



Public Health  
England

Protecting and improving the nation's health

# **Professional Appraisal and Revalidation**

Ensuring a high-quality professional  
public health workforce

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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## The purpose of this guide

The guide explains the part that professional appraisal and revalidation play in ensuring the ongoing quality of specialist public health practice. It outlines the statutory systems that are in place to help local government employers to ensure the public health doctors they employ maintain the high standards of professional practice needed to fulfil their role of improving and protecting the health of local people. It also sets out what the legal requirements are for these doctors to be able to practise and what support is available for employers where they have concerns about a doctor's practice. The advice is relevant also for other doctors who may be employed by councils now and in the future although specific procedures might vary.

Systems for registration, regulation and revalidation have been put in place so that the public and other professionals can have total confidence in the services delivered by health and social care professionals, in public health and many other roles. All doctors employed by councils have a statutory prescribed connection to the responsible officer of PHE to provide that public assurance via the General Medical Council (GMC). The responsible officer's role includes the requirement for providing assurance that doctors are appropriately qualified and skilled at appointment. Delivery of this requirement may be further improved by strengthening the Faculty of Public Health (FPH) Appointments Advisory Committee/Faculty Assessor process.

There are over 200 doctors working in public health in councils so the systems in place can only work effectively where there is good collaborative working between councils and PHE. Individual councils will often employ very small numbers of doctors and hence have limited experience of the specific requirements for employing doctors. In this context the specialist support offer available through PHE is extremely important.

Specialist public health staff can come from a range of different professional backgrounds but the statutory requirements currently only apply to doctors. While this guide focuses primarily on the requirements for doctors, much of what applies to doctors is good practice for all public health specialists, especially regular professional appraisal. Supporting all public health specialists with their professional practice benefits the employer, and will help both employers and employees to be ready for the introduction of statutory systems for all public health specialists in the future.

It is important to note that the system and support described here is not intended as a substitute for the requirements and processes that employers will have in place locally for the day-to-day management of all their contracted staff. Local management processes are primary but it is important to inform PHE through the appropriate channels if there are concerns about a doctor's fitness to practise..

## Who this guide is for

This guide is primarily designed to be useful to council chief executives, directors of public health, and lead officers for human resources and training and development. It applies only to England as different systems are in place in the other UK countries. The guidance has been approved by the Standing Group on Local Public Health Teams, chaired by Chris Bull (local government advisor to PHE) and including representation from the Local Government Association, PHE, FPA, Association of Directors of Public Health, trades unions and North West Employers.

## Registration, regulation and revalidation

### Registration

In order to qualify to work as a consultant in public health or director of public health, public health professionals must complete a postgraduate specialist training programme, or have demonstrated equivalent skills and experience through submission of a portfolio for assessment. This entitles them to specialist registration with the GMC, General Dental Council (GDC) or the UK Public Health Register (UKPHR) depending on their professional background.

Doctors must maintain registration with the GMC and have a licence to practise. Following the introduction of revalidation in 2012, a licence is granted for a period of five years and is only renewed subject to a satisfactory revalidation recommendation to the GMC from PHE's responsible officer. Revalidation is founded on a system of annual professional appraisal, which reassures the public, stakeholders and other professionals that the doctor is up to date and fit to practise.

For consultants in public health from backgrounds other than medicine they may choose to maintain registration in their original profession in addition to registration with UKPHR eg nursing, environmental health, social work, but this is not a requirement.

Employers have a responsibility to check for current professional registration as part of pre-employment checks and then annually. The FPH assessor will advise on whether candidates meet these professional requirements during the Advisory Appointments Committee process.

