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Health Education and  
Improvement Wales (HEIW)

## **WALES MEDICAL APPRAISAL EXCEPTIONS MANAGEMENT GUIDANCE**

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Any queries about this guidance should be addressed to the Revalidation & Quality Manager at the Revalidation Support Unit (RSU)

Email: [HEIW.RSURevQA@wales.nhs.uk](mailto:HEIW.RSURevQA@wales.nhs.uk)

## **Part 1: Background and Overview**

## **1.1 The Operational Procedures and The Wales Appraisal Exceptions Management Guidance**

This document supplements the Wales Appraisal Exceptions Management Pathways agreed by the Wales Revalidation Oversight Group (WROG) and contains routes that may be followed by Designated Bodies (DBs), along with an appendix of suggested correspondence that can be used for the different exceptions that may arise.

The aim of this guidance is to ensure that exceptional situations are managed in a consistent, fair and supportive way at an all-Wales level. It is recognised that each DB may have their own processes, in addition to those outlined within this document, to ensure that appraisal engagement is managed within the cultures that already exist.

This guidance provides a recap of some of the key principles of medical appraisal in Wales, its links with revalidation and its management in that context. It focuses on how the minority of situations which diverge from the normal appraisal route may be managed by the relevant organisation, i.e., the DB and/or the RSU

This guidance is likely to be of primary interest to the RSU, Appraisal Leads, Appraisers and the DB teams responsible for managing appraisal.

### **1.2 Detailed Processes and Standard Correspondence**

Part 2 of this document outlines processes in place to manage the interface between the RSU and the DBs.

Part 3 suggests processes that may be followed in each of the areas covered.

The Appendix includes suggested checklists, standard emails and notification templates for potential use in a number of situations. The templates are separated into different sections which are each relevant to different parties for ease of use. Use of the template emails and forms will help to ensure that each case is dealt with consistently, and sufficient information is provided to all concerned.

### **1.3 Monitoring and Management of Allocated Quarters**

Since 1<sup>st</sup> April 2014, every NHS doctor with a prescribed connection in Wales is required to be registered and undertake annual appraisals on the Medical Appraisal Revalidation System (MARS). This is a contractual requirement and forms an integral part of the revalidation process.

On MARS, each doctor is allocated a specific quarter within which to undertake their annual appraisal. The Allocated Quarters (AQs) are:

- 1 January – 31 March
- 1 April – 30 June
- 1 July – 30 September
- 1 October – 31 December

The system of AQs was introduced to rationalise local delivery of appraisal and to optimise the limited capacity of each appraiser.

The DB is responsible for ensuring that all doctors registered with whom they have a prescribed connection, have registered on MARS and completed an annual appraisal. To assist this process the

RSU, via MARS, sends doctors a series of reminders if they do not have an appraisal arranged in their AQ.

At the start of every quarter, MARS will automatically send the standard letter template (AQ3) to all doctors who have fallen out of the previous quarter i.e., have no appraisal date set and the RSU are not aware of any extenuating circumstances. The doctor will be advised to take action to choose an appraiser and complete an appraisal as soon as possible.

If a doctor does not comply with the requirements of the AQ3 email and does not inform the DB of any extenuating circumstances by the next quarter, it will be for the DB to decide on an appropriate follow up action.

The RSU suggest sending letter DB2 followed by DB3 – see appendix. The DB2 letter template is intended to be sent to those doctors that are at least 3 months late in arranging/having appraisal.

In some cases, the RO may wish to remind doctors of revalidation requirements using the GMC Rev6 letter, which is in use within some DBs (see link below). The Rev6 is designed to be used once all internal processes have been exhausted and the DB is satisfied that this course of action is the next viable step. The RSU would recommend informing the doctor of your intention, advising that this can result in the doctor having their license removed.

The RO should also consider involving the GMC ELA prior to a doctor's revalidation recommendation period if they are not engaging with local revalidation processes, including appraisal. The RO can make an online report using the GMC REV6 form [template-form---rev6---rt---request-for-gmc-to-send-a-non-engagement-concern-to-doctor---dc-50534040.pdf \(gmc-uk.org\)](https://www.gmc-uk.org/rev6-form---rev6---rt---request-for-gmc-to-send-a-non-engagement-concern-to-doctor---dc-50534040.pdf)

**NB.** Any further action after the RSU has sent out the AQ3 via MARS is undertaken by the DB. Letters DB2 and DB3 are only suggestions, the DB can amend the content of the letters as they see fit.

See the Appendix for example letters.

Once a doctor's appraisal is overdue by more than 3 months, they will be unable to choose an appraiser on MARS through the usual process. This is due to the AQs being linked to choosing an appraiser, therefore DBs should try to ensure all doctors are in an appropriate AQ. It will be up to each DB to decide which AQ a doctor should be in.

## **Part 2: Managing the Interface between the RSU and the Designated Bodies (DBs)**

### **2.1 Regular communication between the RSU and the DBs**

- DBs regularly receive from the RSU:
  - Updates on important developments of the appraisal system in Wales
  - Online access to live appraisal statistics for their areas. These include all who have registered their AQ and dates of current and/or previous appraisals

### **2.2 Appraisal and Revalidation**

Part 2 of this guidance describes the relationship between appraisal and revalidation. This includes processes relating to managing non-engagement with revalidation and making a recommendation to defer the revalidation decision.

