



**FACULTY OF  
PUBLIC HEALTH**

Protecting and improving the health of the public  
through the organised efforts of our members

# **FPH Appraisal and Revalidation Policy**

April 2021  
v1.0

## CONTENTS

CONTENTS.....	2
1. POLICY STATEMENT .....	3
2. SCOPE OF POLICY .....	3
3. EQUALITY STATEMENT.....	4
4. ANNUAL APPRAISALS .....	4
5. SUPPORTING INFORMATION.....	5
6. TECHNOLOGY ASSISTED APPRAISALS (TAA) .....	5
7. RETURN TO PRACTICE .....	5
8. APPRAISAL IN THE CONTEXT OF REVALIDATION.....	6
9. CONFLICT OF INTEREST.....	6
10. APPEALS AND COMPLAINTS PROCESS .....	7
11. QUALITY ASSURANCE AND IMPROVEMENT .....	8
12. APPRAISERS .....	8
13. ALLOCATION OF APPRAISERS TO APPRAISEES.....	9
14. MANAGING CONCERNS .....	9
15. REVIEW OF THIS POLICY .....	9
16. APPENDIX A: REFERENCES AND FURTHER INFORMATION.....	10
17. APPENDIX B: ROLES AND RESPONSIBILITIES.....	11

## 1. Policy Statement

The aim of this policy is to ensure that the Faculty of Public Health meets the duties of being a Designated Body and that all licensed public health practitioners with a prescribed connection to the Faculty of Public Health (FPH) undertake a high quality and consistent form of annual medical appraisal.

The revalidation of licensed members is required every five years and is based on comprehensive annual strengthened medical appraisals undertaken over a five-year cycle. It provides assurance that public health members remain up to date and continue to be fit to practise.

This policy has been approved by the FPH Workforce Committee and the FPH Board.

This policy recognises the NHS England, General Medical Council (GMC) and UK Public Health Register (UKPHR) publications that follows.

NHS England medical appraisal policy: <https://www.england.nhs.uk/medical-revalidation/appraisers/app-pol/>

GMC Managing and responding to information about revalidation: <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/managing-and-responding-to-information-about-revalidation>

UKPHR revalidation policy for specialists: <https://ukphr.org/registration/revalidation/>

## 2. Scope of policy

This policy applies to members of FPH and who either have a prescribed connection with the FPH as their Designated Body in accordance with the relevant legislation<sup>1</sup> or decide to use the FPH revalidation service as UKPHR public health specialists.

It also applies to those members without formal FPH membership, who as part of their practise, undertake significant public health duties, and connect to FPH as revalidation subscriber.

Its objective is to outline the requirements and arrangements for conducting annual appraisals of these members. This policy is not exhaustive and is not intended to cover all aspects of appraisal and revalidation.

The policy also defines the responsibilities of key personnel involved in revalidation.

Please note:

- This document does not provide detailed guidance on what supporting information<sup>2</sup> members should collect.
- Members from background other than medicine who subscribe to the FPH revalidation service will need to use this policy in conjuncture with the revalidation policy for public health specialist issued by the UKPHR.
- Members in training will meet the revalidation requirements through engaging with their training programme and completing their Annual Review of Competence Progression (ARCP).

---

<sup>1</sup> The Medical Profession (Responsible Officers) Regulations 2010 and The Medical Profession (Responsible Officers) (Amendment) Regulations 2013

<sup>2</sup> Detailed guidance from the GMC: <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-appraisal-and-revalidation>

### 3. Equality statement

This policy has been the subject of an equality impact assessment and will be monitored through the FPH Workforce Committee, reporting to the FPH Board.

However, members with special needs or disabilities should contact either the RO or the Director of Education, Standards and Advocacy to discuss any specific requests to modify the conduct of the appraisal or make other reasonable adjustments. Requests must be formally submitted and will require the appraisee to provide appropriate evidence.

### 4. Annual appraisals

Appraisals are normally undertaken on an annual basis within each appraisal year. A revalidation recommendation will require a cumulative review of the appraisals over a five-year period. It is the member's responsibility to ensure that the appraisal outputs for the whole five-year cycle are available to the Responsible Officer (RO).

The member is required to collect supporting information that is relevant to their scope of practice and the nature of their work.

The nature of Public Health practice means that the information and evidence brought to the appraisal process will in some respects differ from colleagues in clinical specialties. Accordingly, FPH has produced [specialty specific guidance](#) that complements the GMC's Good Medical Practice framework for appraisal and revalidation.

