THE STATE HOSPITALS BOARD FOR SCOTLAND

REVALIDATION AND APPRAISAL POLICY

Policy Reference Number	HR30	Issue: 2
Lead Author	Head of HR	
Contributing Authors	Medical Staff Group	
	Complaints Officer	
	Workforce, Wellbeing and OD Delivery Group - Policy Sub Group	
Advisory Group	Revalidation Steering Group	
Approval Group	Policy Approval Group	
Implementation Date	11 December 2024	
Next Review Date	11 December 2027	
Accountable Executive Director	Medical Director	

The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx

REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)	☐

Changes required to policy (evidence base checked)	☒

Summary of changes within policy:

REVIEW 2024

- Policy updated to reflect change in policy and job titles.
- Appendix 9: Remediation Guide for NHS Scotland - paragraph under “Which grade of doctors are included within the remediation framework?” has been updated.

CONTENTS

1 INTRODUCTION

1.1 Revalidation is the process by which doctors will demonstrate to the GMC that they are up to date and fit to practice, and comply with the relevant professional standards. The information doctors will provide for revalidation will be drawn by doctors from their actual practice, from feedback from patients and colleagues and from participation in CPD. This information will feed into doctors' annual appraisals. The outputs of appraisal will lead to a single recommendation to the GMC from the Responsible Officer in their healthcare organisation, normally every 5 years, about the doctor's suitability for being revalidated (Appendix 1).

1.2 Revalidation will assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and are practising to the appropriate professional standards. The process will:

- Confirm that licensed doctors practice in accordance with GMC generic standards.
- Confirm that doctors meet the standards appropriate for their specialty.
- Identify poor practice for further investigation and remediation.

2 RESPONSIBLE OFFICER (RO)

- New role regulations came into force on 1 January 2011.
- For State Hospital Consultants and Speciality Doctors, the RO will be Professor Lindsay Thomson, Medical Director.
- Doctors relate to one and only one RO at any one time.

3 ROLE OF THE RESPONSIBLE OFFICER

- To make recommendations for revalidation to GMC based largely on appraisal documentation over a 5 year cycle.
- To ensure that systems within the organisation support doctors in delivering care that is constantly improving.

4 APPRAISERS

- All Appraisers must have attended a NES approved training course.
- Appraisal by 2 different appraisers over a 5 year period.
- The Appraisee is entitled to request one alternative choice of appraiser. If the Appraisee has legitimate reason not to accept the second Appraiser then the Medical Director will appoint another trained appraiser and that decision will be final.

5 APPRAISAL DOCUMENTS

- Became fully web based (SOAR) from 1st January 2013.
- Will cover the 4 GMC domains of Good Medical Practice (Appendix 1)
- Appraisal is a confidential process, though confidentiality is not maintained when an Appraiser becomes aware of health, probity or performance concerns that must be reported to the RO.

6 THE STATE HOSPITAL APPRAISAL PROCESS

6.1 All doctors are required to collect a portfolio of evidence that will be reviewed at appraisal on an annual basis. Generic standards which apply to all doctors are set out in *Good Medical Practice* (General Medical Council, 2006*a*). Specialty standards for psychiatrists are set out in *Good Psychiatric Practice* (Royal College of Psychiatrists, 2009). The purpose of collecting the evidence for appraisals over the 5 year cycle is not to tick boxes showing that a particular standard has been met, but rather to enable the doctor to collect a body of meaningful information that will demonstrate continuing fitness to practise. It is expected that this process will facilitate ongoing professional development, the aim of which is to improve the standard of care that each psychiatrist provides for patients.

6.2 The annual appraisal needs to cover the doctor's entire practice, including private practice. One single appraisal will be undertaken, even if the doctor is working for more than one organisation. At the State Hospital, much of the minimum mandatory evidence will be collated (and then scanned / filed as appropriate) by the Medical Appraisal and Revalidation Administrator (currently PA to Medical & Associate Medical Directors). The mandatory items that the Administrator is responsible for collating are contained within section7.15. The collation and completion of the paperwork / forms for all other mandatory items is the responsibility of the Appraisee.

The appraisal will be timed around the revalidation due dates. The revalidation due date will be used as the basis for the annual appraisal due date. The appraisal should take place in the 4 months preceding this appraisal due date. This will then allow sufficient time at the time of revalidation for the necessary review of the documents.

As part of using SOAR there is an electronic booking system that requires to be completed in order for the SOAR paperwork to be put in place; appraisal meetings will be arranged through use of the SOAR booking system. The Medical Appraisal and Revalidation Administrator has access to all medical staffs' electronic diaries and will arrange an appraisal meeting through the SOAR booking system that should fit the diaries of both Appraisee and Appraiser. The SOAR system automatically emails both parties to make them aware of this date. In addition, an electronic meeting request will be sent. Should this initial appointment not be convenient then discussion with the Revalidation Administrator can take place with regard to setting a further appraisal meeting date. Subsequent dates will also be booked through SOAR. In the event that 3 dates booked through SOAR are rejected by the Appraisee then the Responsible Officer will be advised of this and a standard letter will be sent by the Responsible Officer to the Appraisee (Appendix 2).

