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**Job Title:** FPH Appraiser

**Responsible to:** FPH Lead appraiser and Responsible Officer (RO)

**Key working relationships:** FPH RO, Lead appraiser, FPH revalidation team, other FPH appraisers and FPH appraisees

**Professionally accountable to:** GMC/UKPHR for his or her ethics and decision making

All appraisers should be in good standing with FPH

**Remuneration:** £400 per appraisal (as of April 2017)

**Length of term of office:** one, two or three years with review and potential for renewal

*This job description should be read as an addendum to any other responsibilities undertaken for FPH and in conjunction with the person specification and competency framework*

**Purpose of medical appraisal**

Medical appraisal can be used for four purposes to enable doctors to:

1. Discuss their practice and performance with their appraiser in order to demonstrate that they meet the principles and values set out in *Good Medical Practice* and thus to inform the responsible officer’s revalidation recommendation to the GMC,
2. Enhance the quality of their professional work by planning their professional development,
3. Consider their own needs in planning their professional development

The skills of the appraiser are important in facilitating the doctor’s professional development and bringing additional focus to their improvement activities. This requires embodying skills that ensure appraisal is a positive process that drives quality improvement through the development of the individual doctor.

**The process of medical appraisal**

For the purposes of revalidation, the approach has been standardised. The process consists of inputs that feed into the confidential discussion and outputs that results from that.

Appraisers are required to follow the FPH medical appraisal policy when conducting appraisals on behalf of FPH, including the timescales for reviewing of inputs and completing the outputs.

Appraisers will be supported by the Lead appraiser and should work with that person if they have concerns about an appraisal or wish to discuss issues about the appraisal process.

**Hours required to fulfil the role**

It is important to note that the process requires significant input from the appraiser in terms of reviewing the inputs, conducting the appraisal and completing the outputs. It is our experience that each appraisal will take, on average, about 5 hours’ work (two hours to prepare – including initial engagement with the appraisee, two hours for the appraisal interview and one hour for follow up).

We will expect appraisers to carry out a minimum of five appraisals per year to ensure maintained competency. The maximum requirement for any appraiser will be twenty appraisals. Typically, appraisers will be requested to undertake 9 – 12 appraisals in a year to ensure that the role does not place an unrealistic burden on the appraiser but is sufficient to maintain the quality of appraisal required for the FPH appraisal service.

**Travel required to undertake an appraisal**

Where possible appraiser and appraisee will be matched to try to ensure that the appraisal can be undertaken without undue travel for either party. All appraisers are required to be able and willing to travel to London to undertake appraisals. FPH does not reimburse expenses, this includes travel, subsistence, accommodation and renting of venues.

**Appraisals undertaken with overseas appraisees**

Some appraisals will be with appraisees who work abroad, or who live in remote parts of the UK . These can be undertaken using video conferring facilities (e.g. Skype). All appraisers must be able to provide appropriate video conferencing facilities with adequate connectivity and flexibility to accommodate different time zones.

**Main duties and responsibilities**

1. Appraisers must help ensure a doctor’s portfolio of supporting information complies with GMC requirements and includes supporting information from the whole scope of practice of the doctor.
2. Undertake the necessary pre-appraisal preparation in line with principles from the medical appraiser training and current FPH guidance.
3. Conduct the appraisal interview in line with principles from the medical appraiser training and current guidance. This will include:

* agreeing an agenda with the doctor which should include an appropriate balance of personal, professional and local (where appropriate) objectives,
* building a positive working relationship with the doctor,
* supporting the doctor in considering practice that covers the whole scope of practice over the last year and agreeing objectives and a development plan with the doctor,
* agreeing a summary of the appraisal meeting,
* agreeing a PDP for the forth coming year,
* undertaking the appraisal at a venue that is acceptable to the appraisee,
* responding to the appraisee and finalising the summary in a timely fashion as outlined by the appraisal policy.

1. Appraisers must make a judgement about the doctor’s progress towards revalidation and their overall engagement in the revalidation process. Appraisers should model appropriate attitudes and behaviours and need to be able to facilitate reflection and provide constructive challenge and feedback.
2. Complete post-appraisal documentation in line with current FPH guidance and quality standards in a timely fashion.
3. Satisfactorily attend initial training as required by FPH and attend update training at least three years within a five-year revalidation cycle.
4. Satisfy a probation period of 6 months and at least 3 appraisals.
5. Participate in on-going support and development to address development needs in the role of appraiser including; minimum number of appraisals to be undertaken each year, participation in update training, completion of any agreed personal development plan items related to the role of appraiser.
6. Requirement to participate in performance review in the role of appraiser including an annual review meeting with the lead appraiser.
7. Requirement to participate in the management and administration of the appraisal system (including reporting the progress and completion of allocated appraisals).
8. Requirement to participate in arrangements for quality assurance of the appraisal system.
9. Adhere to the principle that the appraisal discussion is confidential between the appraiser and appraiser. However, should any concerns regarding patient safety or fitness to practise, in the entire scope of a doctor’s practice arise, the FPH policy for responding to concerns shall be understood and followed.
10. Compliance with FPH relevant policies and procedures.
11. Support to the FPH Responsible Officer and other staff in developing and maintaining a fit-for-purpose revalidation process.

As of 01/11/2018