

Appraisal & Revalidation Newsletter No.3 April 21



In this edition we will cover:

- ✚ **For Appraisers** – includes 20/21 SOLO forms, 21/22 Appraisee contact request, ‘Revalidation Ready’ appraisals, and Appraiser Support meetings for the year
- ✚ **For all doctors** – includes new Appraiser recruitment, 21/22 appraisal plans, Appraiser allocation, new Locum A/B forms, appraisal postponements, guidance on ‘other roles’ and post appraisal feedback
- ✚ **Revalidation and MSF/PSQ** – GMC dates rollover (April to July 21), important MSF/PSQ update from 1st April, and appraisal deferral project in line with 21/22 revalidation due dates
- ✚ **Any Other Business** - the HEE Returners scheme (March 21)
- ✚ **And finally** – “**A year to forget, to reflect, to reset: 2020 revisited**”, and the appraisal team contacts

Message from Dr Kheelna Bavalia – the new NHSE SW Responsible Officer from 14th April 21

I am delighted to be joining you all in the South West Region as your Responsible Officer. I can already see that I am joining an excellent GP workforce and appraisal network and I look forward to working with you all. It remains such a challenging time for primary care; I hear that from so many colleagues and feel it from my own clinical sessions working as a GP. I’d like to start by thanking you for everything you do to put patients and colleagues first.

Over time I hope we can share stories about our clinical work, appraisal and revalidation experience, and how we all contribute to improving the quality of care provided to our populations through improving the experience of appraisal. For now, take care and hope to meet sometime soon!



For our Appraisers

As we start another appraisal year, we would like to take this opportunity to thank you for your ongoing support, encouragement and commitment to our local GPs - particularly over the past 12 months where we have all navigated different and sometimes difficult times, in both our personal and professional lives. The feedback that we have received from doctors who have had an appraisal during this period has been extremely positive: it kept them focussed, helped them to plan a practical and measured way forward over the coming months, and is very much appreciated.

We would also like to acknowledge and thank the 25 Appraisers across the South West who have stepped down from their appraiser roles from 1st April. Your experience, inspiration, reassurance and care has been welcomed by many of our GPs over the years and across the counties that you covered. You will be missed, but we wish you well in your future ventures.

For our Appraisers (continued)

20/21 SOLO Forms: For those Appraisers who align their NHSE Pension Scheme contributions via the SOLO form route, kindly note that the appraisal team will be working on finalising these with the Finance Team shortly. Once the 20/21 year-end figures have been calculated, the SOLO forms will be emailed to you for sign off and return – we then upload them directly onto the PCSE Portal for the Pensions Team to record and match to your contributions for the last appraisal year.

From 1st April 2021:

Annual GP Appraisals will continue as planned for the new appraisal year – with a few small changes, notably:

- Appraisers to please contact all of their 21/22 appraisees by way of an introductory email to confirm the appraisal due month, and to agree a booked date that falls within 56 days of that month
- the reintroduction and inclusion of MSF/PSQ reports and reflections within an appraisal
- the identification of any ‘Revalidation Ready’ appraisals by adding a brief comment to the appraisal summary and the RMS output summary notes. These will be passed on to your Senior Appraiser for final review and sign off, before the appraisal team can process the revalidation recommendation.

Appraiser support meetings:

We will be holding six Appraiser update meetings this year – on 23/6/21 PM, 9/7/21 AM, 19/7/21 AM and on 10/1/22 PM, 26/1/22 AM and 10/2/22 AM. At the moment all planned sessions will be held online via TEAMS, and not face to face at a venue until further notice. The agendas and the TEAMS meeting links will be sent to you nearer the time; and the content of each ‘block’ of update meetings will be replicated so that we can reach all of you over a number of dates, and during both the Summer and Winter seasons. If you would like to book a place, please contact your appraisal admin team.

The National Team have requested that each Appraiser should have attended at least one ‘regional’ network meeting during the year. We would ask that in total, you attend three Appraiser meetings, consisting of both regional and locality meetings (with your Senior Appraiser).

Dr Vik Mohan’s Wellbeing Pilot for GPs:

In response to growing concerns about stress, burnout and ill health among GPs, we are piloting an intervention (led by local GP and Senior Appraiser Dr Vik Mohan) to identify at appraisal GPs who are experiencing significant levels of stress, and offer them wellbeing focused support **before** their health or performance is affected. We believe that current support to help doctors maintain their wellbeing could be improved. This pilot aims to develop and test an intervention that could fill this gap.

