



Independent Doctors Federation

Medical Appraisal Policy v 1.4

2 Jan 2024

Recognised by



Contents

Policy Statement.....	- 3 -
Scope of Policy.....	- 3 -
Objectives of appraisal	- 3 -
Key Principles.....	- 4 -
Equality and Diversity	- 4 -
Appraisal in the Context of Revalidation	- 4 -
Accountability, Roles and Responsibilities	- 5 -
Integration between appraisal and other quality and safety systems	- 6 -
Managing Exceptions.....	- 6 -
Introduction to IDF Appraisal	- 6 -
Procedure for IDF Appraisal	- 7 -
IDF Appraisal Protocols.....	- 10 -
Remote Appraisal	- 14 -
Flowchart for Appraisee procedure.	- 15 -
Letter for Appraisee to Sign and Return, Joining the IDF Appraisal System	- 16 -
IDF Online Appraisal Form.....	- 17 -
Appraiser Selection Process	- 18 -
Person Specification for Medical Appraisers.....	- 19 -
Competency Framework for Medical Appraisers.....	- 21 -
Medical Appraiser Competency Self-Assessment Tool	- 25 -
Appraiser Self Declaration.....	- 27 -
Letter for IDF Appraisers to Sign	- 30 -
Flowchart for Appraiser Procedure	- 32 -
Quality Assurance Strategy.....	- 33 -
Appraiser Performance Process	- 36 -
Appraiser Performance Process Flowchart	- 38 -
Appendix A - Impact Assessment Tool.....	- 40 -
Appendix B - Appraisal Evaluation Form	- 42 -
Appendix C - IDF Quality Assurance Audit Tool.....	- 45 -

Policy Statement

The IDF strives to ensure that appraisals are being conducted in a kind and compassionate way whilst also ensuring that doctors keep on track to fulfil the requirements of GMC revalidation.

This policy outlines the procedures and protocols governing the IDF appraisal process. IDF members who wish to be appraised must sign up to the terms and conditions within this policy and no changes or amendments can be made.

The IDF Medical Appraisal Policy complies with the requirements set out in The Medical Profession (Responsible Officers) Regulations 2010 (<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>) and subsequent amendment statutes.

It is the policy of the IDF to promote the value and worth of appraisal for all IDF members.

It is the policy of the IDF to ensure effective arrangements exist to facilitate appraisal in a fair and consistent manner for all IDF members who are IDF appraised.

Scope of Policy

This policy is applicable to all IDF members who take part in the IDF appraisal system.

Objectives of appraisal

Appraisal is a formative and developmental process. It is about identifying development needs and is not an employer/employee performance management review. It is a positive process which gives doctors feedback on their past performance, charts their continuing progress and identifies development needs. During their annual appraisal, doctors use supporting information to demonstrate that they are continuing to meet the principles and values set out in GMC guidance Good Medical Practice.

Appraisal provides individuals with an opportunity to:

- Reflect on their practice and their approach to medicine
- Reflect on the supporting information they have gathered and what that information demonstrates about their practice
- Identify areas of practice where they could make improvements or undertake further development
- Demonstrate that they are up to date

Key Principles

Appraisal is an annual requirement for all GMC registered doctors who wish to retain their licence to practise. It should be a positive process which adds value for the doctor without being unnecessarily burdensome.

All appraisals must consider the whole of the doctor's practice. The appraisal year runs from 1st April – 31st March and each doctor should have an appraisal within this period. The appraisal should cover the period since the doctor's last appraisal or, where the doctor has not been appraised before or the previous appraisal took place more than 15 months ago, it should cover the previous 12 months.

Equality and Diversity

This policy is consistent with the IDF's Diversity, Inclusion and Belonging statement:

IDF strongly believes that the need for diversity, equity and inclusion is not an abstract concept but a term of value, depth and character. We want to ensure that the spirit of good practice around inclusion is manifested in our attitudes, aspirations and authority to do the right thing. The IDF is committed to the fact that all members should feel they belong in our organisation

The IDF recognises the diversity of its members. Our aim is therefore to provide a safe environment where all members are treated fairly and equally and with dignity and respect. All members are entitled to an equal opportunity to undertake an annual appraisal of consistent quality.

The IDF is committed to implementing this policy in a way which promotes the fair and equal treatment of all members and eliminates discrimination on the grounds of race, disability, gender, gender reassignment, age, sexual orientation, religion or belief, marriage or civil partnership, pregnancy and maternity. It is the responsibility of all to ensure that they implement this policy in a manner that recognises and respects the diversity of the membership.

To this end IDF appraisers and the IDF Revalidation Team receive Equality and Diversity training at least once every two years.

In addition, the IDF has a legal duty to make any reasonable adjustments to the way the appraisal process is undertaken, to ensure that a disabled member is not substantially disadvantaged. This should include exploring with the member any reasonable adjustments that may support them achieving a completed appraisal.

The IDF has conducted an Equality and Diversity Impact Assessment. The results of this are included in Appendix A. This is reviewed and re-assessed on an annual basis as a minimum.

Appraisal in the Context of Revalidation

Revalidation is the process by which doctors have the opportunity to demonstrate that they remain up to date and fit to practise. Revalidation is based on local clinical governance and appraisal processes. Effective medical appraisal and subsequent revalidation satisfy the requirements of Good Medical Practice and support doctors' professional development.

As part of annual appraisal, a doctor's portfolio of supporting information based on the Good Medical Practice framework for appraisal and revalidation is reviewed and discussed, and an evaluation made of the doctor's professional practice according to Good Medical Practice. This process is supervised by a Responsible Officer (RO). The RO will make a submission to the GMC when the recommendation falls due in line with the GMC guidelines, normally every five years.

Where indicated, the RO will inform the GMC of any concerns about a doctor's fitness to practise, or a doctor's refusal to engage in the processes which inform the revalidation process. These issues should be addressed as they arise and not solely when a revalidation recommendation is due. The IDF has a complaint and concerns tracking process. For connected members, the doctor's subsequent appraisal will be reviewed to ensure that details of the complaint or concern have been appropriately recorded. Where the doctor relates to a RO outside the IDF, contact will be made with the relevant RO to advise them of the complaint or concern.

The GMC has produced a number of documents which describe revalidation and the requirements of appraisal in this context:

- *Good Medical Practice (GMP)* – defines the principles and values on which doctors should base their practice
- *Details on Meeting the GMC's Requirements for Revalidation*
- *GMP: Explanatory Guidance* – offering information on how GMP principles apply in practice
- *GMP Framework for Appraisal and Revalidation* – translates Good Medical Practice into a format suitable for demonstration at appraisal
- *Guidance on Supporting Information for Appraisal and Revalidation* – describes the information required of doctors for the purposes of appraisal and revalidation

All of these documents are available via the GMC's website, www.gmc-uk.org

To assist members in reflecting on their practice a wide range of structured reflective templates are available to download when logged into the IDF website.

Accountability, Roles and Responsibilities

For individual doctors who wish to retain their licence to practise, annual appraisal is a professional responsibility; it is a requirement of revalidation. In line with the Responsible Officer (RO) Regulations, ROs have a duty to ensure that appropriate quality assured systems of appraisal are in place within their organisation and available to doctors relating to the designated body.

To avoid conflicts of interest, the IDF RO will not undertake appraisals of doctors about whom they will be required to make a revalidation recommendation.

The IDF RO may involve members of the IDF Revalidation Team, Responsible Officer Advisory Group (ROAG) and Appraisal Committee in decision making when required.

Appraisers are responsible for maintaining their own skills in this role (e.g. by attendance at Appraiser Update Training as detailed in the IDF's Quality Assurance Strategy), preparing for and

facilitating appraisal discussions and producing the appraisal summary and PDP in line with agreed quality criteria.

Appropriate leadership, support and ongoing development will be provided for appraisers by the IDF and an annual review of appraiser performance will take place.

Integration between appraisal and other quality and safety systems

Clinical governance information plays a key role in the supporting information for appraisal and revalidation. Doctors are required to upload quality improvement activity including audit, significant event analysis, a review of complaints and clinical performance data where this is available. It is the doctor's responsibility to ensure this information is included in their supporting information.

Where the IDF is aware of a complaint made against an IDF member via the IDF Complaint Resolution Process, a monitoring system is in place to ensure this is appropriately recorded at the doctor's next appraisal.

Appraisal, complaints and rehabilitation/remediation are separate systems which fulfil distinct purposes, while all contributing to overall clinical governance and the wider quality and safety agenda. For doctors to be properly supported and for revalidation as a whole to operate effectively the IDF record keeping system connects these together to ensure there are clear, consistent, transparent information flows. For this to be achieved safely, appraisers and the IDF Revalidation Team receive Information Governance training at least once every two years.

Managing Exceptions

There is an electronic process in place to remind connected members of the requirement to undergo annual appraisal within the required timeframe. There is also a process in place for supporting and managing doctors who fail to complete their appraisal within the required timeframes and for reporting these exceptions.

Introduction to IDF Appraisal

The Government has written legislation regarding the requirements for Revalidation. Appraisal plays an important part in this process. The IDF developed an appraisal system following the advice of the GMC, the Department of Health and the NHS Revalidation Support Team, which is open to all IDF members who can sign and return the terms and conditions found on page - 16 - of this policy. A number of appraisers have been trained, and an Appraisal Committee is in place. The Committee works on the continuing development of the system as requirements and regulations change, in order to ensure that we comply with the expectations of the GMC. This Committee includes the IDF Responsible Officer (IDF RO), the Revalidation Director (RD), a number of IDF appraisers and the IDF's Lay Patient Representative(s). Details of the Committee can be found on the IDF website.

