

Policies, Procedures, Guidelines and Protocols

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1.0 Introduction

- 1.1. The delivery of high-quality patient care within the NHS critically depends on every member of staff:
- Having a clear understanding of the Trust vision and values, their role and the part they play in their team and organisation
 - Having an agreed set of priorities and objectives for their work
 - Possessing and applying the knowledge and skills they need to perform that role effectively and to achieve their objectives.

2.0 Purpose

- 2.1 The purpose of this policy is to set out the integrated clinical governance framework and the Trust Management Appraisal process for medical and dental staff who work for the Trust. (This is in addition to the Medical Appraisal and Revalidation process). The policy also sets out the process for Accreditation and Re-accreditation for Practitioners with Special Interests (PWSI) including GPs with Special Interests (GPwSIs), who are a subset of GPwERs (GP with Extended Roles).

3.0 Scope

- 3.1. This policy applies to the range of medical staff who deliver services across the Trust's community and hospital based settings.

4.0 Roles and Responsibilities

- 4.2 The Trust Board will be responsible for:
- Giving their commitment to fair and equitable treatment of all members of staff who undertake a Trust Management Appraisal irrespective of age, gender, marital status, disability, race, colour, national/ethnic origins, religion or sexual orientation.
- 4.3 Directors will be responsible for:
- Ensuring the implementation of this policy and procedure and providing the Board with robust assurance that appraisals are being undertaken in accordance with the criteria set out in the policy.
 - Ensuring regular audit takes place to monitor that the systems in place adequately monitor compliance with this policy.
- 4.4 Human Resources and Workforce will be responsible for:
- Development of the policy and associated documents

- Delivery of training and advice on the appraisal process.
- 4.5 Line Managers and Senior Managers will be responsible for:
- Ensuring that both they and their staff are aware of the policy and for applying the policy consistently for all staff.
 - Ensuring that every member of medical staff within their scope of management receives a management appraisal and to ensure that performance is managed appropriately, raising concerns about the performance of a member of staff at the first available opportunity.
 - Keeping appropriate and accurate records relating to the appraisal, both on paper format on the personal file and on ESR through Manager Self-Service.
- 4.6 Staff will be responsible for:
- Being aware of and adhere to this policy and to take part in the appraisal process and any associated interim reviews.

5.0 Integrated Medical Clinical Governance

- 5.1 The Trust has a large diverse group of services with service managers and clinical leads responsible for their day to day running. Associate Medical Directors and Divisional managers provide the next tier of support and governance, reporting to the Medical Director and Director of Nursing and Operations respectively, then to the Trust Board.
- 5.2 Doctors working at the Trust will be supported by Medical Leadership structure (Appendix 1) which details how the Operational and Medical Directorates will work together.
- 5.3 Operational and service matters will usually be dealt with by their Service Managers (CSMs) and directorates. Professional concerns and operational concerns causing dispute will usually involve the relevant Associate Medical Directors and Medical Directorate.

6.0 Trust Management Appraisal of all staff

- 6.1 In keeping with all other Trust employees, medical staff working for the Trust will meet with their service manager annually for a Trust Management Appraisal. This is in addition to their Annual Clinical appraisal.
- 6.2 Medical staff will have their Responsible Office (RO) and Annual Clinical Appraisal in the setting where they do the majority of their work, which may not be with the Trust.
Annual Clinical Appraisal includes appraisal of all clinical roles, but the board requires evidence to provide assurance that doctors working for the Trust are working to an agreed standard and maintaining their competencies in their employed roles, which may be outside of their normal professional competencies.

- 6.3 Where medical staff are working outside of their normal professional competency the Trust Management Appraisal will be the key process in providing evidence and assurance to the board that they are meeting the requirements of their service and role, as described in the service specification and performing to agreed levels.

Professional Speciality roles			
Consultant	Royal College defined role	Job Description defined requirements and normal professional competencies	<ul style="list-style-type: none"> Annual Clinical Appraisal provides assurance of competency. Trust Management Appraisal supports this.
Specialty Doctor			
GP			

Roles with specialist competencies			
Community Hospital GP	Commissioning body/ Service Level Agreement defined service specification defined role	SLA/ Contract defined requirements and competencies, outside of their normal professional competencies- some roles have college defined requirements which may be referred to in the service specification	<ul style="list-style-type: none"> Trust Management Appraisal with evidence of ongoing clinical mentorship to provide assurance of competency in defined role. Annual Clinical Appraisal provides assurance of competency in range of professional roles.
GPwER including GPwSI			
Prison GP			

