A step by step guide to appraisal

GP Appraisal Local Policy

NHS England and NHS Improvement

The appraisal process step-by-step

To help you understand the appraisal process, we've outlined each step below.

1. Appraisal Allocation

Every three years you will be randomly allocated an appraiser who is prepared to travel to your area and who is free to do an appraisal in your birthday month. We aim to avoid any known conflicts of interest such as GPs working in the same practice or who are related to each other. However, we will not be aware of all possible issues including business relationships. If either you or your allocated appraiser feel that there is any potential compromise, then re-allocation should be requested to the appraisal team directly. Once the allocation has been agreed, you should make contact with your appraiser and agree an appraisal date within your birthday month, that should be added to the RMS system by your appraiser. If the date is not added, you will receive monthly email reminders to book your appraisal.

Your appraisal should take place in your birthday month. If this is not possible for any reason –eg Maternity leave , sick leave , prolonged study leave etc please send the appraisal postponement form to the appraisal team BEFORE your birthday month explaining your circumstances .If you do not do this and you do not have an appraisal in your birthday month , this becomes a 'missed appraisal' and the 'non-engagement' process is triggered.

2. Arranging your appraisal

Before your appraisal takes place you will need to send your completed appraisal documentation to your appraiser at least one to two weeks before your appraisal date [you can agree this with your appraiser]. This will give your appraiser enough time to prepare for your discussion and request any additional information if necessary. If you have any concerns or queries about your appraisal, contact your appraiser ahead of the meeting –they can ask for additional advice if necessary.

Your appraisal discussion will usually take around two hours and should be seen as protected time and should take place at a venue convenient to you. If you agree to travel to have your appraisal away from your practice this is fine, but only if you are happy to do this.

3. Post-appraisal

Your appraiser will write up a summary of your discussion shortly after your appraisal meeting and send it to you for your approval. Once you and your appraiser have agreed any changes and have a final version, your appraiser will then upload the locked version to RMS .This must be done within 28 days of the appraisal meeting. If you and your appraiser cannot reach agreement on any part of the appraisal document, the sign off can still take place but you can record your disagreement[s] in section 20 of the MAG Form

Your appraisal will be saved on RMS where you can view it at any time -your appraiser should delete any copies he or she may have.

4.Appraisee Feedback

RMS will send you a feedback form about your appraisal and this provides very useful anonymised feedback to your appraiser- the feedback is aggregated and not attributable to an individual GP. If you have concerns about the way in which your appraisal was conducted , you can include this in the feedback form, but please also let the appraisal team know by email after your appraisal , so that we can we can address the issues with the individual appraiser.

5. Non-engagement in the Appraisal Process

You must have an annual appraisal in order to remain included in the Performers list, unless you have been given a postponement eg due to sick leave, sabbatical, maternity leave etc. If no documentation has been uploaded to RMS within 28 days of your appraisal date on RMS, the non-engagement process will start, unless NHS England have been informed by you or your appraiser that there have been unavoidable delays. As a 'non-engager' you will receive a series of letters requesting you to arrange your appraisal, culminating in a referral to the performance processes if we do not manage to establish contact with you and offer you any necessary support in order to get your appraisal completed.

Getting started

How to submit your Appraisal Documentation

We encourage our GPs to use the MAG Form to submit their appraisal documentation and about 95% of our GPs currently use the MAG Form . This is an interactive PDF , not a web based 'tool-kit' –it allows you to upload documents [up to a limit of 10MB] . The MAG Form contains detailed guidance relating to the Supporting Information that you are required to submit to fulfil the requirements of annual appraisal . The MAG Form is free to use.

To use the MAG form you will need Adobe Reader XI or above.

If you are using a MAC you must also **set 'Adobe reader' as your default viewing option for all PDF documents on your Mac.** You may wish to consider using an alternative browser to Safari - such as Mozilla Firefox or Google Chrome. Safari can have trouble downloading the interactive components of the MAG form.

