FACULTY OF PUBLIC HEALTH

Revalidation Ready Appraisal Meeting Guide

This brief guide is meant to help you understand how to go about your revalidation ready appraisal through the Faculty of Public Health. It is designed for appraisees with a Prescribed Connection to FPH and should be used in conjunction with the associated FPH Revalidation Policies.

It is not suitable for appraisees with a Prescribed Connection to other Designated Bodies as revalidation is based on local systems of appraisal. If you do not have a prescribed connection to FPH, please contact your Responsible Officer or HR department for more information on the revalidation process within your organisation.

Prior to your appraisal

Arranging the appraisal meeting

The doctor is responsible for contacting their appraiser and arranging date, time and venue of the appraisal meeting. It is very important that the appraisal discussion is planned in diaries well-ahead and protected. The timing, location and people involved in the appraisal need to be discussed and confirmed at least **six weeks** beforehand. FPH takes the view that the appraisal meeting should take place in whichever location is more relevant for the doctor and appraiser in question. The appraisal should take place in an environment that is quiet and free from disturbance.

Ad hoc arrangements will fail the doctor and the appraiser resulting in the threat of failing to revalidate. It is essential therefore, that adequate time is allocated for preparation, both for the appraiser and the doctor.

Use of Skype and video calling

The use of Skype and other means of video calls to carry out an appraisal is only authorised for a) doctors based permanently overseas and b) in extenuating circumstances.

All appraisals conducted over Skype and other means of video calls must have a video link; audio-only calls are not permitted under any circumstances.

All appraisers and appraisees will need to ensure that they are competent in using Skype and other means of video calls well in advance of any appraisal taking place via this medium. It is not appropriate for someone to use Skype for the first time during an appraisal.

At least one appraisal within a five year cycle is required to be face to face, non Skype.

Users of Skype should refer to the existing help guides provided by the company: *https://support.skype.com/en/skype/windows-desktop/start*

Preparing for the appraisal meeting

Successful appraisal depends on both the parties giving their contribution some thought beforehand. It is essential that adequate time is allocated for preparation, both for the appraiser and doctor. Both should give themselves enough time to produce, exchange and consider any documents necessary for the appraisal. It is strongly recommended that doctors begin to prepare for revalidation-ready appraisal as soon as possible so that the supporting information is accessible prior to the meeting. This is why FPH recommends the meeting is arranged with **six weeks**' notice.

The documentation should represent their whole practice and include information from each of their employers. Where, for whatever reason, a third party needs to contribute to an appraisal this should also be discussed and agreed well in advance.

Any clinical academic appraisal undertaken may follow the Follett[1] principles.

The appraiser has a responsibility to set the agenda for the appraisal discussion. This should be done at least a week in advance of the meeting, often this will occur during a pre-appraisal discussion.

Completing the MyL2P On-line Appraisal Support Tool

All members with a prescribed connection to FPH are required to use the MAG form which is incorporated into the online revalidation and appraisal system provided by FPH.

MyL2P allows doctors and appraisers to enter information and attach documents before and after the appraisal meeting. It has been designed with the appraisal meeting in mind, in a logical manner that mirrors how the appraisal conversation may flow.

The MyL2P on-line portfolio is designed to help you order your information is a logical order that is easy for both you and the appraiser to understand. You must ensure that you have completed all relevant sections of the portfolio ahead of your appraisal.

Inputs to appraisal

Scope of work

It is important that doctors provide adequate information in the general information to enable the appraiser to understand the full scope of their work. Useful information includes a job description, person specification, job plan etc. You must include **all** of your roles in which you act, require or use your status as a doctor. You are professionally required to maintain and develop skills in all of these areas.

[1] http://bma.org.uk/support-at-work/appraisals/medical-academic-appraisals

Supporting information

The supporting information used for appraisal and revalidation must be anonymised by doctors to ensure that all personal identifiers, including names, dates of birth, addresses, hospitals and NHS numbers, are removed and that patients, carers, relatives and staff are not directly identifiable and appropriate safeguards must be put in place to minimise the use of information which may identify individuals.

Every doctor being appraised should prepare an appraisal portfolio that includes the six types of supporting information mandated by the GMC. The supporting information must be relevant to the individual's scope of work and cover their entire practice. This information includes the appropriate declaration forms (Pre-appraisal and Appraisal Summary form), their latest PDP, their CPD activities, their supporting evidence, the FPH clinical governance declaration etc. The appraisal outputs/summary of any employer or other appraisal in the last appraisal year should also be included.

The portfolio should be submitted to the doctor's appraiser **three weeks** in advance of the agreed date. It is important that doctors use their judgement and common sense when applying the principles of *Good Medical Practice* to their role and supporting information.

Completing the required documentation through the portfolio is an important facet of appraisal, not least as it provides a written agreement and encourages consistency, but the dialogue between individuals and the exchange of views is equally important.

