



WJ HEALTHCARE

**APPRAISAL AND
REVALIDATION POLICY
DOCUMENT**

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WJ HEALTHCARE

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INTRODUCTION & BACKGROUND

This policy document outlines WJ Healthcare's responsibilities and approach to the appraisal and revalidation process of connected and affiliated Doctors. The purpose of which is to ensure that licensed doctors remain up to date and fit to practice. Revalidation of licensed doctors will be required every five years and is based on comprehensive appraisals undertaken annually over the five-year revalidation cycle. It is designed to improve the quality of patient care by ensuring that licensed doctors remain up to date and continue to be fit to practice:

The appraisal and revalidation structure within WJ Healthcare aims:

- To confirm that licensed doctors practise in accordance with the GMC's generic standards, Good Medical Practice
- For doctors on the Specialist register and GP register, to demonstrate that they meet the standards appropriate for their specialty
- To identify, for further investigation and remediation, poor practice where local systems are not robust enough to do this, or do not exist.

- To ensure all licenced medical staff go through revalidation every five years.



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THE APPRAISAL PROCESS

A) INTRODUCTION

The GMC regulations mandates that doctors wishing to maintain a licence to practice actively, engage in a five-yearly revalidation cycle that will demonstrate the doctors' fitness to practise. This is based on information and evidence provided during the annual appraisal process that should be made readily available to employing organisations, as it forms part of good clinical governance. While there is a clear connection between revalidation and appraisal, there are also differences. Revalidation is focused on assessing a doctor's practice against the standards outlined in the GMC's Good Medical Practice framework, whereas appraisal takes a broader approach, evaluating not only clinical performance but also overall contributions to service delivery and professional development. Medical appraisal differs fundamentally from appraisal in other settings due to its elemental link with external professional regulation and revalidation. Medical appraisals are based on a doctor's performance as described in the GMC's Good Medical Practice (1):

Areas covered by the appraisal:

- Quality of clinical care feedback including audits
- Personal Development Plan Review
- CPD
- Feedback from patients
- Feedback from colleagues
- Complaints, clinical incidents and significant events
- Probity
- Health
- Personal Development Plan formation

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THE APPRAISAL PROCESS

B) THE APPRAISAL PROTOCOL

The Appraisal process comprises of six phases:

- **Phase 1:** Preparation work and information gathering by both appraiser and doctor. Appraisals for revalidation are made up of whole practice appraisal and therefore appraisees must provide information from all organisations that employ them. Appraisers should have information from the doctor's previous years' appraisal summaries, and PDPs within the revalidation cycle available for their review.
- **Phase 2:** Appraisal discussion including a review of the previous year's PDP
- **Phase 3:** Notification and return of the appraisal in electronic form to the Responsible Officer or their nominated deputy, including an agreed new PDP going forward. The appraisee is responsible for keeping a copy of all their appraisal documentation including all supporting information for the duration of the revalidation cycle. This information may need to be seen by the Level 2 Responsible Officer, by authorised external auditors of the appraisal process, and by the GMC at their discretion.
- **Phase 4:** Review and reporting by the Level 2 Responsible Officer
- **Phase 5:** Issue of "Statement of satisfactory completion of appraisal" signed off by both parties within 28 days of the appraisal meeting
- **Phase 6:** Annual appraisal completed.

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THE APPRAISAL PROCESS

C) THE ANNUAL APPRAISAL CYCLE

All UK doctors will require an annual appraisal to support their application to be relicensed. WJ Healthcare believes that, irrespective of the doctor's revalidation date, or the date of their initial first appraisal, this is interpreted as meaning that any given doctor should be able to provide evidence of an appraisal within any given 12-month period. Following this, each doctor should have their appraisal within 12 months of their last appraisal, through the five-year cycle.

D) PREPARING FOR APPRAISAL

It is essential that adequate time is allocated for preparation, both for the appraiser and appraisee. Preparation time and time for carrying out the appraisal should take place during usual working hours; proper time should be included in the job plan of the appraiser for this purpose.

Successful appraisal depends on both parties giving their contribution some thought beforehand. Both parties should give themselves enough time to produce, exchange and consider any documents necessary for the appraisal – a few weeks rather than a few days in advance is best. Where, for whatever reason, a third party needs to contribute to an appraisal, this should also be discussed and agreed well in advance. It is very important that the discussion, a vital component of appraisal, is planned in diaries well ahead, and protected. Ad hoc arrangements will fail to properly support either the appraisee, or the appraiser. Appraisal for revalidation requires that annual appraisals are carried out and signed off in year and in line with the organisation's own appraisal cycle. Therefore, the timing, location and people involved in the appraisal need to be discussed and confirmed at least six weeks beforehand.

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THE APPRAISAL PROCESS

E) APPRAISAL DEFERMENT

There are certain circumstances when a planned appraisal can be deferred, for example in the event of the doctor's maternity leave, prolonged sickness absence, or the impact of a National Pandemic. The Responsible Officer of the designated body must be informed in such a situation, otherwise appraisals must continue. For example, in the event of the doctor going through GMC fitness to practice procedures, then their revalidation recommendation is put on hold, but annual appraisals for revalidation will still be required.

