

CIRCULAR HSS(TC8) 3/01

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To: **HSS Boards**
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HSS Trusts
Chief Executive
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Special Agencies
NI Council for Postgraduate Medical & Dental Education
British Medical Association
British Dental Association
Faculty of Medicine & Health Sciences, QUB
Central Services Agency

12 March 2001

Dear Colleague

Consultants' Contract: Annual Appraisal for Consultants

Summary

1. This circular notifies employers of the introduction of compulsory appraisal for all consultants from 1 April 2001.
2. Agreement has been reached with the BMA on a national appraisal scheme for all consultant staff in the HPSS. The agreement is attached at Annex A. Documentation and advice to support implementation will follow in time for appraisal to be implemented for all consultants from 1 April 2001. Trusts should now consider how they are going to implement appraisal within the scope of the national agreement.

Action

3. Employing Authorities are asked to note:
 - the agreement below, and consider how appraisal will be implemented from April 2001;



INVESTOR IN PEOPLE

- that further detailed guidance and standard documentation will follow shortly;
- that training and development for all staff involved is essential. Further details of a support and development programme will be issued as soon as possible.

Consistency of local schemes introduced before 1 April 2001

4. Appraisal must follow a standardised format if it is to be applied consistently and satisfy the GMC's requirements for revalidation. Standardised documentation will be issued in time for use from April 2001. This documentation will support appraisal and will, in due course, be the vehicle for the delivery of the GMC's revalidation requirements. The use of standardised documentation will ensure that information from a variety of HPSS employers will be recorded and expressed consistently.
5. Employing Authorities, in liaison with the Medical Staff Committee (or equivalent), Local Negotiating Committee and, where appropriate, the university, should consider whether they wish to retain any existing appraisal scheme for continued use after 1 April 2001. They should consider whether the existing scheme complies with the requirements of the attached agreement, bearing in mind the following:
 - if local schemes are retained they must be adapted to comply with the requirements of the national agreement or be replaced in full;
 - where an existing scheme is retained, it will be necessary to adopt the standardised documentation;
 - it will be necessary for the purposes of revalidation that the doctor's work be considered under the headings of the GMC's "Good Medical Practice" set out in paragraph 3 of the attached agreement.
6. Exceptionally, where MSC and LNC cannot reach agreement on those local schemes departing from the national model, referral should be made to the Department for advice and guidance. Every attempt should be made to resolve local difficulties before referral is made. While there is scope within the national agreement for discretion over the operation of appraisal locally, the Department intends to issue standardised documentation before 1 April 2001.

Amendments to Terms and Conditions of Service Handbooks

7. Amendments to the terms and conditions of service of hospital medical and dental staff, and of doctors in public health and the community health service will be issued following agreement with the professions.

Summary of Action

8. If local schemes are retained, they must be adapted to comply with the requirements of the national agreement or be replaced in full.
9. Chief Executives are accountable for ensuring that employing authorities comply with action set out in the circular, through the usual performance management mechanisms.

Enquiries

10. Practitioners should direct enquiries to their employing authorities. Any enquires which cannot be resolved locally should be directed to Paul Cassidy on [REDACTED] (e-mail: *paul.cassidy* [REDACTED]).

Yours sincerely



H J VANCE
Deputy Director

[AL(MD)6/00]

CONSULTANT APPRAISAL SCHEME

1. Introduction

The development of clinical governance in the HPSS and the proposals by the GMC for revalidation of doctors have underlined the need for a comprehensive annual appraisal scheme for medical and dental staff.

This paper sets out the national model appraisal scheme for consultant staff in the HPSS and is the outcome of discussion and agreement with the BMA. Appraisal is to become a contractual requirement for all consultants and employers must introduce the scheme from April 2001.

2. Definition and Aims of Appraisal

Appraisal for consultants is a professional process of constructive dialogue, in which the doctor 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 consultants 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. 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 practice.¹

The aims and objectives of the appraisal scheme are to enable HPSS employers and consultants to:

- review regularly an individual's work and performance, utilising relevant and appropriate comparative performance data from local, regional and national sources;
- optimise the use of skills and resources in seeking to achieve the delivery of service priorities;
- consider the consultant's contribution to the quality and improvement of services and priorities delivered locally;
- set out personal and professional development needs and agree plans for these to be met;
- identify the need for the working environment to be adequately resourced to enable any service objectives in the agreed job plan review to be met;

¹ *Confidence in the Future*

- provide an opportunity for consultants to discuss and seek support for their participation in activities for the wider HPSS;
- utilise the annual appraisal process and associated documentation to meet the requirements for GMC revalidation.

Appraisal will be a contractual requirement for all consultant staff.