Medical appraisal through the IDF has 3 main purposes:

1. To enable doctors 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 Good Medical Practice and thus to inform the revalidation recommendation made to the GMC by the doctor's RO
2. To enable doctors to enhance the quality of their work by planning their professional development

3. To enable doctors to consider their own needs in planning their professional development

Appraisal can be viewed as a framework in which a doctor can demonstrate the quality of their daily work and record their frustrations and disappointments as well as their successes and aspirations. Appraisees will have the opportunity to discuss their wellbeing with their appraiser at the appraisal meeting. It involves completing the appraisal form, collecting and uploading relevant supporting information, and then discussing both the form and supporting information with an appraiser. The discussion is recorded on the form and a Personal Development Plan is produced for the coming year based on the results of the discussion.

Doctors should keep the original copy of all the documents relating to the appraisal and an electronic copy of the completed form when finalised, as they may need to submit this information to the GMC as part of their quality assurance system for the appraisal process.

The Revalidation Team has developed guidance for members, and an online appraisal form which should be completed each year.

Procedure for IDF Appraisal

- IDF appraisal is mandatory for all connected members and open to all non-connected members who hold a GMC licence to practise and undertake work in the UK which requires them to hold a GMC licence to practise. For this purpose, the UK is deemed to include the UK, British Overseas Territories and British Crown Dependencies. For doctors undertaking digital healthcare work overseas, this will be considered work in the UK if the work undertaken is for a UK based company which is CQC registered.
- Potential appraisees may review the IDF appraisal documentation and advice for completion on the website. The appraisal form can be viewed by logging in to the IDF website. Prior to the appraisal interview, sections 3-17 of the online form will need to be completed, and supporting information collected, as laid down in the guidelines. All supporting information must be anonymised and must be attached to the electronic form; where anonymisation is impossible the supporting information can be brought to the appraisal meeting.
- The appraisee approaches the IDF Revalidation Team for random pairing with an IDF appraiser. Where we have an appraiser within the same specialty the option of choosing an appraiser from inside or outside of the appraisee's specialty will be given. Geography can also be taken into account when making appraisal pairings. The IDF Revalidation Team can be contacted by telephone or email using the contact details below. It is the appraisee's responsibility to be familiar with any specific requirements placed on them by external organisations regarding the appraisal pairing, and the IDF Revalidation Team must be informed of these when the appraisee comes forward for appraisal.
- The appraisee signs and returns the pre-printed letter found on page - 16 - of this policy to confirm that they have received, read and understood the policy documentation including the rules governing participation in the IDF appraisal system. This only needs to be signed once before an appraisee's first IDF appraisal.
- The total cost of an IDF Appraisal is £885. At the time an appraisee requests an appraisal and on receipt of the appraisee letter the £295 IDF fee is due and this is non-refundable. On

receipt of this the appraisal form will be activated. The remaining £590 is due before the appraisal takes place. Where deemed necessary the IDF reserves the right to demand that full payment is made before activating the appraisal form. Payments can be made online when logged into the IDF website, by credit card over the telephone or by Bacs transfer to account 20-65-90, 93593746. The IDF recognises that some appraisees request to open their appraisal form several months before the appraisal meeting. As appraisal fee changes take effect from the start of the appraisal year (1st April) there may be circumstances where appraisees, who have paid in the previous appraisal year for their appraisal due the following year, are required to pay an uplift fee.

- For doctors in the GMC Annual Return Process the IDF appraiser will complete and submit a Rev 12 form to the GMC following an IDF appraisal. The fee for this service is £75 and is payable by the same methods detailed in the paragraph above. This will be invoiced separately when we are informed by the appraisee that a Rev 12 is required. A copy of the Rev 12 must also be returned to the IDF Revalidation team.
- The random pairing is made and the IDF Revalidation Team contacts both the appraiser and the appraisee. It is **not** possible for an appraisee to choose their appraiser. Both appraiser and appraisee have the right to reject the pairing if they so wish. The appraisee has the right to only one refusal, and if they are unhappy with the second random choice they will need to pursue their appraisal outside the IDF system. Please note that for connected members this would require them to either switch to IDF non-connected membership or terminate their IDF membership in order to cease the prescribed connection they have to the IDF, as connected members are required to undertake their appraisal within the IDF system.
- The appraisee contacts the appraiser to arrange an appraisal meeting at a mutually convenient time and location; this confirms the appraisee's acceptance of the pairing. It is not appropriate for the appraiser to establish contact in the first instance. The appraisal should be expected to take between two and four hours. The location should be appropriate for confidential discussion without interruption from telephone calls or other distractions.
- The appraisee electronically submits their completed form to their appraiser including the uploaded supporting information **at least** two weeks prior to the appraisal date. The form includes an optional wellbeing section as the IDF recognises the importance of doctors' health and wellbeing in order to provide high quality safe care.
- If insufficient data and supporting information are provided it is the appraiser's responsibility to liaise with the appraisee in advance of the appraisal meeting to rectify this. If, having fully explored this, the appraisee cannot provide sufficient information then the appraisal meeting, which would no doubt focus on how the appraisee should approach future appraisals, can go ahead. The lack of information should be reflected in the statements to the IDF Responsible Officer (IDF RO) and the Appraisal Summary. Please note that in the situation where it is the appraisee's last appraisal before their revalidation submission date, the appraiser must check with the IDF Revalidation Team at least 5 working days prior to the planned appraisal meeting before going ahead with the appraisal if insufficient information is provided by the appraisee.
- When reviewing the documentation in advance of the meeting the appraiser prepares a list of items to be discussed.
- The appraiser uses the online system to check whether the signed appraisee letter and payment have been received prior to meeting with the appraisee and should not go ahead

with the meeting unless these have been received. The appraiser is responsible for postponing the meeting if necessary but may request the assistance of the IDF Revalidation Team in chasing the outstanding payment or letter via the “Payment reminder” link on the IDF website.

- Once the meeting has taken place, the appraisee keeps all the original documentation.
- The appraisal outputs are added by the appraiser to the post appraisal sections of the appraisal form (agreed PDP, summary of appraisal discussion and appraisal output statements and agreement must be confirmed electronically by both appraiser and appraisee. Once agreed, the form will be submitted automatically to the IDF Revalidation Team and e-mails will be sent to both appraiser and appraisee confirming the appraisal has been completed.
- The appraisee should keep an electronic copy of the final pdfs, both the full form and the appraisal outputs summary, and the zip file of supporting information when the appraisal is completed.
- The appraiser can upload an electronic copy of the final pdf to their secure area of the IDF website if they choose to use this facility to store a copy of the form. Otherwise, a copy can be obtained from the IDF Revalidation Team on request.
- The IDF Revalidation Team sends the appraiser payment their fee, and e-mails the appraisee explaining the procedure for subsequent appraisal and requesting that the online appraisal evaluation survey be completed.
- The appraisee completes and submits the online appraisal evaluation survey.
- When the appraisee is ready for a further appraisal, they should contact the IDF Revalidation Team.
- Appraisees may remain with their randomly allocated appraiser for a maximum of 3 consecutive appraisals, assuming both appraisee and appraiser wish this to be the case.
- Appraisees must, after 3 consecutive appraisals with the same appraiser, have a period of at least three years before being appraised again by the same appraiser.
- Evidence of appraisal will be submitted to the IDF Responsible Officer for review. If these procedures have not been properly followed, the appraisal may not be valid for revalidation.

For the purpose of Appraisal, IDF Revalidation Team contact details are as follows;

Comfort Aladetoun, 020 3696 4091, comfort@idf.co.uk

Dominika Mazur, 020 3696 4088, dominika@idf.co.uk (Maternity Leave)

Christina Minasova, 020 3696 4087, christina@idf.co.uk

Sophie Gainsley, sophie@idf.co.uk

Cassandra Fitzgerald, cassandra@idf.co.uk

Lettsom House, 11 Chandos Street, Marylebone, London, W1G 9EB

IDF Appraisal Protocols

The IDF appraisal process is based on the NHS Revalidation Support Team's Medical Appraisal Guide and the GMC's Good Medical Practice Framework for Appraisal.

The IDF has arranged professional indemnity insurance for the IDF appraisers and Responsible Officer. This insurance, subject to its terms and conditions, has an aggregate limit of £5 million in the policy year in respect of claims for bodily injury i.e. the maximum amount payable by insurers for all claims against all insured persons in respect of bodily injury is £5 million in the policy year. The policy is worldwide other than claims brought in the United States of America and Canada.

Appraisers must also inform their indemnity provider or medical protection society that they will be undertaking appraisals for the IDF, and they must request that their cover be extended to include this activity

The IDF has internal and external Quality Assurance processes in place.

Compliance with the following protocols is a requirement of the IDF Appraisal Process. They must be carefully read by all appraisers and appraisees, who are required to sign a document confirming, amongst other things, that they have understood and will comply with them.

Both Appraiser and Appraisee:

- Must treat each other without discrimination on the grounds of race, disability, gender, gender reassignment, age, sexual orientation, religion or belief, marriage or civil partnership, pregnancy and maternity
- Should not bring the name of the IDF or its appraisal system into disrepute.
- Must advise the IDF Revalidation Team if the suggested appraisal pairing is with a business partner, someone with whom they have equivalent business liaisons, or if there is any other reason why the pairing may not be suitable.
- Should only arrange appraisal meetings with the knowledge of the IDF Revalidation Team.
- Must attend the appraisal meeting promptly at the time and place agreed.
- Must share photographic identification (passport, driving licence or national identity card e.g. UK citizen card) with each other at the outset of the first meeting of each new appraisal pairing, whether face to face or carried out remotely. The appraiser should document this in the appraisal summary.
May meet face to face or remotely in line with the appraisal policy. The IDF's experience of remote appraisal has been positive. It is however recommended that the appraiser and appraisee should meet at least once face to face during the course of the 3 year cycle, preferably for the first pairing if distance does not make this impractical or if the appraiser or appraisee considers this necessary.
- Must meet face to face if required by the RO.
- Should ensure that a computer with internet access is available for use during the course of the appraisal interview. If this is not possible for any reason please use the IDF Appraisal

Outputs word document provided and copy and paste the comments across to the online form when an internet connection is available.

