

GP APPRAISAL HANDBOOK

1st April 2009 to 31st March 2010

CONTACTS

Derbyshire County PCT GP Appraisal system is managed centrally from Babington Hospital. The main contacts for all appraisal queries are

Lisa Perry Medical Directorate Administrator Telephone **01773 525009**

[mailto: lisa.perry@derbyshirecountypct.nhs.uk](mailto:lisa.perry@derbyshirecountypct.nhs.uk)

Lisa manages all the administration functions of the GP appraisal system and should be your first contact point for any difficulties or queries you may have.

Dr Sheona Macleod GP Lead Appraiser

[mailto: sheonamacleod@aol.com](mailto:sheonamacleod@aol.com)

Dr Macleod has responsibility for developing the quality of GP appraisal and for supporting and developing GP Appraisers in their role. Dr Macleod can also be contacted through Lisa Perry

Jayne Stringfellow Assistant Clinical Director Telephone **01773 525009**

[mailto: jayne.Stringfellow@derbyshirecountypct.nhs.uk](mailto:jayne.Stringfellow@derbyshirecountypct.nhs.uk)

Jayne has management responsibility for the operation and development of the GP appraisal system in Derbyshire County PCT.

Derbyshire County PCT positively welcomes your feedback on the GP appraisal system.

Our aim is to continuously improve the quality of the GP appraisal system and enable GPs to meet the requirements of revalidation.

We will do this by

- quality assuring and developing the system in line with best practice guidance
- working with both Appraisees and Appraisers to ensure they are prepared to meet the requirements of appraisal
- listening to your comments and feedback on the system

Your comments may be sent to any of the contacts listed above or by freepost (no stamp required) to

Jayne Stringfellow
Assistant Clinical Director
Babington Hospital
Freepost NEA 14612
Derby Road
Belper DE56 0BR

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THIS HANDBOOK IS ALSO AVAILABLE ON DERBYSHIRE COUNTY PCT INTRANET SITE and DERBYSHIRE CPD WEBSITE

1. INTRODUCTION

The Department of Health introduced annual appraisal for General Medical Practitioners from 1st April 2002. Primary Care Trusts (PCT'S) in England have managerial responsibility for ensuring that doctors on their Medical Performers List have an annual appraisal. PCT's must also recruit and appoint suitably trained Appraisers, collate learning needs and ensure there is adequate quality assurance of the process.

The General Medical Council has made it clear that regular annual appraisal will form a major part of the revalidation process, which will include re-licensing and recertification. All doctors including GPs will be licensed to practice and this license will be renewed every five years. One of the criteria for relicensing will be evidence of an annual appraisal in each of the five years. Recertification will be based on a system of accrediting continuous personal development which will link to the personal development plan produced in appraisal. **The exact requirements for revalidation are still becoming clear. It is essential that all doctors participate in annual appraisal, and ensure that their appraisal is not delayed in any year, in case slippage of dates results in an inability to demonstrate an annual appraisal for each of the five years.**

Appraisal enables all General Practitioners to reflect on their practice and to consider how to improve the quality of their practice. Although not its primary purpose, appraisal may assist in the early identification of doctors in difficulty so that they can be offered appropriate support.

2. WHAT IS APPRAISAL?

THE RCGP has published a document 'Principles of GP Appraisal' which sets out the policy and principles underpinning the appraisal process for General Practitioners. It can be accessed at www.rcgp.org.uk

Appraisal is a facilitated, confidential constructive dialogue to assist a GP to reflect, to consolidate and improve on good performance, and to help manage or anticipate difficulties. It will include a review of the personal development plan and consideration of how this has been addressed during the past year. The doctor's working circumstances and needs change through the year, so some variation from the plan may occur and any reasons for that will need to be stated explicitly.

