



Guidance on annual appraisal: AG-001 for Forensic Pathologists

This guidance is for appraisees and appraisers. It is reviewed annually, and changes are made where necessary. All weblinks within this document were checked on the last review date. It is to be read in conjunction with:

- AF-001 Appraisal Form for Forensic Pathologists
- GMC guidance – Supporting information for appraisal and revalidation:
<https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-revalidation>

1. Purpose

The purpose of this document is to:

- Provide clear guidance that will support transparent and fair appraisal to underpin revalidation, and
- Support both those undertaking, and those facilitating such appraisal.

2. Glossary

2.1	Appraisee	The doctor undertaking annual appraisal
2.2	Designated appraiser	A doctor who has participated meaningfully in an appraiser training day, will facilitate the appraisal process, and will be responsible for signing off the appraisal form. Depending upon the appraisee's scope of work, there may be more than one appraiser. For example, where a forensic pathologist has an academic role, there may be a university appraiser.

2.3	Designated body	The organisation with which forensic pathologists on the Home Office Register of Forensic Pathologists, have a prescribed connection. Their designated body is the Pathology Delivery Board, Home Office.
2.4	Group practice	A group practice as recognised by the Pathology Delivery Board (see appendix 2 to the 'Protocol for Membership of the Home Office Register of Forensic Pathologists' for the definition of a group practice for further details), of which each appraisee is a member.
2.5	Prescribed connection	This is the connection a doctor has to a designated body (for revalidation purposes) and is based on a number of factors; including, but not limited to, the organisation that you have been employed under, or organisations to which you have a membership. See web link: https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/my-db-tool , for more information.
2.6	Responsible officer	The responsible officer has specific responsibilities relating to the evaluation of the fitness to practise of doctors connected with designated bodies. A key responsibility is to recommend to the GMC whether or not a doctor should be revalidated.

3. The appraisal process

- 3.1 Appraisal is an annual process, commencing on 1st April and ending on 31st March the following year. Successful appraisal depends on the appraisee and appraiser giving their input some thought beforehand.
- 3.2 Each forensic pathologist is allocated a designated appraiser from a different forensic pathology group practice.
- 3.3 The allocation of the appraiser is made randomly by the Pathology Delivery Board according to the number of appraisals already allocated or undertaken by a specific appraiser. This information is communicated via emailed letter to the preferred email address that the Pathology Delivery Board has for each member of the Home Office Register of Forensic Pathologists.
- 3.4 The date by which the appraisal meeting should take place, is a recommended date and should not be exceeded. The appraisal meeting may take place any time up to and including the date given. This date will also be communicated to both the appraisee and the designated appraiser.
- 3.5 If the appraisee or appraiser is unable to undertake the appraisal by the date specified, they should notify the Pathology delivery Board secretariat on pathology@homeoffice.gov.uk at the earliest opportunity, so that necessary arrangements can be made. This is because all appraisals which are not

undertaken by the allocated dates must be recorded by the responsible officer for the designated body and national data returns. They should therefore also contact the responsible officer by email so that the reason why the appraisal will not be undertaken by the date, can be documented.

- 3.6 The appraisee has the right to request an alternative appraiser, for example, where a conflict of interest arises, or a suitable date for the appraisal cannot be found.
- 3.7 A designated appraiser has participated meaningfully in appropriate appraiser training, organised and funded by the designated body, participated in annual appraiser update training and must be available to undertake at least five, but not more than nine appraisals, per year.
- 3.8 An appraiser should appraise the same doctor for three consecutive appraisals; the first, in person, and the next two can be virtual meetings.
- 3.9 Where a forensic pathologist undertakes other duties – for example, academic duties – there may be a joint appraisal with an appraiser appointed by the organisation responsible for those duties.
- 3.10 At the beginning of each appraisal period, the appraisee should consider what supporting information is to be collected. All supporting information relevant to an appraisal meeting must be listed in the relevant sections of the appraisal documentation. Please refer to the GMC ‘Guidance on supporting information for appraisal and revalidation’ available here: <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-revalidation>, for details of the supporting information you are expected to provide.
- 3.11 The appraisee and appraiser(s) must agree a mutually convenient date for the appraisal meeting, ensuring that the specified date by which the appraisal should take place is not exceeded.
- 3.12 When a face-to-face appraisal meeting is taking place, the appraisee must book a room at a mutually convenient location. It should be noted that it is expected (where appropriate) that the appraisee, at the own expense, will travel to the appraiser. However, this should be negotiated between the appraisee and the appraiser(s). Alternatively, when a virtual appraisal meeting is taking place, the appraisee and appraiser should follow the guidance on video conferencing for appraisal in SOP-008. This standard operating procedure sets out the most appropriate method for carrying out the virtual appraisal meeting using video conferencing equipment.
- 3.13 It is recommended that a laptop and printer are available to enable completion of the appraisal form. See the advice on video conferencing for appraisal in SOP-008.

- 3.14 The appraisee must submit properly completed appraisal forms including all relevant supporting information to the appraiser no later than two weeks prior to the date set for that meeting.
- 3.15 The appraiser will remind the appraisee if any forms are not received at the four week point. If the forms are not received two weeks in advance, the appraisal may be cancelled as there is insufficient preparation time.
- 3.16 The appraiser must review all documentation and supporting information to ensure the appraisal meeting can go ahead. The appraiser must confirm to the appraisee that the meeting will go ahead as scheduled.
- 3.17 The appraiser(s) should make written/electronic notes during the appraisal meeting so that the flow of the meeting is not disturbed and the sign off process can be completed at the end of the meeting.
- 3.18 The outcome of the appraisal discussion should be agreed between appraisee and appraiser and the appraisal form completed.
- 3.19 Where no agreement is possible, the appraisal record must not be signed off until a suitable replacement appraiser has been identified, and another meeting scheduled. The appraiser must notify the Pathology Delivery Board. The new appraiser will complete the sign-off process.
- 3.20 The completed appraisal form should be emailed to the responsible officer via the CJSM email system (only), as a Microsoft Word document, to allow for anonymization and audit.
- 3.21 **The appraisee must keep copies of all appraisal documentation as part of their ongoing appraisal record.**

4. Investigations and disciplinary procedures

- 4.1 If the appraisee is under investigation or subject to any disciplinary procedures at the time of arranging the appraisal, the appraisee should inform the appraiser. The appraiser should discuss with the RO whether it is appropriate to continue with or delay the appraisal.
- 4.2 If appraisal meeting goes ahead, the appraiser must note that the appraisee is under investigation or subject to disciplinary procedures in the appraisal summary.
- 4.3 If the appraisal is to be delayed, this should be communicated to the appraisee by the RO.
- 4.4 If an investigation is underway, the appraiser must not become involved or express an opinion on this. It will be dealt with by the investigation process.

5. Confidentiality

- 5.1 The discussions during the appraisal meeting are confidential unless issues threatening the criminal justice system or patient safety, arise.
- 5.2 The contents of the appraisal record will be available to the responsible officer and those who support that officer in the revalidation process. The anonymised version will be subject to audit. Moreover, it is a disclosable document (under GMC fitness to practise rules), available to anyone with a legitimate reason to see it.
- 5.3 Home Office officials will not have access to the appraisal record of any member of the responsible officer's scheme, or anything contained within that record (such as retirement dates, if given) without the express consent of the appraisee.
- 5.4 If, during the appraisal interview, the appraiser becomes aware of a serious issue requiring further investigation, the appraisal must be stopped. The appraiser must advise the appraisee that the issue will be escalated. The appraiser will discuss this with the responsible officer.
- 5.5 **The appraiser must NOT keep a copy of the completed individual appraisal forms, either in paper or electronic form.**

6. Conflict of interest

- 6.1 Should a conflict of interest be identified at any point during the appraisal, the meeting should be halted, and the responsible officer notified, who will determine how to proceed.

7. Contacts

Pathology Delivery Board

Senior Forensic Pathology Manager
Home Office Forensic Pathology Unit
1st Floor, Peel Building
(NE) Mail point A12
2 Marsham Street
London
SW1P 4DF

pathology@homeoffice.gov.uk

Responsible Officer

Dr Stuart Hamilton
East Midlands Forensic Pathology Unit
Level 3, Robert Kilpatrick Clinical
Sciences Building
Leicester Royal infirmary
Leicester
LE2 7LX

sjh107@leicester.ac.uk

END OF DOCUMENT

This guidance document has been created and is managed by the Home Office Forensic Pathology Unit within the Home Office Science Directorate.

Any suggestions for improvements or comments should be directed to the team at: pathology@homeoffice.gov.uk.

Document Name	Guidance on annual appraisal for Forensic Pathologists
Document Code	AG-001
Version	15
Effective Date	2024/25 appraisal cycle
Last Review	30/05/2025
Next Review	31/03/2026
Audience	Home Office registered forensic pathologists, State Pathologists for Northern Ireland, and those persons within the Pathology Delivery Board's independent responsible officer's appraisal scheme (including 'suitable person').
Approved by	Dr Stuart Hamilton, Responsible Officer of the Pathology Delivery Board.