

Appraisal & Revalidation Newsletter Issue No.5

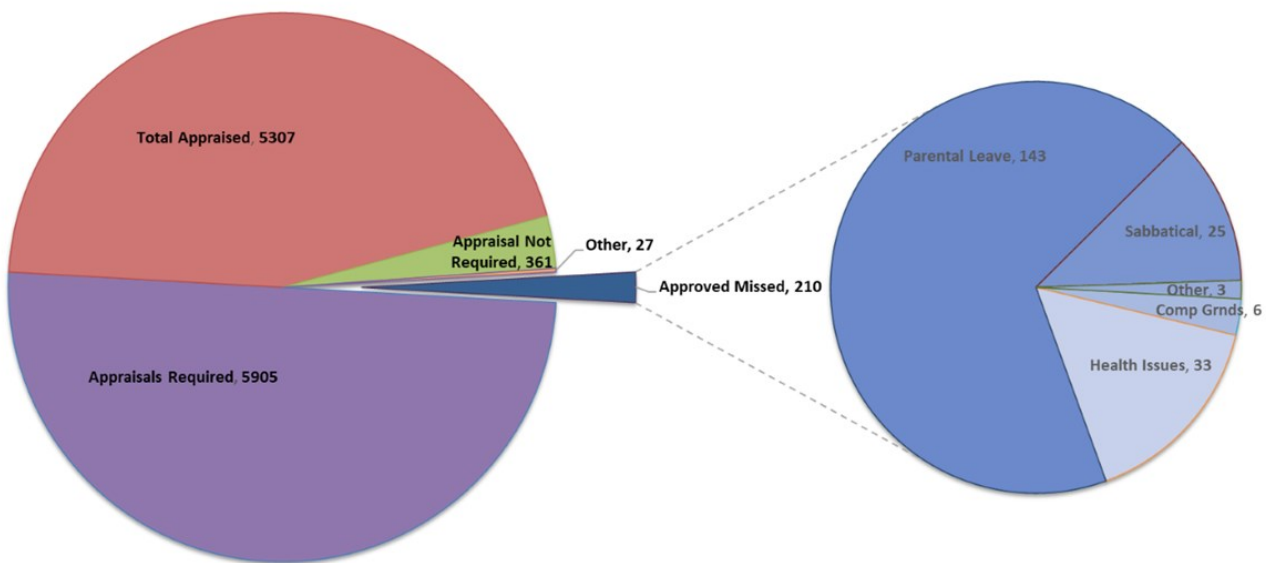


Welcome, Thank you and Goodbye

Welcome to our latest newsletter for GP Appraisers. Can we first start by thanking each of you for your continued support to the Doctors in the South West, the admin and senior teams over the past appraisal year. We appreciate the hard work you have put in throughout another tough year of demanding workloads and ever increasing service pressures, and we could not do this job without your ongoing encouragement, advice and guidance—the graphs below show what a huge difference you have made.

We would also like to extend a huge ‘thank you’ to those appraisers who are stepping down from their appraiser role from April. We have valued your experience and dedication in helping our local Doctors over the years, and you will be missed.

Overall Picture of Appraisals 2022/23 SW as one Designated Body
Data taken from 01/04/2022 - 23/02/2023



Revalidations 2022/23 as one Designated Body from
01/04/2022 - 24/02/2023



Recruitment

We are delighted to announce that we have successfully recruited a new Senior Appraiser from April 2023. Sarah Owen has been appointed to replace Richard Wharton who will be retiring at the end of March, and will commence her handover/ training shortly. Congratulations to Sarah, and we wish Richard well for his future plans—he has been a great support to our appraisers and Doctors in the region, has a wealth of knowledge and is a positive influence in the appraisal team.

New Appraiser Recruitment for 2023/24

The process for recruiting new appraisers is currently underway, with a slight change this year in that all applicants must be a practising GP and working in the South West. We had a great response to our recent advert and received 83 applications, 43 of whom are through to the interview stage. We are hoping to recruit in the region of 36 new appraisers, who will start appraising from August 23.

- ◆ 6th—22nd March 2023: Interviews scheduled to take place
- ◆ 26th—27th April 2023: Two day new appraiser training (face -to-face) to be held at the Exeter Rougemont Hotel

Buddy appraisers are required for the new intake, please let your senior know if you are interested.

Appraisal Advice & Information

The current appraisal format is here to stay and it's important to document previous PDP reflections, CPD & QIA.

