

**2020 Information following Training for new documentation  
Appraisal re-start Q&A**

**CPD**

**Credits** - An estimate of hours completed, should also go alongside the comments as it aligns with other college's requirements - Although Appraisers should note we don't necessarily expect to see 50 hours and there is no requirement for revalidation to complete 50 hours a year, but rather to complete appropriate CPD for roles.

**Question** - Can RMS cope with not entering CPD hours?

**Response** - Yes, it can though remember to put a comment regarding suitable CPD for roles if you are unable to estimate a number- for now the RO would like an estimate wherever possible.

**Question** - Is it a problem if someone has done no QIA and only 5 hours learning

**Response** - Make an estimate of learning – a generous estimate is ok this year. It is highly unlikely that a GP working during Covid-19 will only have done 5 hours learning and no QIA- most GP's have done vast amounts of learning re Covid-19 and changed the way they work utilising texting, photographs and video consulting; all of which can be discussed as QIA. It may be that counting credits stops going forward.

**Question** - Is virtual CPR training done on-line ok?

**Response** - It will have been impossible to do face to face CPR or safeguarding training during the Covid-19 pandemic so if the update was due then online or virtual training is a pragmatic way to best meet requirements given what is available.

Please continue to discuss and record mandatory training including e-learning.

See CQC update re mandatory training: <https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-70-mandatory-training-considerations-general-practice>

**Question** - How do we deal with the non-learning GPs? Are they being picked up anyway in a system that just relied on tick box numbers?

**Response** - The non-learning doctors are the ones we need to be discussing with the seniors and the team because they may have ticked the box for 50 credits but, they weren't learning so in a way the Appraisers will know who they are. These are in the minority, there are less of those than those of us who have got nothing from written reflection and recording and found it irritating to put down every piece of learning they had done and reflect on it. The answer is to focus on impact if they are learning. Work out how they are learning.

**Question** - What about the ROs decision to count credits and why variance to other regions?

**Response** - ROs have the right to make decisions that are slightly different. We are hoping long term that national guidance may come out regarding counting credits. A guesstimate is fine, and a no figure zero/zero entry also works with a comment to whether you think it is appropriate for their learning or not.

**Question** - Safeguarding and CPR training

**Response** - Please mention during the appraisal. We are not 'policing' the training, but it should be discussed with the Appraisee. You may recommend online training or reflections on case studies, as there will be no face to face CPR training at the moment – the same applies to Safeguarding updates. Please add a comment into the summary notes for reference.

**Question** - Will there be guidance on how we estimate CPD hours? Do we have to include that? It seems tricky to guesstimate.

**Response** - A generous estimate is fine, a comment in the comments box on the output summary is good regarding the appropriateness of learning for roles.

**Question** - Are we able to use common sense in situations such as if a doctor working in a nursing home environment only has not done child safeguarding training

**Response** - Remember as a GP they can step back into 'normal' GP work at any point, so should be reflecting on how keep up to date and fit to practice including in mandatory training. Add a comment if appropriate.

**Question** - How much time should we spend on CPD?

**Response** - Open question at the beginning and be led by what the Appraiser would like to get out of the meeting and what they feel is important.

**Question** - Is it alright to tell our Appraisees that at this stage we do not know if we will return to the old style because of Covid.

**Response** - Yes. Suggest saying "don't know" but keep a record of their CPD going as they go along.

**Question** - Appraisees may have lots of CPD recorded already

**Response** - We should acknowledge and agree any CPD that has been recorded, to be reviewed and submitted.

## **Revalidations**

**Question** - Due to revalidate 2020/early 2021 and all the evidence ready including if revalidation moved forward.

**Response** - Yes = a recommendation can be submitted even with an approved 'approved missed due to Covid' appraisal.

**Question** - If evidence is missing i.e. MSF/PSQ?

**Response** - The doctor still has time for one more appraisal to discuss the outcome of their MSF/PSQ as revalidation dates have moved forward one year. The results should be discussed in an appraisal (as per GMC guidance)

**N.B.** MSF/PSQ may often be embedded in toolkit or may need a separate upload to toolkit

**Question** - Wrong revalidation date.

**Response** - Check in your (GPs) GMC on-line account, navigate to your revalidation area where the date is populated - this is the correct date. Please ensure that it matches with your toolkit. Only the GP has the right to change the date.

