

# GP APPRAISAL IN ESSEX

## The Essex Scheme

Version 5

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Developed by the Appraisal Steering Group in conjunction with North Essex and South Essex LMCs

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## 1 *Executive Summary*

- 1.1.1 This document outlines the appraisal process within the Essex scheme to ensure uniformity across Essex PCTs.
- 1.1.2 Changes to GPs conditions of service make it mandatory for all GPs to be appraised.
- 1.1.3 Appraisal in Essex should be supportive, developmental and improve GP morale.
- 1.1.4 Appraisers are interviewed, trained and supported to ensure that appraisals are of high quality and supportive of colleagues.
- 1.1.5 Appraiser payments are uniform across the Essex scheme. Funding for appraisees differs depending on employment status.
- 1.1.6 Appraisals are a way of informing the PCTs of learning and service needs via the Form 4 and PDP. Information from the Form 4s and PDPs should be anonymised and collated at PCT level. This information should then be communicated to local learning providers.
- 1.1.7 The Essex Scheme is overseen by a central Steering Group. Membership of this group includes: Eastern Deanery, EQUIP, LMC, local appraiser groups and a Chief Executive Representative from participating PCTs. Steering Group meeting minutes are disseminated by the Chief Executive Representative and sent to the Appraisal Lead within each PCT.
- 1.1.8 All aspects of the Essex Scheme will be reviewed biannually and will be subject to change with regard to local and national circumstances.
- 1.1.9 As a formal guidance document, the Essex Appraisal Scheme is a controlled document and, as such, requires a formal process to amend its content. As author of the Essex Appraisal Scheme, the Essex Appraisal Steering Group must remain the final arbiter of all change to it.
- 1.1.10 Extraordinary scenarios arising within the appraisal year, which necessitate an appraisee, appraiser or PCT to act outside the scope of the Essex Appraisal Scheme, must be approved by the Exception Process.<sup>1</sup>

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<sup>1</sup> The Exception & Amendment Process – 5

## **2 Governance Issues for Appraisal**

- 2.1.1 All appraisers are appointed on renewable two-year contracts. All PCTs are requested to use the Essex Appraisal contract.<sup>2</sup>
- 2.1.2 It is recommended that an individual appraiser's contract is only renewable if 4 appraisals have been completed during an appraiser's two-year tenure. It is not recommended that an individual appraiser carry out less than 6 or more than 25 appraisals in any year. It is envisaged that the optimum number of appraisals carried out is between 8 and 12 per year.
- 2.1.3 Once appointed via the agreed Appraiser Appointment Process, all appraisers can appraise in any subscribing Essex PCTs subject to agreement by each PCT.
- 2.1.4 To ensure quality, it is not good practice for appraisers to appraise any GP, either contracted, sessional or locum, employed by the same practice at any time within the previous year. This will avoid potential conflicts of interest.
- 2.1.5 An appraisee may wish to have an appraiser from outside their PCT. An appraiser can be chosen from any of the approved lists and the appraisee should contact the Essex GP Appraisal Manager for details. Under these circumstances appraisees should note that they must be prepared to travel to their appraiser. No funding is provided for travel.
- 2.1.6 Appraisers must not carry out more than 2 consecutive appraisals for the same GP. An appraisee must have had at least 3 different appraisers in any 5-year period.
- 2.1.7 An appraiser's appraisal must not be carried out by an appraiser they have themselves appraised within the same year.
- 2.1.8 An appraiser may appraise all of the GPs in one practice if they feel comfortable to do so.
- 2.1.9 In order to provide sufficient time for each appraisal, and to ensure that a robust appraisal takes place, it is not appropriate for an appraiser to appraise more than two GPs on the same day.

## **3 Roles & Responsibilities**

### **3.1 PCT**

Formal responsibility for appraisal will rest with the PCTs. The responsibilities of each PCT are as follows:

- 3.1.1 To make adequate financial provision to support the appraisal process.

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<sup>2</sup> Appendix 10

- 3.1.2 To ensure that all GPs on their Medical Performers List (MPL) are appraised once in each financial year (1 April to 31 March).

The following groups of GPs may be included on a PCT's MPL, but are not covered by the Essex Appraisal Scheme:

3.1.2.1 GPs who are employed exclusively through an agency or in the private sector

GPs who do not undertake NHS work, or work exclusively for agencies may still participate in the Essex Scheme. Responsibility for obtaining evidence of the appraisal lies with the PCT.

3.1.2.2 GPs working for the Ministry of Defence

GPs working for the Ministry of Defence are appraised within Ministry of Defence Guidelines. Responsibility for obtaining evidence of the appraisal lies with the PCT.

3.1.2.3 GPs predominantly living and working in another country

As working practices of GPs predominantly living and working in another country and appraisal systems in other countries vary, the appraisal requirements of these GPs cannot be universally quantified.

Therefore decisions regarding the requirements for, and evidence of, an appraisal rest with the PCT Chief Executive and/or the Clinical Governance Team.

- 3.1.3 To appoint all appraisers as outlined in the Appraiser Appointment Process (Section 6).

To ensure all appraisers are bound by either contract or SLA with a maximum two-year duration.

- 3.1.4 To ensure sufficient appraisers are appointed to give each an optimum workload of 8 to 12 appraisals per year.

- 3.1.5 To appoint a lead person with responsibility for appraisal. This can be a Clinical Governance Lead, an Appraisal Lead or a GP Tutor.

- 3.1.6 To ensure that there is a process in place to receive, receipt and store completed appraisal documentation securely. To ensure that all members of staff are aware of this process.

- 3.1.7 To decide whether an appraisee can demonstrate extenuating circumstances requiring them to act outside of the scope of the Essex Appraisal Scheme. To apply for an exception on behalf of the appraisee concerned, if the PCT considers it necessary.

- 3.1.8 In the instance of an Essex appraisee seeking appraisal by an appraiser external to Essex, the PCT will seek confirmation that the appraiser is contractually employed by a PCT specifically for the appraisal of GP practitioners and meets the requirements of the Essex Appraiser Person Specification.

### **3.2 Clinical Governance Lead/Appraisal Lead/GP Tutor**

- 3.2.1 To ensure that an Appraiser Support Group is accessible to appraisers within their PCT.
- 3.2.2 To collect, review, anonymise and summarise educational learning outcomes detailed in Form 4. To ensure that this summarised information is fed back to the appropriate Local Learning Providers (including GP Tutors).
- 3.2.3 To ensure that completed appraisal documentation is securely receipted and stored. To ensure that access to the documentation is strictly controlled and monitored.
- 3.2.4 To complete and return the relevant section on appraisal reports to confirm that evidence has been received for each appraisal listed and the details held by the Essex GP Appraisal Manager are correct.
- 3.2.5 To actively address any issues of concern raised either by individual appraisers or via Form 4. To escalate these issues via an agreed process<sup>3</sup> as required.
- 3.2.6 In the case of their own appraisal, the Clinical Governance Lead/Appraisal Lead/GP Tutor should arrange for their Form 4 & PDP to be 'signed off' by another PCT Board member. This would usually be another individual in the role of Clinical Governance Lead/Appraisal Lead/GP Tutor, if appropriate.

### **3.3 Steering Group**

- 3.3.1 To meet quarterly and discuss local and national appraisal issues and formulate appropriate and timely guidance for the Essex Scheme.
- 3.3.2 To act in an advisory capacity regarding any concerns raised through the appraisal process.

### **3.4 Essex GP Appraisal Manager**

- 3.4.1 To administer the appraisal process for all GPs (both contracted and sessional) under the Essex Scheme (excluding those mentioned in 3.1.2.1, 3.1.2.2 and 3.1.2.3).
- 3.4.2 To provide advice, guidance and administrative support on the appraisal process either directly or by referral to the EQUIP website.
- 3.4.3 To provide regular reports to PCTs in line with the following schedule:
 

April – December	Monthly appraisal statistic reports
January – February	Bi-monthly appraisal statistic reports
March	Appraisal statistic reports as requested by PCT
April	Annual appraisal performance report for previous financial year (to cover both contracted and sessional GPs)

### **3.5 Appraiser**

- 3.5.1 To set aside appropriate time to prepare for and undertake appraisals.
- 3.5.2 To ensure receipt of the pre-appraisal forms (Forms 1, 2 & 3) at least two weeks before the appraisal date. An Appraiser may refuse and return pre-appraisal forms if he/she considers them incomplete. Appraisers may postpone an appraisal if

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<sup>3</sup> Difficulties in the Appraisal Process – Appendix 2

documentation is incomplete or is not received in sufficient time to allow them to prepare for the appraisal.

- 3.5.3 To complete the formal appraisal summary (Form 4) and PDP and Form 5 (optional) at the time of appraisal in agreement with the appraisee. Completed appraisal documentation (a signed off copy of the previous year's PDP, a copy of Form 4, a copy of this year's agreed PDP and signed claim form) must be securely enveloped, marked 'Private and Confidential' and sent to the individual named at the top of the claim form.
- 3.5.4 To arrange an informal mid-year review of the PDP (if requested by an appraisee).
- 3.5.5 To carry out a minimum of 2 appraisals per year, in order to maintain their skills and knowledge.
- 3.5.6 To provide the Essex GP Appraisal Manager with details of their appraisal availability for the rest of the appraisal year in September.
- 3.5.7 To attend the mandatory annual refresher training for appraisers.
- 3.5.8 To undertake NHS Appraisal Toolkit training and be able to use email.
- 3.5.9 To attend a local Appraiser Support Group. In the event that a local Appraiser Support Group does not exist, appraisers should make every effort to join the nearest Support Group.

### **3.6 Appraisee**

- 3.6.1 To have a yearly appraisal.

The 'National Health Service (Performance Lists) Regulations 2004' state that '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 summarizing that appraisal'.

In accordance with these regulations, not being appraised once within the appraisal year (1 April to 31 March) may subsequently affect a GPs position on the Performer's List of the PCT.

The interval between appraisals must be no less than 8 months. It is recommended that no more than 12 months elapses between appraisals.

For newly qualified GPs, the in-training assessment will be counted as an initial appraisal. It is recommended that the interval between this initial appraisal and the first GP appraisal should be no more than 12 months. It is the duty of all newly qualified GPs to inform the Essex GP Appraisal Manager of the date of their in-training assessment.

For GPs who have completed the GP Returner Scheme, the Returner Scheme assessment will be counted as an appraisal for the appraisal year in which it takes place. It is recommended that the interval between this assessment and the next GP appraisal should be no more than 12 months. It is the duty of all GPs completing the Returner Scheme to inform the Essex GP Appraisal Manager of the date of their in-training assessment.

Those GPs who have previously worked in an area outside of Essex should inform the Essex GP Appraisal Manager of any prior appraisal history.

3.6.2 To choose an appraiser from the list provided by the Essex GP Appraisal Manager and contact them to arrange the time and date of the appraisal.

3.6.3 To inform the Essex GP Appraisal Manager of the appraisal booking by 30 September, so that the relevant paperwork can be issued.

GPs who have not who have not booked their appraisal by this deadline will be allocated an appraiser. Appraiser allocations will ordinarily be made from the list of appraisers employed directly by the appraisee's PCT.

3.6.4 To complete the pre-appraisal forms (Forms 1, 2 & 3) and send a copy to the chosen appraiser at least two weeks before the appraisal date. No information which may identify patients should be included in pre-appraisal paperwork.

3.6.5 To advise the PCT of any change in personal circumstances likely to require them to act outside of the scope of the operative version of the Essex Appraisal Scheme.

## **4 Appraisal Process and Content**

### **4.1 Training of Appraisers**

4.1.1 Training should equip appraisers with the necessary skills to appraise. Training should be ongoing and offer support for appraisers through the development of Appraiser Support Groups. These should be local, but not determined by PCT boundaries.

4.1.2 The training format consists of 1 full day's training by an approved provider, followed by 1 full day's training at a local level.

4.1.3 Appraisers must attend the mandatory annual refresher training for appraisers.

4.1.4 An appraiser will be required to undertake a re-accreditation process if one or more of the following apply:

- An appraiser who received the initial appraiser training, but has not met the training requirement stipulated in 3.5.6
- An appraiser who has met the training requirement stipulated in 3.5.6, but has not completed the amount of appraisals stipulated in 3.5.5
- An appraiser who has met neither the requirements of 3.5.5 or 3.5.6

The re-accreditation process will include one or both of the following:

- Undertake a further recognised appraiser training course
- Conduct a mock appraisal interview as an assessment of their skills

The PCT must fund any additional training course. The mock appraisal interview must be of an experienced appraiser who will be reimbursed for their time at the standard appraiser rate by the PCT employing the appraiser seeking re-accreditation. The appraiser seeking re-accreditation will not receive remuneration.

Failure or refusal to carry out either or both elements of the re-accreditation process will result in the non-renewal of contract and removal from all relevant PCT lists.

## **4.2 Training of Appraisees**

- 4.2.1 Those GPs who are new to practice should contact the Essex GP Appraisal Manager for appraisal advice and information. Requests for training will be considered and acted upon accordingly.
- 4.2.2 Information regarding all aspects of the Essex Appraisal Scheme and completion of the appraisal paperwork can be found at [www.essexequip.nhs.uk](http://www.essexequip.nhs.uk).

Those GPs without access to the Internet should contact the Essex GP Appraisal Manager to receive a hard copy of this information.

## **4.3 NHS Appraisal Toolkit**

- 4.3.1 Training on the NHS Appraisal Toolkit can be provided, on request, for both appraisees and appraisers.

## **4.4 Training of Clinical Governance Leads/Appraisal Leads in PCTs**

- 4.4.1 Training in how to interpret Form 4s and PDPs will be provided to lead clinicians by local learning providers on request.

## **4.5 Appraisal Process**

- 4.5.1 All participants in the Essex Scheme should follow the agreed process when arranging appraisal.<sup>4</sup>

## **4.6 Outcomes of Appraisal**

- 4.6.1 The PCT Clinical Governance Lead or Appraisal Lead should compile educational information from the PDP. Learning and service needs should then be communicated to local learning providers (including GP Tutors). This information will form the basis of an educational programme, where appropriate.
- 4.6.2 It is exceptional that serious concerns about a GP's health, conduct or performance would be first identified at appraisal; but both appraisers and appraisees need to recognise that as registered medical practitioners, patients must be protected. If such concerns become apparent during an appraisal, the appraiser **must** cease the appraisal process at this point. It is the responsibility of the appraiser to raise these concerns immediately with either the PCT Appraisal Lead or the Clinical Governance Lead as appropriate. The next stage in this process would be to refer the concern directly to the PCT Chief Executive.<sup>5</sup>

## **4.7 Evaluation of Appraisal**

- 4.7.1 Appraisees are encouraged to complete a post-appraisal questionnaire.<sup>6</sup> The appraisal questionnaire is sent out by the Essex GP Appraisal Manager to the

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<sup>4</sup> Appraisal Process – Appendix 1

<sup>5</sup> Difficulties in the appraisal process – Appendix 2

<sup>6</sup> Post-appraisal Questionnaire – Appendix 3

appraiser. The appraiser must give the questionnaire to the appraisee for completion, in confidence, subsequent to the actual appraisal. Completed questionnaires are then returned to the Essex GP Appraisal Manager via prepaid mailing arrangements. Analysis is conducted quarterly and feedback returned to the appraiser and PCT Clinical Governance Lead/Lead Appraiser for information or action as required.

- 4.7.2 It is recommended by the Steering Group, that Clinical Governance Leads/Appraisal Leads review all appraisal documentation via the Form 4 and PDP evaluation record.<sup>7</sup> In order to promote a quality assured appraisal process, it is recommended that appraiser (and appraisee where applicable) payments are not processed until the documentation meets the required standard.

## **4.8 Complaints Procedure**

- 4.8.1 An individual GP's concerns about his or her own appraisal should be raised initially with the appraiser. If concerns are not resolved at this stage, the GP should refer their concern to the Clinical Governance Lead\*, Appraisal Lead\* or GP Tutor\* (\*as applicable). The Clinical Governance Lead\*, Appraisal Lead\* or GP Tutor\* (\*as applicable) should attempt to resolve the problem through discussion and mediation, involving others as appropriate.<sup>8</sup>
- 4.8.2 In exceptional circumstances or when a concern cannot be resolved by these means, the Clinical Governance Lead\*, Appraisal Lead\* or GP Tutor\* (\*as applicable) will refer the matter directly to the PCT Chief Executive for further consideration and resolution.
- 4.8.3 The Clinical Governance Lead\*, Appraisal Lead\* or GP Tutor\* (\*as applicable) must inform the Appraisal Steering Group of a referral to the Chief Executive and any subsequent resolution.
- 4.8.4 The GP will have the right to representation by his or her LMC at any stage in the process

## **5 The Exception & Amendment Process**

### **5.1 Processes**

- 5.1.1 There are two formal process routes in order to effect change to the Essex Appraisal Scheme:
- 5.1.1.1 Amendment Process – Amendment to the documentation e.g. due to national changes in appraisal.
- 5.1.1.2 Exception Process – In the event that a scenario arises during the appraisal year that is outside the scope of the operative version of the Essex Appraisal Scheme, the PCT is required to make an application via the Exception Process.

### **5.2 Amendment Process**

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<sup>7</sup> Form 4 and PDP Evaluation Record – Appendix 4

<sup>8</sup> Difficulties in the appraisal process – Appendix 2

5.2.1 The Amendment Process will normally be activated in the event of publication of new guidance from the Department of Health, or other national organisation, that directly affects appraisal in general or specifically appraisal in Essex.

5.2.2 The procedure for activating the Amendment Process is as follows:

- Need for amendment identified by the Essex GP Appraisal Manager;
- Essex GP Appraisal Manager to identify timescale required for amendment to become effective;
- If the amendment is required immediately, a plenary session of the Essex Appraisal Steering Group will be called to formally debate the amendment;
- If the amendment is not immediately required, it will be formally debated at the next Essex Appraisal Steering Group meeting;
- Following formal debate, the Essex Appraisal Scheme document will be amended accordingly and ratified by the Essex Appraisal Steering Group. This may occur by virtual meeting, i.e. email.
- A copy of the amended Essex Appraisal Scheme document, sequentially numbered, will be issued to all participating PCTs for information. The amended copy will replace any prior version posted on the EQUIP website;
- Relevant stakeholders (appraisees and appraisers) will be notified by formal letter of any amendment to the Essex Appraisal Scheme.

### **5.3 Exception Process**

5.3.1 The Exception Request Process will normally be activated in the event that a scenario arises during the appraisal year that is outside the scope of the operative version of the Essex Appraisal Scheme. For example, illness or maternity leave requiring absence from practice for a prolonged period, or suspension from practice.

#### **5.3.1.1 Illness**

It is envisaged that sickness monitoring will be carried out at PCT level. If a PCT considers that an appraisee should be excepted from any aspect of the Essex Appraisal Scheme, as a result of this illness, they must submit an Exception Request Form<sup>9</sup> to the Essex Appraisal Steering Group.

#### **5.3.1.2 Maternity Leave**

Maternity Leave will only be considered as an exception in the event that absence is required from practice for a prolonged period of time, resulting in insufficient time in the appraisal year (either before the leave or following it) for an appraisal to take place. An appraisal may be prepared for or undertaken during maternity leave where circumstances allow. The due date for an appraisal may be extended by the period of the maternity leave providing the extension does not exceed the end of the current appraisal year.

- Example (i) – Dr X's appraisal is due in July, and she is planning to be on maternity leave from May – October. Her appraisal due date can be deferred until January, and her appraisal will take place following her return to work.
- Example (ii) - Dr Y's appraisal is due in November and she plans to be on maternity leave from October – March. She can be appraised at any point from the 8-month anniversary of her last appraisal and so carries out her appraisal in August before going on maternity leave.

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<sup>9</sup> Exception Request Form – Appendix 5

- Example (iii) – Dr Z’s appraisal is due in February and she plans to take maternity leave from July – January. She therefore books her appraisal for February before taking her maternity leave and prepares during her leave and on her return to work.

#### 5.3.1.3 Suspension from practice

Suspension from practice, pending either a PCT or GMC investigation, is an automatic exception, unless there are six clear months for the appraisee to recover their practice between their return to work and the end of the appraisal year. The PCT will be asked to complete an Exception Notification Form<sup>10</sup>.

5.3.2 The procedure for activating the Exception Request Process is as follows:

- The exceptional scenario is identified by, or brought to the attention of, PCT Appraisal Lead/Clinical Governance Lead;
- The PCT Appraisal Lead/Clinical Governance Lead completes the Essex Appraisal Scheme Exception Request Form;
- The Exception Request Form **must** be countersigned by the PCT Chief Executive and sent to the GP Appraisal Manager;
- The GP Appraisal Manager circulates a copy of the Exception Request Form to the members of the Essex Appraisal Steering Group;
- Essex Appraisal Steering Group debate the exception request (either at the next Appraisal Steering Group meeting or by virtual meeting i.e. email) and vote formally approve or deny it;
- In the event of a virtual meeting, the exception request must be approved or denied by *at least* five members of the Essex Appraisal Steering Group;
- If an exception request directly involves a member of the Essex Appraisal Steering Group, that member must abstain from the vote. Under these circumstances, if a vote is hung the request must continue to be debated until a majority approval or denial can be agreed.
- The GP Appraisal Manager returns a copy of the Exception Request Form with the outcome annotated and any reasons for denial outlined and retains one copy on the PCT file in the EQUIP Office.

5.3.3 Completed Exception Request Forms may be submitted at any time during the appraisal year up until the last Friday in February.

5.3.4 Formal approval or denial of an exception request will be made within 2 weeks following receipt of the Exception Request Form (fully completed and countersigned by the Chief Executive) by the GP Appraisal Manager. Incomplete forms without countersignature will be returned to sender.

5.3.5 In the event that five or more exception requests are identified within the appraisal year (1 April to 31 March), the Essex Appraisal Steering Group will consider making a formal amendment to the Essex Appraisal Scheme document via the Amendment Process detailed at 5.2 above.

5.3.6 In the event that a formal removal process from the Medical Performers List is underway, but will not be completed prior to the end of the appraisal year, the PCT may choose to complete an Exception Notification Form.

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<sup>10</sup> Exception Notification Form – Appendix 6

- 5.3.7 PCTs can only submit an Exception Notification Form for the same GP for 2 consecutive years before they will be required to submit an Exception Request Form.

## **6 Appraiser Appointment Process**

- 6.1.1 The appointment process is initiated by advertisement by way of a letter to each GP, and the issuing of a job description and person specification to all who express an interest.<sup>11</sup>
- 6.1.2 All candidates are interviewed by the PCT. The interview panel must include a representative from outside the appointing PCT e.g. LMC or GP Tutor. If the candidate is considered to be appropriate, the PCT must make a formal offer of employment and enter into an honorary contract.
- 6.1.3 Following appointment and successful completion of appraisal training, new appraisers must conduct two further appraisal interviews. These are strictly part of a training exercise and cannot be counted as true appraisals. It is recommended that the first appraisal interview is of the PCT Appraisal Lead/Clinical Governance Lead and the subsequent appraisal of a volunteer GP. Analysis of the appraisers performance and any further training needs identified in this appraisal should be communicated to the new appraiser and the Appraisal Steering Group by the PCT Appraisal Lead/Clinical Governance Lead.

### **6.2 Selection Criteria**

Appraisers must:

- 6.2.1 Have worked as a GP within the past 2 years
- 6.2.2 Have a minimum of 5 years experience as a GP in practice (on a Performers List).
- 6.2.3 Have successfully completed DH or locally recommended training for appraisers. (Training may be undertaken before or after appointment.)
- 6.2.4 Be of good standing in the local GP community, verified by a selection process of all potential appraisers conducted by the PCT in consultation with the LMC.
- 6.2.5 Have made a self-declaration that they are not currently under investigation for any criminal offence or GMC/local poor performance issue, which might bring appraisal into disrepute. If any investigation is currently under way, a declaration should also be made in confidence to the PCT Board.
- 6.2.6 Demonstrate that they have the knowledge and skills to undertake appraisal (to be assessed during the recruitment process).
- 6.2.7 Not be employed by, or appraise in, a PCT in which they are a Clinical Governance Lead or Executive Committee Chair.
- 6.2.8 Participate in local groups for appraisers, which offer ongoing training and audit.

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<sup>11</sup> Appraiser Person Specification – Appendix 7; Appraiser Job Description – Appendix 8

6.2.9 Be appointed by a PCT in order to practice as an appraiser within the Essex Scheme.

### **6.3 Appointment Paperwork**

6.3.1 All PCTs within the Essex Scheme should use the agreed Person Specification<sup>12</sup>, Job Description<sup>13</sup> and Application Form<sup>14</sup> when appointing appraisers.

### **6.4 Contracts**

6.4.1 To reinforce the quality assurance process, it is the recommendation of the Appraisal Steering Group that all PCTs within the Essex Scheme issue the attached contract<sup>15</sup> to appraisers at any subsequent renewal. Newly appointed appraisers should be placed immediately onto the agreed contract.

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<sup>12</sup> Appraiser Person Specification – Appendix 7

<sup>13</sup> Appraiser Job Description – Appendix 8

<sup>14</sup> Application Form – Appendix 9

<sup>15</sup> Appraiser Contract – Appendix 10

## 7 Glossary

<b>Contracted GP</b>	A GP who is signatory to a contract with a PCT to provide General or Personal Medical Services
<b>DH</b>	Department of Health
<b>EQUIP</b>	Education and Quality in Primary Care Across Essex
<b>GMC</b>	General Medical Council
<b>GMS</b>	General Medical Services
<b>GP</b>	General Practitioner
<b>LMC</b>	Local Medical Committee
<b>Local Learning Providers</b>	e.g. EQUIP, GP Tutors, PCESE
<b>PCESE</b>	Primary Care Education in South Essex
<b>PCT</b>	Primary Care Trust
<b>PDP</b>	Personal Development Plan
<b>PMS</b>	Personal Medical Services
<b>Sessional GP</b>	Any GP on a Performers List held by a PCT and not covered by the definition of a Contracted GP
<b>The Essex Scheme</b>	The appraisal model adopted by all 5 PCTs in Essex <sup>16</sup>

<sup>16</sup> As of 1 October 2006, 13 PCTs were restructured into 5 PCTs – Mid Essex PCT, North East Essex PCT, South East Essex PCT, South West Essex PCT and West Essex PCT.

## 8 Signatories

We, the undersigned, subscribe to the policies within this document and agree to adhere to the Essex Appraisal Scheme guidance<sup>17</sup>.

Dr Paul Zollinger Read Chief Executive North East Essex PCT	
Sheila Bremner Chief Executive Mid Essex PCT	
Lorraine Cabel Acting Chief Executive South East Essex PCT	
Pam Court Chief Executive South West Essex PCT	
Aidan Thomas Chief Executive West Essex PCT	

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<sup>17</sup> As of 1 October 2006, 13 PCTs were restructured into 5 PCTs – Mid Essex PCT, North East Essex PCT, South East Essex PCT, South West Essex PCT and West Essex PCT.

## **9 Appendices**

## Appraisal Process Flowchart (All GPs)

Contact Essex GP Appraisal Manager for list of appraisers  
Tel: 01376 302123, Fax: 01376 503815

Choose an appraiser

Contact chosen  
appraiser &  
arrange date

Inform Essex GP Appraisal Manager of the date of appraisal  
and the name of appraiser **by 30 September**  
Tel: 01376 302123, Fax: 01376 503815

Essex GP Appraisal Manager will send out a claim form to the appraiser

### Pre-Appraisal Preparation – 4-6 weeks

Complete Forms 1-3 of the DoH Appraisal  
documentation

Either:

1. Use the NHS Appraisal Toolkit –  
[www.appraisals.nhs.uk](http://www.appraisals.nhs.uk)
2. Download a hard copy of the forms from  
[www.essexequip.nhs.uk](http://www.essexequip.nhs.uk) and complete on  
your PC

Send to your appraiser **at least** 2 weeks prior  
to your appraisal

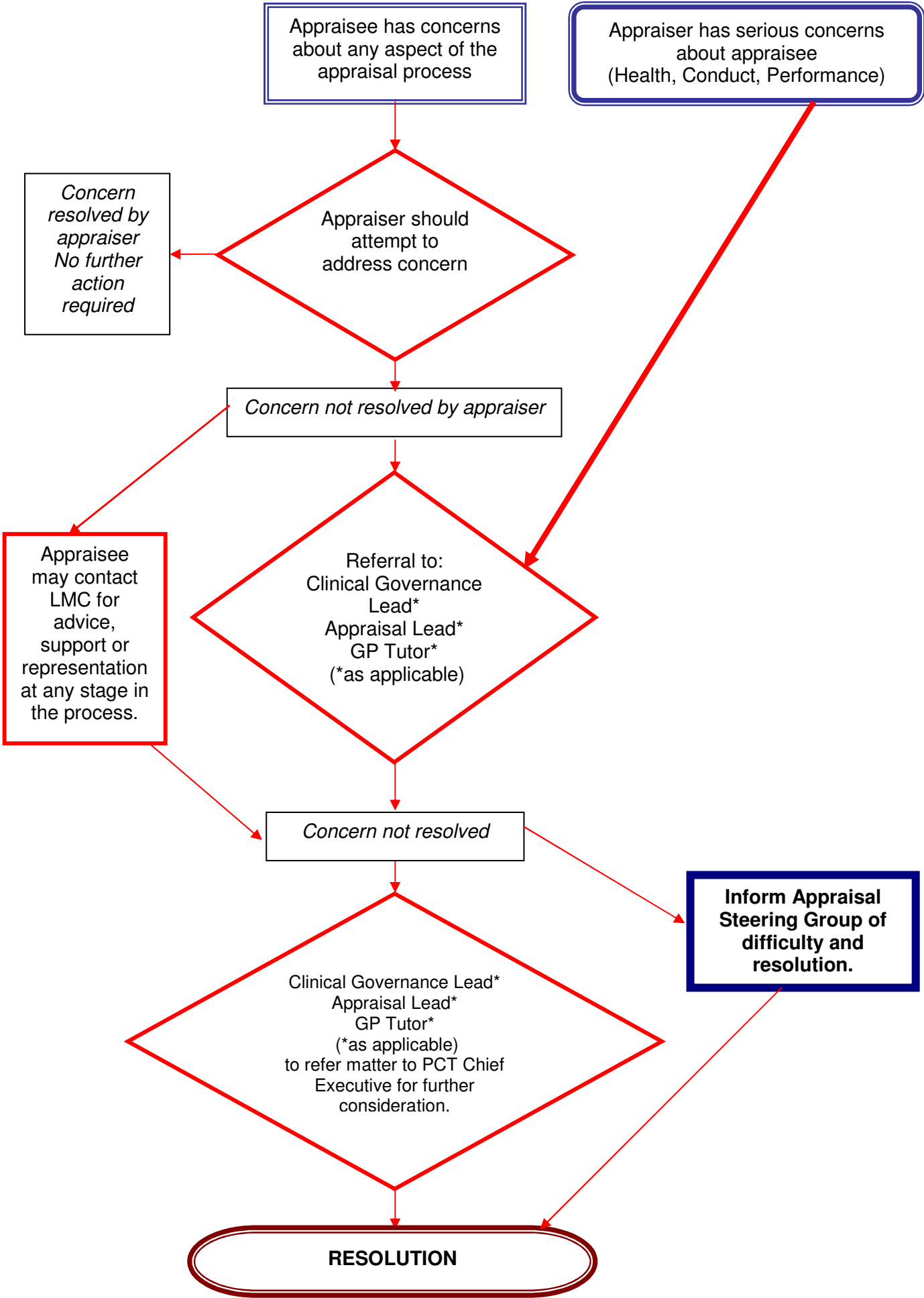
### At Appraisal

Complete and sign Form 4, PDP and Form 5 (optional) with your  
appraiser.

Complete anonymous  
appraisal questionnaire and  
return to EQUIP

Appraiser sends Form 4, PDP, last year's PDP and completed  
claim form to CiG Lead at appraisees' PCT

**Difficulties in the Appraisal Process**



# GP APPRAISEE QUESTIONNAIRE 2008/9

**TO APPRAISER:** Please hand this questionnaire to your appraisee at the end of the appraisal for completion, in confidence, subsequent to the actual appraisal

**TO APPRAISEE:** We would be very grateful if you would please take the time to complete the following questionnaire. Please be assured that the questionnaire will be dealt with in the strictest of confidence and will be anonymous. The results of the questionnaire will be used to influence future appraiser training and selection and will not form any part of your appraisal. Where appropriate, please write in block capitals. Please put an **x** in the appropriate box to indicate your answer / opinion.

**Name of appraiser:**

**Appraisee's PCT:**

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. My appraiser was well prepared & appeared to have read Forms 1 - 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I felt able to set the agenda for the appraisal discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My appraiser was a good listener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt supported during the appraisal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My appraiser's feedback was constructive and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My appraiser reviewed my progress against last year's PDP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The time spent on the appraisal discussion was appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The appraisal was challenging and made me think about my practise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The post appraisal feedback was clear and well structured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The time spent on feedback was adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My appraiser assisted me in preparing an achievable PDP for the coming year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The post-appraisal document (Form 4) was an appropriate summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My appraiser motivated me to become more engaged with the appraisal process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My appraisal was worthwhile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I would recommend this appraiser to my colleagues	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

*If answered NO to question 15, why not?*

Any further comments you may have about your appraiser (please use an additional sheet of paper if necessary):

Any further comments you may have about the Essex Appraisal Scheme and your experiences of it (please use an additional sheet of paper if necessary):

Thank you for taking the time to complete this questionnaire - Please return it to:  
**FREEPOST RLXB-JCKB-GRK, EQUIP (Appraisal Evaluations), The Education Centre,**  
**8 Collingwood Road, Witham, CM8 2TT**



## Form 4 & PDP Evaluation Criteria

<b>In order that your paperwork can be assessed it is essential that it:</b>	
Is typed	
Includes Form 4 and both this year's and last year's PDP	
<b>The review of last year's PDP should include:</b>	
Commentary on what learning development needs were achieved	
Reflection on what learning/development <i>needs</i> (rather than <i>wants</i> ) will be carried forward to this year's PDP	
<b>The commentary of the appraisal should include:</b>	
An accurate and concise summary of the appraisal discussion	
Strengths and/or achievements identified during the appraisal	
No subjective comments or value judgements that might be difficult to corroborate	
A statement confirming the evidence produced for each relevant section of Form 3 which identifies any omissions which will need to be produced for next year's appraisal in order to fulfil revalidation requirements	
<b>This year's PDP should include:</b>	
Identification of current and potential development needs	
Action points that are <b>S</b> pecific, <b>M</b> easurable, <b>A</b> chievable, <b>R</b> ealistic and <b>T</b> imely (SMART)	
Approximately 30 hours of education	

# EXCEPTION REQUEST FORM

## The Essex Appraisal Scheme

In the event that a scenario arises with a particular GP during the appraisal year that is outside the scope of the operative version of the Essex Appraisal Scheme, please complete this form to request an exception. Please send the completed form, countersigned by the PCT Chief Executive, to:

GP Appraisal Manager, EQUIP, Education Centre, 8 Collingwood Road, Witham, Essex, CM8 2TT

### SECTION A TO BE COMPLETED BY PCT APPRAISAL LEAD / CLINICAL GOVERNANCE LEAD

Name of PCT

Name of GP concerned

Practice address of GP concerned

(please state if other address has been supplied)

Reason for exception request

(please continue onto another sheet if required and attach to this form)

Completed by (please print)

Title

Signature

Date

Signature of Chief Executive

Date

### SECTION B TO BE COMPLETED FOLLOWING RECEIPT OF FORM BY GP APPRAISAL MANAGER

Date received by GP Appraisal Manager

Date circulated to Steering Group

Approved or Denied

(circle as appropriate)

Reasons if request denied

Signature

On behalf of Essex Appraisal Steering Group

Date

# EXCEPTION NOTIFICATION FORM

## The Essex Appraisal Scheme

In the event that a scenario arises with a particular GP during the appraisal year that is considered an automatic exception, please complete this form to formally record an exception.

Please send the completed form, countersigned by the PCT Chief Executive, to:  
GP Appraisal Manager, EQUIP, Education Centre, 8 Collingwood Road, Witham, Essex, CM8 2TT

### SECTION A TO BE COMPLETED BY PCT APPRAISAL LEAD /CLINICAL GOVERNANCE LEAD

Name of PCT

Name of GP concerned

Practice address of GP concerned

(please state if other address has been supplied)

Reason for exception

(please continue onto another sheet if required and attach to this form)

Completed by (please print)

Title

Signature

Date

Signature of Chief Executive

Date

### SECTION B TO BE COMPLETED FOLLOWING RECEIPT OF FORM BY GP APPRAISAL MANAGER

Date received by GP Appraisal Manager

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Date entered onto Appraisal Records

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

Signature

## PERSON SPECIFICATION

**Role:** GP Appraiser

<b>Knowledge, Skills and Attributes</b>	<b>Essential</b>	<b>Desirable</b>
Be working currently, or have worked in the last 2 years, as a GP	✓	
Have a minimum of 5 years experience as a GP in practice (i.e. on a performers list)	✓	
Not be employed directly by the PCT as a Clinical Governance Lead or Executive Committee Chair	✓	
Undertake training or development of staff or GP Tutor, trainer type role		✓
Effective interpersonal skills (ability to build up good rapport based on equality and collaboration with participants)	✓	
Evidence of good and active listening skills and patience to assist with difficulties	✓	
Ability to demonstrate open, non-judgemental attitude and accept challenges to existing ideas	✓	
Proven record for trustworthiness amongst colleagues	✓	
Ability to be flexible	✓	
Able to demonstrate commitment and give sufficient time to performing appraisals	✓	

## JOB DESCRIPTION

<b>Role:</b>	GP Appraiser
<b>Accountable to:</b>	PCT Clinical Governance Lead or Director of Public Health
<b>Responsible to:</b>	PCT Clinical Governance Lead

### **Job Summary:**

To appraise General Practitioners in a supportive and developmental manner, to improve GP morale and clinical care.

Appraisal is a professional process of constructive dialogue, designed to give GPs feedback on past performance, chart continuing progress and identify development needs. It is seen as a formative and developmental process carried out by a GP who has been trained in carrying out appraisal.

### **Key tasks and responsibilities:**

To carry out a minimum of 2, and a recommended maximum of 25, appraisals each year based upon the GMC's core headings set out in the Good Medical Practice document.

To arrange to undertake GP appraisals at the convenience of the appraisee, in a comfortable setting, free from interruptions and distractions. The discussion should be based on accurate, relevant and up to date information and seek to identify:

- Achievements and challenges in the last 12 months (clinical and non-clinical), seen where relevant in the context of earlier appraisals
- Service, practice and (where relevant) wider objectives for the next year and beyond
- Personal and (if appropriate to a discussion about the individual) the practice's development needs and how these needs can be met
- To complete all standardised documentation in sequence to provide a formal, supportive, consistent structure to the appraisal process. Key points and outcomes of the discussion must be fully documented and copies held by the appraisee. An agreed and signed copy of the appraisal summary document (Form 4) must be forwarded, in confidence, to the Clinical Governance Lead at the PCT

To conclude the appraisal discussion by assisting the appraisee to set down an action plan, comprising the agreements which have been reached, and provide ongoing support for reviewing and updating Personal Development Plans.

At the request of the appraisee, agree a date to undertake an appraisal review (if considered necessary) to discuss progress towards achievement of Personal Development Plans and provide further assistance.

To identify any areas where separate peer review by colleagues with relevant expertise and knowledge is required and agree the necessary arrangement, taking account of any such feedback in the appraisal summary.

To undertake approved appraisal training, attend regular appraisal support meetings and be prepared to be appraised as an appraiser. Professional support to be provided by appraisal support group.

To recognise potentially serious performance issues where a colleague's health, conduct or performance poses a threat to patients. It would be exceptional for such serious concerns to be first identified at

appraisal, but both appraisers and appraisees need to recognise that as registered medical practitioners, patients must be protected.<sup>18</sup>

To comply with the requirements of the Data Protection Act in respect to the storing and use of all documentation and to undertake to return to the PCT Clinical Governance Lead any outstanding documentation should your role as appraiser cease.

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<sup>18</sup> From General Medical Council - Good Medical Practice

*Conduct or performance of colleagues*

*You must protect patients from risk of harm posed by another doctor's, or other health care professional's, conduct, performance or health, including problems arising from alcohol or other substance abuse. The safety of patients must come first at all times. Where there are serious concerns about a colleague's performance, health or conduct, it is essential that steps are taken without delay to investigate the concerns to establish whether they are well-founded, and to protect patients.*

*If you have grounds to believe that a doctor or other healthcare professional may be putting patients at risk, you must give an honest explanation of your concerns to an appropriate person from the employing authority, such as the medical director, nursing director or chief executive, or the director of public health, or an officer of your local medical committee, following any procedures set by the employer. If there are no appropriate local systems, or local systems cannot resolve the problem, and you remain concerned about the safety of patients, you should inform the relevant regulatory body. If you are not sure what to do, discuss your concerns with an impartial colleague or contact your defence body, a professional organisation or the GMC for advice.*

*If you have management responsibilities you should ensure that mechanisms are in place through which colleagues can raise concerns about risks to patients. Further guidance is provided in [Management in Health Care: The Role of Doctors](#).*

## APPLICATION FORM

Please write in black ink, or type

Role:

## PERSONAL DETAILS

Title:  First Name:  Surname:

Work address:

Home address:

Postcode:

Postcode:

Work Tel:

Home Tel:

Mobile :

Email:

## GMC REGISTRATION

Type of registration:  GMC No:  Renewal Date:

## MEDICAL DEFENCE ASSOCIATION

Association:  Membership No:  Renewal Date:

## QUALIFICATIONS

Professional Qualifications:	Medical School/University:	Dates:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Degree/Diploma (inc. MBBS, MRCP etc):	School/University:	Dates:
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Specific experience and training relevant to this application** (e.g. counselling, specialist interest, clinical assistantships, mentoring, tutoring etc)

## EMPLOYMENT HISTORY

**Description of current practice / role** (e.g. partner – 6 doctor practice)

**Brief details of previous GMS / PMS experience** (e.g. size, demographics and any specialist interest)

## SKILLS AND ATTRIBUTES

### **Communication and interpersonal skills**

Describe experiences you have had that illustrate your ability to listen and communicate effectively.

### **Other personal qualities**

Referring to the Person Specification, name two personal qualities not already mentioned which you think will contribute to your effectiveness as a GP Appraiser. For each, give a brief example of things you do which demonstrate your strengths in these areas.

