

---

## CONSULTANT APPRAISAL POLICY

### Introduction

1. The introduction of clinical governance and the proposals by the GMC for revalidation have underlined the need for a comprehensive annual appraisal scheme for doctors. Appraisal is now a contractual requirement for consultants and all must have been appraised by April 2002.
2. This paper sets out the Trust's appraisal scheme for consultant staff based on the national model which is the outcome of discussions between the DoH and the BMA. It should be read in conjunction with the document "*Consultant Appraisal. A Practical Guide*" which provides detailed guidance on establishing and undertaking appraisals.
3. The Trust and University have agreed to introduce a common appraisal system and this policy has been agreed with the Medical School. Hence, unless otherwise specified, any reference to consultants also includes those employed by the University of Oxford but with honorary NHS consultant status.
4. In March 2001, the DFEE and DoH appointed Sir Brian Follett, Vice Chancellor of the University of Warwick, to undertake a national review of appraisal, disciplinary and reporting arrangements for consultants with academic responsibilities. The report was published on 20 September 2001 and guidance for implementation is expected in April 2002.
5. Given the rapidly changing environment within which appraisal is being introduced, this policy will be reviewed within one year. In the meantime, it reflects national guidance and publications as closely as possible.

### Aims and objectives

6. The aims of appraisal are to enable the Trust and consultants (and, where appropriate, the University) to:
  - set out personal and professional development needs and agree plans for these to be met;
  - consider the consultant's contribution to the quality and improvement of services and priorities delivered locally;
  - consider the consultant's contribution to teaching, training and research;
  - optimise the use of skills and resources in seeking to achieve the delivery of service priorities;
  - identify the need for the working environment to be adequately resourced to enable any service objectives in the agreed job plan review to be met;
  - provide an opportunity for consultants to discuss and seek support for their participation in activities for the wider NHS;
  - review regularly an individual's work and performance, utilising relevant and appropriate comparative performance data from local, regional and national sources;
  - utilise the annual appraisal process and associated documentation to meet the requirements for GMC revalidation.

### Responsibilities

7. The Chief Executive is personally accountable to the Trust Board for overseeing the appraisal process. This means ensuring and confirming to the Board that:
  - appraisals have been conducted for all consultants;
  - any issues arising out of the appraisals are being properly dealt with;
  - personal development plans are in place for each consultant.
8. The Chief Executive must ensure that appraisers are properly trained to carry out this role and are competent to undertake appraisal across the broad range of headings within the appraisal scheme including clinical performance, service delivery and management issues.
9. The Chief Executive should also ensure the necessary links exist between the appraisal process and other Trust processes concerned with clinical governance, quality and risk management and the achievement of service priorities. In discharging this accountability, the Chief Executive and Medical Director will have confidential

access to any documentation used in the appraisal process. In these circumstances, the individual concerned will be informed.

10. Where action arising from an appraisal needs to be taken, Directorate Chairmen are responsible where this relates to clinical practice and Heads of Academic Departments where this relates to teaching, research or other University matters. Directorate Chairmen & the Medical Director will be held accountable to the Chief Executive for the outcome of the appraisal process.
11. If a Directorate Chairman is not on the medical register, then the Divisional Chairman is responsible for ensuring action arising from an appraisal occurs. In the case of Divisional & Directorate Chairmen, the Medical Director is responsible. In the case of Heads of Academic Departments, the Head of the Medical Sciences Division is responsible.
12. Refusal by a consultant to participate in the appraisal process will be a disciplinary matter to be dealt with, where necessary, under the Trust's Performance & Conduct procedures or, for consultants employed by the University, the University's disciplinary procedures. Additionally, the Chief Executive will report the matter to the Discretionary Points and the Distinction Award Committees and the consultant will not be considered for an award until he/she has agreed to participate fully in the appraisal process.

### **Preparation and training**

13. Appraisal is a contractual requirement and must be carried out annually. Consultants should, therefore, participate fully and positively in the appraisal process.
14. All appraisees must be offered appropriate training, and all appraisers must have successfully completed an appropriate training programme, before beginning appraisal.
15. The Directorate Chairman must ensure that the appraiser and appraisee are aware of and consider all relevant issues at the appraisal meeting. This may be best achieved through an agreed contribution to the appraisal meeting and outcome report. Adequate time should be allocated for the preparation and appraisal meeting.
16. Every consultant (acting as either an appraisee or appraiser) will be expected to prepare for appraisal during their flexible sessions. In exceptional circumstances consultants may request preparation time in their fixed sessions. Requests must be agreed by Directorate Chairman. The Medical Director will review requests where agreement has not been reached.
17. Directorate Chairman should agree with each appraiser the time required for them to take on this role. This may be reflected in the appraiser's Job Plan. The Medical Director will mediate in any dispute.

