

MEDICAL APPRAISAL, MULTI-SOURCE FEEDBACK AND REVALIDATION POLICY

| | | POLICY | |
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1.0 INTRODUCTION

- 1.1 Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) is committed to ensuring that a robust system of appraisals and revalidation is in place which meets the external standards as set out by the GMC, Medical Royal Colleges (MRC) and NHS England.
- 1.2 The appraisal policy and procedure process covers all Consultants, SAS Doctors (Specialty Doctors, Specialists, and Associate Specialists) and Trust Doctors/Clinical Fellows.
- 1.3 The purpose of this document is to provide a clear policy and procedure which can be referred to throughout the appraisal and revalidation process. The Trust must have a transparent and fair system which is robust enough to support the introduction of revalidation for Consultants, SAS Doctors (Specialty Doctors, Specialists, and Associate Specialists) and Trust Doctors/ Clinical Fellows.
- 1.4 The appraisal should be supported by objective evidence as far as possible that reflects the breadth of the individual doctor's practice. It should result in a "Personal Development plan" for the coming year.
- 1.5 Annual appraisal will provide the basis for revalidation.
- 1.6 Failure to engage in the annual appraisal process risks incremental pay progression, eligibility for clinical excellence awards, disciplinary action and ultimately, for doctors, their licence to practice
- 1.7 This policy should be read in conjunction with the respective speciality guidelines of the appropriate Royal College at the end of the policy to ensure awareness of the plans for Medical Appraisal and Revalidation.

2.0 POLICY STATEMENT

- 2.1 The aim of this policy is to ensure that all licensed medical practitioners (doctors) with a prescribed connection to Sherwood Forest Hospitals undergo a high quality and consistent form of annual medical appraisal. As described in the NHS Revalidation Support Team (RST) *Medical Appraisal Guide*, medical appraisal can be used for following purposes:
 - 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 the GMC document *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.
- To enable doctors to ensure that they are working productively and in line with the priorities and requirements of the organisation they practise in.
- To make sure that they adhere to the guidelines set by the respective Royal College.
- Agree a personal development plan (PDP) for the coming year.
- Meet the requirements for revalidation.
- To ensure that the work environment and the support structure is adequately resourced.

2.2 Confidentiality

The discussions during the appraisal meeting are absolutely confidential between the doctor and the appraiser. The appraiser will make a judgement as to what information needs to be documented in the appraisal folder.

2.3 Missed or incomplete appraisals

A missed appraisal is one which was due within the appraisal year but was not completed by 31 March, or which was completed outside the 15-month period for annual medical appraisal for that doctor, without an appropriate, agreed extension.

An incomplete appraisal is one where, the meeting has been held, but the process has not been concluded, for example, because the appraisal discussion was not completed or where the personal development plan or appraisal summary or appraiser statements have not been signed off within 28 days of the appraisal meeting.

The Responsible Officer will use the process set out in the NHS England Framework for Quality Assurance of revalidation to audit those appraisals which are missed or incomplete. A missed or incomplete appraisal does not automatically lead to a change to a doctor's agreed appraisal month.

2.4 Reinstating appraisal

Where there has been a gap in appraisal because of a break from all professional practice, appraisal will be reinstated, within six months of return to professional practice. The RO may exercise discretion as to whether this is brought forward to support the doctor's return to practice, or deferred to facilitate the accrual of supporting information. If a doctor is undertaking any professional duties within their scope of work, they must continue to have annual appraisal as defined above. Suitable arrangements must always be made to manage a doctor's return to practice after a significant break. Such arrangements are independent of this medical appraisal policy.

2.5 Accessing Medical Appraisal documentation

Sherwood Forest Hospitals has an electronic appraisal system and this can be accessed through <https://www.healthmedics.allocatehealthsuite.com/core>
All the appraisal and revalidation information can be accessed through Sherwood Forest Hospital's Intranet site. To access this site <http://sfhnet.notts.nhs.uk/dar/>
(Ctrl + click)

2.6 Appraisals and Revalidations Cycles

Appraisal is an annual process; the appraisal year runs from 1st April to 31st of March. All doctors must complete their annual appraisal within the appraisal year. Revalidation is a 5 year cycle.

3.0 DEFINITIONS/ ABBREVIATIONS

3.1 Medical appraisal has been a requirement for consultants since 2001 and SAS doctors since 2008. It is Trust policy that all Doctors including those of pre 2001 contract and pre 2008 SAS contract will participate in annual appraisal.

3.2 Medical appraisal is a process which provides the framework to ensure that all doctors have an annual two way discussion regarding their practice and career development. It is based on a discussion with a trained appraiser, informed by supporting information defined by the General Medical Council (GMC), in which the doctor demonstrates that they are practising in accordance with the GMC *Good Medical Practice Framework for appraisal and revalidation* across the whole of their scope of practice.

3.3 The appraisal year for the purpose of the Annual Organisational Audit runs from 1st April to 31st March. NB: This is not the same as your assigned appraisal date given to you by the office of RO.

3.4 Designated Body: Most licensed doctors have a connection with one organisation that will provide them with a regular appraisal and help them with revalidation. This organisation is called their **designated body**. SFHFT is the designated body to which this policy applies.

3.5 Responsible officer (RO): Under the Responsible Officers regulations 2010 and the Medical Profession (Responsible Officers) (Amendment) regulations 2013, each designated body is required to appoint a responsible officer to monitor and evaluate the fitness to practise of doctors. He is responsible for making revalidation recommendations to the GMC.

3.6 Revalidation is the process by which licensed doctors demonstrate to the GMC that they are up to date and fit to practise. The cornerstone of the revalidation process is that doctors will participate in annual medical appraisal. On the basis of this and other information available to the responsible officer from local clinical governance systems, the responsible officer will make a recommendation to the GMC, normally every five years, about the doctor's revalidation. The GMC will consider the responsible officer's recommendation and decide whether to renew the doctor's licence to practise.

3.7 Relicensing: To practice medicine in the UK all doctors are required by law to be both registered and hold a licence to practise from the GMC.

3.8 Multi-source Feedback: Multi-source feedback from patients and work colleagues. This also includes an element of self-assessment.

4.0 ROLES AND RESPONSIBILITIES

4.1 Roles and Responsibilities of the Chief Executive

The Chief Executive is ultimately responsible and accountable for ensuring that a quality appraisal system is in place and functioning effectively. At SFHFT this responsibility is delegated to the Medical Director/Responsible Officer.

