**Revalidation & Appraisal Group Meeting**

**December 2015**

**Appraisal and Revalidation Date Issues**

Although the administration team tries to avoid it when allocating appraisals, sometimes the revalidation date for a GP is very close to the allocated month of the revalidation ready appraisal. This can lead to problems if the appraisal cannot be signed off at the time and needs further work. Also the team tries to make the revalidation recommendations at least a month or so ahead of the actual date, and this cannot be done if the revalidation ready appraisal has not been carried out. The revalidation meetings are on the first Wednesday every month.

If you notice on your allocation spreadsheet that the revalidation is indeed close to the appraisal month please could you get in touch with the GP and try to bring the date forward to the previous month or even sooner if possible. Most GPs are happy to do so when they realise the reason and that it will complicate their revalidation.

Please note that if the recommendation is not submitted prior to 10 days before the revalidation date, the doctor will receive a warning letter and an email from the GMC

**Also please enter the booked the date on RMS as soon as you have arranged the appraisal with the GP.** The administration team then know that the appraisal is indeed booked and do not have to send reminders out to you and the doctor.

**Please complete the output summary for the doctor on RMS as soon as possible after the appraisal (if possible straight away!).**  The appraisal portfolio download or MAG MAF should only be uploaded after sign off by the doctor and this can be done at a later stage (within the 28 day period).

This is especially important for doctors whose revalidation recommendation has been deferred, where a further deferral would be inconvenient (or not possible – a doctor can only be deferred for up to 12months in each revalidation cycle).

**GPs who work limited sessions**

Some GPs work very limited sessions in the NHS – especially those who have retired from practice and who may have other roles. The recommendation for 250 sessions per revalidation cycle was removed from the latest RCGP Guide to Revalidation – and many such GPs want to know how many sessions would be appropriate.

The Performer’s List regulations state that a doctor needs to complete only 1 session of undifferentiated GP work annually to remain on the list, but the RO has up to now kept to the previous (pragmatic) figure of 40 sessions a year as sufficient to remain competent as a doctor. It is felt this is a reasonable amount for a GP to remain up to date clinically. If a doctor decides to do fewer than this number of GP sessions they should be able to justify to you (and the RO) that they can keep all their General Practice skills up to date with only limited patient contact. This may be because their other roles are clinically aligned to general practice (e.g. working in GP support or as a GPwSI) or perhaps by undertaking CPD and QIAs in excess of the usual requirements. They should have reflected on this matter within their portfolio. You may want to ask further advice from your senior appraiser or the RAG if you are concerned about the numbers of sessions a GP is undertaking.

**Colleague and Patient feedback**

This issue is gradually resolving as more GPs become aware that an accredited feedback package is required for revalidation. However, there are still a few instances where non-accredited packages have been used, and on some occasions have been accepted by a previous appraiser.

Please ensure if you either

* accept and discuss patient and colleague feedback in an appraisal it **must** be a GMC accredited package (ask advice if you are unsure)
* or if you are affirming that this has been discussed in a previous appraisal again ensure it was an accredited package before doing so.

Remember Colleague feedback must be collated by someone independent of the practice.

**Appraiser Choice**

Although in part of the region (the old BNSSG) it is long established that doctors are allocated an appraiser, this is only recently the case for Somerset and the old DCIoS.

Please note, and advise doctors if necessary, that all doctors across the region will be allocated their appraiser. They are at liberty to ask to change their appraiser after allocation if there is a conflict of interest– but again cannot request to whom they change.

**Indemnity**

Recent guidance from the GMC concerning indemnity has been updated. It is a GMC requirement that all doctors have adequate professional indemnity for *all* their roles. Doctors confirm they have accepted the professional obligations of probity in the current toolkits and MAG MAF, but for some doctors this is without a full understanding of what this means and it is helpful to check their understanding – particularly around indemnity.

If it is appropriate please have a discussion about indemnity requirements during the appraisal – and if necessary ask doctors to contact their indemnity organisation to assess and confirm the required level of cover.

The MAG MAF is currently being updated and is expected to include a specific area focusing on indemnity arrangements.

**Senior Appraisers and Appraisal groups**

The whole region is moving to a “Patch” group system of appraisers, led by a senior appraiser, between now and April 2016. Interviews for the Senior Appraiser role are being held in December after which the structure of the Patch groups will be published and you will then know which group you are joining. Please bear in mind these will be not be the same group (or area) as you may have been in up to now (for the old BNSSSG area) as the appraiser groups will be larger than previously.

We will keep you updated during this process.