



GP APPRAISAL IN ESSEX

The Essex Scheme

Version 7

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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 All GPs in clinical practice are expected to take part in regular annual appraisals.
- 1.1.3 The Essex scheme incorporates the standards in the GMC's Good Medical Practice Framework for Appraisal and Assessment.
- 1.1.4 For the purposes of revalidation, each GP must produce a portfolio of supporting evidence for their annual appraisal. A PDP should be derived from each appraisal.
- 1.1.5 The Responsible Officer is responsible for ensuring that all appraisals are carried out in the PCT. An exception audit¹ will be performed at the end of each appraisal year to determine the reasons for all missed or incomplete appraisals².
- 1.1.6 The Essex Scheme is managed for all Essex PCTs by the Essex GP Appraisal Manager, employed by EQUIP
- 1.1.7 Appraisal in Essex should be supportive, developmental and improve GP morale.
- 1.1.8 Appraisers are interviewed, trained and supported to ensure that appraisals are of high quality, supportive of colleagues and in line with the latest national guidelines.
- 1.1.9 Appraiser payments are uniform across the Essex scheme. Funding for appraisees differs depending on employment status.
- 1.1.10 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.
- 1.1.11 The Essex Scheme is overseen by a central Steering Group. Membership of this group includes: East of England Multiprofessional Deanery, EQUIP, LMC, local appraiser groups and a representatives from participating PCTs. Steering Group meeting minutes are sent to the Appraisal Lead within each PCT and are uploaded to the EQUIP website (www.essexequip.nhs.uk).
- 1.1.12 All aspects of the Essex Scheme will be reviewed biannually and will be subject to change with regard to local and national circumstances. Prior to the commencement of revalidation, new guidance and recommendations are continually being developed which may instigate changes to the Essex Scheme.
- 1.1.13 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.
- 1.1.14 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.³

¹ Exception Audit - Appendix 12

² An incomplete appraisal is one where the appraisal discussion was not completed or where the PDP or Form 4 have not been signed off within 28 days of the appraisal meeting

2 Governance Issues for Appraisal

- 2.1.1 All appraisers are issued with a GP Appraiser Honorary Contract.⁴
- 2.1.2 It is not recommended that an individual appraiser carry out less than 6 or more than 20 appraisals in any year. It is envisaged that the optimum number of appraisals carried out is between 8 and 12 per year. The Essex GP Appraisal Manager will notify the PCT once an appraiser has booked 20 appraisals, so that a decision can be made on whether the appraiser will be permitted to exceed this recommended maximum.
- 2.1.3 Once issued with a GP Appraiser Honorary Contract from their own PCT, an appraiser can appraise in any subscribing Essex PCT subject to agreement by each PCT.
- 2.1.4 To ensure quality and avoid potential conflicts of interest, it is not appropriate for appraisers to appraise any GP (either contracted or sessional) who:
- Has appraised them within the same appraisal year;
 - Has been employed by the same practice as them at any time within the previous year;
 - They have a close personal or family relationship with;
 - They share close business or financial interests with;
 - They line manage in the same or a different organisation;
 - They employ;
 - They are Responsible Officer to.
- 2.1.5 Appraisees should choose an appraiser from the list provided by EQUIP for the GPs within their PCT. Appraisees should note that they must be prepared to travel to their appraiser. No funding is provided for travel.
- 2.1.6 Appraisees will not routinely be permitted to choose an appraiser contracted to a PCT external to Essex. If extraordinary circumstances require an appraisee to be appraised by an appraiser outside of Essex, approval must be sought *before* the appraisal is booked. The PCT must then 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 Service Specification *before* the appraisal can take place.
- 2.1.7 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. This will protect appraisers and minimise the risk of collusion or complacency between appraiser and appraisee.
- 2.1.7 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 The Exception & Amendment Process – 5

⁴ GP Appraiser Honorary Contract - Appendix 10

3.1 Responsible Officer

- 3.1.1 To ensure that the PCT's appraisal system (i.e. the Essex scheme) complies with national guidance and requirements.
- 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 ensure that appraisals take account of relevant information relating to all of each GP's roles.
- 3.1.4 To complete an exception audit⁵ for all missed or incomplete appraisals⁶ and ensure that appropriate action is taken for these GPs if necessary.