Members should use annual appraisal to:

- demonstrate that they are up to date and fit to practise
- reflect on their practice and approach to public health medicine
- reflect on the supporting information they have gathered and what that information demonstrates about their practice (including their contribution to teamwork)
- identify areas of practice where they could make improvements or undertake further development (with a view to drafting their personal development plan (PDP))

Every member is responsible for ensuring that they are appraised annually on their entire scope of practice and so will need to make arrangements to share information from each of their employers, including private practice and voluntary work, on an annual basis.

Any voluntary work that is undertaken on the basis of possessing a medical licence is considered as being part of the member's entire scope of practice as a medical practitioner and therefore needs to be included. The process is fundamentally the same regardless of the member's scope of practice, though the supporting information provided should be proportionate to the scope of practice.

Members are expected to have an annual appraisal with few exceptions. These might include illness, break in practice, maternity/paternity leave or some other extenuating circumstance. Members should notify FPH when they feel unable to arrange an appraisal and the Responsible Officer will decide whether to approve a deferral of appraisal.

Missed appraisals are those which were due within the appraisal year but not performed. Incomplete appraisals are those where, for example, the appraisal discussion has not been completed or where the personal development plan or appraisal summary have not been signed off within 28 days of the appraisal meeting. Missed or incomplete appraisals are serious and important occurrences which could indicate a problem with the appraisal system or a potential issue with an individual member which needs to be addressed. Every missed or incomplete appraisal will be

investigated, and the RO will be notified. Missed appraisals may result impact on the ability of the RO to recommend a member for revalidation and could result in a notification of failure to engage.

Failure to engage fully in annual appraisal and with any other reasonable requirements called for by FPH puts the member's licence to practice at risk.

## 5. Supporting Information

During annual appraisals, a member will use supporting information to demonstrate that they are continuing to meet the principles and values set out in Good Medical Practice. The nature of the supporting information will reflect their particular specialist practice and their other professional roles.

There are six types of supporting information that members are expected to provide and discuss at their appraisal. They are:

- Continuing professional development
- Quality improvement activity
- Significant events
- Feedback from colleagues
- Feedback from patients or those to whom you provide medical services
- Review of complaints and compliments

By providing all six types of supporting information over the revalidation cycle they should, through reflection and discussion at appraisal, have demonstrated their practice against all 12 attributes outlined in the Good Medical Practice Framework for appraisal and revalidation. This will make it easier for their appraiser to complete their appraisal and for the RO to make a recommendation to the GMC about their revalidation.

In discussing their supporting information, the appraiser will be interested in what they did in relation to that supporting information and their reflections on that information, not simply which they collected and maintained in a portfolio. The appraiser will want to know what the member thinks the supporting information says about their practice and how they intend to develop or modify their practice as a result of that reflection. For example, how they responded to a significant event and any changes to their work as a result, rather than the number of significant events that occurred.

## 6. Technology Assisted Appraisals (TAA)

Whilst historically technology assisted appraisal (previously referred to as remote appraisal) were viewed as an exceptional occurrence, it is now recognised that this approach to appraisal is not substantially inferior to face-to-face appraisal. TAA ensures that appraisals can easily take place in a safe environment. Further advice can be found in the NHS England Responsible Officer and Appraiser Network (ROAN) information sheet 32: Technology assisted appraisal<sup>3</sup>.

## 7. Return to practice

A member who is seeking to return to practice after a period of absence should discuss their circumstances with their RO at the earliest opportunity and before they connect to a designated body. The timing of their first appraisal will be determined to some extent by their individual circumstances, including whether they can demonstrate that they have maintained fitness to

---

<sup>3</sup> <https://www.england.nhs.uk/medical-revalidation/ro/info-docs/roan-information-sheets/technology-assisted-appraisal/>

practise in the relevant areas during their absence and hence whether a bespoke re-training programme or period of supervision is required prior to resuming practice. The RO may also exercise discretion as to whether, within this range, the appraisal occurs earlier to support the member's return to practice, or later to facilitate the accrual of supporting information. Where the latest appraisal took place 15 months, or more, previously, if possible and practical, an appraisal should be organised as soon as possible.

Suitable arrangements must always be made to manage a member's return to practice after a significant break. Such arrangements are independent of this policy.

## **8. Appraisal in the context of revalidation**

Revalidation appraisal differs from managerial appraisal due to its link with external professional regulation and revalidation.