### **2.2.1 Whole Practice Appraisal**

Whole Practice Appraisal (WPA) is a requirement of revalidation. The doctor is responsible for providing sufficient information, mapped to the GMC's requirements, for a meaningful appraisal to occur. The RO retains overall responsibility for ensuring all doctors for which they are making revalidation recommendations have met the GMC WPA requirements. For detailed guidance regarding WPA and the information required for appraisal please access the information available on [Revalidation Wales](#)

### **2.2.2 Areas for Development**

This guidance describes the relationship between appraisal and clinical governance processes (section 3.3.1) and sets out the route by which areas for development identified through clinical governance, or other local mechanisms, can usually inform the appraisal discussion. Whether or not the area for development can be addressed through appraisal will depend on timescales, as clinical governance is an ongoing process whereas appraisal is annual, and on an assessment of whether the area for development can be addressed by the doctor through unsupervised CPD. The following procedures relating to medical appraisal supplement the principles described below:

#### **Principles:**

Appraisal is a tool which facilitates doctors' reflection on their learning, and helps them to review and plan their CPD. This is primarily the responsibility of the doctor, who identifies and addresses their own learning needs on an ongoing basis. Appraisers facilitate the review and planning processes. Patients and peers may help doctors to identify learning needs, for example, through feedback.

Similarly, DBs may be able to help doctors identify areas for development based on information derived from their clinical governance processes. Areas for development identified in this way are analogous to those which are routinely identified and dealt with by doctors, appraisers and others as part of the appraisal process. Such areas for development are those which do not represent a cause for concern about fitness to practice and are considered to be remediable through unsupervised development activities.

#### **Suggested Procedures for the DB:**

- DBs should inform doctors of any such areas for development identified through clinical governance processes (see suggested template DB1) so that they can be addressed appropriately. In doing so, the DB should provide specific feedback and guidance based on established clinical governance processes.
- It remains the responsibility of the DB to liaise with the doctor over any follow up action. The appraisal summary is accessible by the DB through the RO access to MARS.

The DB should advise the doctor that appraisal provides one opportunity to demonstrate that appropriate development has been undertaken (although there should also be opportunities to do so outside the appraisal process). The DB should also advise the doctor that if such development has not been undertaken, appraisal offers an opportunity to plan how the area for development might be addressed and record their commitment to doing so, or to discuss any external factors which have constrained their personal development.

Where areas for development identified are outside of an individual doctor's control or not remediable by them through CPD activities, including for example, issues relating to premises or

resources, the doctor may wish to record this in their appraisal documentation as a constraint and discuss it with their appraiser. Information about constraints can be accessed via the 'Revalidation Manager' access on MARS and can be used to inform local planning.

Doctors should review areas for development as part of their overall personal development planning. They may wish to liaise with the DB and others about the perceived need. It is up to the doctor to decide how to address areas for development, although the DB may offer advice.

The appraisal summary provides confirmation of what development has been undertaken and what development is planned. It does not constitute an assessment or accreditation of the doctor, nor does it comment on the doctor's competence in these areas. These are clinical governance issues which should be dealt with by the DB outside of the appraisal process.

### **Part 3: Managing Appraisal Exceptions**

Part 3 of this guidance describes the processes that the DBs may have in place for managing exceptional cases when doctors do not comply with the local appraisal process. This part follows the structure of the Exceptions Pathways and provides further detail relating to the suggested management of these processes, specifically relating to medical appraisal.

#### **3.1 Extenuating Circumstances and Appraisal Deferrals**

Occasionally, doctors will experience extenuating circumstances which mean they may wish to defer their annual appraisal. Extenuating circumstances may include parental leave, sickness absence or a period of sabbatical (this is not a definitive list). In cases of extenuating circumstances, the appraisal may be deferred and the AQ can be changed if necessary. In all cases, the doctor should ensure their DB is notified, both at the point at which an appraisal deferral is requested and the point at which the doctor wishes to be reinstated into the appraisal process. The DB will take a view as to whether the doctor's revalidation date also needs to be deferred, depending on when they are due for revalidation.

#### **3.2 Non-compliance with Appraisal**

This guidance describes the importance of compliance with the AQ and the support available to doctors to enable this. These procedures are in addition to those described at 1.3. above, relating to non-completion of appraisal within the relevant AQ, which include the use of automated AQ3 email.

##### **3.2.1 Non-compliance identified prior to the appraisal meeting**

###### **Principles:**

Each individual doctor is responsible for undertaking their own appraisal. The RSU is responsible for making appraisal via MARS available to every doctor with a prescribed connection in Wales. DBs are responsible for sufficient appraiser capacity, revalidation recommendations, clinical governance and for monitoring compliance with contractual arrangements, including completion of annual appraisal.

Initially, the doctor is responsible for registering on MARS, completing the 'My Personal Details' and 'My Professional Details' pages, selecting an appraiser and agreeing an appraisal meeting date within

their AQ. The doctor is expected to agree to an appraisal meeting date within one month of being contacted by their appraiser.

Each doctor is expected to provide appropriate and sufficient information which will allow proper engagement in a meaningful appraisal discussion. The doctor is also expected to demonstrate a willingness to participate in appraisal, recognising it as a formative and developmental process. Support in preparing for appraisal is available to doctors via several sources including the MARS [Help and Support](#) pages) and the [Revalidation in Wales](#) website.

Either before or during the appraisal meeting, the appraiser may identify that a doctor is not engaging satisfactorily in the appraisal process. The doctor will be informed of any concern as it arises. In such cases it is recommended that the appraiser advises the RO, via the revalidation manager, who will review the circumstances and decide if it constitutes a case of non-engagement with appraisal. If the RO or revalidation manager agrees that the appraisal has not been completed satisfactorily, the appraisal will be rescheduled, and the appraisal summary will not be validated.

### **3.2.1.1 Sufficient appraisal information is not provided at least 7 days prior to the appraisal discussion**

It is the responsibility of the doctor to provide their appraiser with sufficient appraisal information at least seven days before the date of the appraisal discussion. This is to ensure the appraiser has enough time to review the folder and prepare for the appraisal discussion, and to ensure that a meaningful discussion can take place. The information on MARS will be automatically available.

If sufficient information is not provided, we recommend that the appraiser delay the appraisal until they have received sufficient appraisal materials. The appraiser should advise the doctor as to what additional information is required. The appraisal should be rescheduled at a time that suits the appraiser as it will have to be accommodated within their planned workload. If the appraiser is unable to agree a mutually convenient date within one month, they will liaise with their appraisal lead or revalidation manager to identify a solution.