The appraisal process will not of itself result in the generation of significant amounts of new evidence or information; rather it will capture the information that already exists such as supporting information, clinical governance activity, the job planning process and other existing sources. In some circumstances the appraiser may request that additional supporting information, relevant to matters covered in the appraisal discussion is added to the MAG form before signing it off. One output of the appraisal meeting will be a new PDP.

For further guidance on supporting information, please refer to the GMC website document Supporting_information_for_appraisal_and_revalidation.

CPD

FPH provides a CPD service for all members. It is a requirement that all members and those whom wish to be revalidated by FPH complete 50 hours per annum of continued professional development. Each individual is able to choose which areas of development would be most suitable to individual learning needs, and it is important that these reflect the personal development plan devised as part of the appraisal. Evidence of reflection on a doctor's CPD should be included and it is helpful if CPD supporting the PDP is identified.

For further information, please refer to the CPD Policy available on the FPH website.

Reflection

It is expected that the doctor will add reflective comments to the evidence gathered to show understanding and consideration of their practice and manner in which to develop their professional manner and/or work.

This is a **vital** part of the appraisal process and should be prepared for and addressed appropriately.

For more information about reflection for CPD please read the FPH guidance, FPH tips on writing reflective notes, which describes the principles of effective reflection.

Multisource Feedback

A mandatory part of revalidation is to undergo multisource feedback (MSF) once per cycle. FPH will recommend an instrument (that meets GMC requirements) for the collection of MSF for doctors with whom it has a prescribed connection.

Where newly attached doctors join the FPH having undergone MSF in their present revalidation cycle they must check with the RO (or Lead Appraiser) that their MSF meets GMC requirements.

The collation and feedback of the MSF is a separate process to the appraisal process: this will take place outside of the annual appraisal. MSF is a piece of supporting information which is reflected on and discussed at the appraisal.

If any development needs are apparent, these shall be addressed in the PDP. If an MSF has been completed in the previous appraisal year the outputs and reflection should be included in the supporting information.

Declarations before the appraisal discussion

When submitting the supporting information for appraisal, doctors are expected to make a declaration that demonstrates:

1. acceptance of the professional obligations placed on doctors in *Good Medical Practice* in relation to probity and confidentiality
2. acceptance of the professional obligations placed on doctors in *Good Medical Practice* in relation to personal health
3. personal accountability for accuracy of the supporting information and other material in the appraisal portfolio

Personal Development Plans

All appraisals require a Personal Development Plan (PDP) to be developed for the doctor to address learning and development needs over the coming year. It may be appropriate to combine this plan with any objectives arising from job planning and from other roles so that the doctor has a single development plan. However the doctor should be clear which elements are required for revalidation and which are required for other purposes.

The PDP should contain between 3-6 items which cover the doctor's whole scope of work and personal learning needs and goals.

It is expected that a draft PDP will be authored by the doctor prior to appraisal, for discussion and modifications to be made during the appraisal. CPD credits should then reflect the needs of the PDP to show engagement with development needs and improving practice in public health, according to FPH's CPD policy.

Submitting your appraisal to your appraiser

We strongly recommend that you send your appraiser your completed portfolio **three weeks ahead of your appraisal,** so that your appraiser has time to review the evidence and make their preparations. After you have sent your appraisal to your appraiser, the appraiser should review the portfolio of supporting information received **two weeks** ahead of the agreed appraisal meeting date.

If you supply insufficient or unsuitable material and as a result the appraiser does not feel able to have a meaningful discussion with you, they will let you know. In such circumstances, they will provide feedback on what additional information is required to ensure a meaningful discussion can take place at the agreed date and time. This is why FPH suggests the appraisal is submitted and reviewed well in advance of the agreed meeting date.

If you fail to provide the additional information requested the matter will be referred to the RO.

Review of supporting information

The appraiser must review the supporting information provided by the doctor prior to the start of the appraisal.

The appraiser must be satisfied with the supporting information, in that it demonstrates that the doctor meets the domains and attributes of *Good Medical Practice* and the standards set out in *Good Public Health Practice*.

If the appraiser feels that the supporting information does not provide sufficient evidence to meet these standards, the appraiser should contact the doctor directly to request further information. The doctor should then be given the opportunity to submit further supporting information, prior to the appraisal date. This is why FPH recommends the portfolio is submitted and reviewed well in advance.

If there is insufficient evidence the appraiser reserves the right to discontinue the appraisal and should inform the FPH Responsible Officer and, if necessary, report concerns to the relevant body. The doctor in question should be kept informed of all actions and developments.

Where the appraiser considers that public safety is at risk the appraiser should contact the FPH RO or to contact the appropriate regulator **immediately**.

Late submission of the folder:

If you fail to get your appraisal folder to your appraiser by the agreed deadline they do not have to go ahead with the appraisal discussion if they feel they have not had sufficient time

to prepare. You may have to agree a different appraisal date at a time that suits them. This may impact on the ability of the RO to make a recommendation about you.

If you fail to provide your folder a second time the matter will be referred to the RO.

