** Clinical Academic Joint Appraisal Procedures**

|  |  |  |
| --- | --- | --- |
| Page | Point | Item |
| 2 | 1  2 | Purpose  Scope |
| 3 | 3  4 | Joint induction  Preparing for Joint Appraisal to Ensure Re-Validation Requirements are Met |
| 4 | 5 | Who undertakes appraisal and when? |
| 5 | 6 | Peer review |
| 6 | 7  8 | The appraisal meeting  Responsible officers |
| 7 | 9  10 | Job plan  Outcomes of appraisal |
| 8 | 11 | Return of appraisal documentation |

# Purpose

* 1. The purpose of joint appraisal for clinical academics is to:
* consider the totality of one individual’s job;
* facilitate a balance in the individual’s work programme, allowing the NHS to see the needs of the academic side and *vice versa;*
* contribute to an acknowledgement of the specialist role of clinical academic staff in the NHS;
* provide a single source of appropriate documentation for revalidation;
* ensure constructive resolution of problems;
* not be as time-consuming as two separate appraisals; and
* to prevent an appraisee playing one appraiser off against the other
* to inform the clinical academics job plan – see separate procedures relating to this
  1. Advantages of the joint appraisal (other than those above) also include:
* an annual requirement for NHS and university managers to come together to review the totality of demands on their staff that will facilitate greater flexibility over time and bring into the open situations where unreasonable demands are being made on one individual
* The information generated will feedback into joint strategic planning
  1. The Follet Report highlighted the fact that:

*Medical Education is no longer restricted to partnerships between a university and one or more teaching hospitals. In recent years there has been considerable development of partnerships and networks with other organisations, including health authorities and community and primary care organisations.*

In recognition of this, the generic terms NHS Trust/partners/body are used to include all such bodies throughout this procedure.

# Scope

* 1. The procedures apply to all University of Exeter clinical academic staff and NHS staff with significant University of Exeter duties that have resulted in an Honorary Contract being held by The University of Exeter. These procedures should be run in addition to joint induction and joint probation.
  2. Clinical Academic Appraisal Definition

*two appraisers working with one appraisee on a single occasion every year. The two appraisers will normally be the head of the relevant academic department and the clinical director of the relevant NHS clinical unit. In some cases the task may be delegated to other senior staff in the two organisations, but if so this should be on the basis that the appraisers have relevant experience of management and will report back to the current senior manager in the department or unit. Heads of institutes themselves will be appraised by the Dean of the Medical School and the Medical Director or equivalent of the NHS body; while the Dean of the Medical School will normally be appraised by the Deputy Vice-Chancellor and the NHS Chief Executive.*

* 1. Where a person occupies more than one role (that requires a substantive and an honorary contract), a joint appraisal process will apply to each of the roles.

# Joint Induction

* 1. Prior to joint appraisal, joint induction should be carried out by managers who will become joint appraisers (at least one must be on the medical register). Appraisers will usually be the Dean of the Medical School and the appropriate Clinical Director (or equivalent). Please find guidance on typical University of Exeter induction processes here: <http://www.exeter.ac.uk/induction/>
  2. The purpose of the joint induction will be to ensure that the new member of staff has a clear understanding of the duties that both The University of Exeter and the NHS body require; in addition to the separate reporting arrangements, thus ensuring that questions of balance in the workload are addressed from the beginning of the tenure of the post. Joint induction will also ensure that the implications of the appointment for both parties are actually delivered, especially as far as provision of resources is concerned.
  3. Time should be allowed within the individuals’ job plan to accommodate the requirements of joint appraisal.

# Preparing for Joint Appraisal to Ensure Re-Validation Requirements are Met

* 1. Good preparation by both the appraisee and appraisers prior to the appraisal meeting itself is one of the important factors which ensure that the benefits of appraisal are realised.
  2. Planning of the joint appraisal should include consideration of documents that will be needed, meeting conduct, careful recording to ensure that an adequate report is produced following the appraisal and can be used for re-validation. For re-validation all doctors are required by the General Medical Council (GMC) to demonstrate regularly their fitness to practise medicine in their chosen fields in order to remain on the specialist register. Revalidation requires the provision of information and auditing – resulting in a summative judgement made about a doctors practice over a five year period informed by appraisal.
  3. The Clinical Academic is responsible for keeping records of their own appraisal documentation.
  4. GMC ‘expectations’ for re-validation are structured around 4 domains:

1. Knowledge, skills and performance
2. Safety and quality
3. Communication, partnership and teamwork
4. Maintaining trust
   1. An appraisal form for The University of Exeter has been agreed and can be found in the appendices. It includes information on the above four categories as do all clinical academic job descriptions. The headings required and listed on the appraisal form for re-validation purposes are as follows:

* Good clinical care
* Maintaining good medical practice
* Teaching and training, appraising and assessing
* Relationships with patients
* Working with colleagues
* Probity
* Health
  1. The appraisee should prepare for the appraisal by identifying those issues that he/she wishes to raise with the appraisers and prepare an outline personal development plan.
  2. The appraisee needs to consider how he/she is continuing to meet the principles and values set out in the four domains of the Good Medical Practice Framework for Appraisal and Revalidation. For England Section 18 of the appraisal form provides the appropriate prompts.
  3. The appraisers should agree and then prepare a workload summary with the academic being appraised drawing on the agreed job plan, which includes the full scope of all the work that the clinical academic undertakes. It will be necessary for early discussion to take place on what data are relevant and will be required. This will include data on clinical workload, teaching, research, administration and management, equality and diversity issues and any pertinent internal and external comparative information**.** It should also include work for voluntary organisations and work in private or independent practice. Section 4 of the appraisal form provide the appropriate prompts.
  4. In order to undertake joint appraisal, it will be necessary for the Trust(s)/Board(s) or other NHS body and The University of Exeter to share information about the appraisee in accordance with the Follett principles and the general mutual obligations of the contract of employment.
  5. The primary purpose of the summary of the scope of work is to inform the appraisal and job plan review, and to facilitate joint planning and development between The University of Exeter and the NHS. It will highlight any significant changes that might have arisen over the previous 12 months and which require discussion between all parties.

# Who undertakes the appraisal and when?

* 1. HR will send out a reminder to managers about Clinical Academic appraisal in April of each year. This reminder will include the current Model Clinical Academic Appraisal form (agreed by the British Medical Association and University and College Employers Association) as well as the UCEA guidance document for Clinical Academic appraisal. Please note the form is not included as an appendix to this document as it may be subject to change. Details of the return of appraisal forms will also be given.
  2. The appraisal will normally be conducted jointly by The University of Exeter and an NHS appointee. In cases where the individual works at more than one NHS trust, The University of Exeter and the associated NHS trusts must agree on a ‘lead Trust appraiser’.
  3. The Dean of the Medical School and the Chief Executive of the NHS partner body will nominate the appropriately trained persons competent to undertake appraisal across the broad range of headings within the appraisal scheme. For teaching roles the Vice Dean of Education will normally be nominated and for research roles, the Vice Dean of Research. It is required that at least one of the appraisers be on the Medical Register or Dental Register as appropriate. Both parties must ensure that the appraisers are properly trained and in a position to undertake this joint role and, where appropriate, the linked process of Job Plan Review. The appraisee has the right to object to those nominated to act as appraisers.
  4. The appraisers will be able to cover teaching, research, clinical and management aspects. The university appraiser may be the Head of Department and the NHS appraiser may be the clinical director or equivalent, if this is appropriate to the management arrangements of both organisations. However, there may be provision for a wider range of potential appraisers given local agreement between university and Trust/Board and proper arrangements for the training and accreditation of those appraisers.
  5. Where there is a recognised incompatibility between one or both of the proposed appraisers and the appraisee, the Dean of the Medical School and Chief Executive of the NHS partner body will resolve the matter by nominating suitable alternatives acceptable to all parties (including the appraisee). If agreement is not reached on the appraiser(s) within one month of the matter being raised the decision of the Dean of the Medical School/Chief Executive will be binding.
  6. Special arrangements are required for those clinical academic staff who have senior management roles within The University of Exeter or NHS body. If the clinical academic being appraised is the Dean of the Medical School then normally the Vice-Chancellor would be the university appraiser. If the clinical academic being appraised is a Head of Institute then normally the Dean of the Medical School would be the University appraiser.