4.2 Roles and Responsibilities of the Responsible Officer

- 4.2.1 The Medical Director will be the Responsible Officer for the Trust.
- 4.2.2 To provide quality assurance of the appraisal and revalidation process and its Outcomes, in line with NHS England's Framework for Quality Assurance.
- 4.2.3 To ensure that a robust appraisal and revalidation system is in place.
- 4.2.4 To provide assurance to the Trust Board that the GMC and the Royal College Standards have been met.
- 4.2.5 To make recommendations to the GMC regarding revalidation of individual doctors.
- 4.2.6 To establish and implement procedures to investigate concern about a medical practitioner's fitness to practice raised by patients or staff of the designated body or arising from other source.
- 4.2.7 Where appropriate, to refer concerns about the medical practitioner to the GMC.
- 4.2.8 Where a medical practitioner is subject to conditions imposed by or undertakings agreed with GMC, to monitor compliance with those conditions or undertakings.
- 4.2.9 To ensure that clinical governance systems and processes are functioning effectively.
- 4.2.10 To facilitate and support access to the CPD needs of the doctors.
- 4.2.11 To ensure that a system is in place for the doctors to complete their MSF assessment.
- 4.2.12 To ensure that Trust systems are in place so that the Doctor can obtain statistical data and other relevant information needed for his/her annual appraisal.
- 4.2.13 Where a conflict of interest or appearance of bias exists between the RO and one of the doctors, a 2nd RO must be arranged as per agreed protocol for the Trust.
- 4.2.14 The Responsible Officer will assign an appraiser to undertake a doctor's appraisal whereby individuals either have failed to engage in the process or / are unable to secure an appraiser in a timely manner. The rationale for this decision will be discussed with the doctor prior to their next appraisal cycle.
- 4.2.15 If the Responsible officer wishes to assign an appraiser under circumstances other than mentioned in 5.2.14, a choice of 3 appraisers will be offered to the doctor.
- 4.2.16 In exceptional circumstances the RO can require the doctor to complete an MSF earlier than scheduled.

4.3 Roles and Responsibilities of the Appraisal and Revalidation lead

- 4.3.1 To make sure that the appraisers are trained according to the National standards.
- 4.3.2 To act as custodian of the electronic appraisal submissions.

- 4.3.3 To ensure that the Policy and Procedure for Medical Appraisals and Revalidation is followed during the appraisal and revalidation process.
- 4.3.4 To advise the RO on the issues of appraisals and revalidation.
- 4.3.5 To act as a source of knowledge in relation to appraisals and revalidation within the Trust.
- 4.3.6 To make sure that appraisal operating systems run smoothly.
- 4.3.7 Any other appraisals and revalidation-related tasks delegated by the RO.
- 4.3.8 In case of any disagreement/dispute between the appraiser and the Doctor - to mediate and offer advice and help.
- 4.3.9 To ensure that information relating to all new doctor's "Fitness to Practice Information" is obtained from the doctor's previous Responsible Officer, within three months of that doctor's starting date. Should there be any untoward findings, then to inform the RO.

4.4 Roles and Responsibilities of the Appraiser

The job description for an Appraiser is Appendix ?? and outlines the key responsibilities for the role of Appraiser.

- 4.4.1 Appraisers are required to attend initial training and three yearly updates. They will make themselves available for training and support opportunities offered to them by the Trust.
- 4.4.2 Assess supporting information presented by the doctor.
- 4.4.3 In the case of challenging appraisals, to revisit and arrange further meetings until the appraisal is concluded.
- 4.4.4 Help the doctor to set realistic objectives and prepare a personal development plan for the forthcoming year.
- 4.4.5 The appraiser makes a judgement as to whether the evidence provided by the doctor is a full account of their whole practice.
- 4.4.6 To ensure that there is documentary evidence of a doctor's CPD records and certificates.
- 4.4.7 To ensure rigour in the appraisal process and maintaining an atmosphere of transparency.
- 4.4.8 The appraiser will be a member of the "Appraiser's Forum" and will be expected to attend 80% of the Appraiser Forums organised by the Appraisal & Revalidation lead.
- 4.4.9 Appraisers will undertake not more than a maximum of 3 consecutive appraisals with the same appraisee.
- 4.4.10 If the appraiser has any concerns about the doctor's fitness to practice, then in the first instance, they should discuss these with the doctor. Following which they should ask for advice from the Appraisal and Revalidation lead or the RO, who will provide guidance on the issue.

4.5 Roles and Responsibilities of the Doctor

- 4.5.1 Arranging an annual appraisal is the responsibility of the individual doctor. Doctors must initiate contact with an in-house appraiser to agree a mutually convenient time for the appraisal meeting.

- 4.5.2 It is recommended that if at all possible, the appraisal and job planning should be conducted by different individuals to allow a broader and more searching appraisal discussion.
- 4.5.3 It is the responsibility of the Doctor to prepare a portfolio containing supporting documentary evidence relating to all aspects of their practice.
- 4.5.4 If the doctor is under investigation or subject to capability/disciplinary procedures then they must inform the appraiser. The appraisal meeting will carry on as usual however, the appraiser must make a note in the appraisal folder that the Doctor is under investigation/subject to disciplinary procedures.
- 4.5.5 The doctor must not undertake any more than 3 consecutive cycles of appraisal with the same appraiser.
- 4.5.6 Although MSF is valid for 5 years, the doctor will undertake a new MSF every 3 years at Sherwood Forest Hospitals.
- 4.5.7 The medical staff, whose main employer is another NHS Trust will have their appraisal with their main employer.

4.6. Roles and Responsibilities of Locum Doctors

In addition to section 4.5 the roles and responsibilities for the Locum Doctors are as follows:

- 4.6.1 As a part of their local induction process they will be asked to provide evidence of Annual Appraisal and also identify their RO to the Trust.
- 4.6.2 It is the responsibility of the doctor to arrange an appraisal in or outside the Trust.
- 4.6.3 SFH will not be the Designated Body for agency locums.
- 4.6.4 Locums will need to provide an RO reference from their previous employer.
- 4.6.5 Doctors on non-substantive contracts and ad-hoc/zero hour contracts may be charged a fee for accessing appraisal and revalidation services. It is the individual's responsibility to ensure that payment has been made to the Trust before services can be provided.
- 4.6.6 Appraisal will be charged at £600 and includes access to the Trust's electronic appraisal system.

5.0 APPROVAL

Local Negotiating Committee January 2023

6.0 DOCUMENT REQUIREMENTS

6.1 Preparing for the Appraisal

The appraisal process is outlined in Annex A.

- 6.1.1 Successful appraisal depends on the doctor and appraiser giving their contribution some thought beforehand. Both parties should give themselves enough time to produce/exchange and review all documents necessary for the appraisal meeting to take place.
- 6.1.2 During the whole year the Doctor should be collecting and reflecting on the evidence which they want to be included in their appraisal portfolio.

