

Appraiser Training

Welcome

Facilitators:

Carol Barnes

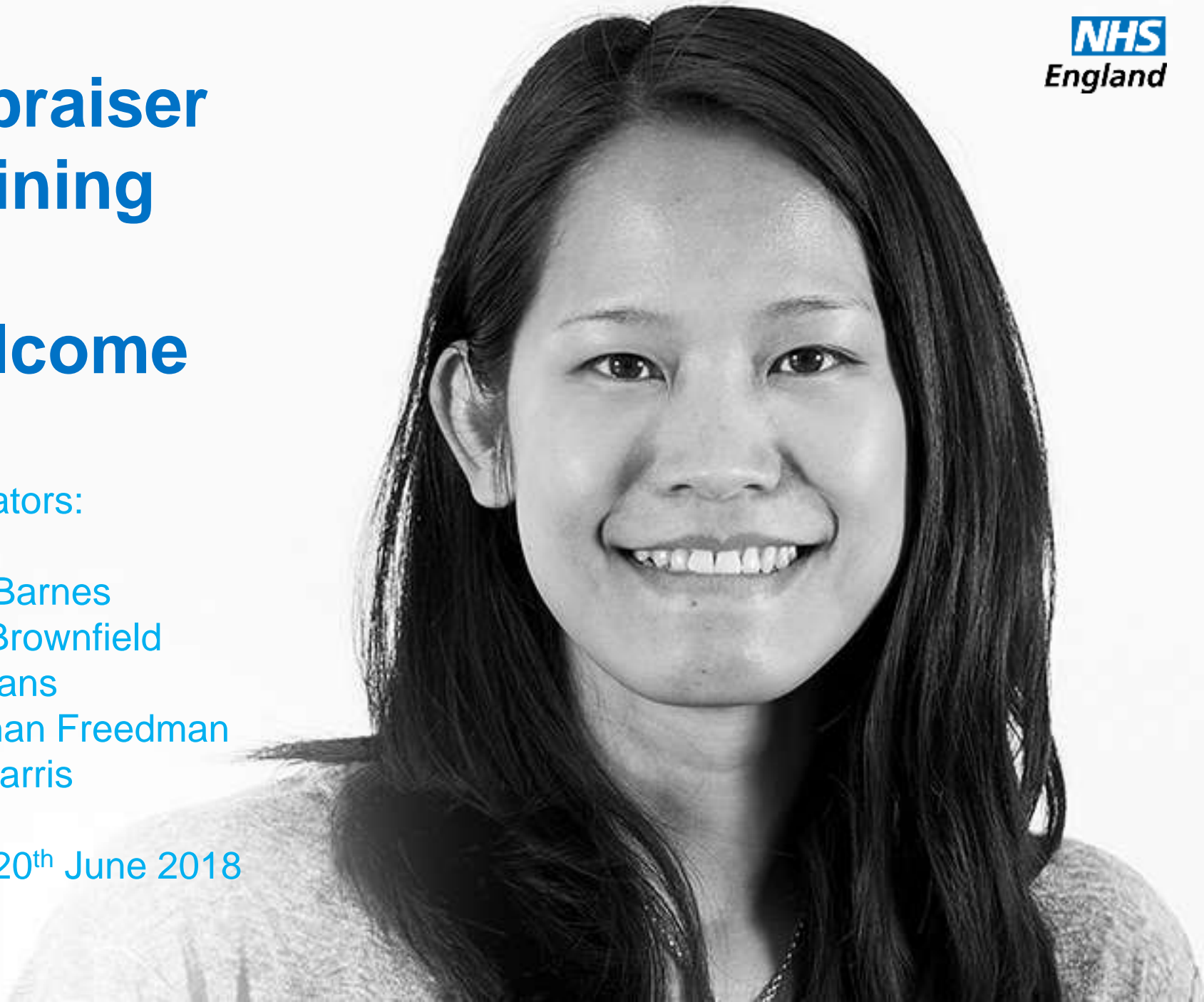
Mark Brownfield

Val Evans

Jonathan Freedman

Sue Marris

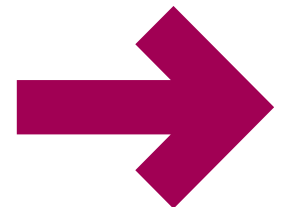
Date: 20th June 2018



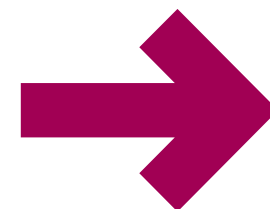
Aims and objectives

To be

- familiar with the principles and processes underpinning medical appraisal for revalidation
- confident about your own skills in appraising and documenting medical appraisal for revalidation

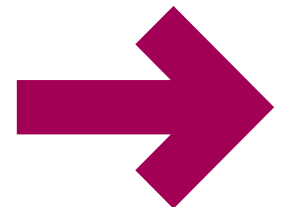


WHAT IS MEDICAL APPRAISAL?



