

**Human Resources Directorate
Pay and Employment Unit**

To: **HSS Boards**
Chief Executive
Director of Public Health
Director of Human Resources
Director of Dental Services

Circular HSS(TC8)10/03

HSS Trusts
Chief Executive
Director of Human Resources
Director of Medical Services

Our Ref: BP 586/03

Special Agencies
NI Council for Postgraduate Medical & Dental Education
British Medical Association
British Dental Association
Faculty of Medicine & Health Sciences, QUB
Central Services Agency

2m September 2003

Dear Colleague

APPRAISAL FOR CONSULTANT CLINICAL ACADEMIC STAFF

Summary

1. An appraisal scheme for consultants was introduced under cover of Circular HSS(TC8) 11/01 in May 2001. That scheme and its documentation were a development of a set of principles agreed with the Central Consultants' and Specialists' Committee (CCSC) of the British Medical Association which was published in March 2001 (Circular HSS(TC8) 3/01).
2. Both the agreement in principle and the detailed documentation were designed in broad terms to be used by clinical academic staff. That is, consultants employed jointly by Queen's University and an HSS Trust/HSS Board.

Developments in GB - the Follett Report

3. In September 2001, a report by Sir Brian Follett "*Review of appraisal and disciplinary and reporting arrangements for senior National Health Service and University staff with academic and clinical duties*" was published by the Department for Education and Skills. That report, which has been accepted by both health and education ministers, called for closer joint working between universities and the NHS and in particular identified joint appraisal as an essential element in the process.



4. Since then, the University and College Employers' Association with the Council of Heads of Medical Schools, the CCSC and the Departments of Health and Education and Skills have designed a version of the NHS scheme which reflects the recommendation for a joint appraisal scheme.

Developments in NI

5. Agreement has now been reached locally on a joint appraisal scheme specifically for all joint appointment consultant clinical academic staff. The guidance is attached at **Annex A**. The required documentation, based on similar arrangements for consultants, is at **Annex B**. This scheme has been agreed with the BMA.
6. The documentation is very similar to that required for HPSS consultants and designed to support the requirements of the GMC's revalidation procedures. For that reason it is important that the order and general format of the documentation are followed for all consultant clinical academics. Detailed working arrangements between individual HPSS employee and the university will need to be agreed. For example, the timing of appraisal discussions will need to be co-ordinated and appraisers identified. The nature of the work of clinical academics may mean that additional information will need to be included on the appraisal forms. This may be agreed locally as long as the documentation attached is used as the core framework for the appraisal process.
7. It is Departmental policy and in accordance with clinical and social care governance that all HPSS doctors should be appraised. Employers should, therefore, liaise with the University to ensure that this appraisal process is completed as a contractual requirement by all consultants in clinical academic posts.
8. Employers should now consider how they are going to implement appraisal within the scope of the agreement. Training for those conducting and participating in appraisal is essential to support the extension of appraisal to these doctors.

Timing

9. It is essential in 2003/04 that progress is made towards the relevant recommendations in the Follett review in respect of appraisal.

Where appraisal by a sole appraiser (see para 8.1, Annex A) is the most appropriate option, this should be put in place at the earliest opportunity if this is not already the case.

Where joint appraisal is the most appropriate option, there are two possibilities;

- (a) If a single appraisal event is feasible, this should take place; or

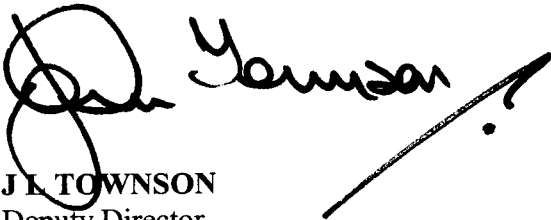
- (b) Failing this, the information resulting from separate appraisals should be brought together and shared between the relevant employing bodies.

The arrangement in paragraph 9(b) should be seen as interim to appraisal occurring as a single event in subsequent years.

Enquiries

10. Employees should direct all enquiries to their employing authorities. Any enquiries that cannot be resolved locally should be directed to Pay & Employment Unit or by e-mail to *p&e@dhsspsni.gov.uk*

Yours faithfully

A handwritten signature in black ink, appearing to read 'J.L. Townson', with a long diagonal stroke extending from the end of the signature.

J.L. TOWNSON
Deputy Director

GUIDANCE ON APPRAISAL FOR CONSULTANT CLINICAL ACADEMIC STAFF

1 Introduction

1.1 Appraisal is a professional process of constructive dialogue, in which the individual being appraised has a formal structured opportunity to reflect on his/her work and to consider how his/her effectiveness might be improved. It is a positive employer led process to give employees feedback on their performance, to chart their continuing progress and to identify development needs. It is a forward-looking process essential for the developmental and educational planning needs of an individual.

1.2 Almost all universities which employ clinical academic staff, both medical and dental, introduced appraisal schemes for their academic staff in the late 1980s. These schemes have developed over time

1.3 In addition, there have been significant developments with regard the recommendations of the Follett Report, the GMC proposals for the revalidation of medical practitioners and the recertification and continuing professional development (CPD) requirements of the GDC. The introduction of clinical and social care governance locally will underpin these developments.

1.4 Thus developments nationally in both universities and the health service have underlined the need for review and revision of the appraisal process for those medical and dental staff who have both academic and clinical duties.