Professional registration can be checked easily by searching the relevant register online:

GMC: [www.gmc-uk.org/doctors/register/LRMP.asp](http://www.gmc-uk.org/doctors/register/LRMP.asp)

GDC: [www.gdc-uk.org/Pages/SearchRegisters.aspx](http://www.gdc-uk.org/Pages/SearchRegisters.aspx)

NMC: [www.nmc.org.uk/registration/search-the-register/how-to-use-search-the-register](http://www.nmc.org.uk/registration/search-the-register/how-to-use-search-the-register)

UKPHR: [www.ukphr.org/view-the-register](http://www.ukphr.org/view-the-register)

Doctors are regulated by the GMC, dentists by the GDC and nurses by the Nursing and Midwifery Council (NMC). The UKPHR is currently not a regulatory body: having considered the arrangements already in place to ensure that public health specialists from backgrounds other than dentistry or medicine are appropriately registered and qualified, the government has recently announced that it does not consider that extending statutory regulation to this professional group is necessary.

The GMC is the only regulator to introduce a statutory revalidation system. This applies to all doctors including those employed by councils. The NMC is introducing mandatory revalidation for its registrants from April 2016. Revalidation plans within the GDC or UKPHR remain under discussion.

## Revalidation

Revalidation is intended to give the public and employers greater confidence that doctors are up to date and practising to a high standard. In order to maintain a licence to practise, and therefore to be able to work as a doctor, doctors must be revalidated by the General Medical Council every five years.

Every doctor must be linked to an organisation that holds responsibility for the processes needed for their revalidation. These organisations have a responsible officer who oversees the professional appraisal and revalidation process for all doctors linked to that body. The statutory basis for medical revalidation and the role of the responsible officer is set out in the Responsible Officer Regulations (2010, amended 2013).

All doctors employed by councils would normally have a prescribed connection to PHE for revalidation and for other responsible officer functions. The responsible officer makes a recommendation regarding revalidation to the GMC, informed by a five-year cycle of annual professional appraisals and supplemented by other performance and governance information that the responsible officer seeks from the employer. The doctor should provide this information routinely as part of their annual professional appraisal but collecting information direct from the employer is an important cross-check to ensure that any concerns the employer may have are taken into account in the revalidation recommendation.

The annual professional appraisal for all doctors is based on Good Medical Practice, the GMC's Code of Practice ([http://www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp)),

provides a valuable opportunity for reflection, learning and developmental review with a focus on continuous improvement.

High quality continuing professional development, professional appraisal and the availability of accurate workplace intelligence regarding the doctor's fitness to practise are therefore essential to an effective revalidation system.

## Continuing professional development

Continuing professional development (CPD) is a professional obligation for all public health professionals and this requirement is included in FPH approved consultant and director of public health job descriptions.

All consultants and directors of public health should have a professional development plan that is reviewed annually as part of both their management and professional appraisal. This should be designed in such a way that it enables them to keep up to date in all aspects of their practice and maintain their fitness to practise.

The FPH operates a CPD scheme that requires participants to undertake a minimum of 50 hours professional development each year. Members are encouraged to use the FPH's CPD online diary, which enables the recording of reflective notes (the use of the online diary will become mandatory from April 2016). Members are required to submit an annual return and the records are subject to rigorous professional audit.

The CPD record including reflective notes is a key component of the information supporting annual professional appraisal and revalidation.

## Annual professional appraisal

All doctors are required to take part in annual professional appraisal. This complements the management appraisal that most local authorities will have in place for their staff. It is carried out by a public health consultant external to the employing organisation who has had additional appraisal training. Unlike the management appraisal it covers the full scope of a doctor's practice which may, for example, include academic work, specialist training roles and any independent practice or voluntary roles that they undertake for which a licence to practise is required eg doctor at sporting event.

PHE operates a professional appraisal system, including a specialist web-based software system, for all doctors employed by PHE, which extends to doctors who are employed by local authorities with a connection to PHE for revalidation. PHE is currently considering extending access to this professional appraisal system for consultants from

other professional backgrounds within councils, to enable all consultants and specialists, and the whole public health system, to benefit.

The appraisal system is dependent on doctors in local government, as well as those in PHE, being trained in appraisal and to carry out appraisals. Appraisers comment that they learn a great deal that benefits their own practice from appraising colleagues who work in different settings and localities.