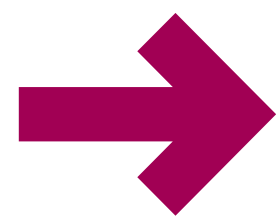
Small groups- 2-3

- How would you define medical appraisal?
- What is your understanding?
- What is your experience?



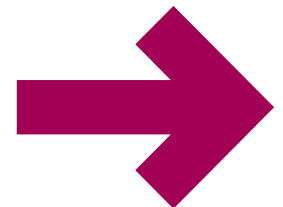


“You’re a Super Performer ... so you get a lollipop.”



The purposes of medical appraisal (MAG)

1. To enable doctors to discuss their practice and performance with their appraiser in order to demonstrate that they continue to meet the principles and values set out in *Good Medical Practice* and thus inform the responsible officer's revalidation recommendation to the GMC.
2. To enable doctors to enhance the quality of their professional work by planning their professional development.

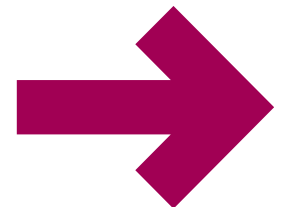


The purposes of medical appraisal (continued)

3. To enable doctors to consider their own needs in planning their professional development

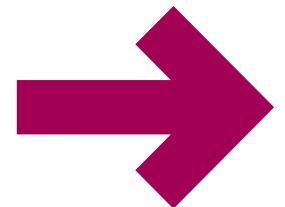
and may also be used:

4. To enable doctors to ensure that they are working productively and in line with the priorities and requirements of the organisation they practise in.



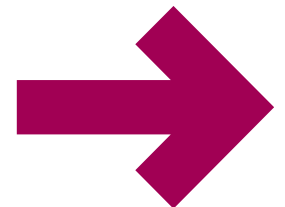
What about Revalidation?

- **Appraisers appraise**
- **Responsible officers make the recommendation**
- **The GMC revalidates and issues licences to practice**



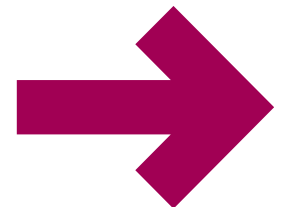
Revalidation-the role of appraisal

- Appraisal is the key vehicle by which it is confirmed that a doctor is progressing satisfactorily towards revalidation (and any concerns are being addressed).
- Appraisal is the central process for discussion and verification of the evidence submitted.



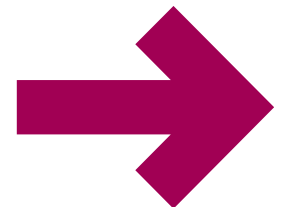
Key roles of appraisal (continued)