Normally, more than one failure by the doctor to supply sufficient appraisal material will risk being seen to constitute repeated non-engagement with appraisal and further action should be considered by the DB. Cases should be reviewed on an individual basis.

### **3.2.2 Non-compliance identified during the appraisal meeting**

#### **Principles:**

Appraisers are trained to enable them to facilitate the appraisal discussion professionally and help each doctor to get the most out of the discussion.

This cannot be achieved unless each doctor is prepared to engage with the appraiser in the appraisal discussion as a positive, developmental process. During the discussion, the doctor is expected to demonstrate a willingness to discuss entries with their appraiser, respond appropriately to questions and feedback, and contribute to the construction of their own PDP.

If the doctor is unwilling to participate in the appraisal discussion in this way, a meaningful discussion cannot be undertaken.

### **Procedures:**

The appraiser will advise the doctor of any reservations during the discussion and give the doctor an opportunity to respond and to decide to engage with the remainder of the meeting. If the appraiser feels that they have exhausted all avenues, and the doctor has continued to not engage they may choose to end the meeting prematurely.

The appraiser should discuss their concerns with their RO via the revalidation manager as soon as possible after the appraisal meeting, and a decision should be made as to whether a partial appraisal summary will be completed, or whether the appraisal will be closed without a summary.

Once a decision has been made, an ongoing plan should be agreed. This plan may include rescheduling the appraisal meeting, or referral to the RO for potential non-engagement with appraisal.

When appropriate, the doctor will be provided with specific feedback which sets out actions they need to take before their next appraisal meeting, along with information on appropriate sources of support and guidance.

If the doctor wishes to pause an appraisal meeting due to a conflict with their appraiser, they should suspend the meeting and inform their local appraisal lead who will escalate the case, if necessary, to the RO via the revalidation manager. The DB should deal with any disputes via their local complaints and disputes policy as appropriate.

### **3.2.3 Non-compliance identified after the appraisal discussion**

After the appraisal meeting has taken place, the appraiser will complete the appraisal summary, via MARS. This summary should be made available to the doctor via MARS within two weeks of the appraisal meeting.

The doctor is expected to review the document at the earliest opportunity and to agree the summary within a further two weeks of the date it was committed by the appraiser. The doctor will receive a reminder from MARS fourteen days after the summary has been committed if they have not yet agreed it. The time limit has been put in place to ensure that each appraisal will produce a meaningful PDP that will feed into the doctor's CPD for the year, and that a formal record of the appraisal will be available to the RO to inform revalidation recommendations.

If the doctor is unhappy with the appraisal summary, they must contact the appraiser with details of any amendment requests. If, after discussion with the appraiser, the doctor remains unhappy with the wording of their appraisal summary and are unwilling to agree it after one month of receiving it, they should raise this issue as a disputed appraisal summary with their DB.

### **3.3 Concerns & Appraisal Exceptions**

This guidance reaffirms that investigation of concerns that a doctor's performance, conduct or health may be compromising patient safety, is the responsibility of the DB, and should be separate from the appraisal process. The GMC's ELA is able to advise the RO on possible Fitness to Practice Issues and

how these may relate to appraisal and revalidation. The below guidance describes the very small number of circumstances in which the appraisal process may be deferred.

### **3.3.1 Concerns identified through DB procedures outside the appraisal process**

#### **Principles:**

- Investigation of concerns that a doctor's conduct, health or performance may be compromising patient safety are the responsibility of the DB. It remains the responsibility of the DB to maintain communication with the doctor about this process
- Such concerns will be dealt with by the DB outside of the appraisal process, using local or national investigative or assessment procedures as deemed appropriate by the DB
- The GMC's ELA is available to advise and support the DB in these cases. Where necessary, the GMC encourages early contact with the ELA so that an appropriate course of action can be agreed
- Suspension is a neutral act which is used in some cases to enable appropriate investigations. For further guidance, please contact the RSU. Where possible, the appraisal should go ahead to allow the doctor to complete annual appraisals in line with their revalidation requirements. Each case will be considered on an individual basis.

#### **Procedures:**

- Once investigation processes have commenced the DB will liaise directly with the doctor
- In most cases the appraisal should continue as normal. The doctor may be advised to make an entry in their appraisal materials or PDP to the effect that any recommendations arising from the investigation will need to be considered in the next appraisal, and the PDP agreed at the subsequent appraisal. While the appraiser is not in a position to comment on the investigation, they may be able to help the doctor identify how they can best manage any issues arising from it
- The doctor should consider with their appraiser how the recommendations arising from the investigation can be used as part of the development planning process
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### **3.3.2 Concerns identified through the appraisal process**

#### **Principles:**

Very rarely, an appraiser may identify, through the appraisal process, aspects of a doctor's conduct or health which they feel may be a serious cause for concern. In such circumstances, the appraiser has a professional obligation as a doctor to report these to their RO via the revalidation manager. The concern will be dealt with via local DB processes and may be escalated further if appropriate.

Neither the appraiser nor the appraisal lead is responsible for assessment or investigation of concerns. Once they have been notified, the RO will consider these potential concerns in line with their usual processes, taking into account the implications for appraisal. The GMC's ELA is also available to advise and support the RO in these cases.

#### **Procedures:**

Whenever possible, the appraiser will advise the doctor of their concerns and of their professional obligation to report them and invite the doctor to respond. However, it is recognised that it may not

be appropriate or possible to raise these concerns during the actual appraisal discussion. In these cases, the doctor will be advised of the concerns as soon as possible after the appraisal, by the DB.

The appraiser will share their concerns with the RO via the revalidation manager as soon as possible after the appraisal. The revalidation manager may seek to clarify the issues of potential concern and, if they agree with the appraiser, they may report these potential concerns to the RO, and may wish use the relevant template notification form (A1) for this purpose. This should be done within five working days of the appraisal.

