Executive summary

We do not have an independent process to quality assure the appraisals for doctors who do not have a connection to a Responsible Officer or approved Suitable Person. Currently, we obtain assurance that a satisfactory appraisal has been undertaken by setting criteria for appraisers of doctors without a connection; and by confirming that an appraisal has taken place and that the appraiser is satisfied that it met the requirements set out in the GMP framework for appraisal and revalidation.

We have been considering how to further increase our assurance on appraisals for doctors who don’t have a connection and, in December 2015, we asked the Revalidation Advisory Board for advice.

Having reflected on the Advisory Board’s advice, we are asking the Strategy and Policy Board to endorse proposed changes to our appraiser criteria as a first step.

Recommendation

The Strategy and Policy Board is asked to endorse the proposed changes to the criteria for appraisers of doctors without a connection.
Our regulatory powers

1. All licensed doctors are legally obliged to participate in revalidation, irrespective of whether or not they have a connection to a Responsible Officer (RO) or Suitable Person (SP). We require doctors who do not have such a connection to submit a range of information each year to support their revalidation. This includes information about their annual appraisal. If the doctor doesn’t provide the information without a reasonable excuse, we have powers to withdraw their licence*.

Appraiser criteria

2. We also ask for information from appraisers to confirm that doctors who don’t have a connection have undertaken satisfactory annual appraisals that meet our requirements.

3. Doctors who undertake appraisals for doctors who don’t have a connection must, however, meet the criteria set out in paragraph 1 at Annex A. These criteria:
   
a. Are designed to give us assurance that appraisers have the knowledge, skills and experience to undertake high quality appraisals for doctors without a connection.

b. Ensure that we can refer appraisers to our fitness to practise processes for investigation if we find evidence that they have knowingly provided information to us that is inaccurate or untrue.

Revised appraiser criteria

4. Following stakeholder engagement and a review of our current processes, we presented a paper to the Revalidation Advisory Board (RAB) in December 2015 to seek advice on options for obtaining further assurance on appraisals for doctors without a connection. RAB indicated support for strengthening our appraiser criteria.

5. RAB suggested that:
   
a. Appraisers should also be undertaking appraisals for a designated body or SP and be required to undertake a minimum number of appraisals per year. This would provide additional assurance that appraisers are appropriately trained, that their work is subject to a quality system overseen by a RO or SP, and that they engage with networks which support and drive consistency in appraisal across the piece.

b. Appraisers should be fully engaged in revalidation themselves and be reflecting on their appraisal work in their own appraisal. It would not be appropriate for a

* Regulation 4(3) of the GMC (Licence to Practise and Revalidation) Regulations 2012
doctor who was not fully participating in their own whole practice appraisal to be appraising another doctor for revalidation.

6 Having reflected on RAB’s advice, we are proposing to introduce the additional appraiser criteria in paragraph 2 at Annex A.

Next steps

7 Subject to the Board’s endorsement of the proposed additional criteria, we will:

a Update the information we provide for doctors who don’t have a connection and for their appraisers so that they are aware of the new criteria.

b Update our processes and revalidation documents, including the declaration we require appraisers to complete. By signing the declaration, appraisers will confirm that they meet the new criteria.

c Communicate the changes so that doctors can take appropriate action to find appraisers who meet the new criteria and, therefore, comply with our revalidation requirements.

8 We plan to apply the new criteria from 1 September 2016. All doctors who receive the four month statutory notice of their annual submission from that date will need to ensure that their appraisers meet the new criteria. This will ensure that doctors already under notice are not unfairly disadvantaged.

9 In addition to strengthening our appraiser criteria, we are planning to explore how we might still further increase our assurance on appraisals for doctors without a connection. This will include whether we develop and introduce an audit process to quality assure these appraisals. We will report back on progress to the Board later in 2016.
5 - Seeking further assurance on appraisals for doctors without a connection

5 - Annex A

Appraiser criteria

Current criteria for doctors who appraise doctors without a connection

1  An appraiser must:
   a  Hold registration and a licence to practise with the GMC and have a connection to a designated body (or have identified a Suitable Person approved by the GMC) and be participating in revalidation.
   b  Be trained in the knowledge and skills required to carry out medical appraisals in the UK for the purposes of revalidation.
   c  Understand the context, scope and nature of work the appraisee doctor undertakes.
   d  Have recent experience of UK practice or recent experience of appraising medical practice in the UK and understand the professional obligations placed on doctors by the GMC's guidance *Good medical practice*.
   e  Have procedures to verify the supporting information that doctors bring to their appraisal and procedures for referring doctors to the GMC if they have concerns about the doctor's fitness to practise, for example the doctor’s actions have put patients at risk or they have concerns about the doctor’s honesty.

Proposed additional new criteria

2  An appraiser must:
   a  Carry out appraisals for a designated body or approved Suitable Person.
   b  Have carried out at least five appraisals in the 12 months preceding an appraisal of a doctor who doesn’t have a connection.
   c  Confirm to the GMC that they are declaring their appraisal work as part of their scope of practice in their own appraisal.
   d  Not undertake appraisals for doctors without a connection if they (the appraiser) are in the licence withdrawal process.