Appraisal:

- Provides an individual GP with an affirmation of the high quality of care they provide
- Offers an individual GP the annual opportunity to discuss their career development, and their educational needs, priorities and development
- Accepts that none of us are perfect all the time and all can improve. It helps us to identify and prioritise areas for development and/or improvement
- Helps GPs to produce their Personal Development Plans (PDPs)
- Reviews the PDP and progress from the previous year
- Encourages and motivates GPs in their work
- Provides information for GPs to use for Revalidation
- Helps the PCT identify educational and other needs
- Is also intended to reassure the public and colleagues that GPs regularly review their professional performance

3. IS APPRAISAL COMPULSORY?

Annual appraisal is a condition of being on the Performers List (*The NHS (Performers Lists) Regulations 2004 Requirement 9(7)*). It is a contractual requirement for all doctors working in general practice to have an annual appraisal. This is normally facilitated by the PCT on whose Performers List they are included. The PCT retains a copy of the completed Form 4 and PDP.

As a GP or Locum GP, if you are on Derbyshire County PCT Performers List you will be required to undertake an annual appraisal. Derbyshire County PCT use the financial year of April through to March as the yearly planning cycle. It is essential that GP's continue to be appraised annually and that your appraisal is carried out in a timely manner in the month in which it is due.

4. WILL I STILL NEED TO BE APPRAISED IF I AM ABOUT TO RETIRE, AM GOING ON MATERNITY OR PROLONGED STUDY OR SICK LEAVE?

If you plan to retire within the year, you should contact the PCT who will agree with you whether or not you need to participate in appraisal. The decision will depend on your future plans (e.g. whether you have any intentions to practice or apply for revalidation in the future). If you are going on maternity or prolonged study leave, you should also contact the PCT to clarify when your next appraisal can be arranged. If you are on long term sickness absence you should contact the PCT to arrange your Appraisal when you return to work.

You may be required to participate in appraisal soon after your return from leave, although you may not have completed your PDP. This should not delay your appraisal, as the valid reasons for not being able to complete plans will be documented.

5. PAYMENT

The funding for principals to be appraised is in the PMS and GMS baseline. It is recommended that for salaried and employed GPs Practices should follow agreed BMA guidance. In general this guidance says that salaried and employed GP's should be given protected time to undertake appraisal.

Locum doctors will receive a payment from the PCT on successful completion of their annual appraisal and submission of the Form 4 and PDP. Locums will be expected to be able to demonstrate that they have carried out work within Derbyshire County PCT boundaries within the preceding 12 months. *Section 10 (6) NHS Performers List Regulations 2004*

6. WHO ARE THE APPRAISERS?

Derbyshire County PCT has approximately 45 GP Appraisers. The GP Appraisers have a wide variety of experience as GP's and all have been specially trained to work in this role. They undergo regular update training and participate in local support networks organised by the GP Lead Appraiser to keep their skills updated. They receive feedback from the appraisal evaluation forms completed by GP Appraisees after the appraisal and are subject to regular auditing of the Form 4's in line with national recommendations.

Refer to Section 17 of this handbook on 'What are the responsibilities of Appraiser'.

7. THE ROLE OF THE LEAD GP APPRAISER

Dr Sheona Macleod has been appointed as GP Lead Appraiser for Derbyshire County PCT. Dr Macleod is an experienced Appraiser with a special interest in developing the quality of appraisal.

This role involves feeding back any concerns or difficulties that Appraisers or appraisees have to the PCT to help develop the process. Dr Macleod will also discuss any concerns or problems related to an individual appraisal. Dr Macleod facilitates the support groups for Appraisers and develops training to ensure the skills of the Appraisers remain updated.

Her responsibilities include ensuring Appraisers receive feedback on their appraisal role. The Appraisers feedback comes from Appraisees through the use of appraisal evaluation forms and from the auditing of Form 4s, using national guidance.