**Question** - Toolkits supporting non face to face consultations / PSQ

**Response** - We know that Fourteen Fish, Clarity and CFEP now have PSQ for remote working. We need to factor that in for appraisals i.e. how long it takes to gather remote PSQ.

**Question** - PSQ and remote consultation – has this been validated?

**Response** – Lowri confirms they are using existing surveys but enabling remote responses. The original questionnaires have been validated. Only needs completing once in the five-year revalidation cycle.

**Question** - Revalidations that were due in the year March 20-21 are going to be confirmed and appraisal doesn't need to have taken place?

**Response** - If someone was revalidation ready then they will be put through revalidation even if their original date was moved. Appraisal due between Apr and Sept 2020 have all been recorded as approved missed due to Covid-19' unless the doctor was on parental leave or ill health. Appraiser can see this on RMS.

**Question** - If a doctor is due to revalidate next year how will we be able to review colleague/patient feedback prior to their next appraisal.

**Response** - If their appraisal was due April to September, they will have another appraisal next year and their revalidation date has been moved forward 12 months, so they have time for another appraisal if evidence is missing. We have compiled a list of all missing evidence for each of them. If an appraisal cannot be fitted in before their revalidation date, then we request a deferral of their revalidation date until 2 months after their next appraisal as we do now.

## **Appraisal (including process and revised documents/template)**

**First Appraiser/Appraisee contact** – An email template has been sent to the Appraisers to be used as a guide when contacting their Appraisees. This will reflect the different approach, expectation and requirements of the new process. Because this is a virtual appraisal, we shouldn't be squeezing them into times when we don't have the head space for it or protective time and our Appraisees shouldn't be doing that either. It would be reasonable to expect discussions to extend a bit more. We would suggest setting aside around 3 hours for discussion.

**Templates** - We will ensure that we send out a word document that you will be able to access.

**Paperwork** - To prepare for both GP and Appraiser. This will be reduced for the GPs evidence to be submitted, see the revised template.

**QA by Senior, Post appraisal QA** – The senior Appraisers will be asked to QA each Appraiser's first three appraisals in the new light touch format to check that the summaries are up to standard.

**Use of Tools for appraisals** ~ All appraisals should be visual but also considering information governance issues (e.g. Microsoft Teams which is the only one which currently meets IG NHS Governance requirements). If using other tools (e.g. WhatsApp/Facetime/Zoom/Skype) please ensure that no personal details are identifiable. Zoom will not lock you out after 40 minutes if you log in using your nhs.net account.

Please do not use audio recording of the appraisal discussion and be aware of confidentiality. Appraisal is all about creating a safe space, and recording a conversation changes the content. If the video call fails and you are some way into the appraisal, it can be continued by phone (a good idea to make sure it is tried and tested before the actual appraisal and have mobile numbers ready just in case things do go wrong and you can call to discuss the way forward). However, the majority of the meeting should be visual. Document if you could not get the video connection back.

Please read the virtual platform security document that has been sent out for recommendations (if you need support to access other tools please contact the team, we are happy to provide support).

**Crib Sheets** - On how to access various communication tools. There are crib sheets on the website, and you can also contact the admin team for individual assistance.

**Face 2 Face** - No direct face to face appraisals even with social distancing for Southwest GPs for the foreseeable future, and no telephone only appraisals either.

**Toolkits** - Fourteen Fish & Clarity have incorporated the revised templates. If the doctor uses MAG they will need to attach the template to the toolkit or focus on those areas of the toolkit that are on the template. They also need to complete the basic details such as name, place of work and health and probity statement that are needed to sign the MAG off. If a Fourteen Fish or Clarity template is already in use, then please continue with that one. No need to duplicate entries on a separate template.

Appraisers need to write their summary up on the toolkit and ensure the doctor has signed the probity, health, confidentiality and declarations statements. Please record as previously the length of the meeting and the IT platform used. A reasonable length time should be allowed for appraisals in the new format.

The template is aimed at identifying the salient points required for the appraisal. The toolkit requires the Appraiser to identify where in the revalidation cycle this appraisal is and particularly if this is a revalidation ready appraisal.

Comment raised that we should be mindful of mentioning the Covid pandemic and specifically how it has affected the GP (both personally and their practice).

**Question** – Process - As soon as the national documents are available, they will be shared with all Appraisers/GPs and put up on the website.