- 6.4 Medical staff working for the Trust will meet with their service manager, or other appointed manager, annually for a Management Appraisal of their work for the Trust. This will provide an opportunity for them to discuss their roles and performance at the Trust, as defined in their contract and the service specification, to discuss management progress made, any compliments or concerns that have arisen, review mandatory training requirements and consider any role specific professional development or training requirements they may have.
- 6.5 The appraisal will be documented using a standard template (Appendix 2) by the service manager, including dates of annual Clinical Appraisal and GMC revalidation, and shared confidentially with the Medical Director to evidence his assurance to the board that doctors working at the Trust are fulfilling their contracted / employed roles and working to agreed standards, and to improve and develop processes to support doctors working at the Trust.
- 6.6 PwSIs and GPwERs will have regular clinical mentorship to support their practice and development needs. Recommendations will be shared with their service manager at Trust Management Appraisal and at their Annual Clinical Appraisal, to support appraisal of all roles and inform their PDP (Professional Development Plan).

7.0 Accreditation and Reaccreditation of PwSIs and GPwERs

7.1 Accreditation

7.1.1 PwSIs and GPwERs employed to undertake a role outside of their normal professional competency (accredited roles) must meet the defined competencies in the service specification.

7.1.2 The competencies defined for a role should be detailed by commissioning bodies in the service specification and should reflect national competency frameworks where available.

Accreditation will remain specific for the PwSI and GPwER role within a specific service and is non-transferable.

7.1.3 PwSIs and GPwERs will be assessed for their competency on appointment (Accreditation), and then at agreed intervals (Reaccreditation) using the process outlined in Appendix 3.

Accreditation may be deferred for an agreed period, not usually more than 6 months, if an applicant has some relevant experience and will undertake an agreed training or induction plan to meet the needs of the role.

7.1.4 The Trust Accreditation Panel will comprise of members drawn from the Medical, Operations and Quality Directorates and include the proposed specialist Mentor where possible.

Any decision regarding accreditation will be communicated by email following receipt of all required evidence within an agreed timescale, usually 14 days.

Medical staff wishing to appeal any decision they should contact the Medical Director.

7.1.5 Salary bands for PwSIs and GPwERs reflect the level of experience on appointment:

- Band 1: Basic/training
- Band 2: Intermediate/Specialist Qualification
- Band 3: Experienced/ Senior

7.2 Reaccreditation

7.2.1 Guidance from Health Education England and the Royal College of General Practitioners is that accredited roles are reviewed at Annual Clinical Appraisal with an appraiser provided by their prescribed connected body.

The evidence that a PwSI or GPwER is keeping their requisite knowledge and skills up to date and maintaining their competencies should be reviewed through the annual whole scope of practice (Clinical) appraisal. This replaces the former process of re-accreditation for GPwSIs.

7.2.2 Performance is reviewed at Trust Management Appraisal by service managers and is the key process in providing evidence, and thus assurance, to the Trust board that employed PwSI and GPwERs are meeting the requirements of their service and role, using the Trust Management Appraisal Template (Appendix 2).

7.2.3 Clinical competence in the range of professional roles is reviewed at annual clinical appraisal. Clinical audit and development needs should be discussed and documented.

- 7.2.4 Outputs from discussions with the clinical mentor feed into the Trust Management Appraisal and are then shared at the Annual Clinical Appraisal to support appraisal across their full scope of practice and inform their PDP.
- 7.2.5 Performance concerns should be raised through the management and medical directorate leadership structures.

8.0 Related documents

8.1 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:

- Appraisal and Revalidation Policy for Medical Staff
- Professional Registration Policy
- Anti-Fraud, Bribery and Corruption Response Policy
- Anti-Bribery Policy and Procedure
- Disciplinary Policy
- Equality and Diversity (Everyone Counts) Policy
- Managing Attendance at Work Policy

