

Guidance on the conduct of an appraisal with an emphasis on the leadership and management aspects of a doctor's scope of practice

Preparation

Effective preparation is necessary if the appraisal is to have value. The main text of this appraisal guidance summarises the supporting information that the GMC requires; it is however the reflection on your practice, and how this has changed in light of your reflection over the period since the last appraisal, that is most useful.

Doctors who are having difficulties with preparing for their appraisal should contact the revalidation and appraisal manager within their designated body for assistance.

In order that the appraiser has adequate time to prepare for the meeting, the timelines for providing the portfolio to the appraiser as specified in the NHS England, Northern Ireland, Scotland and Wales appraisal policies need to be kept to.

The appraisal meeting

Attention should be paid to selection of rooms, which should ideally be on 'neutral ground'. The appraiser must confirm that the appraisee is registered with their Regulator (GMC) on line at the beginning of or before the meeting. The meeting would ordinarily commence with introductions, and confirmation of identity and understanding of the English language (as required by the GMC for practice in UK).

The first part will include a review of the supporting information, and in the context of leadership and management, the information described above. It is recommended that this be conducted as a discussion, rather than being a 'checkbox' process. Effective preparation beforehand will have allowed both the doctor and the appraiser to have identified areas that particularly merit discussion at the meeting.

Of particular note, discussion at appraisal should include any systematic learning from errors and events such as investigations and analysis, and the development of solutions and implementation of improvements. Areas for further learning and development should be reflected in the personal development plan and CPD.

Participation in annual appraisal is a requirement for revalidation, and the RO will need to have at least one appraisal with all supporting information to make a positive recommendation to the GMC. Any concerns that emerge over a doctor's practice as a leader and manager must be discussed with the RO, as for other areas of practice.

However, the appraisal discussion should primarily be a formative process, and have the nature of mentoring and support for the appraisee's development, rather than its purpose being seen as a 'pass or fail' assessment of fitness to practice.

The professional development plan

The PDP is a highly important output of the appraisal, and potentially that which adds the most value. The PDP should be completed by the end of the meeting.

Learning and development needs will be agreed by the appraisee and the appraiser. In order to make these useful and actionable, these might be expressed as 'Double SMART' objectives, as recommended by NHS England (South) as follows:

Double Smart Objectives

S	Specific	Significant - to the organisation and the people in it?
M	Measurable	Meaningful - does it fit with the values of the individual and the team?
A	Agreed	Attainable - with the resources available, in the current market climate?
R	Realistic	Reward driven - what gets rewarded gets done!
T	Time-bound	Team oriented - does it link to the team goals and will they all back it up?

In determining how best to meet the learning needs identified, the appraiser and the doctor may agree that coaching for specific leadership and management skills, and/or mentoring, to support the leadership and management developmental journey, may be appropriate. Guidance on coaching and appraisal may be found via the FMLM website at: <https://www.fmlm.ac.uk/professional-development/coaching-and-mentoring>, with details on the coaching and mentoring schemes via the links.

Summary of the appraisal discussion

The summary of the appraisal discussion will be produced jointly between the appraiser and appraisee to bring together the information required to demonstrate compliance with *Good Medical Practice (GMP)*²⁸.

Informed by the GMC guidance on Leadership and management for all doctors²⁹, the following behaviours would be appropriate to reflect on and include when summarising the discussion, set out in the GMP domains as follows. These behaviours would be **generic** to all those providing leadership and management in healthcare (general managers, nurses, doctors and others).

Within each of the domains, the guidance is in three parts. Firstly, the subheadings as described in GMP are listed, being generic GMC requirements for all appraisals. Secondly, behaviours that form the basis of the **professional standards of medical leadership and management** as published by FMLM are listed. Thirdly, behaviours that include those in the GMC guidance *Leadership and management for all doctors*, are listed as suggested areas that might be discussed.

It is critically important to retain the purpose of appraisal as formative, supporting continued improvement in the appraisee's practice. **That which follows should therefore be seen as a guide to inform discussion**, and to record the reflection on these behaviours, but that this must **not be a checklist or series of 'check boxes'**.

In gaining an overall picture of continued effectiveness in the leadership and management aspects of the doctor's practice, and where continued improvement is being made or might be made, the doctor and their appraiser might look for **clarity of vision and sense of direction, shared ownership and belief** in this direction among those the doctor works with, and that he or she is **trusted**. There should be evidence of **a commitment to promoting a culture of safe, evidence-based innovative care and personal respect**, where **diversity** is embraced, and to developing **people as well as services**. Effective **team working** is essential.

²⁸ http://www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp

²⁹ http://www.gmc-uk.org/guidance/ethical_guidance/management_for_doctors.asp

Domain 1. Knowledge, skills and performance

To reflect GMP³⁰ the summary should reflect the following:

- 1.1 Develop and maintain your professional performance
- 1.2 Apply knowledge and experience to practice
- 1.3 Record your work clearly, accurately and legibly

FMLM suggests that the appraisee and appraiser **consider** the following **examples** of behaviours relevant to leadership and management within this domain:

- Commits time to professional development and keeps own skills and knowledge up to date, across the full scope of own practice
- Works to a high standard and is respected by colleagues for their professionalism
- Delivers to a high standard even when faced with ambiguity or uncertainty
- Sustains personal levels of energy and remains enthusiastic and optimistic in the face of setbacks
- Manages own emotions and adapts leadership style to have maximum positive impact on others
- Looks outside of own immediate team and professional area for new ideas, perspectives and experiences
- Engages the wider community in the teaching, training and support of own work and that of colleagues
- Engenders a culture of learning by setting aside time for reflection and feedback, and role modeling transparency and openness.

