

Gateway Reference 3958

APPRAISAL GUIDANCE

This guidance note replaces the appraisal funding guidance issued by the Department of Health in March 2003 (gateway reference 2159). Arrangements agreed locally under that note will need to be reviewed in line with this new guidance, which has been agreed with the NHS Confederation and BMA's General Practitioners Committee.

PCTs were alerted in HSC 2004/003 "Primary Medical Services Allocations 2004/05" to the allocation of £17m for the appraisal of all GPs working in GMS practices. The money was allocated separately with a note to say that "over time the aim is to pay this as part of the global sum". In addition PCTs were made aware that £13m for the appraisal of practitioners in PMS was included in the PMS baselines. PCTs are advised that this appraisal funding is intended to cover contributions towards the costs of both appraisers and appraisees. This does not prevent PCTs from offering additional funding for appraisal.

The cost of any learning or development needs identified as a result of appraisal should be funded separately by the PCT.

PCT Administered Funding

PCTs should retain 55% of the total funding available for GMS and PMS appraisal within PCT- administered funds. This is necessary in order to make contributions towards their costs of funding appraisers (including their recruitment, training and support costs), as well as the appraisees costs of doctors directly employed by PCTs and of locum GPs.

PCTs will wish to note that revised guidance for appraisal covering all GPs is now available on the DH website (Gateway ref 3710, see link below) which sets out the requirement that all GPs be appraised, including locum GPs.

PCTs will need to agree the precise details of payments to appraisers as well as those to locums in the case of their appraisee costs. In doing so PCTs should ensure that the appraisal contributions made are fair and equitable for all GPs.

Funding for GMS and PMS Appraisees

It has been agreed with the BMA's General Practitioners Committee that the remaining 45% of GMS appraisal funds is to be distributed to GMS contractors through an addition (the appraisal premium) to global sum from 1 July 2004.

The premium delivers a fair share of the available funds to each GMS contractor using weighted population. The appraisal premium of £0.26 will therefore deliver a payment of £1542 per average GMS contractor over 12 months as a contribution to the costs of appraisees.

As the premium is being introduced from 1 July 2004 it will not have its intended full year effect. Where PCTs have not made a contribution to GMS appraisee costs in the first quarter a local adjustment will be needed (e.g. paying an additional quarters payment before financial year end or uplifting monthly payments by a third). It is anticipated however that many PCTs may have already made a contribution, whether in part or in full, to cover GMS appraisee costs. In

this instance PCTs will need to assess the level of contribution made against the appraisal premium and agree with practices how any necessary adjustments for recovering or making good any shortfall in payments will be made.

As a minimum, PCTs will wish to honour existing appraisal payment agreements.

General

PCTs will wish to consult with their LMCs and, as appropriate, with other local representative group over these arrangements.

As indicated PCTs are expected to use the available funding for appraisal on a fair and equitable basis for all GPs. In the case of PMS contractors PCTs should reflect the arrangements and level of contributions to be made for GMS appraisees when making contributions for PMS appraisees.