For the Appraiser to have time to review all of the paperwork on SOAR, all documents/evidence should be submitted at least **one week** in advance of the appraisal meeting. It has been agreed that the Medical Appraisal and Revalidation Administrator will support medical staff with getting their appraisal evidence on to SOAR, if requested by the Appraisee.

6.3 Newly Appointed Consultants and Speciality Doctors

The Medical Appraisal and Revalidation Administrator will check that all newly appointed doctors (except those in training) are registered on SOAR and, where appropriate, have completed their previous annual appraisals. Evidence of previous annual appraisals, in the form of completed Form 4's, will be forwarded to the Responsible Officer.

As part of the pre-employment checks Human Resources will seek from any successful interviewee paperwork confirming their last revalidation and details of subsequent appraisals that have taken place (Form 4's). This will not apply to medical staff being considered for employment who are moving from training grades.

7 MINIMUM MANDATORY EVIDENCE FOR CONSULTANTS AND SPECIALITY DOCTORS EMPLOYED BY THE STATE HOSPITAL

7.1 Personal details (including your GMC reference number)

7.2 Updated Job Plan

- Full description of the scope of clinical activity.
- In-patients/out-patients.
- Emergency patients.
- Full description of clinical practice.
- Confirmation of compliance with agreed guidelines (e.g. SIGN).

7.3 Probity

(*Good Medical Practice* (General Medical Council, 2006*a*) provides guidance on issues of probity as follows:

- Being honest and trustworthy (paragraphs 56–59).
- Providing and publishing information about your services (paragraphs 60–62).
- Writing reports and CVs, giving evidence and signing documents (paragraphs 63–69).
- Research (paragraphs 70–71).
- Financial and commercial dealings (paragraphs 72–73).
- Conflicts of interest (paragraphs 74–76).

7.4 Health

A statement of health is a declaration that you accept the professional obligations placed on you in *Good Medical Practice* about your personal health. *Good Medical Practice* (General Medical Council, 2006*a*) provides guidance on the following:

- Registration with a general practitioner (GP) – you should be registered with a GP outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself (paragraph 77).
- Immunisation – you should protect your patients, your colleagues and yourself by being immunised against common serious communicable diseases where vaccines are available (paragraph 78).
- A serious condition that could pose a risk to patients – if you know that you have, or think you might have, a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients (paragraph 79).

7.5 Complaints

These must be declared. Include evidence of other "3 C's" (comments, compliments and concerns). The hospital's Complaints Officer has agreed to send copies of complaints about Consultants to the Associate Medical Director. In addition, the Complaints Officer has agreed to send a brief letter confirming that Doctors have not had complaints against them which have been upheld.

7.6 Significant Event Analysis

It is expected that psychiatrists will reflect on significant clinical events, e.g. from any Critical Incident Reviews or Sudden Untoward Incidents involving patients in their care, and identify not only good practice but also areas for improvement. The areas for improvement should be incorporated into a personal development plan and be reviewed through the appraisal process.

A significant event is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented. These events should be collected routinely by your employer. You should discuss significant incidents that you have been involved in at appraisal, with particular emphasis on those that have led to a change in practice or demonstrate learning. To aid any discussion in relation to a significant event that has occurred the Significant Event Analysis reflective template can be used (Appendix 3).

7.7 Involvement in and Contribution to Quality Improvement Activity including clinical audit.

7.8 Case Based Discussions

The College recommends that a minimum of ten case-based discussions be undertaken over a 5 year period (2 discussions per year). It will be the responsibility of each psychiatrist to ensure that an appropriate number of cases are included in these discussions. In order to achieve this, approximately two-thirds of cases should be chosen by a random method and the other third should be chosen by the psychiatrist being appraised. The purpose of random selection is to provide reassurance that the care given is satisfactory for cases that the psychiatrist has not particularly selected. The reason for allowing a proportion of cases to be selected is to ensure that over a 5-year cycle, the cases discussed broadly reflect the diagnostic case-mix of the psychiatrist's workload. Selection also allows the psychiatrist to discuss the management of complex cases that they consider would be of value for their own personal development. Guidance in relation to how Case Based Discussion will operate in The State Hospital is as detailed in Appendix 4. The assessor will utilise The Case Based Discussion – Assessment Form (Appendix 5).

7.9 Clinical Audit

It is expected that each psychiatrist will provide an audit over a 5 year cycle in at least 2 significant clinical areas of their practice with standards, based on best practice guidelines, re-audit, evidence of discussion in appraisal and appropriate action. It is important that the audits reflect the care provided by the individual doctor and focuses on key areas of clinical practice. The importance of audit is not the audit process itself but the evidence it provides; that is that the psychiatrist is working to improve patient care. In discussion with an appraiser, a non-audit quality improvement process, for example a research project, could be agreed in place of one of the audits.

