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# Medical Appraisal Policy

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## Introduction

All GPs undertaking NHS practice must be listed on the GMC's General Practice Register. From the introduction of licences to practise by the GMC in November 2009 the GMC licence, rather than registration, gives a doctor legal authority to write prescriptions and sign death certificates, although a GP can allow their license to lapse and still remain on the register. It is planned that from 2013 practising GPs will need to be relicensed at 5-year intervals under a process known as revalidation. Under Revalidation the Responsible Officer or their deputy will review a range of data, including a portfolio of specified supporting information submitted by the GP, evidence of regular clinical general practice, other clinical governance data and evidence of annual appraisal. The Responsible Officer will then decide whether the GP is up to date and fit to practise and, if so, will recommend the doctor for relicensing. The first revalidations are due to take place at the end of 2012-13 and in preparation NHS Oxfordshire has

- ▶ begun training appraisers to deliver Strengthened Appraisal for Revalidation;
- ▶ appointed a Responsible Officer;
- ▶ appointed a Revalidation Lead.

This policy applies to all GPs on Oxfordshire's Medical Performers List and complies with standards in the GMC's Good Medical Practice Framework for Appraisal and Assessment and with current official DH Appraisal Guidance.

## 1 Definitions

### 1.1 Designated Body

A designated body is an organisation which has a prescribed connection with and responsibilities in respect of the GP. The designated body is required to nominate or appoint a Responsible Officer unless all the doctors with whom it has a prescribed connection have a connection with another body. Oxfordshire PCT is the designated body for all NHS GPs and for locums including those who work in the armed forces.

### 1.2 Good Medical Practice

A set of statements which inform the standards expected in appraisal and, once introduced, revalidation. Guidance can be viewed at [www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp)

### **1.3 Personal Development Plan**

A list of development-related goals finalised during the appraisal and reviewed during the next year's appraisal.

### **1.4 Appraisal Summary**

Summary of the appraisal discussion with reference to supporting information and agreed actions which form the basis of the PDP.

### **1.5 Medical Performers List**

A list of medical performers held by a PCT. A Medical Practitioner may not perform any primary medical services unless their name is included in this list.

### **1.6 RCGP's National Advisory Panel**

A group of advisors and assessors and an adjudication panel at the Royal College of General Practitioners (RCGP).

## **2 Accountability and Responsibility**

### **2.1 PCT Board**

The PCT Board is responsible for ensuring that all eligible GPs are offered a quality-assured annual appraisal in line with the procedure identified within this policy and for ensuring that there is adequate financial provision to deliver the policy.

### **2.2 Responsible Officer**

The Responsible Officer is accountable for:

- maintaining records of a GP's fitness to practise evaluations, including appraisals and any other investigations or assessments;
- ensuring that the PCT carries out regular appraisals on GPs;
- reviewing and acting upon the general performance information held by the PCT, including clinical indicators relating to outcomes for patients;
- once Revalidation is introduced, making recommendations to the GMC about a GP's fitness to practise;
- where appropriate, taking any steps necessary to protect patients;
- where appropriate, recommending that the GP should be suspended or have conditions or restrictions placed on their practice.

The Responsible Officer can require certain topics or circumstances to be discussed during an appraisal interview if, for instance, concerns have been raised about the doctor's fitness to practice.

### **2.3 Associate Director, Quality and Clinical Standards**

The Associate Director, Quality and Clinical Standards is ultimately responsible for:

- ensuring that appraisals take place within the required timeframe;
- ensuring that the appraisals are quality assured;
- ensuring that the appraisal systems and policies are up-to-date and robust and that an annual GP Appraisal Report is prepared for the Commissioning Quality Sub-Committee (CQSC);
- ensuring that the Cluster Board is fully informed of key developments in Revalidation, both in NHS Oxfordshire and nationally.

### **2.4 Revalidation Lead**

The Revalidation Lead will:

- oversee recruitment and training of appraisers in line with national guidance.
- together with the Responsible Officer and Associate Director, Quality and Clinical Standards ensure that the Revalidation scheme will meet local and national quality and professional development standards;
- support the Responsible Officer in the process of quality assuring the output of appraisals in readiness for revalidation of a GP;
- develop and support the implementation of appropriate systems and processes which will support Revalidation;
- offer formal and informal support and advice to GPs and Appraisers and together with the Responsible Officer and Associate Director, Quality and Clinical Standards manage disputes between appraisees and appraisers;
- review feedback for appraisers annually, identifying from inspection of the written output from appraisals whether the performance of the appraiser needs to be drawn to their attention, following the appropriate PCT appraiser support process where feedback is lacking or poor.