1.5 This need is particularly cogent for medical academic staff with joint appointment consultant contracts because of the introduction from April 2001 of mandatory annual appraisal for all HPSS consultants as well as the GMC requirement for regular revalidation. As stated in the Follett Report (para 50), *"...without a new approach, clinical academics will face a series of overlapping but separate processes: NHS appraisal, university appraisal and performance review, NHS award schemes, and GMC requirements for evidence demonstrating fitness to practise in the field of academic medicine. We think this is unsatisfactory as well as unsustainable in the long term. We see it as essential for the university to be an equal partner in the appraisal process, and believe that the recommendations ... will resolve the situation and be a powerful tool towards containing problems of overload."*

1.6 The Follett Report recognised that the position for dental academic staff with consultant contracts is somewhat different given the particular relationship between dental schools and dental hospitals, and the differing arrangements for recertification by the GDC. Nevertheless it recommended (para 76) *"...that dental schools should follow our proposals for joint planning of an appraisal system, ensuring that it meets both NHS and university needs (and the requirements of the GDC for retaining professional status, which are not the same as those of the GMC) ..."*

1.7 Given the above, the Follett Report defines (para 54) “*joint appraisal as two appraisers, one from the university and one from the NHS, working with one appraisee on a single occasion*” and, for doctors, states that “*joint appraisal is the only way of reviewing the whole individual holding a single post that we believe a clinical academic to be, even though he or she is accountable to two masters. Equally positively, an annual requirement for NHS and university managers to come together to review the totality of demands on their staff will facilitate greater flexibility over time in matching service and academic needs with an individual’s experience, skills and career development.*” In the case of dentists, it is recognised, as did the Follett Report, that it may often be possible and appropriate for a single appraiser to cover both sides of the work and thus, in the following, the term “joint appraisal” covers this eventuality.

1.8 As Follett observes (para 8) “*Universities ... are legally independent and autonomous bodies. ... Thus so far as universities are concerned our recommendations will fall to be implemented individually by institutions which will need to fit them into their legal structures and existing staff management procedures.*” Nevertheless, there is general agreement amongst the universities concerned that an overall national framework for the appraisal of consultant clinical academic staff with some flexibility to adapt to local arrangements with the NHS would have great advantage to both the individual clinical academic and institution. Thus this paper sets out a recommended national model appraisal scheme for consultant clinical academic staff which is the outcome of consultation with UCEA subscribers, the Department of Health, CHMS, CDDS, GMC and GDC as well as discussion with the BMA, BDA & AUT. It is recognised that there are existing and developing examples of good joint working practice between universities and the NHS. The recommended national model has been developed in the context of this existing good practice.

1.9 The Northern Ireland Act 1998 -requires all public bodies, including the HPSS and universities, to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

Trusts and the University should take this into account in drawing up their appraisal schemes. **Furthermore, an essential additional requirement of the appraisal scheme is to reflect upon the equality and diversity responsibilities of consultant clinical academic staff, both in their service delivery to patients and in their management responsibilities for and interactions with other staff, students and potential students.**

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

1.11 Appraisal in relation to HPSS activity has been a requirement under the joint appointment consultant contract for all consultant clinical academics since 1 April 2001. This requirement will be

subsumed into new arrangements for joint university and Trust appraisal schemes. Under the new arrangements, appraisal in relation to HPSS activity will continue to be a requirement of joint appointment consultant contract holders. Trusts are required to complete the annual round of appraisal by 31 March of each year whilst Queen's University finishes its annual appraisal for academics by 14 October.

2 Definition and Aims of Appraisal

2.1 As indicated above, appraisal allows the employer and individual employee to consider together activity and development needs, and to address any matters that may inhibit performance. In the particular case of consultant clinical academic staff, it offers an opportunity to address the inherent tension of combining the demands of research, education, clinical service and administration. It is not the primary aim of appraisal to scrutinise doctors and dentists to see if they are performing poorly but rather to help them consolidate and improve on good performance, aiming towards excellence. However, it can help to recognise, at an early stage, developing poor performance or ill health, which may be affecting practice.

2.2 The aims and objectives of the appraisal scheme are to enable the university, the HPSS and consultant clinical academic staff to:

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

3 Appraisal Process and Content

3.1 For the university, the Vice-Chancellor or the Head of School as his/her delegated nominee and, for the HSS Trust, the Chief Executive, is accountable for the appraisal process and must ensure that appraisers are properly trained to carry out this role and are in a position to undertake jointly appraisal of academic activity, clinical performance, service delivery and management issues. For the university, and as appropriate within the internal management structure, the appraiser will in most cases be the appropriate Head of Department or nominee and, for the Trust, the Clinical Director or equivalent (see section 8 for detail).

3.2 Many of the appraisal agenda items will be shared but lead responsibility rests on the university for teaching, research and university management, on the HPSS for clinical service together with relevant management issues including the consultant clinical academic's contribution to the organisation and delivery of local services and priorities, and on both for the wider roles of consultant clinical academics in clinical innovation, professional leadership and their equality and diversity responsibilities. Doctors who aim to submit appraisal summary forms to secure their revalidation will want to ensure that their appraisal is structured against the headings of *Good Medical Practice* and that all aspects of their medical practice are subject to appraisal by at least one registered medical practitioner.