Doctors are required to collect a portfolio of supporting information to demonstrate they are keeping up to date with the GMC requirements of Good Medical Practice. Outputs from the employer's management appraisal such as objectives and reviews of performance provide useful evidence for the professional appraisal. More information on Good Medical Practice and the supporting information doctors need to collect is available via the GMC website:

The Good Medical Practice framework for appraisal and revalidation: [www.gmc-uk.org/static/documents/content/GMC\\_Revalidation\\_A4\\_Guidance\\_GMP\\_Framework\\_04.pdf](http://www.gmc-uk.org/static/documents/content/GMC_Revalidation_A4_Guidance_GMP_Framework_04.pdf)

Supporting information for appraisal and revalidation:

[www.gmc-uk.org/static/documents/content/RT\\_-\\_Supporting\\_information\\_for\\_appraisal\\_and\\_revalidation\\_-\\_DC5485.pdf](http://www.gmc-uk.org/static/documents/content/RT_-_Supporting_information_for_appraisal_and_revalidation_-_DC5485.pdf)

The appraisal discussion is structured around the requirements of Good Medical Practice and a key output from the appraisal is a refreshed professional development plan for the coming year.

## Other aspects of the role of the responsible officer

The responsible officer has other duties that are described fully in the Responsible Officer Regulations (2010, amended 2013). For all doctors with a connection to PHE for revalidation, these also include: responsibility for ensuring appropriate investigation and action where concerns have been identified relating to professional performance, and the responsibility for ensuring that all new medically qualified appointments made have the appropriate qualifications and experience, and sufficient command of English language to enable them to communicate effectively with colleagues and the wider public.

## What PHE does to support the system

It is a statutory requirement that designated bodies provide adequate resources to enable the responsible officer function to be delivered effectively. PHE provides a range of resources to support all doctors who have a connection to PHE's responsible officer for revalidation and other duties. PHE:

- has designated a responsible officer. This is currently Professor Anthony Kessel. The responsible officer has a team that oversees delivery of all the responsible officer's duties and responsibilities, across England
- provides a secure online appraisal system that enables all doctors with a prescribed connection to PHE to collate the information they need to support appraisal electronically
- has developed a simple system to collect additional information from employers to inform the responsible officer recommendation for revalidation (Appendix A)
- provides training and ongoing support for appraisers and appraisees, including appraiser networks in each region
- is actively involved in the recruitment and appointment of directors of public health
- provides advice and support to councils who have concerns about a doctor's professional practice and performance. PHE centre directors, regional directors and the National Clinical Assessment Service may provide confidential advice in the first instance. The responsible officer has ultimate responsibility to ensure that significant concerns are appropriately investigated and dealt with
- has developed a tool to aid line managers assess the seriousness of any alleged or actual concerns about a doctor's professional practice (Appendix B)
- has a cohort of trained and experienced investigators who can be commissioned to undertake an investigation of professional performance within councils, if necessary.

What councils need to do for the system to work:

- ensure they conduct pre-employment and annual follow-up checks on professional registration requirements
- follow the guidance on appointment processes published in 2013. Working closely with FPH to appoint consultant specialist posts will ensure appointments of medically-qualified staff are compliant with statutory Responsible Officer Regulations
- ensure all doctors they employ are undergoing annual professional appraisal
- support doctors to undertake appropriate CPD in line with their personal development plan
- support doctors to undertake a recognised multisource (360) feedback evaluation at least once in every five year cycle. PHE has identified, and currently funds, a range of validated tools for colleague and stakeholder feedback

- encourage their employed doctors to undertake appraisal training and to carry out appraisals in line with the professional duties in their job description
- ensure regular management appraisal takes place for doctors they employ
- have governance systems in place that collect additional information needed to inform the revalidation recommendation – this information is described in Appendix A
- contact the PHE centre or regional director (as appropriate) for initial confidential advice when they have initial concern about a doctor's practice

## Appendix A: Line manager feedback letter template

### LINE MANAGER FEEDBACK ANNUAL PROFESSIONAL APPRAISAL

#### For the appraisee:

As part of the processes to support revalidation, the responsible officer needs to collect clinical governance information and intelligence. We therefore request that you forward this form to your line manager, copying in PHE's revalidation team (revalidation@phe.gov.uk), to enable your line manager to complete and return the form within the next two weeks.