## **2.5 Revalidation and Appraisal (R&A) Group**

The Revalidation and Appraisal Group considers all issues relating to appraisal and revalidation. As Revalidation is introduced the group will be instrumental in managing the assembling of information which will enable the Responsible Officer to recommend, or not, to the Department of Health a GP as fit to practice.

## **2.6 Revalidation Administrator**

The Revalidation Administrator is the first point of contact for all enquiries concerning GP Revalidation and Appraisal, administrates the GP Appraisal system by:

- organising appraisals for all GPs at the beginning of each financial year and store appraisal output confidentially, complying with the requirements of the Data Protection Act;
- calculating and processing claims for payment;
- coordinating recruitment activity for GP appraisers.
- highlighting issues such as non-compliance with appraisal to the Associate Director, Quality and Clinical Standards.

## **2.7 Appraisers**

Oxfordshire GP appraisers undertake the appraisal of designated GPs in line with this policy and forward the summary of discussion and PDP to the PCT for quality assurance by the Responsible Officer and the Revalidation Lead. Appraisers are also required to attend 2 PCT-run update sessions per year and to keep themselves abreast of development in Revalidation. Any GP who is an appraiser should make sure their medical defence organisation is aware of this area of activity.

## **2.8 Appraisees**

All General Practitioners on Oxfordshire's Medical Performers List are contractually obliged to undertake an annual appraisal unless exceptional circumstances, approved by the Responsible Officer, apply. Although in practice NHS Oxfordshire Revalidation Team arranges the vast majority of appraisals the responsibility for organising an appraisal lies with the GP.

# **3 Appraisal Process**

## **3.1 Allocations and Reallocations**

Appraisers are allocated to Oxfordshire's GPs each February within the following constraints:  
No GP can be appraised by:

- ▶ the same person more than twice in any five-year period
- ▶ a person with whom they have a doctor/patient relationship (including being a patient at the practice where the appraiser practices)
- ▶ a person with whom they work on a regular basis

Appraisers are required to submit requests for allocation changes to the Revalidation Administrator within 4 weeks, after which reallocations are made and appraisers are notified of their lists.

The appraiser and appraiser are then expected to arrange the appraisal session within timescales defined by NHS Oxfordshire and to submit the summary of discussion and PDP to the PCT. The appraisal should be signed off within 28 days of the session.

A full description of the process can be found in Appendix 1.

### **3.2 Appraisal Software**

The preferred method of recording appraisal material for Oxfordshire PCT is currently the NHS Appraisal Toolkit (<http://appraisals.clarity.co.uk>). Appraisers are not required to use this application, although all appraisal paperwork is expected to be word processed.

### **3.3 PDP**

The timescales for completion of PDP goals will vary, although it would be usual to expect that two thirds of PDP goals should be achieved each year. Other items may be added to the PDP through the year between appraisals so that the document remains up to date a pertinent to the GPs professional development.

### **3.4 Exceptional Circumstances**

In exceptional circumstances such as:

- ▶ periods of extended leave (maternity leave or sabbaticals)
- ▶ long term sickness
- ▶ close bereavement

the Responsible Officer will be asked whether the annual appraisal should be waived or delayed. If the Responsible Officer requires external advice he will refer the query to the RCGP's National Advisory Panel.

### **3.5 Complaints and Appeals about the PCT Appraisal Process**

Complaints about a GP appraiser or about the PCT Appraisal process should be addressed to [complaints.pct@oxfordshirepct.nhs.uk](mailto:complaints.pct@oxfordshirepct.nhs.uk). Such complaints will be reviewed by the Responsible Officer and will be investigated in line with the Oxfordshire PCT Complaints Policy.

## **4 Support and Training Offered to Existing Appraisers**

### **4.1 Update Sessions**

The PCT will arrange 3 sessions per year, of which each appraiser will attend 2, aimed at maintaining and updating their skills and knowledge.

### **4.2 Dealing with Disputes and with non-responsive Appraisers**

The expectations of the PCT from its appraisers and appraisers are set out in the GP Appraisal Scheme in Appendix 1. Where an appraiser is unable to engage with their appraiser or where the appraiser and appraiser are in dispute the PCT Revalidation Team will offer support by attempting to resolve the issue and, if that fails, by reallocating if necessary.

