Providing a professional appraisal for doctors on Gibraltar

These briefing notes are a starting point for creating a shared understanding of the purpose of revalidation and appraisal, and clarifying professional boundaries, behaviour and responsibilities in relation to the appraisal process (based on work done by the NHS Revalidation Support Team and rolled out in the Revalidation training for current appraisers, 2012-13).

1. Purpose of revalidation
   - To assure patients and public, employers and other health care professionals that licensed doctors are up to date and fit to practise in accordance with the GMC’s Good Medical Practice.

2. Purposes of medical appraisal
   - To enable doctors to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in “Good Medical Practice” and thus to inform the responsible officer’s revalidation recommendation to the GMC.
   - To enable doctors to enhance the quality of their professional work by planning their professional development.
   - To enable doctors to consider their own needs in planning their professional development. and also
   - To enable doctors to ensure that they are working productively and in line with the priorities and requirements of the organisation they practise in

Most doctors should have no difficulty in demonstrating that they are up to date and fit to practise and should spend most of their appraisal discussing their continuing professional development and how to improve the quality of their practice.

3. Professionalism
   - Appraisals should not be vulnerable to appearances of collusion; all doctors have a right to a robust appraisal that promotes their personal and professional development.
• Both doctor and appraiser should be punctual and professionally presented. The appraisal will be conducted in a professional manner within an appropriate working environment (i.e. professional, private/confidential, no interruptions, able to access necessary resources/internet).

• The appraiser and the doctor should report any concerns about the conduct of the appraisal to an appropriate person (e.g. appraisal lead)

• There should be a written complaints process and a process for dealing with significant incidents relating to the appraisal process.

4. Confidentiality and Good Medical Practice

• The content of the supporting information and the appraisal discussion will normally be kept confidential by the appraiser.

• The doctor and appraiser should understand that all doctors are subject to an over-riding duty to protect patients.

• If a doctor reveals during the appraisal something that gives rise to such serious concerns about their personal safety (their health) or patient safety (their fitness to practise) that confidentiality is no longer the most important principle, then the appraisal process will be suspended and other processes started (occupational health or performance procedures).

• Overall, both appraiser and doctor must apply their professional judgement, to establish whether there is a patient/personal safety issue, in accordance with section 43 of the GMC’s Good Medical Practice:

“You must protect patients from risk of harm posed by another colleague’s conduct, performance or health. The safety of patients must come first at all times. If you have concerns that a colleague may not be fit to practise, you must take appropriate steps without delay, so that the concerns are investigated and patients protected where necessary. This means you must give an honest explanation of your concerns to an appropriate person from your employing or contracting body, and follow their procedures.”

Section 43, Good Medical Practice, GMC 2006

One of the sign offs after the appraisal discussion for both parties is an acknowledgement of this duty of care.

Data Protection

• The appraiser must not hold or retain (other than for the immediate purpose of undertaking the appraisal) their own independent records relating to the doctor or the appraisal.
• Electronic information must always be sent using secure email systems in accordance with local appraisal and information governance policies.
• Local information governance policies should cover whether personal computer systems and memory sticks can be used for appraisal and revalidation information and these policies must be followed.
• The appraiser has a professional and legal responsibility to handle all information in accordance within legal parameters and safeguards.

**Information Sharing**

• The completed appraisal documentation, including the supporting information will be available for access by the responsible officer (RO) or someone acting with appropriate delegated authority.
• The appraisal documentation may be used for:
  o Appraisal;
  o Monitoring and managing patient safety and the doctor’s fitness to practise (including making fitness to practise recommendations);
  o To facilitate early recognition of patterns of capability or conduct concerns;
  o For management and quality assurance of the systems and processes;
  o For the protection of the public; and
  o For future legal action or defence by the designated body including indemnifying the responsible officer and/or appraiser.
• The appraisal summary and PDP may be shared with named individuals according to local policy, and analysed to understand collective learning needs and constraints and the impact of the introduction of an appraisal system on Gibraltar.
• Appraisal documentation will not normally be used for any other purpose, in a non-anonymised form, without the doctor’s consent.

5. **Venue**

• The venue will normally be an appropriate, professional, mutually convenient location at the hospital or the Primary Care Centre. It is the doctor’s responsibility that an appropriate venue be booked in good time, and that details of the venue are passed on to the appraiser ahead of their arrival in Gibraltar.
• The venue must allow the discussion to be private and confidential, free from interruptions, and provide access to the internet and other necessary resources.
- If, in exceptional circumstances, an unusual venue is agreed, the agreement and reasons should be recorded in case an explanation is required later and it must always meet the venue criteria.

