



Independent Doctors Federation

Appraisal and Revalidation Policy

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Policy Statement

This document sets out the Independent Doctor's Federation (IDrF) policy in relation to the annual medical appraisal process to support General Medical Council (GMC) revalidation.

The aim of this policy is to ensure that all licensed medical practitioners with a prescribed connection to the IDrF undergo a high quality and consistent form of annual medical appraisal, in addition to ensuring that the organisation meets its statutory duties. This policy provides the basis for revalidation and is intended to deliver a transparent, supportive and effective annual appraisal process, informed by the supporting evidence required by the GMC and is reflective of the individual doctors' practice.

IDrF members who wish to be appraised must agree to the terms and conditions within this policy.

Purpose

Guiding Principles

Described in the [Academy of Medical Royal Colleges \(AoMRC\) Medical Appraisal Guide 2022](#), "medical appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor's work. It has four purposes:

1. To enable doctors to enhance the quality of their professional work by planning their professional development.
2. To enable doctors to consider their own needs in planning their professional development.
3. To enable doctors to consider the priorities and requirements of the context(s) in which they are working.
4. To enable doctors to demonstrate that they continue to meet the principles and values set out in Good Medical Practice and therefore inform the Responsible Officer's revalidation recommendation to the GMC.

These four purposes are fulfilled when doctors collate a portfolio of supporting information, reflect on it, discuss their practice and plan their next steps and improvements with their appraiser."

Objectives

Appraisal

Appraisal provides individuals with an opportunity to:

- Reflect on their practice and their approach to medicine
- Reflect on the supporting information they have gathered and what that information demonstrates about their practice
- Identify areas of practice where they could make improvements or undertake further development
- Demonstrate that they are up to date
- Provide supporting information in line with GMC requirements for appraisal and revalidation including Continuing Professional Development, Quality Improvement, Significant Events, Patient Feedback, Colleague Feedback and Complaints and Compliments.
- Signpost doctors for additional guidance or assistance if required e.g. their GP, appropriate support as outlined in the IDrF guidance document on sources of support.

Appraisal is a formative and developmental process which gives doctors feedback on their past performance, charts their continuing progress and identifies development needs. During their annual appraisal, doctors use supporting information from across their whole scope of work to demonstrate that they are continuing to meet the principles and values set out in GMC guidance Good Medical Practice.

Revalidation

- Every five years, the Responsible Officer (RO) submits a recommendation to the GMC.
- The recommendation is based on the supporting information presented over the 5-year cycle
- There are 3 possible recommendations:
 - **Positive Recommendation:** The doctor is fit to practice.
 - **Deferral:** More information is needed
 - **Non-Engagement:** The doctor fails to engage in the process

Scope

This policy is applicable to all doctors who have a prescribed connection to the IDrF as their Designated Body in accordance with the relevant legislation and who take part in the appraisal system. The appraisal information is also applicable to non-connected doctors who wish to use the appraisal service provided by the Independent Doctors Federation.

Equality and Diversity

This policy is consistent with the IDrF's Diversity, Inclusion and Belonging statement see member handbook section 1. In addition, the IDrF has a legal duty to make any reasonable adjustments to the way the appraisal process is undertaken e.g. to ensure that a disabled member is not substantially disadvantaged. This should include exploring with the member any reasonable adjustments that may support them achieving a completed appraisal. Any requests for adjustments must be presented to the Responsible Officer (RO) who will consider them on an individual case basis.

Fees

All appraisees are required to pay their appraisal/connection fee annually. If payment is not made in the required timeframe the IDrF reserves the right to disconnect you and remove your licence to use L2P appraisal software.

All appraisers will be paid when the appraisal outputs have been agreed and sign off is complete. If the appraisal is incomplete, appraiser payment will be made at the discretion of the RO.

Please note that all connected fees, once paid, are non-refundable and that refunds will only be given at the discretion of the Managing Director in exceptional circumstances.

Please refer to the schedule of fees.

Conflicts of Interest

There must be no conflict of interest or appearance of bias between a doctor and their appraiser, to ensure the objectivity of the appraisal. Reasons for declaring a conflict of interest may include, but are not limited to:

- Appraisers with whom the appraisee has shared a personal, clinical, financial or commercial interest etc.
- Situations where there has been a significant breakdown in the relationship between the appraiser and appraisee

Appraisees who feel their appraiser may have a conflict of interest should notify the IDrF revalidation team/RO requesting an alternate and stating their reasons.