4a Revalidation in Medicine

4a.1 The GMC has developed a revalidation scheme that will require all medical practitioners, as a condition of remaining on the Medical Register, to demonstrate on a regular basis their fitness to practise medicine in their chosen fields, which may include, or be predominantly in, teaching, research or other academic activities. Doctors will be required to collect information about their performance based on the following key headings of *Good Medical Practice*:

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

4a.2 The appraisal process is the simplest and most convenient vehicle through which the GMC's revalidation requirements can be delivered for consultant clinical academic staff with medical qualifications. Appraisal will provide a regular, structured system for recording progress and identifying development needs (as part of personal development plans) which will support individual consultant clinical academics in achieving revalidation. However, revalidation requires a summative judgement to be made about a doctor's practice whilst appraisal is a formative, developmental process. Thus the two processes are different but, wherever possible, it is important to ensure that the core information underpinning appraisal and revalidation are the same. To this end, the Council of Heads of Medical Schools and the GMC are producing guidance for doctors engaged in teaching and research

and other academic duties regarding the information required for revalidation. In addition, the Appendix to this document provides standard forms to be used as part of the recommended national appraisal scheme. These forms are modelled on those used in the HPSS for its consultant staff thus assisting medically qualified consultant clinical academics to provide information in a manner that will support both joint appraisal and revalidation without duplication. It is envisaged that, for the purposes of revalidation, the doctor would submit **Forms 1 - 4** for each year of the validation period and that, for those cases where the GMC cannot make a recommendation on the basis of the information, the GMC would ask the doctor to provide the underpinning evidence already provided for the purposes of appraisal. (Further guidance regarding revalidation is available in the GMC document *The Doctor as Teacher*.)

4b Recertification in Dentistry

4b.1 For consultant clinical academic staff who are registered only with the GDC, the recertification scheme, being phased in over three years commencing in January 2002, involves only a return of participation in verifiable and non-verifiable CPD. Therefore there is no current requirement for a direct link with the appraisal process. However, it is sensible to view CPD and appraisal as complementary elements of quality assurance and improvement.

4b.2 The GDC has committed itself to the development of a recertification scheme. There will be a need, when that scheme has been developed, to revisit the consultant clinical academic appraisal scheme.

5 Preparation

5.1 Good preparation by both the appraisee and appraisers prior to the appraisal meeting itself is one of the important factors which ensure that the benefits of appraisal are realised.

5.2 The appraisee should prepare for the appraisal by identifying those issues that he/she wishes to raise with the appraisers and prepare an outline personal development plan.

5.3 The appraisers should agree and then prepare a workload summary with the academic being appraised. It will be necessary for early discussion to take place on what data is relevant and will be required. This will include data on clinical workload, teaching, research, management, equality and diversity issues and any pertinent internal and external comparative information. **Forms 1, 2 and 3** included in the Appendix are provided to assist this process. In order to undertake joint appraisal, it will be necessary for the Trust(s) and university to share information about the appraisee and therefore **Form 1** also contains a request for formal waiving of any confidentiality as regards information passing between the organisations. Appraisees should also submit any other data that is considered relevant to the appraisal. This must include sufficient relevant data relating to other work carried out externally to the university/Trust/Health and Social Services Board.

5.4 The primary purpose of the workload summary is to inform the appraisal and job plan review, and to facilitate joint planning and development between the university and the HPSS. It will highlight

any significant changes which might have arisen over the previous 12 months and which require discussion between all parties.

5.5 Discussion should be based on accurate, relevant, up-to-date and available data. This should be supplemented by any information generated as part of the regular monitoring of organisational performance undertaken by the university, the Trust or the individual.

5.6 In advance of the appraisal meeting, the appraisers should gather the relevant information as specified above. They should also consult in confidence with (and where appropriate), the Head of School, Head of Department, Medical Director, other Clinical Directors/lead consultants and members of the immediate academic and care teams for their input. It may be that for this input some universities and HSS Trusts will wish to design local mechanisms for structured feedback. Ideally, the information and paperwork to be used in the appraisal meeting should be shared between the appraisers and the appraisee three weeks in advance but definitely no later than five working days in advance to allow for adequate preparation for the meeting and validation of supporting information.

6 Scheme Content

6.1 Teaching, Research, Clinical Performance, Leadership and Innovation

6.1.1 Teaching Activities

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

- a review of the quantity and quality of teaching activity - to medical, dental and other undergraduates, postgraduates, junior medical and dental staff, other health professionals, professionals complementary to medicine and dentistry, with consideration of feedback from those being taught;
- developments and innovations in teaching such as method, content, use of materials and technology;
- curriculum development;
- examining - internal and external.

6.1.2 Research Activities

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

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

6.1.3 Clinical Performance:

This focuses on all clinical aspects of the appraisee's work including data on activity undertaken outside the lead HPSS employer. This should include:

- clinical activity with reference to data generated by audit, outcome data, and recorded complications, with discussion of factors influencing activity, including the availability of resources and facilities;
- concerns raised by clinical complaints which have been investigated. If there are any urgent and serious matters which have been raised by complaints made but which have not yet fully investigated, these should be noted. *The appraisal should not attempt to investigate any matters which are properly the business of other procedures e.g. disciplinary;*
- CPD, including the updating of relevant clinical skills and knowledge through CME;
- the use and development of any relevant clinical guidelines;
- Risk Management and adherence to agreed clinical governance policies of the Trust and suggestions for further developments in the field of clinical governance;
- professional relationships with patients and colleagues and team working.

6.1.4 Leadership and innovation:

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

- contributions to local and national service development;
- involvement in international programmes;
- contributions to healthcare programmes in developing countries;
- membership of local, regional and national bodies, including academic, professional, HPSS and other government committees.

