

A step by step guide to appraisal

GP Appraisal Local Policy



The appraisal process step-by-step

To help you understand the appraisal process, we have 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 or conflict of interest, 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 – e.g. Maternity leave, sick leave, travel abroad etc please send the [appraisal postponement form](#) [available on the website] 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 the appraisal team 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.

In some circumstances, usually working abroad or health or weather issues, when a face to face is not possible to arrange, a **Technology Assisted Appraisal [TAA]** may be appropriate. Please see separate guidance on TAA appraisals and how to arrange one.

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. **Please make sure you review your appraisal documents as soon as you receive them and return them as soon as possible. If the 28 day period is exceeded the appraisal team will think you have missed your appraisal and start the 'non-engagement' process.**

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 e.g. 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

Most of our GPs still use the MAG Form to submit their appraisal documentation. 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. However, there is no IT support to deal with any problems that arise with the MAG Form, and it cannot be used on I pads or I phones. There are also sometimes issues with MAC computers-please follow this guidance:

If you are using a MAC you must also set 'Adobe Reader X!' 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.

- An increasing number of GPs are now choosing to use a commercial web-based toolkit-. There are currently three electronic toolkits used by GPs in this area- Fourteen Fish is probably the best value:



1. Fourteen Fish <https://www.fourteenfish.com/>

Developed by a GP in Wessex
£42 per year –additional £6 per month to access large library of learning videos
Has free learning diary app which links directly to your on-line portfolio and automatically uploads app entries and direct links to many online education providers
Has integrated patient and colleague feedback tool with an additional cost
Will transfer data from your most recent MAG to the toolkit
Well-structured and easy to navigate

2. Clarity/RCGP <https://appraisals.clarity.co.uk/>

Developed in the NE by the informatics group which produced the NHS appraisal toolkit Has been responsive to changes in appraisal requirements and joined with the RCGP a few years ago after the RCGP failed to function as a viable commercial entity
Costs £60 per year
Has integrated patient and colleague feedback tool
Has an app and linked electronic learning diary

3. GP Tools <https://www.gptools.org/>

Set up by a GP as a free resource for GPs to use-now charges £40 per year with MSF provided free of charge
Has app which links to on-line tool kit
Very responsive to suggestions and helpful with any problems-

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. To meet the GMC reflection requirements, consider these three questions in relation to your learning-whether this is your CPD, a QI activity or a complaint:

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

. There is 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

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>

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 e.g. 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.

If you are employed in any role that requires a licence to practice, 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 letter¹

GP trainers and F2 Supervisors:

- 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.



- As an F2 supervisor you should have an annual review form from Northern Foundation School including reflection on role and trainee feedback

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 letter¹ from the clinical chair
- Clinical chairs should obtain a scope of work letter¹ 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.

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 brief reflective note on the core learning and any actions taken, is the best way of showing reflection. 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. You can include attendance at management meetings for the practice or CCG so long as you can demonstrate some learning activity

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 include any actions taken or changes implemented to prevent such events or incidents happening again – where possible these should link to your PDP and CPD. You can discuss SEAs in your practice or within any learning or clinical discussion group. **Please note that although SEAs are very useful learning activities, there is NOT a requirement to include one in your evidence.**

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.

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- Edgumbe and CFEP and they will apply this discount if you apply these codes

1. Edgumbe:

The current price for Doctor 360 with the NHS North East England discount applied is:

- Colleague-only feedback: £35+vat
- Patient-only feedback: £45+vat
- Colleague & patient feedback: £59+vat

The standard service includes online colleague feedback and access to PDF versions of the patient questionnaire and declaration form for printing. Doctors can purchase a pack of 25 sealable questionnaires in addition when ordering.

The discount code is the same: **nucapf**

2. CFEP Surveys

CFEP are still operating the discount with the code DJ8482 but there has been a price increase and the cost of the combined patient and colleague survey is now £90 + vat = £108.00 and it was previously £79 + vat = £94.80.

The usual cost of the survey is £94 + vat = £112.80.

- Fourteen Fish, Clarity/RCGP and GP Tools 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.

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.



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.

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

Please note that if you are doing fewer than 40 sessions of clinical work a year, you are now asked to complete the 'low volume of work' SRT [available on the website. This helps your appraiser understand how you manage to avoid professional isolation and keep your skills and knowledge up to date. Your situation will be discussed by the RO, and the appraisal team, and you will be advised whether you need to increase your volume of work to stay on the NPL.

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 Technology assisted 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 TAA 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

The only way you can stay on the NPL if you are working abroad for more than two years is to return to the UK to do some clinical sessions and have an appraisal on a 1-2 yearly basis

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. This means your Revalidation will be put on hold until you return to work in the UK. 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 [i.e. 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.

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.

Revalidation 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

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(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.

If there are any issues with your revalidation the team will contact you to try and resolve them ahead of the revalidation being made