3.2 PCT

The responsibilities of each PCT are as follows:

- 3.2.1 To make adequate financial provision to support the appraisal process.
- 3.2.2 To appoint all appraisers as outlined in the Appraiser Appointment Process⁷ and issue all appraisers with a GP Appraiser Honorary Contract.

⁵ Exception Audit - Appendix 12

⁶ An incomplete appraisal is one where the appraisal discussion was not completed or where the PDP or Form 4 have not been signed off within 28 days of the appraisal meeting

⁷ Appraiser Appointment Process – Section 6

- 3.2.3 To ensure sufficient appraisers are appointed to give each an optimum workload of 8 to 12 appraisals per year.
- 3.2.4 To appoint a lead person with responsibility for appraisal. This can be a Clinical Governance Lead, an Appraisal Lead or a GP Tutor.
- 3.2.5 To ensure that all post-appraisal paperwork is received, receipted and stored in line with the responsibilities outlined in the *GP Appraisal in Essex – Data Protection Guidelines*. This will ensure that the requirements of the Data Protection Act are adhered to and GPs can be assured that their paperwork is being handled appropriately. To ensure that all relevant members of staff are aware of these guidelines.
- 3.2.6 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.

3.3 Clinical Governance Lead/Appraisal Lead/GP Tutor

- 3.3.1 To ensure that an Appraiser Support Group is accessible to appraisers within their PCT.
- 3.3.2 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).
- 3.3.3 To ensure that completed appraisal documentation is securely receipted and stored. To ensure that access to the documentation is strictly controlled and monitored.
- 3.3.4 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 EQUIP are correct.
- 3.3.5 To actively address any issues of concern raised either by individual appraisers or via Form 4. To escalate these issues via an agreed process⁸ as required.
- 3.3.6 In the case of their own appraisal and appraisals where they have acted in the role of appraiser, the clinician responsible for assessing post-appraisal paperwork should arrange for the Form 4 & PDP to be assessed by another clinician assessing post-appraisal paperwork in Essex.

3.4 Steering Group

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

3.5 EQUIP

⁸ Difficulties in the Appraisal Process – Appendix 2

- 3.5.1 To manage 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).
- 3.5.2 To provide advice, guidance and administrative support on the appraisal process either directly or by referral to the EQUIP website.
- 3.5.3 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)

3.6 Appraiser

- 3.6.1 To set aside appropriate time to prepare for and undertake appraisals.
- 3.6.2 To inform EQUIP of any appraisal bookings they make with GPs as soon as possible.
- 3.6.3 To ensure receipt of the pre-appraisal forms (Forms 1, 2 & 3) and the Form 4 & PDP from the previous year's appraisal 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 documentation is incomplete or is not received in sufficient time to allow them to prepare for the appraisal.
- 3.6.4 To complete the formal appraisal summary (Form 4) and PDP and Form 5 (optional) at the time of appraisal in agreement with the appraisee. These documents must be signed off by both the appraisee and appraiser within 28 days of the appraisal or the appraisal will be considered incomplete. 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.
- 3.6.5 To arrange an informal mid-year review of the PDP (if requested by an appraisee).
- 3.6.6 It is recommended that appraisers carry out a minimum of 6 appraisals per year, in order to maintain their skills and knowledge.
- 3.6.7 To attend the mandatory annual refresher training for appraisers.
- 3.6.8 To be able to use email.
- 3.6.9 To attend a local Appraiser Support Group.

3.7 Appraisee

- 3.7.1 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. The PDP developed in the last year of training should be used as the previous year’s PDP for the first GP appraisal.