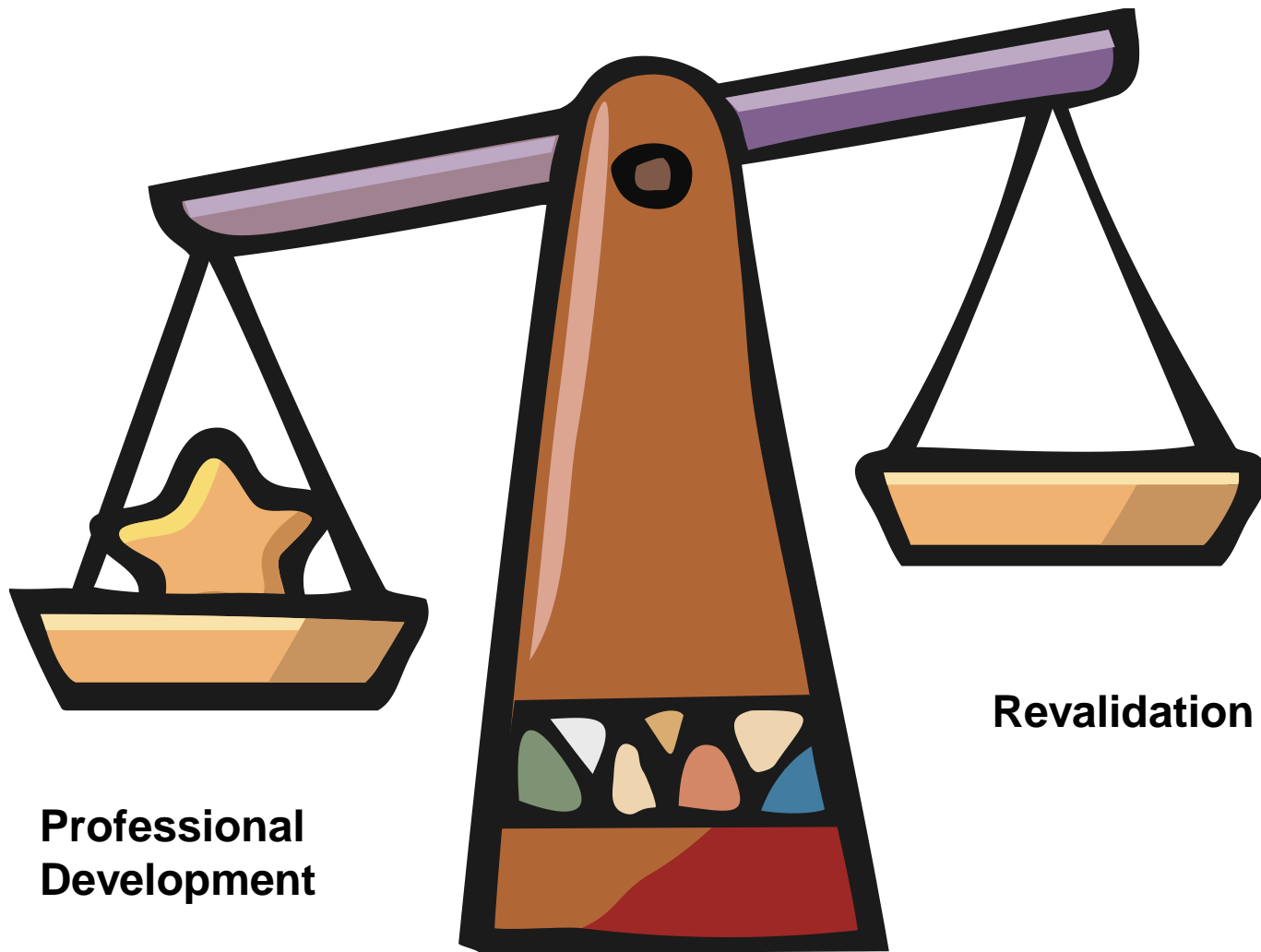
- Appraisers will be judging adequacy of evidence for the purposes of revalidation, NOT making judgments about a doctor's fitness to practice.
- ROs completely depend upon a robust quality assured appraisal process to deliver revalidation.



The purpose of revalidation

To assure patients and public, employers and other health care professionals that licensed doctors are up to date and fit to practise

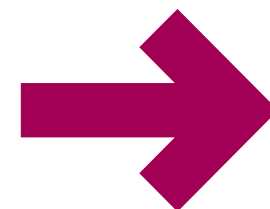


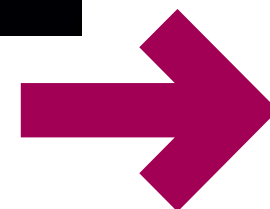


**Professional
Development**

Revalidation

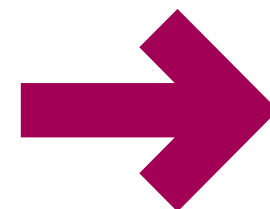
**Quality
Improvement**







I know it's you in there Jenkins, come out and have your appraisal like a man.