The following characteristics and actions might also be considered in the appraisal:

- Develops with others, communicates and sustains a clear and shared vision
- Acts with humility; as a team leader gives credit to the team for success, and takes personal responsibility for setbacks or failures
- Willing to take on a mentoring role for health professionals and other colleagues
- Committed to others wellbeing, development, and succession planning
- Enables the opportunities for learning and development brought through diversity
- Keeps accurate and clear records, following the advice in GMP, and the requirements for confidentiality, and makes sure that non-clinical records, including financial records, are clear, accurate and up to date.

³⁰ GMC (2013) *Good Medical Practice*, available on line via the GMC website at: http://www.gmc-uk.org/guidance/good_medical_practice/knowledge_skills_performance.asp

Domain 2. Safety and quality

To reflect GMP³¹ the summary should reflect the following:

- 2.1 Contribute to and comply with systems to protect patients
- 2.2 Respond to risks to safety
- 2.3 Protect patients and colleagues from any risk posed by your health

FMLM suggests that the appraisee and appraiser **consider** the following **examples** of behaviours relevant to leadership and management within this domain:

- Seeks out and shares best practice, incorporating this to enhance quality and delivery of services
- Identifies opportunities for improvement and contributes to initiatives that drive innovation in health and healthcare
- Embraces effective and up to date approaches in order to bring about change and quality improvement
- Participates in wider organisational initiatives that enable and promote excellence in health and healthcare
- Motivates and inspires others to achieve high standards and improve services
- Sets clear objectives, holds people to account for the delivery of results, and actively manages any poor performance
- Considers, assesses and manages potential risks when making decisions that impact patients, colleagues and their organisation.

The following characteristics and actions might also be considered in the appraisal:

- Works with others to collect and share information on patient experience and outcomes, and to take action to bring about continuous improvement.
- Makes sure that records are made, stored, transferred and disposed of in line with the Data Protection Act 1998 and other relevant legislation
- Makes sure that team members are appropriately supported and developed and are clear about their objectives, and that these are set and agreed jointly.
- Reviews and acts on significant events, and acts appropriately on concerns
- Reviews and acts on complaints about the organisation or its processes
- Complaints policy regularly reviewed for effectiveness in improving quality
- Maintains regular review of the effectiveness of all relevant policies
- Promotes healthy working and lifestyle for the team, including themselves
- Health declaration reviewed by the appraisee and the appraiser.

³¹ GMC (2013) *Good Medical Practice* available via GMC website at: http://www.gmc-uk.org/guidance/good_medical_practice/safety_quality.asp

Domain 3. Communication, partnership and teamwork

To reflect GMP³² the summary should reflect the following:

3.1 Communicate effectively

3.2 Work collaboratively with colleagues to maintain or improve patient care

3.3 Teaching, training, supporting and assessing

3.4 Continuity and coordination of care

3.5 Establish and maintain partnerships with patients

FMLM suggests that the appraisee and appraiser **consider** the following:

- Develops trust and respect for colleagues and is seen as a role model for effective team working
- Seeks and acts upon feedback from patients (as applicable), colleagues and others regarding own effectiveness and possible development areas
- Asks others for their opinions and their ideas, actively listens and takes their views on board
- Demonstrates a clear people and patient-centred approach, considering the impact of their style, decisions and actions on all those affected
- Attracts and develops talented people with diverse experience, background and style into the team. Coaches to develop them to their full potential
- Is available and approachable. Responds quickly and positively when asked
- Empowers and motivates others by delegating effectively, providing the necessary resources and celebrating success
- Fully participates in multi-disciplinary teams in order to achieve the best possible outcomes for all those who use and deliver services
- Identifies opportunities for collaboration and partnership, connecting people with diverse perspectives and interests
- Openly shares own network with colleagues and partners to improve information, influencing and connect people for mutual benefit
- Finds ways to manage and work effectively within environments where there may be professional and political tensions.

The following characteristics might also be considered in the appraisal:

- Leads by example, promoting and encouraging a culture that empowers others to contribute and give constructive feedback on individual and team performance.
- Accessible and encourages team members to cooperate and communicate effectively with each other and other teams, colleagues and networks with whom they work.
- If problems arise from poor communication or unclear responsibilities within or between teams, takes action to deal with them.