Revalidation appraisal enable members to:

- Discuss their practice and performance with their appraiser in order to demonstrate that they meet the principles and values set out in the GMC Good Medical Practice and thus to inform the RO's revalidation recommendation to the GMC.
- Enhance the quality of their professional work by planning their professional development.
- Consider their own needs in planning their professional development
- Discuss, in confidence, any concerns or difficulties with their appraiser.

Annual appraisal is a supportive mechanism focusing on quality improvement and safe practice. It is designed to recognise good performance, provide feedback, and assist in the identification of potential performance issues so they can be dealt with at an early stage. It will assist those members in identifying support and developmental needs at an early stage, before there is any question of concerns about fitness to practise. If, through the appraisal process, fitness to practice concerns are highlighted, the RO, working in partnership with the member, will follow the FPH Responding to concern policy.

In the event that the member fails to participate in an annual professional medical appraisal, and does not respond to three reminders sent at monthly intervals to the last known email of the appraisee, the situation will be elevated to the GMC, and subsequently a GMC non-engagement concern notification (REV6) may be issued. The GMC will then instruct the member to engage with the appraisal and revalidation process of the designated body to which they are connected. Subsequent failure to engage may be followed by GMC sanctions including the possible withdrawal of the member's licence to practice.

## **9. Conflict of interest**

Both the appraiser and member must declare any conflict of interest. Simply knowing of the work of a member is not in itself a conflict of interest. Reasons for declaring a conflict of interest may include, but are not limited to:

- all members who are working for the same organisation
- all appraisers with whom the appraisee has a shared personal, clinical, financial or commercial interest etc.
- a significant breakdown in the relationship between the appraiser and appraisee

Appraisees who feel their appraiser may have a conflict of interest should contact the FPH revalidation team to request a new appraiser to be appointed, stating their reasons.

Whilst FPH recognises the value of maintaining continuity through use of the same appraiser, for quality assurance purposes, a minimum of two different appraisers will be mandatory within a five-year cycle, in order to provide evidence of objective appraisal. Therefore, the same pairing can normally only be allocated for a maximum of three consecutive years.

In the event the RO becomes aware of any potential or actual conflict of interest between the RO and the appraisee, the RO will notify the Registrar.

Further information on conflicts of interest is available at:

[NHS England » Conflict of interest or appearance of bias](#)

## 10. Appeals and complaints process

FPH ensures that all their appraisers are trained and continually monitored in their role as FPH appraiser, to provide the fairest outcomes for those being appraised.

However, if a member is not satisfied with the outcome of an appraisal, they can take the matter to appeal.

Appeals will not be accepted on the grounds that a member:

- Did not understand the appraisal system
- Was unable to supply information requested in a reasonable time period
- Seeks to question professional judgement

It should be noted that this policy does not facilitate the changing of an appraisal outcome immediately, but will, where necessary, review the documentation and provide the member with a second appraisal and/or appraiser where it is deemed appropriate. The cost (i.e. the appraisal element of the revalidation service fee) of any such second appraisal would be charged to the member in the first instance. If the member's appeal is successful, the appraisal element of the revalidation service will be refunded for the second appraisal meeting held. No refund will be given where the member's appeal has been unsuccessful.

Any expression of a specific concern about the provision or quality of service by FPH, including issues such as staff conduct, disputes about the regulations, other procedures or the application thereof is defined as a complaint and as such will be considered under the FPH Revalidation complaints procedure which can be found on the [Faculty website](#).

Any appeal will be made in writing to the RO and is to arrive within four weeks of the appraisal in question and include supporting evidence where appropriate.

On receipt of the appeal the RO will arrange for the complaint to be investigated and collate all relevant information before referring it to the FPH Registrar for initial consideration.

If it is considered by the Registrar that there is no prima facie case, i.e. that the appeal request is outside the permitted grounds, frivolous or unsubstantiated, the candidate will be notified of this and informed that the appeal will not be heard and that the appeals procedure is at an end.

If it is considered that there is a case in support of the appeal, the Registrar and RO may:

- Arrange for immediate remedy to be offered to the member; or
- Refer the appeal to the FPH Workforce Committee for further consideration.

