

Shropshire Community Health

NHS Trust

Policies, Procedures, Guidelines and Protocols

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1.0 Introduction

- 1.1 All doctors and dentists need an annual appraisal as per the terms and conditions of their contract and in the case of doctors for revalidation. This is in keeping with the process agreed at the time by the GMC, BMA, GDC, BDA, and Department of Health and Social Care.
- 1.2 Medical and dental staff whose main employer is another Trust or NHS service-provider, or who have an honorary contract with the Trust, will have their appraisal at their main employer.
- 1.3 All appraisals will be conducted by a trained appraiser. Doctors will where possible be appraised by doctors with knowledge of the context in which the Doctor works, and always by appraisers who will have the required skills, experience and appraisal training and appraisal support infrastructure. [medical-appraisal-policy-0415.pdf](#)

2.0 Scope

- 2.1 This policy applies to doctors and dentists employed by Shropshire Community Healthcare NHS Trust. Doctors and dentists who are currently in training are covered by separate guidance and processes in conjunction with HEE and the local deanery.
- 2.2 This policy defines the responsibilities of key staff involved in medical/dental appraisal including medical/dental staff, Responsible Officer, HR and service managers.
- 2.3 The aim of the policy is to ensure that through an effective appraisal mechanism all medical and dental staff are fit to practice and provide the highest standards of safe care to patients and for doctors, by meeting the requirements of medical revalidation.

3.0 Responsibilities

- 3.3 **Medical Director:** As Responsible Officer (RO) has statutory responsibilities under The Medical Profession (Responsible Officers) Regulations 2010 and is accountable for ensuring that:
 - Effective appraisal and revalidation processes are in place.
 - Staff are aware of this Policy and adhere to its requirements.
 - Monitor appraisal and revalidation cycles.
 - There are sufficient numbers of trained medical appraisers.
 - Oversees a plan of appraisals annually (to include 56 days notice).
 - Systems are in place to record and collate all the necessary information, including a record of any practice undertaken by the doctor outside of the organisation.
 - Monitors Doctors and dentists undertaking annual appraisal using compliance figures and exception reports. Makes recommendations to the GMC on doctors' fitness for revalidation based on 5 years' appraisals.
 - Provides an annual report to the Trust Board
- 3.4 **Medical /dental Appraiser:** Is responsible for:
 - Medical appraisers are responsible to the RO for the quality of their appraisals, maintaining and submission of correct documentation and

submission of the completed summaries of the appraisal discussion, personal development plans (PDPs) and appraisal outputs to the RO.

- Appraisers are responsible for maintaining their own skills for the role of medical/dental appraiser through participation within approved training and in the quality assurance process.
- Ensure that any fitness to practice concerns are reported to the Responsible Officer.
- Checks that statutory and mandatory training is up to date.

3.5 Appraisee – Doctor/dentist being appraised: Is responsible for:

- Submitting their appraisal electronically two weeks prior to their appraisal, to enable their appraiser time to read the information.
- Maintaining a portfolio of supporting information to demonstrate the maintenance of their clinical and professional standards and where applicable their specialist skills.
- Participating in annual appraisal cycle i.e. once per year within the appraisal year. Each doctor will have an agreed, fixed appraisal date each year (the 'appraisal due date').
- Ensure that the appraiser is appropriate and does not have conflicts of interest or bias e.g. a close business associate / personal relationships / private practice.

3.6 Service/line Manager: Is responsible for:

- Meeting annually to contribute to either Job Planning issues (see separate job planning policy) or to conduct an in-post review to provide supporting information for appraisal and assurance for the Trust where clinical staff are attached to another responsible body (Appendix 1)
- Identifying performance issues as they arise including those related to competency, attitude and behaviour and seeking to address these proactively within relevant Trust policies.
- Evoking the Trust process for matters of concern, seeking appropriate advice from HR and the Medical Director.
- Maintaining accurate records of discussions.
- Escalating serious matters to the Medical Director for advice and further investigation.