#### For the appraiser:

This information will form an important component of the supporting information following this individual's annual professional appraisal. You must submit this information annually. Please provide summary information for the appraisee who has worked in your department or team during the past year. For doctors, the information we are requesting is required to supplement other supporting information provided by the appraisee to help inform the responsible officer's revalidation recommendation. Please return this form to revalidation@phe.gov.uk within the next two weeks.

**Line manager feedback for (insert appraisee's name here):** [Click here to enter text.](#)

No.	Please check the appropriate boxes and add comments as applicable
1	<p><b>Registration and licence to practise</b></p> <p>Have you checked that the appraisee is/remains on the appropriate specialist register?</p> <p>GMC <input type="checkbox"/></p> <p>GDC <input type="checkbox"/></p> <p>UKPHR <input type="checkbox"/></p> <p>Other <input type="checkbox"/> (please specify)</p> <p><b>For doctors, have you checked that the doctor has a current licence to practise?</b></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

<p><b>2</b></p>	<p><b>Complaints</b></p> <p>Are you aware of any complaints relating to this individual since their last annual professional appraisal?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Comments (if applicable):  <a href="#">Click here to enter text.</a></p>
<p><b>3</b></p>	<p><b>Adverse incidents</b></p> <p>Are you aware of any adverse incidents* in which this individual was directly involved, or carried managerial responsibility for, since their last annual professional appraisal?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Comments (if applicable):  <a href="#">Click here to enter text.</a></p> <p><b>* An adverse incident is defined as:</b>          ‘An unplanned or unexpected event, act or circumstance that arises from (or affects) a PHE activity and which could have, or did result in harm, loss or damage to the organisation, individuals or property. It includes tangible events such as damage to equipment, and intangible such as damage to reputation.’</p>
<p><b>4</b></p>	<p><b>Health/sickness absence</b></p> <p>Are you aware of any health concerns or sickness absence concerns relating to this appraisee?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Comments (if applicable):  <a href="#">Click here to enter text.</a></p>
<p><b>5</b></p>	<p><b>Probity, honesty and integrity</b></p> <p>Are you aware of any probity, honesty or integrity issues relating to this appraisee?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Comments (if applicable):  <a href="#">Click here to enter text.</a></p>

<b>6</b>	<p><b>Mandatory training</b></p> <p>Has the appraisee complied with all necessary mandatory training requirements?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Comments (if applicable):  <a href="#">Click here to enter text.</a></p>
<b>7</b>	<p><b>Personal Development Plan (PDP)</b></p> <p>The annual professional appraisal sometimes identifies areas of personal development that may require resourcing. It is therefore important that a single PDP is in place which reflects the outcomes of the management and professional appraisals.</p> <p>Have you discussed this appraisee's PDP in the last annual professional appraisal year?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Comments (if applicable):  <a href="#">Click here to enter text.</a></p>
<b>8</b>	<p><b>Multi-source feedback (sometimes known as MSF or 360 degree feedback)</b></p> <p>Has the doctor undertaken a multi-source feedback exercise in the past five years?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Comments (if applicable):  <a href="#">Click here to enter text.</a></p>
<b>9</b>	<p><b>Performance concerns</b></p> <p>Any concerns that you have about this appraisee's performance should be recorded here.</p> <p>Overall quality of work <input type="checkbox"/></p> <p>Ability to meet objectives <input type="checkbox"/></p> <p>Leadership (if applicable) <input type="checkbox"/></p> <p>Team player within the organisation <input type="checkbox"/></p> <p>Communication skills <input type="checkbox"/></p> <p>Evidence of clinical and patient/public engagement (if applicable) <input type="checkbox"/></p> <p>Partnership working (if applicable) <input type="checkbox"/></p> <p>If you have checked any of the boxes, please provide comments here:  <a href="#">Click here to enter text.</a></p>

<b>10</b>	<b>Any other comments</b> If you wish to record any further comments, please add them here <a href="#">Click here to enter text.</a>
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Thank you for completing this form. The information is valuable to us and forms a key part of an appraisee's portfolio of supporting information.