### **4.3 Appraisals Which Give Cause for Concern**

If an appraisal discussion gives rise to serious concern for patient safety the interview will be ceased and the appraiser will contact the Responsible Officer or the Associate Director, Quality and Clinical Standards, for advice.

Any other concerns before, during or after the appraisal should also be referred to the Responsible Officer or the Associate Director, Quality and Clinical Standards.

## **5 Recruitment and Training of New Appraisers**

The job description and person specification for GP Appraiser are included as Appendix 2.

### **5.1 Interview and Assessment Process**

The recruitment process is clearly set out in Appraisal Scheme in Appendix 1. The process is designed to be rigorous and fair. An appraiser will only be appointed on successful completion of the training and on passing the assessment session.

### **5.2 Training Day**

The training day is devised and conducted by the Revalidation Lead and reflects current developments in Revalidation and Strengthened Medical Appraisal.

## **6 Quality Assurance of Appraisers**

### **6.1 Feedback**

Appraisee feedback is gathered via a web survey and the data is collated and presented to appraisers at Update Days. An overall score is calculated for each appraiser, ranging from 1 (Poor) to 5 (Excellent). The PCT will review feedback for any appraiser with an average score of below 4 and may decide to discuss the feedback with the appraiser, or may require them to undertake further training.

### **6.2 Audit**

The Summary of Appraisal Discussion forms are reviewed and audited by the Responsible Officer, the Associate Director, Quality and Clinical Standards and the Revalidation Lead, to ensure that they provide sufficient evidence that a GP is fulfilling the requirements of appraisal and that the appraiser has carried out a thorough review of documentation.

## **7 Military GPs**

The Responsible Officer for GPs directly employed by and who perform more than 50% of their work for the armed services is the relevant Medical Director General. Such GPs are appraised within their service. Only those who solely work for the forces are not required to be on a PCT Performers List. All GPs who perform any additional NHS general practice are required to be on their local MPL.

Civilian Locums who work in armed forces settings can remain on the Medical Performers list if they satisfy the criteria for inclusion (see Medical Performers List Policy) and their appraisal will be arranged and conducted by Oxfordshire PCT.

## **8 Confidentiality and Security**

### **8.1 Data Storage**

All data pertaining to a GP's appraisal is electronically stored in a secured area. Only named members of PCT staff have access to the folders; any paper material of this nature is scanned to the secure area and then confidentially shredded.

## **9 Exceptional Circumstances**

### **9.1 Unsatisfactory Appraisal**

Very occasionally, the appraiser will be unable to sign-off an appraisal. In this case the PCT will investigate the reasons, provide support for the GP concerned or take other appropriate action. Where the PCT is happy for the GP to continue practising and evidence exists that the GP has taken action required by the PCT may choose to take no further action.

### **9.2 Retiring GPs**

A GP is expected to have one appraisal for every year or part year of clinical practice until they fully retire. However if retirement is to take place before the end of the appraisal year the appraisal may be waived at the discretion of the Responsible Officer. If the GP is planning to continue undertaking locum sessions after retirement then they will undertake an appraisal.

### **9.3 Maternity Leave**

In order for a GP to remain on the MPL they are expected to undertake an annual appraisal unless exceptional circumstances apply. Where a GP is expecting to take maternity leave which will cover their normal appraisal date they will arrange an appraisal for either before or after their leave, whichever falls within the appraisal year. If the GP is unable to arrange a suitable appraisal the matter will be referred to the Responsible Officer for advice.

### **9.4 Long-Term Sickness**

Cases of long-term sickness which prevent the arranging of an appraisal will be referred to the Responsible Office for advice.

### **9.5 Periods abroad of more than 1 Year**

Where a GP is planning to spend more than 1 year abroad the Responsible Officer will use their discretion in deciding whether the doctor should be allowed to remain on its MPL. If the Responsible Officer is happy for the GP to remain then they will be expected to travel back to the UK for an appraisal during their year abroad.

### **9.6 Suspended GPs**

The Responsible Officer will decide whether a suspended GP is to have an appraisal.

### **9.7 Monitoring of the Effectiveness of this Policy**

The effectiveness of this policy will be monitored by:

- ▶ Receipt of appraisal summaries from satisfactory completed appraisals for all eligible GPs.

Confirmation of the above will be given in the GP Appraisal Annual Report presented to Commissioning Quality Sub-Committee in May of each year.