- Should be the only people present for the duration of the appraisal meeting. If an additional person is felt to be required to be present for the duration of the meeting then prior approval should be sought from the RO and Revalidation Director (or their deputy)
- Should not be under the influence of alcohol or drugs during the appraisal.
- Must give the appraisal process sufficient time to be completed.
- Must raise any complaints or concerns regarding the appraisal process with the IDF Revalidation Team.
- Should not make payment of any kind apart from the appraisal fee (which must be paid via IDF) and any reasonable and necessary expenses for the appraiser to attend the appraisal appointment that have been agreed in advance, nor should any bribe or gift change hands with respect to the appraisal process. Specifically, the appraiser fee must not be handed directly to the appraiser.
- Must ensure that the documentation is completed within 28 days of the appraisal meeting.
- Must accept their responsibility to recognise potentially serious performance issues where a colleague's health, conduct or performance poses a threat to patients. It would be exceptional for such serious concerns to be first identified at appraisal, but both appraisers and appraisees need to recognise that as registered medical practitioners, patients must be protected in line with Good Medical Practice.

Appraisees:

- Must have an up to date email address recorded on the IDF database at all times in order that the IDF can communicate with them.
- Are responsible for approaching the IDF Revalidation Team for random pairing with an IDF appraiser.
- Must sign and return the pre-printed letter regarding having received, read and understood the procedures and rules governing participation in the IDF appraisal system before their first IDF appraisal.
- Must pay the appraisal fee according to the terms of the invoice they receive. The usual terms are that the £295 IDF payment is made initially; once it is received the appraisal form is activated. The remaining £590 must be settled before the appraisal meeting takes place.
- Should complete the online appraisal form as outlined in the guidance.
- Must make complaints, probity and health declarations as part of their appraisal submission and are responsible for ensuring the accuracy of all information provided. If this is found not to be the case, then it will raise a probity issue; for example, failure to disclose a complaint or the outcome of a preliminary investigation.
- Must electronically submit their completed form to their appraiser together with the supporting information **at least** two weeks prior to the appraisal date. Please note that all supporting information must be uploaded to the form.
- Are responsible for ensuring that a back up copy of the form and supporting information is available at the appraisal meeting, either on a computer or in hard copy.
- Are responsible for paying their appraiser's reasonable and necessary expenses to attend the appraisal appointment. This might include second class rail fare, standard air travel, car travel at 45 pence per mile, parking, or in exceptional circumstances hotel costs. This should always be discussed between appraiser and appraiser and agreed prior to the appraisal.
- Should keep all original documentation following the appraisal meeting.
- Should provide feedback on the appraisal process via the online survey.

- Are responsible for advising the IDF Revalidation Team of their wish to be appraised again in subsequent years whether by the same or by a different appraiser.

Appraisers

- Must undergo IDF appraiser training, and be selected to appraise at the end of that training.
- Must successfully complete their probation period in advance of being appointed as an IDF appraiser.
- Must sign to confirm that they accept the IDF regulations and protocols governing appraisal.
- Must undergo annual appraisal themselves, and should provide evidence of this to the IDF Revalidation Team if performed outside the IDF.
- Must attend regular Appraiser Update Training. These will be held on one full day three times per revalidation year. Attendance is expected at one of these events per revalidation year as a minimum.
- Must undertake a minimum of six IDF appraisals per year.
- Must participate in the IDF internal Quality Assurance process.
- May only claim expenses in line with the appraisee protocol above. Any upgrade would need to be paid for by the appraiser. The appraiser must discuss and agree all expenses with the appraisee in advance of the meeting.
- May only appraise IDF members who have been randomly paired with them by the IDF Revalidation Team. Appraisers need to use the online system to ascertain that both the signed letter and payment have been received by the IDF prior to each appraisal taking place.
- Must not go ahead with a meeting if the appraisal form has not been submitted to them via the IDF online system.
- Must ensure that the appraisee is comfortable with the agreed format of the appraisal meeting i.e. face to face or remote and should, if remote, offer the appraisee the opportunity to make contact at least 2 days prior to the appraisal via video calling software to ensure that the technical quality of the communication is adequate for an appraisal to take place.
- Must give adequate time to prepare for each appraisal carried out. Appraisers may find it helpful to use the IDF Appraisal Summary Preparatory Notes Template. It is not acceptable under any circumstance for the form to be viewed for the first time on the day of the appraisal meeting.
- Should, if the appraisal form is lacking in sufficient detail, work with the appraisee in advance of the meeting to rectify this. If, having done so, the supporting information remains insufficient, this should be noted in section 20 with recommendations for next year's submission. Please note the appraiser may be required to provide to the IDF RO documentation to show this information had been requested and was unavailable.
- Must look at the revalidation date entered on the appraisee's form and, if the appraisal form submitted is the last planned appraisal in the appraisee's current revalidation cycle, must, as part of the pre-appraisal process, ensure that the appraisee has provided mandatory quality improvement activity and patient and colleague feedback either within the submitted appraisal or in a previous appraisal within the current revalidation cycle. Where this is not provided the appraiser must seek guidance from the IDF RO or Revalidation Director at least 5 working days in advance of the appraisal meeting regarding the appropriate way forward.
- Should take with them to the appraisal
 - A list of items to be discussed and comments following their reading of the appraisal form and supporting information in advance of the meeting.
 - The Appraisal Outputs form in word format, in case the internet connection is lost during the course of the meeting.

- Must observe confidentiality, which should not be breached unless required to do so by law or unless convinced that the appraisee is a danger to themselves or to the public. If practice staff are involved in typing up documents they must be made aware that the documentation is confidential, and should not be given unnecessary access to appraisal documentation.
- Must create a comfortable environment for the appraisee.
- Must allow the appraisee to do most of the talking, demonstrating good empathy and listening skills.
- Should not be judgmental or impart their personal views.
- Should be kind and considerate of the appraisee's needs.
- Must write a description in the post appraisal summary of the appraisal discussion section of the appraisal form as it took place and must not use single words or disparaging statements. The description should provide an adequate summary of the appraisal discussion. As a minimum the appraiser must make reference to the items annotated with an asterisk in the help box for each domain. The appraisal outputs will be the subject of review for quality assurance purposes. As the appraisal outputs are designed for submission in their entirety by the appraisee to those who may require evidence of appraisal, they should be completed with this in mind.
- Must include in the summary details about any additional appraisal meetings that have been held e.g. a pre or post appraisal meeting or telephone call, making it clear what was discussed on each occasion. Additional appraisal meetings should be the exception rather than the norm and must take place by video or in person. The only exception to this is to seek clarification on a particular aspect of supporting information already discussed in the appraisal meeting and in such cases this may take place via a brief telephone call.
- Should ensure that all original documentation remains with the appraisee and can keep a copy of the final completed pdf. This should only be kept on file for future reference via upload to the secure area of the IDF website. All downloaded copies or saved copies must be deleted following the appraisal meeting.
- Should be mindful of their appraisal workload and should keep their pairing availability status updated on the IDF website at all times.
- Should not accept a new appraisal pairing when it is not realistic to complete this in a reasonable amount of time.
- Must protect patients from risk of harm posed by an appraisee's conduct, performance or health, including problems arising from alcohol or other substance abuse. The safety of patients must come first at all times. Where there are serious concerns about an appraisee's performance, health or conduct, it is essential that steps are taken without delay to investigate the concerns to establish whether they are well-founded, and to protect patients. If they have grounds to believe that an appraisee may be putting patients at risk, appraisers must give an honest explanation of their concerns to the IDF RO. The IDF RO considers the issue and the process outlined in the IDF Responding to Concerns Policy is implemented should this be considered appropriate.

Should an appraiser fail to adhere to these protocols or any other aspect of this policy, then they will be subject to the Appraiser Performance process outlined on pages 36 to 39.