You can also use a web-based toolkit- Clarity/RCGP is the choice of most NE and Cumbria GPs who do not use the MAG Form –Fourteen Fish [developed within Wessex Deanery] is another option as is GP Tools-All these toolkits have an annual cost that usually includes the optional use of MSF collected via their websites.

Clarity

If you need help using the Clarity toolkit then please call their customer support team on 0845 113 7111 or send them an email.

Useful documents/ links

- Link to the Clarity toolkit website
- A guide to using the Clarity toolkit

FourteenFish

FourteenFish is an online appraisal toolkit so rather than downloading a form to your computer, you complete the form on the FourteenFish website or via their iPhone/ android app. You will need to register on the FourteenFish website. The learning diary and app are free but you will need to pay for the appraisal toolkit.

Your historic appraisal documentation can be uploaded.

If you need help using the FourteenFish toolkit then please call their customer support team on 01794 231414 send them an email or view their support videos.

Useful documents/ links

- Link to the FourteenFish toolkit website
- A guide to using the FourteenFish toolkit

Our One-Page guide to appraisal - or what you should aim to include:

Irrespective of what tool you use to submit your appraisal documentation ,the sections you need to complete are broadly the same. This is a quick guide to the minimum evidence requirements - this reflects the latest RCGP and NHS England guidance

One page guide to GP appraisal updated

Reflection, learning, and changes in practice

These are the key words to bear in mind when you are preparing for your appraisal. Above all, you need to demonstrate evidence of reflection and learning, and any consequent changes in practice throughout your supporting evidence and this applies to all the evidence you present. The overall requirements have been simplified from April 2018 and the 'One-page guide' summarises what you need to do. These requirements are described in more detail below. There is also new GMC Guidance on Supporting Information produced in 2018, which emphasises the importance of recording not only what you have done, but what you have learned from the activity, and actions that you might have taken as a result of this learning. https://www.gmc-uk.org/-

/media/documents/RT___Supporting_information_for_appraisal_and_revalidation___DC5485.pdf_55024594.pdf

There is also new GMC guidance on the process of reflection –how to do it and why it is so important

https://www.gmc-uk.org/news/media-centre/media-centre-archive/new-guidance-to-help-you-with-reflection

Continuous professional development (CPD)

The GMC states that your CPD should keep you up to date and competent in all the work that you do. It should affirm what you do well, address areas requiring improvement and explore new knowledge, skills and behaviours.

Presenting CPD within your appraisal

You should aim to record around 50 CPD credits each year within your appraisal. If you have done less than 12 months clinical work since your last appraisal , then aim for around 4 CPD credits for each month of clinical work you have done. One credit is generally thought of as an hour of CPD; this works out at around an hour's learning a week and achieving this will probably be relatively simple for most GPs. The GMC stresses the importance of reflection on learning rather than just providing a list of learning events. Keeping a simple log of each activity you undertake –[which can be a full or half day, not just one hour] accompanied by a reflective note of core learning ,is the best way of showing reflection . If you have done less than 12 months clinical work since your last appraisal –eg through maternity leave or sick leave, then aim to submit around 4 CPD credits for each month you have been working. You can exceed 50 credits but there is no need to provide reflection on your additional credits for the purposes of appraisal –you can of course do this for your own benefit if you wish to.

What counts as CPD…and what doesn't

There are many things you can claim CPD for-basically, if your learning can be classed as 'professional development' it will count towards your CPD credits. This includes clinical case meetings, training courses, e-learning, reading, PUNs & DENs. You can also 'double count' for activities and log time spent for activities such as case reviews, audits and SEAs that you may also list elsewhere in your appraisal.

Quality improvement activities (QIA)

Your appraisal should contain evidence of personal involvement within at least one quality improvement activity each year. It should be relevant to your work and include reflection, learning points and any subsequent changes to your practice.