7.10 Private Practice

Details of activity available from Referrals for Reports / Advice Meeting held on Monday mornings.

7.11 Evidence of Fitness to Practice

A "certificate of good standing" with the Royal College of Psychiatrists needs to be provided: this is received for satisfactorily undertaking CPD in each of the 5 years for revalidation (minimum of 50 hours per year - 250 hours over a 5 year cycle). The content of CPD will reflect the job of the psychiatrist and include an appropriate mixture of clinical, managerial and professional activities. Continuing professional development should equip the doctor to meet the changing nature of their practice; the meeting of the CPD requirements will be validated by a peer group chosen by the psychiatrist.

7.12 Updated Personal Development Plans (PDPs).

The first step in drawing up a PDP is for each psychiatrist to produce his / her own draft. Subsequently, this document is discussed and its contents agreed with a peer group. The purpose of the peer group is to review the objectives of each individual in turn and to identify practical ways in which these may be achieved. Each peer group has 3 core sets of functions:

- Reviewing and identifying their learning needs at each of the 4 levels and across the 4 domains of knowledge to enable individuals to fulfil their clinical responsibility effectively analysing their goals for learning against realistic appraisal of what actions are likely to improve quality for their patients and / or contribute to the development of new knowledge and skill ; developing CPD objectives to achieve their goals; documenting progress; identifying and remedying blocks to progress ; reviewing and evaluating what is achieved with a view to beginning a fresh cycle.
- Supporting members in achieving their goals and objectives.
- In some circumstances, providing CPD that is oriented towards helping group members to achieve their PDPs.

Guidance on PDPs is available online from the Royal College of Psychiatrists website https://www.rcpsych.ac.uk/training

The up to date PDP should be discussed, reflected on and, if appropriate, developed / refined within the Appraisal meeting.

7.13 Clinical Quality Data

- Disciplinary Proceedings.
- Summary of ICP and CPA data.
- Audit/QI reports (unvalidated entries, PMVA).
- Learning from Feedback (patients and carers).

7.14 Risk Management Data

- Complaints
- Critical Incidents Reviews and Significant Untoward Incidents.

7.15 Pharmacy Audits:

- POMH national audits.
- Polypharmacy / Clozapine augmentation.
- Lithium monitoring (where applicable).
- T2/T3 consent (including number of reminders).
- Prescription sheet audit.

7.16 CPA / Restricted Patient and Medical Record Keeping Audits:

- Transfer / Discharge CPA referrals.
- Annual Reports for restricted patients.
- Audit of medical record keeping - Consultant entries - the standard is a monthly entry by the Consultant (or a junior doctor entry validated by a Consultant) within RiO.

7.17 Multi-Source Feedback (from colleagues) and Feedback from Patients (use of the CARE measure)

Multi-source feedback (MSF): It is a requirement of appraisal for revalidation that feedback is obtained from work place colleagues (MSF) at least once every 5 years using an MSF tool which complies with GMC guidance. The State Hospital will use the NHS Education for Scotland (NES) approved MSF tool.

Feedback from patients: it is also a requirement of appraisal for revalidation that feedback is obtained from patients at least once every 5 years. The State Hospital has decided to use the CARE questionnaire (Appendix 6). Prior to the CARE questionnaire being sent out to a patient group the PA to the AMD will contact Advocacy to advise that the questionnaire is being sent out. Advocacy will then assist patients as needed to complete the questionnaire. Advocacy will be able to take into account any supports that may be needed by any particular patient to complete the questionnaire; this would include assisting with any communication difficulties. It should be noted that an adapted questionnaire will be sent out to those cared for by the Learning disability service. To

preserve the confidentiality of the response from a patient the questionnaire will be sent directly to the patient with a marked return envelope included, along with instructions relating to the return of the questionnaire. At no point will medical staff assist with the completion or return of the questionnaire.

7.18 Other Useful Documentation (*not mandatory*)

Evidence of involvement in:

- Teaching: trainee / student feedback.
- Research (file submitted papers or abstracts).
- Management activities (file examples of the same).
- Expert advice activities (file evidence of the same).

7.19 External Evidence

Prior to an appraisal review a request will be sent to the relevant local lead requesting relevant information in relation to the appraisee (Appendix 7).

7.20 Recognition of training

Criteria for recognition of all Scottish trainers. As part of the GMC's implementation of trainer recognition, all Education Organisers (EOs) were required to develop criteria setting out what trainers will need to do to demonstrate that they are compliant with the GMC's standards and to provide guidance on how evidence in the seven Framework areas should be collected and presented.

