraiser next year?</p>	
<p>Equality and Diversity Training</p> <p>Has this been undertaken in the last five years? If yes, specify date. If no, outline plan to address this requirement</p>	
<p>Appraiser update training. Have you attended? If yes, specify date. If no, did you attend an equivalent external meeting?</p>	
<p>Have you had difficulties with the administration of the appraisal system?</p> <p>What additional support could the Trust offer you in your role as an appraiser?</p>	
<p>If you do intend to continue as an appraiser, do you have any specific training needs? These should be included in the agreed actions in the summary of appraisal and in your PDP if relevant.</p>	



Appendix 5 Whole scope of practice form – Review of clinical work requiring a licence to practice

Enquiry form (to be sent by the appraiser to the relevant organisation and on completion to be included in the appraisal portfolio)

Your appraisal will need to cover the whole of your practice. You will need to send this suggested template to any employers who are outside of the scope of work that you provide for University Hospitals Plymouth NHS Trust (either on or off site) that is not governed by the usual contract monitoring/clinical governance arrangements of work that is carried out for UHP. So, if you practice in more than one organisation, you will need to collect supporting information that covers your clinical practice in each of those places.

Dear

This Doctor has delivered clinical work on your organisation's behalf. Their annual appraisal will be undertaken shortly and in order to assist in this process, I would be grateful if you would answer the questions in section 2. On completion please return this form directly to the appraiser who requested this information at the contact address given below.

Section 1 – To be completed by the appraiser

Name	
GMC/GDC Number	
Designated Body	University Hospitals Plymouth NHS Trust
Address	
E-mail contact	

Summarise all aspects of your practice that you undertake at this organisation

Name of organisation	
Scope of practice	Frequency

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Section 2 – To be completed by an individual from the organisation where the additional professional activity is undertaken

Question 1 – Are you aware of any specific training/updates required for this post over and above that required at University Hospitals Plymouth NHS Trust?	
Yes	No (if no go to Question 3)
If yes, what training and why?	
Question 2 – Has this training/update been carried out?	
If yes, what was the outcome?	
If no, why not?	

Question 3 – Are you aware of any formal complaints/compliments relating to this appraisee?	
Yes	No
If yes, what were they and in what context?	

Question 4 – Have there been any serious (ie those requiring a root cause analysis/involving a coroner’s inquest) clinical incidents in relation to the work carried out by this appraisee?	
Yes	No
If yes, what are they and what was the outcome, current status?	

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Question 5 – Have there been any other concerns relating to this appraisee?	
Yes	No
If yes, what were they and what was the outcome, current status?	

Name of person who has completed section 2	
Position	
Organisation	
Signature	
Date completed	

Appendix 6 - Structured Reflective template – Significant events

NAME of DOCTOR	
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Date and description of event:
What went well?
What could have been done better?
What changes have been agreed as a result? Personally:

For the team:

Final outcome after discussion at appraisal:

(Complete at appraisal considering how your outcome will improve patient care)

Appendix 7 Confirmation of Appraisal form



Confirmation of Appraisal – Senior Medical Staff

Name			
Service Line			
Job Title		Date of Appraisal	

- An appraisal has taken place that reflects the whole of a doctor's scope of work, and addresses the principles and values set out in Good Medical Practice.
- Appropriate supporting information has been presented in accordance with the Good Medical Practice Framework for Appraisal and Revalidation and this reflects the nature and scope of the doctor's work. The Doctor is on track for Revalidation.
- A review that demonstrates appropriate progress against last year's personal development plan has taken place.
- An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year.
- No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise

SIGN OFF

We agree that the above is an accurate summary of the appraisal discussion and agreed action and of the agreed personal development plan.

Appraisee name (please print) GMC No

Signature Date

Appraiser name (please print) GMC No

Signature Date

Please keep a copy of this form within your portfolio as this can be used as confirmation that appraisal has taken place should this be required by other organisations.