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.

- 3.7.2 To choose an appraiser from the list provided by EQUIP and contact them to arrange the time and date of the appraisal.
- 3.7.3 To complete the pre-appraisal paperwork and send a copy together with the Form 4 & PDP from the previous year’s appraisal and the appropriate supporting information⁹ to their chosen appraiser at least two weeks before the appraisal date. Appraisers may choose to cancel an appraisal for which paperwork has not been received by this deadline and are not obliged to rebook the appraisal within that appraisal year. No information which may identify patients should be included in pre-appraisal paperwork.
- 3.7.4 GPs may choose to complete the pre-appraisal paperwork using the electronic Word versions of the DH forms available on the EQUIP website or using one of the electronic toolkits available which incorporate the standards in the GMC’s Good Medical Practice Framework for Appraisal and Assessment. GPs should inform their appraiser how they will be completing their pre-appraisal paperwork at the time of booking the appraisal.
- 3.7.5 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.

⁹ The GMC published guidance in April 2011 setting out the supporting information that will need to be provided at an annual appraisal and the frequency with which it should be provided. The guidance can be viewed and downloaded from http://www.gmc-uk.org/doctors/revalidation/revalidation_relicensing.asp

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 Appraiser Support Groups.
- 4.1.2 The training format consists of 2 full days of training and assessment by an approved provider who will supply a feedback report for each candidate detailing the level at which they are currently working and suggesting areas for improvement.
- 4.1.3 Appraisers must attend the mandatory annual refresher training for appraisers.
- 4.1.4 Appraisers must attend Equality & Diversity training every 5 years. On completion of the training, a copy of the attendance certificate should be forwarded to the Appraisal Lead at their PCT.
- 4.1.5 It is recognised that there may be exceptional circumstances which will mean that an appraiser cannot meet the requirements of 3.6.6 or 3.6.7. In these cases, as long as the PCT are in agreement, an appraiser may take a break from carrying out appraisals.
- 4.1.6 An appraiser will be required to undertake a re-accreditation process if one or more of the following apply:
 - An appraiser has received the initial appraiser training, but has not met the training requirement stipulated in 3.6.7
 - An appraiser who has met the training requirement stipulated in 3.6.7, but has not completed the amount of appraisals stipulated in 3.6.6
 - An appraiser who has met neither the requirements of 3.6.6 or 3.6.7

The format of the re-accreditation process will be determined by the PCT and Essex Appraisal Steering Group on an individual basis depending on the circumstances which led to the requirements not being met and the training available at the time.

Failure or refusal to carry out any 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 EQUIP 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.

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

4.3 Training of Clinical Governance Leads/Appraisal Leads in PCTs

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

4.4 Appraisal Process

- 4.4.1 All participants in the Essex Scheme should follow the agreed process when arranging appraisal.¹⁰

4.5 Outcomes of Appraisal

- 4.5.1 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.
- 4.5.2 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.¹¹

4.6 Assessment of Post-Appraisal Paperwork

- 4.6.1 All post-appraisal paperwork must be assessed using the Form 4 and PDP evaluation record.¹² 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.
- 4.6.2 An appraisal will be considered incomplete if the Form 4 and PDP are not signed off by both the appraiser and appraisee within 28 days of the appraisal discussion. In these cases, the appraisal must be included in the audit of missed appraisals¹³.

4.7 Evaluation of Appraisal

- 4.7.1 Appraisees are encouraged to complete a post-appraisal questionnaire.¹⁴ The appraisal questionnaire is sent out by EQUIP to the 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 EQUIP via prepaid mailing arrangements. Analysis is conducted annually and feedback returned to the appraiser and PCT Clinical Governance Lead/Lead Appraiser for information or action as required.