**Response** - We would encourage Appraisers to make contact and clarify with the appraisee what information they expect in their introductory email. We have sent out a draft email for you to consider using.

**Question** - Has the national support document you mentioned been sent out?

**Response** - The final templates were sent out after the letter from NHSE which confirmed the restart, they can be found on the Academy of Royal Colleges website on this page : <https://www.aomrc.org.uk/revalidation-cpd/appraisal-revalidation-during-Covid-19/> and in the library link on that page where they will be updated over time.

**Question** - Where does the Appraisee access the template document if they usually use a MAG form?

**Response** - The template will be sent out when finalised / will be available on the Academy of Royal Colleges' website or accessed via appraisal team. The template will be used for as long as agreed we think necessary. 12 months is the view at present and will keep on being reviewed.

**Question** - Do we write the outputs in for example a MAG form? If so, this has parts that need to be filled in e.g. jobs or qualifications before it can be saved

**Response** - Any box that needs completion on the toolkit before it can be locked down will need to be completed e.g. name, GMC number scope of work, health and probity statements. Yes, outputs should be written on the doctors chosen toolkit.

**Question** - What should we do if our online connection drops during an appraisal (e.g. Zoom)?

**Response** - You can carry on via another platform FaceTime/WhatsApp/Skype or on a mobile if needed (always a good idea to have a mobile number to hand just in case!). The majority of a virtual appraisal should be undertaken via a video link. If you are on a Zoom call and it disconnects, log out of the meeting and then re-join the meeting using the same access code and password.

**Question** - Where should the templates be saved by the Appraisee within each platform?

**Response** - The template can be saved on the MAG as an attachment as other evidence would be saved, note referring to 'see template'. Fourteen Fish and Clarity have incorporated the template into the toolkit and doctors will be given the option of moving to it (when all information already uploaded transfers too) or staying with the traditional format.

**Question** - I could not attach anything to the template, is it possible to?

**Response** - This was never designed as a stand-alone document, rather to guide and make clear the minimum pre-appraisal requirements regarding supporting information. It was decided the template was a better way to show GPs what they needed to concentrate on. They can fill in and upload to their toolkit. The hope is toolkits will incorporate. Still need to use their normal toolkit, any attachments should be attached to the normal toolkit. Clarity and Fourteen fish have incorporated the template in the toolkit.

PDPs are tricky when we are not sure what the future holds.

Most GPs are considering how to merge the best of pandemic ways of working with the best of pre pandemic ways of working, work-life balance and health and wellbeing has been at the forefront for many and a suitable PDP item is appropriate. Remember ways to make an appropriate PDP item while not tying someone down e.g. "consider" or "make a decision regarding..."

**Question** - It was annoying when typing on to the template that all text was underlined, and 'Return' (new para/bullet point) was not functional. Is this going to be fixed as it will irritate a lot of GPs.

**Response** - The final version of the template which is now available will hopefully work more smoothly.

**Question** – How can we ensure the meeting is as meaningful as possible in the sense that there is still some element that the previous iteration was more Appraiser than Appraisee led? The challenge is how to make the meeting as meaningful as possible.

**Response** - There is a document on the Academy website about suggesting questions but one of our Seniors in the South is developing a document of suggested questions for each domain. This will be sent out as soon as it is finalised. We will find that the virtual format isn't as scary as thought once we start doing them.

**Question** - Do we have to look at the evidence submitted if over and above what is necessary?

**Response** - Yes, any supporting information submitted should be considered – the doctor is encouraged to submit anything already uploaded and any they want to submit and are free to choose to stick with the traditional format.

**Question** - Time

**Response** - The expectation is that the appraisal time for Appraisers will remain about the same but the time spent in pre preparation may be shorter; but we expect the meeting may be longer and the write up also a bit longer, at least while an Appraiser gets used to the new format.

If in doubt; remember that the summary should never be a verbatim summary of the discussion. It should be a record of the key points needed by the RO and the key things that the doctor will find valuable to have been recorded for their next appraisal. It will make sense to share examples of good appraisal summaries that will QA well and give the flavour of a good appraisal discussion that has been supportive to the doctor.