3.7 Resourcing Services: Responsible for:

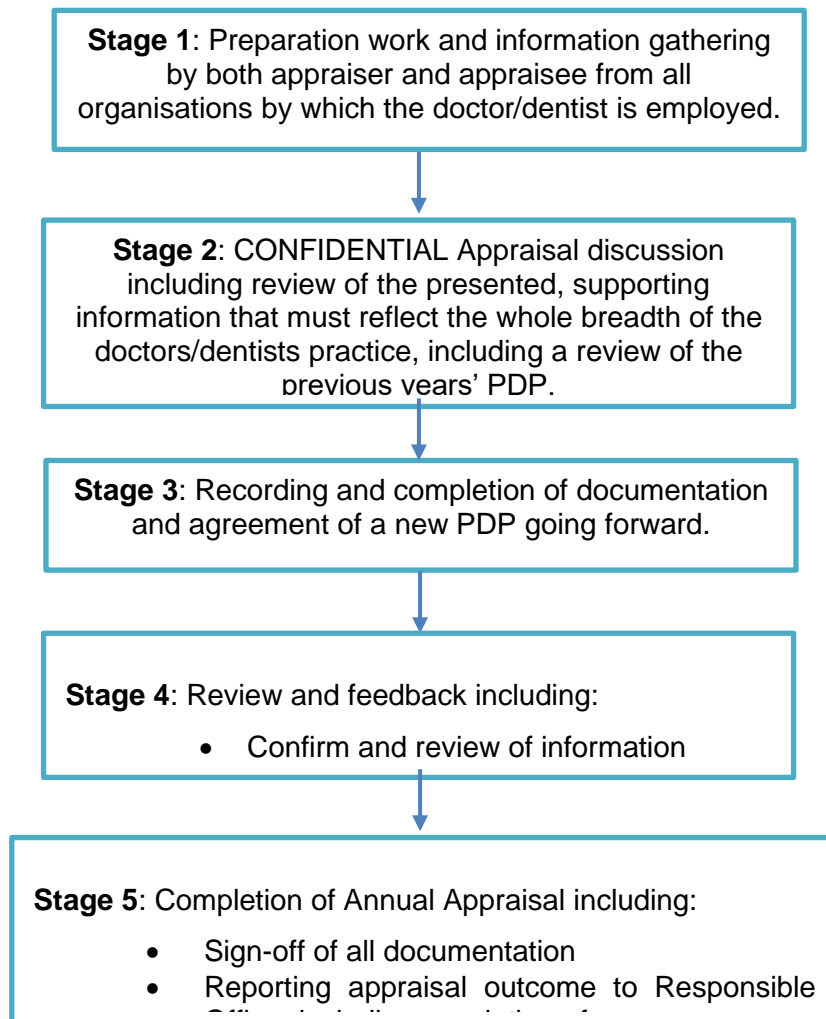
- Supporting the production of procedural documents and guidelines for the appraisal process for doctors and dentists.
- Advising the Responsible Officer and Appraisal Lead of new medical staff in post.
- Ensuring any alerts regarding registration, fitness to practice, restrictions on practice, appraisal completion are escalated in the first instance to the Medical Director and Director of Nursing and Clinical Delivery.
- Responsible for communicating with the Service Manager, Responsible Officer/Medical Director regarding any performance concerns regarding doctors and dentists including conduct and capability concerns.