4.8 Complaints Procedure

¹⁰ Appraisal Process – Appendix 1

¹¹ Difficulties in the appraisal process – Appendix 2

¹² Form 4 and PDP Evaluation Record – Appendix 4

¹³ Exception Audit - Appendix 12

¹⁴ Post-appraisal Questionnaire – Appendix 3

- 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.¹⁵
- 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.
- 4.8.5 Complaints about a GP's appraiser should be addressed to the Clinical Governance Lead*, Appraisal Lead* or GP Tutor* (*as applicable). GPs may choose to use the post-appraisal questionnaire to make an anonymous complaint about an appraiser.
- 4.8.6 Complaints about the appraisal system should be addressed to the Essex GP Appraisal Manager at EQUIP or to the Clinical Governance Lead*, Appraisal Lead* or GP Tutor* (*as applicable).

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

- 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;

¹⁵ Difficulties in the appraisal process – Appendix 2

- 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 Form¹⁶ 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.
- 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 Form¹⁷.

¹⁶ Exception Request Form – Appendix 5

¹⁷ Exception Notification Form – Appendix 6

- 5.3.2 An appraisal is considered incomplete if the PDP or Form 4 have not been signed off within 28 days of the appraisal meeting. This 28 day period is to allow for holidays and other absences and should be sufficient in almost all circumstances. However, if an exceptional circumstance arises which leads to paperwork not being signed off until after this deadline, an Exception Request Form must be completed by the PCT for consideration by the Essex Appraisal Steering Group.
- 5.3.3 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 EQUIP;
 - EQUIP circulate 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.
 - EQUIP return 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.
- 5.3.4 Completed Exception Request Forms may be submitted at any time during the appraisal year up until the last Friday in February.
- 5.3.5 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 EQUIP. Incomplete forms without countersignature will be returned to sender.
- 5.3.6 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.
- 5.3.7 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.
- 5.3.8 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.

- 5.3.9 A copy of each Exception Request/Notification Form (whether approved or denied) must be included in the Responsible Officer's exception audit at the end of the appraisal year.

6 Appraiser Appointment Process

- 6.1.1 The appointment process is initiated by advertisement and the issuing of the *GP Appraiser Contract Specification*, *GP Appraiser Service Specification* and *GP Appraiser Application Form* to all who express an interest.
- 6.1.2 Candidates who meet the criteria will be 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, only candidates who successfully complete the training for new appraisers will be offered an honorary contract to appraise in Essex.
- 6.1.3 Each PCT must inform the Essex GP Appraisal Manager how many successful candidates they will be appointing so that initial training can be arranged for new appraisers across Essex. The costs of this training will be met by the PCTs.
- 6.1.4 Training will consist of two days of training and assessment by an approved training provider who will supply a feedback report for each candidate which will detail the level at which they are currently working and suggest areas for improvement.
- 6.1.5 All new appraisers who successfully complete the above training should be issued with a copy of the *GP Appraiser Honorary Contract*.

6.2 Selection Criteria

- 6.2.1 Applicants will be shortlisted by an assessment of how well they meet the GP Appraiser Service Specification¹⁸.
- Successful applicants must:
- 6.2.2 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.
- 6.2.3 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.
- 6.2.4 Demonstrate that they have the knowledge and skills to undertake appraisal (to be assessed during the recruitment process).
- 6.2.5 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 Service Specification, Contract Specification and Application Form when appointing appraisers.

¹⁸ GP Appraiser Service Specification – Appendix 8

7 Appraiser Reappointment Process

- 7.1.1 PCTs will carry out an official process to reappoint appraisers when their honorary contract expires.

7.2 Evidence to be provided to the PCTs

- 7.2.1 The Essex GP Appraisal Manager will provide PCTs with the following data for each of the appraisers that they hold an honorary contract with:
- Number of appraisals completed in the previous two appraisal years
 - Attendance at appraiser training events in the previous two appraisal years
 - Copy of feedback from GP Appraisee Questionnaires in the previous two appraisal years
 - A copy of the feedback report from mandatory training/assessment sessions
- 7.2.2 The named clinician receiving post-appraisal paperwork will provide the PCT with feedback on the post-appraisal paperwork for the appraisers they hold an honorary contract with.

