

Dear Colleague,

Please find below an update from the West Midlands team on appraisal and revalidation.

### **2015-16 Completed Appraisals**

Thank you to all doctors for supporting the achievement of a 99% appraisal completion rate across the West Midlands in the 2015-16 appraisal year. This is a fantastic result and has been recognised as the best across the Midlands & East region.

### **2016-17 Appraisal Allocations**

We are now allocating appraisals 6 months in advance to enable doctors to book their appraisal dates early. When you receive your appraisal notification email, please contact your appraiser to arrange a date. Once your appraiser has updated RMS with an agreed date, the automated reminders will cease.

### **Postponement of Appraisals**

If for any reason you are unable to complete your appraisal by the allocated month please email the team on [england.appraisals-westmidlands@nhs.net](mailto:england.appraisals-westmidlands@nhs.net) and request a postponement form.

### **Appraisal Allocations – Conflicts of Interest**

If you are allocated an appraiser and you note that they are your GP or a GP in your immediate practice / partnership (but not necessarily in the same organisation) or if there is any other COI let the team know immediately so that your appraisal can be reallocated. If you are unsure, we are happy for you to discuss with the appraiser whether it is appropriate for them to do your appraisal, but please be sure to avoid any conflicts of interest.

### **Working Abroad / Skype Appraisals**

It is a requirement of both the GMC and the Performers List Regulations that doctors must have an annual appraisal, even if they are working outside the UK, and in addition a doctor may be removed from the performers list if they have not worked in NHS general practice in the UK. . If this applies to you please email the team on [england.appraisals-westmidlands@nhs.net](mailto:england.appraisals-westmidlands@nhs.net). If whilst working abroad an appraisal becomes due, it will need to be done by skype – only Appraisal Leads are appointed to carry out skype appraisals on behalf of the West Midlands team.

### **Non-Engagement**

Where a doctor has not booked their appraisal date by the month it is due (and the date not been entered onto RMS by the appraiser) an automated email will be sent to the doctor advising them of non-engagement. This email is quite direct but is a necessary stage in the non-engagement process which commences after the end of the 'appraisal due' month and involves the team rigorously chasing up the doctor to determine why the appraisal has not

been undertaken. Please note that if within 2 months of the 'appraisal due' month the team have not heard from the doctor, they will be referred to the Performance Advisory Group who will recommend referral to the GMC for non-engagement.

### **Long Term Sick Leave / Maternity Leave / Sabbatical / Retirement**

If you have to take long term sick leave or are planning to take a sabbatical or maternity leave please inform us as soon as possible so we can update our records and advise you regarding your appraisal.

### **New RCGP Guidance**

In March 2016 the RCGP published their Guide to Supporting Information for Appraisal and Revalidation which is aimed at simplifying and clarifying the information required for appraisal and revalidation. Please read the full guidance which is available at <http://www.rcgp.org.uk/revalidation/new-revalidation-guidance-for-gps.aspx>

The most significant changes in the guidance are:

- The removal of 'impact' from CPD - it is no longer possible to claim 'impact' and double the credits for CPD items. Instead, all time spent on learning activities which demonstrate the impact of learning on patient care can be credited. One CPD credit is 'one hour of learning activity demonstrated by a reflective note on lessons learned and any changes made as a result '. This can include activities related to quality improvement activity or reflection on significant events, complaints or other forms of feedback, and only requires one reflective note per learning activity.
- Reflection - The new Guide makes clear that the aim of the Appraisal and Revalidation portfolio is to provide supporting information to meet GMC requirements for revalidation through quality, not quantity. The new Guide recommends that GPs provide a few high quality examples that demonstrate how they keep up to date, review what they do, and reflect on their feedback, across the whole of their scope of work over the five year cycle.
- Significant Events – There is some confusion about the need to include a certain number of significant events every year. The GMC's definition of a significant event is 'a serious or critical incident in which you were named or personally involved and in which serious harm could have or did come to a patient.' While these are relatively rare, all significant events meeting this definition must be recorded whenever they occur. Otherwise, it is appropriate to state that no such events have occurred.
- Quality Improvement - Up until now, other significant events not meeting the GMCs definition (which may cover a wide range of clinical and non-clinical events and issues having impact on patient care) have been recorded as significant events at appraisal. Reflection on such events and any learning or changes as a result is of course still important, and can provide good evidence of quality improvement activity. We encourage doctors to continue to reflect on and record such events as part of their

annual appraisal. These may now however, more appropriately be recorded in the 'Quality Improvement' section.

- Colleague / Patient Feedback - The new Guide makes clear that doctors only need to do a formal GMC compliant colleague and feedback survey once in the revalidation cycle.

### **Appraisal Feedback**

If you wish to leave feedback regarding your appraisal, the appraiser or NHS England, you can do this via Clarity and RMS once your appraisal has been signed off.

### **Indemnity**

There is now a specific GMC requirement for doctors to hold adequate and appropriate indemnity cover for their practice. In signing the probity declaration for appraisal, doctors are confirming that they hold (and will continue to hold) appropriate levels of cover. NHS England is reviewing the specific amount but considers appropriate cover for a GP to be £10million, with no restrictions or exclusions (for example meningitis). This level is based on information about the magnitude of recent successful claims against GPs provided by the major defence bodies.

### **West Midlands Appraisal & Revalidation Team**

Associate Medical Director - Dr Sarah Marwick

Programme Manager - Hari Atwal

Programme Support - Mandy Baddeley, Sharon Howard, Simone Smith, Denise Pidd

Appraisal Leads – Dr Karen Marlow (Coventry & Warwickshire)

Dr Rosalind Marwaha (Solihull & South Central) (Worcestershire wef 010916)

Dr Jenny Barnes (Herefordshire)

Dr Steve Pritchard (Dudley, Wolverhampton, Walsall)

Dr Jeff Foster (Birmingham Cross City)

Dr Rob Grinsted (Sandwell & West Birmingham, Walsall)

*A big thank you to Dr Chris Renfrew who will retire from the role of Appraisal Lead wef 31.08.16 for the support he has provided to colleagues over the years.*

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We hope you find this newsletter to be useful – please let us know if you have any concerns or questions regarding the content or anything else you would like to raise.

Best Wishes

*West Midlands Appraisal and Revalidation Team*

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