In Scotland the five medical schools and NES have agreed on a single set of EO criteria for all trainers. These criteria are grouped into three categories:

A. Educational Governance Requirements
Be currently practising within their field (for undergraduate trainers this may include academic practice or health professionals in disciplines other than medicine).
Comply with all aspects of Good Medical Practice.
Comply with all legal, ethical and professional obligations including completion of any mandatory training requirements.
Have appropriate time allocated for their role.
B. Role-specific Requirements
Demonstrate awareness of the curriculum and level of students/trainees.
Demonstrate awareness of their role and how that role fits with other educational and clinical roles.
Know how to get support if needed and know about the relevant EOs' QA procedures.
C. Generic Teaching Skill Requirements
Produce evidence of ongoing development across all relevant Framework areas in order to demonstrate an appropriate level of teaching competence.
Provide evidence of appropriate training and/or experience for their teaching role.

The diagram below illustrates the relationship between the GMC standards, the Scottish criteria for recognition, the seven Framework areas and the competency statements underpinning the Scottish Trainer Framework.

8 FEEDBACK FROM APPRAISAL

Standardised forms (Appendix 8a and 8b) will be sent to the Appraisee and Appraiser after the appraisal; these should be returned to the Medical Appraisal and Revalidation Administrator. These forms will be monitored by the Medical Director.

9 CONFLICT RESOLUTION ARISING FROM APPRAISAL

Any conflict arising as a result of the appraisal process will be raised with the line manager of the Appraiser.

10 REMEDIATION FOR DOCTORS IN DIFFICULTY

Doctors in the State Hospital will be bound by the Management of Employee Conduct and the Management of Employee Capability Policies (see Appendix 9).

11 COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY

This policy will be communicated to all stakeholders within the State Hospital via the intranet and through the staff bulletin.

The Revalidation Steering Group will be responsible for the implementation and monitoring of this policy.

Any deviation from policy should be notified directly to the policy Lead Author. The Lead Author will be responsible for notifying the Advisory Group of the occurrence.

This policy will be reviewed every three years or earlier if required.

12 EQUALITY AND DIVERSITY

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and/or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Team on 01555 842072.

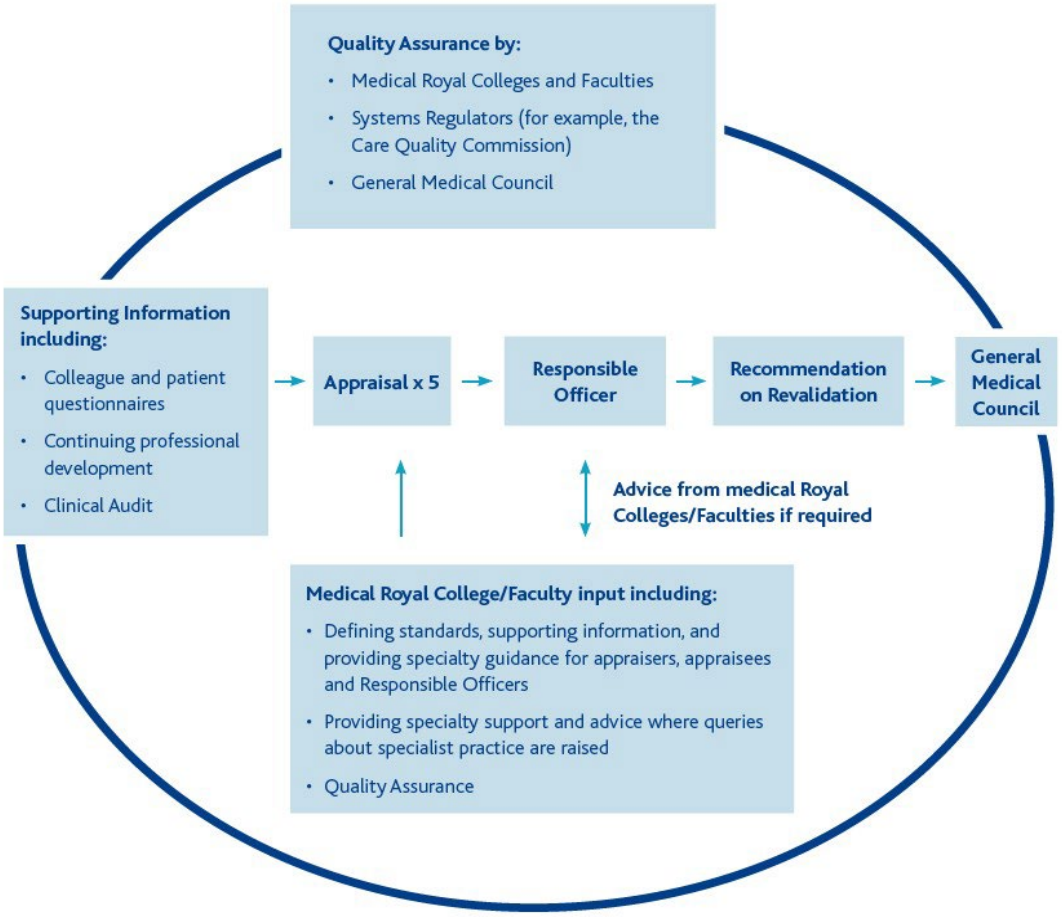
Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The Equality and Impact Assessment (EQIA) considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