- 6.1.3 The doctor is to ensure that they have activated their electronic appraisal account. The doctor is to undertake their appraisal on the electronic system and submit their documentation online to their appraiser 2 weeks prior to the appraisal meeting.
- 6.1.4 Doctors should ensure that they have an up to date record of the mandatory and statutory training that they have undertaken.
- 6.1.5 From the list of approved appraisers, the appraisee should select an appraiser whom they would like to conduct their appraisal.
- 6.1.6 Doctors who are subject to performance or capability/disciplinary procedures should continue to have an annual appraisal. This will be used to support the individual and identify any training or development needs.
- 6.1.7 Types of supporting information that the doctor will be expected to provide and discuss at an appraisal are:
 - Continuing professional development
 - Quality improvement activity
 - Significant events
 - Feedback from colleagues
 - Feedback from patients (where applicable)
 - Review of complaints
 - Probity statement
 - Health statement
- 6.1.8 The Trust has a responsibility to ensure that systems are in place to facilitate the collection of this data.
- 6.1.9 To demonstrate reflective practice, the doctor is expected to keep a record of reflective practice. Reflection on any area of practice in the professional environment can be included but specifically:
 - reflection after complications
 - reflection after complaints
 - reflection after study leave or other learning situations
- 6.1.10 The same kind of information (see 6.1.7 & 6.1.9) must also be included in the portfolio in relation to the doctor's private work if undertaken. The Doctor must attach a multi organisation working form from each organisation that they have practicing privileges. (Appendix G)
- 6.1.11 The electronic appraisal system will indicate where the evidence for each attribute can be appropriately uploaded.
- 6.1.12 The doctor should contact his chosen appraiser and agree a mutually convenient date and time for the appraisal meeting.
- 6.1.13 The doctor should inform their Head of Service of the name of the appraiser along with the date and time of their appraisal, at least three weeks in advance. Head of Service as an appraisee should inform the Service Directors, Service Directors to Clinical Chairs and Clinical Chairs to Medical Director. In services where there is no Clinical Chair, Service Director should directly relay this information to the medical director. This will allow the Head of Service/ Line manager to write to the Appraiser and to the doctor if there are any issues which the Head of Service/Line manager wishes to be discussed at the Doctor's appraisal meeting.
- 6.1.14 The Head of Service Report **must** be available to enable the appraisal discussion to take place. The Head of Service **must** send a copy of that letter to the doctor in good time, so that the doctor is prepared to respond to the points raised in the letter during his/her appraisal meeting.

- 6.1.15 At least two weeks prior to the appraisal meeting the doctor must submit their appraisal portfolio (through the electronic appraisal system) containing all the supporting information/evidence to the appraiser allowing them sufficient time to review it and prepare for the appraisal meeting. The appraisal meeting should not go ahead unless this condition is satisfied.
- 6.1.16 It is essential that the appraisal process is based on a “No Surprises” approach.
- 6.1.17 Appraisers should thoroughly review all the information submitted by the doctor. If the Appraiser has any concerns arising from the information/evidence submitted by the doctor, then the doctor must be notified in advance of the meeting so that they have enough time to obtain the relevant information. Under these circumstances, the agreed date for appraisal may have to be changed.
- 6.1.18 The doctor must include their reflections on the previous year’s achievements, concerns and aspirations in their portfolio.
- 6.1.19 If the quality of the portfolio or the supporting information/evidence appears to be incomplete or inadequate, the appraiser should discuss this with the doctor prior to the appraisal meeting, with a view to the doctor amending or supplementing the supporting information or evidence.
- 6.1.20 If the appraiser is not satisfied with the portfolio of evidence, then the appraisal discussion should be deferred and the matter referred to the Appraisal and Revalidation lead or the RO for mediation/advice.

6.2 The Appraisal Meeting and Discussion

- 6.2.1 The appraisal discussion remains at the heart of every effective appraisal process. The appraiser will review and discuss all the supporting information, evidence and documents.
- 6.2.2 The discussion during the appraisal should be open and frank.
- 6.2.3 Discussions during the appraisal meeting should cover all the sections in the appraisal folder.
- 6.2.4 During the appraisal meeting/discussion the appraiser will complete the Appraisal summary and PDP for the following year.
- 6.2.5 If during the appraisal meeting/discussion the appraiser becomes aware of a serious issue (health, conduct or, performance) requiring further investigation then the appraiser should discuss this with the doctor and the appraisal should be stopped. The appraiser and the doctor should seek advice from the Lead for Appraisals and Revalidation or from the RO, who will determine what action to follow.
- 6.2.6 Any complaints about the appraisal process or the outcome should be discussed with the Appraisals and Revalidation lead for informal advice/mediation. However, if still not satisfied then it may be raised with the RO and failing resolution, this may be escalated via the Trust’s grievance procedure.
- 6.2.7 If the relationship between the appraiser and the doctor breaks down, then either party may seek advice from the Lead for Appraisal and Revalidation or from the RO.
- 6.2.8 The appraiser should discuss the full scope of the doctor’s work including multi-organisational working if undertaken, to establish that it is **not grossly dissimilar to the doctor’s NHS practice**. This should be supported by a multi-agency working form (attached at appendix G) which confirms that there are no issues/concerns. The Appraiser should note the name and location of any multi-agency working, if applicable.

6.3 Completion of Appraisal

- 6.3.1 An Appraisal will be considered complete upon signing off by the doctor & appraiser and the submission to the Responsible Officer through the electronic system.
- 6.3.2 The doctor may share the appraisal document with the Head of Service/Service Director if they feel it is appropriate.
- 6.3.3 It is the responsibility of the appraiser to ensure that once the appraisal process is completed it is submitted to the Responsible Officer.

6.4 Appraiser Feedback

- 6.4.1 Once the appraisal is complete and submitted the doctor will be invited to provide feedback on their experience as an appraisee, giving a viewpoint on the management of the system and quality of appraisal/appraiser.
- 6.4.2 The feedback will be analysed and anonymised before being copied to the respective appraiser.
- 6.4.3 Appraisal and Appraiser feedback will be discussed in the Appraiser Forum for team reflection. Appraisers will also receive their anonymised individual feedback on how they are rated as an appraiser.

6.5 Multi-source Feedback (MSF) Evaluations

- 6.5.1 The Trust has a contract with Allocate to conduct and report on each of our doctor's MSF evaluation. This is integrated into the electronic appraisal system.
- 6.5.2 The MSF evaluation will play an important part of the required evidence for revalidation recommendation.
- 6.5.3 MSF evaluation is valid for a maximum of five years, following which it needs to be repeated. However, a renewed MSF will take place every 3 years at Sherwood Forest Hospitals.
- 6.5.4 The Doctor will be notified when they are required to commence a MSF and this will be conducted through the electronic system.
- 6.5.5 Where applicable for Revalidation the Doctor must ensure that they have both colleague and patient feedback. A minimum of 15 responses each for colleague and patient feedback is required.
- 6.5.6 At the completion of MSF evaluation the report will be made available to the appraiser and the appraiser will then release this to the doctor once verified.
- 6.5.7 It is advisable to invite a broad spectrum of colleagues who can provide feedback to include the full scope of your practice.
- 6.5.8 If a MSF is undertaken outside of the appraisal meeting window, it is the responsibility of the appraisee to arrange to meet with the appraiser to discuss the results within 3 months of completing MSF.
- 6.5.9 In exceptional circumstances the RO can require the doctor to complete an MSF earlier than scheduled.

6.6 Non Participation

- 6.6.1 All doctors with a licence to practise are required to participate in annual appraisal in accordance with GMC revalidation regulations. In the majority of cases, most doctors participate actively in the process. However, for the small minority, who do not participate will be addressed via the General Medical Council (Licence to Practise and Revalidation) Regulations 2012.
- 6.6.2 The procedure below identifies the sequence of actions which will be taken to support participation with the appraisal system.