7.3 The process

- 7.3.1 Each PCT will write to all appraisers to formally give them the opportunity to say if they no longer wish to continue in their role after the expiration of their honorary contract.
- 7.3.2 All remaining appraisers will go through a formal reappointment process with their PCT who will decide on their suitability for reappointment based on the following factors:
- The data supplied by the Essex GP Appraisal Manager
 - The feedback from the named clinician receiving post-appraisal paperwork
 - Meeting the criteria of the GP Appraiser Service Specification
- 7.3.3 All decisions regarding reappointment of appraisers will need to be signed off by PCT management. PCTs may wish to request that, in the case of Appraisal Leads who also work as GP Appraisers, an Appraisal Lead from another Essex PCT reviews the feedback and figures for the appraiser concerned for extra validation before signing off any possible reappointment.
- 7.3.4 Any appraiser who does not meet the above criteria, but wishes to continue to work as an appraiser, will be contacted by the PCT to discuss the best way forward. At this point the PCT may wish to conduct interviews with their contracted appraisers.
- 7.3.5 All reappointed appraisers must be issued with a copy of the GP Appraiser Honorary Contract.

8 Glossary

Contracted GP	A GP who is signatory to a contract with a PCT to provide General or Personal Medical Services
DH	Department of Health
EQUIP	Education and Quality in Primary Care Across Essex
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
Incomplete appraisal	An appraisal where the appraisal discussion was not completed or where the PDP or Form 4 has not been signed off within 28 days of the appraisal meeting. This 28 day period is to allow for holidays and other absences.
LMC	Local Medical Committee
Local Learning Providers	e.g. EQUIP, GP Tutors, PCESE
PCT	Primary Care Trust
PDP	Personal Development Plan
PMS	Personal Medical Services
Sessional GP	Any GP on a Performers List held by a PCT and not covered by the definition of a Contracted GP
The Essex Scheme	The appraisal model adopted by all 5 PCTs in Essex

9 Signatories

We, the undersigned, subscribe to the policies within the *GP Appraisal in Essex – The Essex Scheme, Version 7* document and agree to adhere to the Essex Appraisal Scheme guidance.

Sheila Bremner Chief Executive NHS Mid Essex NHS North East Essex NHS West Essex	
Andrew Pike Chief Executive NHS South East Essex NHS South West Essex	

10 Appendices

Appraisal Process Flowchart (All GPs)

Lists of appraisers issued to GPs from EQUIP

Choose an appraiser

Contact chosen
appraiser &
arrange date

Appraiser to inform EQUIP of the date of appraisal and the name of appraisee
Tel: 01376 302150 or 302123, Fax: 01376 503815

EQUIP will issue a claim form, appraiser questionnaire and Proof of Appraisal form (if needed) to the appraiser

Pre-Appraisal Preparation

Complete pre-appraisal forms and gather appropriate supporting evidence using either one the online tools designed for this purpose or by downloading a copy of the DH forms available on the EQUIP website
www.essexequip.nhs.uk

Send to your appraiser with Form 4 & PDP from previous appraisal **at least** 2 weeks prior to your appraisal. An appraiser may cancel your appraisal if they do not receive the paperwork within this time scale.

At Appraisal

Complete and sign Form 4 and PDP 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 named clinician detailed on claim form.

Difficulties in the Appraisal Process

Appraisee has concerns about any aspect of the appraisal process

Appraiser has serious concerns about appraisee (Health, Conduct, Performance)

Concern resolved by appraiser
No further action required

Appraiser should attempt to address concern

Concern not resolved by appraiser

Appraisee may contact LMC for advice, support or representation at any stage in the process.