3. Appraisal Process and Content

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 appraisal of clinical performance, service delivery and management issues. In most cases, this will be the appropriate Clinical Director (see section 8 for detail).

The content of appraisal will be based on the core headings set out in the GMC's 'Good Medical Practice' document together with relevant management issues including the consultant's contribution to the organisation and delivery of local services and priorities.

The GMC's core headings are:

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

4. Revalidation

The appraisal process is the vehicle through which the GMC's revalidation requirements will be delivered for senior hospital doctors. To this end, appraisal discussions and evidence gathering should be sufficiently broad to cover the essential requirements of revalidation.

By this means, appraisal will provide a regular, structured system for recording progress towards revalidation and identifying development needs (as part of personal development plans) which will support individual consultants in achieving revalidation.

5. Preparation

The consultant being appraised should prepare for the appraisal by identifying those issues which he/she wishes to raise with the Clinical Director/appraiser and prepare an outline personal development plan.

The appraiser should prepare a workload summary with the consultant 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 patient workload, teaching, management and any pertinent internal and external comparative information. Appraisees should also submit any other data considered relevant to the appraisal. This must include sufficient relevant data relating to other work carried out externally to the employing authority (e.g. in private practice and in commercial healthcare industries).

The primary purpose of the workload summary is to inform the appraisal and job plan review, and to facilitate departmental planning and development. It will highlight any significant changes which might have arisen over the previous 12 months and which require discussion.

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 employing authority.

In advance of the appraisal meeting, the appraiser should gather the relevant information as specified above and consult in confidence and where appropriate, the Medical Director, other Clinical Directors/lead consultants and members of the immediate care team. The information and paperwork to be used in the appraisal meeting should be shared between the appraiser and the appraisee at least two weeks in advance to allow for adequate preparation for the meeting and validation of supporting information.

6. Scheme Content

(i) Clinical Performance

This focuses on all clinical aspects of the consultant's work including data on activity undertaken outside the immediate employing authority. 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 employer and suggestions for further developments in the field of clinical governance;
- professional relationships with patients and colleagues and team working.

(ii) Teaching and Research Activities

Review of quantity and quality of teaching activity - to junior medical staff, medical undergraduates, non-medical health professionals, and postgraduate teaching activity, with consideration of feedback from those being taught.

Where appropriate to the professional practice of the doctor being appraised, review of any research activity in the preceding year, ensuring that all necessary procedures including ethical approval have been followed.

(iii) Personal and Organisational Effectiveness

This focuses on the consultant's personal and organisational effectiveness. For example, relationships and communications with colleagues and patients; the contribution made to the organisation and development of services, the delivery of service outcomes, management activities including the management and supervision of staff and identification of the resources needed to improve personal effectiveness. This will include consideration of relevant comparative performance data.

(iv) Other matters

Discussion of any other matters which either the appraiser or the consultant being appraised may wish to raise, such as the consultant's general health and wellbeing.

7. Peer Review

The assessment of some of the more specialist aspects of a consultant's clinical performance is best 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 appraiser and the appraisee should plan this into the timetable in advance of the appraisal interview.

If during the appraisal, it becomes apparent that more detailed discussion and examination of any aspect would be helpful and important, either the appraiser or the appraisee should be able to request internal or external peer review. This should normally be completed within one month and a further meeting scheduled as soon as possible, but no longer than one month thereafter, to complete the appraisal process.

As a matter of routine, the results of any other peer review or external review carried out involving the consultant or the consultant's team (e.g. by an educational body or a professional body) 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

For the purposes of GMC revalidation a consultant on the medical or dental register must undertake the appraisal. The Chief Executive will nominate the appropriate person competent to undertake appraisal across the broad range of headings within the appraisal scheme. The Chief Executive must ensure that the appraiser is properly trained and in a position to undertake this role and where appropriate the inter-linked process of Job Plan Review.

The appraiser will be able to cover clinical aspects and matters relating to service delivery, and will usually be the Clinical Director, if this is appropriate to the management arrangements of the employer.

Where there is a recognised incompatibility between proposed appraiser and appraisee the Chief Executive will be responsible for nominating a suitable alternative. This decision will be final.

In circumstances where the Clinical Director is not on the register, the Medical Director, having first consulted the Clinical Director should conduct the appraisal or select a suitable lead consultant or other appropriate consultant to do so. In these circumstances, the Clinical Director will be fully consulted before the appraisal meeting takes place and will undertake the subsequent job plan review. The Clinical Director will also ensure that the appraiser and appraisee are aware of and consider all relevant issues at the appraisal meeting. This may be best achieved through an agreed contribution to the appraisal meeting and outcome report.

If the doctor being appraised is a Clinical Director, then normally the Medical Director or suitable consultant nominated by the Chief Executive would conduct the appraisal.