Our aim is to develop a simple screening tool and/or approach to identifying doctors at appraisal who are functioning well but experiencing significant stress and who would benefit from additional support. Appraisers will then be able to signpost GPs to a range of specific wellbeing related support that we are developing. We will then see if the support has had a positive impact on the doctor’s wellbeing.

We will be offering training on this to Appraisers at the summer meetings and aim to start offering wellbeing support from August. Our intention is to make this as easy for Appraisers as possible, in order to promote good uptake and to minimise the burden on Appraisers. In order to make the pilot manageable in this first year, we will be piloting this in Devon. If the initial results suggest that the support which we’re offering is benefitting GPs, the next step will be to offer this to all GPs across the peninsula. In the short term we apologise that we can’t offer this to everyone.

We look forward to working with you on this much needed initiative and thank you in advance for your support.

For all doctors:

Appraiser recruitment:

Our latest new Appraiser recruitment drive is well underway, with the last interviews taking place on 6th May. Despite the challenges that doctors in the region are experiencing in general practice, we have had an unprecedented number of applicants this year – 97 in total!

We will be looking to take on between 30-33 new Appraisers, with the training being held on 9th and 10th June, and with a view to their appraisals starting in September.

Appraisal changes to note from 1st April:

The National Team have recently confirmed that the 'input light' format which was introduced in October 20, will remain in place for the whole of this appraisal year (from 1st April 21 to 31st March 22).

The appraisal format from 1st April 2022 is currently being worked on by the AoRMC, GMC, BMA and NHSE, we will update you as soon as it is finalised.

For more information, current documents, guides and FAQs, please visit our appraisals website at:

<http://www.gppappraisals.uk> or via the Academy of Medical Royal Colleges at: [Appraisal & Revalidation during COVID-19 - Academy of Medical Royal Colleges \(aomrc.org.uk\)](https://www.aomrc.org.uk/evaluation-and-revalidation)

The focus continues to be your individual wellbeing and aspirations for the coming year, and our appraisal team is on hand to provide support and advice to help you achieve this.

Note: Appraisals will continue to be held online until we are advised that it is safe to do face to face appraisals. We are anticipating a return to a mix between face to face and online appraisals, but in the meantime our Responsible Officer will be contacting the National Team to see if there has been any change in their guidance – and specifically in relation to Public Health England and the Government's further easing of Covid restrictions during May and June. As soon as we hear of any developments, we will get in touch to let you know.

21/22 appraiser update:

Where possible, we have tried to keep you matched with your last Appraiser to retain existing relationships and to continue the personal and supportive element of appraisal, particularly when reflecting over the preceding 12 months. Our Appraisers are aware of this revised 'one-off' arrangement, and we are aiming to keep present allocations in place wherever we can. This may include some doctors having a fourth appraisal with the same Appraiser, or the same allocation after a gap in appraisals (e.g. after the April to September 20 'Covid/missed with approval' group of Appraisees, and where parental, sabbatical, health, or compassionate breaks in service may have applied).

We have asked your allocated Appraiser to contact you directly to confirm your appraisal due month, as the temporary 'hold' placed on the automated RMS email notifications has been extended for the time being.

Note: If you have not heard from your Appraiser at least two months prior to your usual appraisal month, please contact your appraisal admin team.

CPD credits update: Particularly in line with the current appraisal format, we have agreed with Kheelna (our RO) that no specific totals for CPD activity / credits will be required until further notice. However, we would please ask that all Appraisees still continue to note an appropriate amount of CPD during this appraisal year to cover their whole scope of work in keeping with GMC guidance.

Low Volume of Work template for your information:

Lowri Kew, the Appraisal Lead, recently came across this 'competency across scope of work' template, which she wanted to bring to your attention:

https://www.aomrc.org.uk/wp-content/uploads/2020/04/Factors_for_consideration_template_0420.pdf

New 21/22 Locum A/B Forms now available:

For our GP Locum doctors, the revised Locum A and B Forms are now available to download from the PCSE website at: <https://pcse.england.nhs.uk/help/gp-pensions/locum-a-b-pension-contributions/>

For all doctors (continued):

Appraisal postponements:

Following a discussion at the monthly Revalidation Advisory Group (RAG) meeting on 5th May, we took the opportunity to revisit our current process in line with our flexible and formative approach. It was agreed that the aim remains for the appraisal to take place in the usual appraisal month.