8. WHY ARE APPRAISERS ALLOCATED?

Appraisers are allocated for a number of reasons. Within Derbyshire County PCT there are about 550 GPs to be appraised with a pool of about 45 Appraisers. Best practice recommends that Appraisees have a change of Appraiser every third year. In order to manage the logistics of allocation, ensuring change of Appraiser as recommended, ensure a manageable work load for Appraisers and ensure everyone receives an annual appraisal in a timely manner, we have chosen to allocate Appraisees and Appraiser every year.

Appraisees are notified of their Appraiser, annually by letter from the PCT. We recognise that it is important that GP Appraisees are comfortable with their Appraisers. Appraisees therefore have the opportunity to change Appraiser should they wish by contacting the PCT (Lisa Perry, Medical Directorate Administrator).

Please do not make your own arrangements to be appraised outside of the PCT allocation process or assume that you keep your same Appraiser year on year.

It is also essential that your appraisal is completed wherever possible in the allocated month, as slippage of the date may result in you not having the correct number of appraisals in a 5 year revalidation period

Remember

- It is your responsibility to ensure you are appraised
- Appraiser and Appraisee must be from different practices
- Appraiser must not be your registered GP
- Appraiser should not be a personal friend or anyone with whom you have a business connection
- An Appraisee must not have the same Appraiser for more than two successive years
- Appraisers are particularly busy in the final quarter of the year (January to March) and may not have spare capacity to carry out appraisals which have been delayed
- Always discuss with the PCT if you wish to change your Appraiser in order to be sure that that the change will be in line with the requirements of revalidation

9. HOW IS MY APPRAISAL ORGANISED?

You will be aware from your allocation letter sent each year by the PCT when your appraisal is due and who is your allocated Appraiser. The PCT will manage the allocation process and ensure you are notified of your Appraiser annually but remember annual appraisal is ultimately the responsibility of the individual doctor and you should prepare for this in advance of the date to ensure your appraisal is not delayed.

To arrange the appraisal discussion you will be contacted by your Appraiser no later than 6 weeks prior to your appraisal month. If you have not heard from your Appraiser, DO NOT WAIT. You should make contact with the PCT who will assist you in contacting your Appraiser. If you require assistance contact Lisa Perry Telephone 01773 525009 lisa.perry@derbyshirecountypct.nhs.uk

Appraisal is a professional activity and the appraisal discussion should take place in a professional setting. The venue should usually be the Appraisee's choice but guided by the Appraiser. A public house, restaurant or similar is not appropriate. We would not usually advise the use of a doctor's home. The PCT is able to arrange a suitable room on a PCT premise if required.

The time for appraisal should be protected and should not be interrupted by a mobile phone or routine practice matters. The BMA estimate that the time required for appraisal is about 9¼ hours in total. This includes time to prepare for your appraisal, putting together evidence for your portfolio and time for the interview usually 1½ to 3 hours. Time must also be allowed for completion of paperwork.

Your appraisal will need to be reorganised if you have not prepared for your appraisal and present incomplete or inadequate evidence to your Appraiser. If this happens near the end of the appraisal year, your Appraiser may not be available on another date.

Please note that your appraisal month is as detailed in your allocation letter. If your appraisal is completed late, your allocated month will not change. This is to ensure over a 5 year period 5 annual appraisals are completed as will be required for revalidation. If you think your date is incorrect, or require assistance contact Lisa Perry Telephone 01773 525009 lisa.perry@derbyshirecountypct.nhs.uk

10. WHAT INFORMATION DOES MY APPRAISER NEED PRIOR TO THE APPRAISAL INTERVIEW?

You can use paper forms for your appraisal, or use the electronic appraisal toolkit.

Paper forms can be down loaded from www.derbyshirecpd.org

Or from

http://www.dh.gov.uk/en/Policyandguidance/Humanresourcesandtraining/EducationTrainin gandDevelopment/Appraisals/DH_4052082

Or can be requested as hard paper copies from the Medical Directorate Administrator, Lisa Perry Telephone 01773 525009 or email lisa.perry@derbyshirecountypct.nhs.uk

Appraisal forms are completed on line if you are using the appraisal toolkit.
<https://www.appraisals.nhs.uk>

The appraisal forms are:

Form 1 to give your basic details.

