

Code of Conduct

between Appraisee and Appraiser

2020-2021

Appraisals should not be vulnerable to appearances of collusion. All appraisees have a right to a robust appraisal that promotes their personal and professional development.

This Code of Conduct is to ensure clarification to the appraisee and appraiser in the appraisal relationship. Any concerns should be taken up with the appraiser in the first instance and the administrative team, Locality Lead or Responsible Officer (RO) as appropriate.

What to expect from an appraisal?

Purpose: The annual appraisal has two main purposes; to support the appraisee in:

- Demonstrating that they are up to date and fit to practise by helping them to develop an appropriate portfolio of supporting information (for revalidation).
- Their continuing personal and professional development in the context within which they work (resilience and quality improvement).

The majority of doctors should have no difficulty in demonstrating that they are up to date and fit to practise and should spend almost all their appraisal time discussing their continuing personal and professional development and how to improve the quality of their practice.

Professionalism: Both appraisee and appraiser will be punctual and professionally presented.

The appraisal itself will be conducted within a confidential working environment and in a professional manner that is transparent and open to scrutiny. Should it be necessary for an appraisal to be held remotely/ virtually then the working environment should include the necessary internet connections.

Either party will contact the appropriate person (e.g. appraisal administrator) if they have any concerns that the appraisal has not been entirely professional. There will be an appropriate written complaints process. Significant incidents of any type regarding the

appraisal process will be investigated and the learning cascaded through the whole organisation.

Confidentiality: The content of the supporting information and the appraisal discussion will normally be kept confidential by the appraiser. However, both appraisee and appraiser should understand that all doctors are subject to an over-riding duty to protect patients. If the appraisee reveals during the appraisal something that gives rise to such serious concerns about their personal safety (their health) or patient safety (their fitness to practise) that confidentiality is no longer the most important principle. Should this happen, the appraisal process will be suspended and other processes started (occupational health or poor performance processes).

The appraiser will only store the appraisee's information with their permission in a secure environment and will send electronic information securely, normally using an NHS email. The appraiser is aware that there is a responsibility to handle all information in accordance with guidance on confidentiality, information handling and data protection governance, and is obliged to demonstrate that they are and keeping up to date in this area.

Appraisal documentation will be shared with named individuals and analysed. The outputs of the appraisal (the summary of discussion, PDP and sign offs) from a random sample of appraisals annually will be used for quality assurance purposes to monitor the appraiser's performance. Anonymised learning needs and constraints may be shared with educational providers and designated bodies according to locally agreed processes. The anonymised outputs may also be used for research purposes.

All appraisal documentation that forms the revalidation portfolio, including the supporting information, will be available for scrutiny by the Responsible Officer (RO), should the RO request it. It may be used to help inform the recommendation about revalidation of the individual to the GMC, to highlight any specific difficulties or additional support that may be needed and for the quality assurance of the appraisal process. Appraisal documentation will

not be used for any other purpose in a non-anonymised form without the appraisee's explicit consent.

In rare circumstances, it is possible for outside agencies to request a copy of the appraisal portfolio from the doctor. This includes situations where information may be subpoenaed by the Courts, or where an employer may ask to see the appraisal outputs before entering into an employment relationship with a doctor. It is important to bear these situations in mind when compiling the supporting information and outputs of appraisal, to write in a professional manner and to ensure that there is no third party identifiable data included (which is not already in the public domain or does not have explicit consent)

Venue: The appraisee will nominate a professional venue of their choice, that allows the discussion to be confidential, free from interruptions, with access to the Internet and any other resources that they need, but which is mutually convenient. The appraiser will normally travel to the appraisee but an alternative venue may be agreed that suits their circumstances better, as long as it still meets these professional requirements. Either party has the right to request reallocation if an appropriate venue cannot be agreed.

Exceptions: In exceptional circumstances, if all other venue options have been explored, a home office that meets professional standards may be mutually agreed as the appraisal venue but must be notified to and agreed by the admin office before the appraisal takes place. Similarly, the appraisee and appraiser may mutually agree to meet at a time outside normal working hours, as long as they are both fresh and able to give the appraisal discussion the professional attention it requires. It is even more essential that in such circumstances, the appraisal itself be conducted in a professional manner that is transparent and open to scrutiny. It is recommended that, in such circumstances, the appraiser ensures that there is agreement with the Responsible Officer or the designated deputy, in writing prior to the appraisal discussion, explaining the circumstances and that this discussion and agreement is

summarised in the appraisal documentation to provide a permanent record that demonstrates an awareness of the potential issues.

