



Medical Appraisal Documentation Access Statement

NHS England INFORMATION READER BOX

Directorate

Medical	Operations and Information	Specialised Commissioning
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		

Publications Gateway Reference: 06281

Document Purpose	Guidance
Document Name	NHS England medical appraisal documentation access statement
Author	NHS England
Publication Date	23 December 2016
Target Audience	Medical Directors, Directors of HR, GPs, Responsible Officers, appraisers
Additional Circulation List	
Description	The medical revalidation and appraisal processes have been designed so the appraisal inputs are confidential between the doctor and the appraiser. In the vast majority of cases the appraisal outputs provide all the information which the RO needs to make an assured recommendation to the GMC about a doctor's revalidation. There are a number of circumstances where persons other than the appraiser may require access to the appraisal documentation and these are set out in this document
Cross Reference	Medical Appraisal Guide version 4, Medical Profession (Responsible Officer) Regulation 2010 (amended 2013)
Superseded Docs (if applicable)	N/A
Action Required	N/A
Timing / Deadlines (if applicable)	N/A
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Document Status

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Document Title Medical Appraisal Documentation Access Statement

Version number: v1.0

First published: 23 December 2016

Updated: N/A

Prepared by: Dr Maurice Conlon/Jenny Kirk

Classification: OFFICIAL



NHS England medical appraisal documentation access statement

Introduction

The medical revalidation and appraisal processes have been designed so that the appraisal inputs are confidential between the doctor and their appraiser, except as set out below. In the vast majority of cases the appraisal outputs (appraisal summary, PDP and appraiser's statements) provide all the information that the responsible officer needs to make an assured recommendation to the GMC about a doctor's revalidation.

NHS England is the data controller in respect of the appraisal documentation once held.

Access to appraisal documentation by others

There are a number of circumstances when persons other than the appraiser may need access to appraisal documentation, including the inputs. This medical appraisal documentation access statement sets out these circumstances and the access arrangements for each, as they apply in NHS England.

The [Medical Appraisal Guide](#)¹ recognises four purposes for appraisal:

- 1) To enable doctors to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in the GMC document "Good Medical Practice" and thus to inform the responsible officer's revalidation recommendation to the GMC.
- 2) To enable doctors to enhance the quality of their professional work by planning their professional development.
- 3) To enable doctors to consider their own needs in planning their professional development.
- 4) To enable doctors to ensure that they are working productively and in line with the priorities and requirements of the organisation they practise in.

There is, therefore, an explicit link between appraisal, revalidation and clinical governance, necessitating and justifying the sharing of appraisal documentation with certain individuals and for certain reasons.

In addition, the responsible officer has certain statutory duties in relation to a doctor's practice, in addition to revalidation, set out in the [Medical Profession \(Responsible Officer\) Regulations](#). The responsible officer's duties can be summarised as follows:

¹ 'Medical Appraisal Guide: A guide to medical appraisal for revalidation in England, version 4' (NHS Revalidation Support Team 2013 (reissued with updated hyperlinks September 2014))

- to ensure that a doctor meets the criteria to undertake a post that they are proposing to take up
- to make a periodic recommendation to the GMC about the doctor's revalidation
- to ensure the provision of appraisal for the doctor
- to ensure that the doctor's personal practice is properly monitored
- to ensure that any concerns about the doctor are properly investigated and appropriate action taken

As set out in [Information Management for Medical Revalidation in England](#), the responsible officer needs access to various forms of information, including appraisal information, in the discharge of these duties.

The importance of context

The context determines who may view a doctor's appraisal documentation, and what may be viewed. These include:

- providing an accurate record for those involved
- quality assurance, supervision and support of appraisers (*)
- addressing concerns highlighted in the appraisal interview (*)
- having capacity to highlight themes that might need to be addressed by the organisation as a whole (*)
- reviewing appraisal documentation as part of the process of making a revalidation recommendation
- supporting job planning (*)
- supporting clinical governance, supervision of doctors and direct support to doctors at directorate level
- as part of the process of investigating a concern about a doctor's personal practice
- when a doctor wishes to complain about their appraisal (*)
- complying with regulatory and other legal processes.

