

In partnership with



Appraisal guidance

June 2024

Contents

Introduction	3
Definition and aims of appraisal	4
Appraisal timetable	5
Role of the chief executive	5
Who undertakes the appraisal	6
Option for speciality review	7
Dentists working for more than one employer	8
The appraisal process	8
Preparation	8
Appraisal meeting	11
Outcomes of appraisal	11
Personal development plan.....	12
Should concerns arise during the appraisal	13
Serious issues relating to poor performance	13
Existing local schemes	13

Introduction

Creating the future – modernising careers for salaried dentists in primary care recommended that career development should be facilitated by the implementation of personal annual appraisal and personal development plans.

This paper sets out the national model appraisal scheme and is the outcome of discussion and agreement between NHS Employers and the British Dental Association. Appraisal will become a requirement for all salaried primary dental care dentists and employers should introduce the scheme.

Definition and aims of appraisal

Appraisal is a professional process of constructive dialogue, in which the dentist being appraised has a formal, structured opportunity to reflect on their work and to consider how his/her effectiveness might be improved.

It is a positive employer-led process to give dentists feedback on their performance, to chart their continuing progress and to identify developmental needs.

It is not the primary aim of appraisal to scrutinise a dentist to see if they are performing poorly but rather to help them consolidate and improve on good performance, aiming towards excellence. However, it can help to recognise at an early stage poor performance, ill health or other factors which may be affecting practice.

The aims and objectives of the appraisal scheme are to enable the employer and the dentist to:

- review regularly an individual's work and performance, utilising the relevant core competency frameworks issued in conjunction with the appraisal system itself, which support the development/reward arrangements.
- optimise the use of skills and resources in seeking to achieve the delivery of service priorities.
- consider the dentist's contribution to the quality and improvement of services and priorities delivered locally.
- set out personal and professional development needs and agree plans for these to be met, incorporating any organisational objectives.
- identify the need for the working environment to be adequately resourced to enable any service objectives in the agreed job plan review to be met.

- provide an opportunity for the dentist to discuss and seek support for their participation in activities for the wider NHS.

It is essential that annual appraisal is available to all dentists.

Participation in both the appraisal and annual job planning process are essential criteria for progression through the pay band as set out in the terms and conditions of service.

Appraisal timetable

Appraisals must be carried out annually. All dentists must participate fully and positively in the appraisal process as both the appraisal and annual job planning process are essential criteria for progression through the pay band. Refusal by a dentist to participate is a disciplinary matter and will be dealt with as appropriate under the employer's disciplinary procedure.

It is good practice to undertake a formal review at the six month point to ensure that the dentist is progressing against their objectives, to highlight any areas which may not be met and to agree any action required.

Role of the chief executive

The chief executive is personally accountable to the board for ensuring that all dentists undergo an annual appraisal.

The chief executive must ensure that the appraisers are properly trained and in a position to undertake this role, and where appropriate the interlinked process of job plan review. The chief executive should also ensure necessary links exist between the appraisal process and other internal processes concerned with clinical governance, quality and risk management and the achievement of service priorities.

In discharging this accountability, the chief executive, medical director and clinical director or equivalent, will have confidential access to any

documentation used in the appraisal process. In these circumstances, the individual concerned will be informed.

The chief executive will be accountable to the board for overseeing the appraisal process. This includes ensuring and confirming to the board that:

- annual appraisals have been conducted for all dentists.
- any issues arising out of the appraisals are being managed appropriately and action taken where necessary.
- personal development plans are in place for all dentists.

Who undertakes the appraisal

A senior dentist on the dental register should undertake the appraisal. The medical director or equivalent will liaise with the clinical director to nominate the appropriate dentist or doctor, to whom the dentist is usually accountable, to undertake the appraisal. The appraiser should be able to cover both clinical aspects and matters relating to service delivery.

In exceptional circumstances, the medical director or equivalent or chief executive will be responsible for nominating a suitable alternative.

Ideally, the appraiser should be the same person who undertakes the associated job plan review. Where the appraiser is not the appropriate person to agree the job plan, the clinical director or equivalent should ensure alternative arrangements are in place.

If the clinical director or equivalent is not undertaking the appraisal, they must be fully consulted by the dentist and appraiser before the appraisal meeting. They should also ensure that the appraiser and dentist consider all relevant issues at the appraisal meeting. This may be best achieved through an agreed contribution to the appraisal meeting and outcome report.