**Question** - Is it ok to do appraisals after hours or over a weekend?

**Response** - It is usual for appraisals to take place during 'normal' working hours (e.g. Mon-Fri, 9-5). However, we should accept that given the current circumstances, it may be better for some. The Appraisee should not be forced into these arrangements, and please remain mindful of the potential power imbalance between an Appraiser and Appraisee. If an appraisal does take place after hours or over a weekend, please document this in the appraisal summary.

**Question** - How might the new format be for the new Appraisers?

**Response** - Could be more difficult as the format will not be familiar, and lots of information is usually presented ahead of the appraisal.

Note: GPs are used to discussion and keeping up to date = safe practice.

Things to include should be:

- CPD – record of learning
- QIA – putting learning into practice
- Talking and communicating with others
- Not practicing in an unsafe manner

This new format might be an advantage to last year's new Appraisers as they will be used to flexing but will not be used to filling in the appraisal forms in a set way. They are welcome to submit as much written document as they feel comfortable with. Acknowledged that this may be a challenge for some. Some reflect as they complete their form. Lighter form may stop some people from this type of reflection. SRT does not have to be completed this year.

The new Appraiser training for this year (on 30<sup>th</sup> Sept and 1<sup>st</sup> Oct) will run fully with the programme followed as in previous years – the new format will be added as an update for information.

**Question** - Supportive discussions (previously known as interim appraisals). Do supportive discussions completed between April to Sept 20 count as a full appraisal?

**Response** – No, they do not. Only the full appraisal (one per year) will be recognised.

Note: If you have completed a supportive discussion, please remember to upload the summary notes onto the Appraisee's RMS record.

**Question** - Please can we clarify are we going for Progress QA model (a lot of information was found in documentation so that discussion could be supportive) as might have to spend more time acquiring this information.

**Response** - Appraisal will still be quality assured again Progress 2, but we will take account of the difficult situations. Example: Appraiser summary will be shared.

**Question** - Concerned about how much data an Appraiser will need to record and collect during the appraisal meeting.

**Response** - The appraisal summary template should give you some further guidance. The summary is not a verbatim account of the appraisal discussion and does not need to record all CPD and QIA a doctor has done, simply a few examples of how the doctor has kept up to date and fit to practice in their roles.

**Question** – What should the reflections in the appraisal summary look like? Should they focus on wellbeing or current roles?

**Response** – The new Appraiser format is wellbeing focused but will need to meet the Appraiser requirements. The draft example written up summary that was circulated provides a guide and the details are similar to appraisals that were carried out beforehand.

**Question** - What about a 'summary light' equivalent.

**Response** - No, the Appraiser needs to ensure that the summary is a true record of the discussion. The RO and GMC need certain information for this to count as an appraisal and build the revalidation portfolio. It is vital that we ensure outputs from appraisal this year are robust if we are to impact appraisal going forward.

Appraisees are used to providing a lot of information before their appraisal. Should we be encouraging them to put less in the new format? The Appraisee should submit whatever they hold to date as usual, and in full if available (e.g. if already saved onto a Toolkit). The evidence should be useful and add value, but not be surplus to requirements this year.

**Question** - Is it acceptable to make more notes for the summary?

**Response** - Yes. We know that the way in which Appraisers write up each summary might change, and we are not expecting lots of CPD and QIA from the Appraisees this year.

**Question** - Not clear to me who is filling in what paperwork and given all platforms being revised - how are we going to manage this uncertainty?

**Response** - From the Appraisee perspective, they need to put on their toolkit the details they put on the national template only (other detail) or the tick boxes signed off on their toolkit. i.e. DOB, sign off statements etc. They cannot send documents until filled in. Expecting most to do on template and upload template.

The template was never meant to be a stand-alone document.

From the Appraiser's perspective we are not expecting more than the normal New PDP write up summary and output statement, that's it

Difference is GP won't be sending in list of learning QIA / etc., should be listing achievements and challenges, this will be very variable. Those working during Covid-19 will have huge amount of learning.

They don't HAVE to fill in the template on the template. There had to be a way to tell them this is what information they needed to submit to make the change in format obvious. What they can't do it is just fill in the template; they will need a toolkit to write up summary.

**Question** - The templates are causing issues because of locking.

**Response** - To reassure you, we unlock if it comes in a locked format to prevent the clear IT issues this is creating for many trying to use it. The only caveat is that it will need to be saved as a Word document as those with Macs and open office may then save it in an unreadable format.