Remote Appraisal

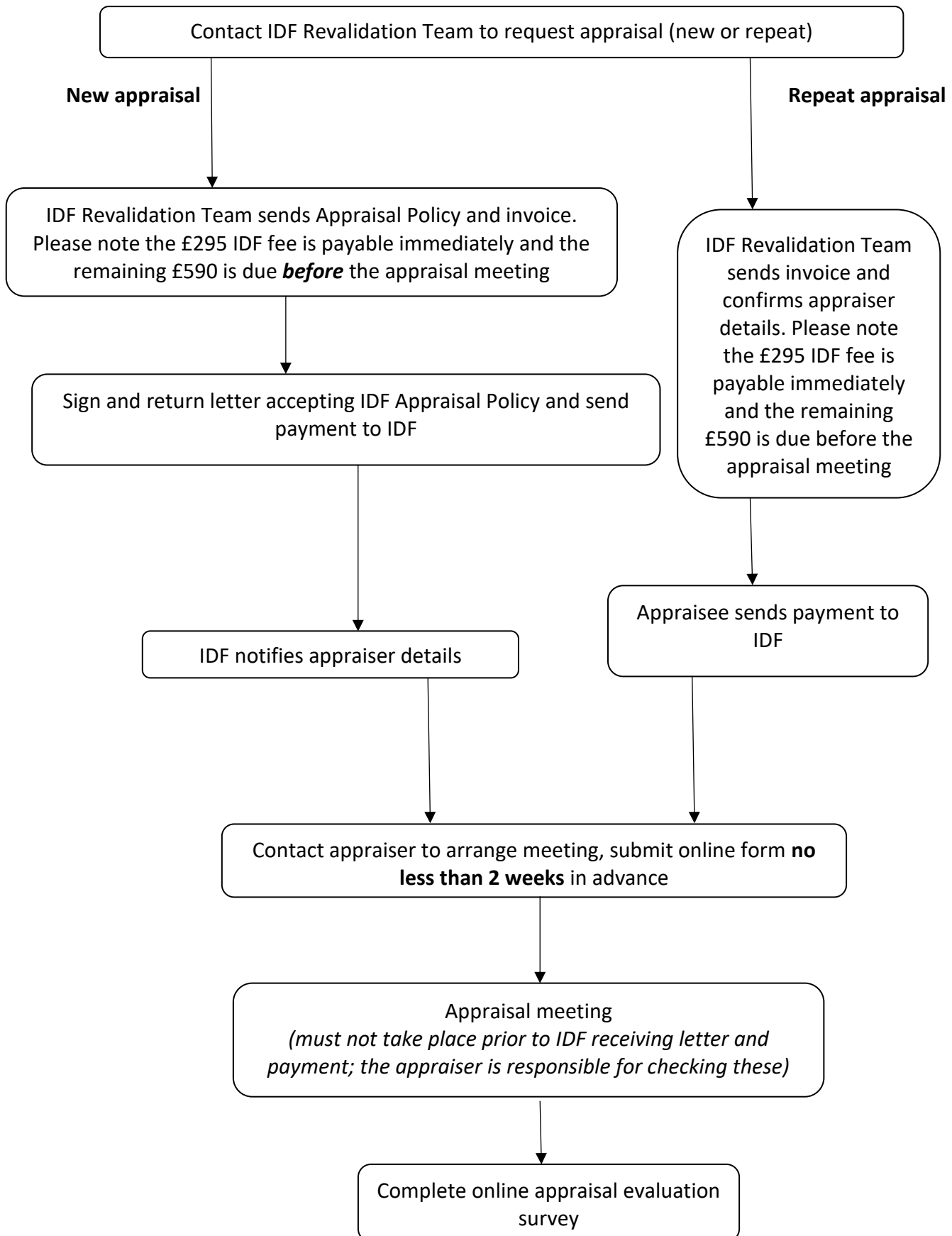
Remote appraisal:

- May not be used for appraisals where the RO has mandated that the appraisal be conducted face to face.
- May be used for appraisals. The IDF's experience of remote appraisals has been positive. It is however still recommended that the appraiser and appraisee consider meeting at least once face to face during the course of the 3 year cycle, preferably for the first pairing if distance does not make this impractical.
- Requires both appraiser and appraisee to agree to the appraisal being carried out remotely.
- Requires both appraiser and appraisee to be in an appropriate quiet undisturbed space.
- Requires appraiser and appraisee to hold the meeting using video calling software they are competent and confident to use. The video should be switched on and running for the duration of the appraisal meeting for both parties. The appraiser should offer the appraisee the opportunity to make contact at least 2 days prior to the appraisal via video calling software to ensure that the technical quality of the communication is adequate for an appraisal to take place.
- Requires appraiser and appraisee to use a platform which is agreeable to them both, preferably with a screen share facility e.g. Teams or Zoom. The platform used for the meeting must be documented within the appraisal summary and section 20 must also state that the appraisal was held remotely.
- Requires appraiser and appraisee to ensure that the webcam is positioned to show their whole face, not in silhouette, by use of satisfactory lighting. An acceptable background that is not distracting should be selected.
- Requires appraiser and appraisee to be appropriately dressed for the appraisal meeting.
- Requires the appraiser and appraisee to join the meeting on time.
- Requires the appraiser to ensure the remote meeting is locked, if feasible to do so, to ensure a confidential setting.
- Requires appraiser and appraisee to check at the outset of the appraisal meeting that they are each the only ones present in their rooms and that confidentiality is being maintained. Confirmation that this check has taken place must be recorded in the appraisal outputs.
- Requires appraiser and appraisee to try to re-establish connectivity if lost during the appraisal meeting. If connectivity is unable to be re-established then mutual arrangements need to be made to continue the remote appraisal at a future date and this should be documented in the appraisal summary.
- May in some cases require a short break during the meeting to avoid screen fatigue.
- Requires the appraisal process and documentation to be completed as for any other appraisal.

This remote appraisal policy will be reviewed on an ongoing basis.

Under exceptional circumstances e.g. Covid-19 pandemic all appraisals may have to be undertaken remotely and appraisers and appraisees should refer to specific guidance from the IDF Revalidation Team at that time.

Flowchart for Appraiser procedure.



Letter for Appraisee to Sign and Return, Joining the IDF Appraisal System

The Independent Doctors Federation
Lettsom House
11 Chandos Street
London Letter
W1G 9EB

Dear IDF RO,

I have received, read and understood the procedure and protocols governing participation in IDF medical practitioner appraisal. I agree to the terms outlined within this policy, and wish to proceed with an appraisal in respect of my medical practice. I also agree to comply with any future changes in this policy as advised. I accept that IDF appraisals conducted without adherence to this policy may not be accepted for revalidation purposes.

I understand and accept that the IDF and/or an appraiser may be required by law and/or the principles laid down in the GMC guidance document *Good Medical Practice* to report matters which arise out of an appraisal or to supply some or all of the appraisal papers to the appropriate medical or other authorities (including the General Medical Council).

I understand and accept that appraisal is a service provided by IDF to support its members and that neither IDF nor any appraiser will seek or accept any fee or other remuneration in respect of the appraisal service other than the fees provided in the IDF Medical Appraisal Policy as these may be varied or amended from time to time.

I understand and agree that all the documents, including templates, which I receive in the process of the appraisal are, and remain, the property of IDF and all copyright or other rights are reserved to IDF and may not be used or copied without the consent of IDF. My documentation may be used as part of the internal or external quality assurance process.

When completed, the final appraisal documents will be my personal possession and a copy will be stored in the secure dedicated section of the IDF website to which only I, the Responsible Officer and the IDF Administration team have access.

I confirm I hold a GMC licence to practise and undertake work in the UK* which requires me to hold a GMC licence to practise. I confirm that I will inform the IDF Revalidation Team immediately should this no longer be the case.

I now wish to proceed with the appraisal and wait to hear from you and your team.

Yours sincerely,

Print Name:

Date:

*For the purpose of this letter, the UK is deemed to include the UK, British Overseas Territories and British Crown Dependencies. For those doctors undertaking digital healthcare work overseas this will be considered work in the UK if the work undertaken is for a UK based company which is CQC registered

IDF Online Appraisal Form

The IDF has developed an online appraisal form for members to use when being appraised within the IDF system.

Once the IDF has received the initial £295 IDF fee a new form is activated. This form is accessed by logging into the Members' Area of the IDF website. If an appraisee is unsure of their log in details they should contact the IDF Revalidation Team.

The IDF considers the security of the IDF website to be paramount. Industry standard 128 bit SSL encryption is used for all pages - this is the same technology used by banks to protect customer financial details from hackers. All member only documents are stored outside the web accessible file system and streamed through an authentication provider to ensure only authorised access. In addition, a strong password policy is implemented to prevent guessing of passwords, passwords are stored one-way encrypted so even admins cannot view them, and an automatic lock-out system prevents repeat attempts at password hacking.

Appraiser Selection Process

- This recruitment procedure is based on the process found in the NHS England document *QAMA: Quality Assurance of Medical Appraisers Version 5, January 2014*.
- Each potential appraiser will apply by means of a CV and completed self-assessment template.
- Candidates for training will be selected from the pool of applicants by the IDF RO and the Revalidation Director taking account of specialty and geographical area as well as suitability for the role described in the person specification as demonstrated by their application.
- Candidates are required to pay a £200 refundable deposit. The receipt of this payment, together with the completion of the required preparatory work, will secure their place on the course. The £200 deposit will be refunded in full following their attendance at the course.
- As a minimum, each training session will be attended by the IDF RO and/or the IDF Revalidation Director in order to facilitate assessment in consultation with the trainer.
 - Following the training candidates will be asked to complete a further self-assessment template.
 - The training will include both verbal and written assessed exercises. Following the training the external trainer will present the results of the assessed exercises to the IDF to inform their appointment decisions. Those felt to be suitable will be accepted on a probationary basis.
 - Following training, the first two appraisals will be considered probationary; this period can be extended by the IDF RO and Revalidation Director should this be considered necessary. The Appraisal Outputs will be assessed by the IDF RO against the IDF Internal Quality Assurance Framework.
 - The decision to appoint an appraiser following the probationary period will be made by the IDF RO and Revalidation Director based on the completed appraisal outputs, and both the IDF Revalidation Team and appraisee feedback.

All decisions where doubts have been raised as to suitability following the two probationary appraisals may be reviewed by the Appraisal Committee should the IDF RO and Revalidation Director find this helpful. The decision of the IDF RO and Revalidation Director is final.

Person Specification for Medical Appraisers

The quality and consistency of appraisal relies heavily on the skills and the professionalism of the appraiser. Recruiting the right people is an important starting point, but ongoing performance review and development and support of appraisers are also vital in improving skills and effectiveness.

Appraisers are supported within the IDF and decisions relating to recruitment and training ultimately lie with the IDF RO. It is important that initial appraiser training and selection is completed before an appraiser performs appraisals.

This is a generic person specification the IDF uses when deciding which members to train as appraisers. The attributes described are all essential for an effective appraiser, though some could be addressed in initial training. It has been adapted for use from a variety of sources including *Quality Standards for GP Appraisal*, RCGP and NAPCE, 2003; *The Good Appraisal Toolkit for Primary Care*, by Chambers, Tavabie, Mohanna and Wakley, 2004; *Assuring the Quality of Medical Appraisal*, NHS RST, 2009; and *Quality Assurance of Medical Appraisers v5*, NHS RST, 2014.