Name of line manager: [Click here to enter text.](#)

Line manager's job title and employer: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

Once you have completed this form, please email it to [revalidation@phe.gov.uk](mailto:revalidation@phe.gov.uk)

## Appendix B: Additional information needed to inform the revalidation recommendation

- last year's personal development plan and progress
- demonstration of (and reflection on) CPD
- demonstration of quality improvement (ie participation in at least one audit in the five-year cycle, plus two case reviews per year in each of the other four years in the cycle)
- serious untoward incidents (SUIs)/significant events, with reflections
- feedback from colleagues (ie a colleague-based 360 multi-source feedback report) and evidence of reflection on this report. Any proposed development arising from this should be reflected in the personal development plan
- feedback from individuals/communities/patients (if applicable), evidence of reflection on this and evidence that any required development is reflected in the personal development plan
- complaints/compliments, with reflections
- output from last year's professional appraisal
- job plan and objectives
- output from managerial appraisal

## Appendix C: PHE performance assessment tool (doctors and dentists)

### The assessment tool

The table below has been designed as a tool to help managers of doctors and dentists assess problems and determine proportionality of response. Judgements need to be made and experience shows that, if this can be done as close to the source of the problem, there is an increased likelihood of being able to resolve the issue quickly and retain the engagement of the individual concerned.

### Using the assessment tool

This tool uses five areas related to key aspects of performance concern. These are conduct, capability, health, team working and length of time the issue has occurred. Line managers need to assess the weight of the evidence available to them at that time. Admitted facts should be part of this decision-making process.

There are a number of issues that in the absence of any other concerns would still mean an immediate referral to the office of the responsible officer and/or a senior human resources lead eg the falsifying of travel expenses, alcohol misuse at work, the practitioner has been involved in a serious incident etc.

The tool has been piloted in a number of existing cases and has positive feedback from line managers.

Outcome maximum score 25

Score 1-6: Handle locally.

Score 7-11: Handle locally but seek senior management and HR advice.

Score 12-15: Escalate to HR/regional director and support any investigation and remediation.

Score 16-20: Escalate to HR director and responsible officer (for doctors) or medical director (for dentists). Consider taking National Clinical Assessment Service advice.

Score 21-25: Escalate to HR director and responsible officer (for doctors) or medical director (for dentists) and consider immediate GMC/GDC referral and exclusion of doctor/dentist.

<b>Strength of evidence</b>  <b>1-5</b>	<b>Conduct</b>  Examples include: <ul style="list-style-type: none"> <li>• probity</li> <li>• allegations of bullying and harassment</li> <li>• communication difficulties</li> <li>• failure to follow recognised practice and organisational policies</li> <li>• history of not being present in the workplace when expected</li> </ul>	<b>Capability</b>  Examples include: <ul style="list-style-type: none"> <li>• do they demonstrate the PHE values and behaviours?</li> <li>• are colleagues expressing concern about their performance?</li> <li>• are they working outside of their competencies?</li> <li>• are they repeatedly unable to deliver work to reasonable timescales?</li> </ul>	<b>Health</b> <ul style="list-style-type: none"> <li>• includes possible concerns as well as proven</li> <li>• both physical and mental health problems should be investigated through an occupational health assessment</li> </ul>	<b>Working within a team</b> <ul style="list-style-type: none"> <li>• are there reported difficulties with line managing more junior staff?</li> <li>• are peers expressing concerns about difficult working relationships?</li> <li>• are they resisting being line managed, eg bypassing existing line manager, missing appraisal meetings, not complying with reasonable requests to action items?</li> </ul>	<b>History</b> <ul style="list-style-type: none"> <li>• is this the first time?</li> <li>• is this a repeated occurrence but with a long timespan between with no other problems?</li> <li>• is this a repeated pattern of behaviour?</li> <li>• has there been any previous informal or formal action taken?</li> </ul>
1 Nil or minimal evidence of concerns					
2 Some limited usually unsubstantiated evidence available					
3 Evidence present					
4 Strong evidence but has insight					
5 Strong evidence and/or admitted, little insight present					

Are there any other particular points for consideration?