



CLINICAL ACADEMIC STAFF APPRAISAL SCHEME

Guidance Notes

1 Introduction

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

1.2 Almost all universities which employ clinical academic staff, both medical and dental, introduced appraisal schemes for their academic staff in the late 1980s. These schemes have developed over time and, for universities in England, recent plans for further development have been set in the context of the institutional human resource strategies provided to the HEFCE.

1.3 In addition, there have been significant developments in the NHS with regard to clinical governance, the recommendations of the Follett Report, the GMC proposals for the revalidation of medical practitioners and the recertification and continuing professional development (CPD) requirements of the GDC.

1.4 Thus developments in both universities and the NHS have underlined the need for review and revision of the appraisal process for those medical staff who have both university and NHS duties.

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

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

1.8 The Race Relations Amendment Act requires all public bodies, including the NHS and universities, to have due regard to the need to

- eliminate unlawful discrimination
- promote equality of opportunity
- promote good race relations between people of different groups.

Further, there are particular responsibilities under the act relating to progression, promotion and staff development, of which appraisal is necessarily a part. This will be extended to other areas of equality in the near future in employment legislation currently under development. Therefore, an essential additional requirement of the appraisal scheme is to reflect upon the equality and diversity responsibilities of clinical academic staff, both in their service delivery to patients and in their management responsibilities for and interactions with other staff, students and potential students.

1.9 Appraisal in relation to NHS activity has been a requirement under the honorary consultant contract for all consultant clinical academics since 1 April 2001. This requirement was subsumed into new arrangements for joint university and Trust appraisal schemes as from 1 August 2002. Under the new arrangements appraisal in relation to NHS activity will continue to be a requirement of honorary consultant contract holders. Trusts are required to

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.

2.2 The aims and objectives of the appraisal scheme are to enable the universities, the NHS and clinical academic staff (and NHS staff with honorary academic contracts) to:

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

¹ *Supporting Doctors, Protecting Patients*

- 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 Director or equivalent (see section 8 for detail).

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

4 Revalidation in Medicine

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

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

4.2 The appraisal process is the simplest and most convenient vehicle through which the GMC's revalidation requirements can be delivered for clinical academic staff with medical qualifications. Appraisal will provide a

regular, structured system for recording progress and identifying development needs (as part of personal development plans) which will support individual clinical academics in achieving revalidation. However, revalidation requires a summative judgement to be made about a doctor's practice whilst appraisal is a formative, developmental process. Thus the two processes are different but, wherever possible, it is important to ensure that the core information underpinning appraisal and revalidation are the same. To this end, the Council of Heads of Medical Schools and the GMC are producing guidance for doctors engaged in teaching and research and other academic duties regarding the information required for revalidation. In addition, the **Appendix** to this document provides standard forms to be used as part of the recommended national appraisal scheme. These forms are modelled on those used in the NHS for its consultant staff thus assisting medically qualified clinical academics to provide information in a manner that will support both joint appraisal and revalidation without duplication. It is envisaged that, for the purposes of revalidation, the doctor would submit **Forms 1 – 4** for each year of the validation period and that, for those cases where the Revalidation Group cannot make a recommendation to the GMC on the basis of these forms, the Group would ask the doctor to provide the underpinning evidence already provided for the purposes of appraisal. (Further guidance regarding revalidation is available in the GMC document *The Doctor as Teacher*.)

5 Preparation

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

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

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

5.4 The primary purpose of the workload summary is to inform the appraisal and job plan review, and to facilitate joint planning and development between the universities and the NHS. It will highlight any significant changes

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

5.5 Discussion should be based on accurate, relevant, up-to-date and available data. This should be supplemented by any information generated as part of the regular monitoring of organisational performance undertaken by the 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;*
- CPD, including the updating of relevant clinical skills and knowledge through CME;
- the use and development of any relevant clinical guidelines;
- Risk Management and adherence to agreed clinical governance policies of the Trust and suggestions for further developments in the field of clinical governance;
- professional relationships with patients and colleagues and team working.

6.1.4 Leadership and innovation:

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

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

6.2 *Management and Administration*

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

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 **Appendix**.

6.6 In line with good practice, the implementation of the appraisal system will be subject to regular local review. A national review of the implementation of the Follett recommendations including issues such as joint appraisal was carried out in 2005.

7 **Peer Review**

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

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

7.3 As a matter of routine, the results of any other peer review or external review carried out involving the clinical academic or the clinical academic's team (e.g. by the funding council, an educational body, a professional body, or CHI or similar bodies) will need to be considered at the next appraisal

meeting. This will not prevent the employer from following its normal processes in dealing with external reviews.

8 Who Undertakes the Appraisal

8.1 The appraisal will be conducted jointly by a Medical School and an NHS appointee except where, by mutual agreement of all three parties, a sole appraiser will appraise the full range of issues listed under **Scheme Content, paragraphs 6.1-6.4.**

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

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

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

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

8.5.1 If the clinical academic being appraised is the Dean then normally the Vice-Chancellors would be the universities appraisers.

8.5.2 If the clinical academic being appraised is a Head of Division then normally the Dean would be the universities appraiser.

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

8.5.4 If the clinical academic being appraised is the Medical Director then the Trust appraiser would be a suitable consultant, nominated by

the Chief Executive, who had not himself or herself been appraised by the Medical Director in the same year.

8.6 Appraisers are responsible for providing to the appraisee's Head of 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 **Forms 1-4** for each year in the five-year revalidation period.

9.3 Where there is disagreement which cannot be resolved at the meeting, this should be recorded and a meeting will take place in the presence of the 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 discussion prior to the appraisal between the Dean and the Clinical Directors of all the relevant Trusts to ensure key issues are considered, as well as systems for accessing and sharing data and arrangements for action arising

out of the appraisal. (See, however, paragraph 5.3 regarding the exchange of information.)

12 Introduction and Training

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

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

13 Links with other Procedures

13.1 Annual appraisal is a contractual requirement for all NHS consultants, whether substantive or honorary. Clinical academics should, therefore, participate fully and positively in the appraisal process.

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

14 Serious issues relating to poor performance

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

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

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.