4.0 Appraisal

- 4.1 Appraisal is a professional process of constructive dialogue, in which the doctor/dentist 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, supportive process designed to recognise good performance, to provide feedback on past performance and continuing progress, and which focuses on enhancing local systems of quality improvement
- 4.2 Appraisal can be used for four purposes:
- To enable clinicians to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in relevant guidance (such as Good Medical Practice) or (Standards for the Dental Team) and to inform the Responsible Officer's (RO) revalidation recommendation to the GMC where appropriate.
 - To enable clinicians to enhance the quality of their professional work by planning their professional development.
 - To enable clinicians to consider their own needs in planning their professional development.
- 4.3 Every doctor/dentist in SCHT is responsible for the collection, preparation and presentation of their annual appraisal and should ensure that they record the full scope and nature of their work (including private practice and work outside of SCHT). The portfolio must show evidence of appropriate personal reflection by the doctor/dentist.
- 4.4 **Doctors** will use a portfolio of supporting information which should reflect the breadth of the doctor's practice, including information from all relevant roles and from all healthcare organisations (including private practice) as a means to demonstrate that they are continuing to meet the principles and values defined by the GMC in their document 'Supporting Information for Appraisal and Revalidation'.
- 4.5 **Dentists'** portfolios of supporting information should reflect the breadth of the dentist's practice, including information from all relevant roles and from all healthcare organisations (including private practice) and should conform to the GDC.
- 4.6 The appraisal inputs provide a prompt for doctors/dentists to think about how they maintain their personal and professional wellbeing to practice safely and effectively and an opportunity to indicate anything that they wish to discuss in the appraisal meeting. Equally, they may prefer to raise things verbally in confidence in the appraisal meeting or have nothing of this nature they wish to discuss
- 4.7 Appraisals must be completed annually within each appraisal year unless deferment is agreed. It must be signed off within 28 days of the appraisal meeting and include a mutually agreed PDP.
- 4.8 Whole practice must be appraised so information from all employers, including private practice, must be shared.
- 4.9 **Doctors:** Appraisers will be allocated by the Clinical Lead. The doctor may express a preference for their appraiser, subject to the criteria in 4.11 and discuss this with the Clinical Lead. If the appraisee or another person objects to the allocated appraiser they should discuss the circumstances with the RO. If the appeal is accepted, the appraisee should be allocated an alternative appraiser. In cases where the RO and the appraisee

cannot agree a suitable appraiser an external appraiser may be allocated by the regional responsible officer; their decision will be final.

- 4.10 **Dentists:** The MD (or equivalent) will nominate an appropriate senior dentist (on the dental register) to whom the dentist is usually accountable to undertake the appraisal, liaising with the clinical director. The dentist may express a preference for their appraiser, subject to the criteria in 4.11 and discuss this with the MD/Clinical Lead. The appraiser should be able to cover both clinical aspects and matters relating to service delivery. Please refer to the appraisal guidance: [Salaried-Dentists-Appraisal-Guidance-2024_0.pdf \(nhsemployers.org\)](#)
- 4.11 An appraisee should have no more than three consecutive appraisals with the same appraiser and must then have a period of at least three years before being appraised again by the same appraiser. If, in exceptional circumstances, it is deemed appropriate for an appraisee to have the same appraiser for more than three consecutive appraisals, the justification for this will be recorded within the governance review processes.
- 4.12 Where an appraisee has any concerns about the appraisal process or wishes to make a complaint about their appraiser, they should discuss this with the RO/Medical Director.
- 4.13 There are circumstances where it is appropriate to alter the frequency of appraisal, this will be decided by the RO/Medical Director. The RO/Medical Director will be responsible for keeping an accurate record of these decisions. Suitable arrangements must always be made to manage a doctor's/dentist's return to practice after a significant break.
- 4.14 Doctors with a prescribed connection to NHS England are personally responsible for presenting their own supporting information, including patient and colleague feedback, in line with the requirements of the GMC guidance.

Appraisal Process:**Portfolio Content:**

4.15 **Doctors:** Supporting information should relate to the doctors complete scope and nature of work. The [MAG appraisal guide 2022](#) describes 6 types of supporting information that a doctor could provide and discuss at appraisal at least once in every five year appraisal cycle. These are:

- 1) Continuing professional development
- 2) Quality improvement activity
- 3) Significant events or serious incidents
- 4) Feedback from colleagues
- 5) Feedback from patients
- 6) Review of complaints and compliments

4.16 Guidance on what to include in supporting information can be found at:

[Guidance on supporting information for revalidation - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/guidance/for-the-public/guidance-on-supporting-information-for-revalidation.aspx)

- 4.17 **Dentists:** Supporting information should relate to the dentists complete scope and nature of work. The [Appraisal Guidance 2024](#) describes the relevant information and suitable documents for inclusion in the appraisal folder/portfolio. The guidance can be found at:

[Salaried-Dentists-Appraisal-Guidance-2024_0.pdf](#)

- 4.18 Portfolios should include evidence of improvement activities relevant to all roles undertaken including: teaching, management, appraisal/appraisers external responsibilities (e.g system, Royal Colleges, Research). Supporting evidence might include relevant training, annual meeting with lead/line manager for defined roles. The annual review is a supportive process and will identify any professional development needs and how they might be addressed. See also Appendix 1 Annual Medical/Dental Role and Performance Review
- 4.19 The following table contains guidance for both appraisers and appraisees on how to deal with poor quality supporting information and performance as relating to competency; quality of work and improving outcomes; standards of practice, care and professional behaviour.