Form 2 for your current medical activity.

Form 3 is the material for your appraisal.

Form 4 will be completed by your Appraiser

Before your appraisal you should complete **forms 1, 2 and 3.**

You will need to provide evidence to support the statements that you make in these forms.

You will also need to provide the previous years Form 4 summary and PDP with each year's new Form 3.

The forms and evidence should be given to your Appraiser **2 weeks** before the planned date of your appraisal, unless you have agreed a different time with your Appraiser.

The information you present forms the basis of your appraisal discussion. If you have provided reflection on your work as a GP and evidence to support this, you will get more from your appraisal.

Revalidation will require GPs to collect a portfolio of evidence to demonstrate their approach to practice. The exact evidence required will be specified by the RCGP. Appraiser will advise you on whether they think the amount, type and quality of your evidence will be sufficient for this purpose.

The appraisal discussion will give you an opportunity to consider whether you are meeting the needs for revalidation or whether you need to take any further steps to ensure this. Providing the last few years PDPs will help your appraiser to assess this.

If your Appraiser receives insufficient information, either in your form or as attached evidence he/she may have to contact you to ask for further information or to delay the appraisal.

It is advisable to collect evidence of good practice and development for your portfolio throughout the year. Derbyshire CPD website www.derbyshirecpd.org also carries information on the required evidence and resources to assist you such as structured reflective templates.

The GP Tutors can also provide information, advice and support for Appraisees in preparing for appraisal. Their contact details are available through the Derbyshire CPD website. If you have concerns about how to prepare for appraisal or your ability to collect the evidence required please contact one of the Tutors or Lisa Perry.

Form 4 is completed by your Appraiser following the appraisal discussion. Form 4 provides the summary of the appraisal discussion. It contains a summary of the evidence you provided, the discussion and an agreed action plan and PDP. You and your Appraiser both need to sign to say you agree the Form 4 and PDP. The Form 4, PDP and sign off are then sent to the PCT.

This form will be reviewed the next year. You will be expected to describe your progress against these agreed actions and identified learning needs in your next Form 3. Your Form 4 and PDP should be agreed in a timely manner and should reach the PCT no more than **3 weeks** after appraisal. If your Appraiser does not have your agreement to the Form 4 within this time your Appraiser will contact the PCT.

Your information will be securely stored at the PCT in compliance with the PCT Information Governance procedure. All appraisal information is stored within the Medical Directorate.

At the end of your appraisal your Appraiser will provide you with a feedback questionnaire to evaluate your appraisal. Your feedback is necessary to help the Appraisers and the PCT develop and improve the appraisal process. Please complete the questionnaire and send it freepost to the PCT.

11. WHAT IF I WORK AS A GP WITH SPECIAL INTEREST?

You should bring evidence from your special interest role to your GP appraisal. This should have previously been reviewed and discussed with a supervisor or other clinician related to your role. Your appraisal should clearly demonstrate all aspects of your role. Special agreements are in place with some hospitals for GP's who also work as clinical assistants which mirror the GPwSI arrangements.

12. SHOULD I HAVE A 6 MONTH APPRAISAL REVIEW?

Derbyshire County PCT GP appraisal system does not include a routine review at six months post appraisal.

13. SHOULD I USE THE ON-LINE NHS APPRAISAL TOOLKIT?

The NHS Appraisal Toolkit is a nationally agreed tool and the PCT would recommend its use, but this is not compulsory. Some data is transferred automatically to the next year's forms when the current year is signed off. Work is currently underway to create a toolkit to meet the future needs of revalidation.

The toolkit also enables Appraisees to upload supporting documentation. The toolkit website provides additional useful information, guidance and documentation for appraisal.