However, as long as the appraisal date is booked (and entered onto RMS by the Appraiser), an appraisal taking place in a different month will not require a postponement form at present - this will be valid until the end of September when this will be reviewed.

Note: The appraisal date must fit in with the revalidation date (i.e. we can request that it takes place in the normal month if needed for revalidation)

Other roles – updated guidance on evidence needed:

A doctor is required to provide evidence for each role in the UK every appraisal year even if non-clinical, private or voluntary. The minimum a doctor should provide as specified by the GMC is:

- **CPD** relevant to each role showing how the doctor keeps up to date and fit to practice in this role annually.
- **QIA** for every role at least once in a revalidation cycle. The frequency and nature of QIA will depend on the nature of the role, for GP work this should be annual. For other roles if you are uncertain of the frequency, please ask your senior appraiser or the appraisal team for advice.
- Any **SEA or complaint** from any role should be declared annually.
- A doctor should reflect on any source of **patient feedback** they can access that gives them useful information about their practice at each appraisal.
- **Formal feedback from patients and colleagues** at least once in a revalidation cycle across the doctor's whole scope of work.

While we would encourage **in-job appraisals these are not mandatory**, and the annual appraisal should cover the whole scope of work. If a doctor has an appraisal in another role the outputs from it should be included as valuable supporting information. There is **no mandatory requirement to do any structured reflective template (SRT) in another role** unless specified by the RO. SRTs can be useful supporting information but are not a requirement for revalidation. If a doctor is struggling to provide evidence for a role or there are concerns that they are not demonstrating they are up to date and fit to practice in the role there is a useful "Other roles structured reflective template" on the website:

<https://www.gpappraisals.uk/extended-practice.html> which guides reflection but this is not mandatory.

OOH GP work is considered to be GP work so does not require additional CPD or QIA to in hours GP work but should be included in patient and colleague feedback.

Post-appraisal feedback:

After an appraisal has been marked as 'completed' on RMS, you will receive an automatic notification email from RMS asking you to fill in the short feedback questionnaire regarding your appraisal experience. Although the results that we receive are anonymised and collated centrally, we very much value your scores and comments. This also plays an integral part in the Appraiser's own annual review, so we would ask that you please take a few moments to reflect on your appraisal, and use this opportunity to share your opinion and ensure that we maintain our formative and developmental approach to GP appraisals in the South West.

Revalidation:

GMC update:

Just a reminder that the GMC have rolled forward any revalidation due dates from 1st April to 31st July 21, by a period of 4 months. Kindly note that all revalidation dates due from 1st August onwards will remain unchanged (unless a formal deferment is requested via the Revalidation Advisory Group).

MSF/PSQ – important to note

As mentioned earlier in the ‘Appraiser’ section, all MSF and PSQ reports and reflections must now be included with - and discussed during - the last appraisal before your revalidation is due to take place.

The following information has been adapted from the Wessex Appraisal Website:

The GMC requires that a doctor should undertake a minimum of one formal patient and one formal colleague feedback survey in a 5 year revalidation cycle. These should cover the doctor’s entire scope of work. The GMC would expect a doctor to repeat a survey within the same cycle should there be a significant change in scope of work, such that the old survey is no longer applicable OR if the first survey indicates that significant changes needed to be made to improve a doctor’s performance in an area. Surveys should be accompanied by a self-reflection on the results. The survey tool and the manner in which it is processed should comply with GMC Guidance which includes that is the collation of the results should be fully independent of the doctor and place of work.

The following survey tools are acceptable to the Responsible Officer (RO):

- **Fourteen Fish** - Very much follows GMC Guidance and a doctor can use the GMC questionnaires which they will collate. PSQ- 34 Patient Responses required MSF-Can close at 12 under special request but usually 15 required. Fourteen Fish states 50% of responses should be from clinical staff.
- **CFEP UK Surveys** - Another approved survey supplier. PSQ-28 patient responses required for benchmarking to be calculated. MSF-12 colleague responses required to benchmark. No differential is made between medical/admin staff with number required.
- **Clarity** state that the RO is allowed to decide on the number required for both PSQ and MSF responses and this varies as a result from area to area. In the NHS South it is: PSQ – 34 patient responses MSF –15 colleague responses required to benchmark. No differential is made between medical/admin staff with numbers being required.
- **Edgcombe Health** - PSQ –Will convert on 17 patients and can benchmark at this level of responses, psychometric properties of this questionnaire they claim are validated and approved by the GMC. MSF - Will convert at 12 responses –6 of which must be peers/clinicians, 6 from support of other roles.
- **GP Tools** - at least 35 responses for PSQ and 15 for MSF respectively

Note: Fourteen Fish, CFEP and Clarity all enable a PSQ for remote consulting within their Toolkits.