	Good performance	Poor performance
Good quality supporting information	Satisfactory appraisal	Satisfactory appraisal but performance concerns. Further actions needed e.g. PDP, Medical Manager, Responsible Officer, NCAS, GMC
Poor quality supporting information	Unsatisfactory appraisal. Adjourn within 3 months with clear agreement about what information is required	Unsatisfactory appraisal. Adjourn and consult Medical Manager, Responsible Officer, NCAS, GMC.

- 4.20 This will enable the doctor to demonstrate their practice in the four domains Good Medical Practice: [What is Good medical practice - GMC \(gmc-uk.org\)](#)

- Domain 1 – Knowledge, Skills and Performance
- Domain 2 – Patients, partnership and communication
- Domain 3 – Colleagues, culture and safety
- Domain 4 – Trust and Professionalism

- 4.21 Dentists should refer to the nine principles standards in the GDC Standards for Dental Teams:

[Standards for the Dental Team.pdf](#)

Links to revalidation and re-licensing

- 4.22 The appraisal process is the vehicle through which the GMC's re-licensing requirements will be delivered for doctors. Completion of the appraisal portfolio as outlined in this policy will provide sufficient evidence to support the process of revalidation. In addition the evidence collected within this process should also be sufficiently broad to cover the essential requirements of revalidation as developed by each of the Royal Colleges. Completion of satisfactory annual appraisal over a five year period will therefore be a crucial factor in enabling the relevant RO to make a positive affirmation of fitness to practice to the GMC.

Multi-Source Feedback (MSF)

- 4.23 The GMC recommends that a doctor engages in MSF once in a 5 year revalidation cycle. A second MSF may be used where there are concerns regarding a doctor's practice.
- 4.24 Doctors are responsible for ensuring an accredited MSF exercise is completed, collated and evidenced within appraisal. The Trust recommends using the MSF tool bundled with procured appraisal toolkit.

Deferring Annual Appraisal:

- 4.25 The Trust requires that all medical staff participate in annual appraisal. The appraisal year runs from 1st April until 31st March. This is also a requirement for successful revalidation.
- 4.26 In exceptional circumstances a doctor or dentist may request that an appraisal is deferred which means that an appraisal will not take place during one appraisal year. These are breaks in clinical practice due to:
- Extended sickness absence or maternity/adoption leave
 - Absence abroad or sabbaticals which may make it more difficult for a doctor/dentist to collate sufficient evidence in support of their appraisal especially where the appraisal date falls due shortly after their return to clinical practice. Consideration should be given as to whether an appraisal should take place as a means to assisting the doctors/dentists re-induction to clinical practice. In these instances an appraiser will decide on the minimum levels of acceptable evidence. Each case will be decided on its own merits ensuring that no doctor is unfairly disadvantaged or penalised recognising that it is likely that a doctor will have to meet the 5 yearly cycle of revalidation.
 - Suspension from clinical work as a result of the doctor/dentist being investigated due to concerns raised about performance or behaviour.
- 4.27 Where a doctor or dentist has not completed an annual appraisal nor requested deferment; the Medical Director will investigate and take appropriate action.
- 4.28 Choosing not to engage with the appraisal process will not be dealt with by deferral; discussions will take place to address non-engagement between the Medical Director and doctor/dentist concerned and this may result in formal conduct or capability procedures being evoked.