Suggested introductory template to send to the doctor which includes reminder about PDP/QIA reflections (will be attached to the email with this newsletter).

There should be three hours of protected time for the appraisal discussion, if this has not been provided you should not carry out the appraisal and arrange another date.

If an appraisal takes place in March, please make sure that the writeup is completed promptly. The admin team would ask that any March appraisals have their summaries agreed, signed off and uploaded within 7 days of the appraisal date please (rather than the usual 28 day period).

When there are three failed attempts to chase a doctor, please contact the admin team no later than two weeks before the end of the appraisal month.

Appraisers can move the appraisal 1-2 months before the allocated month or into the following month as long as it's still in the same financial year. Contact the admin team to ensure the changes are updated in RMS and there should be a minimum of 9 months between appraisal dates. A postponement form should be completed by appraisee if the booked date is more than one month after the allocated appraisal month.

PDP Update & Tips

We suggest that you contact the Doctor 1-2 weeks ahead of the appraisal to start thinking about PDP ideas if not already completed on 'Submitted Information' to avoid last-minute discussions, that the doctor has not considered in advance.

Suggest 3+ PDP items (including one wellbeing topic) and to consider if the appraisee can commit, is it a learning / developing need, is it relevant, meaningful & achievable? Appraiser to consider these when reading pre-appraisal documentation and to share suggestions using a guided approach, but it should be Doctor led.

AoMRC online PDP template (Appendix B) is a useful tool as it helps shape PDP., accessible via this link:

[https://www.aomrc.org.uk/wp-content/uploads/2022/06/Medical Appraisal Guide 2022_0622.pdf](https://www.aomrc.org.uk/wp-content/uploads/2022/06/Medical_Appraisal_Guide_2022_0622.pdf)

Home in on 'why' they have chosen that PDP.

'Useful links' slide to accompany these notes

Doctors Working Abroad

NHS work can be done from abroad although there are information governance and contract issues these are the responsibility for the employing organisation. If a doctor is doing any UK medical work requiring a medical license from abroad, they must have an appraisal. If doctors are doing no UK medical work, then they should maintain contact during this time with the appraisal team. They are allowed one 'approved missed' appraisal, but should have an appraisal in the second year, the timing of this will be advised by the appraisal team on an individual basis. If there is a longer absence, the doctor should not be included on the performers list as to be on the Performers list a doctor should do annual NHS GP work. If one of your appraisees is on a sabbatical break, please let the admin team know where and for how long (even if it doesn't affect their appraisal due date).

Private Work

If a GP is carrying out private work, and chooses to include their whole scope of work in one formal MSF and PSQ then the majority of survey invites should be sent to NHS patients/colleagues. Please can you explore this and record in the appraisal write up or output statements.

Face to Face (F2F) Appraisals

The option of having a F2F appraisal is now available, although online appraisals are also continuing – please offer this to every appraisee

If a F2F appraisal has been requested, this should be the doctor's choice and should take place in a professional setting. If it's at the doctor's home, you should notify your senior and the appraisal team, but it should not be at the appraiser's home address. If you undertake an appraisal in an appraisee's home, please note this in the appraisal summary notes with a brief explanation as to why.

Limited Scope of Work / <40 GP sessions

In these cases, appraisers should ask the doctor to clarify if their contract requires them to be a GP to carry out their duties and is a good way to check they are connected to the correct RO. 'Factors for Consideration' template from AoMRC should be used for varied scope of work and limited number of GP sessions:

https://www.gpappraisals.uk/uploads/4/5/8/5/4585426/factors_for_consideration_template_0420.pdf

This document replaces the previous 'Low Volume of Work' structured reflective template.

Please notify your senior no later than two weeks before the appraisal date if you have any doubts about suggesting this form or queries about a different scope of work.

Each 'Factors for Consideration' template received is reviewed by either Lowri or Anisio in case any other actions need to be taken/followed up.

MSF/PSQ & Revalidation

Please check the revalidation date of your doctors on RMS (this shows on your appraisee list) as this is the correct date taken from GMC Connect.

It is recommended that the colleague (MSF) and patient (PSQ) surveys are completed in years 2 or 3, so that doctors can avoid the need for a deferral request via the GMC. If there is an exception or too few numbers are completing the surveys, please notify your senior two weeks prior to the appraisal date. RO approval is required to close them earlier.

Surveys need to be reviewed within the appraisal discussion and are no longer accepted outside of an appraisal in a separate meeting.