F) APPRAISAL DOCUMENTATION

The revised documentation will form part of the overall process, but while completing the documents is an important facet of appraisal, as it provides a written agreement and encourages consistency, dialogue between individuals and the exchange of views is equally important.

Every doctor being appraised should prepare an appraisal folder of all the documents (information, evidence and data) which will help inform the appraisal process, this can and should be updated as necessary. The documentation should represent their whole practice and include information from each of their employers. The documentation should continue to allow access to the original documents in the folder in a structured way, record what the appraisal process concluded from them and, finally, what action was agreed following the discussion (PDP). What goes into the folder will, for the most part, be available from clinical governance activity and other existing sources. Consultants and Specialty Doctors on the new contract will also use information from the job planning process. Doctors need to consider which documents they need to collect for the appraisal process.

It is recommended that wherever possible, all the above information is retained electronically within secure systems. As part of revalidation, employers may need to make more information available to appraisers, and to ensure that appraisers are fully trained in the interpretation of this information. Annual appraisal documentation will need to be stored securely over the five-year revalidation cycle.



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SKYPE ONLINE VIDEO-CONFERENCE APPRAISALS

A consensus view from a number of Responsible Officers and senior appraisers contributed to these guidelines in 2015 for the use of either skype or google 'hangouts' to support online appraisals.

- While the default process for WJ Healthcare appraisals are face to face consultations, it is accepted by both the GMC and NHS England that remote videoconference appraisals can be provided under current regulations. Indication for this would usually be for geographical issues or a National Pandemic, although other circumstances can be justified, and this should be assessed on a case-by-case basis.
- The appraiser must be satisfied that they have identified the appraisee doctor accurately, for example, by reviewing appropriate ID evidence such as passport or driving licenses.
- Any appraisal which has been planned to use video conferencing processes, must be approved by the WJ Healthcare appraisal and revalidation lead before being completed.
- The final (fifth) appraisal of any revalidation cycle must be face to face, video conference processes should not be used in this situation. For the avoidance of doubt, this means that no video conference meeting is allowed if the doctors revalidation submission date is less than 12 months from the proposed appraisal meeting date.
- The appraiser is responsible to check the technology being used for the online appraisal and needs to ensure appropriate backup systems are in place in the event of technical failures.
- If an online video conference has taken place, this should be specifically referred to in the appraisal output summary.
- If an online appraisal takes place, there should be arrangements such that both the appraiser and the appraisee (doctor) have access to the online appraisal form , which can be referred to and discussed in a similar manner as a standard face to face appraisal.



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ROLES AND RESPONSIBILITIES

A) WJ HEALTHCARE GROUP (DESIGNATED BODY)

WJ Healthcare's responsibilities with regards to appraisal and revalidation includes:

- Providing all doctors access to a robust appraisal platform

All connected doctors have access to the Licence to Practice Software. Please see Appendix 1 Document provided by WJ Healthcare entitled 'WJ Healthcare Policy Document'

Provide a fully trained and funded Responsible Officer

Please see Appendix 2 entitled 'Responsible Officer Duties'

- Ensuring systems for timely and effective identification, investigation and management of concerns about Doctors are in place and functioning effectively.

Please see Appendix 3 entitled 'Responding to Concerns'

- Ensure appraisal records are maintained
- Ensure appropriate quality assurance processes for appraisals and appraisers are in place

Please see Appendix 1 entitled 'WJ Healthcare Policy Document'

- Ensure appraisal and revalidation systems are aligned with GMC guidance on making revalidation recommendations and fitness to practice referrals.

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ROLES AND RESPONSIBILITIES

B) WJ HEALTHCARE APPRAISAL SERVICE

The medical director of WJ Healthcare (WJH) will be responsible for ensuring all appraisals undertaken by doctors contracted with WJH are concordant with all requirements outlined in WJH policy as described in the 'WJH Policy Document'.

C) THE APPRAISERS

Appraisers having been referred will adhere to the Revalidation & Appraisal Policy. A summary of obligations include:

- Organising all their appraisals within the appraisal timeframe
- Reviewing appraisal documentation and evidence no less than 14 days before the appraisal interview takes place and identifying key areas for discussion
- Ensuring all paperwork and electronic files are processed as required on completion of the appraisal interview, including the signing off of the PDP by both parties.
- Reporting on the outcome of their appraisals to the appropriate Responsible Officer. This should include a full summary statement of the appraisal, written against the designated bodies template for appraisal summaries, where this is available.
- Undertaking appraisal training and attend period updates as required
- Taking part in a performance review, including feedback on performance in their role.
- Organising for their own appraisal in a timely manner
- Ensure that they are up-to-date with respect to equality and diversity training.
- Ensure their statutory and mandatory periodic training is up to date.

