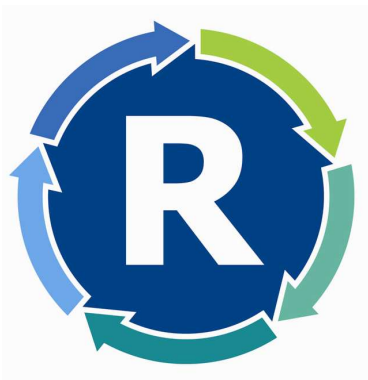


Guidance to Revalidation Appraisal:

Specialty Standards, Questions and
Assessment Framework
(Pilot)



Revalidation
FOR ANAESTHETISTS



2009

Royal College of Anaesthetists



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The Revalidation Appraisal Process: Quick Step-by-Step Guide

Pre-appraisal	Step 1	<u>Appraisee and Appraiser</u> <ul style="list-style-type: none"> Set date and place for appraisal discussion
	Step 2	<u>Appraisee</u> <ul style="list-style-type: none"> Collect supporting information Complete the Personal Details Form (Part A) Complete the self-rating and comments section in each of the 12 Attribute Specific Appraisal Forms (Part B) Send supporting information and Revalidation Appraisal Documentation (Parts A-E) to your appraiser
	Step 3	<u>Appraiser</u> <ul style="list-style-type: none"> Consider the information sent by the appraisee. Refer back if necessary for additional information and/or clarification Make a provisional assessment of the supporting information provided for each attribute in readiness for discussion during the appraisal.
Appraisal discussion	Step 4	<u>Appraisee and Appraiser</u> <ul style="list-style-type: none"> Discuss each of the 12 attributes in turn using the opening and supplementary question(s) in the Attribute Specific Appraisal Forms (Part B).
	Step 5	<u>Appraiser</u> <ul style="list-style-type: none"> Comment on and rate the appraisee's supporting information and performance and make a final assessment for each attribute in the Attribute Specific Appraisal Forms (Part B). If the appraisal has been stopped due to insufficient information or serious concerns about performance go to Steps 8 and 9.
	Step 6	<u>Appraiser</u> <ul style="list-style-type: none"> Transfer the 12 final attribute assessment ratings to the Progress Towards Revalidation 5 Year Summary Form (Part C)
	Step 7	<u>Appraisee and Appraiser</u> <ul style="list-style-type: none"> Review and discuss the appraisee's Personal Development Plan
	Step 8	<u>Appraiser</u> <ul style="list-style-type: none"> Indicate which statements the appraisee meets in the Appraisal Summary Form (Part D)
	Step 9	<u>Appraisee and Appraisal</u> <ul style="list-style-type: none"> Complete the Final Sign-Off Form (Part E). If necessary or if the appraisee is unable to agree with the statements made in the Appraisal Summary Form (Part D) refer to separate appeal, patient safety or governance procedures.



1. Introduction

1.1 Strengthened appraisal is a key process in revalidation. The NHS Revalidation Support Team has proposed that appraisal and revalidation should be both summative and formative. Summative in assessing and assuring that doctors remain up to date and fit to practise. Formative in terms of providing a focus for doctors in striving for continuous improvement in what they do.

1.2 An important consideration for The Royal College of Anaesthetists (RCoA) is to develop a uniform, consistent and fair system of revalidation appraisal for doctors in anaesthesia, pain management and intensive care across the United Kingdom. With this in mind we have worked and consulted extensively with Fellows, Members and specialist societies in setting the generic and specialty standards and mapping them to the attributes as defined by the *GMC Framework for Appraisal and Assessment* (2008), against which all anaesthetists will be assessed. We have also formed a RCoA Consensus Development Group – a team of 36 NHS Clinical Directors drawn from around the UK – to come up with the opening and supplementary questions for appraisees to consider and appraisers to use during the appraisal discussion. This questions framework will be piloted by the Group with a view of evaluating its applicability across the UK in revalidation appraisals involving anaesthetists.

2. Piloting the Anaesthesia Revalidation Appraisal Framework

2.1 The documentation and content in this Framework has been compiled for a revalidation appraisal pilot exercise that will be carried out by the RCoA Consensus Development Group. The exercise will be carried out between November 2009 and January 2010. The pilot will focus primarily on the summative aspects of appraisal – whether the standards, questions and structure of the appraisal process outlined in this Framework are sufficient for an appraiser to assess an appraisee in their progress towards revalidation.