Examples of quality improvement activities could include:

- A review of clinical outcomes
- A clinical case review or discussion
- A review of a significant event
- A prescribing analysis
- A referrals analysis
- A practice protocol
- A review of record keeping
- A full cycle clinical audit
- A shorter single cycle audit

As always, demonstrating learning points, reflections and any subsequent changes in practice is always encouraged. Examples of a range of QI activities are included in the documents section of this website

A bit more information on full-cycle clinical audits

The RCGP no longer requires a full cycle audit to be carried out as a Revalidation requirement –but audit remains an important tool to review clinical practice - the RCGP guidance is reproduced below

A full-cycle audit should contain the following elements:

- The reason the topic has been chosen
- Dates of the first and second data collections
- The criteria to be audited and standards set (referenced to guidelines)
- The results of the first data collection against the standards set
- The changes you have implemented as a result
- The results of the second data collection against the standards set
- The quality improvement achieved
- Your reflections on what has been learnt, any actions that have been taken and an indication of when these actions will be reviewed

Significant event analysis (SEAs)

Important note – Be aware that the GMC definition of Significant Event is an incident that results in significant harm to the patient –ie a Serious Untoward Incident [SUI]

All SUIs must be declared and discussed both with colleagues and in the appraisal, but most GPs are unlikely to be involved in a SUI in any given year . If this is the case , then it is fine to declare 'no significant events' in section 9 of the MAG Form.

GP type Significant event analyses (SEAs) describe events which may not have a serious outcome but highlight areas from which lessons could be learnt or where care could have been better.

Most GP type SEAs are QI activities not SUIs and should be included in the Quality Improvement section of the appraisal documentation

GP type SEAs can be very wide-ranging and provide a valuable format for shared learning and reflection-either in practice or with a learning or support group. Although there is no longer an obligation to include 2 SEAs each year in your portfolio, CQC will continue to ask for evidence of SEA review in the practice , and recording learning points from such incidents remains an important means of demonstrating reflection on your clinical practice.

Examples can include:

- Prescribing errors
- Failure to action an abnormal result
- Any new cancer diagnosis
- Any complaints received by the practice
- A delay in diagnosis
- A missed diagnosis
- Dealing with a medical emergency
- A breach in confidentiality
- A breakdown in communication
- Coping with a staffing crisis
- A sudden unexpected death or hospitalization

When recording an SEA, you should aim to demonstrate that you are aware of any patterns in types of incidents or events recorded about your practice and any lessons learned. You should also try to evidence actions taken or changes implemented to prevent such events or incidents happening again – where possible these should link to your PDP and CPD.

Scope of work

Annual appraisal should cover every role a doctor undertakes that requires a licence to practice. Similarly, when the Responsible Officer (RO) makes a recommendation to the GMC regarding a doctor's revalidation, the RO must be assured of the doctor's fitness to practise in all the roles he or she undertakes. Doctors need to provide evidence of being up to date and fit to practice in all their roles . This may take the form of a formal annual review eg as a trainer or a GPwSI , or a discussion with their appraiser about how they qualified for each role and how their review their work and keep up to date in the role

Your MSF should cover patients and colleagues from all your clinical and non clinical roles, and your CPD should include some CPD relevant to all your roles at some point in the 5 year Revalidation cycle

The guidance below covers some of the common ‘other roles’ that GPs include in their scope of work – if you work in a role and are not sure what to include in your appraisal , please discuss this with your appraiser.

You should aim to get your employer to sign off the NHSE Scope of work form [in the documents section] if you don't have a formal performance review in your role.

Undergraduate teaching:

- Your student feedback
- The results of your peer review (if done in the year)
- If at all possible, a scope of work letter[1]

GP trainers:

- Your last trainer appraisal or re-accreditation review
- Evidence of development in this role (e.g. attendance at trainer's workshops, TQA seminars, deanery workshops). Training can be recorded as CPD credits.