Appraisal pairings are random and not specialty specific. Appraisees cannot choose their appraiser. The allocation process is overseen by the IDrF RO and their revalidation team with the right of veto by either the appraiser or appraisee. The appraisee has the right to veto an appraisal pairing once.

It is normal for the same appraiser to be allocated for a maximum of three appraisals during the revalidation cycle.

Managing Exceptions

There is an electronic reminder process in L2P to remind connected members of the requirement to undergo annual appraisal within their designated appraisal month. However, it is the responsibility of the doctor to ensure that their appraisal is completed within the required timeframes. Please refer to **Appendix I** for the Non-engagement process.

The IDrF is committed to assisting doctors who may, under exceptional circumstances find it difficult to meet the completion date for their appraisal. The doctor should contact the revalidation team within two weeks of the original appraisal deadline to request an appraisal extension and provide an explanation. An action plan will be created on a case-by-case basis.

It may be necessary for the Responsible Officer to request a revalidation deferral from the GMC.

Appraisal and Revalidation Process

- Doctors are notified of their revalidation timeline by the GMC.
- Doctors complete their appraisal in their allotted appraisal month within the L2P system
- A Senior Appraiser reviews the appraisal summary and outputs and raises any concerns to the RO.
- Concerns raised about the appraisee will be managed using the Responding to Concerns policy.
- Prior to the revalidation date, the RO and revalidation team check that there is sufficient information to make a revalidation recommendation
- The RO may convene a Responsible Officers Advisory Group (**see appendix A**) to obtain further information and advice to inform a revalidation recommendation.
- The RO may discuss the revalidation recommendation with the GMC Employment Liaison Advisor.
- A revalidation recommendation is made to the GMC and the doctor is notified
- If the doctor has an open GMC investigation revalidation will be deferred

Deferrals

- Deferrals are neutral and used to allow time for the doctor to address gaps, such as but not exclusively missed appraisals, missing supporting information, or unresolved concerns.
- The RO works with the doctor to create an action plan, which is monitored for compliance. It is the responsibility of the doctor to ensure that the action plan is completed and discussed at their next appraisal meeting.

Complaints Process

If an appraisee wishes to raise a concern about any aspect of their appraisal they can raise this with their appraiser, a senior appraiser, the revalidation team, or the RO.

- If the complaint is about the conduct of the appraiser, then the member's disciplinary policy will be followed.
- If the complaint is about the appraisal process, then the Appraisal complaints process will be followed (**see appendix H**).

If the above does not resolve the appraisee's concerns they can make a formal complaint, following the IDrF complaints policy in the members handbook.

If the appraisee and appraiser are unable to sign off the appraisal, the RO will investigate the reason and follow the Responding to Concerns policy if required. The appraisal will be registered as incomplete and remain in the L2P platform. The RO will agree an action plan with the appraisee to address any issues arising which must be discussed at the next appraisal. The appraisee will be paired with a different appraiser and an early appraisal will be completed after 6 months.

Quality Assurance

The IDrF has a Quality Assurance processes in place. The appraisal information is reviewed, and feedback is sought from both appraisees and appraisers regarding their appraisal experience, as part of our ethos of continuous improvement. Other methods include:

- Review of complaints trends highlighting concerns and common issues to the appraisal committee and DBOC.
- Quality assurance for appraisers (**see appendix D**)

- Senior Appraiser review of appraisal output information, highlighting concerns and common issues to the RO and appraisal committee
- Quarterly report reviewed by the Designated Body Oversight Committee (DBOC)
- Provision of an Annual Report to the Board of trustees and NHSE.
- Training provided for IDrF Appraisers and Senior Appraisers.
- Quarterly meetings of the Appraisal Committee to review system and process improvements and sharing best practice.

References and transfer of information

- As the IDrF does not employ their members, the Responsible Officer cannot provide employment references.
- The Medical Practice Information Transfer (MPIT) Form is designed to support the appropriate transfer of information about a doctor's practice to and from the doctor's Responsible Officer. An MPIT form is requested by the RO when a doctor joins a new Designated Body.

Review

This policy is reviewed annually, and most recently by Dr Lucinda Homer on 13/08/2025. The next review date shall be 13/08/2026. Further amendments will be made as necessary, for example, in response to any change in relevant legislation.

Appendix A – Roles and Responsibilities

Designated Body Oversight Committee

- Monitors any issues or areas of concern highlighted in the annual report on appraisal
- Holds responsibility for and ensuring that the RO has sufficient resources to discharge their responsibilities
- Reviews the annual report of Revalidation and Appraisal activities, confirms that the appropriate arrangements are in place and authorises completion of the statement of compliance required by NHS England.

Responsible Officer

- Has overall responsibility for the effective implementation and operation of appraisals for all doctors with a prescribed connection to the IDrF and is accountable to the Board to ensure the quality of appraisals provided.
- Responsible for making revalidation recommendations to the General Medical Council.
- The RO may involve members of the Revalidation Team, Appraisal committee, Responsible Officer Advisory Group (ROAG), GMC ELA and Designated Body Oversight Committee in decision making when required.

Appraisal committee

- Forum to listen to IDrF appraisers and Senior Appraisers where concerns about systems and process are raised
- Act as an advisory board to the RO where changes are considered for the appraisal and revalidation process
- To help formulate and disseminate best practice and guidance to appraisers
- Consider appraisee feedback through data reports received
- Senior Appraiser provides leadership and support to appraisers, coordinating guidance, educational and benchmarking opportunities and performance review to all appraisers.
- Assists to develop best practice and training priorities for appraisers. Raises concerns, identified during appraisal, to the RO. This will require the Senior Appraiser accessing the appraisal summary, held in the appraisees online revalidation portfolio.

Responsible Officers Advisory Group

- The group meets quarterly to advise the RO on concerns or complex issues regarding appraisal and revalidation.

- The RO may convene a ROAG meeting in between quarterly meetings if required.
- The group contains Responsible Officers and lay members.

Appraisers

- IDrF appraisers are doctors selected and trained by the IDrF to provide a high-quality service. Their training meets the requirements of the NHS England Revalidation Appraiser Training and Support framework.
- They are also accountable for ensuring that appraisals are conducted in line with the Appraiser best practice guide
- See Appendix D Appraiser Best Practice Guide

Appraisees (Doctors undergoing appraisal)

- Responsible for ensuring that they make all reasonable efforts to participate in the annual appraisal cycle to meet the requirements of revalidation
- Maintain a professional portfolio including feedback from each of their employers (whole practice review), records of their training, reflective practice and additional supporting documentation as specified by the GMC. The portfolio of supporting information should reflect the breadth of professional activity and full scope of practice and must show evidence of appropriate personal reflection by the appraisee.
- Responsible for raising any concerns about the appraisal process in accordance with this policy and completing the feedback survey form at the end of the electronic appraisal process.
- See Appendix C Appraisee Best Practice Guide

Appendix B – Reference Documents

The IDrF Medical Appraisal Policy complies with the requirements set out in The Medical Profession (Responsible Officers) Regulations 2010 and the Medical Profession (Responsible Officers) (Amendment) Regulations 2013

This policy also recognises the NHS England and General Medical Council (GMC) publications:

NHS England medical appraisal policy

GMC Revalidation for doctors

Appendix C - Appraisee Best Practice Guide

Before the Appraisal

- Maintain an up-to-date email address and contact details in the IDrF database. We will use this email address to contact you with all correspondence related to your appraisal and revalidation.
- If this is your first appraisal and you do not have an account with L2P, you will receive a log in for the L2P system.
- Request appraiser pairing in L2P.
 - This is a random process.
 - It is not necessary to be appraised by an appraiser in your specialty.
 - Please inform the revalidation team if there is a potential conflict of interest with your allocated appraiser.
 - It is usual to have the same appraiser for 3 consecutive appraisal meetings.
 - 4th appraisal pairings are **not** allowed.
 - You can veto your appraisal pairing once.
- The appraisal year runs from 1st April – 31st March and you should have an appraisal within this period.
- L2P will send you a reminder when your appraisal is due, but it is good practice to make a note of your appraisal month.
- You will be allocated an appraisal month, and it is your responsibility to ensure that your appraisal is completed on time. Please contact the revalidation team as soon as possible for advice in extenuating circumstances. Please review the Non-engagement process in Appendix I.
- The GMC will allocate your revalidation date, and this must be updated in L2P.
- It is your responsibility to be familiar with any specific requirements placed on you by external organisations or your Responsible Officer (RO) and the IDrF Revalidation Team must be informed of these when you come forward for appraisal.
- You must pay the Designated Body and Appraisal fee:

1. Invoice received on 1st April annually.
 2. Payment due within 28 days.
 3. Non-payment results in loss of L2P licence access and disconnection from the Independent Doctors Federation as your Designated Body.
 4. Fee schedule
- Only arrange meetings with the knowledge of the IDrF revalidation team.
 - If relevant, agree on reasonable expenses for the appraiser's attendance. This may include: second class rail fare, standard air travel, car travel at 45 pence per mile, parking, or hotel costs in exceptional circumstances.

Preparing for the Appraisal

- Complete the online appraisal form in L2P as per guidance.
- Ensure all supporting information is uploaded to the form in L2P.
- Make accurate declarations regarding complaints, significant events, probity, and health.
 - Note: Failure to disclose relevant information may raise probity concerns.
- Submit the completed form and supporting information in L2P, to the appraiser, at least **TWO weeks** before the appraisal date. If you wish to make any changes to your appraisal form after submission, you **MUST** inform your appraiser and allow them enough time to review the changes before your appraisal meeting.
- You will not be able to submit your form to your appraiser until you have paid your fee.
- You must ensure that your supporting information covers your full scope of work in all six areas recommended by the GMC over your revalidation cycle.
- You should include how you demonstrate compliance with clinical governance systems in your whole scope of work that requires a licence to practice.
- One of the most common reasons for revalidation deferral is absence of patient and colleague feedback. This **must** be completed, reflected on, and discussed before or during your final appraisal prior to revalidation. It is recommended to complete your patient and colleague feedback early in your revalidation cycle.
- To assist members in reflecting on their practice a wide range of structured reflective templates are available to download when logged into the IDrF website.

Meeting Arrangements

- It is your responsibility to contact your appraiser to arrange an appraisal meeting.
- Once arranged, update your meeting date in L2P.
- Attend promptly at the agreed time and place.
- You should avoid last minute cancellation of your appraisal meeting, unless there are extenuating circumstances which should be discussed with your appraiser.
- Repeated cancellation of appraisal meetings will be notified to the RO and may be investigated as non-engagement with the appraisal process (See Appendix I).
- Meet either face-to-face or remotely in line with appraisal policy. Face-to-face meetings are mandatory if required by the Responsible Officer (RO).

Conduct During the Meeting

- Act in line with Equality and Diversity principles.
- Act in line with the IDrF code of conduct.
- Ensure a computer with internet access is available during the meeting.
- Be the only people present for the duration of the meeting and ensure that you are in a confidential space.
 - Prior approval from RO and/or Revalidation Manager is required for additional attendees.
- Do not be under the influence of alcohol or drugs.
- Allow sufficient time for the appraisal meeting to be completed.
- Do not bring the IDrF or its appraisal system into disrepute.
- No payments, bribes, or gifts should change hands.
- Recognise and report potentially serious performance issues that may pose a threat to patients or yourself.

After the Appraisal

- Keep all original documentation.
- Provide feedback on the appraisal process through the online survey in L2P.
- Complete documentation within 28 days of the appraisal meeting.
- For doctors in the GMC Annual Return Process the IDrF appraiser will complete and submit a Rev 12 form to the GMC following an IDrF appraisal. The fee for this service is outlined in the fees schedule ([link to schedule](#)). This will be invoiced separately when we are informed by the appraisee that a Rev 12 is required. A copy of the Rev 12 must also be returned to the IDrF revalidation team.
- Raise any complaints or concerns about the appraisal and revalidation process with IDrF revalidation team/RO (See Appendix H).
- Your appraisal summary and outputs will be reviewed by a senior appraiser/RO.
- Your appraiser will raise any concerns to a senior appraiser/RO and the concerns will be managed in line with the [Responding to Concerns policy](#).
- If you require additional support at any time, please remember that you have access to CareFirst the members support network through the IDrF website.

Useful Documents

The GMC has produced several documents which describe revalidation and the requirements of appraisal in this context:

- [Good Medical Practice \(GMP\)](#) – defines the principles and values on which doctors should base their practice
- Details on Meeting the [GMC's Requirements for Revalidation](#)
- [GMP: Explanatory Guidance](#) – offering information on how GMP principles apply in practice
- [GMP Framework for Appraisal and Revalidation](#) – translates Good Medical Practice into a format suitable for demonstration at appraisal
- [Guidance on Supporting Information for Appraisal and Revalidation](#) – describes the information required of doctors for the purposes of appraisal and revalidation.

All these documents are available via the GMC's website, www.gmc-uk.org

Appendix D - Appraiser Best Practice Guide

Appraiser Requirements

- Must either hold a GMC licence to practise **or** be registered with the GMC
- Must complete IDrF RO approved appraiser training.
- The appraiser must follow the IDrF appraisal and revalidation policy.
- Attend one Appraiser Update Training (AUT) day per appraisal year.
- Conduct a minimum of six Independent Doctors Federation appraisals per year.

Professional Indemnity and Insurance

- Independent Doctors Federation (IDrF) provides professional indemnity insurance for appraisers and the Responsible Officer with an aggregate limit of £5 million per policy year for bodily injury claims, and worldwide coverage, excluding USA and Canada.
- Appraisers must inform their medical indemnity provider about Independent Doctors Federation appraisal activities to ensure that their full scope of work is indemnified.

Before the Appraisal meeting

- Only appraise IDrF members paired with you by the Revalidation Team.
- Inform IDrF revalidation team of potential conflicts of interest in pairings.
- Agree a suitable date and time for the meeting with the appraisee.
- Arrange meetings only with IDrF's revalidation team's knowledge.
- Ensure that the appraisal form has been submitted via L2P before proceeding. The appraisee will not be able to submit their form for appraiser review until annual payment has been received.
- Confirm appraisee's comfort with meeting format (face-to-face or remote is acceptable).

- Prepare adequately in advance for each appraisal. It is not acceptable to access the appraisal form for the first time on the day of the appraisal.
- Seek support or raise concerns with a Senior Appraiser or IDrF revalidation team.
- Avoid improper payments or gifts related to the appraisal.
- Review the revalidation date and required supporting information. It may be appropriate to discuss missing items with the appraisee in advance of the meeting.
- Maintain confidentiality unless legally required to breach or if appraisee poses a danger to patient safety or themselves.
- Avoid late cancellation of appraisal meetings unless there are extenuating circumstances.
- Appraisees should notify their appraiser when they make changes to the appraisal form after it has been submitted for review. It may be appropriate to discuss inclusion of more detail in the appraisal meeting.

Conducting Appraisals

- Create a comfortable environment for the appraisee.
- Allocate sufficient time for the appraisal.
- Ensure a computer with internet access is available during the meeting.
- Ensure that the meeting will be confidential and be the only people present unless prior approval is obtained.
- Refrain from being under the influence of alcohol or drugs.
- Act in line with Equality and Diversity principles and keep up to date with mandatory training appropriate to your scope of practice. You should complete Equality and Diversity and Information Governance training every 2 years.
- Act in line with the IDrF code of conduct.
- Allow the appraisee to do most of the talking.
- Demonstrate good empathy and listening skills.
- Avoid being judgmental or imparting personal views.
- Be supportive, kind, and considerate of appraisee's needs.
- Recognise and report serious performance issues that may threaten patient safety and the wellbeing of the appraisee.

- Encourage the appraisee to complete patient and colleague feedback early in their revalidation cycle to avoid revalidation deferral.
- Provide a revalidation readiness summary commenting on the six supporting information areas required for revalidation by the GMC.

Documentation and Outputs

- Write a comprehensive factual summary of the appraisal discussion.
- The appraisal should be signed off by appraiser and appraisee within 28 days.
- Ensure all original documentation remains with the appraisee.
- Delete any downloaded or saved copies of information after the meeting.
- For doctors in the GMC Annual Return Process IDrF appraiser will complete and submit a Rev 12 form to the GMC following the appraisal. The fee for this service is outlined in the fees schedule ([link to schedule](#)). This will be invoiced separately when the revalidation team are informed by the appraisee that a Rev 12 is required. A copy of the Rev 12 must also be returned to the IDrF Revalidation team. You **MUST** hold a licence to practice to complete appraisals for the GMC Annual Return process.

Workload Management

- Keep pairing availability status updated in L2P. This is done monthly in L2P.
- If you have marked yourself as available for the month in L2P, the revalidation team will automatically assign new appraisal pairings. If you are unable to complete the appraisal, please inform the revalidation team so that an alternative pairing can be arranged.
- Accept new pairings only when realistic to complete the appraisal in reasonable time.

Patient Safety and Concerns

- Prioritise patient safety and the wellbeing of the doctor.
- Report serious concerns about appraisee's performance, health, or conduct to a Senior Appraiser, who will raise concerns to the RO.
- Follow the IDrF [Responding to Concerns Policy](#) when necessary.
- Failure to adhere to the appraisal and revalidation policy and appendices may result in the implementation of the Appraiser Performance process (See Appendix F).

Quality Assurance Strategy for Medical Appraisers

Appraiser Training and Updating

- Ongoing training:
 - Three full appraiser update training days are offered per appraisal year.
 - Appraisers must attend at least one day annually.
 - Optional online drop-in sessions offered quarterly.
 - Regular updates and best practice sharing throughout the appraisal year.
- Maintenance of skills:
 - Minimum of six appraisals per year required.

Quality Assurance Measures

- Agreements and feedback:
 - Formal agreement on procedures signed by appraisers and appraisees.
 - Online feedback survey completed by appraisee after each appraisal in L2P.
 - Anonymised feedback provided to appraisers.
- Performance review:
 - Annual review with Senior Appraiser (in-person or online) based on Appraiser assurance review template.
 - Opportunity to address concerns and gather appraiser feedback.
- Appraisal committee
 - Appraiser may raise issues to the appraisal committee
- Output review:
 - Every appraisal output reviewed by a Senior Appraiser.
 - Concerns escalated to IDrF RO for potential action.
 - The RO will review 10% of appraisal outputs.
- Appraiser appraisal:

- Must include review of appraiser role performance and CPD.
- If you have an annual appraisal, please provide evidence provided to IDrF Revalidation Team.
- GMC status monitoring:
 - Appraisers must immediately report any GMC proceedings.
 - RO discretion on continuing appraiser role during/after proceedings.
- Appraiser Performance Process in place for policy breaches.

External Quality Assurance

- External quality assurance process to be reviewed annually

Reporting Structure

- Quarterly appraisal committee meetings.
- Quarterly reports to Designated Body Oversight Committee (DBOC).
- Regular reports to IDrF Executive Board.
- Annual Report submitted to IDrF Executive Board (per NHS guidelines).

Appendix E - Medical Appraiser Appointment Process

Application and Selection

- Candidates are invited to apply for selection.
- Selection based on specialty, geographical area, suitability for the role, and appraiser capacity (availability and number of appraisals offered per year).
- £200 refundable deposit required to secure training place.
- RO and Revalidation Manager make final selection for training.

Training and Assessment

Initial training

- Two days face-to-face or equivalent remote sessions
- Conducted by recognised training organization selected by IDrF RO
- Attended by IDrF RO and/or Revalidation Manager?

Probationary Period

- First two appraisals considered probationary
- Appraisal outputs assessed against Internal Quality Assurance Framework and reviewed by a Senior Appraiser
- Period may be extended if necessary

Final Appointment

- Decision made by RO and Senior Appraiser
- Based on appraisal outputs and feedback

Person Specification for Medical Appraisers

Qualifications and Eligibility

- Hold a valid GMC licence to practise or Registration with the GMC
- Some work in Independent Medical Sector including appraisal work
- IDrF membership
- Completion of IDrF Initial Appraisal Training

Experience and Knowledge

- 10 years since primary medical degree
- Up-to-date personal appraisal if applicable
- Understanding of medical appraiser role, appraisal process, and revalidation
- Knowledge of Good Medical Practice, clinical governance, and healthcare context

Skills and Personal Qualities

- Excellent communication and evaluation skills
- Proficiency in English and computer use

- Motivating and negotiating abilities
- Personal integrity and professionalism
- Ability to meet deadlines and work in a team
- Commitment to ongoing personal development

Candidates must maintain eligibility criteria throughout their tenure as an IDrF appraiser and inform the Revalidation Team of any changes in their situation.

Appendix F - Appraiser Performance Process

Initial Monitoring and Detection

- Continuous monitoring of appraiser performance, including:
 - Attendance at required training sessions
 - Review of appraisal summaries by Senior Appraisers
 - Annual review with Senior Appraiser
 - Feedback results from appraisees
 - Adherence to IDrF policies
 - Any complaints received
- Detection of potential policy breaches or performance issues

Assessment of Concern

- Evaluation of the severity and nature of the concern:
 - Minor issue
 - Repeated minor issues
 - Serious policy violations
 - GMC sanctions

Decision-Making Process

- Concern reviewed by IDrF Responsible Officer (RO):
 - Meeting with appraiser to explore concerns
 - Consideration of mitigating circumstances
 - May require consultation with the Senior Appraisers
 - May require consultation with IDrF President and Managing Director for serious cases
 - May require discussion with HLRO
- Determination of appropriate outcome:
 - a. No further action
 - b. Gentle reminder
 - c. Warning
 - d. Suspension
 - e. Removal from appraiser list

Implementation of Outcome

- Communication of decision to appraiser with an action plan via email
- For suspensions:
 - Requirement to complete two-day appraiser training and selection process
 - Probationary period and reassessment before reinstatement
- For removals:
 - Immediate effect in cases of serious breaches or breakdown of trust

Ongoing Monitoring

- Continued observation of appraiser performance
- Regular review of the performance process effectiveness

Appeals Process

- Appraiser may appeal the decision for removal with the IDrF Managing Director or President
- Review of appeal and final decision

Appendix G – Senior Appraiser role description

Role purpose

The role of IDrF Senior Appraiser is to provide oversight, support and guidance to IDrF appraisers, appraisees and the IDrF revalidation team. The Senior Appraiser will promote quality assurance of appraisals, continuous quality improvement and contribute to developing IDrF appraisal policies and standards.

Scope of appraisal

Appraisal is a process of facilitated self-review supported by information gathered from the full scope of a doctor's work. Appraisal enables doctors to:

1. Discuss their practice and performance with their appraiser to show how they continue to meet GMC Good Medical Practice principles and so inform the Responsible Officer's recommendation for revalidation to the GMC every five years.
2. Improve the quality of their work by planning their learning and development.
3. Consider their own needs in planning their professional development.
4. Demonstrate they are working in line with the governance requirements of their organisation

Key skills:

- interpersonal – putting people at ease
- listening and communication – able to adapt style for different situations
- problem-solving – focus on resolving rather than escalating issues
- empathetic working
- leadership

- time management
- continuous quality improvement and patient safety
- training and coaching
- non-judgemental approach
- senior doctor with experience in appraisals, coaching and mentoring

Responsibilities

Working closely with the IDrF Responsible Officer (Professional Development Director), the Appraisal and Revalidation Manager and IDrF Appraisers, the Senior Appraiser will support the professional growth of IDrF appraisees and appraisers through performance reviews and educational resources. Each Senior Appraiser is assigned a specific portfolio of appraisals to review and designated appraisers to support.

Responsibility 1: Appraiser Support

Senior Appraisers provide oversight of appraisal summaries and assist with onboarding new appraisers, training, delivery of appraisal meetings and resolving queries about appraisals.

Responsibility 2: Appraisal Guidance and Issue Resolution

- Conduct reviews of appraisals from assigned forms.
- Act as the primary point of contact for appraisers with appraisal issues.
- To support the appraisers in providing guidance for appraisees to support their professional development and improvement of care standards.
- To assist appraisers in identifying areas for improvement and make recommendations for professional development of doctors which will enhance patient care.
- Address performance concerns identified during appraisals by liaising with the IDrF Responsible Officer (Professional Development Director) or designated Deputy RO(s).
- Collaborate with the IDrF Responsible Officer (Professional Development Director) to ensure appraisals provide accurate and complete information, supporting robust revalidation decisions.

Responsibility 3: Quality Assurance of Appraisals

- Facilitate a structured quality assurance framework to ensure IDrF appraisals consistently meet internal and regulatory standards.
- Implement and promote IDrF appraisal policies, ensuring appraisers adhere to the processes and uphold confidentiality and governance requirements.
- Participate and/or implement the IDrF's quality assurance process, providing constructive feedback to appraisers on their role as an appraiser.
- Support new appraisers through their probationary period (e.g., first three appraisals), providing feedback and guidance.

- Contribute to monitoring and feedback to the appraisers and provide reporting to the Director of Professional Development (Responsible Officer) and Revalidation Manager as necessary.

Responsibility 4: Peer Appraiser & Revalidation Team Support

- Support the IDrF Responsible Officer (Professional Development Director) with revalidation processes for Connected Members, including addressing any gaps identified through appraisals.
- Serve as a resource for queries from doctors, IDrF appraisers, and the Revalidation Manager.
- Promote equality and reduce inequalities within IDrF processes, safeguarding the health, safety, and well-being of all doctors under IDrF's appraisal framework.

Key Accountabilities

The Senior Appraiser is accountable to the IDrF Responsible Officer (Professional Development Director) and will work collaboratively with the Appraisal and Revalidation team.

Communications and key working relationships

- IDrF Responsible officer (Professional Development Director)
- Deputy Responsible Officer(s)
- Revalidation Manager
- IDrF Revalidation team
- IDrF Appraisers
- IDrF Appraisees
- Appraisal Committee
- Responsible Officer Advisory Group (ROAG)

Remuneration

The remuneration for appraisal review is set at £35 per appraisal. It is envisaged that each senior appraiser will review 80-100 appraisals per year. This will be reviewed after 6 months.

Appendix H – IDrF Appraisal Complaints Process

This appendix is based on the [NHSE medical appraisal complaints process](#) and describes the process by which a doctor may make a complaint about the IDrF appraisal process, where they believe the terms of the appraisal and revalidation policy have not been followed, or that their appraiser has not undertaken their duties in a proper and professional manner

Complaints should be resolved:

- as quickly as possible,
- fairly and non-judgementally,
- using any outcomes to formulate lessons learned and to improve the quality of the IDrF's appraisal service.

Common categories under which a complaint may be made about the appraisal process by a doctor include, but are not limited to:

- the standard of service provided by an individual appraiser
- deviation from agreed standard appraisal procedures
- the actions or behaviour of any appraisal team members
- actions or inactions deemed detrimental to an individual doctor or their practice
- failures in the administration system, including communication
- appraiser allocation and payments
- breaches of confidentiality
- dissatisfaction or disagreement with decisions reached or matters pertaining to professional or clinical judgement

If an individual doctor has concerns regarding their appraisal this should be raised in the first instance with the individual concerned. If the doctor feels unable to raise the matter with the individual or the doctor remains unhappy with the response they have received, they should complain to the IDrF Revalidation Manager or RO.

Complaints should be made in writing.

On receipt of a complaint, the Revalidation Manager should log the complaint, notify the Responsible Officer, and acknowledge receipt of the complaint to the doctor within 1 working week.

The RO will undertake an information gathering exercise to establish the facts.

The doctor should be made aware that further help, advice and support are available, for example from the IDrF support guidance document or Care First, both can be accessed through the members section of the IDrF website.

The Revalidation Manager and the RO should then review the facts and develop a response to the complaint.

A written response to the doctor making the complaint should be made within 28 days. This should contain:

- a summary of the complaint
- description of the facts as they have been established

- a summary of the outcome
- an apology where appropriate
- details of any changes implemented as a result of the complaint
- information on further support and advice if the complainant remains dissatisfied

If the doctor is not satisfied by the response to their complaint, they should raise the matter with the IDrF Managing Director.

If the complaint relates to the conduct of the RO, then the member's disciplinary policy will be followed.

If the complaint regards the way the RO is carrying out their duties in relation to the RO regulations (link to act), then it should be submitted to the Higher Level RO (link to website).

All complaints relating to the IDrF's medical appraisal process will be collated by the RO and the themes will be presented to the Designated Body Oversight Committee in the context of the appraisal and revalidation quality assurance process.

Confidentiality of all personnel should be always maintained.

Appendix I – Appraisal Non-engagement process

It is the appraisee's responsibility to book and complete their appraisal in their allocated appraisal month. The IDrF revalidation team will follow the non-engagement process if the appraisal is **NOT** completed on time.

Schedule for appraisal reminders

First reminder sent by L2P 56 days prior to last day of appraisal month

If no appraisal has been booked or completed 28 days following the end of the appraisal month:

- Revalidation team to check contact details are correct
- **Second reminder sent by revalidation team**

If the doctor responds within 5 working days of the second reminder letter and has booked their appraisal within 28 days of the second reminder – resume normal process

If no response after 7 working days:

- **Third reminder sent by RO**

If the doctor responds within 5 working days of the third reminder letter and has booked their appraisal within 28 days of the third reminder– resume normal process

If no response is received within 7 working days:

- **Fourth and final reminder sent by RO**

If the doctor responds within 5 working days of the fourth reminder letter and has booked their appraisal within 28 days of the fourth reminder – resume normal process

If no response after 7 working days:

- RO escalates to the GMC employment liaison advisor that the doctor is not engaging with the appraisal process.

[Link to GMC recommendation of non-engagement](#)