The responsible officer's team and delegated authority

Bearing in mind that the responsible officer and appraisers work in a team which supports them, other members of that team will need to handle and view part or all of a doctor's appraisal record. Such people and their roles may vary from time to time, but they include administrative staff, lead appraiser and senior appraiser. Any named individual who has been given delegated authority by the responsible officer to undertake the responsible officer's duties on an operational basis will have the same access to documentation, including appraisal documentation, as the responsible officer for the duties in question.

The responsible officer and medical director functions

In NHS England the responsible officer roles are held by the medical directors. For certain individual doctors, an alternative responsible officer may be appointed for certain reasons such as conflict of interest or appearance of bias. Where this is the case, the medical director retains right of access to appraisal documentation under certain circumstances in the discharge of their medical director function as set out in

this access statement. More detail on this can be found in the All England Appraisal Network responsible officer advice statement: Information handling when a designated body has nominated an alternative responsible officer for a doctor - <https://www.england.nhs.uk/revalidation/ro/con-of-int/>

Sharing information with other persons

The responsible officer may, on occasion, need to share information about a doctor's personal practice with other persons, including persons responsible for the quality and safety of care in other organisations where the doctor is working, or with those in other bodies such as the GMC, legal persons or the police, in the interests of protecting patient or public safety. It is NHS England policy that on such occasions and with very few exceptions (for example where doing so would compromise the investigation of criminal proceedings), we share the same information with the doctor in question, so that the doctor knows what is being shared. The exact information will depend on the matter at hand, but it may, on occasion, include documentation from appraisal.

Notwithstanding the above **ad hoc** requirement and in keeping with the NHS England guidance document '[Information flows to support medical governance and responsible officer statutory function](#)', it is the policy of this organisation that appraisal information is not shared **routinely** with anyone in other places where a doctor is working. The sharing of such routine information is a matter between the doctor and that organisation. Any doctor who works in an outside organisation which requires access to their medical appraisal documentation, as part of the organisation's governance processes, is therefore responsible for sharing that information with the organisation themselves, and we would encourage any doctor to do so.

Legal basis for processing and sharing information

The information collected as part of the appraisals process (including sensitive personal data) is processed and shared for a number of reasons. These include:

1. compliance by NHS England and/or employers as relevant with the Medical Profession (Responsible Officer) Regulations - hence this processing is required by law;
2. facilitating a clear and purposeful appraisals process, so as to meet quality requirements, allow career progression and any issues to be identified and resolved - this is as required by employment law and equality laws and is in the legitimate interests of the relevant data controller (being to ensure that doctors receive full and appropriate appraisals processes and take into account all relevant information for that appraisal, and those set out in "The importance of context" above with a * next to them).

Any doctor who wishes to query any aspect of this access statement should raise their concern as set out in "Queries" below), but it should be noted that this objection will not be supported where there are grounds that the processing is on the basis of legitimate interests and where the use of the data outweighs any privacy risk to individuals.

The information in appraisal forms may be required to be provided pursuant to employment contracts (where applicable) as well as by law to enable the performers

lists to be created, updated and assessed from time to time, so as to facilitate NHS England's compliance with its legal obligations under the Medical Profession (Responsible Officer) Regulations.

Information may be shared for various reasons, including as set out above. This may also include in the interests of protecting patient safety, for which consent by the doctor is not required. However, this organisation works to the principle that even when consent is not required it is still good practice to inform a doctor in the spirit of transparency, notwithstanding the potential restrictions on this as referred to in the section on 'Sharing information with other persons' above.

All persons with potential access to appraisal documentation have confidentiality clauses written into their terms of engagement and it would be a gross breach to reveal anything from the appraisal documentation unless there is a valid reason to do so.

Personal identifiable information in appraisal documentation

An appraisal portfolio **must not** contain personally identifiable information (whether patient, colleague or any other person). To do so is a breach of information governance rules. It also increases the risk of being compelled to disclose appraisal documents to a third party in a legal challenge. It is recognised that it may sometimes be appropriate to present some supporting information separately to protect the privacy of individuals, but again this should be done in such a way so as not to identify anyone. When making references to individuals, take care not to identify someone by role or very specific health circumstances, as that would then be personally identifiable information about them.