### **3.3.3 Constraints and Significant Concerns**

#### **Principles:**

A constraint is any factor that is a hindrance to an individual doctor in performing their role(s) and undertaking development, as defined by the GMC in Duties of a Doctor. These are categorised as personal, practice/hospital or service level constraints.

All constraints are aggregated and reported on annually for the NHS in Wales.

A significant concern is any specific issue identified by the doctor, or appraiser, that has implications for patient safety. A significant concern would normally be of a magnitude as to require a doctor to take action under his or her own Duties of a Doctor as described in the GMC's Good Medical Practice. Such action remains the responsibility of the appraisee, and subsequently of the organisation to which it is reported. The appraiser has a responsibility to document the discussion and the action that the appraisee has taken, or the action they intend to take as an action point/PDP entry.

#### **Procedures:**

The majority of appraisal discussions will not include significant concerns. Where a significant concern is raised it is important to allow the doctor to discuss the concern, however it must be made clear (when appropriate) that raising the issue at appraisal does NOT discharge the duties of that doctor. The role of the appraiser in these situations is to make the distinction between a constraint and a significant concern (with advice from the RO, via the revalidation manager as appropriate); to clarify with the doctor whether appropriate action has already been taken, or whether appropriate action is planned; and if not, to explore with the doctor what the appropriate action would be and to document this explicitly in the appraisal summary with particular attention to agreed action points for the doctor.

There are a number of scenarios and corresponding actions for the appraiser:

- Significant concern identified has already been dealt with appropriately by the doctor (e.g. already reported specifically to the DB, perhaps through the Significant Event Analysis (SEA) process) – the appraiser simply needs to document in the appraisal summary that this is the case, usually against a relevant appraisal evidence entry
- Significant concern identified and discussed at appraisal, appropriate action is already planned by the doctor or is agreed during the discussion – the appraiser needs to document this, usually in the PDP
- Significant concern and/or action not agreed by the doctor and the appraiser – the appraiser should refer to their RO via revalidation manager (if applicable) for advice
- Significant concern identified in previous appraisal, recorded and action incomplete – the appraiser should refer to the RO via revalidation manager for advice

Appraisers should have a low threshold to discuss issues with their appraisal lead. Where issues are escalated to the RO they will act in good faith, particularly with respect to their own duties as a doctor. This may include informing the appropriate bodies of any unresolved significant concerns in a timely manner.

### **Appendix: Suggested Standard Correspondence**

The RSU recommends using the standard communications and forms within this appendix to ensure each case is dealt with in a consistent and efficient way and that information is provided to all parties involved. These standard communications and forms contain suggested wording, which, where applicable, can be amended by the DBs as they see fit. The communications and forms can be used as hard copy letters or in email correspondence depending on the preferred method of communication, but an audit trail should be kept of information sent and received for all cases.

The standard communications and forms have been separated below in relation to those parties who may need to use them.

#### Section 1: For Designated Bodies (DBs)

DB1	<ul style="list-style-type: none"> <li>• Ref 2.2.2 – Areas for Development</li> </ul>	Page 13
DB2	<ul style="list-style-type: none"> <li>• Ref 1.3 – Suggested wording for first letter from DB re: non-engagement (when the Dr is 3 months out of their AQ)</li> </ul>	Page 14
DB3	<ul style="list-style-type: none"> <li>• Ref 1.3 – Suggested wording for subsequent letters from DB re: non-engagement (around 14 days after a DB2)</li> </ul>	Page 14
DB4	<ul style="list-style-type: none"> <li>• Ref 3.2.1 – Email re: Doctor does not agree appraisal date within 1 month of selecting an Appraiser</li> </ul>	Page 15
DB5	<ul style="list-style-type: none"> <li>• Ref 3.2.1 – Letter/Email re: Not agreeing appraisal date within 8 weeks</li> </ul>	Page 16
DB6	<ul style="list-style-type: none"> <li>• Ref 3.2.2 – Letter re: Non-engagement identified during the appraisal discussion</li> </ul>	Page 16
DB7	<ul style="list-style-type: none"> <li>• Ref 3.2.3 – Letter re: Non-engagement after the appraisal discussion</li> </ul>	Page 17
DB8	<ul style="list-style-type: none"> <li>• Letter re: Obtaining an appraiser when your appraisal is overdue</li> </ul>	Page 18

#### Section 2: For Appraisers

A1	<ul style="list-style-type: none"> <li>• Ref 3.2.1 – Notification form re: Recurring non-engagement/Serious Concerns</li> </ul>	Page 19
A2	<ul style="list-style-type: none"> <li>• Ref 3.2.1 – Checklist form re: Reschedules and non-engagement identified prior to the appraisal discussion</li> </ul>	Page 20
A3	<ul style="list-style-type: none"> <li>• Ref 3.2.1.1 – Email re: Folder is not provided at least 2 weeks prior to the appraisal discussion</li> </ul>	Page 21
A4	<ul style="list-style-type: none"> <li>• Ref 3.2.2 – Email re: Non-engagement identified during appraisal discussion</li> </ul>	Page 22

#### Section 3: GMC Process Letters

R Letter	<ul style="list-style-type: none"> <li>Ref 1.3 - Suggested wording for letter from DB regarding final appraisal prior to revalidation</li> </ul>	Page 24
REV 6	<ul style="list-style-type: none"> <li>Ref 1.3 - Request from DB to GMC to send non-engagement concern letter to a doctor (once all internal processes have been exhausted)</li> </ul>	Page 25

#### Section 4: Email Reminders Sent From MARS

AQ1A/B	<ul style="list-style-type: none"> <li>Ref 1.3 – Email re: Reminder from MARS to doctors who have not arranged an appraisal within their AQ (sent twice, on day 1 of each of the 2 quarters before the doctor’s AQ)</li> </ul>	Page 25
AQ2	<ul style="list-style-type: none"> <li>Ref 1.3 – Email re: Reminder from MARS to doctors who have not arranged an appraisal date within their AQ (sent 2 weeks before start of AQ)</li> </ul>	Page 26
AQ3	<ul style="list-style-type: none"> <li>Ref 1.3 – Email re: Reminder from MARS to doctors who have not completed an appraisal within their AQ (sent on day 1 of quarter following their AQ)</li> </ul>	Page 27