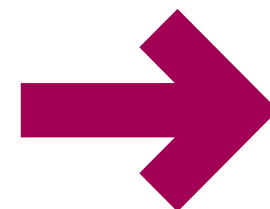
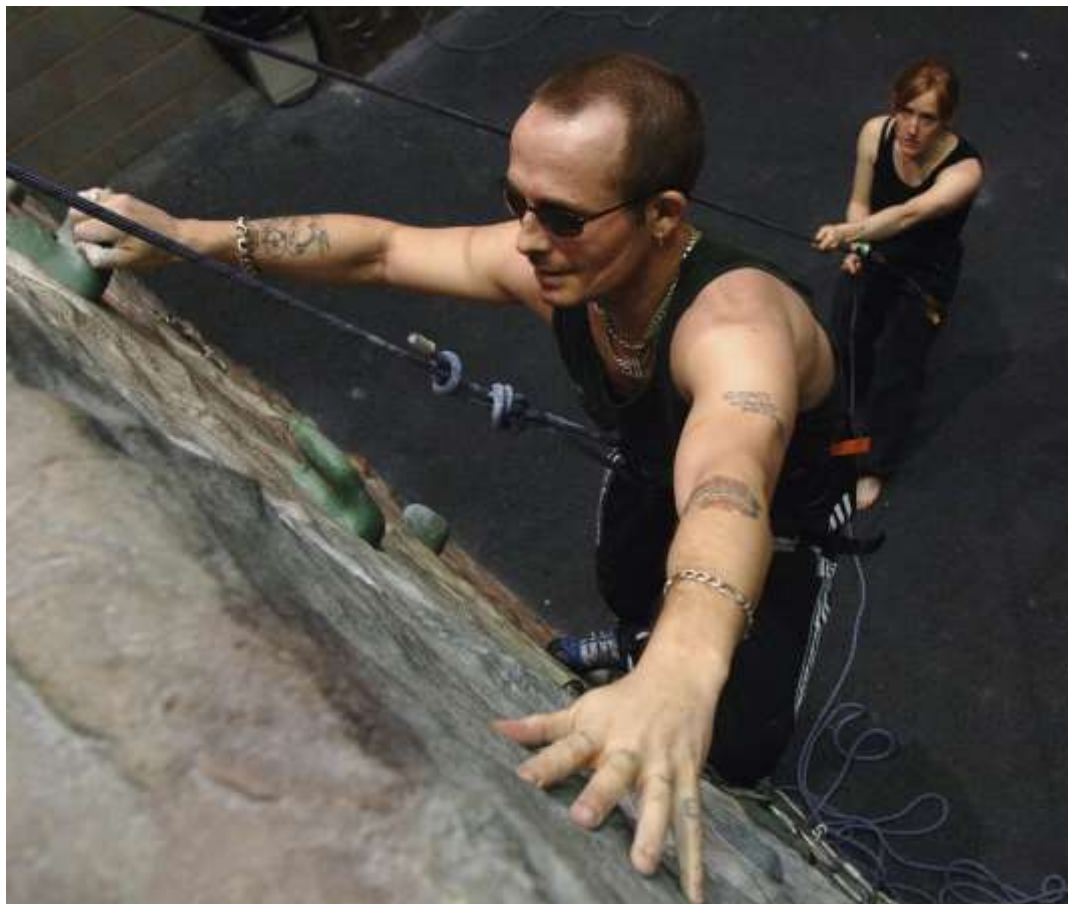


**What are
the
qualities of
a good
appraiser?**



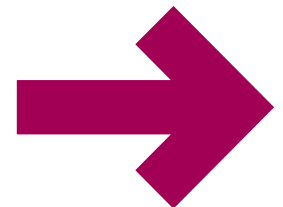


Supporting and challenging



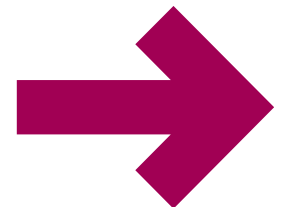
‘Competency framework for medical appraisers’

- Exploring the ‘Competency framework for medical appraisers’:
 - Professional responsibility
 - Knowledge and understanding
 - Professional judgement
 - Communication skills
 - Organisational skills



Professional responsibility

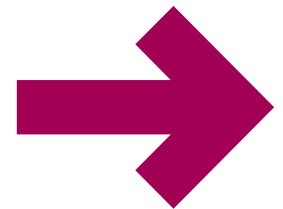
- Maintain credibility as an appraiser
- Integrity, effectiveness and self-awareness.
- Confidentiality of information and documentation



Confidentiality

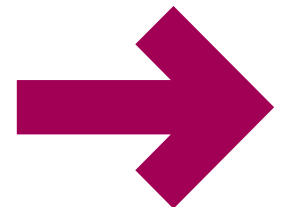
The Confidentiality Statement-

There will be a chance to practice this during the role plays this afternoon



Knowledge and understanding

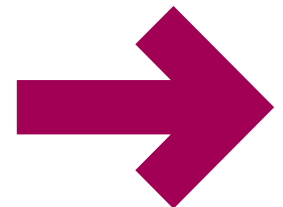
- **First, do no harm:**
- The appraisal should be a positive experience for the doctor
- The effort needs to be proportionate
- Appraisers must not take on inappropriate roles even if they have the skills



Knowledge and understanding

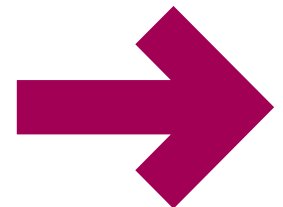
If in doubt – ask:

- Appraisers should have a low threshold for seeking advice (*and know the appropriate contact details*)
- Appraisers need access to professional support structures

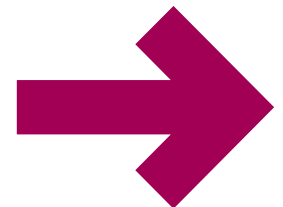


Professional judgement

The equivalent of the clinical judgements we are all used to making everyday as clinicians (not a judicial process)