GP appraisers:

- Your QA review form from your GP Tutor

For GPs doing only Out-of-hours work:

- Annual performance data/ review from provider
- Performance review and/ or appraisal with provider

CCG

- Clinical executive members should provide a scope of work letter[1] from the clinical chair
- Clinical chairs should obtain a scope of work letter[1] from the accountable officer

GPs with a special interest

- A formal performance review or NHSE sign-off

Discussion with your appraiser

This is particularly important if you work in a role without any formal review structure eg sports events doctor and where a 'scope of work letter' is difficult to obtain Your appraiser will discuss with you :

- How you qualified to take on this role. This should include prior experience, education and qualifications

- How do you keep up-to-date in this role. This should include reference to all new and refresher education or development and training undertaken for this role within the revalidation period, including any learning credits recorded.
- How you can demonstrate that you are fit to practise in this role. This should include appropriate audits of care delivered and reflections or service outcomes as appropriate.

Personal development plan (PDP)

Within each appraisal you should aim to include information on the progress you've made against last year's PDP objectives, as well as deciding upon new PDP objectives for the coming year.

Last year's PDP

When preparing your appraisal, note down the progress you've made against last year's PDP objectives in the appropriate section of your appraisal form.

We recognise that a PDP is a fluid entity and your objectives can and may change over the course of a year. The important point here, therefore, is to demonstrate the progress you've made, your reflections upon this and any subsequent impact on, or changes to, your clinical practice.

If there are PDP aims you have not achieved please explain why this is and whether the aim needs to be carried forward to the next year.

This year's PDP

During your appraisal you will discuss your PDP for the coming year with your appraiser, and agree on between three to five objectives. Your objectives should ideally reflect your full scope of work, and be based on learning needs identified throughout the year – for example, linking to a recent significant event, audit, PUN or DEN, or even following on from a previous PDP objective. It's worth going to your appraisal with some ideas for your new PDP

SMART objectives

Your objectives should, as far as possible, be SMART which stands for specific, measurable, attainable, relevant and time-bound.

The SMART model was developed by psychologists as a tool to help people set and reach their goals. It's a simple approach that lends itself to creating good PDP entries in your revalidation portfolio.

Specific:

Is your goal well-defined? Avoid setting unclear or vague objectives; instead be as precise as possible.

Instead of: "To be a better GP"
Make it specific: "To develop my consultation skills, especially those relating to communication."

Measurable:

Be clear how will you know when you have achieved your goal. Using numbers, dates and times is one way to represent clear objectives.

Instead of: "Feel better about my consultations"
Make it measurable: "Better patient feedback questionnaire outcomes", "reduce complaints"

Attainable:

Setting yourself impossible goals will only end in disappointment. Make your goals challenging, but realistic.

Instead of: "Master consultation skills by the end of the month"
Make it attainable: "I will go on a consultation skills course and read 'The naked consultation'".

Relevant:

Try and step back and get an overview of all the different areas of your professional life: practice, teaching, academic, other roles. Consider how relevant each objective is to the overall picture.

Time-bound:

Set a time scale for completion of each goal. Even if you have to review this as you progress, it will help to keep you motivated.

Instead of: "I will address these issues."
Make it time-bound: Set a date.

Reflection

The GMC makes it very clear that doctors must show evidence of reflection on the activities included in their appraisal portfolio, and not just detail what they have done:

"**Reflection is key**: Appraisal is a supportive forum, giving you the opportunity to reflect on your professional practice over the past year. Reflecting on your supporting information and what it says about your practice will help you improve the quality of care you give your patients and any other services you provide as a doctor. You will not meet our requirements by simply collecting the required information – you must also reflect on it at your appraisal."

NHS England and NHS Improvement

New Guidance:
https://www.gmc-uk.org/news/media-centre/media-centre-archive/new-guidance-to-help-you-with-reflection

To meet this requirement, think about responding to three questions:

1. WHAT have you done [describe the activity –CPD, SEA etc]
2. 'SO WHAT' ?- what have you learned, why did you choose that activity?
3. 'NOW WHAT?'-what actions [if any] do you need to take as a result of the learning activity

Guidance on working abroad

For full guidance see our 'Career Break Guidance'

If you are planning to spend time practising outside the UK you will need to consider your inclusion on the national performers list as well as your annual appraisal and GMC revalidation. We have set out some general guidance below. Our advice is dependent on the length of time you will be abroad and the type of work you undertake during your absence. It's important that you contact us well before you leave so that we can advise you on the current guidance and discuss whether you need to consider resigning from the NPL and putting your appraisal and revalidation on hold whilst you are away.