Professional language in appraisal documentation

Doctors should be aware that if they include anything in their appraisal documentation which raises a concern about their fitness to practise, their appraiser has a professional duty to address this, which may, on occasion, require overriding the confidentiality of the appraisal without the doctor's consent. Care should therefore be taken to write the appraisal submission in appropriately professional terms.

NHS England IT arrangements for appraisal

NHS England uses an organisation-wide NHS England Revalidation Management System (RMS) to manage the appraisal and revalidation processes for its doctors. RMS is a system owned by NHS England, based on tools previously developed in PCTs, prior to the formation of NHS England. RMS provides many functions which support appraisal and the responsible officer function, including a revalidation dashboard for the Responsible Officer and a secure facility to upload and store appraisal documents. Information held on RMS is held in such a way that it complies with NHS England's data security and confidentiality policy. The arrangements for access to appraisal information described in this document apply to appraisal information in NHS England's safekeeping, whether stored in RMS or any other system, for example when in transit into RMS or between a doctor and their appraiser.

Annex H of the [NHS England Medical Appraisal Policy](#) sets out the process when uploading documents to RMS, in order to protect information in transit. Information transferred between doctor, appraiser and organisation should be via secure NHS email accounts or secure memory stick.

Access arrangements for medical appraisal documentation

A summary of the access arrangements to medical appraisal documentation, according to the purpose in question, is set out in Table A below. The circumstances and arrangements are not intended to be exhaustive or restrictive. Should it be necessary, for example, to protect patient safety or comply with due legal process, information may be shared in different ways and with different individuals than are listed here.

Table A describes those with access in terms of their roles, as individuals in post will change from time to time. An up to date list of the individuals in each post is available on request from the responsible officer's office.

Your rights

You have a right to access the personal data held about you, along with rights to require any inaccurate personal data to be amended, to object to or restrict processing in certain circumstances, to be "forgotten" where there are no longer grounds for retaining your personal data and to request your data is made available to be transferred to another site. Please refer to NHS England's [Data Protection Act Policy](#) for further details of how to do this.

Queries

If you have queries regarding this access statement, please contact your responsible officer via your local appraisal office. Alternatively you may contact england.revalidation-pmo@nhs.net.

If your queries are not adequately resolved internally, then you may contact the Information Commissioner's Office (ICO) at www.ico.org.uk. In keeping with BMA advice, where there are queries which NHS England cannot resolve or where it would be inappropriate for NHS England to do so (such as ongoing legal proceedings), you may also find an independent legal opinion helpful.

If you have queries regarding your own appraisal, please contact your appraiser or other relevant colleague, as set out in your organisation's appraisal documentation.

Table A: Access arrangements for medical appraisal documentation (non-exhaustive)

Reason	Who can access	What can be accessed
1. Appraisal	<ul style="list-style-type: none"> Appraiser 	<ul style="list-style-type: none"> Normally: Full current year's documentation, last year's appraisal outputs (appraisal summary, PDP and appraiser's statements). This is in keeping with the Medical Appraisal Guide [LINK] requirements for the doctor's appraisal portfolio. If needed: full past documentation up to five years prior to current appraisal due date. Access to appraisals more than one year in retrospect is occasionally helpful to an appraiser, for example, when clarifying a detail in a doctor's current appraisal submission, or when confirming to a responsible officer that an individual piece of evidence required for a revalidation recommendation has been presented at some point in the revalidation cycle. Access to all past appraisals by the current appraiser is a feature of several commercial providers; NHS England's approach is to permit the same approach unless specifically requested otherwise by an individual doctor.
	<ul style="list-style-type: none"> Appraisal lead Senior appraiser Responsible officer 	<ul style="list-style-type: none"> If needed: Full current year's documentation, to respond to a query or concern from the doctor or appraiser about the doctor's submission, or to clarify an uncertainty arising from the appraisal outputs
2. To support revalidation recommendation	<ul style="list-style-type: none"> Responsible officer Lead appraiser Senior appraiser Members of the responsible officer's decision support group 	<ul style="list-style-type: none"> Normally: Appraisal outputs since last revalidation If needed: Full appraisal documentation, past and present. This may need to be supplied by the doctor directly, for example historic appraisal documentation from appraisals at another designated body
3. Quality assurance of appraisal	<ul style="list-style-type: none"> Lead appraiser Senior appraiser 	<ul style="list-style-type: none"> Normally: Relevant part of appraisal documentation, normally the appraisal outputs (appraisal summary, PDP and appraiser's statements) If needed: Full documentation of appraisal being reviewed

