Dear colleagues,

**COVID-19 and professional standards activities**

I wrote to you on 19 March 2020 advising on changes to professional standards activities including the suspension of appraisal. This and other changes freed up clinical time to respond to the first peak of infection. The response at all levels of the profession has been humbling and has been reflected in the gratitude expressed by the public towards the NHS. I am now writing to provide further information and advice about reinstating appraisal in the context of the continuing pandemic.

For many doctors the emergence of COVID-19 and its impact on the UK will be one of the most significant things to happen in their career, with a range of both negative and positive consequences. These have been especially intense for doctors at increased personal risk from COVID-19, including those with pre-existing conditions, Black, Asian and Minority Ethnic (BAME) status, increasing age or pregnancy. In this context appraisal is highly relevant as a tool to support doctors and nurture their professional growth in a working environment that will remain disrupted for many. This should be the focus as we move to restart appraisal.

‘Appraisal 2020’ format: support, not paperwork

Significant work has taken place with colleagues across the profession and the UK to review the format of appraisal in light of the pandemic. With partners and stakeholders in the Academy of Medical Royal Colleges, the General Medical Council (GMC) and the British Medical Association (BMA), we have agreed a rebalanced approach that focuses on the doctor’s professional development and wellbeing, and simplifies expectations around supporting information and pre-appraisal paperwork.

Resources to describe and explain this ‘Appraisal 2020’ format, including materials to support appraisers, will be hosted on the Academy of Medical Royal Colleges website.
Within NHS England and NHS Improvement we intend to take this opportunity to simplify appraisal as far as possible in all respects. I encourage responsible officers in other organisations also to think creatively about how appraisal can help your doctors maintain the highest possible standards of patient care in the prevailing circumstances.

**A flexible approach to resumption of appraisal**

There are a number of practical issues with restarting appraisal, including the redeployment of support staff to other roles and doctors continuing to face considerable added pressure on clinical time. There is also concern about the possibility of local outbreaks of COVID-19 or a more generalised second wave of infection. I therefore recommend that responsible officers adopt a flexible approach, aiming to begin reinstating appraisals by 1 October, with a view to resuming normal levels of activity by 1 April next year.

Further local suspensions of appraisal activity may be necessary in the face of local outbreaks. I would encourage these decisions to be made locally; also that flexibility and understanding be shown to individual doctors by postponing or approving the missing of appraisal as necessary.

**Framework for Quality Assurance**

In my March letter, I also advised of the cancellation of the 2019/20 Annual Organisation Audit (AOA). Higher level responsible officers will not be requesting designated bodies to submit a copy of their board report and completed Statement of Compliance by the end of September. They will, however, be pleased to receive these from those organisations who still wish to submit. Please do so by 30 September. I encourage organisations to emphasise the support arrangements they have put in place for staff during this difficult time within their report. The annual board report and Statement of Compliance template is available [here](#) for responsible officers and their teams to use.

Thank you all for your continued contributions in these challenging times.

Yours sincerely,

[Signature]

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