There are sometimes unwritten assumptions in the relationship between appraisee and appraiser. Some appraisers find it helpful to make these explicit, either in an e-mail before the appraisal or verbally at the beginning of the appraisal discussion. To increase consistency, a written “code of conduct” may be shared between appraisees and appraisers. It should form the basis for clarification of the appraisee/appraiser relationship. Any concerns should be taken up with the appraiser in the first instance and the appraisal lead, Responsible Officer or administrative team if appropriate.

**What to expect from an appraisal:**

**Purpose:** The annual appraisal has two main purposes:

- To support the appraisee in demonstrating that they are up to date and fit to practise by helping them to develop an appropriate portfolio of supporting information (revalidation)
- To support the appraisee in their continuing professional development (quality improvement)

The majority of doctors should have no difficulty in demonstrating that they are up to date and fit to practise and should spend almost all their time discussing their continuing professional development and how to improve the quality of their practice.

**Professionalism:** Both appraisee and appraiser will be punctual and professionally presented.

The appraisal itself will be conducted within a confidential working environment (i.e. alcohol will not be served) and in a professional manner that is transparent and open to scrutiny.

Either party will contact the appropriate person (e.g. local appraisal lead) if they have any concerns that the appraisal has not been entirely professional and there will be an appropriate written complaints process. Significant incidents of any type regarding the appraisal process will be investigated and the learning cascaded through the whole organisation.

**Confidentiality:** The content of the supporting information and the appraisal discussion will normally be kept confidential by the appraiser. However, both appraisee and appraiser should understand that all doctors are subject to an over-riding duty to protect patients. If the appraisee 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 poor performance processes).

The appraiser will only store the appraisee’s information with their permission and in a secure environment, and will send electronic information securely, normally using nhs.net. The appraiser is aware that there is a responsibility to handle all information in accordance with guidance on confidentiality, information handling and data protection governance.
The agreed summary of discussion and PDP will be shared with named individuals and analysed. Learning needs and constraints may be shared with educational providers and designated bodies according to locally agreed processes. The summary of discussion and PDP may also be used for quality assurance purposes to monitor the appraiser’s performance.

The appraisal documentation, including the supporting information that forms the revalidation portfolio, will be available for scrutiny by the Responsible Officer (RO), should the RO request it. It may be used to help inform the recommendation about the revalidation of the individual to the GMC, to highlight any specific difficulties and additional support that may be needed and for the quality assurance of the appraisal process. Appraisal documentation will not be used for any other purpose in a non-anonymised form without the appraisee’s explicit consent.

Venue: The appraisee will nominate a professional venue of their choice, that allows the discussion to be confidential, free from interruptions, with access to the Internet and any other resources that they need, but which is mutually convenient. The appraiser will normally travel to the appraisee, but an alternative venue may be agreed that suits their circumstances better, as long as it still meets these professional requirements. Either party has the right to request reallocation if an appropriate venue cannot be agreed.

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. If personal timetables prove incompatible, it is appropriate to request that an alternative appraiser be allocated. The appraisal discussion will normally take between 1.5-3.5 hours, depending on what arises and whether time to write up is built in. The appraisee 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.

Courtesy: If something unexpected happens, the affected party will make every effort to communicate with the other party and, importantly, 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.

Structure: The appraisee will provide everything that is required for the appraisal discussion to go ahead, by two weeks before the appraisal date, unless another arrangement has been made by mutual agreement. The appraisee must understand that if they have not completed their portfolio and provided the required supporting information (in particular, last year’s summary of discussion and PDP) then the appraisal cannot go ahead and the appraisal discussion will need to be postponed until the appraisee can provide the information and give the appraiser adequate time to prepare. If this is impossible before the appraisal year end, the failure to complete the appraisal within the appraisal year rests entirely with the appraisee who did not complete their portfolio. In order to avoid missing an appraisal year, all appraisals should normally take place by the end of February at the latest, leaving March free for any appraisal where there are exceptional circumstances.
If not completed at the time of the appraisal discussion, the appraiser will ensure that the appraisee receives the post appraisal paperwork as soon as possible afterwards and at the latest by two weeks after the appraisal. The appraisee will sign off the paperwork and return it to the appraiser as soon as possible after receipt and at the latest by two weeks after receiving it.

Any appraisal paperwork that is incomplete (i.e. not fully submitted and signed off by both parties in the correct format) by 28th April following the end of the appraisal year, will be reported by name of appraisee and appraiser in the annual report, as is recommended by national guidance.

Exceptions: In exceptional circumstances, if all other options have been explored, a home office that meets professional standards may be mutually agreed as the appraisal venue. Similarly, appraisee and appraiser may mutually agree to meet at a time outside normal working hours, as long as they are both fresh and able to give the appraisal discussion the professional attention it requires. It is even more essential that in such circumstances, the appraisal itself be conducted in a professional manner that is transparent and open to scrutiny. It is recommended that, in such circumstances, the appraiser ensures that there is agreement with the appraisee in writing prior to the appraisal discussion, explaining the circumstances.

Appraisals should not be vulnerable to appearances of collusion. All appraisees have a right to a robust appraisal that promotes their personal and professional development.