To remain on your local performers list you need to:

1. Demonstrate you undertake work in the local area each year
2. Carry out adequate clinical session to retain your skills*
3. Participate in a satisfactory appraisal each year

Although the GMC does not define a minimum number of sessions a GP must work each year to remain clinically competent , most ROs across England agree on a figure of around 40 sessions per year as a reasonable number to ensure you remain up-to-date, fit to practise and able to provide the necessary supporting information for appraisal. This is, however, a guide and we will always take your individual circumstances into account-including:

-your level of experience

-how long you intend to work only limited sessions

-what other clinical work are you doing and does it have 'cross over' with GP work such as A+E or Palliative care

Should I resign from the performers list if I go abroad to work?

If you are planning to work outside the UK for less than 2 years, we can usually authorise a SKYPE appraisal for one year , to allow you to remain on the NPL We advise you to continue to engage in some UK focused CPD whilst you are away eg NICE guidance, or BMJ learning

and to include this in your SKYPE appraisal as well as some CPD /SI relevant to your work abroad

If you definitely intend to be away from the UK for more than 2 years then we generally advise that you resign from the performers list voluntarily. Resignation is a very simple process and does not need to be declared on any future applications to re-join the performers list. Readmission to the list upon your return is generally a simple process although this may take 3 months to complete

If you haven't worked in the area covered by your performers list for 12+ months , and you have NOT applied for an appraisal postponement then the local NHS England office may initiate your removal from the list..

PLEASE consult the appraisal team before you leave for a prolonged career break, and keep in touch with us whilst you are away

What about GMC revalidation?

If you continue to hold a licence to practise then you will need to revalidate. If you are going to be practising entirely outside of the UK for more than 2 years then you may decide it is better to give up your licence to practise for the period you will be abroad. Usually regaining your licence takes just a few days when you return.

Returning to the UK after a period of working abroad

As a general rule, absences under two years don't require any special re-entry processes if you have negotiated a postponement of your appraisal. If you disappear to work abroad and don't tell us where you are , you may eventually be removed from the NPL if you are not engaging in appraisal and we cannot make contact with you. Additionally , if you have been out of clinical work for a prolonged period [ie time out without working rather than doing clinical work abroad] you may benefit from educational support from a GP Tutor. If this is the case just contact the appraisal team and we can organise this for you.

For absences over two years, resignation from the NPL is generally recommended, because this puts your appraisal and revalidation on hold until you return to UK working. As soon as you know your return date you should contact the head of CPD at HEE NE and Cumbria [currently Iain Lawther –email is ian.lawther@nhs.net] and he will discuss your re-entry assessment [exam or portfolio submission] and the support that can be provided . there is a new Induction and Refresher Scheme [1] which provides funded re-entry placements for GPs who have had a career break , subject to approval by NHSE and successful assessment Re-inclusion on the NPL is usually linked to the INR scheme which comes into place after more than 2 years absence from UK practice.

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If you have further questions read the Career Break Guidance . If you would like to discuss your plans , the appraisal team will be pleased to help and the head of CPD at HEE NE will be glad to advise you.

Revalidation

Medical revalidation started in December 2012 and the second cycle began in 2018. The process runs over a five-year cycle and enables doctors to demonstrate to the GMC that they are up-to-date and fit to practise, based on the values of Good Medical Practice.

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360 multi-source feedback

In addition to your usual annual appraisal documentation, before our Responsible Officer can make his recommendation to the GMC you will need to ensure you have completed GMC-approved 360 colleague and patient feedback.

All doctors benefit from feedback from colleagues and patients (if they see patients) as part of their continuing professional development. As part of your evidence for revalidation, you are required to undertake both patient and colleague feedback exercises, compliant with GMC guidance, at least once in each five-yearly revalidation cycle. This feedback should cover the whole scope of your work (and should relate to your UK practice).