- 6.6.3 Failure to participate in the process will place their employment status, and potentially their GMC licence to practise at risk.

6.7 Procedure

The following procedure notes relate to how Sherwood Forest Hospitals will operate in relation to apparent non-participation with medical appraisal. A flowchart of this procedure is available at annex B.

1. Each year, each doctor will be made aware by email to arrange their annual appraisal at least 56 days prior to the first day of the doctor's agreed appraisal month (Letter 1).
2. Each doctor has 28 days following the end of the appraisal month to submit their documentation to the Responsible Officer. After a further 7 days a second reminder will then be sent out by email (reminder letter 2)
3. If a response is received within 5 working days to reminder letter 2 and the doctor has either requested or has booked their appraisal within 28 days, the normal process is resumed.
4. If no response is received to reminder 2 or a response is received advising that no appraisal has been booked, a 3rd letter (reminder letter 3) will be sent to the doctor 7 working days after the date of the reminder letter 2 (or as soon as the response is received).

This letter will be sent from the Responsible Officer and will remind the doctor of their responsibilities, the potential consequences of failing to participate in the appraisal system, and the steps the responsible officer will take should the doctor continue to fail to engage. Reminder letter 3 will be sent by email and by letter to the address given to SFHFT by the doctor.

5. If a response is received to reminder letter 3 and the doctor has either requested or has booked their appraisal within 28 days, the normal process is resumed.
6. If no response is received to reminder letter 3 or a response is received advising that no appraisal has been booked a fourth and final letter (final letter 4) will be sent to the doctor 7 working days after the date of the reminder 3 (or as soon as the response is received). This letter will be sent from the Responsible Officer. It will advise that formal action under the contract of employment disciplinary procedures, and/or notification of non-participation to the GMC is being considered. Final reminder letter 3 will be sent by email and by letter (recorded delivery) to the address given to SFHFT by the doctor.
7. Having considered the facts, the RO and appraisal and revalidation lead with involvement of the People Directorate will then determine the appropriate course of action which may involve engaging in disciplinary procedures and/or notification of non-participation to the GMC.

6.8 Requesting Postponement of Appraisal

- 6.8.1 There are circumstances when a doctor may request that an appraisal is deferred such that no appraisal takes place during one appraisal year or that the appraisal is postponed to take place later than the last day of their appraisal month (Annex C).
- 6.8.2 Doctors may request a postponement of an appraisal due to:
 - Breaks in practice due to sickness, maternity or adoption leave
 - Breaks in practice due to absence abroad or sabbaticals
 - Delay of an appraisal beyond the last day of their appraisal month due to unforeseen personal and work related issues

- 6.8.3 It may be appropriate to postpone appraisal if a doctor is suspended or excluded from work, but it may also be appropriate to continue with appraisal and the individual circumstances in such situations should be considered on their own merit by the RO.
- 6.8.4 This list is not exhaustive and other reasons may also be identified.
- 6.8.5 As a general rule it is advised that doctors having a career break:
- In excess of six months - should aim to be appraised within six months of returning to work
 - Less than six months - should aim to be appraised at their usual date, and no more than 18 months after the previous appraisal
- 6.8.6 Each case will be dealt with on its merits and no doctor will be disadvantaged or unfairly penalised as a result of pregnancy, health issues or disability.
- 6.8.7 Prior to submitting a formal request for postponement of appraisal, a doctor may choose to seek informal advice from the Appraisal & Revalidation lead.
- 6.8.8 A doctor who thinks they may need to postpone their appraisal should complete a formal request and submit this to the responsible officer.
- 6.8.9 Postponement applications should be submitted at the earliest possible opportunity and in most circumstances no later than 28 days before the last day of the doctor's appraisal month (i.e. the date by which the doctor should normally have notified the agreed date of their appraisal to the appraisal office).
- 6.8.10 The Appraisal & Revalidation lead will consider postponement requests and applicants will be informed in writing of the decision within seven working days.

6.9 Complaints Process

- 6.9.1 Doctors with a prescribed connection to Sherwood Forest Hospitals who undergo appraisal can expect their appraisal to be conducted under the terms of this policy. The process should be well organised and professionally carried out by the staff supporting the process, the appraiser and any other personnel contributing to the process.
- This annex describes the process by which a doctor may make a complaint about the appraisal process, where they believe that the terms of this policy have not been followed, or that their appraiser or any other personnel involved in the process has not undertaken their duties in a proper and professional manner.
- 6.9.2 Complaints should be resolved:
- as quickly as possible;
 - fairly and non-judgementally;
 - at a local level;
 - using any outcomes to formulate lessons learned and to improve the future quality of the service.
- 6.9.3 Common categories under which a complaint may be made about the appraisal process by a doctor include, but are not limited to:
- the standard of service provided by an individual appraiser;
 - deviation from agreed standard appraisal procedures;
 - the actions or behaviour of any appraisal team members;
 - actions or inactions deemed detrimental to an individual doctor or their practice;
 - failures in the administration system, including communication;
 - breaches of confidentiality;

- dissatisfaction or disagreement with decisions reached or matters pertaining to professional or clinical judgement.
- 6.9.4 If an individual doctor has concerns regarding their appraisal this should be raised in the first instance with the individual concerned.
- 6.9.5 If the doctor feels unable to raise the matter with the individual or the doctor remains unhappy with the response they have received, they should complain to the Appraisal and Revalidation Lead. Complaints should be made in writing. Annex D contains a suitable template for this.
- 6.9.6 On receipt of a complaint, the Appraisal and Revalidation Lead should log the complaint, notify the responsible officer, acknowledge receipt of the complaint to the doctor within 1 working week, and undertake an information gathering exercise to establish the facts. The doctor should be made aware that further help, advice and support are available, for example from the BMA.
- 6.9.7 The Appraisal and Revalidation Lead should then review the facts and develop a response to the complaint. A written response to the doctor making the complaint should be sent within 28 days. This should contain:
 - a summary of the complaint;
 - description of the facts as they have been established;
 - a summary of the outcome;
 - an apology where appropriate;
 - details of any changes implemented as a result of the complaint
 - information on further support and advice if the complainant remains dissatisfied.
- 6.9.8 If the doctor is not satisfied by the response to their complaint, they should raise the matter with the responsible officer. If the doctor's complaint relates to the actions of the responsible officer, they should raise the matter with the responsible officer's responsible officer (the regional RO)
- 6.9.9 Confidentiality of all personnel should be maintained at all times. This process does not aim to address issues around:
 - anonymous or unofficial complaints including whistle blowing;
 - dissatisfaction with regionally or nationally agreed appraisal policies.

6.10 University Employees and Visiting Consultants

- 6.10.1 Visiting Doctors primarily employed by a University or other health care Trusts, should have their appraisal done by their approved university/Trust appraiser.
- 6.10.2 If an investigation/disciplinary action is planned or taken by the employing authority then they must immediately notify the RO at Sherwood Forest Hospitals NHS Foundation Trust.