Appendix 8 - Appraisal of Educational Supervisors, College and Clinical Tutors

Name					
Trust					
GMC No.					
Educational Role	Educational Supervisor	<input type="checkbox"/>	Clinical/ College Tutor	<input type="checkbox"/>	
Which posts are you supervising					
Date Role commenced					
Recognised in job plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date of last appraisal for this role
Educational Training completed in the past 12 months					
Feedback on this role since last appraisal					
Developmental needs including plans for achieving this					
Any additional information or issues appraisee wishes to record or discuss					
Signatures Appraisers & Appraisee					
Date					

Appendix 9 – Form A



University Hospitals
Plymouth

NHS Trust

**MEDICAL APPRAISAL
REPORTING FORM A**

Please ensure that if this form is completed by your **Service Line Director** (SLD), it is included within your portfolio.

NAME	
JOB TITLE	
SERVICE LINE	
DATE OF APPRAISAL	
GENERAL COMMENTS	e.g. Health, performance, compliments or complaints, relationships with colleagues.
DRAFT PDP DISCUSSED?	e.g. Are there elements of PDP which may have impact on service line, or development that the service may wish the individual to pursue?
MANDATORY TRAINING COMPLETE?	
OTHER COMMENTS	e.g. Notable accomplishments.

Agreed by Dated
SERVICE LINE DIRECTOR

Dissemination Plan			
Document Title	Medical & Dental appraisal policy		
Date Finalised	15 December 2020		
Previous Documents			
Action to retrieve old copies			
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		Information Governance StaffNet Page	Information Governance Team

Review Checklist		
Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Core Information	
Date	15 December 2020
Title	Medical & Dental Appraisal policy
What are the aims, objectives & projected outcomes?	This policy sets out the policy and processes for the annual appraisal of all Medical and Dental Consultants, SAS doctors, Trust doctors and other doctors to which the policy applies.
Scope of the assessment	
Collecting data	
Race	There is no evidence to suggest that there is a negative impact on race regarding this policy, but currently workforce and service data for this area is not collected. The author will investigate if this data could be collected, and if it would be useful and appropriate to do so.
Religion	There is no evidence to suggest that there is a negative impact on religion regarding this policy, but currently workforce and service data for this area is not collected. The author will investigate if this data could be collected, and if it would be useful and appropriate to do so.
Disability	There is no evidence to suggest that there is a negative impact on disability regarding this policy, but currently workforce and service data for this area is not collected. The author will investigate if this data could be collected, and if it would be useful and appropriate to do so.
Sex	There is no evidence to suggest that there is a negative impact on sex regarding this policy, but currently workforce and service data for this area is not collected. The author will investigate if this data could be collected, and if it would be useful and appropriate to do so.
Gender Identity	There is no evidence to suggest that there is a negative impact on gender identity regarding this policy, but currently workforce and service data for this area is not collected. The author will investigate if this data could be collected, and if it would be useful and appropriate to do so.
Sexual Orientation	There is no evidence to suggest that there is a negative impact on race regarding this policy, but currently workforce and service data for this area is not collected. The author will investigate if this data could be collected, and if it would be useful and appropriate to do so.
Age	There is no evidence to suggest that there is a negative impact on race regarding this policy, but currently workforce and service data for this area is not collected. The author will investigate if this data could be collected, and if it would be useful and appropriate to do so.
Socio-Economic	There is no evidence to suggest that there is a negative impact on race regarding this policy.
Human Rights	There is no evidence to suggest that there is a negative impact on human rights regarding this policy.

What are the overall trends/patterns in the above data?	Data is not currently collected. The author will investigate what data could be collected, and if it would be useful and appropriate to do so.
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Involving and consulting stakeholders				
Internal involvement and consultation	Consultation was undertaken involving: Policy sub-group LNC HMSC And the policy was agreed at Medical Staff Panel.			
External involvement and consultation	None			
Impact Assessment				
Overall assessment and analysis of the evidence	There is nothing to suggest that this policy has a negative impact on any protected characteristics or Human rights, but there is little evidence to support this.			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Specific issues and data gaps that may need to be addressed through consultation or further research	The author will investigate if this data could be collected, and if it would be useful and appropriate to do so.			