Qualifications and eligibility

- Medical Degree
- Hold a GMC licence to practise and should not have any current GMC constraints to practise or warnings in place and not be subject to any current or pending Fitness to Practise investigations.
- Undertake all or some work in the Independent Medical Sector. This means that at least one area of practice must take place wholly outside the NHS. Please note that if clinical work is undertaken at least one area of clinical practice must take place in the independent medical sector.
- Hold IDF membership (connected or non-connected)
- Completion of IDF Initial Appraisal Training

Please note that ongoing compliance with the qualification criteria above is required during a member's time as an IDF appraiser. Should an appraiser's situation change and they no longer meet them they are required to inform the IDF Revalidation Team immediately.

Experience

- 10 years since completion of primary medical degree
- Provides evidence of an up-to-date appraisal before training as an appraiser and is annually appraised thereafter

Knowledge and Understanding

- Knowledge and understanding of the role of a medical appraiser
- Knowledge and understanding of the purpose and process of medical appraisal
- Knowledge and understanding of the principles of revalidation
- Knowledge and understanding of responsibilities of doctors as described in Good Medical Practice
- Knowledge and understanding of the principles of clinical governance, evidence based medicine and clinical effectiveness

- Knowledge and understanding of the independent sector and the relevant local and national healthcare context
- Knowledge of professional development and education structures
- Knowledge of current guidance from relevant Royal College as appropriate. This can be accessed via the Academy of Medical Royal Colleges
- Understanding of equality and diversity
- Understanding of principles of information governance
- Understanding of legislation and guidance relating to data protection and confidentiality.

Skills

- Motivating, influencing and negotiating skills
- Good oral communication skills, proficient in the use of English language, including active listening skills, the ability to understand and summarise a discussion, ask appropriate questions, provide constructive challenge and give effective feedback
- Good written communication skills, including the ability to summarise clearly and accurately
- Objective evaluation skills
- Adequate computer skills for the role, including confident use of email and the IDF's web-based appraisal system

Personal Qualities

- Excellent personal integrity
- Motivated, enthusiastic, conscientious positive role model
- Able to deliver to deadlines
- Emotional intelligence
- Good working relationships, gaining the respect of colleagues
- Ability to adapt behaviour to meet the needs of the appraisee
- Commitment to ongoing personal education and development, including within the role of medical appraiser
- Ability to work in a team

Competency Framework for Medical Appraisers

The core competencies for medical appraisers, as defined by the NHS Revalidation Support Team in *Quality Assurance of Medical Appraisers, v5 2014*, are summarised in the table below and assessed in the following Medical Appraiser Competency Self-Assessment Tool:

Competency framework for medical appraisers		
1	Professional responsibility: to maintain credibility as a medical appraiser	
	Competency	Behaviour
1.1	High standards of professional responsibility, personal integrity, effectiveness and self-awareness	Maintains high professional credibility Acts as a champion and role model for appraisal and revalidation Demonstrates insight and self-awareness Reflects on feedback Declares conflicts of interest
1.2	Develops professional competence as a medical appraiser	Undertakes appropriate development in all professional roles including as a medical appraiser, reflecting development needs in their personal development plan Supports efforts to evaluate and improve local systems and processes
2	Knowledge and understanding: to understand the role and purpose of the medical appraiser to be able to undertake effective appraisals	
	Competency	Behaviour
2.1	Understands the purpose of appraisal and revalidation and understands the role and responsibilities of the medical appraiser	Demonstrates understanding of the purpose of appraisal and revalidation Understands and works within the limits of the medical appraiser role and responsibilities, setting appropriate boundaries
2.2	Understands quality and safety systems and relates this to the context of the doctor's work	Applies knowledge of quality and safety systems to appraisal Adapts approach to the work context of the doctor

2.3	Understands relevant legislation and guidance including equality and diversity, bullying and harassment, data protection and confidentiality	Maintains knowledge of relevant policies and legislative frameworks and applies the principles in practice Demonstrates fairness and equality and makes allowance for differing backgrounds Always deals with confidential data in accordance with information governance policies and guidelines
2.4	Understands educational principles sufficiently to inform the appraisal discussion and the design of professional development objectives	Demonstrates a learner-centred approach to the doctor's professional development. Supports the role of professional development in quality improvement Facilitates review of the doctor's practice
2.5	Understands the <i>Good Medical Practice</i> framework and GMC supporting information requirements, including relevant specialty-specific guidance	Demonstrates awareness of the <i>Good Medical Practice</i> framework and GMC supporting information requirements, including relevant specialty specific guidance
3	Professional judgement: to analyse and synthesise information presented at appraisal and to judge engagement and progress towards revalidation	
	Competency	Behaviour
3.1	Maintains and applies skills in evaluating the portfolio of supporting information	Applies GMC standards and specialty specific guidance appropriately Demonstrates ability to evaluate the supporting information
3.2	Ability to judge whether the supporting information shows that the doctor is on track to revalidate	Makes judgements about the cumulative quantity and quality of supporting information related to different stages of the revalidation cycle Demonstrates ability to support the doctor in developing a portfolio covering the full scope of the doctor's work
3.3	Ability to judge whether there is a patient safety issue or emerging performance concern	Responds appropriately to patient safety issues and early signs of emerging performance, conduct or health concerns Demonstrates the ability to suspend the appraisal process where necessary and take appropriate further action

3.4	Ability to judge whether the doctor has appropriately engaged in the appraisal process and the review of their full scope of work	Makes appropriate judgements about the engagement of the doctor in appraisal Communicates concerns about the doctor's engagement to the doctor and responsible officer (or their deputy) appropriately
3.5	Ability to evaluate achievement of the previous year's personal development plan objectives and to confirm that the new personal development plan reflects the doctors development priorities	Reviews outstanding items in previous personal development plans with the doctor Ensures that the new personal development plan addresses the doctor's development priorities arising from the appraisal and gaps in the accumulating revalidation portfolio
4	Communication skills: to facilitate an effective appraisal discussion, produce good quality outputs and to deal with any issues or concerns that might arise	
	Competency	Behaviour
4.1	Ability to manage the appraisal discussion effectively and be proficient in the use of English language	Prepares effectively for the appraisal discussion Sets the context and agrees the priorities for the appraisal discussion Demonstrates the ability to facilitate a well-structured and focused appraisal discussion, centred on GMC standards and the doctor's professional development Demonstrates appropriate time-keeping within the appraisal discussion
4.2	Develop and apply good communication skills including appropriate levels of support and challenge	Builds rapport Demonstrates good communication skills including active listening, questioning and summarising Reviews achievements, challenges and aspirations Provides effective feedback and constructive challenge
4.3	Ability to manage a difficult medical appraisal	Understands the factors that might contribute to a difficult medical appraisal Demonstrates a range of strategies in managing a difficult medical appraisal

4.4	Ability to produce high quality written appraisal records and outputs	Completes appraisal documentation to a high standard
5	Organisational skills: to ensure the smooth running of the medical appraisal system, including timely responses and sufficient computer skills to be an effective medical appraiser	
	Competency	Behaviour
5.1	Effective management of time and workload	Completes appraisal caseload and documentation in a timely manner Responds in a timely way to doctors, managerial staff and the responsible officer (or their deputy)
5.2	Sufficient computer skills to perform the role of medical appraiser	Demonstrates sufficient computer skills to perform the role of medical appraiser
5.3	Familiarity and comfort with computerised support systems for appraisal and revalidation	Demonstrates effective use of computerised support systems for appraisal and revalidation

Medical Appraiser Competency Self-Assessment Tool

Medical appraiser competency self-assessment tool						
Appraiser name:		Date:				
		Need training	Insecure	Adequate	Confident	Able to teach
1	Professional responsibility	1	2	3	4	5
1.1	I demonstrate high standards of professional responsibility, personal integrity, effectiveness and self-awareness					
1.2	I develop my professional competence as a medical appraiser					
2	Knowledge and understanding	1	2	3	4	5
2.1	I understand the purpose of medical appraisal and revalidation and understand the role and responsibilities of the medical appraiser					
2.2	I understand quality and safety systems and can relate this to the context of the doctor's work					
2.3	I understand relevant legislation and guidance including equality and diversity, bullying and harassment, data protection and confidentiality					
2.4	I understand educational principles sufficiently to inform the appraisal discussion and the design of professional development objectives					
2.5	I understand the Good Medical Practice Framework for Appraisal and Revalidation, GMC supporting information requirements and relevant specialty-specific guidance					
3	Professional judgement	1	2	3	4	5
3.1	I maintain and apply skills in evaluating the portfolio of supporting information					
3.2	I am able to judge whether the supporting information shows that the doctor is on track to revalidate					
3.3	I am able to judge whether there is a patient safety issue or emerging performance concern					

3.4	I am able to judge whether the doctor has appropriately engaged in the appraisal process and the review of their full scope of work					
3.5	I am able to evaluate achievement of the previous years' personal development plan objectives and confirm that the new personal development plan reflects the doctors development needs					
4	Communication skills	1	2	3	4	5
4.1	I am able to manage the appraisal discussion effectively with proficient use of the English language					
4.2	I demonstrate good communication skills including appropriate levels of support and challenge					
4.3	I am able to manage a difficult medical appraisal					
4.4	I am able to produce high quality written appraisal records and outputs					
5	Organisational skills	1	2	3	4	5
5.1	I manage my time and workload effectively					
5.2	I demonstrate sufficient computer skills to perform the role of medical appraiser					
5.3	I am familiar and comfortable with computerised support systems for appraisal and revalidation					

Appraiser Self Declaration

Please note that Section A should only be signed by those who are able to do so. For those doctors who are unable to do this, Section B should be completed in full. Completing Section B will not automatically preclude you from being selected to train as an IDF appraiser. Section C should be completed by all those wishing to train as an IDF appraiser.