Reason	Who can access	What can be accessed
	<ul style="list-style-type: none"> • Administrative/support staff 	<ul style="list-style-type: none"> • Full documentation of appraisal being reviewed, mainly for handling, but may be access to content to support completion of the review
	<ul style="list-style-type: none"> • Responsible Officer 	<ul style="list-style-type: none"> • If needed: Full documentation of appraisal being reviewed

Cont...

Reason	Who can access	What can be accessed
4. To support organisational clinical governance, including organisational analysis of learning needs in PDP	<ul style="list-style-type: none"> • Lead appraiser • Senior appraiser 	<ul style="list-style-type: none"> • Full appraisal documentation in the year relevant to the learning needs assessment
	<ul style="list-style-type: none"> • Medical director • Responsible officer 	<ul style="list-style-type: none"> • If needed: Full appraisal documentation in the year relevant to the learning needs assessment
5. Concern about the doctor's personal practice	<ul style="list-style-type: none"> • Responsible officer • Lead appraiser • Senior appraiser • CEO • Medical director • HR director • Persons with clinical governance responsibility for the doctor in all the places where they are working • Other persons involved with the investigation and handling of the matter in hand 	<ul style="list-style-type: none"> • If needed: full appraisal documentation, past and present, to be judged on a case by case basis. This information may be provided by the doctor directly, especially if not already held by the responsible officer, e.g. historic appraisal documentation from appraisals at another designated body
6. Complaint by the doctor about the appraisal process	<ul style="list-style-type: none"> • Responsible officer • Lead appraiser • Senior appraiser 	<ul style="list-style-type: none"> • Normally: Whole of appraisal documentation for the appraisal in question • If needed: Appraisal documentation from other appraisals, including those for other doctors who have had appraisal with the same appraiser

Cont...

Reason	Who can access	What can be accessed
7. Regulatory and legal processes	<ul style="list-style-type: none"> • GMC personnel • Legal personnel, including courts • Police 	<ul style="list-style-type: none"> • Normally, and if legally appropriate: The specific appraisal documentation relating to the matter in question • If needed and legally appropriate: Full appraisal documentation, past and present. This information may be released more appropriately by the doctor than by their responsible officer • The circumstances in which it may be appropriate to release information in this context are varied and the decision whether or not to release the documentation will be made on a case by case basis, normally after consultation with the organisation's Caldicott Guardian. We will normally inform the doctor of such a request, but on rare occasions this may not be possible. There may be circumstances when it is required to release appraisal information without the doctor's consent
8. Supporting the above processes	<ul style="list-style-type: none"> • Administrative/support staff 	<ul style="list-style-type: none"> • Handling/uploading documentation; no permitted access to content unless under specific instruction
Parameters which may apply in some designated bodies/responsible officer offices, but not in others:		
9. Job planning	<ul style="list-style-type: none"> • Clinical Director 	<ul style="list-style-type: none"> • PDP element only of appraisal form for doctors in their directorate

Reason	Who can access	What can be accessed
<p>10. To review compliance with Health Education England requirements for the appraisal of educators</p>	<ul style="list-style-type: none"> • The Director of Postgraduate Education 	<ul style="list-style-type: none"> • Normally: For relevant doctors, sections of appraisal documentation relating to education and to review “appraisal of educators” supporting information. In practice, because of the logistics of separating out this information, this normally requires access to whole of appraisal documentation