3. Appraisal Documentation

3.1 Within the Revalidation Appraisal Documentation – Parts A-E you should find:

- Part A: Personal Details Form – for appraisees to complete.
- Part B: Attribute Specific Appraisal Forms 1 to 12 – for both appraisees and appraisers to complete
- Part C: Progress Towards Revalidation 5 Year Summary Form – for appraisers to complete
- Part D: Appraisal Summary Form – for appraisers to complete
- Part E: Final Sign-Off Form - for both appraisees and appraisers to complete

3.2 These forms are available as electronic Word documents (download from www.rcoa.ac.uk/revalidation or email: dliu@rcoa.ac.uk) and we suggest that both appraisers and appraisees use these when completing their documentation. When each form has been completed they should be 'locked' (e.g. saved as a PDF document) by the appraiser and printed out and signed by both appraisee and appraisers.

4. Attributes and Standards

4.1 The appraisal will be structured by discussion in turn of each of the Framework's 12 attributes, e.g. apply knowledge and experience to practice; respond to risks to safety. The attributes, which have been drawn from the *GMC Framework for Appraisal and Assessment*, relate to practices or



principles that apply to the medical profession as a whole, or relate to the care of, or relationships with, patients. When considering and discussing each attribute the appraiser should present supporting information against the attribute's generic and specialty standards. The generic standards have been drawn from *Good Medical Practice* and the specialty standards from *The Good Anaesthetists*. However please remember:

- That no doctor will be able or expected to provide supporting information for or evidence of compliance with every standard.
- That some of the standards are based on overriding principles ("You must...") as determined by *Good Medical Practice* and *The Good Anaesthetist*.

4.2 The aim is present a sufficient level of supporting information, using the standards as guidance, demonstrating compliance with each attribute. To help with this process, within each attribute we have grouped the standards according to a shared characteristic, e.g. a knowledge, skill, attitude or function area. The same activity or process resulting in supporting information, and discussion of it, can potentially demonstrate compliance with two or more, or a group of, standards sharing a similar characteristic.

5. Supporting Information

5.1 For each attribute we indicated the possible sources of supporting information that might be collected or obtained by an anaesthetist. These possible sources of supporting information are optional. It is not comprehensive, and there are a range of other sources which might also be used. We have taken this approach to fit in with the wide variety of working conditions and environments faced by doctors practising in anaesthesia, pain management and intensive care, in different Trusts and private practices.

5.2 We have also developed the RCoA CPD Matrix – a framework of core, higher and advanced levels of CPD and specified knowledge and skill areas mapped to these levels. As part of this pilot exercise we would like to see how/if appraisees engage with the Matrix in providing and presenting their CPD requirements as supporting information for revalidation purposes.

6. Pre-appraisal

6.1 Appraisees

- Follow local Trust procedures in setting a date and place for your appraisal.
- Complete the Personal Details Form (Part A) and the self-rating and comments section in each of the 12 Attribute Specific Appraisal Forms (Part B). The self-ratings (0 – 3) should be based on the same criteria that will be used by an appraiser in judging the appraiser's demonstration of supporting information and performance (see 7.2 and 7.3). The self-rating tool is seen as a potentially valuable tool in informing the appraisal discussion and identifying areas where the appraiser has less confidence or where concerns exist.
- Send the Revalidation Appraisal Documentation (Parts A-E) together with your supporting information to your appraiser x weeks before the appraisal date.

The appraiser may return one or more of the 12 attribute specific forms back to the appraiser seeking additional information or clarification before the appraisal. Do not amend your original



comments. Instead create a new heading ('Additional information and/or clarification' and date it) in the comments box, provide further information and send back to the appraiser.

6.2 Appraisers

The appraiser should review the appraisee's pre-appraisal self-rating and comments in the 12 Attribute Specific Appraisal Forms (Part B) and supporting information before the appraisal. If necessary the appraiser can return the forms back to the appraisee for additional information and/or clarification in readiness for the appraisal discussion. The appraiser can at this stage make a provisional assessment of the supporting information (using the rating criteria in 7.2) and discuss and/or confirm the assessment rating during the appraisal discussion.

