Background

Appraisal for Health Education England’s (HEE) Local Education Board’s (LETB) postgraduate deans (PGD) is a combined process carried out by their Local LETB Director and Geographical Director of Education and Quality (GDEQ). The GDEQ, to whom the PGD is professionally accountable, will be trained as a responsible officer (RO) appraiser and fulfil the necessary revalidation requirements.

PGDs as ROs connect to the GMC for revalidation purposes through HEE and have HEE’s medical director as their level 2 RO. Their HEE appraisal will therefore cover the full scope of practice for the PGD/RO. The format for PGD appraisals is set out in NHS England’s Medical Appraisal Guide with the form providing the single source of full scope of practice appraisal for that PGD/RO for that year, thereby contributing to the dataset of information for their subsequent revalidation recommendation.

NB: PGDs/ROs are responsible for ensuring that they participate in robust annual review for all roles for which they hold a licence to practise and that evidence of this process is included in their MAG form. Their GDEQ appraiser will be responsible for ensuring sign-off on the evidence as covering the full scope of practice. Evidence could be submitted as either confirmed sign-off from a satisfactory appraisal for roles outside of HEE (eg confirmation from the MD / RO of their employing Trust) or submission of supporting evidence as part of the HEE MAG appraisal (eg. for charity work requiring a licence to practise). In either case all PDP objectives should be captured in the PDP arising from the HEE MAG appraisal. Where there is doubt about the robustness of evidence submitted to cover work outside of HEE the PGD’s GDEQ will act on behalf of HEE’s MD to advise the PGD / RO on the appropriate way forward.

Supporting evidence

This is a suggested list of appropriate supporting information for PGD?RO appraisal. It is not exhaustive.

1. Last year’s appraisal summary and PDP
   With an account of progress made against the PDP. Anything unexpected? A learning need identified in-year that detracted or a change of circumstance that effected priorities?

2. Scope of work
   List any professional activity you are undertaking as a result of holding a licence to practise. As well as the PGD/RO role this would include clinical posts, honorary posts, positions on research and funding bodies and any private clinical work.

3. Evidence of performance reviews for your roles

Include performance appraisals / reviews for your roles listed under (2) that are outside of HEE including any developmental objectives.

If a separate process has been undertaken to identify objectives as part of the HEE annual appraisal cycle, these should be included, reviewed at your appraisal and factored into you PDP as appropriate.

4. The six types of supporting information

Any evidence should be backed up by reflection.

   a. Continuing professional development

   CPD supporting information should cover the full scope of the doctor’s work and represent around 50 hours per year. Evidence for completing PDP items from the year before should also be included.

   CPD may be guided by college requirements.

   Suggested examples of learning:

   Learning from reading articles, legislation, policy documents and books, or from relevant conferences, meetings, political encounters, television programs or conversations with colleagues. Many very senior managers are a bit light on the ‘standard’ CPD of going to courses etc.

   The question you are answering is ‘How do I learn what I need to learn in order to do what I need to do?’

   Participation in any team development activities in the last year such as MBTI, skills finder or organisational development away days.

   Mandatory training

   b. Quality improvement activity

   For an HEE RO your most recent ARR and action plan is essential evidence under QI activity.

   Other examples include: response to an external review of your LETB’s performance eg GMC visit and action plan, GMC published data on your LETB’s performance as a designated body, eg deferral rate, participation in audit development of protocols, directives/policies or reports. These may represent work that could be personal to you, that you have led on or work that has been delegated to others in the team.

   c. Colleague feedback

   This is required every 5 years i.e. every revalidation cycle. If it has not been carried out this year then the appraisal is a good time to plan it. HEE recommends the Leadership Academy’s the Healthcare Leadership Model 360° feedback and self-assessment tools www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/

   Feedback should be sought from a wide range of stakeholders including senior colleagues in LEPs and trainees where you have had some direct involvement.

   Your 360’ should also be submitted with associated reflection particularly around areas with the highest scores and areas that may require development. For example do you agree with the scoring
given by colleagues and what might you do to address less robust areas? Free text comments are often very useful.

Line manager reviews or CEO statements of no concern could also be submitted as colleague feedback.

d. Patient / client feedback (where relevant)

For PGDs involved in clinical practice they should complete a separate patient feedback exercise at least once every revalidation cycle by agreement with the MD/RO of their employing trust and GDEQ and in accordance with GMC guidance.

e. Significant events

These could be managerial or administrative and do not have to be personal to the doctor. For example, you could submit reflection around any complaints directed at other individuals that you have managed or reviewed. However, they should be written up with personal reflection. You should consider why the event occurred i.e. what went wrong and why. You should consider what went well and how processes and procedures might be changed to prevent the event recurring. Evident showing the change should also be submitted if possible.

f. Complaints and compliments

Ideally these would relate to you personally (and all personal complaints should be submitted) but they could also include more general feedback to the department or relate to projects etc.

These should be submitted with the names of individuals redacted if they are patients. Associated reflection including learning and change should also be submitted.

5. Check list for Responsible Officer supporting information

Please submit this with associated reflection where appropriate:

- Evidence of RO training
- Evidence of attendance at and learning from RO network events including local RO network events, meetings of English Deans and COPMeD
- HEE Annual Revalidation Report and associated action plans
- Confirmation of compliance with HEE’s Responding to Concerns Policies and Appraisal Policy for doctors in non-training grades connecting through HEE
- Confirmation of access to appropriate remedial support services for trainees and other doctors for whom you are the RO

6. Health declaration

As set out in the MAG form

7. Probity declaration

As set out in the MAG form

8. Any fitness to practise concerns or personal dealings with GMC (conditions or undertakings)

Julia Whiteman
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