## 11. Quality assurance and improvement

FPH uses a range of methods, both internal and external, to inform the quality assurance of the revalidation system. FPH will review appraisal information and seek feedback from appraisees on their experience of the appraisal system and their appraiser. Other methods include:

- Through questions contained in the revalidation management system
- Review of complaints received
- Review of appraisal output information and audit using national templates
  1. In accordance with the requirements of the NHS England Framework of Quality Assurance for Responsible Officers and Revalidation, the FPH Appraisal Lead will audit at least 50% of the appraisals each year.
  2. The RO will also provide an Annual Report to the FPH Board to enable it to complete the required annual Statement of Compliance.
- Regular, normally quarterly, update reports will be presented to the FPH Workforce Committee which includes measurement of the activity and quality of the systems and any exceptional events.

At least once in each revalidation cycle, the following independent reviews will also take place:

- Quality assurance of the revalidation process by an external partner (MIAD in 2017, NHS England higher level Responsible Officer (HLRO) review in 2019)
- External quality assurance by NHS England

To embed quality improvement within the system, an appraiser development day is organised annually. This session provides refresher training to the appraisers and the opportunity to share learning and experience. Additionally, every year, appraisers will meet with the Lead Appraiser for a formal review of their performance in order to be confirmed in their position.

## 12. Appraisers

Normally appraisers will be recruited from the membership of the FPH and this role is open to all members regardless of their professional background. Candidates seeking appointment will be interviewed through a fair and open process.

If newly appointed appraisers cannot demonstrate that they have already undertaken appropriate initial training<sup>4</sup>, they will be offered such training before commencing their role. New appraisers will be supported through their first five appraisals, at least.

Appraisers will be reviewed at least annually, and their development needs addressed. These should become part of the appraiser's own PDP.

Each appraiser will carry out a maximum of twenty appraisals per year to ensure they are not overburdened and can devote sufficient time to each appraisal. A minimum of five appraisals will be undertaken each year to ensure maintained competence. Also, appraisers can expect to be asked for proof of identity by appraisees.

Other than in exceptional circumstances, and only with the advance agreement of the Responsible Officer, an appraiser should not undertake more than two appraisal discussions on the same day.

---

<sup>4</sup> [NHS England » Quality Assurance of medical appraisal: guidance notes](#) FPH is bound by these standards as our central office is located in England.

### **13. Allocation of appraisers to appraisees**

FPH will determine which appraiser an appraisee will engage with. Each appraisee will be given the name of one appraiser, selected from a pool of approved FPH appraisers. If the member objects to the choice of appraiser, they can contest the selection once only and ask for a new appraiser to be identified. It should be noted that all appraisers will be trained to the same professional standard to provide objective and consistent appraisal.

Whilst FPH recognises the value of maintaining continuity through use of the same appraiser, it is important to note that, for quality assurance purposes, a minimum of two different appraisers will be mandatory within a five year cycle (and by the recommendation date where possible) in order to provide evidence of objective appraisal. Normally there should be no more than three consecutive years with the same pairing.

At all stages of the appraisal process, the member and appraiser are expected to be in regular contact to ensure both are agreed on timescales, shared understanding of the process, information required and steps to be taken. It is the duty of the member to ensure that the appraisal input and outputs are created and shared with the appropriate people within the specified timeframes.

Reminders will be sent to both parties when elements need to be completed. Updates of any changes in policy/process will be made available to the appraiser and appraisers as and when necessary.

### **14. Managing concerns**

Where possible, concerns that arise about a member's practice should be addressed when they arise to allow for the opportunity for them to be managed within that revalidation cycle so that the RO can make a positive revalidation recommendation before the member's revalidation date. Please see separate FPH policy on managing concerns.

### **15. Review of this policy**

This policy is reviewed annually by the Workforce Committee. Further amendments will be made as necessary, for example, in response to any change in relevant legislation.

## 16. Appendix A: references and further information

### General Medical Council

- Revalidation resources: <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation>

### NHS England

- Revalidation resources: <https://www.england.nhs.uk/medical-revalidation/>

### UKPHR

- Revalidation resources: <http://ukphr.org/registration/revalidation/>

### Academy of Royal Medical Colleges

- Revalidation reports and guidance: <https://www.aomrc.org.uk/reports-guidance/revalidation-reports-and-guidance/>
- Return to practice: <https://www.aomrc.org.uk/reports-guidance/revalidation-reports-and-guidance/return-practice-guidance-2017-revision/>

### Faculty of Public Health

- Revalidation policies and procedure: <https://www.fph.org.uk/professional-development/revalidation/resources/>

## **17. Appendix B: roles and responsibilities**

### **The Board of the Faculty of Public Health (The Board)**

The Board is responsible for appointing the Responsible Officer and ensuring that they have sufficient resources to discharge their responsibilities under the Medical Profession (Responsible Officers) Regulations 2013 and the Medical Profession (Responsible Officers) (Amendment) Regulations 2013.