If the feedback is not ready prior to a pre-revalidation appraisal, the appraisal month may be moved forwards slightly (if possible) to allow the appraisee extra time to complete and include the reports and reflections. This will need to be approved by the admin team ahead of time, and can help to prevent a revalidation date deferral request being made.

When uploading the appraisal summary to RMS, please make sure that it includes all feedback attachments. Otherwise, please ensure that the surveys are uploaded separately.

Make a note in the appraisal output summary that the doctor “appears revalidation ready” or “on track for revalidation”.

On the output summary, please enter the MSF and PSQ completion dates where known, and the name of the Toolkit(s) used – this is a great help when the team are doing the revalidation recommendation checks.

The CFEP toolkit is closing on 31st May 23. Any MSF & PSQ surveys that are in progress will be continue to be honoured and completed, but any new surveys will need to be started using an alternative & GMC approved toolkit.

MAG– Debrief for MAG statements

MAG 1: If the scope of work is not included in the summary, please ask the doctor.

It’s necessary to appraise every role for their medical licence. If the doctor has had an internal appraisal this needs to be included in the appraisal outputs. QIA is required for each role at least once in the revalidation cycle and the minimum is that formal feedback covers all of their roles.

For the regular GP role at least 1 QIA is required per year. The ‘Factors for Consideration’ form can form part of their scope of work.

For private work, it depends on how much they are undertaking, but encourage them to evidence it – please contact your senior for advice on this.

MAG 2: If missing QIA, case review can support this.

MAG 3: If development has been made which was not on last year’s PDP, it’s OK to disagree and provide comments for explanation. For Newly Qualified GP’s it is also OK to disagree, if no PDP was identified. It’s also OK to disagree the above two statements.

MAG 5: the majority of cases with concerns will not be shared with the appraiser before the appraisal. The writeup should just cover the basics and reflections, but gather enough evidence to support your decision.

It is essential that you discuss with the doctor if you are considering/disagreeing a MAG statement, and/or if any information needs to be escalated.

If you are concerned that a MAG 5 situation might be unfolding, you can stop the appraisal and ask for advice from one of the senior team before proceeding.

Please also let your senior know when you have disagreed a MAG 5.

MAG statements general comments;

Lowri & Anisio will review MAG disagreed statements and come back to you if any issues/further information is required. Disagreed statements are not a failure.

Some appraisee’s don’t know what MAG statements are so discuss this with them.

Allocations 23/24

Please review your allocated doctors for the next appraisal year to ensure there are no Conflicts of Interest, if you do need to raise a COI please email the Appraisal team at england.gpappraisalsw@nhs.net. Also check the status of surveys if its a pre-revalidation appraisal and prompt the doctor if necessary. We need to reduce the need for deferrals; these should only be used for parental/sickness leave or career break/sabbatical.

The team will be contacting appraisers shortly to confirm their payment information from 1st April 23, and to check your GP role as this can affect appraiser payments. Please reply to this email promptly to avoid any payment delays going forward.

Appraiser Support

Please contact the admin team if you require a break from undertaking appraisals. If the absence is less than a year, an update is required upon your return from your senior/leads. If it's over a year you will need to re-apply for the position.

Appraisal Toolkits

- ◆ The MAG form is no longer fit for purpose - if doctors insist in use, we cannot refuse but to discourage its use from 1st April 2023.
- ◆ GP Tools is free for one year with a free PSQ. Appraiser needs to register so that the doctor can be linked.
- ◆ It is the appraisee's choice as to which toolkit they use (but must be GMC approved), they should not be discouraged from using a particular toolkit.
- ◆ Supportive discussions (previously known as interim appraisals) are no longer being funded, for any doctors that require support they can be referred to the Devon Wellbeing Pilot by contacting vik.mohan@nhs.net If required, please discuss with your senior or Lowri/Anisio.
- ◆ Appraisees can also be directed to the Practitioner Health website which may be useful: www.practitionerhealth.nhs.uk or email via: prac.health@nhs.net

Regional Support Meetings

Attendance is required at **three** meetings during the year including **at least one** regional meeting, and then topped up by your attendance at the locality meetings with your Senior Appraiser.