#### Section 5: Whole Practice Appraisal Letters

WP1	<ul style="list-style-type: none"> <li>Ref 2.2.1 – Letter from DB to doctor. Non-inclusion of performance review additional role/s</li> </ul>	Page 28
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**DB1: Suggested email from DB to Doctor Ref: 2.2.2 Areas for development**

**Note: Sent after an appraisal if the last appraiser feels there are issues which need to be addressed over the next year and re-visited in the next appraisal**

(Date)

**Addressee Only**

Dear (doctor)

**Re: Areas for development**

As you should be aware, some issues have come to the attention of the Designated Body in relation to aspects of your performance. Areas for development have been identified in relation to the following areas:

- .....
- .....

In considering such issues it is important that the Designated Body takes a view on whether these matters are of significant concern and may influence your fitness to practice and care for patients. If this is the case, they will be dealt with through local processes and formal procedures.

However, at this time we feel that these areas for development are within a range of issues that should be dealt with through the appraisal and CPD cycle.

Your appraisal will provide an opportunity for you to demonstrate that appropriate learning has been undertaken or to make a firm commitment – recorded in the Personal Development Plan – that the areas for development will be properly addressed before your next appraisal.

Your appraiser will not be informed of these areas, however; it remains your responsibility to include these areas for development in your appraisal materials and to raise them at the appraisal discussion. You must also tick the relevant section in the probity statement of the online appraisal system, MARS, to confirm that you have been asked to include material in your appraisal by the Designated Body. That discussion will be recorded as part of your Appraisal Summary in the usual way. If you have any questions regarding this process, please contact me on XXXXXX.

You will need to report back to the Designated Body in terms of how you have approached or intend to approach these concerns and what actions you have taken or intend to take to address them.

If you require any further information relating to this issue, do not hesitate to contact me on XXXXXX.

Yours sincerely,

RO / Revalidation Manager

<b>DB2: Suggested wording for first letter from DB regarding non-compliance with AQ3 letter</b> <b>Ref: 1.3</b>
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**Note: Sent when a doctor has gone 3 months out of their AQ**

**Private & Confidential**

Dear (Doctor)

**Re: Overdue Annual Appraisal**

As you should be aware, in 2014, annual appraisal through the Medical and Appraisal Revalidation System (MARS) became mandatory for all NHS doctors in Wales.

According to my records, you do not appear to have undertaken your appraisal within the required timescale, i.e. no more than 15 months between appraisals.

Please would you advise me within the next 14 days if this information is correct and if there are any extenuating circumstances such as a career break, parental leave or sick leave which may apply?

I would remind you of the importance of completing your appraisal at [www.marswales.org](http://www.marswales.org) both for your own personal and professional development, and to fulfil the requirements of your contract and the revalidation process. If you are not able to present any information about extenuating circumstances, you will be expected to complete an appraisal by [date]

If you do not engage with the annual appraisal process then your Responsible Officer may decide to contact the GMC and make them aware, this could lead to your revalidation date being brought forward.

Yours sincerely,

RO / Revalidation Manager

<b>DB3: Suggested wording for second letter from DB – continued non-engagement</b> <b>Ref: 1.3</b>
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**Note: Sent 14 days after a DB2**

**Private & Confidential**

Dear (Doctor),

**Re: Non-engagement with Annual Appraisal**

I am writing in relation to my letter dated (DATE).

I had requested that you were to either inform me of any circumstances that have prevented you from completing an appraisal or advised that you should complete an appraisal by .....and inform me within 14 days.

I reminded you of the importance of completing appraisal both for your own personal and professional development and to fulfil the requirements of your contract and the revalidation process.

I therefore write to advise you that... *(DB to indicate next steps)* Please do not hesitate to contact me if you wish to discuss further.

Yours sincerely,

RO/ Revalidation Manager

**DB4: Suggested letter from DB to Dr re: Non-engagement identified prior to the appraisal discussion**

**Ref: 3.2.1 Doctor does not agree appraisal date within 1 month of appraiser Request.**

Dear (Doctor)

**Re: Non-agreement of appraisal date**

You have selected Dr (*insert Appraiser name*) as your appraiser, and they have accepted you. Dr (*insert Appraiser name*) will have contacted you in the last month to request that you confirm an appraisal date.

The appraisers work to a very tight schedule, and it is therefore imperative that an appraisal date is agreed with the appraiser.

I am therefore, now urging you to contact Dr (*insert Appraiser name*) and agree a definite date for your appraisal meeting. If you cannot, then in 4 weeks, Dr (*insert Appraiser name*) will be made available to others, and you will need to re-enter the 'Select an Appraiser' process. I apologise if you feel you are being pressurised, but I'm sure you understand we have a limited capacity which we are trying to optimise. This will not be in any way detrimental to you, and I trust you will inform us when you are ready to proceed to a date for discussion.

If you are experiencing any difficulties which are preventing you from setting an appraisal date, please contact your Revalidation Team on XXXX or email: XXX

Yours Sincerely

RO / Revalidation Manager

**DB5: Letter from DB to Dr**

**Ref: 3.2.1 Non-engagement identified prior to the discussion: doctor does not agree appraisal date within 8 weeks of selecting an appraiser.**

Dear (Doctor)

**Re: Non-agreement of appraisal date**

You will have received an e-mail and / or letter asking you to confirm a date for an appraisal discussion with your Appraiser within four weeks.

The Designated Body have taken this action to help our appraisers manage their workloads, as the appraisers cannot plan their time effectively if they do not know when appraisals are going to take place.

As you have failed to confirm a date for your appraisal discussion within the required timescale, I am writing to inform you that you have now been **removed from your appraiser's appraisal schedule** on the online appraisal system, MARS.