Section A:

I have not, in the UK or abroad:

- Ever been convicted of a criminal offence nor do I have proceedings pending against me.
- Ever been advised by the GMC, or any other professional regulatory body, or licensing body that they were considering a case about me nor do I have any such cases pending against me.
- Ever had any disciplinary actions taken against me by an employer or contractor nor have I had any contract terminated or suspended on grounds relating to my fitness to practise.

Signature..... Date.....

Name in capitals.....

Section B

(Only to be completed if you are unable to sign the declaration above)

1. Have you been convicted of any criminal offence either inside or outside the UK?

Yes / No

If yes, please give details:

2. Do you have any criminal proceedings pending against you, inside or outside the UK?

Yes / No

If yes, please give details:

3. Are you aware of any cases being considered, heard or concluded by any of the following:

a. The General Medical Council.

- b. Any other professional regulatory or other professional licensing body within the UK.
- c. A professional regulatory or other professional licensing body outside the UK.

Yes / No

If yes, please give details:

4. Are there any cases pending against you with any of the following:

- a. The General Medical Council.
- b. Any other professional regulatory or other professional licensing body within the UK.
- c. A professional regulatory or other professional licensing body outside the UK

Yes / No

If yes, please give brief details:

5. Have there been any disciplinary actions taken against you by any previous or current employer or contractor, either in the UK or abroad:

Yes / No

If yes, please give brief details:

6. Has your employment or contract ever been terminated or suspended, in the UK or abroad, on grounds relating to your fitness to practise (conduct, performance or health):

Yes / No

If yes, please give brief details:

Section C

I understand that if I am successfully trained and selected as an IDF appraiser I will be acting in a self-employed capacity and will in no circumstance be seen as an employee of IDF.

I will be required to provide the following information as part of the letter I will sign and return when becoming an IDF appraiser;

- I. Confirmation that I am registered as self-employed with HMRC and/or am acting as a director of a Limited Liability Company and/or acting as a partner of an LLP
- II. my national insurance number

- III. my ten digit UTR (Unique Tax Reference number)
- IV. HMRC address for my Self Assessment tax returns

As an individual contractor, I will be responsible for the payment of my own tax and national insurance. HMRC may require that IDF supplies details of amounts payable to me.

Signature_____ Date_____

Name in capitals_____

Letter for IDF Appraisers to Sign

IDF Responsible Officer
Lettsom House
11 Chandos Street
London
W1G 9EB

Dear IDF RO,

I have been trained and selected as an IDF Appraiser. I have received, read and understood the procedure and policies governing IDF medical practitioner appraisal. I agree to the terms outlined within them and wish to act as an IDF Appraiser. I also agree to comply with any future changes in the procedures and policies as advised. I understand I must comply with the qualification criteria detailed in the person specification on page - 19 - of this policy. Should my circumstances change and I do not meet these criteria I will inform the IDF Revalidation Team.

I understand that should I be found in breach of this policy, I will be subject to the appraiser performance process detailed on page 36 and 37. I understand that all communication in relation to any breach of this policy will be sent to me by email. I understand I am responsible for ensuring that my email address on the IDF database is up to date at all times.

I understand that an appraiser may be required by law and/or the rules of best medical practice to report matters which arise out of an appraisal or to supply some or all of the appraisal papers to the appropriate medical or other authorities (including the General Medical Council). Should a situation of this nature arise, I agree to report it to the IDF RO via the IDF Revalidation Team.

I agree that, with the exception of reasonable and necessary agreed expenses to attend the appraisal appointment with the appraisee, I will not seek or accept any fee or other remuneration in relation to the facilitation of the appraisal from the appraisee or anyone else other than the fee provided in the IDF rules which I will receive only from IDF.

I understand that the appraisals I undertake may feed into the GMC Annual Return Process for doctors who have no prescribed connection to a designated body or a suitable person and that I will be required to complete a GMC Rev 12 form in relation to these appraisals. I understand it is my responsibility to ensure that I continue to meet the appraiser criteria published by the GMC in order that I can carry out this duty and to inform the IDF Revalidation Team immediately should I no longer meet the criteria.

I understand that I am required to advise the IDF Revalidation Team immediately should I become aware of any GMC proceedings brought against me and to advise the IDF Revalidation Team of the progress and eventual outcome of such proceedings. I understand that the IDF RO will decide on my fitness to be an appraiser in these circumstances and he/she may ask for the input of the Appraisal Committee to this end. I understand that any GMC sanction or warning would result in my removal from the list of IDF appraisers.

I understand:

- (1) that the IDF has arranged professional indemnity insurance for the IDF appraisers and Responsible Officer. This insurance, subject to its terms and conditions, has an aggregate

limit of £5 million in the policy year in respect of claims for bodily injury i.e. the maximum amount payable by insurers for all claims against all insured persons in respect of bodily injury is £5 million in the policy year. The policy is worldwide other than claims brought in the United States of America and Canada.

- 2) that I will inform my indemnity provider or medical protection society that I will be undertaking appraisals for the IDF, and I will request that my cover be extended to include this activity.

I shall not be entitled to make any claims whatsoever against IDF arising in any way out of the conduct of the appraisal or issues arising after its completion or abandonment save in relation to payment of fees due to me for the conduct of the appraisal.

I understand and agree that all the documents, including templates, which I receive in the process of the appraisal are, and remain, the property of IDF and all copyright or other rights are reserved to IDF and may not be used or copied without the consent of IDF.

I understand that I will be acting in a self-employed capacity and not as an employee of the IDF. I confirm that I am registered as self-employed with HMRC and/or am acting as a director of a Limited Liability Company and/or acting as a partner of an LLP.

As an individual contractor, I will be responsible for the payment of my own tax and national insurance. HMRC may require that IDF supplies details of amounts payable to me. I agree to indemnify the IDF in the event that HMRC ever determines my tax status as being employed, for failure to meet the registration requirements.

My national insurance number is:

My ten-digit UTR (Unique Tax Reference) number is:

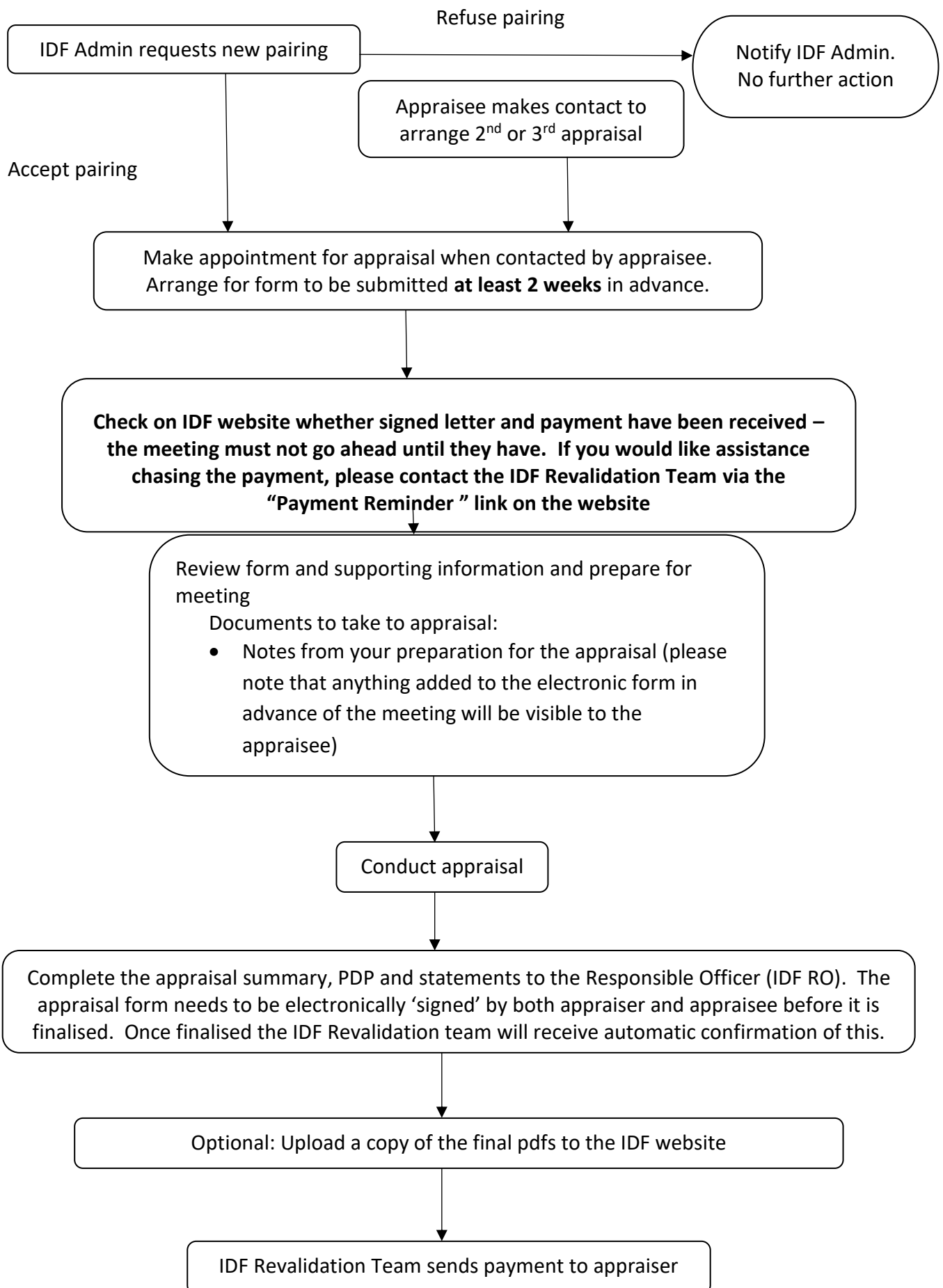
HMRC address for my Self-Assessment tax returns is:

Yours sincerely,

Print Name:

Date:

Flowchart for Appraiser Procedure



Quality Assurance Strategy

Selection of Candidates for Appraiser Training;

- Those to be trained as new appraisers will be selected according to need, which will be assessed with respect to the number/specialty of doctors undergoing annual appraisal, the geographical spread of members and appraisers and the number of appraisals that each appraiser feels able to undertake per year.
- A Person Description will be circulated to all potential applicants, who will be asked to apply by means of a CV and completion of a self-assessment tool.
- The Responsible Officer and Revalidation Director are responsible for deciding which applicants will attend the training and selection programme.