### **Identifying appraisers**

18. Appraisal should be an opportunity for each consultant to review their own performance & development needs. For the purposes of GMC revalidation, a consultant on the medical or dental register must undertake the appraisal. No consultant can appraise a colleague who has appraised them in the previous twelve months.
19. Directorate Chairmen are responsible for identifying suitable appraisers within the Directorate (consultants employed by the University should refer to paragraph 21). Appraisers must be properly trained and in a position to undertake this role and, where appropriate, the interlinked process of Job Plan Review. This does not necessarily require an appraiser who is from the same field of medicine.
20. In general, if a doctor being appraised is a Directorate Chairman, then the Divisional Chairman or suitable consultant agreed with him/her will conduct the appraisal. If the doctor being appraised is a Divisional Chairman, then the Medical Director or suitable consultant nominated by him/her will conduct the appraisal.
21. The Medical Director will be appraised for his/her clinical work by a suitable consultant nominated by the Chief Executive (excluding any consultant appraised by the Medical Director in that year).
22. If the chosen appraiser is not on the Medical Register, the Medical Director, after consulting with the Directorate Chairman, should conduct the appraisal or select another appropriate consultant to do so. In these circumstances, the Directorate Chairman will be fully consulted before the appraisal meeting takes place and will undertake the subsequent job plan review.
23. If a Consultant is unhappy about his/her nominated appraiser, he/she should contact their Directorate Chairman (or Divisional Chairman if the appraiser is the Directorate Chairman) in the first instance. Recognised incompatibilities should be resolved within the Division, with the advice of the Medical Director or Head of the Medical Sciences Division as appropriate. Ultimately the Chief Executive (in consultation where needed with the

---

Head of the Medical Sciences Division) is responsible for nominating a suitable alternative. This decision will be final.

### **Honorary consultants & consultants working in more than one Trust**

24. Consultants who are employed by the University of Oxford and who have a contract (usually honorary) for their work in the NHS will have one appraisal interview each year, undertaken with an appraiser agreed with the Academic Department Head and Directorate Chairman. Academic Department Heads will be appraised by the Head of the Medical Sciences Division.
25. Consultants holding split appointments with non-NHS employers (eg: MRC, ICRF, supernumerary, etc) will be appraised within this appraisal scheme.
26. Consultants holding split appointments with other NHS employers can choose which Trust's appraisal scheme they participate in. This should be agreed with their Directorate Chairman who will need to ensure with their opposite number in the other Trust that key issues are considered and that there are appropriate systems in place for accessing and sharing data and adequate arrangements are made to deal with any actions arising from the appraisal.
27. Where the appraisal is conducted by another Trust, evidence of participation and of the outcomes of the appraisal must be submitted to the ORH Directorate Chairman within one month of the appraisal interview.

### **Peer review**

28. If during the appraisal, it becomes apparent that more detailed discussion and examination of any aspect is needed, either the appraiser or the appraisee can request internal or external peer review. Directorate Chairmen should ensure that the opportunity to do this is available. It 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.
29. 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 Medical Director to discuss the specific points of disagreement.
30. In exceptional circumstances, it may be necessary to assess more specialist aspects of a consultant's clinical performance. This is best 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 appraiser and the appraisee should plan this into the timetable in advance of the appraisal interview.
31. As a matter of routine, the results of any other peer review or external review carried out involving the consultant or the consultant's team (e.g. by an educational body, a professional body, or CHI or similar bodies) must be considered at the next appraisal meeting. This will not prevent the Trust from following its normal processes in dealing with external reviews.

### **Serious issues relating to poor performance**

32. Where it becomes apparent during the appraisal process that there is a potentially serious clinical performance issue which requires further discussion or examination, the matter must be referred by the appraiser immediately to the Medical Director to take appropriate action. In the case of concerns related to teaching, research or other University activities, these should be referred to the Head of the Medical Sciences Division. The Medical Director and Head of the Medical Sciences Division will liaise closely in resolving these issues.
33. 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 agreed Trust or University procedures as appropriate. This may include the Chief Executive feeling it necessary to inform the Trust Board in a closed session.
34. If serious concerns are identified during an appraisal, they should be dealt with in the same way. The appraisal must then be suspended until the identified problems have been resolved.

### **Documentation and monitoring**

35. 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 appraiser and appraisee. All records relating to appraisal must be held on a secure basis and access/use must comply fully with the requirements of the Data Protection Act. Unauthorised breaches of confidentiality will be considered a serious disciplinary matter and dealt with under the Trust's Performance & Conduct procedures.
36. All consultants must use the attached documentation to inform the appraisal process. This is based very closely on forms that have been introduced nationally and incorporates the information that consultants will need to submit for revalidation.
37. Copies of the documentation must be sent to Directorate Chairmen, Divisional HR Managers, Heads of Academic Departments and other employers as appropriate and as detailed in the "*Consultant Appraisal. A Practical Guide*".
38. The Chief Executive will submit an annual report on the process and operation of the appraisal scheme to the Board. This information will be shared and discussed with the Trust Medical Staff Committees and the LNC. The annual report will not refer, explicitly or implicitly, to any individuals who have been appraised. The report will highlight any Trust wide issues and action arising out of the appraisal process - e.g. educational developments.

### Authors

Dr Peter Greengross, Assistant Medical Director  
Mrs Kate Thorpe, HR Manager, Medical Staffing

### Version Control

- |      |  |
|------|--|
| v1.0 | Draft for discussion with LNC, University, Divisions, 24 May 2001          |
| v1.1 | Revised draft for circulation, 31 May 2001                                 |
| v1.2 | Revised draft, 19 September 2001   |
| v1.3 | Revised draft with University amendments, 3 October 2001                   |
| v1.4 | Revised draft with LNC amendments, 17 October 2001                         |
| v1.5 | Final version, 9 November 2001   |
| v1.6 | Revised draft with amendments to paragraph 17, 9 <sup>th</sup> August 2002 |