13 STAKEHOLDER ENGAGEMENT

Key Stakeholders	Consulted (Y/N)
Patients	N
Medical Staff	Y
Carers	N
Volunteers	N

APPENDIX 1: REVALIDATION PROCESS DIAGRAM

Revalidation Process Diagram



(Source: GMC: Revalidation the way ahead Appendix A)

The Domains and Attributes of the GMC Module for *Good Medical Practice*

Domain Attribute

1. Knowledge, skills and performance
   - Maintain your professional performance
   - Apply knowledge and experience to practice
   - Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible

2. Safety and quality
   - Contribute to and comply with systems to protect patients
   - Respond to risks to safety
   - Protect patients and colleagues from any risk posed by your health

3. Communication, partnership and teamwork
   - Communicate effectively
   - Work constructively with colleagues and delegate effectively
   - Establish and maintain partnerships with patients

4. Maintaining trust
    - Show respect for patients
    - Treat patients and colleagues fairly without discrimination
    - Act with honesty and integrity

References / Other Suggested Reading

- Revalidation Guidelines for Psychiatrists, College Report, CR172, March 2012
  Good Medical Practice (General Medical Council, 2006a)
- Good Medical Practice Framework for Appraisal and Revalidation (General Medical Council, 2011)
- Good Psychiatric Practice (Royal College of Psychiatrists, 2009)
- Good Practice Guidelines for Appraisal (Mynors-Wallis & Fearnley, 2010) -- to assist both appraisers and appraisees in meeting best practice standards
- Department of Health's (England) Remediation Report (2011)

APPENDIX 2: MEDICAL APPRAISAL AND REVALIDATION LETTER

The State Hospital

Carstairs
Lanark ML11 8RP
Telephone 01555 840293

NHS SCOTLAND

Date
Your Ref
Our Ref LT/jmcd

Dear Dr

Re: Medical Appraisal and Revalidation – URGENT

It has been brought to my attention that you have been offered three dates for your appraisal meeting which you have declined / not attended. Revalidation every five years requires that you are appraised annually by a trained Appraiser. If the appropriate number of appraisals have not been carried out over the five year period I will be unable to make a recommendation to the GMC that you be revalidated. Please contact Jacqueline McDade immediately to arrange an appraisal date.

Yours sincerely

Professor Lindsay Thomson
Medical Director and Responsible Officer

The State Hospitals Board for Scotland Carstairs, Lanark, ML11 8RP.

Chair Brian Moore
Chief Executive Gary Jenkins

Appendix 3: Reflective Template: Significant Event Analysis

Reflective Template: Significant Event Analysis

This reflection template form should be used for **Domain 2: Safety and Quality**. **What supporting information have you provided for your Significant Event?**

What strengths does it demonstrate?

Does it highlight any areas of your practice that you could develop?

Have you been able to make any changes as a result?

What have you learned from this event?

Is there anything that you would like to/need to do to follow it up?

APPENDIX 4: GUIDANCE FOR CASE-BASED DISCUSSION

Guidance for Case-Based Discussion

1. Case based discussion will take place within the patient pathways meeting or the referrals for reports and advice meeting. Each psychiatrist will be expected to present 2 cases a year within these meetings that will be formally assessed by a colleague. These cases can be as part of the usual business of these meetings or through the psychiatrist presenting a case identified by them at the referrals reports and advice meeting. The psychiatrist will request that the chair of the meeting identify an assessor for any case they wish formally assed prior to the meeting commencing.

   The assessor should feel free to go through the key areas of clinical practice being assessed. It is not expected that each of the areas will be assessed in the same level of detail. The areas to focus on depend on the clinical case and the psychiatrist's involvement.

2. Following the discussion, there should be a rating of each of the eight standards being assessed on the 0–4 scale. Utilising the case based discussion assessment form Appendix 5.

3. It is expected that the most usual rating will be that of a 2 (consistent with independent practice). Areas in which there are suggestions for development should be rated as a 1. Areas of good practice should be rated as a 3 or 4.

4. The main purpose of case based discussion is developmental. It is important that colleagues give constructive feedback to each other in order to facilitate a developmental process. It is not expected that psychiatrists would be exceeding or excelling in all areas of each case that is discussed.

   Each psychiatrist is required to undertake ten case based discussions over a 5-year cycle. No more than three should be done with one individual in order to have a minimum of four assessors commenting on cases over a 5-year cycle.