6.2 *Management and Administration*

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

6.3 *Personal and Organisational Effectiveness*

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

6.4 *Other matters*

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

6.5 For the purposes of revalidation, the information presented needs to be considered in relation to the seven headings of *Good Medical Practice*. Advice on this is detailed in **Form 3** in the Appendix.

6.6 In line with good practice, the implementation of the appraisal system will be subject to regular local review. It is also intended for there to be a national review of the implementation of joint appraisal in 2003.

7 **Peer Review**

7.1 The assessment of some of the more specialist aspects of a consultant clinical academic's teaching, research and clinical performance may best be carried out by peers who are fully acquainted with the relevant areas of expertise and knowledge. Where it is apparent that peer review is an essential component of appraisal, the appraisers and the appraisee should plan this into the timetable in advance of the appraisal interview.

7.2 If during the appraisal, it becomes apparent that more detailed discussion and examination of any aspect would be helpful and important, either the appraisers or the appraisee should be able to request internal or external peer review. Normally such peer review would involve three appropriate experts, one nominated by the Trust, one nominated by the university and one nominated by the appraisee. Any such review should normally be completed within one month and a further meeting scheduled as soon as possible thereafter (but no longer than one month) to complete the appraisal process.

7.3 As a matter of routine, the results of any other peer review or external review carried out involving the consultant clinical academic or the consultant clinical academic's team (e.g. by the funding council, an educational body, a professional body, or in due course, the Northern Ireland Health and Personal Social Services Regulation and Improvement Authority, or similar bodies) will need to be considered at the next appraisal meeting. This will not prevent the employer from following its normal processes in dealing with external reviews.

8 **Who Undertakes the Appraisal**

8.1 The appraisal will be conducted jointly by a university and an HPSS appointee except where, by mutual agreement of all three parties, a sole appraiser will appraise the full range of issues listed under **Scheme Content, paragraphs 6.1-6.4**. *Whilst ideal, it is unlikely that a sole appraiser, who can fulfill the requirements of both the University and HPSS employing authority, can be identified other than in exceptional circumstances. In most cases two appraisers, acting on behalf of each of the employing bodies, will undertake a joint appraisal. Ideally, the appraisal will take place as a*

single event with both appraisers present to conduct an appraisal. It is recognised that, at the present time, joint appraisal may involve two separate events, one on behalf of the University and one on behalf of the HPSS employer.

8.2 For both medical and dental appraisees, the Head of School and the HSS Trust Chief Executive will nominate the appropriate persons competent to undertake appraisal across the broad range of headings within the appraisal scheme. It is required that at least one of the appraisers be on the Medical Register or Dental Register as appropriate and this requirement must be taken into account whenever a sole appraiser is mutually agreed. Both parties must ensure that the appraisers are properly trained and jointly in a position to undertake this role and, where appropriate, the inter-linked process of Job Plan Review.

8.3 The appraisers will be able to cover teaching, research, clinical and management aspects. The university appraiser may be the Head of Department and the Trust appraiser may be the Clinical Director or equivalent, if this is appropriate to the management arrangements of both organisations. However, there may be provision for a wider range of appraisers given local agreement between university and Trust and proper arrangements for the training and accreditation of appraisers.

8.4 Where there is a recognised incompatibility between proposed appraisers and appraisee, the Head of School and HSS Trust Chief Executive will resolve the matter by nominating suitable alternatives acceptable to all parties (including the appraisee). Failing agreement within one month the decision of the Head of School/Chief Executive will be binding.

8.5 Special arrangements are required for those consultant clinical academic staff that have senior management roles within the university or Trust.

8.5.1 If the consultant clinical academic being appraised is the Head of School then normally the Vice-Chancellor would be the university appraiser.

8.5.2 If the consultant clinical academic being appraised is a Head of Department then normally the Head of School would be the university appraiser.

8.5.3 If the consultant clinical academic being appraised is a Clinical Director then normally the Medical Director or other suitable consultant nominated by the HSS Trust Chief Executive would be the Trust appraiser.

8.5.4 If the consultant clinical academic being appraised is the Medical Director then the Trust appraiser would be a suitable consultant, nominated by the Chief Executive, who had not himself or herself been appraised by the Medical Director in the same year.

8.6 Appraisers are responsible for providing to the appraisee's Head of Department and Clinical Director (or the appropriate senior people in the special cases detailed in **paragraphs 8.5.1-8.5.4** above) details of any action arising from the appraisal which is considered to be necessary. Heads of Department and Clinical Directors (or the appropriate senior people) are then responsible for ensuring the necessary action is taken. Heads of Department, Clinical and Medical Directors are accountable to

the Head of School and the HSS Trust Chief Executive respectively for the outcome of the appraisal process.

8.7 The Vice-Chancellor (through delegation to the Head of School if appropriate) and the HSS Trust Chief Executive are accountable to the University Council or the Trust/HSSB Board as appropriate for ensuring that all consultant clinical academic staff are appraised and any follow up actions taken.

9 Outcomes of Appraisal

9.1 The maximum benefit from the appraisal process can only be realised where there is openness between the appraisee and appraisers. The appraisal should identify individual needs that will be addressed through the personal development plan. The plan will also provide the basis for a review with specialty teams of their working practices, equality and diversity responsibilities, resource needs and clinical governance issues. All records will be held on a secure basis and access/use must comply fully with the requirements of the Data Protection Act.