You can try the toolkit as a guest user and register on-line toolkit at www.appraisals.nhs.uk

The GP Tutors and GP Appraisal Lead may be able to help you with advice. The Medical Directorate Administrator will also be able to offer you some advice you on use of the toolkit but please be aware that this assistance is limited because of confidentiality.

It is essential if you are using the toolkit that both Appraisees and Appraisers are aware that the toolkit requires 3 sign offs to show completion of an appraisal. The Appraiser and Appraiser need to sign off Statement, Summary and PDP. **If any changes are made this has to be repeated.** This will ensure that there is a record of completion of appraisal in the system and that next year's appraisal date will be set accurately. This date is often a default date but this can be changed manually to the appropriate appraisal month.

14. PROVIDING EVIDENCE FOR APPRAISAL

The Royal College of General Practitioners' Criteria Standards and Evidence for Appraisal gives guidance on the required content of a revalidation portfolio over a period of five years, with a proposed timetable for the collection and presentation of that evidence at the annual appraisal discussion. This will be based on the RCGP updated Good Medical Practice for General Practitioners July 2008. This is the College Guidance for GPs on Good Medical Practice published by the General Medical Council.

<http://www.rcgp.org.uk/pdf/Good%20Medical%20Practice%20for%20General%20Practitioners%20%5B2008%5D.pdf>

The PCT recommends that Appraisees should aim to demonstrate achievement of the GMC headings of appraisal using evidence where available. Examples of such evidence can be found on www.appraisalsupport.nhs.uk, at the RCGP iMAP section and also at the Derbyshire CPD website www.derbyshirecpd.org.

Currently the suggested evidence you should aim to provide includes:

Your Personal Development Plans

- A PDP for each year
- Review of the level of achievement of the last PDP
- Review of how this has affected your practice

Evidence of Learning

- A record of the learning undertaken
- A review of the value of this (The RCGP learning credit system currently being piloted will enable you to do this)
- A record of any measurable outcomes like changes in practice or patient care
- Reflection on whether this covers the range of your practice

Feedback from colleagues

- Any feedback from others or 'multisource feedback' results
- reflection on the results
- a record of any subsequent change in practice

Feedback from patients

- patient survey results
- reflection on the results
- a record of any subsequent change in practice

Complaints

- a record of any complaints, your actions and the outcome
- reflection on the complaint
- a record of any subsequent change in practice

Significant Event Audit

- a record of SEAs that involve you
- reflection on these
- a record of any subsequent change in practice

Audit

- A record of audits reflecting your individual care
- A record of your involvement and reflection on the results
- A record of re-audit with any improvements, change in practice, or compliance with good practice

Statements of Health and Probity

To include Indemnity cover, registration with another GP practice, Hepatitis B status etc,

Evidence of your approach to your practice

If you have a record of reviews of patient care, case discussions, or protocols or procedures that you have written these can be used as evidence to support your statements about your standard of care in the Form 3

Reflection on Practice will be required for revalidation You will need to provide reflection on patient surveys and multisource feedback results and on your significant event audits and audits of clinical practice.

This can be written in the Form 3 or provided separately in the evidence.

The Structured Reflective templates (Leicester Statement) are designed to help with the provision of evidence and are available at

<http://www.appraisalsupport.nhs.uk/news4.asp?item=08052007090123> or can be found on the Derbyshire CPD website www.derbyshirecpd.org

The templates were designed to help allow all GPs including sessional doctors to provide personally relevant data. They help personalise data, which often relates to teams or organisations, and relate it to the behavior and development needs of the individual doctor. The Leicester Statement has been added to the NHS Appraisal toolkit.