Referral to:
Clinical Governance Lead*
Appraisal Lead*
GP Tutor*
(*as applicable)

Concern not resolved

Inform Appraisal Steering Group of difficulty and resolution.

Clinical Governance Lead*
Appraisal Lead*
GP Tutor*
(*as applicable)
to refer matter to PCT Chief Executive for further consideration.

RESOLUTION

GP APPRAISEE QUESTIONNAIRE 2011/12

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

Paperwork that does not achieve at least 1 point for each criteria will be returned for further development

	0 DOES NOT MEET CRITERIA	1 ONLY JUST MEETS CRITERIA	2 MEETS CRITERIA	3 EXCEEDS CRITERIA
In order that your paperwork can be assessed it is essential that it:				
Is typed			□	
Includes Form 4 and both this year's and last year's PDP			□	
Includes confirmation that the appraiser saw a copy of the Form 4 from last year's appraisal			□	
The review of last year's PDP should include:				
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	□	□	□	□
The commentary of the appraisal should include:				
An accurate and concise summary of the appraisal discussion	□	□	□	□
Strengths and/or achievements identified during the appraisal	□	□	□	□
Evidence of reflection (on significant events, audits, complaints, educational activity etc) and a description of how this will be followed up/has changed practice	□	□	□	□
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	□	□	□	□
This year's PDP should include:				
Identification of current and potential development needs	□	□	□	□
Action points that are S pecific, M easurable, A chievable, R ealistic and T imely (SMART)	□	□	□	□
The Form 4 and this year's PDP should include:				
Evidence of 50 hours total CPD for the year	□	□	□	□

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

GP APPRAISER ADVERTISEMENT

_____ PCT is looking for new GP Appraisers

This important role involves the appraisal of other General Practitioners in a supportive and developmental manner. We are looking for applicants who: are either currently working, or have worked in the last two years, as a GP; have a minimum of five year's experience as a GP; have evidence of good and active listening skills; are patient, have the ability to be flexible and are computer literate.

Although the complete requirements for revalidation remain unclear, yearly appraisal has been agreed as one of the main components. The role of an appraiser is therefore not only skilled but is accompanied by an increasing responsibility to facilitate appraisals that will be supportive, yet robust and challenging enough to facilitate the appraisee towards revalidation.

There will be an official interview and selection process and full training will be provided. Appointment will be made only after successful completion of training and assessment which will take place over two days.

For further information, please contact _____ PCT's GP Appraisal Lead on _____

Full details and an application pack can be downloaded from the EQUIP website at www.essexequip.nhs.uk

SERVICE SPECIFICATION

Role: GP Appraiser

Qualifications	Essential	Desirable
GMC License to Practice	✓	
Entry on an Essex Medical Performers List	✓	
Completion of appropriate appraiser training <i>(this is not a requirement prior to application, but will need to be completed and passed to a satisfactory level before an honorary contract will be issued)</i>	✓	
Hold MRCGP		✓
Experience	Essential	Desirable
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) and have been subject to a minimum of 3 medical appraisals (not including those in training)	✓	
Undertake training or development of staff or GP Tutor, trainer type role		✓
Experience of managing own time to ensure deadlines are met	✓	
Knowledge, Skills & Attributes	Essential	Desirable
Knowledge of the role of appraiser, the purpose of appraisal and its links to revalidation and of educational techniques relevant to appraisal.	✓	
Knowledge of responsibilities of doctors as set out in Good Medical Practice, RCGP speciality standards and CPD guidance.	✓	
Effective interpersonal skills (ability to build up good rapport based on equality and collaboration with participants)	✓	
Evidence of good and active listening skills – including the ability to understand and summarise a discussion, ask appropriate questions, provide constructive challenge, give effective feedback and the patience to assist with difficulties	✓	
Excellent written communication skills – including the ability to summarise a discussion clearly and accurately.	✓	
Ability to demonstrate open, non-judgemental attitude and accept challenges to existing ideas	✓	