APPENDIX 5: CASE-BASED DISCUSSION – ASSESSMENT FORM

Case-Based Discussion – Assessment Form

Doctor's Name		Date of discussion	
Assessor's Name		Assessor's registration number	
Diagnosis			
Focus of this discussion			

Good Psychiatric Practice Standards	Not assessed (0)	Inconsistency in meeting standards (1)	Meets standards and consistent with independent practice (2)	Exceeds at standards (3)	Excels at standards (4)
1. Assessment					
2. Diagnosis					
3. Risk assessment					
4. Treatment plan and delivery					
5. Knowledge of treatment options					
6. Record keeping					
7. Communication with professionals					
8. Communication with patients and carers					

Good Practice	Suggestions for Development

Agreed action

Assessor's signature:

APPENDIX 6: THE CARE MEASURE

The CARE Measure

 Dr

Please rate the following statements about the consultations you have had with your doctor over the last six months.

Please tick one box for each statement and answer every statement.

Please put your completed questionnaire into the addressed envelope provided, seal it and give it to a member of staff to put in the mail.

All questionnaires are CONFIDENTIAL and your answers will never be known by your doctor. The collated results of anonymised questionnaires will help us to improve the care we provide.

How was the doctor at	**Poor**	**Fair**	**Very Good**	**Good**	**Excellent**	**Does Not Apply**
1. Making you feel at ease …… *(being friendly and warm towards you, treating you with respect; not cold or abrupt)*	☐	☐	☐	☐	☐	☐
2. Letting you tell your "story" …… *(giving you time to fully describe your illness in your own words; not interrupting or diverting you)*	☐	☐	☐	☐	☐	☐
3. Really listening …… *(paying close attention to what you were sayings; not looking at the notes or computer as you were talking)*	☐	☐	☐	☐	☐	☐
4. Being interested in you as a whole person …… *(asking/knowing relevant details about your life, your situation; not treating you as "just a number")*	☐	☐	☐	☐	☐	☐
5. Fully understanding your concerns *(communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything)*	☐	☐	☐	☐	☐	☐
6. Showing care and compassion …… *(seeming genuinely concerned, connecting with you on a human level; not being indifferent or "detached")*	☐	☐	☐	☐	☐	☐
7. Being Positive …… *(having a positive approach and a positive attitude; being honest but not negative about your problems)*	☐	☐	☐	☐	☐	☐
8. Explaining things clearly …… *(fully answering your questions, explaining clearly, giving you adequate information; not being vague*	☐	☐	☐	☐	☐	☐
9. Helping you to take control …… *(exploring with you what you can do to improve your health yourself; encouraging rather than "lecturing" you)*	☐	☐	☐	☐	☐	☐
10. Making a plan of action with you … *(discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)*	☐	☐	☐	☐	☐	☐

PLEASE COMPLETE AND RETURN BY *(INSERT DATE)*

APPENDIX 7: APPRAISAL AND REVALIDATION LETTER

The State Hospital

Carstairs
Lanark ML11 8RP
Telephone 01555 840293

Date
Your Ref
Our Ref LT/jmcd

Enquiries to Jacqueline McDade
Direct Line 01555 842013
E-mail jacqueline.mcdade3@nhs.scot

Dear Dr

Re: Appraisal and Revalidation

Dr , who undertakes clinical sessions at , will have his/her annual appraisal on . I would be grateful if you would provide information on any complaints, Sudden Untoward Incidents, Critical Incident Reviews and compliments to be incorporated into the appraisal process, by .

Thank you for your assistance.

Yours sincerely

LINDSAY THOMSON
Medical Director and Responsible Officer
The State Hospital & Forensic Managed Care Network

APPENDIX 8A: FORM 6A - APPRAISEE FEEDBACK FORM

NHS SCOTLAND NON TRAINEE MEDICAL STAFF APPRAISAL DOCUMENTATION (excluding GPs)

FORM 6A - APPRAISEE FEEDBACK FORM (to be returned to your local appraisal governance body)

Appraisee:	Appraiser:	Date of Appraisal:

Before the Appraisal

Which appraisal under the Scottish Medical Appraisal Scheme was this?

My first ☐ My second ☐ My third ☐ My Fourth ☐ My Fifth ☐

How challenging did you find it to prepare the paperwork for this appraisal?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Very difficult — Quite simple

How much time did you spend preparing for your appraisal?

Over 5 hours ☐ Between 2 and 5 hours ☐ Between 1 and 2 hours ☐ Less than 1 hour ☐

Overall, how would you say you were feeling towards your impending appraisal?

1 2 3 4 5

Very negative — Quite positive

During the Appraisal

Did you begin the appraisal feeling clear about what was going to be discussed?

1 2 3 4 5

Not at all — We agreed this at the beginning

Did the appraiser clearly explain the confidentiality of the process to you?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

No — Completely clear

Did you feel at ease during this appraisal?

1 2 3 4 5

I felt ill at ease throughout — I felt completely at ease from the start

Did you feel that the appraiser was familiar with the paperwork you had sent them?

1 2 3 4 5

The appraiser did not appear to have read it — Had clearly taken the time to read and think about it

Did you feel that the appraisal addressed all the issues that needed to be addressed?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — Completely

Did you feel that this appraiser was sensitive to you and to your way of working as a doctor in NHS Scotland?