You will now need to re-enter the process of selecting an appraiser by returning to the 'Select an Appraiser' section of MARS. Once you have been accepted by a new appraiser, they will contact you to confirm a date for your appraisal meeting.

If you have any difficulties with this process, please do not hesitate to contact myself on XXXX (Revalidation Officer contact details).

Yours sincerely

Revalidation Manager

Cc Appraisal Lead

**DB6: Letter from Designated Body to doctor**

**Ref: 3.2.2 Non-engagement identified during the appraisal meeting.**

(Date)

**Addressee Only**

Dear (Doctor)

**Re: Non-Validation of Appraisal**

We are writing to confirm that during / after your recent appraisal meeting you were informed by your appraiser that they identified an\* area/s\* of non – engagement. The area/s\* highlighted were (please delete non-applicable areas):

- Insufficient / unsuitable folder material\*
- Reflection\*
- Knowledge of the appraisal Process\*
- Preparation\*
- Communication / Willingness to Discuss Events\*

- Professional & Meaningful discussion of GP's own CPD\*
- Fulfilment of Personal Development Plan\*
- Other\*

Please see the enclosed form that has been completed by your appraiser for further information.

The Designated Body is unable to validate your recent appraisal meeting which means you will not appear on our statistics as having undertaken an appraisal.

Before you reschedule your appraisal meeting, your appraiser has recommended that you review your appraisal information and consider the following suggestions:

...

...

If you require any support or guidance in preparing for your next appraisal you can contact XXXX (Revalidation Officer contact details).

We recommend you complete an appraisal meeting within 3 months of this date with an appraiser of your choice\* / we will allocate you an appraiser / your local Appraisal Lead\*. Please contact XXX (Revalidation Officer) where they will help you to arrange your appraisal meeting.

Yours sincerely

RO / Revalidation Manager

Cc Appraisal Lead

<b>DB7: Letter from DB to the Doctor</b> <b>Ref: 3.2.3 Non- Engagement after the Appraisal Discussion</b>
--------------------------------------------------------------------------------------------------------------

Dear (Doctor)

**Re: Non-Agreement of Appraisal Summary**

I am writing to inform you that following your appraisal meeting on (*insert date*) the appraisal summary has not been agreed. It remains your responsibility to agree the Appraisal Summary in order to demonstrate full engagement with the appraisal process. Until the Appraisal Summary is agreed it will not be considered as a completed appraisal.

If you need any support on MARS regarding this process or have any concerns regarding the content of your Appraisal Summary, please do not hesitate to contact me.

Yours Sincerely

Revalidation Officer

Cc Appraisal Lead

**DB8: Letter from Designated Body to the doctor**

**Obtaining an appraiser when your appraisal is overdue**

**Note:** to be sent to doctors who are 3 months overdue i.e. at the end of the quarter after their AQ

Dear (Doctor)

**Re: Obtaining an appraiser**

We note that you did not arrange an appraisal within your allocated quarter, which has now passed. Therefore, you will no longer be able to choose an appraiser via the MARS website.

Please contact the XXXX (Revalidation Manager/Appraisal Lead) as soon as possible for help in securing an appraiser, who will then contact you with a date, time and venue for your appraisal meeting so that you can complete your appraisal as soon as possible.

In the meantime, we would encourage you to start or continue compiling your appraisal information using the online appraisal system MARS at [www.marswales.org](http://www.marswales.org)

For further guidance on MARS, you can refer to the guidance materials which are located on the MARS Help and Support [website](#)

If you require any further advice or guidance, please contact me at XXX (Revalidation Manager/Appraisal Lead details)

Yours sincerely

Revalidation Manager

Cc Appraisal Lead

**A1: Notification Form from Appraiser to DB**

**Ref: 3.2.1 Reoccurring non-engagement and ref: 3.4.3 serious concerns.**

Dear (RO/ Revalidation Manager)

This Form provides formal notification that: (Please complete all fields)

- **First Name of Doctor:**
- **Surname of Doctor:**
  
- **GMC Number:**
- **Date of Appraisal :**

Has been identified as having: (Please tick appropriate option)

Not engaged in the appraisal process for the second time

Given their appraiser potential serious concerns regarding fitness to practice

Other .....

The specific areas have been identified as follows:

- 1.
- 2.

The doctor has been written to and informed of the situation: Yes / No (please delete)

Date informed:

Copies have been sent to:

We would be grateful if you could keep us updated regarding any further actions you will be taking and their implication for the doctor's appraisal.

Yours Sincerely

Appraiser / Appraisal Lead

**A2: Appraiser Checklist Form**

**Ref 3.2.1 Non-engagement identified prior to the Appraisal discussion.**

The appraiser may identify, prior to undertaking an appraisal discussion, an area/s of a doctor's non-engagement in the appraisal process. The appraiser should send this form to the local appraisal lead (if appointed) and the RO or revalidation manager

(Date)

**Addressee Only**

<u>Name of Doctor:</u>	<u>GMC Number:</u>
<u>Date of Appraisal:</u>	<u>Date discussed with Appraisal Lead (if applicable):</u>
<u>Date doctor was notified of Non Engagement:</u>	<u>How was the doctor notified: i.e. letter</u>

The following checklist form should be used by an appraiser to record details of the concern. The reasons stated below are suggestions and are not an exhaustive list of areas that may be identified by an appraiser as non-engagement. Any other areas should be documented in the 'other' category below. Please include any suggestions for the doctor to consider before his/her appraisal.

Please delete area/s as appropriate and provide as much detail as possible regarding your non-engagement case.

Repeated Reschedules:

**Comments:**

**Feedback suggestions:**

Failure to agree to appraisal date within one month with appraiser after formal letter/e-mail from DB

**Comments:**

**Feedback suggestions:**

Sufficient materials not provided at least seven days prior to the appraisal discussion

**Comments:**

**Feedback suggestions:**

Other

**Comments:**

**Feedback suggestions:**

Yours Sincerely

Appraiser

**A3: Letter from Appraiser to Doctor**

**Ref: 3.2.1.1 insufficient appraisal materials provided seven days prior to the appraisal meeting**

Dear (Doctor)

**Re: Insufficient appraisal materials**

I have now had a chance to look at your appraisal material in preparation for our appraisal meeting.