Health and Probity templates can be used to help with these sections of the appraisal form These are also available at the Derbyshire CPD website www.derbyshirecpd.org

In general your evidence should:

- Be a single portfolio of evidence which will serve the purposes of appraisal, re-licensing and recertification.
- Should show how the doctor has used reflection to improve the care they provide to patients
- Be defined and should facilitate reflective practice
- Demonstrate the extent and nature of CPD which has been undertaken
- Be mapped against Good Medical Practice and the GP Curriculum
- Cover all the roles you undertake as a GP or GPwSI
- Reflect the quality of care which the doctor provides
- Relate to national standards where appropriate

You are strongly advised to keep all the evidence that you have provided as a portfolio for your appraisal as you may be required to submit this in the future for your revalidation.

15. IS APPRAISAL CONFIDENTIAL?

Only the PCT Appraisal Lead, Medical Director, GP Lead Appraiser and Medical Directorate Administration team have access to named appraisal documentation. Form 4s and personal development plans are stored securely within the PCT and access is limited to the people listed above. This access is necessary to allow for quality assurance and to ensure that we are meeting the contractual obligations for appraisal and the needs for revalidation.

Some anonymised Form 4s are audited by a group of experienced appraisers as part of the quality assurance process.

The personal development plans are shared anonymously with the GP Tutors to help inform education planning.

Under the Freedom of Information Act Form 4s and PDPs are classed as data of a personal or confidential nature and, as with Human Resources files, are not accessible under the Act. Access to any such information is strictly governed by the Data Protection Act 1998 and the NHS code of Confidentiality. The Appraisee does have the right to access information held about themselves regarding the appraisal process and access requests can be made using the provisions of the Data Protection Act.

16. DEALING WITH PERFORMANCE CONCERNS ARISING DURING THE APPRAISAL

It would be exceptional for serious concerns about performance to be first raised in an appraisal. The appraisal itself should primarily be formative. However, both the Appraiser and Appraisee need to recognise that as registered medical practitioners they must protect patients if they believe that a colleague's health, conduct or performance poses a threat to patients, as detailed in GMC Good Medical Practice paragraphs 26 to 28 - see below and in Good Medical Practice for General Practitioners July 2008.

If it becomes apparent, during the appraisal process, that there is a potentially serious performance issue, which requires further discussion or examination, the appraisal will be halted and the Appraiser must refer the matter immediately to the PCT Appraisal Lead or Assistant Clinical Director. Appropriate action will be taken in accordance with the PCT Policy "Framework for the Management of Independent Contractor Performance Concerns".

17. WHAT ARE THE RESPONSIBILITIES OF AN APPRAISER?

The responsibilities of Appraisers and the PCT are detailed in the honorary contracts held by Appraisers. In general the responsibilities of an Appraiser are: *(please note the following lists are for guidance only and are not intended to show all the responsibilities)*

- To agree a mutually convenient date with his/her allocated Appraisees
- To ensure the PCT Administrator is kept informed of all planned appraisal dates
- To develop, with the Appraisee a PDP with a limited number of SMART objectives (Specific, Measurable, Achievable, Relevant, Timed)
- To ensure the PCT Administrator receives copies of completed and signed off Form 4s and PDPs within 3 weeks of the completed appraisal. These will be accepted in hard copy or electronically. Electronic copies of Form 4s and PDPs must be signed off on the NHS appraisals website and the email from the toolkit indicating complete sign off must be provided.
- To inform the Appraisee and the Assistant Clinical Director of any performance issues, in line with GMC 'Good Medical Practice'.
- To encourage Appraisees to complete and return an feedback questionnaire form

Note: No manual or electronic information relating to an individual Appraisee will be retained by the Appraisers in their practice or home files.