6.11 Assuring the Quality of Medical Appraisal and Revalidation

- 6.11.1 SFHFT will use the tools set out in the current Framework of Quality Assurance set out by NHS England to ensure that the appraisal systems and processes are effective and in place.
- 6.11.2 The appraisal and revalidation process will be quality assured by undertaking:
 - Annual quality check on the appraisal submissions to make sure that this has been completed thoroughly
 - Annual Doctor feedback analysis
 - Annual audit of uncompleted appraisals, grievances and complaints
 - Appraisers' skills and training (every 3 years).
 - Systems and infrastructure supporting appraisal

- 6.11.2 A qualitative and quantitative analysis of the annual appraisals will be carried out by the Associate Medical Director - Workforce together with members of the Medical Workforce Team and a quarterly report with the summary of recommendations for the improvement of the appraisal process will be presented to the People, Culture and Improvement Committee.

6.12 Information Governance

- 6.12.1 Each appraisal file is kept securely on the electronic appraisal system. On submission to the Responsible Officer these are 'locked' and un-editable.
- 6.12.2 All relevant records should be maintained by the doctor and the responsible officer.
- 6.12.3 Administration rights to the system are granted to the Responsible Officer, Appraisal & Revalidation lead, the respective appraiser and the Medical Workforce Team.
- 6.12.4 The doctor's appraisal is accessible on the electronic appraisal system. Each doctor that is registered on this system will have a secure login in which they can access their individual record.
- 6.12.5 The appraiser requires access to the doctor's portfolio and appraisal forms for the purpose of carrying out the appraisal. The appraiser is not allowed to maintain or keep personal records about a doctor's appraisals for any purpose.
- 6.12.6 The appraisal discussion is an important opportunity for a confidential open discussion between a doctor and a trained appraiser.
The responsible officer will normally base their decision to recommend for revalidation on the basis of the appraisal outputs, i.e. the summary of discussion, the new personal development plan, and the appraiser's statements.
- 6.12.7 However, the responsible officer and Appraisal and Revalidation lead may view any relevant information to assure their recommendation about the doctor's fitness to practise. In the context of appraisal this may on occasion include the completed full appraisal documentation and the doctor's supporting information.

6.13 Conclusion

Effective medical appraisal should allow appraisers, Medical Director/RO and the GMC to assess and judge a doctor's fitness to practice. It would also allow doctors development needs and aspirations to be addressed. Only then can Revalidation serve the primary purpose of assuring patient safety and the continuing improvement of a doctor's practice. Early recognition of concerns and the effective management of such issues will be a necessary feature of a successful process.

Further Information

www.gmc-uk.org
www.gmc-uk.org/guidance/good_medical_practice/asp
www.england.nhs.uk
<http://www.aomrc.org.uk/revalidation/revalidation.html>

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

| Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored) | Responsible Individual (WHO – is going to monitor this element) | Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used)) | Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often)) | Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who) |
|---|---|--|--|--|
| Annually | Medical Workforce Team | Quarterly and Annual Monitoring Returns | Quarterly and Annual Monitoring Returns | Appraiser Forum & Local Negotiating Committee |

8.0 TRAINING AND IMPLEMENTATION

Effective medical appraisal should allow appraisers, Medical Director/RO and the GMC to assess and judge a doctor's fitness to practice. It would also allow doctors development needs and aspirations to be addressed. Only then can Revalidation serve the primary purpose of assuring patient safety and the continuing improvement of a doctor's practice. Early recognition of concerns and the effective management of such issues will be a necessary feature of a successful process.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix G
- This document is not subject to an Environmental Impact Assessment
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix H

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

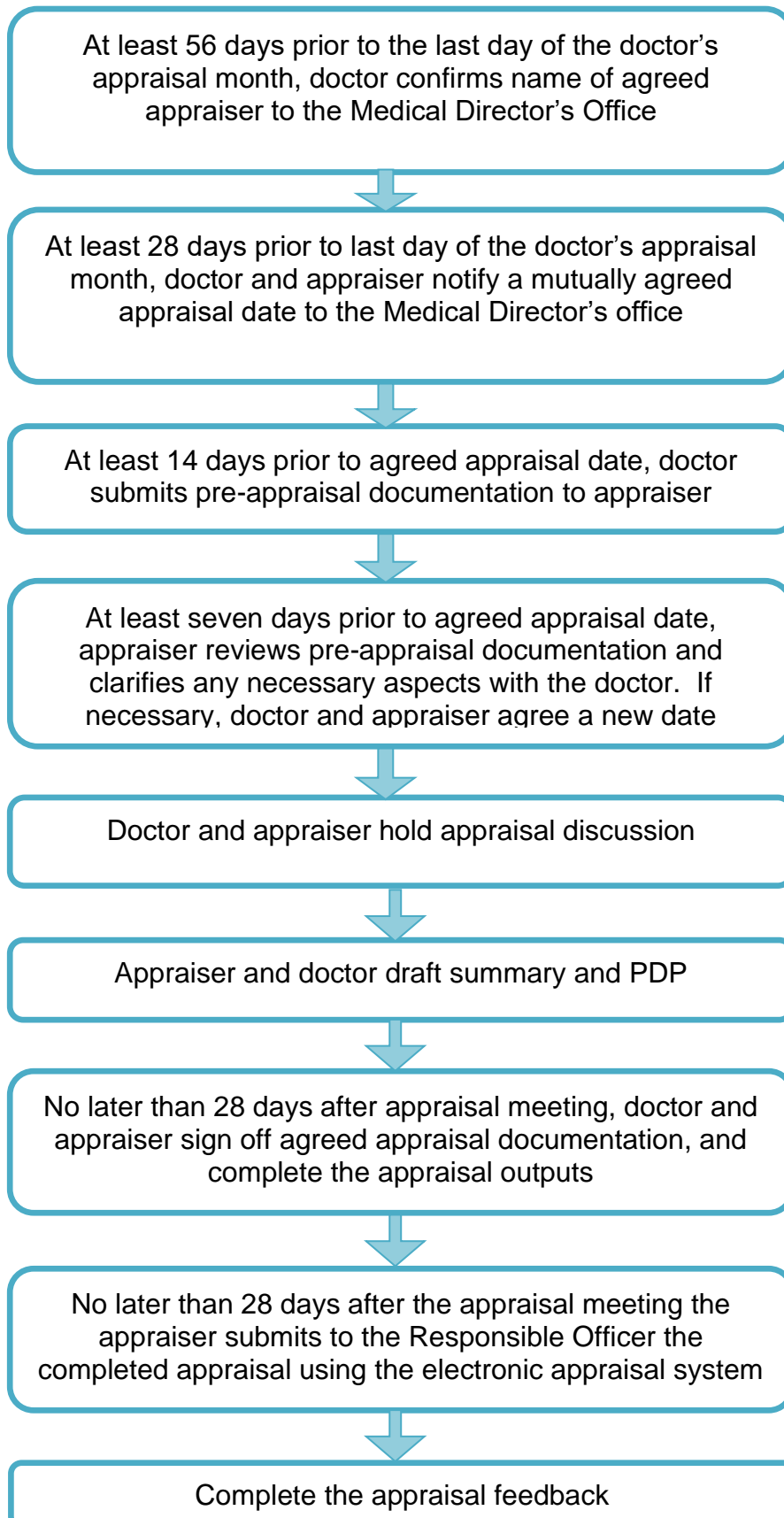
www.gmc-uk.org
www.gmc-uk.org/guidance/good_medical_practice/asp
www.england.nhs.uk
<http://www.aomrc.org.uk/revalidation/revalidation.html>

