

1.6 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.*”

1.7 As Follett observes (para 8) “*Universities ... are legally independent and autonomous bodies*”

complete the annual round of appraisal by 31 March of each year whilst most universities finish their annual appraisal for academics by 31 July. It was intended that the deadline of 1 August 2002 for the introduction of a joint appraisal scheme for consultant clinical academics would allow local accommodation of both these annual timetables for completion of appraisal under the joint scheme.

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 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 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 practice¹.

- for medical practitioners, utilise the annual appraisal process and associated documentation to meet the requirements for GMC revalidation;

3 Appraisal Process and Content

3.1 For the universities, the Vice-Chancellors or the Dean as their delegated nominee and, for the NHS 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 universities, and as appropriate within the internal management structure, the appraiser will in most cases be the appropriate Head of Division or nominee and, for the Trust, the Clinical

regular, structured system for recording progress and identifying development needs (as part of personal development plans) which will support individual 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**

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 Medical School, 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 Dean, Head of Division, Medical Director, other Clinical Directors/lead consultants and members of the immediate academic and care teams for their input. 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, and other undergraduates, postgraduates, junior medical staff, other health professionals, professionals complementary to medicine, 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 NHS 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;*
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6.3 *Personal and Organisational Effectiveness*

This focuses on personal and organisational effectiveness in relation to both university and NHS activities. For example, relationships and communications with academic and NHS 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*

Discussion of any other matters which either the appraiser or the clinical academic being appraised may wish to raise, such as the 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

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 Division 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 Division and Clinical Directors (or the appropriate senior people) are then responsible for ensuring the necessary action is taken. Heads of Division, Clinical and Medical Directors are accountable to the Dean and the NHS Trust Chief Executive respectively for the outcome of the appraisal process.

8.7 The Vice-Chancellors (through delegation to the Dean if appropriate) and the NHS Trust Chief Executive are accountable to the University Council/Board of Governors or the Trust/HA Board as appropriate for ensuring that all 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 Dean or representative, Head of Division (if not one of the appraisers), Trust Chief Executive, Medical Director and Clinical Director (if not one of the appraisers). For the Dean and the NHS 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). There will be occasions where a follow up meeting is required before the next annual appraisal and Heads of Division 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 Dean 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

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 Dean 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 Dean, 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-Chancellors (through delegation to the Dean if appropriate) and the Chief Executive must submit an annual report on the process and operation of the appraisal scheme to the University Council/Board of Governors 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 Dean and the NHS 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 Medical School and NHS. 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 which might need to be addressed on an organisation basis.

11 Academics working in more than one Trust

The university employer and associated Trusts should agree on a 'lead' Trust for the clinical academic's appraisal. Agreement will also include appropriate

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 Medical School and Trust

13 Links with other Procedures

13.1 Annual appraisal is a contractual requirement for all NHS consultants, whether substantive or part-time. It is recommended that appraisal is undertaken as a joint exercise between Medical School and Trust

15 Role of the Vice-Chancellors, Dean and the NHS Trust Chief Executive

15.1 As previously stated, the Vice-Chancellors (through the Dean) and the NHS Trust Chief Executive are accountable for ensuring that all clinical academic staff undergo an annual appraisal and that there are appropriate, trained appraisers in all cases. The Dean and the NHS Trust Chief Executive should also ensure the necessary links exist between the appraisal process and other university and NHS Trust processes concerned with teaching, research, clinical governance, quality and risk management and the achievement of service priorities. In discharging this accountability, the Vice-Chancellors, NHS Trust Chief Executive, Dean 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.

15.2 The Vice-Chancellors and the NHS Trust Chief Executive will be accountable to the University Council/Board of Governors and the NHS Trust Board respectively for overseeing the appraisal process. This means ensuring and confirming to these bodies that:

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