### **Interests and other skills outside medicine**

**Reasons for making an application to become an appraiser**

**Estimated time you will have available to undertake appraisal**

**REFERENCES**

**Please supply details of two referees who would comment on you suitability for the post.**

**Referee 1**

**Referee 2**

**Name:**

**Name:**

**Address:**

**Address:**

**Equal Opportunities**

NHS Employers are committed to equal opportunities. No applicants will be discriminated against on the grounds of colour, race, ethnic origin, nationality, age, disability, gender, sexual orientation, marital status, religion or politics.

**Declaration**

1. Have you been convicted of a criminal offence, been bound over, or cautioned, or are you currently the subject of any police investigation which might lead to a conviction, an order binding you over or a caution in the UK or any other country?  
**YES / NO**

2. Have you been, or are you currently subject to any fitness to practice proceedings by an appropriate licensing or regulatory body in the UK or another country?  
**YES / NO**

Failure to disclose a criminal offence, having been bound over or cautioned, or that you are currently the subject or criminal proceedings which might lead to conviction, an order binding you over a caution, or fitness to practice proceedings undertaken or being undertaken by an appropriate licensing or regulatory body, may disqualify you from appointment.

I understand that any employment, if offered, will be subject to the information on this form being correct, and I can confirm that no valid information has been wilfully withheld.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

[insert appropriate PCT logo]

## **[Insert name of PCT] PRIMARY CARE TRUST**

### **STATEMENT OF TERMS AND CONDITIONS OF ENGAGEMENT**

#### **HONORARY CONTRACT – Providers of Service**

[insert name of PCT] aims to provide high quality services to people who need treatment, care or advice. It aims for its services to be effective, responsive and friendly. The PCT expects all providers of the services to support and enhance its care and overall quality of service. It also expects everyone to act in a way to justify public confidence and enhance the good reputation of [insert name of PCT].

#### **PERSONAL**

Name:

Address:

Appointment: GP Appraiser

Service or Area:

Date of Appointment:

Review Date (one year from appointment):

Compensation payments: **£539.15 per completed appraisal**

#### **SERVICES TO BE PROVIDED BY THE APPRAISER**

So long as s/he shall continue to serve the [insert name of PCT] under the terms of this agreement the GP Appraiser will undertake the appraisal programme outlined below. As a guideline this should generally be no fewer than 2 and no more than 25 appraisals per annum. In line with the Essex wide agreement, Appraisers will ensure that they carry out no more than two consecutive appraisals for the same Appraisee.

- prepare for appraisal and agree the agenda with each GP to be appraised in consultation with the lead manager;
- ensure that each appraisal is conducted in line with the GPC/DH guidance;
- support each GP appraisee in considering their practice over the last year;
- agree objectives and the key elements of a personal development plan with each GP appraisee, except in circumstances where the appraisee disagrees with the appraisal and an appeal is being raised.

- agree actions with the PCT required to support the GP appraisee to meet their objectives and fulfil their personal development plan;
- discuss progress made by each GP appraisee toward revalidation (and assist with any overview required after five years for the GMC revalidation folder);
- record appraisal outcomes and convey them to the Chief Executive/Clinical Governance lead;
- maintain confidentiality over the detail of appraisal discussions;
- attempt to build positive working relationships with the GP appraisee and follow up appraisal discussions to review progress at the request of the appraisee;
- identify, where possible, any early warning signs that a GP appraisee may be struggling and agree with the individual how this will be dealt with;
- in exceptional circumstances, if seriously deficient or dangerous practice is encountered, refer in line with local procedures (remaining mindful of overriding individual professional duties in relation to the performance of colleagues).

#### **TO BE PROVIDED BY THE PCT IN CONJUNCTION WITH EQUIP/SESSIONAL GP TEAM**

- contact details will be provided by the GP Appraisal Manager at EQUIP, in order for the appraiser and appraisee to liaise and agree appraisal dates
- paperwork will be sent to appraisee at least 2 months prior to appraisal
- the appraisal venue will be agreed between appraiser and appraisee
- dates for reviews will be arranged between appraiser and appraisee
- training for appraisers will be arranged by the PCT and associated expenses incurred by GPs reimbursed.
- consideration will be given to supporting reasonable actions required by GP appraisees to meet their objectives and fulfil their personal development.

#### **NOTICE PERIOD**

Either side should give 3 months notice of their intention to terminate this arrangement.

#### **HEALTH AND SAFETY**

The PCT has an obligation under the Health and Safety at Work Act, 1974, to provide safe and healthy working conditions. You are required to co-operate with management in discharging its responsibilities under the Act and to take reasonable care for the health and safety of yourself and others.

**PERSONAL PROPERTY**

The PCT advises its staff that responsibility is not accepted for articles lost or damaged on the PCT’s premises, whether by fire, theft, or otherwise; with the exception of money or valuables which have been handed to the PCT for safe custody and for which a receipt has been given.

**CONFIDENTIALITY**

Information concerning patients and staff is confidential and must not be disclosed to any unauthorised persons. In instances where it is found that information has been disclosed this could result in termination of the agreement. The Data Protection Act, 1998, also renders an individual liable for prosecution in the event of unauthorized disclosure of electronically stored information. A breach of confidence could also result in a civil action for damages.

**CONVICTIONS/OFFENCES AND DIVERSITY**

This employment is exempt from the provisions of the Rehabilitation of Offenders Act 1974. You are, therefore, not entitled to withhold information about any previous convictions you may have. You are further required to report forthwith to the PCT any convictions or offences with which you are charged (including traffic offences).

**EQUAL OPPORTUNITIES**

You are advised at all times to carry out your responsibilities with due regard to the PCT's Equal Opportunities Policy and Diversity, a copy of which can be obtained from the PCT.

**CONFLICT OF INTEREST**

In accordance with the PCT's conflict of interest policy you must declare to the PCT any financial interest or relation you may have which may affect the PCT's Policy or decisions.

**MEDICAL INDEMNITY**

[insert name of PCT] agrees to indemnify you in respect of any loss suffered by you arising from the proper performance of the GP Appraiser’s duties under or in connection with this agreement.

Enclosed are 2 copies of this agreement, please sign both copies and return one copy to the undersigned. The second copy is for your retention

Signed . . . . . [insert name of PCT Chief Exec] . . . . . Date.....  
(for [insert name of PCT])

**Acceptance**

I accept the terms and conditions as set out in this letter of services provided for the PCT

Signed . . . . . Date.....