8.2 Other related documents

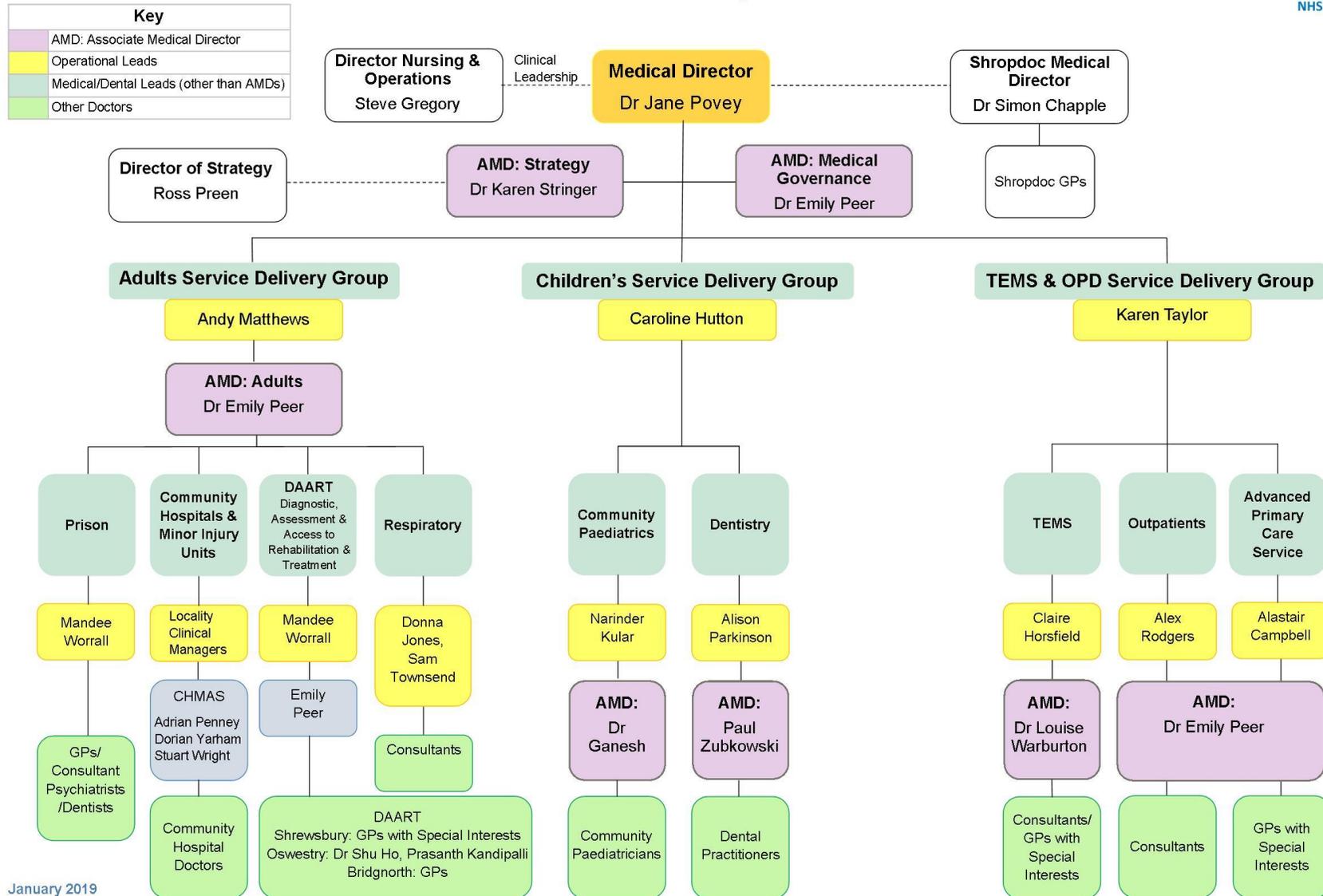
- Maintaining High Professional Standards in the Modern NHS (MHPS)
- General Medical Council Good Medical Practice
- General Dental Council Standards for Dental Professionals
- The National Health Service (Performers Lists) (England) Regulations 2013
- RCGP Framework to support the governance of GPwERs (2018)
<http://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/general-practitioners-with-extended-roles.aspx>

9.0 Appendices

- 9.1 Clinical / Medical Leadership structure
- 9.2 Trust Management Appraisal Template
- 9.3 SCHAT Pathway for Accreditation/ Reaccreditation of services and roles

Appendix 1 Medical Leadership structure

Medical Leadership Structure



January 2019

Appendix 2 Trust Management Appraisal Template

Management Appraisal of:
Service Manager:

Date:
Service:

Management Appraisal Checklist	Summary of discussion	Planning, agreed actions and timescales
Quality, Safety and Performance against Service specification requirements 1. Activity/Performance 2. Clinical Audit/ Quality Improvement activities 3. Compliments/ Complaints/ Concerns 4. Discuss conflicts of interest/ disclosures		
SCHT Mandatory training 1. Review against role requirements 2. Evidence if undertaken externally		
Role specific requirements (where applicable) 1. Any specific Royal College guidance, attendance at MDTs, specific training and updates? 2. Clinical Mentorship arrangements 3. Reflections on learning in this role over the past year 4. Recommendations for PDP		
Annual Clinical Appraisal 1. Date of last Annual Clinical appraisal 2. Patient and Colleague Feedback		
GMC Registration and Revalidation 1. Confirm registered with the GMC and engaged with Revalidation process 2. Confirm statement of probity		
Service Manager:	Signature:	Date:
Appraisee:	Signature:	Date:

Appendix 3 SCHT Pathway for Accreditation/ Reaccreditation of services and roles