6. **Timing**
   - The appraisal will normally be in working hours, at a time and date that is mutually convenient and allows sufficient time for the appraisal discussion.
   - Either the doctor or the appraiser may request reallocation at initial allocation if personal timetables prove incompatible.
   - The appraisal meeting will normally take between 1.5-3.5 hours, depending on what is discussed and whether time is included to write up and agree the appraisal outputs.
   - The doctor and appraiser will build in appropriate flexibility so that the appraisal is not cut short, they are fresh enough to give the appraisal discussion their full attention and there is appropriate time for reflection afterwards.
   - If, in exceptional circumstances, doctor and appraiser mutually agree to meet at a time outside normal working hours, the agreement and reasons should be recorded in case an explanation is required later and they must ensure they are both able to give the appraisal discussion the time and attention it requires.

7. **Postponement / Cancellation**
   - If something unexpected happens, the affected party will make every effort to communicate with the other party and, where applicable, the administrative team, to explain that there has been an unavoidable change of plan (sickness, transport failure etc.)
   - The administrative team will provide appropriate support in ensuring that the message is passed on and received as soon as possible.
   - If there is a short notice cancellation by the doctor after the appraiser has already committed to agreed dates for a trip to Gibraltar to provide appraisals and incurred costs associated with travel and accommodation, which cannot be reimbursed elsewhere, then the doctor will be liable to pay the appraiser £750 personally in order that the money remains in the budget to provide an alternative appraisal at a future date.

8. **Pre-appraisal documentation**
   - The doctor will provide everything that is required for the appraisal discussion to go ahead, two weeks before the appraisal date (unless in exceptional circumstances another arrangement has been made by mutual agreement). It is the doctor’s responsibility to
ensure that this is done in good time and to respond to communications from the appraiser promptly.

- Documentation must be legible and professionally presented, and will normally be typewritten and on the Revalidation Toolkit, although there may be some supplementary paper based information.
- If the doctor has not engaged with the process and provided the required supporting information in good time, the appraisal discussion may need to be postponed until the information is available and the appraiser has had adequate time to prepare. This will incur a £750 charge to the doctor if an alternative appraiser has to be provided according to the short notice cancellation criteria in Section 7 (above).

9. **Post-meeting documentation**

- If not completed at the time of the appraisal discussion, the appraiser will ensure that the doctor receives the post appraisal documentation as soon as possible afterwards and certainly within 14 days.
- The doctor will sign off the documentation and return it to the appraiser as soon as possible after receipt and certainly within 14 days.
- Any appraisal documentation that is not fully submitted and signed off by both parties within 28 days of the appraisal discussion, will be reported to the responsible officer as a Category 1B complete appraisal and an explanation sought to understand any contributory factors.

10. **Annual Appraisal**

- Engagement in annual appraisal requires the doctor to have a medical appraisal in each appraisal year (1st April – 31st March annually) and normally five in each revalidation cycle.
- Any doctor who, for good reason, is unable to engage in annual appraisal (maternity leave, long term sick leave etc) should apply for a postponement or exemption in good time before the appraisal is due.
- It is the responsibility of the doctor to complete their portfolio and engage with the annual appraisal process in a timely fashion.
- Any appraisal that is scheduled to take place outside a period of nine to 15 months from the previous appraisal will be reported to the responsible officer as a Category 1B complete appraisal and an explanation sought to understand any contributory factors.
- It is the responsibility of the doctor to comply with local management requirements for arranging an appropriate appraisal.
• If the allocated appraiser is unable to provide a timely appraisal then it is appropriate for the doctor to be reallocated to another appraiser.

11. **Setting the boundaries to the appraisal discussion**
• Setting explicit boundaries to the appraisal discussion should be included in the local appraisal policy and in appraiser training so that there is a shared explicit understanding of the expectations of a professional appraisal, the roles of both doctor and appraiser, and the limitations of confidentiality, prior to the appraisal discussion.
• This documentation provides written guidance to cover this explicitly and any queries should be clarified before the appraisal discussion starts.
• It is recommended that the appraiser directly addresses the issue of confidentiality and GMC requirements with the doctor at the start of the appraisal interview. This has been found, in practice, to help create a professional atmosphere without interfering with the building of rapport especially if it builds on appropriate written information in the appraisal policy and pre-appraisal. An appropriate statement at the start of the appraisal meeting makes the responsibility and accountability of both parties explicit.