Proven record for trustworthiness amongst colleagues	✓	
Ability to be flexible and adapt behaviour to meet the needs of an appraisee.	✓	
Able to demonstrate commitment and give sufficient time to performing appraisals	✓	
Ability to use email and have adequate IT skills for the role	✓	
Ability to use the NHS Appraisal Toolkit or the other subsequent mandatory online Toolkit)	✓	
Not be employed directly by the PCT as a Clinical Governance Lead, Executive Committee Chair or Responsible Officer	✓	

CONTRACT SPECIFICATION

Post Title: GP Appraiser

Accountable to: PCT Clinical Governance Lead or Director of Public Health and the Responsible Officer

Responsible to: PCT Clinical Governance Lead

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. For the purposes of revalidation, each GP must produce a portfolio of supporting evidence for their annual appraisal.

Key tasks and responsibilities:

To carry out a minimum of 6 and a recommended maximum of 20 appraisals each year based upon the GMC's core headings set out in the Good Medical Practice document. The PCT will be notified once an appraiser reaches the recommended maximum of 20 appraisals in any appraisal year. The optimum number of appraisals carried out is between 8 and 12 per year. In line with the Essex wide agreement, Appraisers will ensure that they carry out no more than two consecutive appraisals for the same Appraisee.

To arrange to undertake GP appraisals at the convenience of the appraisee, in a comfortable setting, free from interruptions and distractions. To prepare for the appraisal and agree the agenda with each GP in line with current local and national guidance and quality standards. 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 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, except in circumstances where the appraisee disagrees with the appraisal and an appeal is being raised.

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.

To send an agreed and signed copy of the post-appraisal document to the named senior clinician at the PCT.

This document should meet the following criteria:

- The appraisal summary document must be typed and include Form 4 and both this year's and last year's PDP.

- The review of last year's PDP should include commentary on what learning development needs were achieved, and reflection on what learning/development *needs* (rather than *wants*) will be carried forward to the next PDP.
- The commentary of the appraisal should include: an accurate and concise summary of the appraisal discussion; strengths and/or achievements identified during the appraisal; no subjective comments or value judgments 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
- The PDP for the following year should include: identification of current and potential development needs, action points that are Specific, Measurable, Achievable, Realistic and Timely
- Approximately 50 hours total CPD should be evidenced in the paperwork.

To attempt to build positive working relationships with the GP appraisee and, 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 attend initial appraiser training and thereafter undertake regular mandatory appraisal training, attend regular appraisal support meetings and be prepared to be appraised as an appraiser. Professional support will be provided by the local appraisal support group.

To 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.

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.¹⁹

To comply with the requirements of the Data Protection Act by adhering to the responsibilities outlined in the *GP Appraisal In Essex – Data Protection Guidelines*.

Terms of Engagement

For the avoidance of doubt, the PCT will contract with the provider on a supply of services basis and does not constitute a contract of employment.

GP Appraisers will undergo a formal reappointment and assessment process every three years.

The PCT will indemnify appraisers in respect of any loss suffered by them arising from the proper performance of the GP Appraiser's duties under or in connection with their honorary contract.

¹⁹ 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]

[NAME OF PCT] PRIMARY CARE TRUST

STATEMENT OF TERMS AND CONDITIONS OF ENGAGEMENT

HONORARY CONTRACT – Providers of Service

[Name of PCT] 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 [Name of PCT] PCT.

PERSONAL

Name:

Address:

Post Title: **GP Appraiser**

Service or Area:

Date of Appointment:

Review Date (one year from appointment):

Compensation payments: **£556.58 per completed appraisal**

SERVICES TO BE PROVIDED BY THE APPRAISER

So long as s/he shall continue to serve [Name of PCT] PCT under the terms of this agreement the GP Appraiser will undertake the duties outlined below and ensure that each appraisal is conducted in line with the Essex Appraisal Scheme.