- Judges engagement, and ensures that the whole scope of practice is reviewed
- Evaluates the portfolio of supporting information and the pre-appraisal documentation effectively and consistently
- Judges progress towards revalidation appropriate for the stage of the revalidation cycle accurately
- Reviews the previous PDP and ensures the new PDP reflects the doctor's development needs
- Judges whether there is a patient safety issue or emerging concern and takes appropriate action



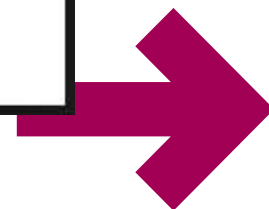
Appraisal outputs

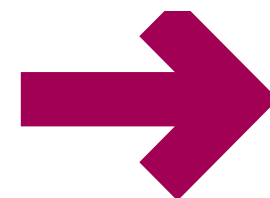
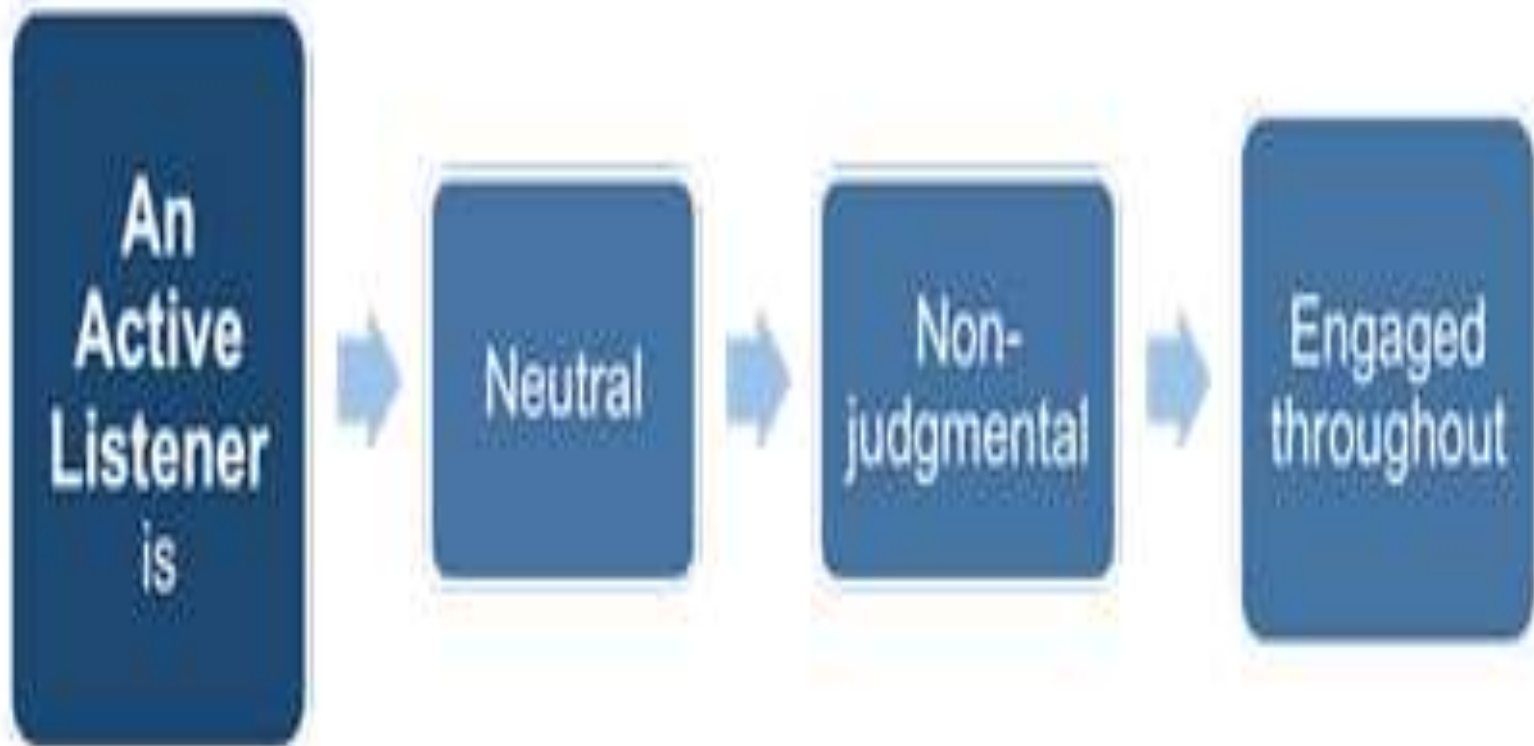
The **appraiser** makes the following statements to the responsible officer:

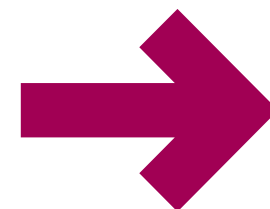
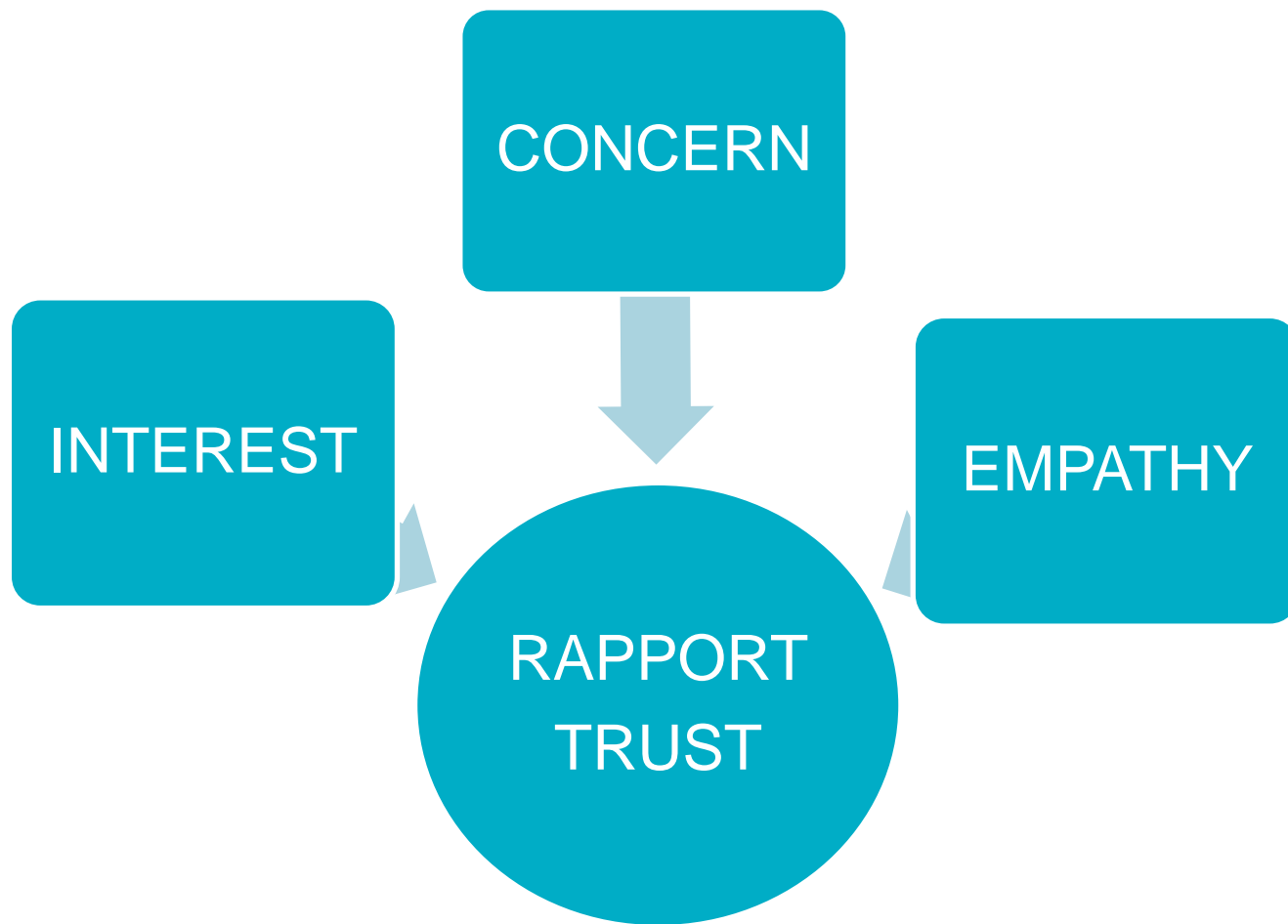
1. * An appraisal has taken place that reflects the whole of the doctor's scope of work and addresses the principles and values set out in Good Medical Practice. Agree Disagree
2. * Appropriate supporting information has been presented in accordance with the Good Medical Practice Framework for appraisal and revalidation and this reflects the nature and scope of the doctor's work. Agree Disagree
3. * A review that demonstrates progress against last year's personal development plan has taken place. Agree Disagree
4. * An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year. Agree Disagree
5. * No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practise. Agree Disagree



Communication skills

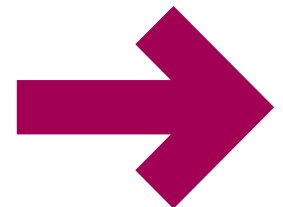




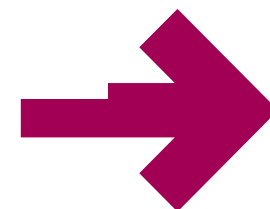


“In many ways, effective communication begins with mutual respect, communication that inspires, encourages others to do their best.”