³² GMC (2013) *Good Medical Practice*, available via GMC website at: http://www.gmc-uk.org/guidance/good_medical_practice/communication_partnership_teamwork.asp

Domain 4. Maintaining trust

To reflect GMP³³ the summary should reflect the following:

4.1 Show respect for patients

4.2 Treat patients and colleagues fairly and without discrimination

4.3 Act with honesty and integrity

FMLM suggests that the appraisee and appraiser **consider** the following:

- Balances competing demands for resources and ensures appropriate allocation
- Makes clear, evidence based decisions that are supported with the relevant data
- Contributes to the development of plans and strategy appropriate to their role
- Establishes and maintains strong professional and support networks
- Acknowledges own limitations and prepared to seek support from others in order to achieve the best outcomes
- Takes full accountability for actions and decisions, noting that doctors are accountable to the GMC for their own conduct and medical advice given
- Remains calm and objective in situations of pressure or conflict
- Speaks up and challenges others when there is an opportunity for improvement
- Manages own time effectively and is trusted to deliver against commitments
- Ensures that the appropriate corporate and clinical governance processes are maintained and adhered to.

The following characteristics and actions might also be considered in the appraisal:

- Demonstrates **integrity**, moral courage and the ability to make **decisions** even in a context of ambiguity and uncertainty
- Engenders a climate of trust and mutual respect; **open to ideas and advice**
- Promotes a working environment free from unfair discrimination, bullying and harassment, noting that colleagues and patients come from diverse backgrounds
- Has made sure that the organisation's policies on employment and equality and diversity, are up to date and reflect the law, specifically the Equality Act 2010
- If concerned that a decision would put patients or the health of the wider community at risk of serious harm, raises the matter promptly and if necessary takes further action in raising and acting on concerns about patient safety
- Acts to remove individuals from teams when necessary, following fair process
- Has a broad understanding of financial measures of performance
- Shows effective, efficient, equitable and ethical management of resources
- Probity declaration reviewed by the appraisee and the appraiser.

³³ GMC (2013) at: http://www.gmc-uk.org/guidance/good_medical_practice/maintaining_trust.asp

Summary, which will include:

A statement as to where the appraisal meeting took place and that the discussion covered the full scope of the doctor's practice.

The appraiser's confirmation that the doctor's registration has been checked (which should be checked on line in the days immediately preceding the meeting).

For a doctor who is not a graduate of a UK university, the appraiser should notify the RO if the doctor has difficulty communicating effectively in English³⁴.

The appraiser must act (for example by informing the RO) on any concerns that arise in the course of the appraisal process, and should confirm in the summary that there were no new concerns that arose over the course of the appraisal.

The appraiser should confirm that the doctor is keeping their skills and knowledge up to date in all areas of their work, whether in a clinical or non-clinical setting, and whether this work is paid or voluntary work.

The appraiser should also confirm that the doctor is committed to continuous improvement in the quality of their practice through reflection on the results of audit, feedback and other mechanisms so that they continue to be fit to practise.

Output statements and sign off

The final part of the appraisal is the output statements and sign-off by the appraisee and appraiser. Many appraisers prefer to complete the appraisal on agreement to the outputs of appraisal and these statements at the end of the appraisal meeting; others prefer to complete the summary of the appraisal discussion subsequently. The appraisal must however be agreed by the appraiser and appraisee, finalised and sent securely by email to the RO's office within 28 days of the appraisal meeting.

³⁴ If there are concerns the appraiser should raise these with the RO, who may refer the doctor into GMC Fit to Practise under the head of language impairment. Revalidation and language dovetail where ROs, through revalidation recommendations, confirm that there are no unaddressed concerns about the doctor's fitness to practise. This includes concerns about language. Responsible Officers in England have a duty in law under Regulation 16(2)(aa) of The Medical Profession (Responsible Officers) regulations 2010 (as amended) to ensure that 'medical practitioners have sufficient knowledge of the English language necessary for the work to be performed in a safe and competent manner'. Reference on GMC powers on English language at: <http://www.gmc-uk.org/news/25016.asp>

Training for appraisal and quality assurance of appraisal

Those undertaking appraisal for those with leadership and management aspects of their practice will usually be appraisers with generic training for this role. It may be of value for such appraisers to have specific training, utilising the guidance contained in this document. The key requirement however is the generic appraisal training.

The GMC does not require that appraisers are doctors, nor that doctors should be appraised by doctors in the same specialty; the only stipulation is that they are trained and competent for the role, and that appraisals are quality assured.

All appraisals should be reviewed by the RO or appraisal lead, and suggestions for improvement in the appraisal should be routinely fed back to appraisers.

³⁵ The GMC has different requirements for those doctors without a prescribed connection as stated on the GMC website page <http://www.gmc-uk.org/doctors/revalidation/23575.asp>

These are that you must be appraised for revalidation by someone who meets all the following criteria. They must:

- be registered and licensed with the GMC and able to provide evidence that they meet all criteria
- have a prescribed connection to a designated body (or have identified a suitable person approved by the GMC) and be participating in revalidation themselves
- have up to date training in the knowledge and skills required to carry out medical appraisals for revalidation in the UK
- understand the context, scope and nature of work you undertake
- have recent experience of UK practice, or of appraising medical practice in the UK
- understand the professional obligations placed on doctors by our core guidance, *Good medical practice*
- have procedures for referring doctors to us if they have concerns about the doctor's fitness to practise.