The clinical director will be responsible for ensuring any necessary action arising from the appraisal is taken. If the appraiser is not the dentist's clinical director or equivalent, the appraiser will be responsible for submitting to the clinical director the details of any action considered necessary. The clinical director or equivalent will be held accountable to the medical director/chief executive for the outcome of the appraisal process.

Option for speciality review

The assessment of some of the more specialist aspects of the dentist's clinical performance is best carried out by those who are fully acquainted with the relevant areas of expertise and knowledge. Where it is apparent that a specialist component is an essential part of the appraisal, the appraiser and the dentist should plan this into the timetable in advance of the appraisal interview.

In some small employers it may not be possible to identify suitable appraisers to conduct the specialist aspects of the appraisal i.e. those in which specialist knowledge is essential. In these instances, two or more employers might collaborate to ensure that an appraiser with appropriate specialist knowledge is available to contribute to the appraisal process. Specialist societies and professional organisations may be able to help employers identify appraisers with such knowledge.

During the appraisal, if it becomes apparent that more detailed discussion of any aspect is necessary, either party may request an internal or external review. This should normally be completed within one month and a further meeting scheduled as soon as possible (within two months) to complete the appraisal process.

As a matter of routine, the results of any other internal or external review carried out (for example, by an educational or professional body) will need to be considered at the next appraisal meeting. This will not prevent the employer from following its normal processes in dealing with external reviews.

Dentists working for more than one employer

Where a dentist works for two or more employers but has a single contract of employment, the employing trusts must agree on a lead employer for the dentist's appraisal. Arrangements should include appropriate discussion prior to the appraisal between clinical directors or equivalent and medical directors, to ensure key issues are considered. Systems for accessing and sharing data and arrangements for action arising out of the appraisal should also be agreed.

Where a dentist holds separate contracts of employment with more than one employer (for example, two separate part time contracts of employment with different employers), it is expected that a separate appraisal will be required for each post held.

The appraisal process

Preparation

All those involved in the appraisal process must receive appropriate training before beginning an appraisal.

The timing, location and people involved in the appraisal need to be confirmed about a month before the appraisal. It is important that the appraisal is planned in diaries well ahead and the time protected. Ad hoc arrangements will fail the dentist and the appraiser.

A successful appraisal depends on both parties giving their contribution some thought beforehand. Both parties should give themselves sufficient time to draft, exchange and consider any necessary documents. Best practice would be for this to be a few weeks before the planned appraisal date rather than a few days. Where a third party needs to contribute this should be discussed and agreed well in advance.

Adequate time should be allocated for preparation for both the appraiser and the dentist. Employers should recognise that preparation

time and time for carrying out the appraisal are instead of, rather than additional to, the dentist's existing duties and workload, and therefore should take place during normal working hours. In order to prepare for appraisals, individuals should be explicitly released from other duties for a specified period of time.

Preparation by the dentist

The dentist being appraised should prepare for the appraisal by identifying those issues which he/she wishes to raise. The dentist may wish to consider the following questions before the appraisal meeting:

- How would I rate my own performance as a dentist?
- How up-to-date am I?
- How well do I work in a team?
- What resources and support do I need?
- How well am I meeting my service objectives?
- What evidence do I have to demonstrate my competencies and achievement of objectives?
- What are my development needs?

Every dentist should prepare an appraisal folder. This is a systematically recorded set of documents, information, evidence and data which will help inform the appraisal process. Examples of suitable documents and information are given in the competency frameworks.

The folder should contain original documents, a record of what the appraisal process concluded and what actions were agreed. Model documentation has been produced and is available on NHS Employers salaried dentists [web page](#). Sections A and B should be completed prior to the appraisal interview.

The appraisal process itself will not result in the generation of significant amounts of new evidence or information but will capture the information that already exists. Information going into the folder should be obtained from relevant clinical activity, the job planning process and other existing sources. The appraisal should offer an opportunity to capture areas of achievement and excellence in performance together with records of training and qualifications achieved from the previous year.

The folder should be updated as required.

Preparation by the appraiser

The appraiser should prepare a workload summary with the dentist. Early discussions should take place on what data is relevant and required. This will include data on patient workload, teaching, management and any pertinent internal and external comparative information. The dentist should also submit any other data which they consider relevant to the appraisal.