9.2 Appraisal meetings will be conducted in private and the key points of the discussion and outcome must be fully documented and copies held by the appraisers and appraisee. All parties must complete and sign the appraisal summary document (**Form 4** in the **Appendix**) and send a copy in confidence to the Head of School or representative, Head of Department (if not one of the appraisers), Trust Chief Executive, Medical Director and Clinical Director (if not one of the appraisers). For the Head of School and the HSS Trust Chief Executive, this will also include information relating to objectives which will inform the job plan review (**Form 5** is provided for this purpose). In keeping with arrangements for HPSS consultants, forms 1-4 will be forwarded to the Chief Executive of the HPSS employing authority. On a similar basis, the Vice Chancellor of the University should receive forms 1-4 also. There will be occasions where a follow up meeting is required before the next annual appraisal and Heads of Department and Clinical Directors should ensure that the opportunity to do this is available. It may be that appraisers and appraisee may wish to record a more detailed account of the appraisal discussion than the summary document (**Form 4**) and **Form 6** is provided for this eventuality. However, **Form 6** is not intended to form part of the documentation that goes to the Head of School and Chief Executive (and others) and its completion is not obligatory. Except as indicated above, appraisers are responsible for ensuring that all completed forms and records that are part of the appraisal documentation are confidential to them. Appraisees are responsible for safekeeping of all completed forms and records to ensure the continuity of their personal appraisal from year to year. Those seeking revalidation with the GMC will also require **Forms 1-4** for each year in the five-year revalidation period.

9.3 Where there is disagreement which cannot be resolved at the meeting, this should be recorded and a meeting will take place in the presence of the Head of School and Medical Director (or their nominee(s)), depending on which sector the disagreement relates to, to discuss the specific points of disagreement.

9.4 Where it becomes apparent during the appraisal process that there is a potentially serious performance issue which requires further discussion or examination, the matter must be referred by the

appraisers immediately to the Head of School, Medical Director and Chief Executive to take appropriate action. This may for example include referral to any support arrangements that may be in place.

9.5 The Vice-Chancellor (through delegation to the Head of School if appropriate) and the Chief Executive must submit an annual report on the process and operation of the appraisal scheme to the University Council and Trust Board respectively. In the Trust, this information will be shared and discussed with the Medical Staff Committee or its equivalent and the LNC. The annual report must not refer, explicitly or implicitly, to any individuals who have been appraised. The report will highlight any university/Trust wide significant issues and action arising from the appraisal process.

10 Personal Development Plan

10.1 As an outcome of the appraisal, key development objectives for the following year and subsequent years should be set. These objectives may cover any aspect of the appraisal such as personal development needs, training goals, CME, CPD and organisational issues such as equality and diversity.

10.2 The Head of School and the HSS Trust Chief Executive should ensure that personal development plans are appropriately reviewed. It is expected that this would be carried out using the normal local organisational arrangements for reviewing the outcomes of appraisal with appropriate modifications to allow this to be undertaken jointly by university and HPSS. The review of the personal development plan is to ensure that key areas have been covered, for example that training is being provided to enable an academic to introduce a new teaching, research or clinical technique, and to identify any employer-wide issues that might need to be addressed on an organisation basis.

11 Academics working in more than one Trust

11.1 The university employer and associated Trusts should agree on a 'lead' Trust for the consultant clinical academic's appraisal. Agreement will also include appropriate discussion prior to the appraisal between the Head of School and the Clinical Directors of all the relevant Trusts to ensure key issues are considered, as well as systems for accessing and sharing data and arrangements for action arising out of the appraisal. (See, however, paragraph 5.3 regarding the exchange of information.)

12 Introduction and Training

12.1 To be successful the appraisal scheme needs to be introduced with an appropriate level of support to appraisers and appraisees including a commitment on behalf of both organisations that time will be allocated in the work schedules of individuals to accommodate the requirements of the scheme. Thus adequate time should be allocated for the preparation and appraisal meeting and to ensure that all those involved in the appraisal process, both appraisers and appraisees, receive appropriate training before beginning appraisal.

12.2 Appraisal training must ensure that appraisees and appraisers are fully cognisant with their responsibilities including that of addressing equality and diversity issues. It is recommended that training is undertaken as a joint exercise between university and Trust

13 Links with other Procedures

13.1 Annual appraisal is a contractual requirement for all HPSS consultants, whether substantive, **or joint appointment**. Consultant clinical academics should, therefore, participate fully and positively in the appraisal process.

13.2 Refusal by a consultant clinical academic to participate in the appraisal process will be a disciplinary matter to be dealt with, where necessary, under the employer's disciplinary procedures. Additionally, where appropriate, the Chief Executive of the HSS Trust will report the matter to the Discretionary Points and Distinction Award Committees and the academic will not be considered for an award until he/she has agreed to participate fully in the appraisal process.

14 Existing Local Schemes

14.1 This guidance has been informed by the local experience of some existing schemes and universities/Trust(s) which have already introduced a joint appraisal scheme for consultant clinical academics may continue to use the local scheme, provided there is agreement between the university and Trust(s) that it is consistent with the principles of the national model.

15 Serious issues relating to poor performance

15.1 Serious issues relating to poor performance will most often arise outside the appraisal process and must be addressed at that time. It is not acceptable to delay dealing with such issues until the next scheduled appraisal. Such concerns should be dealt with in accordance with the normal internally agreed employer procedures.

15.2 In the event of serious concerns being identified during an appraisal, they should be dealt with in the same way. The appraisal will then have to be suspended until the identified problems have been resolved.