Procedure for managing doctors/dentists who have not completed an annual appraisal:

- 4.29 Appraisal is the responsibility of the individual doctor to meet revalidation requirements. It is the responsibility of dentists to participate in the appraisal process.
- 4.30 All doctors and dentists will be expected to adhere to the appraisal system and format as directed by the Trust. Failure to do so will be deemed inconsistent with the standards defined in Good Medical Practice (2019) and the GDC Standards.
- 4.31 When a doctor/dentist fails to ensure completion of an appraisal within an appraisal year, the Responsible Officer will ensure that an initial investigation is carried out by the Clinical Appraisal Lead to establish the reasons why the individual doctor has not met policy requirements.
- 4.32 If doctor persistently fails to participate in the appraisal process the GMC will be informed of the doctor's failure to engage. The GMC can then remind the doctor of their obligation to engage with the process. If a doctor continues not to engage the GMC can bring forward the doctor's submission date for revalidation.
- 4.33 The Responsible Officer will not recommend revalidation if a doctor has not shown appropriate engagement with the appraisal system. Dependent on the individual situation either a notification of non-engagement or a deferral request will be submitted to the GMC on notification that the individual's revalidation is due. In these circumstances the Responsible Officer will meet with the doctor concerned to discuss and agree how this matter will be resolved.
- 4.34 Following completion of the initial investigation the Medical Director will determine if a formal investigation is required as identified within the Trust's Maintaining High Standards of Performance (Medical and Dental) policy; following which a management report will be submitted to the Medical Director for consideration.
- 4.35 If the reason for failure to complete an appraisal is due to a failing on the part of the Trust e.g. lack of appraiser capacity; the Medical Director will take actions to secure an alternative appraiser which will not put the appraisee at a disadvantage.
- 4.36 Where the Medical Director as Responsible Officer cannot recommend a doctor for revalidation this may result in the GMC withdrawing a doctor's license to practice. The Trust will consider terminating the contract of a doctor in accordance with Trust's 'Maintaining High Standards of Performance' in conjunction with the Trust's Disciplinary policy.

New in post doctors and dentists

- 4.37 Doctors and Dentists who are employed by SCHK who are new in post should have a discussion within 2 months with their line manager who will inform the appraisal lead to arrange an appraisal at an agreed time. The RO will request a transfer of information from the individual's previous employer if this is possible.

Doctors and dentists in Difficulty:

- 4.38 Where the appraisal process suggests that a doctor or dentist is in difficulty then the appraiser in conjunction with the Medical Director will as soon as possible devise an action plan to support the doctor in accordance with the 'Maintaining High Professional Standards' policy.

- 4.39 The Trust will fund any reasonable remediation programme agreed with the doctor/dentist as part of a time limited action plan; in consultation with the Medical Director.

Locum doctors/dentists

- 4.40 Where locum doctors/dentists are contracted by SCHAT, the Medical Lead should ensure there is a system in place for recording the Locum's contribution and performance and feeding timely information to the locum's own RO/agency at the end of the assignment.
- 4.41 Appraisal should reflect the whole practice of a locum, and temporary staffing agencies need to be engaged with the process both in receiving information from locum employers and supplying information where the agency is not a prescribed connection.
- 4.42 For doctors or dentists employed as locums directly by SCHAT there should be a discussion with the RO about the appropriate action with regard to supporting in their appraisal and revalidation.
- 4.43 General Practitioners NHS GP locums are required to be on the National Performers List and therefore their prescribed connection is to NHS England (as their designated body). Their responsible officer is the responsible officer of the NHS England local team in the area where the doctor carries out most of their clinical work, or if their work is spread equally across a number of local team areas, their responsible officer is the one for the local team nearest their home address, as registered with the GMC.

The medical appraiser pool

- 4.44 The Trust has an internal pool of appraisers. To refresh this pool the clinical lead will, at regular intervals, ask for interest from current employees (who should have been in their role at the Trust for 12 months unless they are experienced appraisers).
- 4.45 New medical appraisers will undertake accredited appraiser training and any further refresher training or specific updates as they become available or are identified in line with the Training specification for Medical Appraisers in England: [Microsoft Word - RSTQAMATrainingSpecV2apr12.doc](#) and the Quality Assurance of Medical Appraisers (QAMA): [Assuring the Quality of Appraisers](#)
- 4.46 All appraisers will also attend appraisals meetings with the appraisal lead.
- 4.47 When appraisers' job plans are reviewed the commitment to undertake appraisals will be included.
- 4.48 To ensure fairness, equity and to mitigate against conflicts of interest, an appraisee will not be appraised by the same appraiser for more than three appraisal cycles.
- 4.49 Medical staff with appraiser responsibilities will have this included in their own appraisal to ensure their competence and performance is satisfactory.

