WESSEX
Appraisal Service

Code of Conduct

between Appraisee and Appraiser

for Medical Appraisal 2020

All doctors deserve a high quality appraisal that supports their personal and professional development, without taking up too much of their clinical time. In the context of the pandemic, the professionalism of doctors has been underlined by their response to the national emergency. 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 maintain their health and wellbeing and improve the quality of their practice.

This 'Code of Conduct' aims to ensure that the responsibilities of both parties in the appraisal relationship are clear. If a doctor has any concerns, they should be taken up with the appraiser in the first instance and the administrative team, Senior Appraiser or Responsible Officer (RO) as appropriate. Doctors should never feel pressured by their appraiser into having their appraisal in a format that suits the appraiser. The appraiser should be well-trained and flexible enough to meet the needs of the appraisee. In the context of the pandemic, this is more important than ever.

What to expect from a Medical Appraisal 2020?

Purpose: The purposes of annual appraisal have not changed but the focus has shifted away from quality assurance to increased emphasis on support and quality improvements. The appraiser will, as always, support the appraisee:

- To reflect on their continuing personal and professional development in the context(s) within which they work, particularly the impact of COVID-19.
- To demonstrate that they are up to date and fit to practise by helping them to develop an appropriate portfolio of supporting information for revalidation.

The summary of appraisal should capture the doctor's verbal reflection from the appraisal discussion on how they have kept up-to-date and fit to practise through the pandemic.

Professionalism:

Appraisal is a professional responsibility. It should be conducted in a confidential working environment and in a professional manner that is transparent and open to scrutiny. Appraisals should not be vulnerable to appearances of collusion. In primary care, appraisals will be conducted remotely during the pandemic, so the working environment should include the necessary internet connections and privacy for a high-quality confidential discussion. Both appraisee and appraiser should be punctual and professionally presented. They should be fresh enough to give the process the focus, time and energy it requires.

Either party should contact the appropriate person (e.g. the administrative team or RO) if they have any concerns that the appraisal has not been entirely professional. Significant events of any type regarding the appraisal process will be investigated and the learning cascaded through the whole organisation. There will be a formal process for dealing with complaints (the Complaints Policy).

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 either party 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, the appraisal process will be suspended and other processes started (occupational health or responding to concerns processes). This is always the case. Nevertheless, doctors have a right to expect that the appraiser will only record in the summary information relevant to the demonstration of their continued competence. The summary is not a verbatim account of the discussion and much of the discussion of sensitive and personal information will not need to be summarised.

The appraiser will store the appraisee's information, with their permission, in a secure environment. They will send electronic information securely, normally using an NHS email. The appraiser is responsible for handling all information in accordance with best practice guidance on confidentiality, information handling and data protection governance. They they are obliged to demonstrate that they are up to date in this area annually.

Appraisal documentation will be shared with named individuals for analysis. 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, across the five year revalidation cycle, including the supporting information, will be available for scrutiny by the Responsible Officer (RO), should the RO request it. It will be used to inform the revalidation recommendation about the individual to the GMC, highlight any specific difficulties or additional support that may be needed and for the quality assurance of the appraisal process. The outcomes of Medical Appraisal 2020 will be subject to particular scrutiny to evaluate the effects of these changes to the annual appraisal process in order to inform decisions about the appraisal process for the future. Appraisal documentation will not be used for any other purpose in a non-anonymised form without the appraisee's explicit consent.

In rare circumstances, outside agencies may request a copy of the appraisal portfolio from the doctor. For example, information may be subpoenaed by the Courts or an employer may ask to see the appraisal outputs before employing a doctor. Doctors should bear these

situations in mind when compiling their portfolios, always writing in a professional manner and ensuring that there is no third party identifiable data included (which is not already in the public domain or does not have explicit consent).

Venue: During the pandemic, appraisals in primary care will be remote 'technology assisted appraisals' (TAA) to avoid the risk of virus transmission between healthcare settings. The appraisee should nominate a professional video-conferencing system of their choice that allows the discussion to be confidential, free from interruptions, with access to high quality video and sound, and any other resources that they need and agree it with their appraiser.

Timing: The appraisal will normally be in working hours, on a day and at a time that is mutually convenient. 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. The appraisee and appraiser will schedule appropriate flexibility to ensure that the appraisal is not cut short 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. Either party has the right to request reallocation if an appropriate format and timing for the appraisal cannot be agreed. Once a mutually convenient appraisal date is fixed and agreed it should be entered into the database to avoid any unnecessary communication from automated reminder emails, or the administration team.

Exceptions: In exceptional circumstances, the appraisal must be conducted in a professional manner that is transparent and open to scrutiny. If there is any concern about how the appraisal meeting might be perceived, the appraiser should ensure that there is agreement with the RO, or the designated deputy, preferably in writing prior to the appraisal discussion, explaining the circumstances. This agreement should be summarised

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

Courtesy around cancellations: The doctor has a professional responsibility to have an appraisal, the appraiser has made a professional commitment to facilitate the appraisal and cleared their time from other work in order to do so, and they should treat each other with respect. If something unexpected happens, the affected party should make every effort to communicate with the other party and, where appropriate, the administrative team to explain why there has been an unavoidable change of plan (sickness, work related problems IT issues etc.). The administrative team aim to provide appropriate support in ensuring that the message is passed on as soon as possible and resolving IT issues where applicable. In extreme circumstances, it may not be possible to let anyone know in advance, in which case a full explanation should be offered as soon as possible afterwards.

Preparation: The pre-appraisal documentation has been reduced in recognition of the disruption caused by the pandemic and testing shows that the focused reflection should only take about 30 minutes to prepare. The appraisee will normally provide their portfolio **two weeks before the appraisal date**, as usual, unless another arrangement has been made for good reason and by mutual agreement. An appraisal using the Medical Appraisal 2020 process will go ahead even if the doctor has not completed and shared their portfolio, as the key prompts to reflection can be covered during the appraisal discussion.

Returning completed documentation: The appraiser will ensure that the appraisee receives the first draft of their post-appraisal summary as soon as possible after the appraisal meeting and at the latest by two weeks after the appraisal. The appraisee is responsible for checking that the appraiser has not made any errors in the appraisal

summary so that the appraisal outputs can be mutually agreed and signed off by both parties within 28 days of the appraisal meeting.

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 be noted in the annual report, as recommended by national guidance, with an analysis of the reasons for the delay, duly attributed to: appraiser, appraisee, technical issues, COVID-19, or any combination of these. In the exceptionally rare event that the summary cannot be mutually agreed, the issue should be flagged up to the Senior Appraiser or appraisal administrative team, as soon as possible.

Regularity of appraisal: Appraisal should normally be an annual process taking place in the appraisee's nominated appraisal month, usually 12 months from their last appraisal. In 2020-21, in most cases, if an appraisal was due in April-September 2020, the doctor will have been allocated an approved missed appraisal due to COVID19. Their appraisal in 2021-22 will normally take place in the same nominated appraisal month, following the Medical Appraisal 2020 process, and covering the 24 month period since their last appraisal. If an appraisal was due after 1st October 2020, it will be implemented with flexibility to meet the appraisee's needs and take account of local circumstances (for example a second surge of COVID-19 locally). If the appraisee needs to be appraised after the last day of the month in which they had their previous appraisal (usually their nominated month), they will NOT need to complete a postponement form providing the appraisee and appraiser are able to agree a mutually convenient date in the following month. In addition, if an alternative appraisal month is more appropriate, it is also possible to bring forward an appraisal date, or push it back further than one month, by mutual consent, with support from the administrative team and RO.