During 2023, three of the meetings will be held via TEAMS, and one face to face as follows;

Monday 17th April 2023	09.00-13.00	Via Teams	
Tuesday 2nd May 2023	13.00-17.00	Via Teams	
Wednesday 14th June 2023	13.00-17.00	Face to Face Kindly note as this is our first face to face support meeting in 3 years, interest may be high, although we only have capacity for 100 guests at this time. Please book early!	Sandy Park Conference and Banqueting Centre, Exeter EX2 7NN Lunch is provided 12.00-13.00 prior to the meeting. Travel; Just off the M5 (J30), Parking is Pay & Display via cash or the RingGo App. Further information can be found here; Getting to Sandy Park Exeter, Devon Nearest Train stations: Digby & Sowton (0.4miles), Pinhoe (1.9 miles), Exeter St. David's (3.6 miles)
Thursday 22nd June 2023	09.00-13.00	Via Teams	

All Appraisers should please pre-book their places on the regional support meetings via RMS.

The content of each of the 4 summer support meetings will be replicated and we hope to run another set of 4 appraiser support meetings in Jan/Feb 24.

Senior Appraiser Locality Meetings

Senior Appraiser Locality meetings from 1st April 23;

We will ask our Senior Appraisers to send out a list of their locality meetings for the next six months.

Some meetings may be face-to-face but possible dates have not been agreed yet. You will be notified nearer the time.

Appraiser Payments- Locum A Forms

The 10-week rule for submitting the Locum A form (and any pension contributions/Locum B form) after the appraisal date still applies. Please contact PCSE if you experience any issues in meeting this deadline.

As from 1st April, we are moving towards approving them only via the online PCSE portal, and will be phasing out the manual uploads which are sent to us via email for sign off.

Please follow this link for more information, which includes a 'how to' guide for first time users:

[Submit Locum A and B Forms - Primary Care Support England](#)

Pension Tier changes from 1st April—update

Discussions are underway nationally regarding the implementation of new pensions tiers, although we have heard this week that these will not be in place by 1st April. We will provide further information once it is released.

SOLO Forms 22/23

These will be issued after the mid-April 23 payment run on RMS has taken place. There will be 2 separate SOLO forms issued this year due to the pension tier changes last autumn – the first will run from 1.4.22 to 30.9.22 and the second will cover from 1.10.22 to 31.3.23.

Once we have downloaded the SOLO forms from RMS, we will email them to individual SOLO appraisers for sign off and return. We will then upload them directly onto the PCSE online pensions portal to be aligned with the employee and employer superannuation contributions, which NHSE have made on your behalf during the 22/23 appraisal year.

One Designated Body (DB) move

The national team is moving towards the merger of all three current DB's in the South West into one team. This will include the GMC amalgamating their lists and RMS replicating this to form one system, in place of the three separate areas currently on RMS.

This is due to take place from 1st May 2023 and we will keep you posted on developments as we receive them.

All appraisal communications are now sent and received via one generic email address: england.gpappraisalsw@nhs.net

All members of the admin team are able to access the new email address and help with any queries from Doctors/ Appraisers/Performers List teams going forwards.

NHSE Office update / venues for appraisal

The Saltash office is closing from the middle of March, the team are working to locate alternative external venues.

The Exeter office has now closed, and both the Bristol and Taunton NHSE offices have very limited access currently for external guests.

The appraisal admin team are sourcing alternative venues for appraisals (e.g. with ICBs and LMCs) and will be sharing our findings with you shortly. In the meantime, Anisio asked appraisers to consider local libraries or community settings which may be able to help with a private room, should a confidential space be needed for an appraisal.

Please also let us know of any you have used in your locality which may be available to other appraisers.

Medical Appraisal Team Contact Details

Responsible Officer: Dr Kheelna Bavalia

Head of Professional Standards (for performance concerns) - 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 Lead: Anisio Veloso - anisio.veloso@nhs.net

HLRO Project Officer - Sarah Strong - sarah.strong@nhs.net - 07730 371076

Appraisal Admin Team:

Kate Barnes - 07730 379685

Vanessa White – 07730 379680

Grace Adams - 07783 817108

Helen Ashworth - 07730 376201

Ildiko Dan - 07702 430963

Claire George - 07730 379455

Penny Giles - 07730 381863

Sam Green - 07450 884022

Deborah Lewis - 07702 436069

Tamsin Perrin (was Wall) – 07702 403674

Gemma Woods - 07860 180444

Any of the above team members can be reached via the generic email address: england.gpappraisalsw@nhs.net

...and don't forget to look at our GP Appraisals website too - <http://www.gpappraisals.uk> . We have had some lovely feedback from one of our appraisers highlighting how incredibly helpful the website is. Please take the time to have a little look, it is a really useful source of information where you can direct your appraisees prior to their appraisal.