Appraisal Records and Confidentiality:

- 4.50 The information contained within a doctor's appraisal and revalidation portfolio is confidential and access to this information is limited to the doctor, appraiser and the Responsible Officer. Appraisal interview discussion details are generally considered to be confidential between the doctor and appraiser however within the context of

revalidation, the appraiser will report to the Responsible Officer the general outputs of the appraisal.

- 4.51 If during the appraisal interview the appraiser becomes aware of a serious issue whether it is a health, conduct or performance matter requiring further investigation then the appraiser must notify the doctor at that time that the issue will need to be escalated to the Responsible Officer who will determine what action, should be taken.
- 4.52 Appraisal records are confidential and exempt from the Freedom of Information Act. However, they may be accessed by the Responsible Officer.
- 4.53 **Appraisees** are responsible for:
- Maintaining an appraisal portfolio, this will include individual reports from whole scope of practice, across employing organisations; including private practice.
 - For Doctors, inclusion of 360 degree multi-source feedback from colleagues and patients at least once in a 5 year cycle of revalidation.
 - Retaining copies of appraisal documentation over a 5 year period.
 - Appraisal sign-off.
- 4.54 **Appraisers** are responsible for:
- Maintaining the confidentiality of appraisal discussions.
 - Reporting details of the appraisal outputs to the Responsible Officer.
 - Appraisal sign-off.
- 4.55 **Appraisal Lead** is responsible for:
- Securely retaining all documentation relating to appraisals over a 5 year period.
 - Sampling and quality checking appraisal documentation.
- 4.56 **Responsible Officer** is responsible for:
- Ensuring the security and confidentiality of the process

Investigations and Formal Procedures

- 4.57 In the event that a doctor is under investigation or subject to formal investigation under the 'Maintaining High Professional Standards' then the doctor must inform the appraiser. The appraisal meeting will continue; however this should be recorded within the appraisal documentation.

Conflicts of interest and/or appearance of bias:

- 4.58 Importantly, the evaluation of a doctor's or dentist's fitness to practice must be fair, honest and evidence based if it is to provide the assurances required by the Trust and the GMC/GDC. In some circumstances, doctors/dentists will find that there is a conflict of interest or appearance of bias with the appointed appraiser or Responsible Officer. Examples of such conflict/bias are:
- Personal or family relationships
 - Reciprocal appraisal, where two doctors/dentists appraise each other
 - Where the appraiser and doctor share a close business or financial interest

- A responsible officer or a doctor's direct employer acting as a Responsible Officer

This list is not exhaustive and further information can be found in Annex B of the NHS England Medical Appraisal Policy [map-annex-b.pdf \(england.nhs.uk\)](#)

- 4.59 Where a conflict of interest or appearance of bias occurs between a doctor and appraiser the Responsible Officer must be informed in writing; including as much background information as possible.
- 4.60 If appropriate the Responsible Officer will agree to another appraiser being assigned to the doctor; and will discuss the request with NHS England Appraisal Support Team to allocate a suitable alternative appraiser; if multiple sequential requests for alternative appraisers occurs from a doctor, the appraisal will be allocated to a senior associate appraiser.
- 4.61 In exceptional circumstances where a conflict of interest or appearance of bias exists between a Responsible Officer and a doctor, the Chief Executive must be informed in writing including as much background information as possible. Every attempt must be made to resolve the concerns using mediation processes if required. When all resolution processes have been exhausted which does not result in a satisfactory outcome for all parties the evaluation of fitness to practice may be overseen by another Responsible Officer. In such extenuating circumstances the Trust as the designated body will seek advice from the Responsible Officer's own responsible officer. A written record of all discussions and communications will be held.