Appraiser Training and Updating;

- The training and selection process comprises two full days of face to face training (or a similar time across several sessions if training is delivered remotely) from a recognised training organisation, during which each candidate's suitability for the position will be considered by means of observation and an assessed exercise.
- As a minimum, each training session will be attended by the IDF RO and/or the IDF Revalidation Director in order to facilitate assessment in consultation with the trainer.
 - Following training, the first two appraisals will be considered probationary. The Appraisal Outputs will be assessed by the Responsible Officer against the IDF Internal Quality Assurance Framework.
 - The decision to appoint an appraiser following the probationary period will be made by the IDF RO based on the completed appraisal outputs, and both the IDF Revalidation Team and appraisee feedback.
 - All decisions where doubts have been raised as to suitability following the probationary 2 appraisals may be reviewed by the Appraisal Committee should the IDF RO find this helpful.
- All appraisers will be expected to undergo regular update training. Three full days of training will be offered per revalidation year, and every appraiser must attend at least one of these days.
- In order to maintain their skills, all appraisers are required to carry out at least six appraisals per year.

Appraisal Procedures and Protocols;

- Appraisers and appraisees are asked to sign a formal agreement confirming that they have read and will comply with appraisal procedures and protocols.
- The IDF has a tracking process in place for monitoring form submission dates and appraiser form access; this is reviewed on a regular basis.

Appraisee Feedback;

- Following every appraisal, the appraisee is asked to complete an online feedback survey which can be found in Appendix B. Feedback is collated and returned to appraisers at six monthly intervals, having removed the name of the appraisee.
- An annual summary of all feedback received together with other appraisal data is used to give an overview of appraiser performance. The resulting certificate must be included in the appraiser's own appraisal as supporting information for their role as an appraiser.

IDF RO Annual Review;

- The IDF RO undertakes an annual review with each appraiser either in person, over the telephone or via video conference. This is an opportunity to review their annual certificate of performance, raise any minor concerns and gain the appraiser's feedback.

Appraisal Outputs Review;

- Each year every appraiser has at least two anonymised appraisal outputs reviewed against the quality assurance template found in Appendix C.
- The IDF Revalidation Team anonymises these outputs and sends them to the reviewer who is randomly chosen from the panel of IDF appraisers.
- The completed review template is returned to the appraiser for information and action as appropriate.
- Where any review gives cause for concern the matter is passed to the IDF RO to consider whether any action is necessary.

Appraisal of Appraisers;

- Every appraiser is required to undergo annual appraisal, which should (as a whole practice appraisal) include a review of their performance and CPD with respect to their role as a medical appraiser.
- Evidence of annual appraisal must be provided to the IDF Revalidation Team who will maintain a record.
- IDF Appraisers' appraisal outputs are reviewed in order to ensure that this area of practice has been included.

GMC Registration and Licence to Practise;

- Every appraiser is required to advise the IDF Revalidation Team immediately should they become aware of any GMC proceedings against them and to advise on the outcome of such proceedings. It is at the discretion of the IDF RO whether the doctor can continue in the role of IDF appraiser during the course of or after any proceedings. The IDF RO may seek the input of the Appraisal Committee in making this decision.

Appraiser Performance Process;

- A performance process is in place to deal with any breaches of this policy by an IDF appraiser. Details of this can be found on pages 36 to 39- 36 -.

External Quality Assurance;

A three year programme of external quality assurance is in place with CHKS. The IDF Appraisal and Revalidation system has CHKS recognition.

Reporting;

- A regular verbal report will be made to the IDF Executive Board on progress.
- An Annual Report will be written and submitted to the IDF Executive Board in accordance with NHS guidelines.

Appraiser Performance Process

The success of the IDF appraisal system depends, in large part, on the body of IDF appraisers and the quality of their work. While the IDF will work hard to ensure IDF appraisers receive the knowledge and skills training required to perform the role effectively, there may be occasions where this policy is breached by an IDF appraiser. In these circumstances the IDF will make use of the appraiser performance process outlined below.

The pathway to be followed should an IDF appraiser breach this policy is shown in the flow chart found on page - 38 -. Some key points to note;

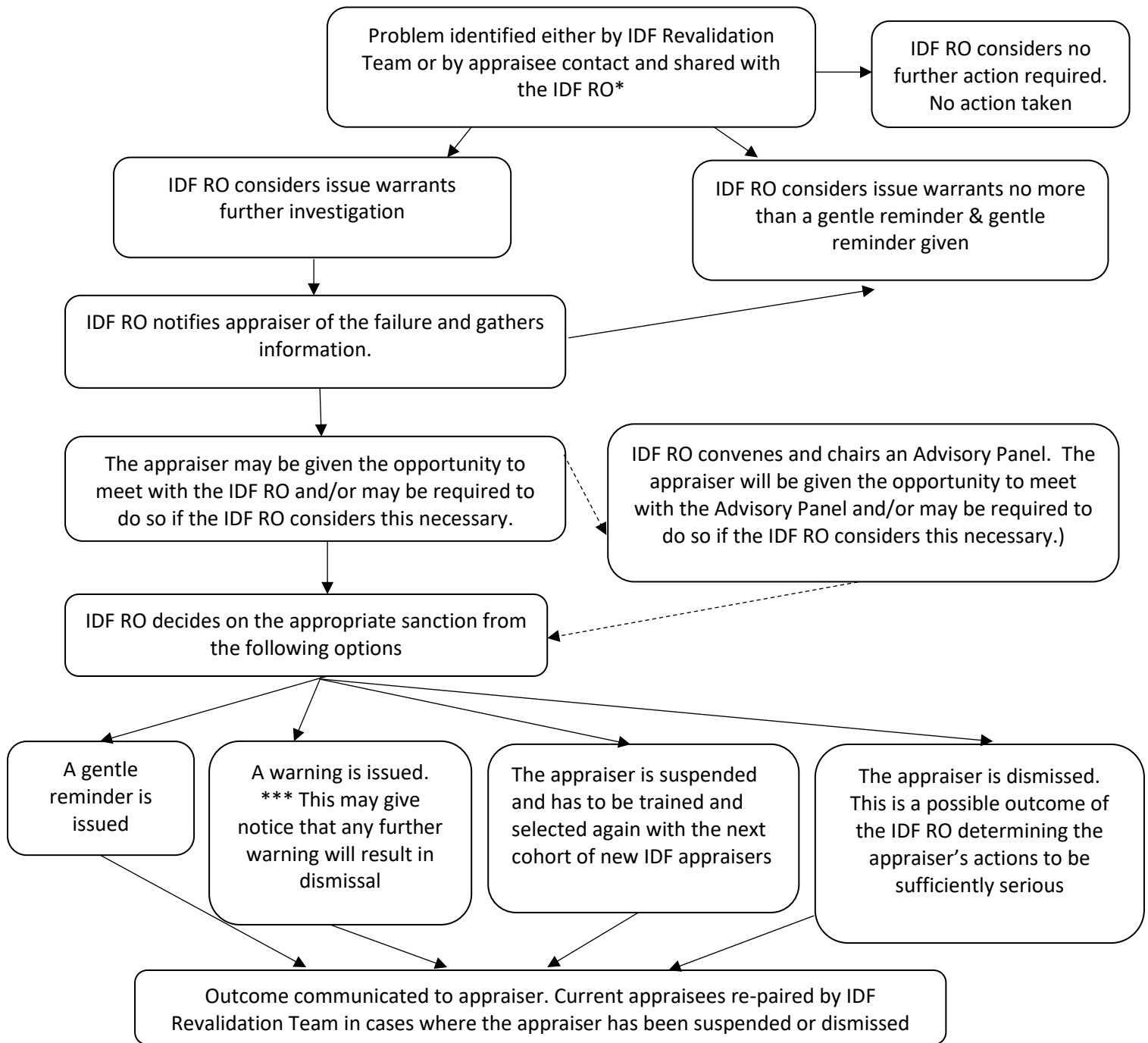
- Any GMC sanction which would preclude an appraiser from joining the IDF as a connected member were they not already a member will result in their removal from the list of IDF appraisers
- Failure to attend at least one Appraiser Update Training in any revalidation year, without a very good reason, will result in removal from the list of IDF appraisers. Mitigating circumstances are taken into consideration.
- Attendance at training, feedback results, complaints and adherence to this policy are monitored and recorded.
- At different points in the appraiser performance process the following 5 outcomes can be reached;
 - No further action
 - A gentle reminder
 - A warning (this may give notice that any further warning will result in dismissal)
 - Suspension from the role of IDF appraiser until such time as the appraiser has successfully completed the two-day appraiser training and selection process outlined on page - 33 - of this policy
 - Removal from the list of IDF appraisers (should the breach be considered sufficiently serious)
- All decisions made regarding an appraiser's breach of the policy will be communicated by email to the appraiser.
- If an appraiser is dissatisfied regarding any action or decision taken by the IDF RO, then they are able to make representation to the IDF RO's Higher Level RO at NHS England.

Should an appraiser's conduct, whether through breach of this policy or otherwise, give wider cause for concern to the IDF RO then this can be dealt with outside of the appraiser performance process outlined on pages 36 to 39 of this policy. Should the IDF RO consider such a situation to have arisen

those concerns will be shared with the IDF President and Managing Director to agree a way forward for the concern to be addressed.