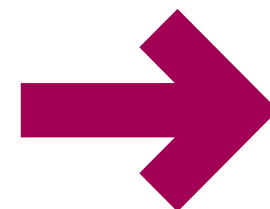
- Zig Ziglar



Organisation.



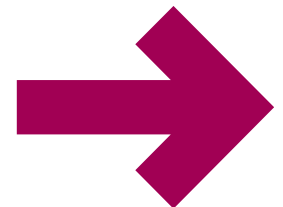
A WORD ABOUT REFLECTION



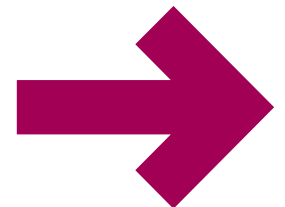
**“WITHOUT REFLECTION, WE GO BLINDLY ON
OUR WAY, CREATING MORE UNINTENDED
CONSEQUENCES, AND FAILING TO ACHIEVE
ANYTHING USEFUL.”**

MARGARET J. WHEATLEY

© Lifehack Quotes



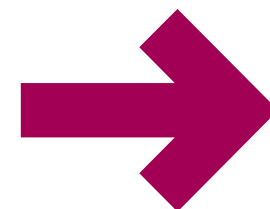
“Good Medical Practice requires you to reflect on your practice and whether you are working to the relevant standards” (*Supporting information for appraisal and revalidation, GMC, 2012*)



Think about the impact...
...of what you learn on what you do

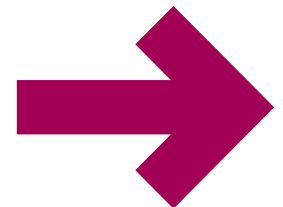


41



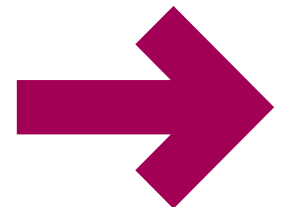
How do we assess reflection?

- What was the activity?
- Why was it important to you or your practice?
- How has this activity contributed to your practice?
- What actions did you take?
- How has your practice changed or improved?
- What supporting information can demonstrate this



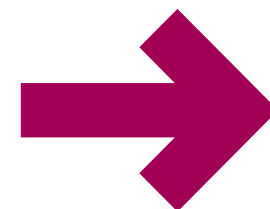
In simple terms...

- What?
- So what?
- Now what?





•
Where do we start...



INPUTS

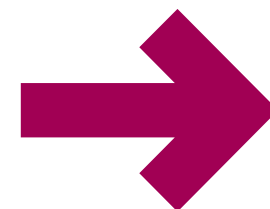
- Roles
- Portfolio of evidence
- Statements and declarations

Appraisal meeting

- Verification of the evidence
- Exploration of achievements, concerns, aspirations and challenges.
- PDP development

Outputs

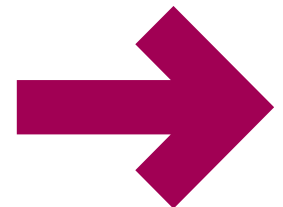
- PDP
- Summary
- Statements and declarations.



Good Medical Practice:

Four domains

1. Knowledge, skills and performance
2. Safety and quality
3. Communication, partnership and teamwork
4. Maintaining trust



Each domain is underpinned by attributes

Domain 1:

- Develop and maintain your professional performance
- Apply knowledge and experience to practice
- Record your work clearly, accurately and legibly

Domain 2:

- Contribute to and comply with systems to protect patients
- Respond to risks to safety
- Protect colleagues and patients from any risk posed by your health



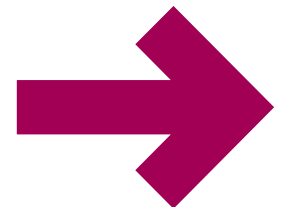
Domains (continued)

Domain 3:

- Communicate effectively
- Work collaboratively with colleagues to maintain or improve patient care
- Establish and maintain partnerships with patients

Additional:

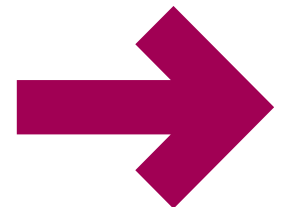
- Teaching, training, supporting and assessing
- Continuity and coordination of care