Unfortunately, the materials are not sufficient to enable me to prepare meaningful feedback on your personal development. I do not believe that you would be able to derive maximum benefit from your appraisal discussion based on these materials. Therefore, I am postponing the meeting. Please contact me within one **month** from receipt of this correspondence so that we can arrange an alternative date.

Before you undertake your appraisal discussion, I suggest that you review your appraisal information and consider the following suggestions:

- ...
- ...

If you need any support or guidance in reviewing your appraisal information you can contact the Revalidation Manager XXXX (contact details)

I look forward to hearing from you

Yours sincerely

Appraiser

Cc Revalidation Manager

**A4: Appraiser Checklist Form:**

**Ref: 3.2.2 Non-engagement identified during the Appraisal discussion**

The appraiser may identify during an appraisal discussion an area/s of a doctor's non-engagement in the appraisal process. The appraiser should send this form to the revalidation manager within their DB.

Dear (Revalidation Manager)

<u>Name of Doctor:</u>	<u>GMC Number:</u>
<u>Date of Appraisal:</u>	<u>Date discussed with DB (if appropriate):</u>
<u>Date doctor was notified of Non-engagement:</u>	<u>How was the doctor notified: i.e. letter</u>

The following checklist form should be used by an A

appraiser to record details of the concern. The reasons stated below are suggestions and are not an exhaustive list of areas that may be identified by an appraiser as non-engagement. Any other areas should be documented in the 'other' category below. The appraiser should include any suggestions that can be feedback to the doctor to consider before their next appraisal.

Please document below exactly what you told the doctor about your concerns over non-engagement during the appraisal discussion. Please note below any response received from the doctor after you notified them of your concerns.

Please delete area/s as appropriate and provide as much detail as possible re: your non-engagement case.

Preparation i.e. lack of preparation as to the purpose of the discussion and / or lack of familiarity with events included in the folder.

**Comments:**

**Feedback suggestions:**

A continued lack of communication / willingness to discuss events that prevents a meaningful discussion from taking place. There may be areas the doctor considers confidential and may not wish to discuss further which is acceptable.

**Comments:**

**Feedback suggestions:**

Fulfilment of Personal Development Plan i.e. none or little personal development has been undertaken in the previous 12 months since the doctor's last Appraisal. If extenuating circumstances are identified in the discussion, and/or if alternative personal development has been undertaken due to doctor's circumstances changing, this is perfectly acceptable and can be documented.

**Comments:**

**Feedback suggestions:**

Other

**Comments:**

**Feedback suggestions:**

Yours sincerely

Appraiser

**R Letter: Suggested wording for letter regarding final appraisal prior to revalidation**  
**Ref: 1.3**

Dear (Doctor),

**Re: Final appraisal prior to revalidation**

By now, you should have arranged your next appraisal which will be the last prior to your revalidation date. You will need to ensure that any outstanding supporting information is included please.

There are six types of supporting information that you are expected to provide and discuss at your appraisal. They are:

1. Continuing Professional Development (CPD) –
  - CPD should be evidenced at each appraisal
2. Quality improvement activity –
  - This can include clinical audit, case review discussions etc. and should be evidenced at least once in each 5-year revalidation cycle
3. Significant Events –
  - Significant events should be discussed at each appraisal
4. Feedback from colleagues –
  - You need to contact Orbit 360 to arrange your colleague feedback – please contact XXX if you require any assistance This aspect of supporting information will need to be obtained once in every 5-year cycle
5. Feedback from patients –
  - You need to contact Orbit 360 to arrange your patient feedback – please contact XXX if you require any assistance This aspect of supporting information will need to be obtained once in every 5-year cycle
6. Review of complaints and compliments –

Compliments and complaints will need to be discussed at each appraisal and declarations made. For further information, please refer to the GMC document '[Supporting Information for Appraisal & Revalidation](#)'.

If you have any questions or queries, please do not hesitate to contact me.

Yours sincerely,

Responsible Officer / Revalidation Manager

<b>REV6: Request from DB to GMC to send a non-engagement concern letter to a doctor</b> <b>Ref: 1.3</b>
------------------------------------------------------------------------------------------------------------

## REV 6

### Request to send a non-engagement concern letter to a doctor

When to use this form:

A DB has a doctor who is not engaging with local appraisal and revalidation processes and wants the GMC to send a non-engagement concern communication to them. The doctor in question has not received a formal notification from GMC that they need to receive a recommendation from the DB.

DB must read the criteria for non-engagement and be satisfied that they are in the process of taking all possible local action to secure the doctor's engagement.

The form and further details can be found [here](#)

<b>AQ1A/AQ1B: Standard reminder email from MARS to doctors who are six months (two quarters) from their AQ</b>
----------------------------------------------------------------------------------------------------------------

**Note:** this reminder is sent automatically via MARS to all doctors who have not arranged an appraisal date two quarters prior to their AQ; and again to all doctors who have not arranged an appraisal date one quarter prior to their AQ

AQ1A

-- Please do not reply. This is an automated email generated by MARS --

Dear [[fullname]],

This is a reminder that you do not appear to have arranged your next appraisal. In order to secure an appraisal within your Allocated Quarter ([[aq]]) you are advised to log into your [MARS account](#) and request up to three available appraisers, in order of preference.

If you have already chosen an appraiser, we advise you to agree a meeting date with your appraiser at your earliest convenience.

For guidance on [selecting an Appraiser](#) or [how to contact my Appraiser](#), please visit our [Help and Support Website](#).

Best wishes,

Revalidation Support Unit

AQ1B

-- Automated email, please do not reply --

Dear [[fullname]],

This is a reminder that you do not appear to have arranged your next appraisal and are three months from your Allocated Quarter.