In some cases an appraisal using telephony/ internet options may be agreed but this has to be requested through and agreed by the admin office early in the process.

Timing: The appraisal will normally be in working hours, at a time and day that is mutually convenient and allows sufficient time for the appraisal discussion. If personal timetables prove incompatible, it is appropriate to request that an alternative appraiser be allocated. The appraisal discussion will normally take between 1½ - 3½ hours, depending on what arises and whether time to write up is built in. The appraisee and appraiser will allow for appropriate flexibility so that the appraisal is not cut short, they are fresh enough to give the appraisal discussion their full attention and there is appropriate time for reflection afterwards. It is considered inappropriate for an appraiser to attempt to conduct more than two appraisal discussions in one day.

Courtesy: If something unexpected happens, the affected party will make every effort to communicate with the other party and, equally importantly, the administrative team to explain that there has been an unavoidable change of plan (sickness, transport failure etc.). The administrative team will provide appropriate support in ensuring that the message is passed on and received as soon as possible. In extreme circumstances it may not be possible to let anyone know in advance, in which case a full explanation will be offered as soon as possible afterwards. No compensation will normally be payable where a sudden cancellation has arisen in good faith, however each case will be considered on its merits and repeated incidents are likely to incur a charge. If an agreed appraisal date is repeatedly cancelled by the doctor at short notice, or has to be postponed more than once because of a failure to provide appropriate documentation and supporting information in good time for the appraiser to prepare, the doctor may be referred to the RO as it could be deemed a failure to

engage. In addition, if the appraiser has incurred costs the doctor may be required to reimburse their loss. Similarly, if an agreed appraisal date is repeatedly cancelled by the appraiser at short notice, the appraiser will be referred to the Service and if the doctor has incurred a financial loss, the appraiser may be required to reimburse their loss. Each case will be considered on its merits but the doctor has a professional responsibility to have an appraisal, the appraiser has made a professional commitment to facilitate the appraisal and they should treat each other with respect.

Preparation: The appraisee will provide everything that is required for the appraisal discussion to go ahead **two weeks before the appraisal date**, unless another arrangement has been made for good reason and by mutual agreement. The appraisee must understand that if they have not completed their portfolio and provided the required supporting information (in particular, last year's summary of discussion and PDP) then the appraisal cannot go ahead and the appraisal discussion will need to be postponed until the appraisee can provide the information and give the appraiser adequate time to prepare. If this is impossible before the appraisal year end (31st March), the failure to complete the appraisal within the appraisal year rests entirely with the appraisee who did not complete their portfolio. In order to avoid missing an appraisal year, all appraisals should normally take place by the end of February at the latest, leaving March free only for appraisals where there are exceptional circumstances.

Returning completed documentation: If not completed at the time of the appraisal discussion, the appraiser will ensure that the appraisee receives the post-appraisal paperwork as soon as possible afterwards and at the latest by one week after the appraisal. The appraisee will sign off the paperwork and return it to the appraiser as soon as possible after receipt and at the latest two weeks after receiving it.

Any appraisal paperwork that is not fully submitted and signed off by both parties in the correct format within 28 days of the appraisal date will have to be reported in the annual report, as is recommended by national guidance, along with an analysis of the reasons for the delay, duly attributed to: appraiser, appraisee, technical issues or any combination of these.

Regularity of appraisal: your appraisal discussion should be an annual process taking place in your nominated appraisal month, no later than 12 months from your last appraisal. If you need to go past the last day of the month in which you had your previous appraisal (usually your nominated month), you will need to complete a postponement form to state the reason. Please do try to fix and agree the appraisal meeting date as soon as possible after your notification to avoid any unnecessary communications from the administration team. If there is a good reason an alternative appraisal month is more appropriate, it is still possible to bring forward or push back your appraisal date outside your allocated appraisal month.