The Board shall receive an annual report of revalidation and appraisal activities and is invited to comment on the arrangements for ensuring effective appraisals. It shall confirm that it is satisfied that the appropriate arrangements are in place and authorise completion of the statement of compliance required by NHS England.

The Board will be ultimately responsible for ensuring that data is held lawfully and in a way that meets the GDPR requirements.

The Board may choose to direct a lay member to take particular responsibility to monitor and review the way that the FPH discharge its duties as a Designated Body.

### **Responsible Officer**

The Responsible Officer has overall responsibility for the effective implementation and operation of the revalidation system for all members with a prescribed connection to FPH. They will make a recommendation for revalidation to the GMC on a member's fitness to practice based on an assessment of their practise through annual appraisals over a five-year cycle.

### **Lead Appraiser**

The role of the Medical Appraisal Lead is to provide leadership and support to appraisers, providing guidance, educational and benchmarking opportunities and performance review to all appraisers engaged by FPH. Working closely with the FPH's Responsible Officer and Revalidation Team, they will promote, support and facilitate the implementation of national appraisal policies and ensure a robust quality assurance process is implemented for medical appraisals.

The FPH Lead Appraisal will also raise concerns, identified during appraisal, to the RO. This may require the Medical Appraisal Lead accessing the information, held in the appraisees online revalidation portfolio.

The FPH Lead Appraisal will undertake regular quality control checks to ensure the appraisal documentation submitted meets the agreed standards. They will also review the feedback received on the FPH revalidation online system and meet with the RO once a year to discuss the annual QA report.

### **Appraisers**

Appraisers are appointed by the RO in line with the numbers of appraisals that are required, using an appointment process that is fair and transparent. FPH provides a job description of the required competencies and a person specification. Appraisers will:

- Organise appraisals within the appraisal timeframes: they should normally make contact with an appraisee 3 months before an appraisal month in order to agree a date for the appraisal meeting 6 weeks prior to the actual meeting.

- Review pre-appraisal documentation two weeks before the appraisal interview takes place, identifying key areas for discussion to set an agenda.
- Ensure all paperwork is processed as required on completion of the appraisal interview, including both parties signing off the PDP within 28 days of the appraisal meeting.
- Undertake appraisal training and attend period updates as required, at least once every three years.
- Take part in a performance review, including feedback on performance in their role.
- Organise for their own appraisal in a timely manner.
- Ensure their statutory and mandatory periodic training is up to date.
- Include their role as appraiser within their scope of practice for the purpose of their revalidation.

FPH will arrange for training for all new appraisers, as well as updated training for existing appraisers. FPH will obtain feedback on the performance of all its appraisers and use this to inform further training.

### **Appraisees (Members undergoing appraisal)**

Appraisees are responsible for ensuring that they participate in the annual appraisal cycle to meet the requirements of revalidation. They are required to maintain a professional portfolio including feedback from each of their employers (whole practice review) including the independent sector, records of their training, reflective practice and additional documentation as specified by the GMC.

This evidence must be available to their appraiser two weeks before the date of the appraisal. Failure to do so may result in the appraisal meeting being rearranged. Appraisees are responsible for ensuring that all forms are processed as required on completion of the appraisal interview including the signing-off of the PDP by both parties within 28 days of the appraisal meeting. They must keep a copy of all appraisal documentation, including all supporting information, securely themselves until completion of the relevant revalidation cycle. FPH provides all its appraisee with access to a secure RMS, currently L2P, which stores appraisal information whilst connected to FPH.

### **FPH Revalidation Team**

The FPH Revalidation Team will oversee the revalidation and appraisal process and ensure that related procedures and practices are regularly reviewed in line with changes in legislation. They will ensure that appropriate protocols, processes and records are developed and maintained to ensure that all annual appraisals are undertaken in line with national guidance.

The team will co-ordinate and provide administrative support to the appraisal and revalidation process. They will maintain the Revalidation Management System (currently L2P) and ensure that the systems meet the FPH information governance requirements. They will ensure that each member with a prescribed connection to FPH participates in an annual strengthened medical appraisal and that the appraisal is signed off in a timely manner.