16 Role of the Vice-Chancellor, Head of School and the HSS Trust Chief Executive

16.1 As previously stated, the Vice-Chancellor (through the Head of School) and the HSS Trust Chief Executive are accountable for ensuring that all consultant clinical academic staff undergo an annual appraisal and that there are appropriate, trained appraisers in all cases. The Head of School and the HSS Trust Chief Executive should also ensure the necessary links exist between the appraisal process and other university and HSS Trust processes concerned with teaching, research, clinical governance, quality and risk management and the achievement of service priorities. In discharging this accountability, the Vice-Chancellor, HSS Trust Chief Executive, Head of School and Medical Director will, if necessary, have confidential access to any documentation (except **Form 6** - see **Appendix**) used in the appraisal process. In these circumstances, the individual concerned will be informed.

16.2 The Vice-Chancellor and the HSS Trust Chief Executive will be accountable to the University Council and the HSS Trust Board respectively for overseeing the appraisal process. This means ensuring and confirming to these bodies that:

- appraisals have been conducted for all consultant clinical academics;
- any issues arising out of the appraisals are being properly dealt with;
- personal development plans of consultant clinical academics are in place.

CONSULTANT CLINICAL ACADEMIC STAFF

Queens University, Belfast and [name(s) of Associated HSS Trust(s)] Joint Academic and Clinical Appraisal

The following forms are for use in the appraisal of all consultant joint appointment staff of Queen's University, Belfast and [Name(s) of HSS Trust(s)]. The appraisal will be undertaken jointly by an appraiser from Queen's University and an appraiser from [Name of lead HSS Trust] unless exceptionally there has been agreement between the Head of the Medical or Dental School and the Chief Executive of [Name of the lead HSS Trust] and the appraisee that a single appraiser can act on behalf of both.

The forms have been designed (i) to enable the collection of information for joint appraisal in a folder followed by appraisal and job planning discussions leading to agreement on a personal development plan and a job plan and (ii) to be the vehicle in due course for the delivery of GMC revalidation / complementary to the GDC recertification process.

APPRAISAL FOLDER

FORM 1 - BACKGROUND DETAILS

The aim of this form is to provide:

basic background information to identify you individually

- brief details of your career and professional status
- the opportunity for you to supplement this with other information you think is helpful. You can provide at 1ii any other personal details which help describe your current practice. For example, membership of medical and specialist societies.

i. Personal Details

Name

Registered address (and contact address if different)

Main employer [and School Department/Centre/Division]

Other employers/places of work

Date of primary medical or dental qualification (in the UK or elsewhere). GMC/GDC Registration (Type of registration currently held, registration number and date of first full registration)

Starting date of first appointment as a substantive consultant in the HPSS, including joint appointment (pre 1997 please also give specialty; 1997 and after, please also give date of specialist registration, and specialties in which registered)

Date of appointment to post currently held, if different

Title of post currently held (for example, Senior Lecturer and joint appointment Consultant in Respiratory Medicine) including details of any management position held.

Date and country of grant of any specialist registration/qualification outside the UK and specialty in which you were registered

Any other specialties or sub-specialties in which you are registered

Has your registration been called into question since your last appraisal? *(If this is the first appraisal, is your registration currently under question?)*

Date of last revalidation (if applicable)

List all the posts in which you have been employed (including joint appointment and part-time posts) in universities, the HPSS and elsewhere in the past five years.

ii. Other relevant personal details

I understand that the trust(s) and university will need to share information as part of the joint appraisal and confirm that I waive any confidentiality as regards information passing between them.

Signed:

Date:

Appraisee

FORM 2 - DETAILS OF YOUR CURRENT ACADEMIC AND CLINICAL ACTIVITIES

The aim of this form is to provide you with an opportunity to describe your post(s) in Queen's University, the HPSS, in other public sector bodies, or in the private sector, including titles and grades of any posts currently held, or held in the past year. You should explain what you do and where you practise.

Your descriptions should cover your practice at all locations since your last appraisal. You may wish to comment on the environment in which you practise, including:

- factors which you believe affect your ability to undertake teaching at undergraduate or postgraduate level and research.
- Factors which you believe affect the provision of good health care, including your views (supported by information and evidence) on the resources available.
- action taken by you to address any obstacles to the provision of good health care.

You should keep a copy of your job plan (which may be your personal job plan or your departmental job plan) in this section of your folder.

Please provide:

1. A short description of your academic work, your work in your specialty and your actual practice. What different types of activity do you undertake?
2. Sub-specialist skills and commitments
3. Details of emergency, on-call and out-of-hours responsibilities
4. Details of any out-patient work
5. Details of any other clinical work
6. In which non-HPSS hospitals and clinics do you enjoy practicing privileges? To which hospitals and clinics do you have admitting rights and what is the nature of those rights? *If your practice differs from your HPSS practice at some or all of these locations please give details*

7. Details of any other work not described above that you undertake as an academic member of staff or as a joint appointee (for example, management activities, examining)
8. Work for regional, national or international organisations
9. Other professional activities

FORM 3 - RECORD OF REFERENCE DOCUMENTATION SUPPORTING THE APPRAISAL AND REPORT ON DEVELOPMENT ACTION IN THE PAST YEAR

The aim of this form is to record the background evidence and information that will help to inform your appraisal discussions. You should list, at the places indicated, the documents in your appraisal folder; these provide evidence in the terms set out in the GMC's Good Medical Practice. You should also set out your personal development activity for the past year, this will provide a baseline for discussion of future needs.