The primary purpose of the workload summary is to inform the appraisal and job plan review and to facilitate departmental planning and development. It will highlight any significant changes which might have arisen over the previous 12 months, and which require discussion.

Discussion should be based on accurate, relevant, up-to-date and available data. This should be supplemented by any information generated as part of the regular monitoring of organisational performance undertaken by the employer.

In advance of the appraisal meeting, the appraiser should gather the relevant information as specified above and consult in confidence, where appropriate, the clinical director or equivalent, other dental leads and members of the immediate team. The information and documents to be used in the appraisal meeting should be shared at least two weeks in advance, to allow for adequate preparation for the meeting and validation of supporting information.

Appraisal meeting

A model appraisal form has been produced which is available from NHS Employers salaried dentists [web page](#). The document is designed to provide a formal, supportive and consistent structure to the appraisal process. It covers the process in sequence and suggests the information and evidence which can be used. Sections A and B should be completed by the dentist prior to the appraisal meeting.

This is divided into four sections:

- section A relates to personal information
- section B should contain the evidence which the dentist intends to use to demonstrate their progress towards or maintenance of the band specific competencies
- section C is for the documentation of the appraisal interview. This is divided into the same subheadings as the competency framework
- section D is for the documentation of any agreed actions and personal development plan.

Outcomes of appraisal

The maximum benefit from the appraisal process can only be realised where there is openness between the appraiser and dentist.

The appraisal should identify areas where there are gaps to be filled or where data needs to be better collated or presented. The process should also identify individual needs to be addressed through the personal development plan. The plan will also provide the basis for a review with specialty teams of their working practices, resource needs and clinical governance issues. All records will be held on a secure basis and access/use must comply fully with the requirements of the Data Protection Act.

Appraisal meetings will be conducted in private. The key points of the discussion and any outcomes must be fully documented, and copies held by both parties.

Following the appraisal, both parties must complete and sign the appraisal document and send a copy, in confidence to:

- medical director or equivalent.
- clinical director.

In exceptional circumstances, copies may be sent to the chief executive. This would usually occur where the clinical director or equivalent have any concerns or where the chief executive is sampling the quality of the appraisal process.

Where any disagreement cannot be resolved during the appraisal, it should be recorded. A further meeting between the appraiser and dentist may be arranged in the presence of the clinical director or equivalent in the first instance, or the medical director or chief executive, to discuss the specific points of the disagreement. At this meeting the dentist may also be accompanied by a dental colleague from within the NHS trust/health authority or their trade union representative.

Personal development plan

As an outcome of the appraisal, key development objectives for the following year and, where appropriate, subsequent years should be set. These objectives may cover any aspect of the appraisal including personal development needs, training goals and organisational issues e.g. acquisition or consolidation of new skills and techniques, and aligned with personal and organisational needs.

The medical director/chief executive is accountable for arrangements being in place for reviewing and implementing the personal development plan. The review of the personal development plan must ensure that key areas have been covered, ensure that all relevant training is being provided and identify any employer-wide issues which

might be addressed on an organisational basis, for example, clinical audit priorities.

Should concerns arise during the appraisal

Both the appraiser and the dentist need to recognise that as registered dentists/doctors they must protect patients when they believe that a colleague's health, conduct or performance is a threat to patients (GDC's Standards for Dental Professionals part 1, paragraph 1.7 and its supplement Principles of Raising Concerns).

If, as a result of the appraisal process the appraiser believes that the activities of the dentist will put patients at risk, appropriate action should be taken. Nothing in the operation of the appraisal process can override the basic professional obligation to protect patients.

Serious issues relating to poor performance

Serious issues relating to poor performance will most often arise outside of the appraisal process and must be addressed at that time. It is not acceptable to delay dealing with such issues until the next scheduled appraisal. These concerns should be addressed in accordance with the normal employer procedures.

If it becomes apparent during the appraisal that there is a potentially serious performance issue requiring further discussion or examination, the appraiser must immediately refer the matter to the medical director to take appropriate action. This may for example include referral to any support arrangements that may be in place.

Existing local schemes

Any local appraisal scheme that has already been implemented may continue to be used where there is local agreement to do so. It must, however, comply with the principles of this agreement and the national documentation must be used on all occasions.