In order to secure an appraisal within your Allocated Quarter ([[aq]]) you are advised to log into your [MARS account](#) and request up to three available appraisers, in order of preference.

If you have already chosen an appraiser, we advise you to agree on a meeting date with your appraiser at your earliest convenience.

Once a meeting date has been accepted by you or input directly by your appraiser, these reminders will cease.

For guidance on [selecting an Appraiser](#) or [how to contact my Appraiser](#), please visit our [Help and Support Website](#).

If you are experiencing issues obtaining an appraiser, please contact your revalidation team in your designated body.

Best wishes,

Revalidation Support Unit (RSU)

You can find further information on revalidation and appraisal in Wales on the [Revalidation in Wales Website](#).

You can find additional MARS support on the [MARS Help and Support Website](#).

<b>AQ2: Standard reminder email from MARS to doctors who have not arranged an appraisal date within their AQ</b>
------------------------------------------------------------------------------------------------------------------

**NOTE:** to be sent automatically to all doctors who have still not arranged an appraisal on day one of the doctor's AQ

-- Automated email, please do not reply --

Dear [[fullname]],

This is a reminder that you are now on day one of your Allocated Quarter (AQ) and you do not appear to have arranged your next appraisal. It is important that you complete your appraisal within your AQ.

As you're aware, it is your responsibility to arrange an annual appraisal to meet the requirements of your designated body contract and the [GMC requirements for revalidation](#). Failure to complete an appraisal within the required timescale may result in action from your designated body.

In order to secure an appraisal within your AQ ([[aq]]), you are advised to log into your [MARS account](#) and request up to three available Appraisers, in order of preference.

If you have already chosen an appraiser, we advise you to agree on a meeting date with your appraiser at your earliest convenience.

Once a meeting date has been accepted by you or input directly by your appraiser, these reminders will cease.

For guidance on [selecting an Appraiser](#) or [how to contact my Appraiser](#), please visit our [Help and Support Website](#).

If you are experiencing issues in obtaining an Appraiser or have extenuating circumstances that are preventing you from undertaking your appraisal, please contact your Revalidation Team in your [Designated Body](#).

Best wishes,

Revalidation Support Unit (RSU)

You can find further information on Revalidation and Appraisal in Wales on the [Revalidation in Wales Website](#).

You can find additional MARS support on the [MARS Help and Support Website](#).

<b>AQ3: Standard reminder email sent from MARS to doctors who have not completed an Appraisal within their AQ</b>
-------------------------------------------------------------------------------------------------------------------

**Note:** this is to go out to all doctors who are overdue, i.e. on the first day of the quarter after their AQ if no appraisal has been arranged

-- Automated email, please do not reply --

Dear [[fullname]],

This is your final reminder to advise that you have fallen outside of your Allocated Quarter [[aq]]. As you do not appear to have arranged your appraisal, you will need to log into your [MARS account](#) **as soon as possible** and select an Appraiser. If an Appraiser is not available, then we would recommend contacting your [Designated Body](#) to explore further options regarding the arrangement of your appraisal.

As you're aware, it is your responsibility to arrange an annual appraisal to meet the requirements of your Designated Body contract and the [GMC requirements for revalidation](#). Failure to complete an appraisal within the required timescale may result in action from your Designated Body.

If you are already linked with an Appraiser on MARS, then we would recommend contacting them to book a date within this allocated quarter. If you are experiencing issues in reaching your Appraiser or have extenuating circumstances that are preventing you from undertaking your appraisal, please contact your Revalidation Team in your [Designated Body](#).

If an appraisal is not arranged within this allocated quarter, you will no longer be able to arrange your appraisal via MARS and you will need to contact your Designated Body to discuss next steps.

For guidance on [selecting an Appraiser](#) or [how to contact my Appraiser](#), please visit our [Help and Support Website](#).

Best Wishes,

Revalidation Support Unit (RSU)

You can find further information on Revalidation and Appraisal in Wales on the [Revalidation in Wales Website](#).

You can find additional MARS support on the [MARS Help and Support Website](#).

**WP1: Letter from DB to Doctor**

**Ref: 2.2.1 Non-Inclusion of performance review for additional role/s**

(Date)

**Addressee Only**

**Re: Non-Inclusion of peer review for additional role/s**

Dear (Doctor)

During your appraisal on (insert date) it was identified that you undertake an additional role/s which require evidence of a performance review to meet revalidation whole practice appraisal guidance.

Please can you provide evidence of a performance review in your role as XXXXX, please template which can be used for this purpose below.

The peer reviewer should consider the following factors:

- How did you qualify to take on this role?
- How do you keep up to date in this role?
- How do you demonstrate the quality of your practice?
- How do you deal with significant events?

- How do you obtain feedback?

An example of a template that can be used to this effect is as follows:

**Peer Reviewer Declaration**

**To whom it may concern,**

I am aware of the role that this doctor performs as an independent doctor. In my capacity as a GMC registered doctor who is a peer in this area, I confirm that they are suitably trained and maintain their skills and knowledge commensurate to the role. They have provided evidence of learning and reflection for the role. They perform to a satisfactory level and there are no unaddressed concerns about their practice.

Name

Signature

Date

This process is intended to be supportive of doctors in their attempt to obtain the necessary evidence for Whole Practice Appraisal from the relevant bodies.

If you are unable to undertake a performance review within that role/s please contact me to discuss.

Yours sincerely,

Revalidation Manager

Cc Appraisal Lead

**Appendix 2**

Definitions List:

**AL** - Appraisal Lead

**AQ** – Allocated Quarter

**CPD** – Continuing Professional Development

**DB** – Designated Body/ies

**ELA** – Employer Liaison Advisor

**GMC** – General Medical Council

**MARS** – Medical Appraisal Revalidation System

**PDP** – Personal Development Plan

**RM** – Revalidation Manager

**RO** – Responsible Officer

**RSU** – Revalidation Support Unit