**Question** - How do Appraisers request the pre appraisal information in a succinct manner?

**Response** - Suggest that we (the appraisals team) produce a bullet point guide of acceptable evidence for Appraisers to use with their Appraisees.



**Question** – QIA. How to record in new format?

**Response** - The QIA will usually be teased out during the appraisal discussion, without a specific conversation often being held, and just needs to reflect the change in practice or consultation. This can include:

- texts, photos, video consultations
- clinician/staff meetings at the Practice
- where we are now. How do we take the best bits of the old and new ways of working and carry them forward?

**Question** – Do we still need to record complaints and SEA's?

**Response** – Yes, a small amount is needed and it is good practice to record. Significant events/complaints need to be stated and discussed at the appraisal. Also consider whether it could translate into CPD credits (as learning from the event/complaint). If a doctor has had a significant event, it may help to share with other doctors for learning. It should be covered in the appraisal output summary and PDP too. Check that safeguarding and BLS training are up to date.

**Question** - Appraisal sign off. Given that the appraisals will now be conducted 'virtually', would it be possible to contact the Appraiser after say, one-week post appraisal, to arrange a follow up meeting and sign off if needed?

**Response** - Yes, great idea. Also, a reminder that all appraisal documents need to be signed off by the Appraiser and Appraiser within 28 days of the appraisal taking place.

Note – caution! We are not expecting our Appraisers to go above their usual role. Appraisal is a supportive discussion, and your experience makes a difference to each doctor that you come into contact with.

**Question** - PDP, planned topics marked as incomplete/disagreed statements

**Response** - It is ok to mark a disagreement on an appraisal summary sign off for not completing elements on the current PDP. Although please add a comment to cover the impact of COVID on planned activities etc.

Please reassure your appraisees that they should not be anxious about this year's appraisal – it is a supportive addition to their clinical role(s) and should not be regarded as passing/failing where a PDP is concerned. A PDP provides a snapshot of the last year for each individual doctor, and will be fluid in its content, both now and going forwards.

**Question** - What if the PDP has changed?

**Response** - This is a 'living' document which may change during the course of a year anyway. The PDP is a snapshot of a GP's journey through the year. We should encourage and comment on PDP items which are still relevant for next year – that may include new priorities. Disagreed PDP – it may be appropriate. If so, please justify with a brief comment in the output summary. The GP's priorities may have changed, and they might not have been able to complete certain items. This can be utilised in a positive way, and a disagreed statement sign off does not affect a GP's appraisal or revalidation recommendation. A disagreed statement will need to have a plan in place going forwards and recorded in the summary and on the output summary.

### **Postponements/Booked Dates**

**Question** - What happens if we cannot book appraisal dates in the appraisal month this year?

**Response** - We are aware of the pressure on doctors and it will be allowed to book a later date for their appraisal this year. Their original appraisal month will hold for future years. Appraisers need to be aware of appraisals due in subsequent months and hand back to the office if there are any issues. All appraisals must be completed before the middle of March 2021.

**Question** - Exceptional circumstance i.e. maternity sabbatical and long-term ill health.

**Response** - Postponements will continue as normal. Anything else will need discussion with appraisal/manager lead. If a doctor is currently working but feels too stressed or overwhelmed to have an appraisal a discussion between the doctor and Appraisal Lead or Senior Appraiser will take place to signpost to appropriate support and make a decision regarding a postponement.

**Question** - Could the doctor could be asked to give consent for the remote appraisal meeting?

**Response** - Yes, good practice.

**Question** - Can appraisals be carried out outside of office hours?

**Response** - We would encourage all appraisals to be carried on in normal office hours, however, there may be exceptions with the agreement of both parties if it may be beneficial to do so. This should be documented in the summary.

**Question** - Virtual meetings - good practice?

**Response** - The plan should be to put in regular breaks in the virtual meeting

## **RMS**

**Disagreed statements** - If there is a disagreed statement we need to know why. Please provide comments in the output summary. A disagreed statement with appropriate comment does not necessarily have any negative impact on a doctor's revalidation. For example, no progress against the last PDP due to Covid-19 or a change in role may be entirely appropriate.

**Question** - Do we have to disagree one of the outputs if some of the PDP has not been achieved or only if all of it has not? Might it be reasonable to carry forward a PDP if not been attainable due to Covid but likely will become attainable again as/if things get back to normal(ish)?

**Response** - Very reasonable if still relevant. Disagreeing an output statement when appropriate e.g. no progress against last PDP is entirely appropriate.

**Question** - Will appraisers have access to RMS?

**Response** – No. We do not have the admin support to train them and to sort out all the glitches of allowing nearly 6000 doctors access at the same time and the training implications.

**Question** - Does this inability for people to access data held about themselves on RMS manage to comply with Data Protection Act?

**Response** - Yes, they can make an individual request under the Data Protection Act should they wish to do so.

**Question** - Has the Revalidation Management System (RMS) been updated with revalidation dates that have been deferred?

**Response** - Yes, we just need to work through the revalidation recommendations which were due in 2020. When revalidated the GP will receive a 2021 to 2026 new revalidation date which automatically is populated on RMS.

**Question** - Are the Admin team contacting Appraisees on RMS to let them know who their Appraiser is?

**Response** - We have decided that on this occasion it would be good for the Appraisers to contact the doctors with the introductory letter and hopefully start building a relationship to reassure them about the evidence. The Appraisers needs to be clear whether they have evidence and what you agree to do. We are asking the Appraisers to contact the Appraisees and book the dates. We have checked, and if the automatic notifications on RMS are switched back on, it would send out loads of emails with all the reminders. We may go back to the normal notifications in April but for the time being we are leaving the Appraisers to contact their Appraisees.

## **Expenses**

**Question** - Expenses relating to appraisals.

**Response** - No additional payments. The appraisal fee includes a payment for the first 50 miles of travel, as all appraisals for the foreseeable future will be virtual this should be utilised to cover any costs, which in the vast majority of cases will be minimal.



**Question**- Appraiser payments. What if there is a second suspension of appraisals?

**Response** - Payments will stop again. The appraisals budget covering from April to September 2020 has been withdrawn and rerouted to pay for Covid expenses. The appraisals budget has been reinstated from 1<sup>st</sup> October 2020. But may be removed if a second wave of Covid occurs and the national team decide to put additional postponement plans in place.

The national pay award uplift for appraisals (date and rate) has yet to be confirmed. We will let the appraisers know as soon as we receive further guidance on this matter.

Payments to appraisers will not be reduced because of the 'light touch' appraisals this year – payments will continue at the current rate.

### **Buddy System**

**Question** - Are there any plans for a formal buddy system to be reintroduced for new Appraisers who may have a big gap between first appraisal and next?

**Response** - Yes, if we have enough volunteers from the same senior group as each of the new appraisers. The training for the new appraisers was on the 30<sup>th</sup> September and 1<sup>st</sup> October 2020.

**Question** - We felt that gauging 'professionalism' especially (but not only) for a new appraiser is especially difficult; especially with a remote appraisal where a GP can't demonstrate work at their own workstation i.e. QIAs

**Response** - Buddies and seniors are there to support any Appraiser who have any concerns about an appraisal discussion.

### **Other Roles**

**Multiple roles** - Some evidence needs to be covered during the discussion, but doctors can also bring evidence from their other roles i.e. performance review/supervision etc., (how can you assure the RO you are up to date to do this work) Including Portfolio GPs. There is a useful structured reflective template available for those who don't have an in job appraisal that encourages reflection on how they keep up to date and fit to practice in the role ( <http://www.gpappraisals.uk/whole-practice-appraisal.html> ) although this is a tool an appraisee can utilise (as well as having useful questions on for appraisers) and is not mandatory.

**Question** - We felt there's been a shift of the burden to the Appraiser in having to appraise GPSI roles of or they've not had an appraisal in that role.

**Response** - GP appraisers have always been expected to cover full scope of work and the GP needs to discuss some evidence to provide assurance that they are up to date with this role. If the outputs from an in-job appraisal is available this discussion may be minimal, but we expect all Appraisers to appraise the whole scope of work as per GMC guidance.

**Question** - what about those who do private medicine alongside NHS work, do they still fill in the self-reflective template?

**Answer** - Private work is just another role.

### **General**

**Question** - What happens if Appraisers don't do the training?

**Response** - They don't need to do the training; however, they cannot do appraisals until they have done the training.

**Question** - Can I check that the 'input light' appraisal will be in place for a 12-month period once appraisal restart? Then an assumption that will go back to the older format?

