



Independent Doctors Federation
Appraisal and Revalidation Policy

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1 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 reflective of the individual doctors' practice.

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

2 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.”

3 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 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 practise
 - **Deferral:** More information is needed
 - **Non-engagement:** The doctor fails to engage in the process

4 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 IDrF.

5 Equality and Diversity

This policy is consistent with the IDrF's Equality and Diversity statement (see Member Handbook, Part 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 RO who will consider them on an individual case basis.

6 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](#).

7 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 revalidation team/RO requesting an alternative and stating their reasons.

Appraisal pairings are random and not specialty specific and appraisees cannot choose their appraiser. The allocation process is overseen by the 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.

8 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 RO to request a revalidation deferral from the GMC.

9 Appraisal and Revalidation Process

- Doctors are notified of their revalidation timeline by the GMC
- Doctors complete their appraisal within the L2P system in their allotted appraisal month
- A Senior Appraiser (SA) 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 about Connected Members 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 Officer's Advisory Group (ROAG) (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 (ELA)
- 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

10 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 Members 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 Member 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 about Connected Members 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.

11 Quality Assurance Framework

The IDrF has 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 the Designated Body Oversight Committee (DBOC)
- Quality assurance for appraisers (see **Appendix D**)
- SA review of appraisal output information, highlighting concerns and common issues to the RO and Appraisal committee
- Quarterly report reviewed by DBOC
- Provision of an Annual Report to the Board of trustees and NHS England (NHSE)
- Training provided for IDrF Appraisers and SAs
- Quarterly meetings of the Appraisal committee to review system and process improvements and sharing best practice

12 References and transfer of information

- As the IDrF does not employ their members, the RO 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 RO. An MPIT form is requested by the RO when a doctor joins the IDrF as a new Designated Body

13 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 NHSE

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 GMC
- The RO may involve members of the revalidation team, Appraisal committee, ROAG, GMC ELA and DBOC in decision making when required

Appraisal Committee

- Forum to listen to IDrF appraisers and SAs where concerns about systems and process are raised
- Acts as an advisory board to the RO where changes are considered for the appraisal and revalidation process
- Helps formulate and disseminate best practice and guidance to appraisers
- Considers appraisee feedback through data reports received
- SA 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 SA to access the appraisal summary, held in the appraisees online revalidation portfolio

Responsible Officer's 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 NHSE 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** - Appraiser Best Practice Guide

Appendix B – Reference Documents

The IDrF Appraisal and Revalidation 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 NHSE and General Medical Council (GMC) publications:

NHS England Medical appraisal policy

GMC Revalidation for doctors

Appendix C - Appraiser 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 you do not have an account with L2P already, the revalidation team will set one up and you will receive a log in for the system
- Request appraiser pairing in L2P
 - This is a random process with allocations undertaken by the revalidation team
 - 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
- 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 (see **Appendix I**)
- L2P will send you a reminder when your appraisal is due, but it is good practice to make a note of your appraisal month
- 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 RO and the revalidation team must be informed of these when you come forward for appraisal
- You must pay the Annual IDrF Connection fee:
 1. Invoice sent on 1st April
 2. Payment due within 28 days
 3. Non-payment results in loss of L2P licence access and disconnection from the IDrF as your Designated Body
 4. Fee schedule
- 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

- 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 practise
- 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 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 [fee 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 revalidation team
- Raise any complaints or concerns about the appraisal and revalidation process with the revalidation team/RO (see **Appendix H**)
- Your appraisal summary and outputs will be reviewed by SA/RO

- Your appraiser will raise any concerns to SA/RO and the concerns will be managed in line with the Responding to Concerns about Connected Members Policy
- If you require additional support at any time, please remember that you have access to Care First 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
- [Ready for revalidation](#) – details on how to meet the GMC’s requirements
- [Get to know Good medical practice 2024](#) – offering explanatory guidance on how GMP principles apply in practice
- [The Good medical practice framework for appraisal and revalidation](#) – translates GMP 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](#).