1 2 3 4 5

Not at all — Very much so

Did you feel that the appraiser gave you any feedback constructively?

1 2 3 4 5

Not at all — Very constructive and fair

To what extent did this appraiser help you to reflect on and identify your development needs?

1 2 3 4 5

Not at all — Very much so

To what extent are you confident that you have gathered enough revalidation evidence for your practice as a doctor in NHS Scotland?

1 2 3 4 5

Not at all — Very confident

Did you discuss other roles in addition to your clinical role? Yes ☐ No ☐ Role discussed: ☐

If yes, to what extent are you confident that you have gathered enough revalidation evidence for this other role?

1 2 3 4 5

Not at all — Very confident

Did you feel that you had a fair and appropriate personal development plan by the end of the interview?

1 2 3 4 5

Not at all — Very much so

Overall, how did you feel by the end of appraisal interview?

1 2 3 4 5

Very negative — Very positive

After the Appraisal

How long did your appraisal interview last?

Over 2 hours ☐ Between 1.5 and 2 hours ☐ Between 1 and 1.5 hours ☐ Less than 1 hour ☐

Did it feel the right length?

Too long ☐ Too short ☐ Just about right ☐

Please rate the venue of your appraisal in terms of convenience to get to, comfort and freedom from interruption:

1 2 3 4 5

Not at all suitable Very suitable

When was the paperwork completed?

Not yet complete ☐ The appraiser sent me completed paperwork within 2 weeks ☐ The appraiser sent me completed paperwork within 1 week ☐ We completed it together straight after the interview ☐

Did you feel the completed paperwork reflected a fair and accurate account of your discussion?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all Completely

To what extent did you find this appraisal helpful to your professional reflection and development?

1 2 ☐ 3 4 5

Not at all Extremely Helpf

Would you wish to be appraised by this appraiser again? Yes ☐ No ☐

Do you have any other comments you wish to make about your appraiser, or expand on any of your responses above?

APPENDIX 8B: FORM 6B - APPRAISER FEEDBACK FORM

NHS SCOTLAND NON TRAINEE MEDICAL STAFF APPRAISAL DOCUMENTATION (excluding GPs)

FORM 6B - APPRAISER FEEDBACK FORM

Appraiser:	Appraisee:	Date of Appraisal:

Before the Appraisal

How challenging did you find it to review the paperwork for this appraisal?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Very difficult — Quite simple

How much time did you spend preparing for this appraisal?

Over 5 hours ☐ | Between 2 and 5 hours ☐ | Between 1 and 2 hours ☐ | Less than 1 hour ☐

Overall, how would you say you were feeling towards this impending appraisal?

1 2 3 4 5

Very negative — Very positive

During the Appraisal

Did you begin the appraisal feeling clear about what was going to be discussed?

1 2 3 4 5

Not at all — We agreed this at the beginning

Did you feel that the confidentiality of the process was understood?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

No — Completely clear

Did you feel at ease during this appraisal?

1 2 3 4 5

I felt ill at ease throughout — I felt completely at ease from the start

Did you feel that the appraisal addressed all the issues that needed to be addressed?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Not at all — Completely

Did you feel that the feedback you gave was constructive?

1 2 3 4 5

Not at all — Very constructive and fair

To what extent did this appraisal help reflect on and identify development needs?

1 2 3 4 5

Not at all — Very much so

To what extent are you confident that enough evidence was gathered for revalidation as a doctor in NHS Scotland?

1 2 3 4 5

Not at all — Very confident

Did you discuss other roles in addition to the clinical role? Yes ☐ No ☐ Role discussed: ☐

If yes, to what extent are you confident that enough revalidation evidence was gathered for this other role?

1 2 3 4 5

Not at all — Very confident

Did you feel that a fair and appropriate personal development plan was identified by the end of the interview?

1 2 3 4 5

Not at all — Very much so

Overall, how did you feel by the end of appraisal interview?

1 2 3 4 5

Very negative — Very positive

After the Appraisal

How long did the appraisal interview last?

Over 2 hours ☐ Between 1.5 and 2 hours ☐ Between 1 and 1.5 hours ☐ Less than 1 hour ☐

Did it feel the right length?

Too long ☐ Too short ☐ Just about right ☐

Please rate the venue of the appraisal in terms of convenience to get to, comfort and freedom from interruption:

1 2 3 4 5

Not at all suitable — Very suitable

How long have you taken to complete form 4?

Not yet complete	within 2 weeks	within 1 week	We completed it together straight after the interview
☐	☐	☐	☐

Did you feel the completed paperwork reflected a fair and accurate account of your discussion?

1	2	3	4	5
☐	☐	☐	☐	☐
Not at all				Completely

APPENDIX 9: REMEDIATION GUIDE FOR NHS SCOTLAND

Management of Employee Conduct and Management of Employee Capability Policies are available online at:

https://scottish.sharepoint.com/sites/TSHHRC/SitePages/Conduct.aspx

https://scottish.sharepoint.com/sites/TSHHRC/SitePages/Capability.aspx

Remediation guide for NHS Scotland

Good Medical Practice makes it clear that all doctors have a responsibility throughout their medical career for self-improvement and must take steps to monitor and improve the quality of their work.