### **9.8 References**

**The Medical Profession (Responsible Officers) Regulations 2010**

**National Health Service (Performers Lists) Regulations 2004**

**RCGP Guide to the Revalidation of General Practitioners v6 Sept 2011**

[http://www.rcgp.org.uk/PDF/Guide%20to%20Revalidation%20for%20GPs\\_sixth\\_edn\\_210911.pdf](http://www.rcgp.org.uk/PDF/Guide%20to%20Revalidation%20for%20GPs_sixth_edn_210911.pdf)

**Preparing for the introduction of medical revalidation: a guide for NHS leaders in England**

[http://www.gmc-uk.org/Revalidation\\_guide\\_for\\_NHS\\_leaders\\_July\\_13\\_2011\\_.pdf](http://www.gmc-uk.org/Revalidation_guide_for_NHS_leaders_July_13_2011_.pdf) 42622587.pdf

**Revalidation Support Team: Organisational Readiness Self Assessment Tool**

[http://www.revalidationsupport.nhs.uk/files/ORSA\\_2010-11\\_v1.0.pdf](http://www.revalidationsupport.nhs.uk/files/ORSA_2010-11_v1.0.pdf)



# Appendix 1: General Practitioner Appraisal Scheme

## April 2011 – March 2012

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### 1. Introduction

The Oxfordshire Primary Care Trust (PCT) GP Appraisal Scheme is established in line with the Department of Health (DOH) Appraisal for General Practice Guidance (DOH Gateway Reference 3710) and will be adapted to the framework of Revalidation according to current DH guidance.

Cluster Board level responsibility for the GP Appraisal Scheme lies with the **Medical Director**.

The PCT lead operational manager for GP Appraisal is the **Associate Director of Quality and Clinical Standards**

The PCT Responsible Officer is responsible for reviewing anonymised Form 4s completed at appraisals, as part of the quality assurance process and for highlighting any education and governance issues to the GP Education Lead, the Associate Director of Quality and Clinical Standards and/or at the PCT GP Appraisal Group meetings.

The PCT Revalidation Lead is responsible for reviewing anonymised Personal Development Plans (PDPs) and for highlighting any governance issues to the Responsible Officer, Associate Director of Quality and Clinical Standards and/or at the PCT GP Appraisal Group meetings.

The Revalidation Administrator is responsible for the efficiency and smooth running of the process and escalating issues to the Associate Director of Quality and Clinical Standards.

### 2. General Principles

**In accordance with the requirements of *The National Health Service (Performers Lists) Regulations 2004* every performer listed on Oxfordshire PCT's Medical Performers List is expected to participate in an annual appraisal.**

**'Annual' in this scheme refers to a financial year, i.e. April – March.**

Appraisal is a positive process, to give GPs feedback on their past performance, to chart continuing progress and identify development needs. The content of appraisal is based on the General Medical Council's core headings set out in Good medical practice for General Practitioners (Royal College of General Practitioners, 2002). GP Appraisal is based on the following general principles listed below.

The PCT GP Appraisal Scheme aims to:

- Provide appraisal in both a formative and summative function.

- Provide a key component of professional development.
- Satisfy the requirement of the contract between the GP and the PCT.
- Provide a formalised appraisal scheme in which appraisals will be carried out by appropriately selected and accredited appraisers.
- Provide a quality assured scheme in line with national standards.
- Provide a scheme that will conform to all PCT policies on information governance.
- Provide a forum for raising concerns about practitioner performance, which where necessary will be managed through the PCT processes for raising concerns or via the Whistleblowing Policy as appropriate.

The appraisal should conclude by setting down, as an action plan, the agreements that have been reached about what the appraisee is committed to doing. This should include the essentials of the personal development plan (PDP). Key development objectives for the following year and subsequent years should be set out in the PDP.

### **3. Special Circumstances**

#### **a) Planned long-term leave**

In the instance of planned leave, e.g. maternity leave, a practitioner is expected to schedule their appraisal prior to this planned leave if they have been working within that appraisal period. If a practitioner returns from planned leave in the following appraisal period, they are expected to participate in the appraisal process if they intend to practice within that appraisal period.

#### **b) Unplanned long-term leave**

In the event of extended absence from practice due to unplanned leave, the performer is required to participate in the annual appraisal cycle on return if they plan to practice within that appraisal period.