The RO and Lead Appraiser realise that this is not always easy for some GPs. In exceptional circumstances it is possible to consider accepting surveys with a lesser number of respondents where a genuine attempt has been made to reach the required number, the responses received are representative of the doctor’s scope of practice and there is clear evidence of reflection and learning from the outcome. The appraiser will use their professional judgement in such cases and should seek advice from their Senior Appraiser, the appraisal lead or RO before accepting such a survey as being valid or not. Where a GP has a portfolio of roles, it may not always be appropriate to use the same survey tool for all roles. GPs may additionally include smaller or more frequent feedback surveys from their other roles that may not meet the GMC requirements but do demonstrate reflective practice.

MSF/PSQ (continued) – action may be needed

Outstanding MSF/PSQ and your appraisal:

Given the postponements and some 'approved/missed' appraisals last year, we are coming across a number of doctors who have yet to start or finish their feedback. We have been assured that the main appraisal Toolkit providers (e.g. Clarity, Fourteen Fish, Edgumbe Health, and GP Tools) have now incorporated an online version of both questionnaires which you can access via your own account. All feedback is collated anonymously and not shared directly with the appraisal team or your Appraiser by any of the Toolkits. Please also be mindful that we are currently unable to accept any feedback which has been compiled in-house via a Practice team.

We have recently undertaken a piece of work to identify those GPs who previously had outstanding MSF and/or PSQ ahead of a revalidation due date of between 1st April 21 and 31st March 22. About 250 doctors have been contacted to establish whether this information is readily available to view ahead of their pending 21/22 appraisal. If not, we may be able to offer a slightly later appraisal month to allow time for the completion/inclusion of the feedback, thereby avoiding a revalidation deferral request to the GMC.

If this applies to you, please contact your appraisal admin team as soon as possible so that we can run through the options available to you, and also make the necessary arrangements with your Appraiser.

Any Other Business:

Health Education England (HEE) – revised GP Returners Scheme: March 21:

Please find below the link to the HEE website regarding their new GP Returners Scheme, which makes it easier for doctors to return to General Practice: [GP Return to Practice Scheme \(2021\) \(hee.nhs.uk\)](https://www.hee.nhs.uk/gp-return-to-practice-scheme-2021)

“A year to forget, to reflect, to reset: 2020 revisited” – a personal review from Dr Harry Minas

We thought that we would like to look back over the last year and asked if any of our Senior Appraisers could share their experience with us. Harry kindly offered, and has provided a poignant reminder of where we were, where we are, and what might come next:

2020, like all other years for GPs, started in busy fashion with the usual winter pressures. As a portfolio GP I was looking forward to our planned March break. My wife and I started a 7-day Anglesey holiday on March 7th. The peaceful cottage in Malltraeth, situated next to the Afon Cefni river and the long walks, often with birds only for company, meant we did not fully grasp the rapidly evolving pandemic until we returned to Bristol.

Two days later the practice had a staff get together to plan how we would respond in the rapidly changing working conditions imposed by this new threat. A Bristol GP WhatsApp group kept me informed of the grim situation evolving in Lombardy, seemingly a tsunami visible in the distance yet not on these shores just yet.

Seemingly overnight work was transformed: appraisals, clinical reviews and nearly all non-clinical work stopped at the end of March. Remote consulting and virtual team huddles became the new norm. Over the years our work increasingly involved telephone triage but this new, "remote by default" working day was a challenge. From the first lockdown onwards the percentage of F2F consults has not climbed above 10%. The Covid challenge brought the team closer together, something repeated across several practices as I found during the autumn appraisals. For the first time since entering medical school in 1981, I had a spare time on my hands. Some went to exercise; some to meditation; a fair part in helping out with remote Covid triage under CCAS.