The Medical Director will be appraised for his/her clinical work by a suitable consultant nominated by the Chief Executive (excluding any consultant appraised by the Medical Director in that year).

In some small trusts it may not be possible to identify a suitable appraiser to conduct the professional aspects of the appraisal, i.e. those in which specialist knowledge is essential. In these instances, two or more trusts might collaborate to ensure that an appraiser is available to contribute to the appraisal process.

The Clinical Director will be responsible for ensuring any necessary action arising from the appraisal is taken (or the Medical Director, in the case of Clinical Directors). If the agreed appraiser is not the appraisee's Clinical or Medical Director, the appraiser will be responsible for submitting to the Clinical or Medical Director the

details of any action considered to be necessary. The Clinical and Medical Directors will be held accountable to the Chief Executive for the outcome of the appraisal process.

The Chief Executive will be personally accountable to the employing authority for ensuring that all consultants are appraised and any follow up actions taken.

9. Clinical Academics

Clinical Academics, including joint appointees, who are employed by a University and have a contract for their work in the HPSS should have one appraisal process and one appraiser for an individual academic/joint appointee, agreed between the University, the HPSS and the doctor in question.

10. Outcomes of Appraisal

The maximum benefit from the appraisal process can only be realised where there is openness between the appraisee and appraiser. 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, 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.

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 appraiser and appraisee. Both parties must complete and sign the appraisal summary document and send a copy, in confidence to the Chief Executive, Medical Director and Clinical Director (if not the appraiser). For the Chief Executive, this will also include information relating to service objectives that will inform the job plan review. Additionally, for clinical academics a copy will be sent, in confidence, to the nominated university representative. There will be occasions where a follow-up meeting is required before the next annual appraisal and Clinical Directors should ensure that the opportunity to do this is available.

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 Medical Director to discuss the specific points of disagreement.

Where it becomes apparent during the appraisal process that there is a potentially serious performance issue that requires further discussion or examination, the matter must be referred immediately by the appraiser to the Medical Director and Chief Executive to take appropriate action. This may, for example, include referral to any support arrangements that may be in place.

The Chief Executive must also submit an annual report on the process and operation of the appraisal scheme to the Board of the employing authority. This information will be shared and discussed with the Medical Staff Committee or its equivalent and LNC. The annual report must not refer, explicitly or implicitly, to any individuals who have been appraised. The report will highlight any employer-wide issues and action arising out of the appraisal process - e.g. educational developments.

11. Personal Development Plan

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 and organisational issues, CME and CPD, e.g. acquisition/consolidation of new skills and techniques.

The Medical Director and Chief Executive must review the personal development plan. The review of the personal development plan is to ensure that key areas have been covered, e.g., that training is being provided to enable a consultant to introduce a new clinical technique and to identify any employer-wide issues which might be addressed on an organisation basis, e.g. clinical audit priorities.

12. Consultants working for more than one HPSS employer

Employing authorities must agree on a 'lead' employer for the consultant's appraisal. Agreement will also include appropriate discussion prior to the appraisal between Clinical Directors to ensure key issues are considered, systems for accessing and sharing data and arrangements for action arising out of the appraisal.

13. Introduction and Training

To be successful the appraisal scheme must be introduced with an appropriate level of support to appraisers and appraisees. Adequate time should be allocated for the preparation and appraisal meeting. All those involved in the appraisal process, appraisers and appraisees, must receive appropriate training before beginning appraisal.

14. Links with other Procedures

Appraisal will be a contractual requirement and must be carried out annually. Consultants should, therefore, participate fully and positively in the appraisal process.

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

15. Existing Local Schemes

An employing authority that has already introduced an appraisal scheme may continue to use the local scheme, provided it has been validated as complying with the requirements of the national model.

16. Serious issues relating to poor performance

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 agreed employer procedures. This may include the Chief Executive feeling it necessary to inform the Board of the employing authority in a closed session.

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.

17. Role of the Chief Executive

The Chief Executive is personally accountable for ensuring that all consultant staff undergo an annual appraisal and that there are appropriate, trained appraisers in all cases. The Chief Executive should also ensure the necessary links exist between the appraisal process and other processes concerned with clinical governance, quality and risk management and the achievement of service priorities. In discharging this accountability, the Chief Executive and Medical Director will have confidential access to any documentation used in the appraisal process. In these circumstances, the individual concerned will be informed.

The Chief Executive will be accountable to the Board of the employing authority for overseeing the appraisal process. This means ensuring and confirming to the Board that:

- appraisals have been conducted for all consultants;
- any issues arising out of the appraisals are being properly dealt with;
- personal development plans of consultants are in place.