Finalising your appraisal (Outputs)

Following the appraisal meeting, the appraisal outputs will be agreed within **four weeks.**

PDP

The appraiser will share the new PDP through the portfolio within one week of the appraisal meeting. S/he will send this to the doctor for comments who has one week to send the comments back to the appraiser.

Summary of Appraisal

The doctor and the appraiser should agree the content of a written summary of the appraisal discussion. This written summary should cover, as a minimum, an overview of the supporting information and the doctor's accompanying commentary, including the extent to which the supporting information relates to all aspects of the doctor's scope and nature of work. It should also include the key elements of the appraisal discussion itself.

The summary should be structured in line with the four domains of the *Good Medical Practice Framework for Appraisal and Revalidation*. It is also helpful for the appraiser to record a brief agreed summary of important issues for the doctor in that year to ensure continuity from one appraiser to the next.

The appraisal summary should include:

1. Positive recording of strengths, achievements and aspirations in the last year.
2. A record of whether last year's PDP was completed or not.
3. Reasons why any PDP learning needs were not followed through.
4. Clear links between the summary of discussion and the agreed PDP.
5. Objectives in the SMART format (specific, measurable, achievable, relevant, timely).

It is expected that the appraisal summary form will be agreed by both the appraiser and doctor within **four weeks** of the appraisal meeting.

Appraiser Statements

The appraiser makes a series of statements to the Responsible Officer that will, in turn, inform the Responsible Officer's revalidation recommendation to the GMC. The appraiser should discuss these with the doctor. It would be inappropriate for the appraiser to report issues without the doctor's knowledge.

The appraiser's output statements are:

1) An appraisal has taken place that reflects the whole of a doctor's scope of work and addresses the principles and values set out in *Good Medical Practice*.

2) Appropriate supporting information has been presented in accordance with the *Good Medical Practice Framework for Appraisal and Revalidation* and this reflects the nature and scope of the doctor's work.
3) A review that demonstrates progress against last year's personal development plan has taken place.
4) An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year.

The appraiser must remain aware when conducting an appraisal of their duty as a doctor as laid out in *Good Medical Practice*. This provides the context for the fifth statement that:

5) No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise.

The appraiser and the doctor should both confirm that they agree with the outputs of appraisal and that a record will be provided to the Responsible Officer.

If agreement cannot be reached the Responsible Officer should be informed. In this instance the appraiser should still submit the outputs of the appraisal, but the Responsible Officer should take steps to understand the reasons for the disagreement.

It may be that there is a clear and understandable reason that an appraiser is unable to make a positive statement. For example, a doctor may not have made significant progress with the previous year's personal development plan because of a period of prolonged sickness.

If an appraiser is unable to confirm one, or more than one, statement this does not mean that the doctor will not be recommended for revalidation, it simply draws an issue to the attention of the Responsible Officer.

The doctor and the appraiser will each have the opportunity to give comments on the statements to assist the Responsible Officer in understanding the reasons for the statements that have been made and are encouraged to do so.

The appraiser may also wish to record at this point other issues that the Responsible Officer should be aware of that may be relevant to the revalidation recommendation. The statement of satisfactory completion of appraisal should be signed off by both parties within 28 days of the appraisal meeting.

What will happen at the end of the appraisal?

An appraisal is considered to be completed when the PDP, summary of appraisal and the appraiser statements have been signed off within the timeframes specified above.

You and your appraiser will agree a PDP for the following year based on the discussion of your supporting information and development needs you identify. You will agree the summary of the appraisal discussion and the appraiser will then save a final version of the on-line document and submit it to the RO/FPH.

The completed on-line portfolio should be submitted to FPH within **four weeks** of the appraisal meeting taking place.

APPENDIX

STEPS	ACTIONS	BY WHOM	TIMEFRAME
	PRIOR TO APPRAISAL		
Arranging Appraisal Meeting	- set appraisal **date** - set appraisal **time** - set appraisal **venue** - hold pre-appraisal **discussion**	**Appraisee to contact appraiser**	**Confirmed 6 weeks beforehand** (FPH sets 3 month timeframe for appraisal to take place)
Preparing for the appraisal meeting (INPUTS)	- Scope of work - Supporting information - CPD - Reflection - MSF - PDP	**Appraisee to prepare**	**As soon as possible**
	APPRAISEE SENDS COMPLETED APPRAISAL PORTFOLIO TO APPRAISER		
Appraisee submits MyL2P form to appraiser	Appraiser review supporting information, further information may be requested	**-Appraisee to submit** **-Appraiser to review and liaise with appraisee**	**3 weeks before appraisal date**
	APPRAISAL MEETING		
Finalising the Appraisal (OUTPUTS)	-agreeing the PDP -writing the summary of appraisal -appraiser statements	**Appraisee and Appraiser**	**4 weeks after appraisal date**
	END OF APPRAISAL		
MyL2P form submitted to FPH/RO and appraisee	RO makes recommendation to GMC (5 year cycle)	- **Appraiser to submit the appraisal portfolio to FPH/RO** - **Appraisee has access to the completed on-line appraisal portfolio and a new one is automatically started.**	**4 weeks after appraisal date**