/continued overleaf

"A year to forget, to reflect, to reset: 2020 revisited"

I recall thinking back in September that another wave was inevitable, and so it came to pass. November marked my 57th birthday but also a close encounter with Covid. A colleague came to work with it; the next day half of the reception team was self-isolating. I woke up in the early hours of Sunday with rigors, no fever, mild fatigue and nothing else. Were it not for my experience of swine flu several years earlier and a flash recall that the rigors felt very similar, I would not have gone for a test. I did-and a mere 11 hours after the symptoms started I had a positive result. I called work, isolated, and started reading Dominic Pimenta's "Duty of Care", in hindsight not the best choice of reading material at the time. My illness was mild. So mild that I exercised gently indoors from day three and worked remotely on week two of the isolation. It gave me kudos with patients as in their eyes "I had been through it"; at the same time I was mindful of several practice colleagues who became very ill, ending in the hospital or even in ICU before recovering.

My Covid experience brought me closer to colleagues but also to long lost friends from my childhood; the outpouring of wishes from Greece and the UK on Facebook was overwhelming. I am humbled that people who I last saw 40 years ago reached out to wish me well at the time; it's not something I will forget in a hurry.

Appraisals restarted in their new, light-touch format. I was keen to hear how colleagues across the South West managed. I was amazed to see several wanting their appraisal rather than seeking ways to avoid it. It led to frank discussions with peers opening up about their personal and professional lives in ways I had not experienced in my twenty years as an Appraiser. The pandemic brought us closer, gave us a shared cause, a camaraderie that normal life cannot easily bring about, or replicate.

As I sit writing this, I feel lucky in many ways: that my illness was mild; that we were able to adapt; that I knew my patients well enough to be able to consult with them remotely without much friction. That I had a job that never stopped during lockdowns. Many others were not this fortunate. I am aware that work nearly dried up for locum colleagues. Between personal and financial stresses many suffered. For once, in my 33 years as a doctor, there was real purpose and a uniting challenge.

What the next few years will bring as we learn to live with Covid is not yet clear. We must not forget the lessons learned from this pandemic; how much we can achieve together in the face of adversity: the primary care vaccination campaign success; webinars; AccuRx are just a few of the changes that feel likely to endure. Pandemics, masks and social distancing can test us but cannot break us. Unity is not enough though; we must also address inherent inequalities and do our part to rectify them: financial, racial, social-for without the will and a common effort those who are disadvantaged will continue to pay a heavy toll on the altars of illness, death, and disability. As we hit the reset button at the end of this pandemic and while a police officer's trial across the pond was watched closely by those who have suffered the most, we need to turn our gaze towards delivering much needed change. As Amanda Gorman aptly stated with her poetry: "even as we grieved, we grew; even as we hurt, we hoped; even as we tired, we tried".

.....In the hills we have to climb, let's join hands and work for the greater good.

***We thank Harry for being so open about his journey,
and wish him and his family well as we move forward through 2021 and beyond.***

Thank you for taking the time to read through our newsletter. If you have any questions or would like to discuss anything that has been covered above, do let us know.

Please see below for the contact details of the wider team.

Medical Appraisal Team Contact Details

Responsible Officer: Kheelna Bavalia

For any performance concerns, please contact:

Deputy Medical Director - Dr Liz Thomas - liz.thomas2@nhs.net

Head of Professional Performance - Iona Neeve - iona.neeve@nhs.net

For Appraisal/Revalidation

(& HLRO Manager) – Lynne Bradshaw - lynne.bradshaw2@nhs.net - 07976 961909

Appraisal Lead - Lowri Kew - l.kew@nhs.net - 07769 189290

Deputy Appraisal Leads:

Jenny Docherty - jenny.docherty@nhs.net

Anisio Veloso - anisio.veloso@nhs.net

South West Administration Team - for Bath, Gloucester, Swindon and Wiltshire (BGSW):

Kate Barnes - kate.barnes1@nhs.net - 07730 379685

Sam Green - sam.green2@nhs.net - 07450 884022

Penny Giles - penny.giles@nhs.net - 07730 381863

Jacqui Ireland - jacqueline.ireland@nhs.net - 07979 242124

Lesley Phillips (HLRO Project Officer for both teams) - lesleyphillips@nhs.net - 07730 375462

South West Administration Team - for Devon, Cornwall and Isles of Scilly, and Bristol, Somerset and South Gloucester (DCIOS/BNSSG): england.gpappraisalsw@nhs.net

Vanessa White – 07730 379680 Tamsin Wall – 07702 403674 Gemma Woods - 07860 180444

GP Appraisals Website Link:

Useful appraisal and revalidation information can be found on <http://www.gpappraisals.uk/>