Related SFHFT Documents:

- Remediation Policy

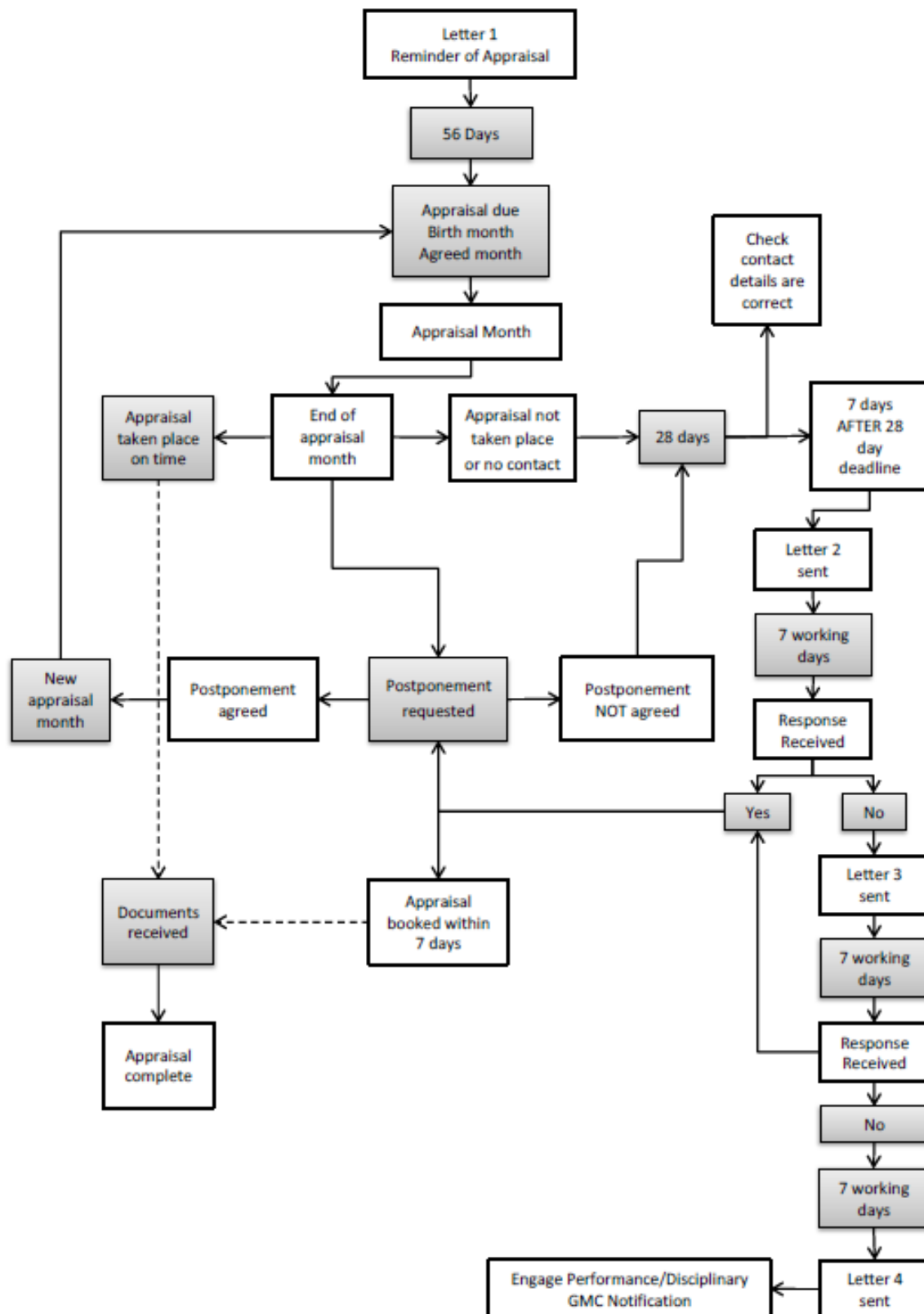
11.0 APPENDICES

Appendix A Medical Appraisal Process and Timescales



Appendix B

Non-Participation Flowchart



Appendix C

Requesting postponement of appraisal

| Appraisal Postponement Application Form | |
|---|---|
| Section A: Doctor's Details and Request for Postponement | |
| Doctor's Name | |
| GMC Number | |
| Telephone Number(s) | |
| Mobile | |
| Work | |
| Home | |
| Email | |
| Doctor's Appraisal Month | |
| Date of Last Appraisal | |
| Name of Last Appraiser | |
| Revalidation Due Date | |
| Reason for request for postponement of appraisal | |
| Proposed date for next appraisal | |
| Date of request | |
| Section B: Appraisal and Revalidation Lead | |
| Name of person considering request | |
| Position | |
| Postponement agreed | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Comment | |
| Agreed new appraisal due date | |
| Date of decision | |

Appendix D Standard Complaint Template

| Template for complaint about the appraisal process by a doctor | |
|---|--|
| Responsible officer: | |
| Doctor: | |
| Doctor's GMC number: | |
| Appraiser: | |
| Date of incident: | |
| Subject of complaint: | |
| Details of complaint: | |
| Date of complaint: | |
| <p>Thank you for raising a complaint about the appraisal process. You should submit this to your local appraisal office. You should receive an acknowledgement within seven days and a written response within 28 days.</p> | |

Appendix E Appraiser Job Description

(2.00 Hour per week SPA for minimum 12 appraisals, pro-rotas)

THE POST

To appraise Consultants/SAS Grade Doctors in a supportive and developmental manner, to improve Doctor Morale and quality of clinical care.

To undertake appraisal in the context of a professional process of constructive dialogue, designed to give Doctors feedback on past performance, chart continuing progress and identify developmental needs. It is seen as a formative and developmental process carried out by a Doctor who has been trained in carrying out appraisal.

Minimum qualifications, knowledge, training and experience required for the post.

- Medical or Dental Degree
- GMC/GDC Licence to practice
- Satisfactory own appraisal
- In good standing with GMC/GDC
- Completion of approved appraisal training
- 5 years post Consultant/SAS appointment in a current substantive role
- Completion of equality and diversity course

DURATION OF APPOINTMENT

Appointment will be for a 5 year period extendable by mutual agreement, first year will be probationary. In rare circumstances if the quality and/or quantity of the appraisals are not satisfactory the appraiser may be asked to resign and their name will be removed from the approved appraisers list.