#### **c) Appraisals outside the PCT scheme**

**Requirements with which a performer in a performers list must comply**

**9. – (7)** A performer, who is included in a performers list of a Primary Care Trust, shall, except where the relevant Part provides to the contrary –  
 (a) participate in the appraisal system provided by a Primary Care Trust; and  
 (b) if the appraisal is not conducted by the Trust in whose list he is included, send that Trust a copy of the statement summarising that appraisal

*The National Health Service (Performers Lists) Regulations 2004*

9.8.1.1

9.8.1.2 Appraisals that have taken place outside the PCT will only be accepted if assurance can be given that they were conducted under appropriate processes. The Responsible Officer will be responsible for determining this.

9.8.1.3

**9.8.1.4 It is the appraisee's responsibility to provide evidence to the Responsible Officer that the appraisal outside of the PCT is properly quality assured.**

#### 4. Appraisal Scheme Process

Step		Responsibility		
1	<p>Allocation of an appraiser to each GP listed on the Medical Performers List at the beginning of each financial year.</p> <p><i>GPs will not have more than two appraisals in a five year period by the same appraiser.</i>  <i>GPs will not be appraised by an appraiser who works with them in the same practice.</i>  <i>GPs will not be appraised by an appraiser with whom they have a patient/doctor relationship.</i></p>	PCT Revalidation Administrator		
2	<p>Notification to each GP of the name and contact details of the appraiser they have been allocated.</p> <p><i>The E-mail will indicate the date by which the GP should advise the PCT if they wish to be allocated a different appraiser.</i></p>	PCT Revalidation Administrator		
3	<p>GPs notify the PCT Revalidation Administrator, before the specified date in the notification letter, if they would prefer a different appraiser to the one they have been allocated.</p> <p><i>Appraisers may not be changed if the request is not received by the specified date.</i></p>		Appraisee	
4.	<p>Alternative appraisers allocated where requested and possible.</p> <p><i>Notification e-mail or letter to be sent to GP confirming this new allocation.</i></p>	PCT Revalidation Administrator		
5	<p>Appraisers advised of the GPs they have been allocated. Allocations noted on Appraisal toolkit.</p> <p><i>The appraiser will be sent full contact details and the date of last appraisal for each appraisee. The appraiser will use this list as the definitive record of their allocation, rather than the Appraisal Toolkit.</i></p>	PCT Revalidation Administrator		
6	<p>Appraiser contacts the appraisee before 30 June to arrange a provisional appraisal date.</p>			Appraiser
7	<p>Appraiser advises the PCT Revalidation Administrator once arrangements have been made.</p>			Appraiser
8	<p>If using the Appraisal Toolkit the appraisee informs the appraiser that the online forms are completed (<a href="http://www.appraisals.nhs.uk">www.appraisals.nhs.uk</a>). Agreed evidence is signed off or sent to the appraiser at least two weeks before the appraisal date. The appraisee should also send their last form 4 and completed PDP from their previous appraisal.</p>		Appraisee	
9	<p>Appraisal Interview takes place and the appraiser asks the appraisee to complete a feedback form via a web link on <a href="http://www.surveymonkey.com">www.surveymonkey.com</a>.</p> <p><i>The link can be requested from the Revalidation Administrator</i></p>		Appraisee	Appraiser
10	<p>The appraisal is signed off within 28 days of the interview. Appraiser returns the signed-off Form 4 Summary of Appraisal Discussion, PDP and invoice to the PCT Revalidation Administrator</p>			Appraiser
11	<p>The GP Responsible Officer reviews and, unless there is cause for concern, signs off all Form 4s which are then saved to a secure folder on the server which has restricted access.</p>	PCT Responsible Officer		

12	Educational needs are collated by the Revalidation Lead from submitted PDPs and a report is prepared that details global learning needs for GPs at Oxfordshire PCT.	CPD Tutors		
13	Appraiser feedback (via <a href="http://www.surveymonkey.com">www.surveymonkey.com</a> ) is collated and presented to appraisers at update days and to the PCT GP Appraisal Group Meetings.	PCT Revalidation Administrator		

**Note: An appeal system is available for those appraisees who have an issue about the process of the appraisal which they cannot address with their appraisal partner to their mutual satisfaction (see section 6).**

## 5. Appraiser Selection

	Step	Responsibility
1	The GP Appraiser position is advertised in an email to all GPs.  <i>The email will specify interview and training dates.</i>	PCT Revalidation Administrator
2	Interested applicants are sent <ul style="list-style-type: none"> <li>• a job description,</li> <li>• person specification</li> <li>• sample Service Specification</li> <li>• a link to Assuring Quality for Medical Appraisal and Revalidation (AQMAR)</li> <li>• a link to the latest RCGP Revalidation Guidance Document</li> </ul> They are asked to submit <ul style="list-style-type: none"> <li>• a CV</li> <li>• a covering letter which demonstrate how they meet the person specification and national competencies.</li> </ul>	PCT Revalidation Administrator
3	Applications are reviewed by the PCT Associate Director, Quality and Clinical Standards and the PCT Revalidation Lead.  Shortlisted candidates are invited for interview. The interview panel consists of the PCT Associate Director, Quality and Clinical Standards, the PCT Revalidation Lead and one other PCT representative.  Candidates are asked to: <ul style="list-style-type: none"> <li>• bring id to the interview</li> <li>• provide details of 2 references before the interview</li> <li>• be able to commit to 10 appraisals per year</li> <li>• be working a minimum of 2 sessions per week in general practice</li> <li>• ensure they are familiar with the contents of the documents sent by the PCT prior to interview</li> </ul>	PCT Associate Director, Quality and Clinical Standards, CPD Tutor and PCT Revalidation Administrator.
4	Suitable candidates are selected and training arranged.  <i>The same pre-prepared set of questions will be asked in every interview.</i>	Associate Director, Quality and Clinical Standards and PCT Revalidation Lead.
5	Applicants undergo GP Appraiser training provided.  <i>Appointment as an Oxfordshire PCT appraiser is dependent on successful completion of training and competency assessment.</i>	PCT Revalidation Lead.
6	Appraisers sign an agreement with Oxfordshire PCT to provide an appraisal service.	Appraiser and PCT Revalidation Administrator

Note: Appraisers will hold agreements and will be expected to undertake a minimum of 10 appraisals each year and attend the equivalent 2 Oxfordshire appraiser half-day meetings each year.

Appraisers will be appointed on a one year agreement, open to renewal.

## 6. Appeal Process

An appeal system is available for those appraisees who have an issue about the process of the appraisal which they cannot address with their appraiser to their mutual satisfaction. The appeal body will normally consist of the PCT Associate Director, Quality and Clinical Standards and the PCT Revalidation Lead.

Confidential support can be obtained by each appraiser if required from the PCT Associate Director, Quality and Clinical Standards and/or the PCT Revalidation Lead.

## **7. Quality Assurance of Appraisal**

Each appraiser will undertake the appraisal programme outlined above with a recommendation of no fewer than 10 appraisals per annum, or agree to re-train.

Appraisal skills are benchmarked by:

- Observation (peer assessment process)
- Feedback from appraisees (online evaluation form)

### **Quality Assurance Mechanisms**

1. Recruitment and selection policy with essential and desirable features determined by application form and interview.
2. Initial training guided by national guidelines (e.g. ABC series from NCGST) and by reference to current national best practice
3. Initial training confirmed by assessment against competency framework by trainer assessor. Result of that assessment recorded and stored confidentially at the PCT. New appraisers to have close support after first appraisals from CPD tutors.
4. Retraining where necessary, for instance where an appraiser has taken a full break of one year or more, or where consistently negative feedback has been received.
5. Established appraisers to maintain skills by doing at least 10 appraisals each year and by attendance at update sessions at least twice a year.
6. Appraisees to complete online feedback forms on each appraisal in which the ability of each appraiser is assessed against a competency framework. Feedback from appraisals may play a part in continuing the role, if feedback to the PCT indicates that improvement is needed Oxfordshire PCT will discuss the situation with the appraiser who may consider re-training or cease doing appraisals. A feedback summary, collating responses across all surveys submitted and any issues identified for general discussion, is presented to the PCT GP Appraisal Group meetings for review and discussion. Feedback for individual appraisers is summarised and given confidentially on paper at mid- and end-year GP appraiser update days. Any figures given to individual appraisees are compared to the figures compiled from all appraisers.
7. Review of PDPs by Revalidation Lead with educational feedback to appraisers
8. Review of form 4s by Responsible Officer or Deputy with feedback to appropriate managers and appraisers.
9. Whatever further QA processes are deemed necessary as the revalidation system is finally established

Appraisers are kept up to date by fully attending the equivalent of 2 half-day meetings a year to discuss the appraisal process, benchmark their practice against that of others and to discuss implementation of changes to the process as these are announced.

Continuing as an appraiser will depend on:

- Performing the required number of appraisals annually (a minimum of 10)
- Complying with the Oxfordshire PCT Appraisal Scheme

Attendance at none of the update sessions offered in any one year may result in removal of the appraiser from the PCT list of appraisers or the requirement to undertake full retraining.

## Appendix 2: Job Description and Person Specification for GP Appraiser

### JOB DESCRIPTION

<b>Job Title:</b> GP Appraiser	<b>Grade/Salary:</b> £	<b>Post Reference:</b>
<b>Department/Section:</b> Directorate of Strategy and Quality	<b>Reporting to:</b> Associate Director of Quality and Clinical Standards	
<b>Location:</b> Oxfordshire PCT	<b>Key Links:</b> PCT Associate Director, Quality and Clinical Standards, PCT Revalidation Lead, Oxfordshire PCT GP Appraisal Team. Oxfordshire PCT Responsible Officer	

#### Job Purpose:

To support Oxfordshire PCT in delivering a service for GPs to have yearly appraisal interviews in a way that helps those doctors to understand their current performance against the criteria of Good Medical Practice and to ensure that there is planning for future professional development.

#### Key Tasks and Responsibilities:

- To understand GP appraisal in the context of CPD and GP Revalidation
- To undertake the appraisal of designated GPs in line with the procedures of the Oxfordshire PCT appraisal scheme
- To work with the appraisee to draw up a development plan that is appropriate for their learning style and circumstances and is also SMART (specific, measurable, action based, realistic and time bound) using the template in the Department of Health documents
- To ensure that the paperwork (Form 4) is word-processed, meets the PCT criteria for a satisfactory Form 4 and is submitted to Oxfordshire PCT as soon as it is agreed by both parties
- To be available to the appraisee, if needed, to discuss problems in meeting the identified needs, using that opportunity to signpost the appraisee to other resources of help e.g. CPD tutor
- To attend at least two appraisal meetings each year to share progress with appraisals and to keep up to date

Feedback from appraisals may play a part in continuing the role, if feedback to Oxfordshire PCT indicates that improvement is needed, a fuller outline of the feedback process can be found in the Service Specification.

**Status of job description** This is an interpretation of the responsibilities of the post at the time of writing and does not form part of the contract of employment.

**Confidentiality** All matters of a confidential nature, including information relating to patient details or records, information relating to professionals in contract with the Trust, details concerning members of staff or details of contract prices and terms must under no circumstances be divulged to any unauthorised person or persons. Any breach in confidentiality may lead to disciplinary action. All agreements are in line with the Freedom of Information Act rulings.

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## PERSON SPECIFICATION

**POST TITLE: GP Appraiser**

**BASE (DEPARTMENT/WARD, ETC.): Directorate of Strategy and Quality**

Criteria	Essential	Desirable
<b>Qualifications</b>	<ul style="list-style-type: none"> <li>• Must hold a Medical Degree</li> <li>• Must be current and in NHS primary care. Doctors more than two full financial years out of regular practice will be ineligible.</li> <li>• Must work a minimum of 2 sessions per week within Oxfordshire or a neighbouring PCT, except for retired GPs</li> </ul>	<ul style="list-style-type: none"> <li>• Entry on GMC GP Specialist Register</li> <li>• Entry on Oxfordshire PCT's Medical Performers List</li> </ul>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• Must have been subject to a minimum of three medical appraisals, not including those in training grades</li> <li>• Experience of managing own time to ensure that deadlines are met</li> <li>• Experience of applying principles of adult education or quality improvement</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>• Awareness of the principles and purpose of appraisal and its place in the context of revalidation.</li> <li>• Knowledge of the role of the appraiser</li> <li>• Up-to-date knowledge of clinical issues.</li> <li>• Awareness of guidance on standards of Good Medical Practice as issued by the Royal College of General Practitioners</li> <li>• An understanding of how the appraisee will acquire the necessary evidence to inform and support the appraisal.</li> <li>• Understanding of the rules of confidentiality as they apply to medical appraisal</li> </ul>	<ul style="list-style-type: none"> <li>• A thorough knowledge of the process for medical appraisal in Oxfordshire PCT</li> <li>• Local procedures for recognising and dealing with underperformance and poor-performance</li> <li>• Understanding of and training in equality and diversity best practice</li> </ul>
<b>Skills</b>	<ul style="list-style-type: none"> <li>• Excellent interpersonal skills.</li> <li>• Excellent communication skills, including the use of open questioning, active listening, summarising and reflection.</li> <li>• Ability to negotiate, challenge and give formative feedback.</li> <li>• Ability to guide appraisee to understand their priority learning needs and how to meet them.</li> <li>• Ability to help colleagues consider their professional development using knowledge of educational methods.</li> </ul>	<ul style="list-style-type: none"> <li>• Familiarity with the IT system currently used to support GP Appraisal in Oxfordshire PCT</li> </ul>
<b>Attributes</b>	<ul style="list-style-type: none"> <li>• Fair, unbiased, objective and honest</li> <li>• Able to display empathy, support and understanding</li> <li>• A commitment to high quality health care.</li> <li>• Able to undertake 10 appraisals per year.</li> <li>• Is not subject to any performance concerns (PCT, NCAS, GMC).</li> <li>• Commitment to ongoing personal education and development</li> </ul>	

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## **Appendix 3: Future Developments for Revalidation**

### **1. Revalidation**

Revalidation is expected to be introduced in late 2012-13. Under the scheme the Responsible Officer will recommend to the GMC that they re-issue a GP's license, based on a portfolio of specified supporting information, evidence of regular clinical general practice, other clinical governance data and evidence of annual appraisal.

The first recommendations for Revalidation are due to be made in 2013. These are likely to be based on two years' worth of supporting information and other relevant information held by the PCT. The first cycle of Revalidation is likely to last three years, after which the cycle will extend to five years.

Once Revalidation is fully established the portfolio will be expected to contain:

- ▶ The required number of years' worth of appraisal with reviewed PDPs
- ▶ The required number of learning credits (at least 50 in each year)
- ▶ Evidence of on average at least 50 half-day sessions per year in General Practice. At least 100 of these should be undertaken in the two years prior to Revalidation

As well as the portfolio the Responsible Officer will review locally-held clinical governance data.

In uncomplicated cases the fact that five appraisals have been completed and signed off by both appraiser and appraisee should be sufficient evidence that the required supporting information has been provided and is satisfactory. However the PCT as part of its quality assurance of appraisal will periodically audit the supporting information provided by GPs.

### **2. Introduction of Strengthened Appraisal**

Strengthened Appraisal will support Revalidation, and is a robust form of appraisal which requires a wider range of supporting information than previously, including information that the GP has kept up to date with at least 50 CPD credits each year, colleague feedback, clinical audit and significant event analysis (SEA) reports. The appraisal supporting information is expected over the 5-year period to meet Good Medical Practice standards.

### **3. Supporting Information**

The current requirements for appraisal supporting information are listed in the RCGP Guide to the Revalidation of General Practitioners Version 6, September 2011.

### **4. Learning Credits**

The appraisee will be expected to record at least 250 learning credits over a 5-year period, with a minimum of 50 credits per year. However fewer than 50 learning credits are acceptable if there is evidence of an action plan to eliminate the deficit during the following year.

In cases where there is doubt about the validity of learning credits the Responsible Officer may consult the RCGP's National Advisory Panel.

### **5. Deferment**

Where there are minor issues with a portfolio, for instance missing data which can be supplied on request, the Responsible Officer will be able to request a deferment. A deferment may also be considered where a GP is in the process of transferring between Medical Performers Lists or where there is an outstanding clinical governance issue, such as an open complaint currently under investigation.

### **6. Referral to GMC**

If a GP is the subject of serious concerns, which are under investigation at the time of their Revalidation, the portfolio will be referred to the GMC for advice.

Where the Responsible Officer is unable to recommend Revalidation, the portfolio will be referred to the GMC, who will follow due process and decide whether the GP will be allowed to retain their licence.

## **7. Exceptional Circumstances**

The RCGP Guide to Revalidation version 6.0 states:

*“...there may be a year in which there is no evidence of a satisfactory appraisal. If it is clear that the GP was working abroad or was on maternity leave at that time, the absence of supporting information concerning that appraisal can be accepted”*

However the final decision in these cases will rest with the Responsible Officer.

## **8. Monitoring of the Effectiveness of this Policy**

Once Revalidation is in place the effectiveness of this policy will be monitored by:

- ▶ Receipt of appraisal summaries from satisfactory completed appraisals for all eligible GPs.
- ▶ Recommendation by the Responsible Officer for Revalidation of eligible GPs

Confirmation of the above will be given in the Revalidation Annual Report presented to Commissioning Quality Sub-Committee in May of each year.