Performance issues

- 4.62 Performance issues will be managed as they arise and will not be accumulated for discussion at appraisal. Performance issues will be dealt with by reference to the Trust's Maintaining High Standards of Performance [Medical and Dental] Policy.

5.0 Related documents

- 5.1 The following Trust documents can be found in the policies and procedures section of the Trust website and should be referred to for related information.

Maintaining High Standards of Performance – Medical and Dental
Equality, Diversity & Inclusion Policy
Professional Registration Policy
Job Planning Policy

- 5.2 The following references should also be referred to:

NHS Employers/BDA Appraisal Guidance 2024 [Salaried-Dentists-Appraisal-Guidance-2024_0.pdf \(nhsemployers.org\)](#)
Standards for the Dental Team [Standards for the Dental Team.pdf](#)
NHS England Medical Appraisal Policy [NHS England » Medical appraisal policy](#)
NHS Medical Appraisal guide [NHS England » Medical appraisal guide \(MAG\)](#)

Good Medical Practice 2024 [Good medical practice - professional standards - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/good_medical_practice_2024)

GMC guidance Jan 2024 [Get to know Good medical practice 2024 - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/guidance/2024/01/get-to-know-good-medical-practice-2024)

Training specification for Medical Appraisers in England: [Microsoft Word - RSTQAMATrainingSpecV2apr12.doc](#)

Quality Assurance of Medical Appraisers (QAMA): [Assuring the Quality of Appraisers](#)

6.0 Review and Compliance Monitoring

- 6.1 The rules and operation of this policy will be periodically reviewed (at least every 3 years) in light of any developments in employment legislation or registered bodies and, if necessary, revised in order to ensure their continuing relevance and effectiveness. Any amendments will be introduced only after consultation with staff-side representatives.

Appendix 1: Annual Medical/Dental Role and Performance Review

Annual Medical/Dental Role and Performance Review		
Doctor/dentist:	Role:	Date:
Service/ Line Manager:	Service:	

Quality, Safety and Performance	Summary of discussion	Planning, any agreed actions and timescales
Activity and performance – consider against your JD and any service specification requirements?		
Any quality improvement activities or clinical audit?		
Any service improvement plans or ideas?		
What went well/ compliments?		
What went badly/ complaints/ concerns?		
Any conflicts of interest/ disclosures/ probity?		

Mandatory training	Summary of discussion	Planning, any agreed actions and timescales
Review against role requirements- any gaps?		
Any evidence if undertaken externally?		

Role specific requirements (where applicable)	Summary of discussion	Planning, any agreed actions and timescales
Any specific guidance on role specific requirements? eg Royal College or specific training requirements or updates?		
Consider any clinical mentorship, peer support or supervision?		
Any reflections on learning in this role over the past year?		
Any gaps or recommendations for your PDP?		
Any role or career progression or development plans or opportunities?		
Any pay issues to be considered?		

Appraisal and Revalidation	Summary of discussion	Planning, any agreed actions and timescales
Medical/dental appraisal – next due date and any support or planning required?		
(Doctors) Revalidation- next due date and any support or planning required?		

Any other comments/ areas discussed	Summary of discussion	Planning, any agreed actions and timescales

Sign off		
Doctor/dentist:	Signature:	Date:
Service/ Line Manager:	Signature:	Date:

Appendix 2: Example Appraisal feedback form

OFFICIAL



Clinical Appraisal Feedback Questionnaire (from Quality Assurance of Medical Appraisers v5, appendix 5)

Dear Doctor/Dentist

Now that your recent appraisal has been signed off as complete, I would be very grateful if you will complete the following questionnaire. It will be used to provide information to the responsible officer about the quality of the appraisal and feedback to help your appraiser. All feedback will be collated so that it is anonymous before being fed back to the appraiser.

Please note that if you have a serious concern about the conduct of your appraisal, do not use this form but please contact directly, at:

If you answer 'no' to any of the 'yes/no' questions below, please use the relevant comments box to provide an explanation and constructive suggestions for improvement.