MEDICAL INDEMNITY

Sherwood Forest Hospitals (NHS) Foundation Trust, agrees to fully indemnify and support the appraiser (legally and otherwise) in respect of any losses or legal proceedings arising from the appraiser duties.

DUTIES AND RESPONSIBILITIES

The Appointee will be expected to:-

- To carry out approximately 12 appraisals each year, based on the GMC's core headings as set out in the *Good Medical Practice* document (to a maximum of 3 consecutive appraisals for any one Doctor in any 5 year period).
- To arrange to undertake appraisals by mutual agreement with the Doctor, and ensure undisturbed protected time for the duration of the appraisal in a comfortable setting, free from interruptions and distractions.
- To prepare for appraisals by reviewing the information provided by the Doctor and identifying key areas for discussion. To ensure the discussion is structured and is based on accurate, relevant and up-to-date information and seek to identify:

- Achievements and challenges in the past 12 months (clinical and non-clinical), seen where relevant in the context of earlier appraisals
 - A current agreed job plan
 - The outcome of the speciality level job plan discussions and (where relevant) wider objectives for the next year and beyond
 - Personal development needs and how these can be met
 - Review the quality and quantity of Doctor's work against bench mark guidelines from the respective Royal College
 - To review Doctor's MSF, identify any concerns and weaknesses and discuss these with the Doctor and suggest ways to improve them and to also document these in the appraisal folder
- To help the Doctor to identify developmental needs and set clearly defined objectives for the following 12 months clarifying shared understanding of the importance in respect of benefits to patients and agree how the Doctor will demonstrate achievement of development objectives at subsequent appraisals.
 - To provide advice during the appraisal interview on the Doctor's preparation for Revalidation.
 - To identify any areas where "additional peer review" by colleagues with relevant expertise and knowledge is required and agree the necessary arrangement, taking account of any such feedback in the appraisal summary.
 - Provide feedback on any multi-source feedback undertaken by the Doctor.
 - To conclude the appraisal discussion by assisting the Doctor to set down, as an action plan, the agreements which have been reached and provide ongoing support for the reviewing and updating of Personal Development Plans.
 - At the request of the Doctor, agree a date to undertake an appraisal review, to discuss progress towards achievement of Personal Development Plans and provide further assistance as appropriate.
 - To complete all standardised documentation in sequence to provide a formal, supportive, consistent structure to the appraisal process. Key points and outcomes of the discussion must be fully documented in the appraisal folder and on the electronic appraisal system. An agreed appraisal should be locked and submitted to the Responsible Officer through the electronic appraisal system.
 - To recognise potentially serious performance issues where a colleague's health, conduct or performance poses a threat to patients and to take the appropriate actions. This may include halting the appraisal process, seeking advice from the Lead for Appraisal & Revalidation in the first instance and then possibly escalating the matter to the Medical Director/Responsible Officer. It would be exceptional for such serious concerns to be first identified at appraisal, but both appraisers and Doctor's need to recognise, that as registered medical practitioners, patient welfare is a priority and must be protected.
 - Following initial one day approved appraisal training, appraisers will maintain appraisal skills and knowledge of both appraisal and revalidation processes and attend regular appraisal support meetings. Professional support will be provided by the Trusts *Appraisers Forum*.
 - Appraisers should be prepared to be appraised as an appraiser and undertake assessment/peer review of appraiser skills and knowledge.
 - To comply with the requirements of the Data Protection Act in respect to all the documentation and to undertake to return to the Medical Director any outstanding documentation should the role as appraiser cease.
 - To encourage the Doctor to complete his/her appraisals on time.

- The appraiser will be a member of the “Appraiser’s Forum” and expected to attend 80% of the Appraiser Forums the regular meetings organised by the Appraisal & Revalidation lead.

OTHER

Appraisers should have an understanding of:

General principles

- A sound understanding of the objectives and purpose of medical appraisal and its place in the wider context of clinical governance, revalidation and specialty accreditation
- Other assessment, accreditation and clinical governance processes in the NHS and how these processes interact
- Awareness and understanding of guidance on standards of good medical practice as issued by bodies such as the General Medical Council, the Healthcare Commission and the Royal Colleges

Local processes

- A thorough knowledge of the process for medical appraisal in the local organisation
- An understanding of how the Doctor will acquire the necessary evidence to inform and support the appraisal
- Local procedures for recognition and dealing with under-performance and poor-performance

Confidentiality

- Understanding of the rules of confidentiality as they apply to the medical appraisal. These include rules covering the content of the appraisal discussion, the limits on confidentiality between appraiser and Doctor, and the level of confidentiality of the paperwork

Availability

- Mutually convenient time should be agreed, however, if necessary, the appraiser should be available after 5 pm if that is convenient for the Doctor.

Pre-appraisal paperwork

- How to assess the pre-appraisal paperwork, including the extent to which the Doctor has successfully addressed the items on the Personal Development Plan (PDP) from the last appraisal and the quality of the evidence presented to inform the appraisal. This is essential if the appraiser is to be able to formulate questions and strategies that will stimulate the appraisal discussion and steer the Doctor towards developing objectives for the next PDP.

Participation

- How to assess whether the Doctor is satisfactorily participating in the appraisal, by reference to the adequacy of the pre-appraisal preparation, positive engagement in the appraisal discussion and involvement in the generation of the new PDP.

Appraisal discussion & excellent oral communications

- How to plan the appraisal discussion and keep it on track.

Interpreting information

- How to establish whether the Doctor has adequately used and interpreted appropriate tools to provide feedback to him/her from medical colleagues, patients and other team members of practice staff – including multi-input (360°) and satisfaction questionnaires.

Facilitation and challenge

- Ability to facilitate reflection and self-challenge. How and when to use direct challenge, guided by clear insight, to promote realistic self-appraisal by the Doctor.

Honest and forthright, excellent integrity, personal effectiveness

- Ability to recognise the dangers and features of collusion and how to respond when such features arise.

Documentation

- Ability to facilitate the production of a high quality appraisal summary that: Adequately demonstrates the reasons that objectives have been included in the development plan and identifies evidence that needs to be produced prior to the next appraisal.

Personal development plan (PDP) generation

- Ability to facilitate the production of a high quality PDP that reflects the agreed priorities for the individual doctor in the context of his/her organisation and the wider objectives of the NHS sets out clear objectives that are measurable and achievable within the agreed time-frame.

Good working relationships

- Ability to maintain and create good working relationships with colleagues even in an environment of disagreement.

Appendix F: Person Specifications For Appraiser PERSON SPECIFICATION

The role of appraiser may be a stand-alone role or an integral part of a wider medical management role (such as clinical director or head of service).