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
- Must follow the IDrF Appraisal and Revalidation Policy
- Must attend one Appraiser Update Training (AUT) day per appraisal year
- Must conduct a minimum of six IDrF appraisals per year

Professional Indemnity and Insurance

- IDrF provides professional indemnity insurance for appraisers and the RO 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 IDrF 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 the revalidation team of potential conflicts of interest in pairings
- Agree a suitable date and time for the meeting with the appraisee
- 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 SA or the 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 [fee 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 practise to complete appraisals for the GMC Annual Return process

Workload Management

- Keep your pairing availability status updated monthly in L2P. If you cannot do this, e.g. because you are an external appraiser, the revalidation team will contact you about new pairings prior to allocation
- 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 SA, who will raise concerns to the RO
- Follow the IDrF Responding to Concerns about Connected Members 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 SA (in-person or online) based on Appraiser assurance review template
 - Opportunity to address concerns and gather appraiser feedback
- Appraisal Committee:
 - Appraiser may raise issues
- Output review:
 - Every appraisal output reviewed by SA
 - Concerns escalated to 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 outside the IDrF, please provide evidence to the revalidation team
- GMC status monitoring:
 - Appraisers must immediately report any GMC proceedings
 - RO discretion on continuing appraiser role during/after proceedings
- Appraiser Performance Process (see **Appendix F**) 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 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 organisation selected by RO

- Attended by RO and/or Revalidation Manager
- Probationary Period:
 - First two appraisals considered probationary
 - Appraisal outputs assessed against internal Quality Assurance Framework and reviewed by SA
 - Period may be extended if necessary
- Final Appointment:
 - Decision made by RO and SA
 - Based on appraisal outputs and feedback

Person Specification for Medical Appraisers

- Qualifications and Eligibility:
 - Holds a valid GMC licence to practise or registration with the GMC
 - Undertakes 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 SAs
 - Annual review with SA
 - 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 RO:
 - Meeting with appraiser to explore concerns
 - Consideration of mitigating circumstances
 - May require consultation with the SAs

- May require consultation with IDrF President and Managing Director for serious cases
 - May require discussion with the Higher Level Responsible Officer (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 SA is to provide oversight, support and guidance to IDrF appraisers, appraisees and the revalidation team. The SA 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 GMP principles and so inform the RO'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 RO (Professional Development Director), the Revalidation Manager and IDrF appraisers, the SA will support the professional growth of appraisees and appraisers through performance reviews and educational resources. Each SA is assigned a specific portfolio of appraisals to review and designated appraisers to support.

Responsibility 1: Appraiser Support

SAs 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
- Support the appraisers in providing guidance for appraisees to support their professional development and improvement of care standards.
- 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 Professional Development Director (RO) or designated Deputy RO(s)
- Collaborate with the 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 appraisals consistently meet internal and regulatory standards

- Implement and promote appraisal policies, ensuring appraisers adhere to the processes and uphold confidentiality and governance requirements
- Participate and/or implement the quality assurance process, providing constructive feedback to appraisers on their role as an appraiser
- Support new appraisers through their probationary period (i.e. first two appraisals), providing feedback and guidance
- Contribute to monitoring and feedback to the appraisers and provide reporting to the Professional Development Director and Revalidation Manager as necessary

Responsibility 4: Peer Appraiser & Revalidation Team Support

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

Key Accountabilities

The SA is accountable to the Professional Development Director and will work collaboratively with the revalidation team.

Communications and key IDrF working relationships

- Professional Development Director (RO)
- Deputy Responsible Officer(s)
- Revalidation Manager
- Revalidation team
- Appraisers
- Appraisees

- Appraisal Committee
- ROAG

Appendix H – 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 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 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 revalidation 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 Revalidation Manager or RO. Complaints should be made in writing.

On receipt of a complaint, the Revalidation Manager should log the complaint, notify the RO, 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 [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, develop a response to the complaint and a written response to the doctor making the complaint should be made within 28 days. This should contain:

- A summary of the complaint
- A 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 Managing Director.

If the complaint relates to the conduct of the RO, then the Members Disciplinary Policy will be followed.

If the complaint regards the way the RO is carrying out their duties in relation to the RO regulations, then it should be submitted to the HLRO.

All complaints relating to the IDrF's medical appraisal process will be collated by the RO and the themes will be presented to the DBOC 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 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 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 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 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 ELA that the doctor is not engaging with the appraisal process

Here is a link to the [GMC Recommendations of non-engagement](#).