Clinical appraisal feedback questionnaire						
Name of designated body	Shropshire Community Health Trust					
Name of doctor/dentist	Click here to enter text.					
Name of medical/dental appraiser	Click here to enter text.					
Date of appraisal discussion	dd/mm/yyyy					
Duration of appraisal discussion	Hours	<1	1-2	2-3	3-4	>4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there sufficient protected time for the appraisal discussion?	Yes <input type="checkbox"/> ... No <input type="checkbox"/>					
Was the venue private and professional?	Yes <input type="checkbox"/> ... No <input type="checkbox"/>					
Comments Click here to enter text.						

The administration and management of the appraisal system					
Is the appraisal process satisfactory?	Yes <input type="checkbox"/> ... No <input type="checkbox"/>				
Did you have access to all necessary forms and materials for your appraisal?	Yes <input type="checkbox"/> ... No <input type="checkbox"/>				
Were you able to collect the necessary supporting information from the organisation(s) where you work?	Yes <input type="checkbox"/> ... No <input type="checkbox"/>				
Did the administrative support for the appraisal process meet your needs?	Yes <input type="checkbox"/> ... No <input type="checkbox"/>				
Any comments about the administration or management of your appraisal system					
Click here to enter text					
The appraiser (Please give your appraiser feedback for their personal development)	Poor	Borderline	Satisfactory	Good	Very good
Please rate your appraiser's skills in...	1	2	3	4	5
Establishing rapport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating thorough preparation for your appraisal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to you and giving you time to talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving constructive and helpful feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenging you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping you to review and reflect on your practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping you to identify gaps and improve your portfolio of supporting information for revalidation (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping you to review your progress against your last personal development plan (PDP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping you to produce a new PDP that reflects your development needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Managing the appraisal process and paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you be happy to have the same appraiser again?	Yes <input type="checkbox"/> ... No <input type="checkbox"/>				
Any other comments about your appraiser Click here to enter text.					

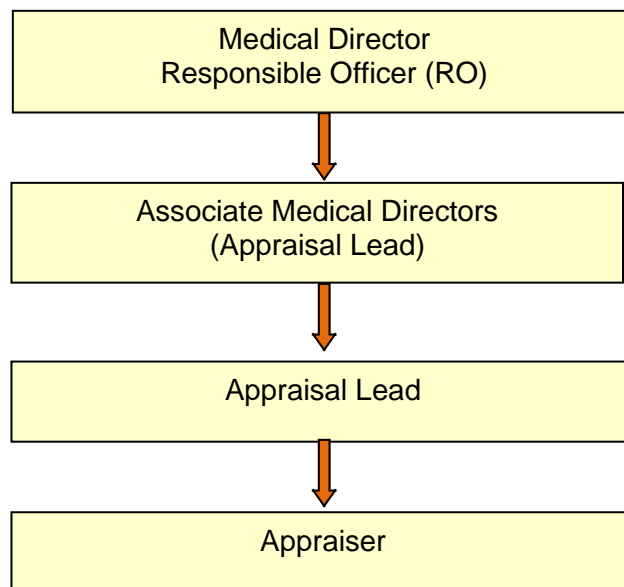
The appraisal overall	
Was the appraisal useful overall for...	
Your personal development?	Yes <input type="checkbox"/> ... No <input type="checkbox"/>
Your professional development?	Yes <input type="checkbox"/> ... No <input type="checkbox"/>
Your preparation for revalidation (if applicable)	Yes <input type="checkbox"/> ... No <input type="checkbox"/>
Promoting quality improvements in your work?	Yes <input type="checkbox"/> ... No <input type="checkbox"/>
Improving patient care? (where applicable)	Yes <input type="checkbox"/> ... No <input type="checkbox"/>
Any other comments about your appraisal overall Click here to enter text.	

Thank you for taking the time to complete this questionnaire.

Please return it to Emily.peer@nhs.net

Appendix 3: Appraisal and revalidation structure and reporting

Trust organisational structure for Medical/Dental Appraisal and Revalidation:



Trust reporting structure for Medical Appraisal and Revalidation:

