

Department:	Administration Department
Document No:	RMC- HR - 013
Issue Date:	01/06/2008
Revision Date:	01/06/2021
Next Review Date:	01/06/2023

PERFORMANCE APPRAISAL POLICY

1. PURPOSE:

1.1. Performance Evaluation Program has been established to enable employees to receive feedback on their job performance, to assist them to become more effective in their jobs and to inform supervisors of the employee's career aspirations.

1.2. Appraisal process gives an opportunity to the management to know the strengths, weaknesses and threats in it's human resources.

1.3. Serves as reference in decision-making whether to allow the new employee to continue or discontinue within the probationary period.

1.4. To govern direction in selecting, training, career planning, rewarding personnel in the form of promotion, demolition as well as termination.

2. POLICY STATEMENT:

2.1. Performance Appraisals will be completed for each employee at least annually using a system that evaluates major aspects of job performance.

2.2. Performance Appraisals will be conducted within 6 months of an employee's joining date, which serves as the probationary appraisal followed by an annual appraisal within one year of the employee's probationary appraisal.

2.3. RMC expects head of departments to provide employees with additional feedback about their team's current performance on an ongoing and less formal basis throughout the year.

2.4. Performance appraisals and OPPE will be initiated from the respective HODs in coordination with the HRD on an annual basis, or when required.

3. SCOPE:

3.1. Covers all manpower at RMC

4. TARGET AUDIENCE:

4.1. All employees of RMC

5. RESPONSIBILITY:

5.1. Heads of Department are responsible to conduct performance evaluation of their direct report in accordance to the policy.

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5.2. Human Resources Department will assure that, applicable Performance Evaluation Forms including Ongoing Professional Performance Evaluation forms are approved from the concerned head for further evaluation process.

5.3. The appraisal process is applicable for all employees actively working with RMC.

6. PROCEDURE:

6.1. Performance appraisal process includes:

6.1.1. A new hire evaluation shall be done within six months after the initial joining date. Head of Department shall conduct the new hire evaluation in coordination with the HR department.

6.1.2. An annual evaluation will then be done within 1 year of the previously evaluated date.

6.1.3. The performance appraisal shall be filled by the department head of the employee and approved by the Administration Manager which is to be documented on the employee's personnel file.

6.1.4. Unsatisfactory performance appraisals of the employee shall be provided to Administration Manager by the department head to assign necessary trainings for further development or advise for employee non-confirmation / disciplinary action when required.

6.1.5. Employee has to acknowledge the evaluation subject to counselling on weak points.

6.2. The employee may approve or disapprove the evaluation as it is their right. In case of disapproval, an indication or explanation of the disapproval should be discussed between the employee, human resource and department head supported by a written document.

6.3. Administration Manager shall facilitate the approval of evaluation by the department head, keeps and maintains the employee's evaluation record in the employee's file and may call the weak performer for counselling.

6.4. RMC is determined to conduct an Evaluation of Clinical Staff as part of the annual evaluation. The evaluation is highly reflective on the performance of the staff and based on the accrued data, which is to be provided by the quality team.

6.5. Ongoing Professional Practice Evaluation includes, but is not limited to the following:

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6.5.1. Result of Medical Record Audit Activities

6.5.2. Review of operative and other clinical procedures performed and their outcomes.

6.6. This information may be acquired through the following:

6.6.1. Quality Monitoring

6.6.2. Incident reports

6.7. The ongoing professional practice evaluation process is objective and evidence based. The result of the review process can be changed in the medical staff member's responsibilities, expansion of responsibilities, limitation of responsibilities, a period of counselling and oversight, or other appropriate action.

6.7.1. The evaluation generally address three (3) elements:

6.7.1.1. Clinical Performance

6.7.1.2. Professional Development

6.7.1.3. Personal Conduct

6.8. Such evaluation is documented in a form and should be placed in the medical staff file.

6.9. Furthermore, and at any time during the year, when evidence of questionable or poor performance arises, there will be a review, in which appropriate actions are to be taken based on the results of reviews; Subject to the results, the action taken will impact on the staff's privileges.

6.10. The performance appraisal form shall be distributed into two categories subject to the job description of the employee:

6.10.1. Ongoing Professional Practice Evaluation

6.10.2. Performance Appraisal

6.11. **SPECIAL CONSIDERATIONS:**

6.11.1. For unsatisfactory evaluation results, all concerned, from the supervisor to the HR Team are expected to give counselling to the underperforming staff to find and resolve the issues. This process' objective is to make the employee learn from his/her mistakes.

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6.11.2. The underperforming employee should take the process positively and must try his/her best to improve his/her performance.

6.11.3. Excellent or outstanding evaluation shall be appreciated so that the employee will keep up the good work.

7. DEFINITIONS AND ABBREVIATIONS:

SI No	TERMS	DEFINITIONS AND ABBREVIATIONS
7.1	Performance Appraisal	a control process in which employees are evaluated against the set of standards for performance, behaviour and skills
7.2	Ongoing Professional Practice Evaluation (OPPE)	is the process of continuously accumulating and analysing data and information regarding the physicians: - Behaviour of the medical staff which may include: - Identification of acceptable and unacceptable behaviours - Information and data from staff surveys and other sources regarding the culture of safety in the organization. - Professional Growth to improve in: - Patient Care - Medical/ Clinical Knowledge and Practices - Interpersonal and Communications Skills - Professionalism - Clinical Results

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13. APPROVAL SHEET:

Document Developed & Reviewed By:			
HR Supervisor	Mr. Syed Alquama Zulquarnain		01/06/2021
	Name	Signature	Date
Document Developed & Reviewed By:			
Asst. Manager Quality/ Chief Compliance Officer	Ms. Dhanya Thankappen		01/06/2021
	Name	Signature	Date
Document Approved By:			
Medical Director	Dr. Lubna H. E. Elshaer		01/06/2021
	Name	Signature	Date

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8. DISTRIBUTION LIST:

- 8.1. On shareholder Policies HR

9. CROSS REFERENCE, RELATED LEGISLATION, FORMS, POLICY & DOCUMENTS:

- 9.1. Joint Commission International Accreditation for Ambulatory Care, Fourth Edition 2019. Joint Commission Resources; SQE 1 & 2
- 9.2. Hospital Standards, Health Authority-Abu Dhabi, 2008;
- 9.3. ISO 9001:2015 Quality Management System Requirements ISO 14001:2015 Environment Management System.

10. KEY RESULT AREAS:

- 10.1. Nil instances of non-compliance with this policy.

11. AMENDMENT HISTORY:

Version	Revision Date	Description of Amendments	Pages
01	01/06/2021	New procedures	All Pages

12. APPENDIX:

- 12.1. Performance Appraisal Form
- 12.2. Ongoing Professional Practice Evaluation Form