Should the IDF RO, at any time, consider there to be a breakdown of trust in the relationship between an IDF appraiser and the IDF, then the IDF RO can, in agreement with the IDF President and Managing Director, remove the appraiser from the list of IDF appraisers with immediate effect.

Appraiser Performance Process Flowchart



If an appraiser is dissatisfied regarding any performance process action or decision taken by the IDF RO, then they are able to make representation to the IDF RO's Higher Level RO at NHS

*In exceptional circumstances the IDF RO has the discretion to temporarily suspend an appraiser from conducting further IDF appraisals pending the outcome of the investigation process should the breach, taken at face value, prove so serious that this is deemed necessary in the interests of other appraisees and the reputation of the IDF and its appraisal system.

**The Advisory Panel comprises, in addition to the IDF RO, as a minimum; IDF Patient Lay Representative, Appraiser member of Appraisal Committee and Revalidation Director/Revalidation Manager

***Warnings issued to appraisers are logged on the appraiser's record and the record exists between the IDF and the appraiser. The warning always remains on the appraiser's record. However, warnings are only disclosable for the purposes of a reference regarding an appraiser for a period of 2 years from the date the warning was issued.

Appendix A - Impact Assessment Tool

Each question has been considered with reference to possible discrimination on the grounds of:

- Age
- Race
- Sex
- Gender Re-assignment Status
- Disability
- Sexual Orientation
- Religion or Belief
- Marriage or Civil Partnership
- Pregnancy and Maternity

DOCUMENT:	Independent Doctors Federation Medical Appraisal Policy	DATE OF REVIEW	7th March 2023
QUESTION		RESPONSE	
What is the purpose of the proposed policy (or changes to a policy)?		To provide a process for the delivery of an appraisal service to IDF members who hold a GMC licence to practise.	
What is the proposed policy intended to achieve and why?		To provide clarity around roles and responsibilities and procedures to be followed for the benefit of all involved.	
Who is intended to benefit from the proposed policy, and how?		IDF members; members have a comprehensive document to which they can refer allowing them to access a robust appraisal system. The IDF; IDF has a comprehensive document to which it can refer to ensure that processes and procedures are applied consistently and fairly to all members taking part in the IDF appraisal process.	
Is responsibility for the proposed policy shared with another department or authority or organisation? If so, what responsibility, and which bodies?		No	

<p>Will the proposed policy involve, or have consequences for IDF members and their patients?</p>	<p>The application of this policy will provide patient assurance regarding the doctors using the IDF appraisal process. It could disrupt services to the extent that the doctor being appraised needs to take some time out from practice to prepare for and undertake the appraisal. Should appraisal reveal any performance concerns then this could impact positively on patient safety.</p>
<p>Could these consequences differ because of a person's particular needs, experiences or priorities?</p>	<p>This policy has been developed to provide a consistent approach to providing the IDF appraisal service. It is also flexible to the possible needs of an individual with one or more than one protected characteristic, in that the IDF RO has the discretion to amend processes where appropriate.</p>
<p>Is there any evidence that any part of the proposed policy could discriminate unlawfully, directly or indirectly, against any section of the population?</p>	<p>No.</p>
<p>Is there any evidence that any particular groups of people may have different expectations of the policy in question?</p>	<p>None has been identified at this stage.</p>
<p>Is the proposed policy likely to damage relations between IDF members and the IDF?</p>	<p>No. The policy is based on national and best practice guidelines. There should be no damage to relations between parties involved provided it is applied fairly and consistently.</p>
<p>OUTCOME: (tick appropriate box)</p>	
<p>Potential for discrimination is very low or non-existent.</p>	<p><input checked="" type="checkbox"/> Proceed with ratification process</p>
<p>Potential for discrimination exists.</p>	<p><input type="checkbox"/> Convene Policy Development Group</p>
<p>There is doubt about the potential for discrimination</p>	<p><input type="checkbox"/> Take advice from one or more of: Higher Level RO IDF Lawyers</p>

Appendix B - Appraisal Evaluation Form

Please note that a copy of this form will be sent to your appraiser at the end of year, but your name will not be included.

Appraisal Details	
Appraisee's Name:	
Appraiser's Name:	
Q1 Was there sufficient protected time for the appraisal discussion?	Yes No
Q2 Was the venue private and professional?	Yes No
Q3 Comments	

The administration and management of the appraisal system	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Q4 The appraisal process was satisfactory					
Q5 I had access to all the necessary forms and materials for my appraisal					
Q6 I was able to collect the necessary supporting information from the organisation(s) where I work	N/A				
Q7 Information provided by the IDF helped me to prepare satisfactorily for the appraisal					
Please enter any comments about the administration or management of the					

appraisal system					
The Appraiser Please rate your appraiser's skills in...	Very good	Good	Satisfactory	Borderline	Poor
Q8 Establishing rapport					
Q9 Demonstrating thorough preparation for your appraisal.					
Q10 Listening to you and giving you time to talk					
Q11 Giving constructive and helpful feedback					
Q12 Supporting you					
Q13 Challenging you					
Q14 Helping you to review and reflect on your practice					
Q15 Helping you to identify gaps and improve your portfolio of supporting information for revalidation					
Q16 Helping you to review your progress against your last personal development plan (PDP)					
Q17 Helping you to produce a new PDP that reflects your development needs					
Q18 Managing the appraisal process and electronic form?					
Q19 Considering the impact of events since your last appraisal on your practice					
Q20 Being flexible regarding the requirements for supporting information depending on individual circumstances					

Please enter any other comments about your appraiser						
The Appraisal Overall The appraisal was useful overall for...		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Q21 My personal development						
Q22 My professional development						
Q23 My preparation for revalidation						
Q24 Promoting quality improvements in my work						
Q25 Improving patient care	N/A					
Q26 Being supportive						
Q27 Discussing your wellbeing						
Please enter any other comments about your appraisal overall						

Thank you for taking the time to complete this questionnaire.

(This form has been adapted from the NHS England Medical Appraisal Policy, version 2, April 2015, MAPS Annex J: Routine Appraiser assurance tools.)

Appendix C - IDF Quality Assurance Audit Tool

Guidance Notes

The IDF internal quality assurance audit tool enables appraisal summaries to be reviewed internally by peers and by the Responsible Officer and Revalidation Director.

After reviewing the appraisal information and summary please rate each area using the score system below:

0 Absent

1 Room for development

2 Adequately included

(Score each item out of three)

What do the scores mean?

0 Absent = information is not present

1 Room for development = some information is present but there is room for development

2 Adequately included = sufficient information included and no need for further information to be included

(Score each item – max score 2 per item)

In order to make the process as meaningful as possible please provide justification for any scores of 0 or 1 and give constructive feedback on how a higher score could be achieved.

IDF Quality Assurance Audit Tool

Your name	
Appraisal identifier	
Date of appraisal	

Score:

0 Absent

1 Room for development

2 Adequately included

(Score each item out of three)

Setting the scene and overview of supporting information

1) The appraiser provides a clear overview of the whole scope of work of the appraisee and the context in which they work.	
2) Supporting information is summarised in the appropriate GMC domain with a description of what it demonstrates.	
3) Reference is made to whether specialty specific guidance for appraisal has been followed e.g. college recommendations for CPD and quality improvement activity. Where the appraiser notes that the appraisee is not a member of a Royal College please mark as 2.	
4) The appraiser makes reference to completion of mandatory training relevant to the appraisee's role(s) (e.g. safeguarding training, basic life support training, equality and diversity, information governance).	
Please add a comment for a score of 1 or below on this section:	

Wellbeing and support

5) The appraiser comments on the wellbeing of the appraisee and any need for support for their personal and professional development and health and wellbeing. The appraisee is signposted to resources if applicable.	
Please add a comment for a score of 1 or below on this section:	

Understanding Impact

6) The appraiser reviews the impact of the last year on the appraisee and challenges since the previous appraisal are identified.	
Please add a comment for a score of 1 or below on this section:	

Reflection and effective learning

7) The appraiser encourages the recording of reflective practice and supports the doctor in how to do so if required. The appraiser gives examples of how learning and quality improvement activities have improved patient care/practice and describes how learning has been shared with colleagues or encourages the doctor to do so.	
Please add a comment for a score of 1 or below on this section:	

The PDP and developmental progress

8) There is positive recording of achievements in the last year and aspirations are recorded (some of which may have a timescale of over a year).	
9) The appraiser reviews progress with last year's PDP objectives and whether each goal has been completed. Reasons are given why any have not been completed	
10) The summary indicates how the PDP objectives arise from the appraisal discussion.	
11) New PDP actions are SMART (Specific, Measurable, Achievable, Relevant, Timely), cover the appraisee's scope of work and learning needs and help the appraisee develop.	
Please add a comment for a score of 1 or below on this section:	

General standards and revalidation readiness

12) The appraisal summary is professionally written - objective and free from bias or prejudice with no identifiable patient/third party information.	
13) The appraisal summary comments on medical indemnity cover for whole scope of practice.	
14) The appraisal summary states the revalidation date and stage of revalidation cycle.	
15) The appraisal summary comments on any gaps identified in the requirements for revalidation or scope of practice and how they will be addressed. This may involve including them in the PDP. e.g. stating whether satisfactory quality improvement activity and/or formal patient and colleague feedback have been undertaken.	
16) The appraisal summary confirms that the appraisee input statements have been completed including appraisee declarations regarding health/ probity/ complaints/ significant events and explanations are given where required.	
17) The appraisal output statements have been completed appropriately by appraiser and	

an explanation given if any have been disagreed	
Please add a comment for a score of 1 or below on this section:	
General Comments:	
TOTAL SCORE (OUT OF 34)	

This form has been adapted from the NHS England Medical Appraisal Policy, version 2, April 2015, MAPS Annex J: Routine Appraiser assurance tools and Supports 2020 NHS feedback tool)