APPRAISAL PROCESS
GUIDANCE FOR EMPLOYING ORGANISATIONS ON THE APPRAISAL OF CONSULTANT CLINICAL SCIENTISTS IN ENGLAND

INTRODUCTION

The purpose of this document is to give good practice advice on the appraisal process for a consultant clinical scientist (CCS). Following this advice will help underpin the quality of services and provide reassurance to patients and the public that healthcare science services led by CCS are safe and effective.

THE PURPOSE OF APPRAISAL

Appraisal can be used to enable CCS 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 NHS Constitution and those of the organisation within which they work
- enhance the quality of their professional work by planning their own development
- consider their own needs in planning their professional development
- ensure that they are working productively and in line with the priorities and requirements of the organisation they practise in.

CCS have an individual responsibility, as set out in Good scientific practice, to keep their professional, scientific and technical knowledge up-to-date and to participate in evidence-based practice. The appraisal process helps to enable this.
THE AIMS OF THE APPRAISAL PROCESS FOR CCS

The aims of the appraisal process include:

- Setting out personal and professional needs and agreeing how these will be met.

- Regularly reviewing performance against appropriate comparative data from local, regional, national and international sources. Performance should be reviewed against *Good scientific practice* the overarching standard of professional behaviour for healthcare science. Individuals should be encouraged to seek out peer review and other discipline and profession specific bench-marking. The value of this step is in informing and improving specialist performance.

- Assessing the contribution made to the quality improvement and development of services, the delivery of service outcomes and local priorities. These could be benchmarked against existing local strategic objectives and priorities as well as published national outputs such as national dashboards, Commissioning for Quality and Innovation (CQUIN) measures and other service standards and accreditation relevant to healthcare science such as Clinical Pathology Accreditation (CPA), Improving Clinical Engineering and Physical Science Services (iCEPSS) and Improving Quality In Physiological Services Programme (IQIPS).

- Evidence of partnership working with key stakeholders to deliver better outcomes for patients including system level innovation and the adoption of good practice.

- Providing an opportunity to discuss and seek support for participation in activities for the wider NHS. This is an important part of both personal and service development, through linking to networks and information on innovation and best practice.

The appraisal process should be linked to the vision and aims of the employing organisation and should also be in line with the [NHS core values and behaviours](#).

THE APPRAISAL PROCESS FOR CCS

There may be a need for a joint approach to appraisal where CCS have accountability to both a clinical and management lead, for instance reporting to both the clinical director and service manager. This would result in the need for a dual approach to appraisal:
• One element would be undertaken by the line manager and would involve general organisational aspects (strategic objectives, organisational values, people management, senior team relationships, planning, organising etc). The value of this step would be to manage performance at an organisational/local level.

• The other element would be undertaken to ensure there is adequate peer review and would involve specialist aspects such as the introduction of new technologies and the development of specialist practice. Often CCSs report directly to a service director, divisional lead, lead scientist or board member who may not have specialist knowledge of, or indeed may not understand fully, the work or the value brought by CCS. Some employing organisations have lead scientists who can help to provide assurance on the quality, safety and efficacy of scientific services within the organisation and who can also provide leadership for the appraisal process for CCS. Organisations may decide that it would be appropriate in some circumstances to involve a CCS from another organisation or nominated by the appropriate professional body. Many professional bodies hold lists of mentors at CCS level.

APPRAISAL DOCUMENTATION AND PREPARATION

Appraisal documentation will be determined by the employing organisation’s normal procedures. Good practice suggests that this will include:

• brief details of activities currently undertaken
• evidence of maintaining and enhancing the quality of professional work
• review of current practice - evaluating the quality of professional work
• feedback on current practice - how others perceive the quality of professional work.

For effective appraisal of a CCS, both appraiser and appraisee should consider performance against good scientific practice in areas of professional practice, scientific and clinical practice, research development and innovation and leadership and management, alongside other relevant guidance from these webpages.

It is the CCSs individual responsibility to consider questions and gather and prepare evidence to demonstrate ongoing competence, highlighting any issues and concerns.

SUPPORTING INFORMATION

The nature of the supporting information will reflect particular specialist practice and other professional roles. There are different types of supporting information which may include the following:
Continuing professional development (CPD)

CPD should identify professional needs and competencies and should take into account the needs of the patients and the healthcare system. It should also be linked with corporate objectives and operational plans as well as departmental strategic aims. The clinical scientific practice of a CCS requires expert knowledge and understanding across a broad range of activities in relation to patient care. There should be evidence of a wide range of CPD activities covering the full scope of practice for a particular role or discipline and reflection on current practice against any relevant standards. The learning must be relevant to the current and emerging knowledge and skills required for each specialty as well as other professional responsibilities and should aim to identify areas for future development taking into account advances in technology and improvements in clinical practice.