18. WHAT ARE THE PCT RESPONSIBILITIES?

In general the responsibilities of the PCT are: *(please note the following lists are for guidance only and are not intended to show all the responsibilities)*

- To be responsible for the PCT GP Appraisal scheme through the responsibility of the Chief Executive, delegated to the Medical Director.
- To have a nominated PCT clinical lead for GP Appraisal.
- To be responsible for establishing and administering an effective GP Appraisal system.
- To store securely the Form 4s and PDPs in locked files or electronically in a secure folder, with restricted access in compliance with the information governance processes
- To be responsible for assuring the quality of all aspects of appraisal
- To facilitate the appraisal process appraisals where an Appraisee or Appraiser seeks that support.
- To manage the allocation process matching Appraisers and Appraisees
- To collate an aggregate of anonymised learning needs and share the information with the GP Tutor network
- To provide regular educational support to assist Appraisees in their personal development in the role
- To work collaboratively with the East Midlands Healthcare Workforce Deanery and East Midlands PCTs to reduce inconsistencies, share learning and take steps to ensure continuous quality improvement

19. QUALITY ASSURANCE OF THE GP APPRAISAL PROCESS

The PCT has an internal quality assurance process, and also participates in external review facilitated by East Midlands Healthcare Workforce Deanery.

In Derbyshire County PCT an annual internal review is conducted by the Medical Director, Assistant Clinical Director, GP Lead Appraiser, Medical Directorate Administrator and a Patient and Public Involvement Representative. An annual quality assurance report is produced with a detailed action plan for improving the system.

20. INTERESTED IN BECOMING AN APPRAISER?

If you think you would like to become an Appraiser please contact Lisa Perry, Medical Directorate Administrator Lisa.Perry@derbyshirecountypct.nhs.uk

We are always seeking to recruit new Appraisers and are happy to talk to GP's informally about this. We have a package of support help to develop GP's to become Appraisers.

Our Appraisers choose to do between 6 and 25 appraisals a year and update themselves regularly at quarterly Appraiser support meetings and annual training days.

To become an Appraiser you will need to meet the person specification, attend an interview at the PCT and undertake a two-day initial Appraiser training course. Training will be fully funded and locum backfill money provided to cover the training days. New Appraisers will be supported by the GP Lead Appraiser.

Appraisal builds on the skills used as GPs. The training and experience helps develop these skills and increases the ability to facilitate the personal development of others. An educational background is not required to train as an Appraiser but a good Appraiser should be able to:

- Understand and explain the scope and purpose of GP appraisal
- Create a climate of education and development, not one that is adversarial or blaming
- Understand and assist the Appraisee to navigate the paperwork and process involved
- Understand any relevant health care contexts to make realistic allowances
- Conduct an evaluation of the appraisal folder
- Use effective communication skills
- Understand and promote the principles of adult education
- Maintain and develop personal appraisal skills, and contribute to development of the appraisal process
- Be open, act without bias and prejudice and maintain confidentiality, unless required by duty or statute to do otherwise
- Know where, when and how to refer to other agencies
- Be aware of their own values, beliefs and attitudes and seek to use these constructively

These competences were developed by A Rugani from Accredited Professional Development: the skills required of APD facilitators (author Ruth Chambers). Good Medical Practice for General Medical Practitioners: published by GPC/RCGP Code of conduct for NHS managers (published Department of Health October 2002)

21. CONCERNS OR COMPLAINTS ABOUT THE APPRAISAL PROCESS

Any worries or complaints about the fairness or consistency of the scheme, the Appraiser, the outcome of the appraisal, or the use of information should be raised with the Jayne Stringfellow Assistant Clinical Director Derbyshire County PCT 01773 525009 or with the Lead GP Appraiser Dr Sheona Macleod.

Where the concern relates to an individual appraisal, wherever possible this should be discussed with the Appraisee or Appraiser at the time.

Where this is not deemed appropriate, or resolution is not achieved, the matter should be raised with the Assistant Clinical Director or GP Appraisal Lead.

Informal resolution through discussion and mediation will be the preferred method of dealing with concerns, involving other individuals where necessary and agreed.

Concerns that cannot be resolved at this level will be referred to the Medical Director and where necessary the LMC and /or Independent Contractor Performance Support Panel to consider the matter further. The complainant will have the right to representation if necessary. The final recourse within the PCT is to the PCT Chief Executive.