Personal Specification for a Medical Appraiser:

| Core Elements of a Person Specification for Medical Appraiser | |
|---|---|
| Qualifications | Medical / Dental degree GMC / GDC licence to practise |
| | Completion of initial medical appraiser training (this may not be a requirement prior to appointment but would need to be completed before appraisals are performed) |
| Experience: | Experience of managing time to ensure deadlines are met |
| | Experience of applying principles of adult education or quality improvement |
| | Preferable: has been subject to a minimum of three satisfactory medical appraisals, not including those in training grades (There may be situations where this is not possible, for example where medical appraisal has not occurred in the organisation in the past) |
| Knowledge: | Knowledge of the role of medical appraiser |
| | Knowledge of the purpose and process of medical appraisal |
| | Knowledge of the principles of revalidation |
| | Knowledge of educational principles and techniques which are relevant to medical appraisal |
| | Knowledge of responsibilities of doctors as described in <i>Good Medical Practice</i> |
| | Knowledge of principles of clinical governance, evidence based medicine and clinical effectiveness |
| | Knowledge of the health sector (e.g. primary care, secondary care, mental health, independent sector) in which appraisal duties are to be performed |
| | Knowledge of relevant local and national healthcare context |
| | Knowledge of local professional development and education structures |
| | Understanding of principles of equality and diversity |
| Skills: | Motivating, influencing and negotiating skills |
| | Good oral communication skills, including active listening skills, the ability to understand and summarise a discussion, ask appropriate questions, provide constructive challenge and give effective feedback |
| | Good written communication skills, including the ability to summarise clearly and accurately |
| | Objective evaluation skills |
| | |

| | |
|--------------------|---|
| | Adequate computer skills for the role – this may include familiarity with web-based appraisal support systems |
| Attributes: | Excellent personal integrity, personal effectiveness and self-awareness Motivated, enthusiastic, positive role model |
| | Ability to adapt behaviour to meet the needs of the doctor |
| | Commitment to on-going personal education and development |

Appraisal Acceptance Document ACCEPTANCE OF APPOINTMENT

Name:

Signature:

Department:

Date:

Medical Director/Head of Appraisals & Revalidation

Name:

Signature:

Date:

Annex G Multi-Agency Working Form

MULTI ORGANISATION WORKING

To ensure that SFH can submit a positive recommendation to the GMC regarding appraisal and revalidation, we require confirmation of good practice, conduct and capability at any other organisations with whom you undertake duties.

Section 1 – To be completed by doctor

| | | | |
|--|--|------------------------|--|
| Name of doctor | | GMC Number | |
| Brief description of duties undertaken | | | |
| Full name of organisation | | | |
| Name of RO (if applicable) | | Date of last Appraisal | |

Section 2 – To be completed by relevant organisation

| | | |
|---|--|----------|
| Conduct, Capability Investigation | Has this Doctor been involved in a conduct or capability investigation, since last appraisal? | Yes / No |
| | If YES, has it been resolved satisfactorily with no further action being needed by any party? | Yes / No |
| | <i>If the investigation is incomplete, please give the anticipated date of the outcome of the Investigation OR where on-going concerns are being addressed through re-skilling/remediation, please give brief details:</i> | |
| | | |
| Serious Untoward Incident/Significant Event Investigation | Has this Doctor been involved in a SUI incident or Significant Event investigation, since last appraisal? | Yes / No |
| | If YES, has it been resolved satisfactorily with no further action being needed by any party? | Yes / No |
| | <i>If the investigation is incomplete, please give a brief summary and the anticipated date of the outcome of the Investigation OR where on-going concerns are being addressed through re-skilling/remediation, please give brief details:</i> | |
| | | |

| | | | |
|--|--|-----------------------------|------------------------|
| Complaints | Has this Doctor been named in a complaint, since last appraisal? | | Yes / No |
| | If YES, has it been resolved satisfactorily with no further action being needed by any party? | | Yes / No |
| | If it has not yet been resolved, please give a brief summary and the anticipated date of resolution OR where on-going issues are being addressed through re-skilling/remediation, please give brief details: | | |
| | | | |
| Referral to GMC or NCAS | Has this Doctor has been the subject of a referral to the GMC or PPA, since last appraisal? | | Yes / No |
| | Has it been resolved satisfactorily with the Doctor having been determined as fit to practice | | Yes / No |
| | If NO, please give a brief summary and the anticipated date of the outcome of the Investigation OR where on-going concerns are being addressed through re-skilling/remediation, please give brief details: | | |
| | | | |
| If there are any other issues that the RO should be aware of that may be relevant to a revalidation recommendation please record them here:- | | | |
| This Doctor is aware that this information is being shared with the SFH Responsible Officer | | | |
| Signature | | | Date |
| Full Name | | | |
| Job Title | Medical Director <input type="checkbox"/> | RO <input type="checkbox"/> | Other (please specify) |
| Full name of Organisation | | | |

APPENDIX H - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

| | | | |
|--|---|--|--|
| Name of service/policy/procedure being reviewed: Medical Appraisal, Multi-source Feedback and Revalidation Policy | | | |
| New or existing service/policy/procedure: Existing | | | |
| Date of Assessment: 08.11.2024 | | | |
| For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas) | | | |
| Protected Characteristic | a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider? | b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening? | c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality |
| The area of policy or its implementation being assessed: | | | |
| Race and Ethnicity | None | Clear guidelines in terms of implementing the policy | None |
| Gender | None | Clear guidelines in terms of implementing the policy | None |
| Age | None | Clear guidelines in terms of implementing the policy | None |
| Religion / Belief | None | Clear guidelines in terms of implementing the policy | None |
| Disability | None | Clear guidelines in terms of implementing the policy | None |
| Sexuality | None | Clear guidelines in terms of implementing the policy | None |
| Pregnancy and Maternity | None | Clear guidelines in terms of implementing the policy | None |
| Gender Reassignment | None | Clear guidelines in terms of implementing the policy | None |

| | | | |
|--|------|--|------|
| Marriage and Civil Partnership | None | Clear guidelines in terms of implementing the policy | None |
| Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation) | None | Clear guidelines in terms of implementing the policy | None |
| What consultation with protected characteristic groups including patient groups have you carried out? Appraiser Forum | | | |
| What data or information did you use in support of this EqIA? Benchmarked with other organisations and reviewed legislation | | | |
| As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? No | | | |
| Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: Low Level of Impact For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting. | | | |
| Name of Responsible Person undertaking this assessment: Rebecca Freeman – Head of Medical Workforce | | | |
| Date: 08.11.2024 | | | |

APPENDIX I – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions

| Area of impact | Environmental Risk/Impacts to consider | Yes/No | Action Taken (where necessary) |
|----------------------------|--|----------------|--------------------------------|
| Waste and materials | <ul style="list-style-type: none"> Is the policy encouraging using more materials/supplies? Is the policy likely to increase the waste produced? Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled? | No No No | |
| Soil/Land | <ul style="list-style-type: none"> Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.) | No No | |
| Water | <ul style="list-style-type: none"> Is the policy likely to result in an increase of water usage? (estimate quantities) Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal) | No No No | |
| Air | <ul style="list-style-type: none"> Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) Does the policy fail to include a procedure to mitigate the effects? Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations? | No No No | |
| Energy | <ul style="list-style-type: none"> Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities) | No | |
| Nuisances | <ul style="list-style-type: none"> Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)? | No | |