# Peer Review

* 1. Peer review may exceptionally be used in two main circumstances. First in cases where the assessment of some of the more specialist aspects of a clinical academic’s teaching, research and clinical performance may best be carried out by peers who are fully acquainted with the relevant areas of expertise and knowledge. Where it is apparent that peer review is an essential component of appraisal, the appraisers and the appraisee should plan this into the timetable in advance of the appraisal interview.
  2. Second, if it becomes apparent during the appraisal that more detailed discussion and examination of any aspect of the appraisee’s work would be helpful and important, either the appraisers or the appraisee should be able to request internal or external peer review. Normally such peer review would involve three appropriate experts, one nominated by the NHS organisation, one nominated by The University of Exeter and one nominated by the appraisee. Any such review should normally be completed within one month and a further meeting scheduled as soon as possible thereafter (but no longer than one month) to complete the appraisal process.
  3. As a matter of routine, the results of any other peer review or external review carried out involving the clinical academic or their team (e.g. by the funding council, an educational body, a professional body, or similar bodies) will need to be considered at the next appraisal meeting. This will not prevent the employer from following its normal processes in dealing with external reviews.
  4. If the clinical academic being appraised is a Clinical Director then normally the Medical Director or other suitable consultant nominated by the Chief Executive of the NHS partner body would be the NHS appraiser.
  5. If the clinical academic being appraised is the Medical Director then the NHS appraiser would be a suitable consultant, nominated by the Chief Executive, who had not himself or herself been appraised by the Medical Director in the same year.
  6. Appraisers are responsible for providing to the appraisee’s Head of Department and Clinical Director, (or other appropriately senior post holders previously agreed), details of any action arising from the appraisal which is considered to be necessary. Heads of Department and Clinical Directors (or other senior post holders previously agreed) are then responsible for ensuring the necessary action is taken. Heads of Department, Clinical and Medical Directors are accountable to the Dean of the Medical School and the Chief Executive of the NHS partner body respectively for the outcome of the appraisal process.
  7. The Vice-Chancellor (through delegation to the Dean of the Medical School if appropriate) is accountable to the University Counciland the Chief Executive of the NHS partner body to the board of the NHS Trust/Board for ensuring that all clinical academic staff are appraised and any follow up actions taken.

# The appraisal meeting

* 1. This will be held in private between the appraisee and two appraisers. The individuals’ particular needs should be identified through the appraisal and addressed as appropriate in a personal development plan. The plan will provide a basis for review.
  2. Key points of discussion and outcomes will be fully documented. Each individual will receive a copy of the documentation to consider. A final copy should be signed by all parties and this should be stored securely and in line with data protection requirements.
  3. Refusal of an academic to take part in joint appraisal will results in the application of disciplinary procedures and withholding of both employer based and clinical excellence awards.

# Responsible officer

* 1. Responsible officers, in England, are integral to improving the quality of care and ensuring a focus on the three core components of quality described in High quality care for all:
  + **Patient Safety** – by ensuring that doctors are maintaining, and raising further, professional standards.
  + **Effectiveness of care** – by supporting professional ethos to improve further the effectiveness of clinical care.
  + **Patient experience** – by ensuring that patients’ views are integral to evaluations of a doctor’s fitness to practise.
  1. In support of this, the responsible officer role will:
  + ensure that those doctors who provide care continue to be safe;
  + ensure doctors are properly supported and managed in sustaining and, where necessary, raising their professional standards;
  + for the very small minority of doctors who fall short of the high professional standards expected, ensure that there are fair and effective local systems to identify them and ensure appropriate remedial, performance or regulatory action to safeguard patients; and
  + increase public and professional confidence in the regulation of doctors.
  1. To determine who is the appropriate responsible officer at each Trust (designated body) please follow this link:

<http://www.gmc-uk.org/DB_list_with_RO_details___DC3503.pdf_52637845.pdf>

* 1. The responsible officer will make recommendations to the GMC as to whether or not revalidation criteria have been met and a clinical academic is still fit to practice. Recommendations will be one of the following:
* make a positive recommendation that the CA is up to date, fit to practice and should be revalidated (this will be the case for the vast majority of doctors)
* request a deferral because they need more time or information to make a recommendation about a CA. This might happen if an extended break from practice has been taken by a CA. Deferral does not affect a CA’s license to practice.
* Notification to the GMC that a CA has failed to engage with appraisal or any other local systems or processes that support revalidation.

# Job plan

* 1. It would be usual for the job plan review to take place following the appraisal meeting as those required to be present to do this, will all be present at the appraisal meeting. Please see separate guidance on job plan reviews.

# Outcomes of appraisal

* 1. As an outcome of the appraisal, key development objectives for the following year and subsequent years should be set. This forms the Clinical Academic’s personal development plan, a template for this is included with the appraisal form. These objectives may cover any aspect of the appraisal such as personal development needs, training goals, continuing medical education, continuing professional development and organisational issues.

# Return of appraisal documentation

* 1. Upon completion a signed copy (by all three parties) of the appraisal should be returned to the medical school Human Resources Administrator based in Human Resources, Floor 3, Northcote House, Streatham Campus. In addition the following documents and information should be attached;
* A copy of the current job plan
* A copy of the NHS Trust honorary contract
* Name of the appropriate Responsible Officer for revalidation
* Revalidation date