You should do this for all fields of practice within which you work for the university and the HPSS. You will note that, in relation to your academic work, the teaching and training component features as a separate heading in *Good Medical Practice* whereas the research component does not. You should include information regarding your research activity under each of the *Good Medical Practice* headings. However, in view of the importance of research, there is also space on the form to provide extra information on your research activity as a separate item. If you have management responsibilities or if you work in more than one specialty, then you will need to include information - under the headings of *Good Medical Practice* - for each field.

You should include relevant information and evidence from any activities outside the university and HPSS which are relevant to your university work or HPSS practice to help give an overall picture of you and your development needs.

RECORD OF REFERENCE DOCUMENTATION

GOOD MEDICAL PRACTICE

1. Good Medical Care

Examples of documentation which may be appropriate:

- current job plan/work programme (*this will be kept behind Form 2 in your folder*).
- Indicative information regarding annual caseload/workload.
- up to date audit data including information on audit methodology if available.
- record of how results of audit have resulted in changes to practice (if applicable).
- results of clinical outcomes as compared top relevant royal college, faculty or specialty association recommendations where available.
- evidence of any resource shortfalls that may have compromised outcomes.

- evidence of how any in-service educational activity may have affected service delivery.
- records of outcome of any investigated formal complaints in which the investigation has been completed in the past twelve months, or since your last appraisal.
- a description of how the outcome of any complaints has resulted in changes to practice.
- outcome of external reviews in relation to clinical practice (peer and otherwise).
- a description of any issues arising in relation to adherence to HPSS clinical governance policies.
- record of how relevant clinical guidelines are reviewed by the appraisee and his/her team and how these have affected practice.
- records of any relevant critical incident reports.
- any other routine indicators of the standards of your care which *you yourself* use.

List below each document, in the order they appear in your folder

- 1.
- 2.
- 3.
- 4.
- 5.etc

2. Maintaining good medical practice

The purpose of this section is to record CPD/CME activities undertaken since the last appraisal. Any difficulties in attending CPD/CME activities should be recorded, with reasons.

Examples of documentation which may be appropriate (*if available*):

- examples of participation in appropriate Continuing Professional Development, this might include individual development activity, locally based development and participation in royal college or specialty association activities. List all CPD courses attended, and points awarded for each attendance.

List below each document, in the order they appear in your folder. Continue on a separate sheet if necessary

- 1.
- 2.
- 3.
- 4.
- 5.etc

3. Working relationships with colleagues

The purpose of this section is to reflect on your relationships with your colleagues within the university, within the HPSS and across both. The topics to consider will include collaborative and team working, multidisciplinary work (both academic and clinical) and effective communication.

Examples of documentation which may be appropriate:

- a description of the setting and team structures within which you work.
- any other documentary evidence that may be available should be included here, otherwise a record of the discussion and any other action agreed should form part of the summary in **Form 4**.

List below each document, in the order they appear in your folder

- 1.
- 2.
- 3.
- 4.
- 5.etc

4. Relationships with patients

The purpose of this section is to reflect on your relationships with your patients.

Examples of documentation that may be appropriate:

- any examples of good practice or concern in your relationships with patients.
- a description of your approach to handling informed consent.

This might include validated patient surveys, your assessment of any changes in your practice as a result of any investigated complaint, compliments from patients, peer review/surveys.

List below each document, in the order they appear in your folder

- 1.
- 2.
- 3.
- 4.
- 5.etc

5. Teaching and training

The purpose of this section is to reflect on your teaching and training activities since your last appraisal. You should include information on courses taught, the number of contact hours at undergraduate and postgraduate level (identified separately), and examining duties both internally and externally. Other topics to consider will include: developments and innovations in teaching such as method, content, use of materials and technology; curriculum development

Any difficulties in arranging cover for your clinical work whilst undertaking teaching and training (including educational activities for the HPSS generally) should be recorded.

Examples of documentation that may be appropriate:

- A summary of formal teaching/lecturing activities, supervision/mentoring duties.
- recorded feedback from those taught.
- List of any publications relating to teaching.

List below each document, in the order they appear in your folder

- 1.
- 2.
- 3.
- 4.
- 5.etc

6. Probity

7. Health

You should note here any concerns raised or problems encountered during the year on either of these issues and include any records.

List below each document, in the order they appear in your folder. Continue on a separate sheet if necessary **Probity**

- 1.
- 2.
- 3.
- 4.
- 5.etc

Health

- 1.
- 2.
- 3.
- 4.
5. etc

8. Research

The purpose of this section is to reflect on your research activity since your last appraisal. Topics to consider include: any notable achievements; the volume and range of publications; the quality and impact of research undertaken; research leadership and project management; external funding awards; participation in the research assessment exercise; supervision and completion rate of research students.

Examples of documentation which may be appropriate:

- evidence of formal research commitments.
- record of funding arrangements for research.
- record noteworthy achievements.
- confirmation that appropriate ethical approval has been secured for all research undertaken.

You will already have covered some of your research activity earlier on **Form 3**. To avoid duplication you should cross-reference here any documents already listed which refer to your research activity.

List below each document, in the order they appear in your folder. Continue on a separate sheet if necessary

- 1.
- 2.
- 3.
- 4.
- 5.etc

see also documents... .. above.

9. Management Activity

Examples of documentation that may be appropriate:

- information about your formal management commitments, records of any noteworthy achievements and any recorded feedback if available.