22. APPRAISAL RESOURCES

Please note that many useful resources to help both Appraisees and Appraisers prepare for the appraisal interview are available at Derbyshire CPD website.

In addition your GP Tutor network can assist with advice and guidance on preparing for appraisal. GP tutors will work with individuals, practices or groups of GPs. They can advise on the provision of group educational sessions e.g. QUEST sessions educational events. Contact details for GP Tutors as well as appraisal resources can be found at www.derbyshirecpd.org

Appraisal Forms - Pre and post appraisal forms

http://www.dh.gov.uk/en/Policyandguidance/Humanresourcesandtraining/EducationTrainingandDevelopment/Appraisals/DH_4052082

Appraisal Toolkit - The Appraisal Toolkit provides an on line resource for GP Appraisal. It provides guidance and an appraisal form that can be completed and stored online. Use of the toolkit is free. <https://www.appraisals.nhs.uk> To look at the site click the Login button, then [Guest GP login](#), *Appraisee button*.

Evidence for Appraisal -

GPs will need to provide reflection on patient surveys and multisource feedback results and on significant event audits and audits of clinical practice. This can be written in the Form 3 or provided separately in the evidence. Structured Reflective Templates which can be used to help with these can be found at

<http://www.appraisalsupport.nhs.uk/news4.asp?item=08052007090123>

or http://www.derbyshirecpd.org/appraisal_revalidation_reflective_templates.htm

Evaluation form for Appraisees - These will be given to Appraisees at the conclusion of the appraisal interview. Copies are also available from Lisa Perry Medical Directorate Administrator

Information for Appraisers

Useful information for Appraisers is available www.derbyshirecpd.org

Other Useful documents:

GP appraisal is based upon the concepts contained within this document “**Good Medical Practice for GPs**” available <http://www.gmc-uk.org/guid> http://www.gmc-uk.org/guidance/good_medical_practice/index.asp

The latest edition of **Good Medical Practice RCGP 2008** is available at

<http://www.rcgp.org.uk/pdf/Good%20Medical%20Practice%20for%20General%20Practitioners%20%5B2008%5D.pdf>

Information on revalidation is contained in the White Paper “*Trust, Assurance and Safety: the regulation of health professionals*” Department of Health (2007) and the way that this will be implemented is contained in the CMO latest update 2008

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065946

Information on Revalidation will be provided on the Revalidation Support Team site <http://www.revalidationsupport.nhs.uk/>

General documents on assuring the quality of GP appraisal

http://www.appraisalsupport.nhs.uk/files2/Assuring_the_Quality_of_Medical_Appraisal.pdf

On Line learning resources

www.doctors.net.uk	Excellent GP site good free on line learning modules course completion
www.doctorupdate.net	Update on line learning – charge for modules lasting 2 hours Each module contains MCQ's, modified essay questions, short answer questions, and a critical reading exercise relating to articles in Update that month
www.bmjlearning.com/	BMJ web based learning, free for BMA members, large number of different modules, certificates of completion and pre and post test questionnaires. Registration will get you emails about each new module
www.medic8.com	Well organised site with links to clinical subjects, databases, guidelines and journals.
www.dr.medicdirect.co.uk	On line lectures, slide library and guidelines free registration.
www.msd.my.yahoo.co.uk	magazine style medical site, medical articles access to Merc etc
www.onmedica.net	free on line interactive case histories and CME modules
www.gplearning.co.uk	Desktop PDP – cost but also lots of free information and downloads on DOH, BMA & RCGP guidelines on appraisal and revalidation, plus free shareware audit tools for Torex Premiere and Synergy, written by a jobbing GP.
www.gpnotebook.co.uk	on line encyclopedia of medicine, you can register for a “tracker” service which logs all the hits you make in a year and regurgitates them on request for inclusion in appraisal documentation/ PLP
https://www.appraisals.nhs.uk	NHS Appraisal toolkit
www.wisdomnet.co.uk	on line discussion group, links CME modules