



# **Appraisal for Doctors in Training in Health and Social Care, Northern Ireland**

**A framework to incorporate existing educational  
processes of Colleges, Faculties and Deaneries**



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**Appraisal for Doctors in Training in Health and Social Care (HSC),  
Northern Ireland**

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## **Introduction**

In line with similar initiatives throughout the UK, the consultation document *Confidence in the Future – for patients, and for doctors*, (DHSSPS 2000), sets a wide-range of proposals to assist doctors and help prevent them developing problems. Key among these proposals was that a system of appraisal should be introduced for all doctors. The aims of appraisal are: -

- To set out personal and professional development needs, career paths and goals
- To agree plans for them to be met
- To review the doctors' performance
- To consider the doctors' contribution to the quality and improvement of local healthcare services.

Appraisal is being introduced within the health and social care services (HSC) in Northern Ireland.

Appraisal has been an important part of Medical Education for many years – "education appraisal" is a vital part of a doctor's development. The drive for a formal appraisal process came from the introduction of the concept of Clinical and Social Care Governance outlined in the 2001 consultation document *Best Practice – Best Care*.

Appraisal is based around the GMC's document "*Good Medical Practice – (GMC 2001)*", which describes the principles of Good Medical Practice, and the standards of competence, care and conduct expected of doctors in all aspects of their professional work. These are: -

- Good Clinical Care
- Maintaining Good Medical Practice
- Teaching and Training
- Relationships with patients
- Working with colleagues
- Probity
- Health

## **Framework for Appraisal and Assessment Derived from *Good Medical Practice***

1. The GMC, in consultation with key interest groups, has translated GMP (2006) into a framework which will support annual appraisal of individual doctors (by the NHS and other employing or contracting bodies), and provide a sound basis for GMC decisions about their re-licensing through the utilization of a standardised module that will be incorporated into all appraisal systems.

### **2. Domains**

The framework is organised under four domains, which broadly fit with the approach taken by other UK inspection and regulatory bodies' regimes. *Good Medical Practice*, with its wider purposes, continues to use the existing seven headings.

### **3. Attributes**

The attributes define the scope and purpose of each domain. The majority relate to practices or principles that apply to the profession as a whole. A minority relate specifically to care of, or relationships with, patients.

## **Revalidation of practising doctors**

### **The licence to practise**

Over the next few years, the General Medical Council will be changing the way doctors within the UK are regulated to practise medicine.

On 16 November 2009 the GMC introduced the licence to practise. To practise medicine in the UK all doctors are required by law to hold both registration and a licence to practise. This applies whether they practise full time, part time, as a locum, privately or in the NHS, or whether they are employed or self-employed.

Licensing is the first practical step towards the introduction of a new system called revalidation. This will require doctors to renew their licence to practise periodically. The purpose of revalidation will be to give patients regular assurance that doctors registered with a licence are up to date and fit to practise.

Doctors work in many different environments. Those who treat patients must be registered with a licence to practise. Only doctors who are registered with a licence to practise can, for example:

- Work as a doctor in the NHS
- Write prescriptions

- Sign death or cremation certificates

## **Revalidation**

Revalidation is the process by which doctors will, in future, demonstrate to the GMC on a regular basis that they remain up to date and fit to practise.

Revalidation will have three elements:

- To confirm that licensed doctors practise in accordance with the GMC's generic standards.
- To confirm that doctors on the GMC's specialist register or GP register continue to meet the standards appropriate for their specialty.
- To identify for further investigation, and remediation, poor practice where local systems are not robust enough to do this or do not exist.

## **Relicensing**

All licensed doctors will need to demonstrate to the GMC that they are practising in accordance with the generic standards of practice set by the GMC (as described in *Good Medical Practice*).

For most doctors, they will need to do this every five years. This is the process known as relicensing.

In order to relicense, doctors will need to collect a folder of information about their practice. This will include, for example, information about appraisal, CPD, audit, and patient and colleague feedback.

Relicensing will have three main elements:

- Participation in annual appraisal within the workplace (based on the doctor's folder of information).
- Participation in an independent process for obtaining feedback from patients (where applicable) and colleagues.
- Secure confirmation from the 'Responsible Officer' (usually the Medical Director) in their local healthcare organisation that any concerns about their practice have been resolved.

Most doctors already participate in annual appraisal and obtain feedback from patients and colleagues. Relicensing will build on what they are already doing.

The Responsible Officer will provide a recommendation to the GMC, on the basis of which we will make a decision whether the doctor's licence should be renewed.

## **Recertification**

The second element of revalidation is recertification.

This will apply only to those doctors who are on the GMC's specialist register or GP register. These doctors will need to demonstrate, through recertification, that they continue to meet the particular standards that apply to their specialty or area of practice.

## **Revalidation – The Responsible Officer**

The role of Responsible Officer is a new role created under the provisions of the Health and Social Care Act 2008.

There are some differences in the role in England, Scotland, Wales and Northern Ireland. However, the Responsible Officer will generally be a senior doctor in a healthcare organisation, such as the medical director. For GPs, the Responsible Officer is likely to be from the primary care organisation on whose performers list they are included.

The Responsible Officer will have specific responsibilities relating to the evaluation of the fitness to practise of doctors connected with that organisation. Every licensed doctor will be linked with a named Responsible Officer. One of the Responsible Officer's key roles will be to recommend to the GMC whether or not a doctor should be revalidated.

## **Appraisal as part of the training programme**

All doctors in training will be required to participate in the appraisal process which will encompass the educational processes and documentation already in place within a recognised training programme. This portfolio provides the framework into which documentation required for the certificate of completion of training (CCT) can be inserted or collated both for appraisals within the training programme and to support the Record of in-Training Assessment (RITA)/ Annual Review of Competence Progression (ARCP). All trainees should therefore use this portfolio in conjunction with their College Logbook, and other information to collate evidence and documentation. The portfolio is not an end in itself, it is a means to an end; it is a framework into which relevant information can be placed or appended and to give a structure to its presentation.