You will already have covered much or all of your management activity in earlier sections of **Form 3**. This section provides an opportunity to add any further information, including any difficulties in arranging cover for your clinical/professional work whilst undertaking management activity (including activities for the HPSS regionally and nationally). To avoid duplication you should cross-reference here any documentation listed earlier which refer to your management activity.

List below each document, in the order they appear in your folder. Continue on a separate sheet if necessary

- 1.
- 2.
- 3.
- 4.
- 5.etc

see also documents... .. above.

REPORT ON DEVELOPMENT ACTION IN THE PAST YEAR

You should summarise here the development action agreed at the last appraisal (or at any interim meeting) or include your personal development plan. This will facilitate discussion on progress towards development goals. You should record where it is agreed that goals have been achieved or where further action is required. It is assumed that where a development need has not been met in full it will remain a need and will either be reflected in the coming year's plan or have resulted in other action.

SIGN OFF

We confirm that the above information is an accurate record of the documentation provided by the appraisee and used in the appraisal process, and of the appraisee's position with regard to development action in the course of the past year.

Signed:

Date:

Appraisee

Signed:

Date:

Appraiser on behalf of University

Signed:

Date:

Appraiser on behalf of HSS Trust(s)

FORM 4 - SUMMARY OF APPRAISAL DISCUSSION WITH AGREED ACTION AND PERSONAL DEVELOPMENT PLAN

Copies of this completed form should be given to:

Head of School or representative

Head of Department/Centre/Division or research group/centre (if not one of the appraisers)

Trust Chief Executive

Medical Director

Clinical Director (if not one of the appraisers)

The aim of this section is to provide an agreed summary of the appraisal discussion based on the documents listed on **Form 3** and a description of the action agreed in the course of the appraisal, including those forming the personal development plan.

This form should be completed by the appraisers and agreed by the appraisee. Under each heading the appraiser should explain which of the documents listed in **Form 3** informed this part of the discussion, the conclusion reached and say what if any action has been agreed.

SUMMARY OF APPRAISAL DISCUSSION

1. Good medical care

Commentary:

Action agreed:

2. Maintaining good medical practice

Commentary:

Action agreed:

3. Working relationships with colleagues

Commentary:

Action agreed:

4. Relations with patients

Commentary:
Action agreed:

5. Undergraduate and postgraduate teaching and training

Commentary:
Action agreed:

6. Probity

Commentary:
Action agreed:

7. Health

Commentary:
Action agreed:

8. Research

Commentary:
Action agreed:

9. Management Activity

Commentary:
Action agreed:

10. Any other points

Commentary:

Action agreed:

PERSONAL DEVELOPMENT PLAN

In this section the appraisers and appraisee should identify key development objectives for the year ahead, which will relate to the appraisee's personal and/or professional development. This will include action identified in the summary above but may also include other development activity, for example, where this arises as part of discussions on objectives and job planning. Please indicate clearly the timescale within which these objectives should be met on the template provided here.

PERSONAL DEVELOPMENT TEMPLATE

This should be used to inform discussion on development provided for on Form 4. It should be updated whenever there has been a change - either when a goal is achieved or modified or where a new need is identified.

What development needs have I? How will I address them?	Date by which I plan to achieve the development goal	Outcome	Completed
<i>Explain the need</i> 1. <i>Explain how you will take action, and what resources you will need.</i>	<i>The date agreed with your appraiser for achieving the development goal.</i>	<i>How will your practice change as a result of the development activity?</i>	<i>Agreement from your appraiser that the development need has been met.</i>
2.			
3.			
4. etc			

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.

Appraiser:
GMC/GDC Number:

Date:

Appraisee:

Date:

Record here the names of any third parties who contributed to the appraisal and indicate the capacity in which they did so.

FORM 5 - PERSONAL AND ORGANISATIONAL EFFECTIVENESS

Copies of this completed form should be given to:

*Head of School
Trust Chief Executive*

The aim of this form is to describe your effectiveness on a personal level and within the university and HPSS organisation where you work, with a view to informing job plan review. For example:

- the contribution you make to academic development and the development of clinical services.
- the delivery of service outcomes.
- your identification of the resources needed to improve personal effectiveness.
- any actual or potential conflict between academic activity and service requirements.

The appraisers should prepare workload summary with the appraisee.

Examples of documentation that may be appropriate:

- agreed academic objectives.
- agreed service-related objectives and work programme (if not included elsewhere).
- relevant comparative performance data.
- any advice from the appropriate royal college, faculty or specialty association on workload or productivity.
- nationally or locally agreed comparators or performance standards.
- current available waiting list data.
- any local policies, goals or service standards which influence or affect performance.
- a note of any difficulties you may have had in obtaining your entitlements to annual leave, leave in lieu of bank holidays worked and free time when not on leave and appropriate staff to cover such absences.

- a note of any changes in the job plan proposed either by the appraisee or the appraisers (but other changes may, of course, emerge during the discussion)

Documents listed here may be introduced into the discussion by either the appraisee or the appraiser.

List documents here

- 1.
- 2.
- 3.
- 4.
- 5.etc

The appraiser should record any points of agreement or concern not covered elsewhere, for example, specific to service objectives and any other agreed action not included in the personal development plan.

Signed:

Date:

Appraiser for university

Signed:

Date:

Appraiser for HSS Trust(s)

Signed:

Date:

Appraisee

6. Probity

7. Health

8. Research

9. Management Activity

10. Any other points

Signed:

Date:

Appraiser for university

Signed:

Date:

Appraiser for HSS Trust(s)

Signed:

Date:

Appraisee