The DAS contracted doctors themselves will have the responsibility of;

- Following the GMC guidelines for Good Medical Practice in their own medical practices.
- Follow the recommendation and obligations described in DAS policy when undertaking appraisals (Appendix 1)
- Keep up to date in their knowledge and skills regarding appraisals and revalidation, through education and training, as this applies to them providing a high-quality service to DAS

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ROLES AND RESPONSIBILITIES

D) THE DOCTORS

It is the responsibility of all doctors who are connected to WJH to practice according to the GMC 'Good Medical Practice' Guidelines.

In practical terms, this will mean each doctor is required to engage in an approved annual appraisal, and demonstrate evidence of involvement in the 4 Domains outlined by the General Medical Council for successful revalidation.

Doctors employed by WJH are required to complete a full pre-employment check as outlined by our HR Department and will include DBS, Hepatitis status, CV and work permit if appropriate.

Doctors are required to:

- Engage fully in the appraisal and revalidation process
- Adhere to deadlines outlined by the Designated Body and Responsible Officer
- Update HR Declaration Annually
- Adhere fully to their professional code (Good Medical Practice)

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COMPLAINTS, INVESTIGATIONS AND FORMAL PROCEDURES

Both the appraiser and the appraisee need to recognise that as registered medical practitioners, they must protect patients if they believe that a colleague's health, conduct or performance is a potential risk to patient safety. If, as a result of the appraisal process, the appraiser believes that the activities of the appraisee are such as to put patients at risk, then the appraisal should be stopped and the matter referred to the relevant RO in line with the organisation's policies immediately. It is understood that this would happen only on the rarest of occasions. If any complaints or concerns arise during the appraisal process—such as issues with the quality of the appraisal, concerns about the appraiser or the process, discrepancies in recording the appraisal interview, reporting to the Responsible Officer (RO), or any other matters—they should be submitted in writing to the WJ Healthcare directors within 21 days of the appraisal's completion. The complainant will receive an acknowledgement within a maximum of seven working days of receipt of the complaint. The complaint will be investigated by WJ Healthcare and a report sent to the complainant within 28 days. In investigating a reported complaint, all required responses will be sought, particularly from the RO, the appraisee, and the appraising doctor, as appropriate, prior to the completion of the report into the complaint.

In a case where a complaint regarding fitness to practice arises, then the GMC is notified immediately, without waiting for the outcome of the complaint's procedure investigation.

In the event that an Appraisee is under investigation, a disciplinary hearing or subject to an impending investigation or disciplinary hearing, then the Appraisee must inform the appraiser prior to the appraisal meeting. The appraisal meeting shall continue but a note must be made of this in the documentation. The information provided by the Appraisee will include compliments, ALL complaints from all locations in which the Appraisee works relating to the Appraisee, serious untoward incidents, any matters concerning criminal convictions, GMC or other concerns raised by other regulators (e.g. CQC).



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APPENDICES

- 1) WJ Healthcare Policy Document
- 2) Responsible Officer Duties
- 3) Responding to Concerns

USEFUL LINKS

A) WEBSITES

BRITISH ASSOCIATION MEDICAL APPRAISERS www.bcam.uk.com

Revalidation Support Team www.revalidationsupport.nhs.uk

British Medical Association www.bma.org.uk

Department of Health www.dh.gov.uk/en/index.htm

General Medical Council www.gmc-uk.org

Care Quality Commission www.cqc.org.uk

Academy of Medical Royal Colleges www.aomrc.org.uk

Independent Healthcare Advisory Services www.independanthealthcare.org.uk

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USEFUL LINKS

B) IMPORTANT DOCUMENTS

GMC Guidance on Good Medical Practice

www.gmc-uk.org/doctors/revalidation/revalidation_gmp_framework.asp

GMC Guidance on appraisal and revalidation – GMP Framework for appraisal and revalidation

General Medical Council Guidance on CPD

http://www.gmc-uk.org/education/continuing_professional_development/cpd_guidance.asp

C) REFERENCE SOURCES

■ **Assuring the Quality of Medical Appraisal**

http://www.appraisalsupport.nhs.uk/files2/Assuring_the_Quality_of_Medical_Appraisal_.pdf

■ **Strengthening NHS Medical Appraisal to Support Revalidation in England**

A proposal paper for piloting from the NHS Revalidation Support Team

<http://www.revalidationsupport.nhs.uk/files/Strengthening%20Medical%20Appraisal%20to%20Support%20Revalidation%20in%20England.pdf>

■ **Assuring the Quality of Training for Medical Appraisers**

http://www.appraisalsupport.nhs.uk/files2/assuring_quality_training_medical_appraisers1f.pdf

■ **Assuring the Quality of Medical Appraisals for Revalidation**

http://www.revalidationsupport.nhs.uk/Assuring_the_Quality_of_Medical_Appraisal_for_Revalidation.pdf

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USEFUL LINKS

D) GENERIC SUPPORTING INFORMATION

■ http://www.gmcuk.org/static/documents/content/Supporting_information_for_appraisal_and_revalidation.pdf

Specific guidance on appropriate content for MSF.

■ **Specialty-specific guidance on supporting information was published by the Academy of Medical Royal Colleges in June 2012**

<http://www.aomrc.org.uk/revalidation/revalidation-publications-and-documents/item/speciality-frameworks-and-speciality-guidance.html>