What is remediation?
Remediation is the process of addressing performance concerns (knowledge, skills, and behaviours) in relation to trained doctors, where such concerns have been recognised as a consequence of self-reporting, investigation, review, appraisal or other means so that the practitioner is supported by the NHS Board and has the opportunity to return to safe practice.

Health Boards should have an agreed remediation process that includes:
- A defined process for agreeing with a doctor when remediation is appropriate.
- A process that sets out when remediation commences and an indicative timescale as to when it should be completed.
- A description of the program or curriculum that a doctor must follow.
- An agreed process as to how progress and success of the remediation program will be assessed.
- An agreement that the remediation framework will apply to all trained medical and dental staff.
- Ensure that the process/policy aligns with and recognizes existing contractual arrangements, policies and procedures.
- Confirm that Boards will be responsible for reasonable costs within an agreed timescale.

Process for determining whether a doctor needs remediation
Where concerns are raised about a doctor's performance in the first instance a meeting should be arranged with the doctor to discuss the nature of the concerns and how these may be addressed or investigated further. This should be an open and transparent dialogue. An exception would be when the nature of the concern is so serious that patient care requires to be immediately protected.

In most cases a course of action should be agreed at this meeting and may include:
- Deciding that no further action is necessary.
- Initiating a formal investigation under professional competence disciplinary procedures or personal conduct disciplinary procedures.
- Treating the matter as a health problem and using health procedures (see below).
- Agreeing that further investigation. This may involve a medical Royal College.
- Informing the GMC.
- Agreeing with the doctor that a remediation approach is necessary.

Many boards have agreed professional support structures in place. For GPs this should have LMC involvement. A remediation approach may involve third parties. This should be jointly agreed between the doctor and the Board.
Remediation can only be undertaken with the agreement of the doctor. This normally takes place after any formal investigation phase is complete. Where formal processes are already in place these should support and facilitate remediation if it has been agreed to be the

appropriate way forward.

If the doctor does not agree at the outset to the proposed program of remediation (or does not accept that there is a need for remediation) then the Medical Director must decide whether on the basis of the evidence available where further investigations or other appropriate action is required. Any further investigations should be undertaken through the existing formal processes.

Which grade of doctors are included within the remediation framework?
Scottish Medical Training (SMT) is the body responsible for overseeing the medical training programme in Scotland. It works closely with both NHS Education Scotland and local training schemes to ensure that doctors in training meet the required standards.

SMT provides specific guidance on how underperformance is managed within the training programs, including how remediation is applied. Local Training Programme Directors (TPDs) are responsible for implementing remediation frameworks for underperforming doctors in training which can include putting in place additional supervision, tailored educational plans, and regular reviews. Contact details and useful links for the Forensic Psychiatry programme can be found at https://www.scotmt.scot.nhs.uk/specialty/specialty-programmes/south-east/programme-information-profiles/forensic-psychiatry.aspx

How would the success or otherwise of remediation be assessed?
The Medical Director will determine if a remediation process has been successful and that the doctor or dentist can return to their substantive role. This should be based upon the doctor having completed the remediation program as defined at the outset. The Medical Director must be also satisfied that the goals of the remediation program have been achieved. This may include but not be limited to obtaining appropriate reports from clinical mentors/supervisors.

The mechanism for signing off the remediation program should have agreed between the Board and the LNC/LMC. If the Medical Director believes that further support under the remediation framework is necessary then this must be agreed with the doctor. Any extension to the remediation program should be a defined period of time and subject to the parameters outlined above.

Medical Director must confirm their decision in writing. This must state that either the remediation process has been successfully concluded and the doctor may return to work or that further remediation or action is required. In either event it would be good practice to meet with the doctor in order to explain any decisions that have been made.

In a situation where the remediation process has concluded but has been unsuccessful the Medical Director must confirm the reasons for this in writing and also detail how the Board intends to proceed.

How would doctors leave remediation and return to independent practice?
Where remediation has involved a placement outside the organisation or a period of supervised practice, it will be necessary to agree how the return to the substantive post will be managed. This may include a period of supervised or mentored practice.

Support for Sick doctors
It may be determined that a doctor's performance is impaired due to ill health. Boards have a duty to provide reasonable support to staff who are unwell. In developing the structures to support Revalidation in Scotland a Managed Clinical Network (MCN) has been developed to support "sick doctors". This will be known as "Managed Clinical Network for Doctors' Wellbeing and Resilience". It is recognised that there are clinical conditions by their nature for which it is appropriate to provide support outwith a doctor's local area. The MCN has been developed for this purpose and as a resource for both doctors and Medical Directors. Doctors must agree to any referral to the MCN by their Medical Director.