Advice for doctors who have a range of different roles

The latest RCGP guidance clarifies their view regarding feedback for doctors who have a range of roles in their scope of practice. If this applies to you, the RCGP states that you may choose to include feedback from all your roles in the one GMC compliant formal feedback exercise required every five years, or you may choose to confine this exercise to your clinical practice and provide feedback from other roles (such as managerial, teaching or appraisal)separately.

The RCGP guidance also recommends that GPs should reflect on some form of feedback from patients and/or colleagues every year. This does not need to be formal feedback, compliant with all the GMC requirements, and may take a number of forms e.g. patient compliments, practice surveys, feedback from students or registrars etc. This more informal feedback can play an important role and be a useful tool for reflection and quality improvement activity.

Collecting 360 feedback - real life case studies

It is acknowledged that collecting feedback can be challenging for some doctors. The GMC has developed a number of case studies highlighting real examples of how doctors and organisations have overcome some of these challenges. You can access the case studies here.

If you're unsure about how to collect your 360 feedback then please get in touch with us so that we can help.

What are the guiding principles for collecting feedback?

It is fundamentally important that feedback of all types should be collected, collated and reported in a way that is demonstrably free from bias.

The results from the formal five-yearly GMC-compliant patient and colleague feedback exercises should be compared with peer group outcomes and your own pre-survey self-assessment.

The most important aspect of feedback is that you reflect upon the results and consolidate or implement changes as part of your personal development.

Your willingness to gather feedback, place it in context and reflect on what it says about your practice has a greater importance than the content of the individual responses.

When presenting your formal five-yearly feedback, you may be asked to provide evidence that you have followed the guidance from the supplier of the feedback tool you use and that the tool is compliant with all aspects of GMC guidance.

What are my options for obtaining the five-yearly MSF/PSQ?

- We have 'block booking' discounts with two commercial organisations- Edgecumbe and CFEP and they will apply this discount if you apply these codes
    - CFEP – approx. £76 – code is **DJ8482**
    - http://www.cfepsurveys.co.uk/products/general-practice/360.aspx
    - Edgecumbe – approx. £75 – code is **nucapf** http://www.edgecumbehealth.co.uk/edgecumbe-doctor-360.php
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- Clarity/RCGP use the GMC questionnaires and this facility is included in the annual cost of this toolkit Other toolkits such as GP Tools and Fourteen Fish operate on a similar principle
- It is possible to download the questionnaires (available on the GMC website) and have them **collated and analysed independently**. It is recommended that this analysis should not be done by a practice colleague or employee. If choosing this option you must be able to demonstrate that you have met all of the GMC requirements.

What is your RO's advice?

It is strongly recommended that you use an external GMC-compliant commercial service to administer and collate your main five-yearly MSF and PSQ exercises. In addition, your RO recommends that a steer is given to all doctors to undertake their main five-yearly 360 feedback exercises during **year 3 or 4** of their revalidation cycle, the aim being to minimise the need for GMC deferral requests due to omissions within doctors' supporting information.

Discussing your feedback with your appraiser

You will need to discuss the outcomes of your feedback during your appraisal, so it's important that you complete your feedback and evidence of your reflections in advance of your appraisal date and include it when you submit your appraisal portfolio to your appraiser for review in advance of your meeting.

Recommendation outcomes

Once your appraisal is complete, it will be forwarded to the Responsible Officer (RO) who will make his recommendation to the GMC. You will receive a letter via email, confirming the RO's recommendation.

There are three possible outcomes to the recommendation process:

A positive recommendation: in the majority of cases, the RO will judge that the doctor meets the required standards and is up-to-date and fit-to-practise.

A deferral: when the RO deems that he needs more time before he can make his recommendation, or when a doctor cannot complete his revalidation for a number of reasons (for example, absence from work due to ill health, maternity leave or sabbatical or missing Supporting Information –usually patient and colleague feedback) the RO will request a deferral. This is described as a neutral act.

A notification of non-engagement: this is a notification from the RO that the doctor has not engaged in the appraisal and/ or revalidation process. This can potentially result in removal of licence to practise.