To carry out a minimum of 6 and a recommended maximum of 20 appraisals each year based upon the GMC's core headings set out in the Good Medical Practice document. The PCT will be notified once an appraiser reaches the recommended maximum of 20 appraisals in any appraisal year. The optimum number of appraisals carried out is between 8 and 12 per year. In line with the Essex wide agreement, Appraisers will ensure that they carry out no more than two consecutive appraisals for the same Appraisee.

To arrange to undertake GP appraisals at the convenience of the appraisee, in a comfortable setting, free from interruptions and distractions. To prepare for the appraisal and agree the agenda with each GP in line with current local and national guidance and quality standards.. 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 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, except in circumstances where the appraisee disagrees with the appraisal and an appeal is being raised.

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.

To send an agreed and signed copy of the post-appraisal document to the named senior clinician at the PCT. This document should meet the following criteria:

- The appraisal summary document must be typed and include Form 4 and both this year's and last year's PDP.
- The review of last year's PDP should include commentary on what learning development needs were achieved, and reflection on what learning/development *needs* (rather than *wants*) will be carried forward to the next PDP.
- The commentary of the appraisal should include: an accurate and concise summary of the appraisal discussion; strengths and/or achievements identified during the appraisal; no subjective comments or value judgments 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
- The PDP for the following year should include: identification of current and potential development needs, action points that are Specific, Measurable, Achievable, Realistic and Timely
- Approximately 50 hours total CPD should be evidenced in the paperwork.

To attempt to build positive working relationships with the GP appraisee and 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 attend initial appraiser training and thereafter undertake regular mandatory appraisal training, attend regular appraisal support meetings and be prepared to be appraised as an appraiser. Professional support will be provided by the local appraisal support group.

To 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.

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.²⁰

To comply with the requirements of the Data Protection Act by adhering to the responsibilities outlined in the *GP Appraisal In Essex – Data Protection Guidelines*.

TO BE PROVIDED BY THE PCT IN CONJUNCTION WITH EQUIP

Appraiser details are listed on the EQUIP website, alternatively they can be provided by the Essex GP Appraisal Manager at EQUIP.

To assess post-appraisal paperwork against the set criteria. 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.

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).

To ensure that completed appraisal documentation is securely receipted and stored. To ensure that access to the documentation is strictly controlled and monitored.

To actively address any issues of concern raised either by individual appraisers or via Form 4. To escalate these issues via an agreed process²¹ as required.

To provide appraiser support groups meetings and update training for appraisers

NOTICE PERIOD

Either side should give 3 months notice of their intention to terminate this arrangement, unless there are exceptional circumstances.

²⁰ 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](#).

²¹ Difficulties in the Appraisal Process – Appendix 2

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 honorary contract 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.....

Results of exception audit to identify reasons for all missed or incomplete appraisals

Name of PCT:

Appraisal Year:

Name of Responsible Officer:

Date Audit Completed:

		Number of exceptions approved by Essex Appraisal Steering Group	Number of unofficial exceptions	Notes
1	Appraisee factors:			
a	Absence of appraisee at the end of the appraisal year (so not possible to rearrange within year) e.g. maternity/sickness leave			
b	Incomplete portfolio or supporting information (GMC Guidance published in April 2011)			
c	PDP/Summary not signed by appraisee within 28 days of the appraisal meeting			
d	Factors relating to lack of time of appraisee			
e	Lack of engagement of appraisee			
f	Other appraisee factors (including description)			
2	Appraiser factors:			
a	Unforeseen absence of appraiser at the end of the appraisal year (so not possible to rearrange within year)			
b	PDP/Summary not signed by appraiser within 28 days of the appraisal meeting			
c	Factors relating to lack of time of appraiser			
d	Other appraiser factors (including description)			
3	Organisational factors			
a	Administrative/management factors			
b	Factors relating to function or failure of electronic portfolio or information system			
c	Insufficient numbers of trained appraisers			
d	Other organisational factors			
4	Recommendations:			