7. Assessment

7.1 Attributes

Doctors will be assessed against each of the 12 attributes - hence the 12 Attribute Specific Appraisal Forms in the Framework. For each of the attribute forms an appraiser will be required to make three judgements in regard to the appraisee's:

1. Supporting information
2. Performance
3. Progress towards revalidation

7.2 Supporting information – rating criteria

<i>Rating</i>	<i>Criteria</i>
3	A sufficient and wide range of verified supporting information has been provided for an assessment to be made.
2	At least one item of verified supporting information has been provided for this attribute for an assessment to be made but further information could or should be provided for future appraisals.
1	The supporting information provided is insufficient and/or cannot be verified for an assessment to be made.
0	No supporting information relating to this attribute has been provided.

7.3 Performance – rating criteria

Judgments about performance must be based on the supporting information provided by the appraisee and discussed during the appraisal.

<i>Rating</i>	<i>Criteria</i>
3	The appraisee demonstrates or exceeds an acceptable level of performance for this attribute and should continue as they are.
2	A few deficiencies in performance have been identified for this attribute but there are no serious concerns for patient safety or the quality of care.
1	Major and/or important deficiencies have been identified in performance levels for this attribute.
0	There is insufficient supporting information for an assessment to be made.



7.4 Final attribute assessment – rating criteria

The final attribute assessment should take into account the two judgements on Supporting Information and Performance.

If a rating of 0 or 1 has been made for either Supporting Information or Performance then the final attribute assessment should be 0 or 1 as well.

Rating	Criteria
3	The appraisee demonstrates or exceeds acceptable levels of performance and should maintain these levels in progressing towards revalidation.
2	There are no serious concerns about performance levels but further development should be addressed in the appraisee's CPD and Personal Development Plan.
	<u>If the assessment rating is either 1 or 0 the appraiser must STOP the appraisal. Indicate the reason why in the Appraisal Summary Form (Part D) and complete the Final Sign-Off Form (Part E). Refer to separate patient safety and governance procedures thereafter.</u>
1	Assessment of supporting information and/or performance levels demonstrates a significant concern for patient safety or the quality of care which requires immediate referral for further investigation and management.
0	The appraisee has provided no supporting information for this attribute or the information is insufficient for an assessment to be made.

8. Progress Towards Revalidation: 5 Year Summary Form (Part C)

8.1 The ratings from each of the final attribute assessments should be transferred to the relevant year column in the Progress Towards Revalidation 5 Year Summary Form. This will provide appraisees with a quick summary as they progress towards revalidation over a 5 year period.

8.2 The maximum score for a single year will be 36 (i.e. 12 attributes x rating 3). Although it is not expected in the first instance, as the appraisee progress through the 5 year period the maximum score of 36 should be achieved. It must be remembered that the generic and specialty standards which define each of the 12 attributes represent the *minimum* standards that all anaesthetists are expected to meet. The formative aspect of the annual appraisal discussion in identifying areas for development and reviewing/setting out personal development plans is therefore important in striving for and maintaining a score of 36.

9. Personal Development Plans

9.1 Areas for personal and professional development will be identified and discussed throughout the appraisal. A significant part of the appraisal should be devoted to considering the CPD Matrix and reviewing the appraisee's personal development plans (past and future) – even if the appraisee has achieved a maximum of 36 when totalling up the ratings for each attribute. Revalidation is also about supporting the majority of doctors in maintaining their already high levels of expertise and professional practice.



[NB The pilot exercise will not cover the Personal Development Plan but you may wish to use the existing NHS Consultant Appraisal PDP template at this stage]

10. Appraisal Summary (Part D)

10.1 The appraiser will, at the end of every appraisal, be required to make four statements that indicate:

1. Presence or absence of immediate concerns about the appraisee's fitness to practise in relation to their performance levels.
2. Whether sufficient supporting information was provided to enable the appraiser to make assessments about the appraisee.
3. Whether there has been satisfactory progress with key elements in the previous year's Personal Development Plan.
4. Agreement that the Personal Development Plan has been derived from the current year's appraisal discussion and should enable progress towards revalidation.

11. Final Sign-Off forms (Part E)

11.1 Both appraiser and appraisee are required to complete the Final Sign-Off Form. The appraisee will be invited to indicate whether they agree or unable to agree with the statements made by the appraiser in the Appraisal Summary Form. If the appraisee was unable to agree separate appeal, patient safety and governance procedures should be followed depending on circumstances.