CPD should focus on outcomes and improving performance and be needs based, identifying the future service needs of the department and how these can be met. CPD should be influenced by participation in clinical governance processes, in individual, organisational and national audit, and through workplace-based assessments and other mechanisms that shed light on professional and work practices. CCS may also participate in professional body led CPD schemes that can provide benchmarked evidence of CPD.

Quality improvement activity

This includes participation in activities that regularly review and evaluate the quality of work undertaken as well as any quality improvement activities that demonstrate an improved outcome or service change. Quality improvement activities may take on many forms, examples include:

- **Audit** – evidence of effective participation in clinical audit or an equivalent quality improvement exercise that demonstrates that the results of the activity or audit have been evaluated or implemented.
- **Review of clinical or service outcomes** – evidence of participation in a service review against standards, for example, cancer care standards, or service accreditation (e.g. iCEPPS or IQIPS).
- **Case review or discussion** – a documented account of interesting or challenging cases that has been discussed with a peer, another specialist or within a multi-disciplinary team.
- **Implementation of a service improvement project or innovation** – evidence of leadership in the introduction of a new technology or service
improvement, to improve the quality of clinical services for patient benefit.

- Audit and monitor the effectiveness of a teaching programme.
- Evaluate the impact and effectiveness of a piece of health policy or management practice.

**Significant events.**

Discussion at appraisal should include participation in logging any incidents or events and participation in any clinical governance meetings, where incidents or events and learning are discussed. Discussion should also include any systematic learning from errors and events such as investigations and analysis and the development of solutions and implementation of improvements.

**Working relationships with colleagues.**

CCS should seek feedback from peers and colleagues and review and act upon that feedback as appropriate. Feedback from colleagues may be collected using standard multi-source feedback methods, such as 360 degree appraisal tools (in line with the NHS leadership framework). The purpose of the exercise is to inform further leadership development. Seeking feedback in this way enables colleagues’ views to be gathered in a more systematic way. It provides the opportunity for non-medical co-workers (including other health professionals, managers and administrators) and medical colleagues (including trainees and juniors) to reflect on the professional skills and behaviour of a CCS.

**Working relationships with patients and service users.**

CCSs should seek feedback from patients and service users and review and act upon that feedback as appropriate. Feedback from patients and service users may be collected using standard multi-source feedback methods such as the NHS staff survey, validated patient and service user surveys and assessment of any changes in practice as a result of any complaint. Seeking feedback in this way enables patient and service user views to be gathered in a more systematic way.

**Research, development and innovation.**

This includes evidence from research, development and innovation projects such as peer reviewed publications, grants awarded, or participation in local, national or international scientific meetings.

**Additional supporting information.**

Other areas of supporting evidence might include teaching and training and management activities.
SUMMARY DOCUMENTATION REQUIRED

Documentary evidence of a completed appraisal should follow the normal employing organisational process. Good practice suggests that this should include:

- **Report on development action in the past year.** It would be useful to include an acknowledgement as to how skills have been used to bridge specialisms.

- **Summary of appraisal discussion with agreed action and personal development plan.** The plan should consider how services may need to change within the period, due to advances in science and technology and changes in patient demographics. There should be a focus on outcomes and continual improvement. Challenging objectives should be set for areas such as innovation, waste reduction, adding value and cross-disciplinary working.

- **Personal development plan.** Including key development objectives for the year ahead.

CONCERNS RAISED AT APPRAISAL

Both the appraiser and the appraisee need to recognise that they must protect patients whenever they believe that a colleague’s conduct or performance presents a potential or increased risk. If, as a result of the appraisal process, the appraiser believes that the activities of the appraisee or other colleague may put patients at risk, the appraisal process should be stopped and action taken.

If the employer has concerns about the professional side of appraisal, it may be helpful to seek external advice from the appropriate professional body or Royal College, for example the Royal College of Pathologists in the life sciences.

In order to provide public assurance on the fitness to practice of individual CCS, appraisees have to meet the HCPC standards of conduct, performance and ethics and good scientific practice and meet the requirements of the AHCS HSSR. If an organisation is concerned about the fitness to practice of an individual, it has a responsibility to report that concern to both the AHCS HSSR and to the HCPC. It may also be appropriate to raise concerns with the appropriate professional body or royal college.

Where issues of safeguarding children and vulnerable adults are raised as concerns healthcare organisations should use their standard reporting routes to the Disclosure and Barring Service (DBS) alongside local procedures and controls.
REVALIDATION

This appraisal process is such that it would support a future revalidation process if it were deemed necessary for CCS.

Further reading about revalidation may include:


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