**Response** - The new format has been agreed for a period of 12 months, but we are hoping it will impact appraisals going forward. We await advice on going back to the old format. Input light appraisal is for 12 months so everyone has the opportunity for a supportive discussion. We would recommend suggesting doctors keep a record of them.

**Question** - Is the 3-year Appraiser / Appraisee relationship the accepted duration?

**Response** - Yes, it is the National requirement and 4<sup>th</sup> is only on prior approval in specific circumstances.

**Question** - Any change to low volume of work?

**Response** - Low volume of work remains the same nationally. 1 session of GP work a year to remain on the performers list but if doing under 40 sessions a year they need to complete the LVW form. GP needs to assure the RO that they are fit to practice in each role. This year, in most cases (unless specified) while we would encourage GPs doing a low volume of work to complete the template, we will accept verbal discussion of the questions on the template. The Appraiser should record the answers. In a few specific cases the RO or appraisal team may ask the appraisee to fill in the Low Volume of Work template.

**Question** - Any idea what happens to temporary returners if they decide to stay on?

**Response** - Temporary returners will have to go through the performer list route if they want to stay on. This has been picked up by the performance team and many applications were and will be changed depending on what the GP wants to do.

**Question** - Many will want to just stick to their own toolkit not move to yet another document.

**Response** - The document provides a framework, a focus if you like, prepping appraisal where appropriate on toolkit suggest adding 'please see attached template'. The appraisal needs written up on the GP's preferred toolkit and the GP must fill in the core details (e.g. name, health and probity tickbox) that are necessary to sign off the toolkit. The doctor is free to use the 2020 format or the traditional format.

**Question** - Anxieties about re-launching just as flu hits/schools go back/second wave arrives.

**Response** - There is a lot of anxiety about the second wave. There is provision for local suspensions of appraisal under these circumstances. The anxiety is a good reason to have an appraisal, how are they planning, what development, do they need support? If so, GPH, LMC etc. We are enabling appraisals to take place in months other than the allocated month when more convenient, but please be mindful of your capacity and that appraisals in this appraisal year need completed by mid-March.

**Question** - What is PHP?

**Response** - Practitioner Health Programme, which is the new name for GP Health, as they also see hospital doctors.

**Question** - Are we expecting the duration of appraisal to extend with the change in nature?

**Response** - We're expecting that pre appraisal will be greatly reduced for most appraisals. There will possibly be more time in the appraisal discussion than usual. Possibly more time on the write up overall but we estimate the overall time to be about the same. Just shifting work from pre appraisal more to the write up. Potentially first one or two may take longer.

**Question** - Are there any wellbeing tools that you recommend? We are generally pretty bad at overestimating our wellbeing so I thought it might be useful sometimes.

**Response** - There are various burnout questionnaires e.g. Fourteen Fish has one integral to the toolkit or the BMA : <https://www.bma.org.uk/advice-and-support/your-wellbeing/self-help-questionnaires/worried-you-may-be-burning-out-drinking-too-much-or-nicotine-dependent>

The national NHSE support for GPs is now accessible to all doctors. The resource list on our website is divided into sections per topic, which should help to guide you to the correct support service. Please follow the attached link for further details:

[https://www.gpappraisals.uk/uploads/4/5/8/5/4585426/support\\_for\\_doctors\\_september\\_2020.docx](https://www.gpappraisals.uk/uploads/4/5/8/5/4585426/support_for_doctors_september_2020.docx)

**Question** - Approved missed appraisal. How it was dealt with? If someone wanted an appraisal, what do we do then?

**Response** - If they wanted an appraisal, we would discuss it with them; is it because of support? It will only be allowed if exceptional circumstances because the appraisal budget for that period was removed and was used to support Covid, so we don't have the money for those appraisals. We also do not have the capacity to do the appraisals in the six months either. If they are struggling, if they have had a traumatic time and feel they would like an appraisal, then it must be approved by the Regional Officer.

**Question** - Is verbal reporting of evidence acceptable or only verbal reflection?

**Response** - Verbal reporting confirmed in the summary is acceptable this year.

**Question** - What is the national/regional view about mandatory training please?

**Response** - [https:// www.cqc.org.uk/guidance-providers/gps/nigels-surgery-70-mandatory-training-considerations-general-practice](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-70-mandatory-training-considerations-general-practice)