Domains (continued)

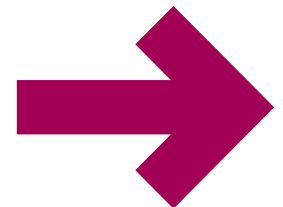
Domain 4:

- Show respect for patients
- Treat patients and colleagues fairly and without discrimination
- Act with honesty and integrity



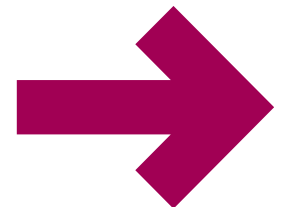
Declarations before the appraisal discussion

- Acceptance of the professional obligations placed on doctors in *Good Medical Practice* in relation to probity and confidentiality
- Acceptance of the professional obligations placed on doctors in *Good Medical Practice* in relation to personal health
- Personal accountability for accuracy of the supporting information and other material in the appraisal portfolio



Identifying issues

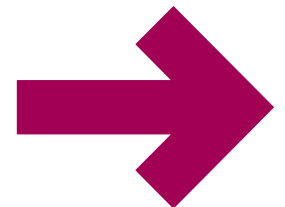
- Annual appraisal might identify doctors in difficulty at an early stage and allow positive intervention
- Support can be offered (remediation, occupational health review)
- No doctor should have their revalidation recommendation deferred if they have had satisfactory appraisals and no unresolved performance concerns
- Doctors should be made well aware that they are not progressing satisfactorily towards revalidation and what they need to do to address this



Key message 1

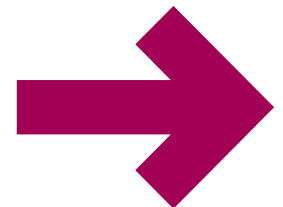
First, do no harm:

- The appraisal should be a positive experience for the doctor
- The effort needs to be proportionate
- Appraisers must not take on inappropriate roles even if they have the skills



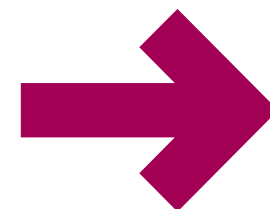
Key message 2

- Appraisers should have a low threshold for seeking advice (*and know the appropriate contact details*)
- Appraisers need access to professional support structures including the appraisal network
- The doctor being appraised is the expert

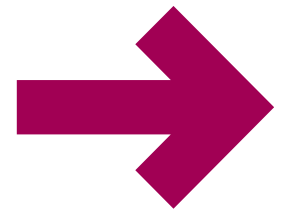


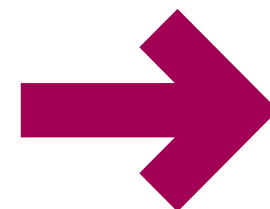


I know it's you in there Jenkins, come out and have your appraisal like a man.



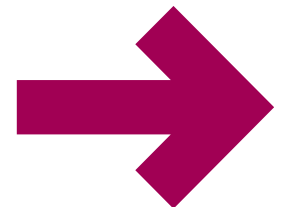
The RO(s) and their roles





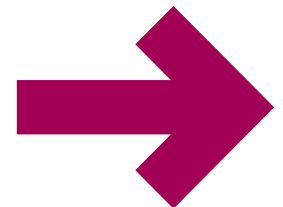
Revalidation recommendations

- A recommendation that the doctor is **up to date and fit to practise**
- A recommendation to **defer** the date of the doctor's revalidation
- A recommendation of the doctor's **non-engagement** in revalidation



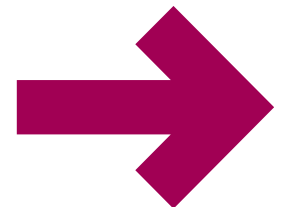
Positive recommendation

- A recommendation to revalidate is a formal declaration from the RO to the GMC that a licensed doctor remains up to date and fit to practise



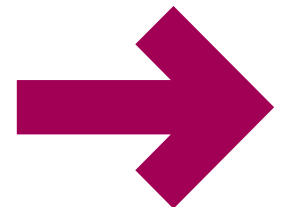
Deferral

- A recommendation to defer is a request for the GMC to provide the RO with more time in which to submit a revalidation recommendation.



Non-engagement

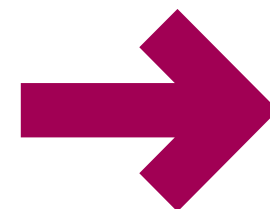
- A recommendation of non-engagement normally comes at the end of significant efforts to encourage a doctor to engage locally in revalidation.
- It begins a rigorous process that can potentially result in the GMC withdrawing a doctor's licence to practise.



Appraiser Support

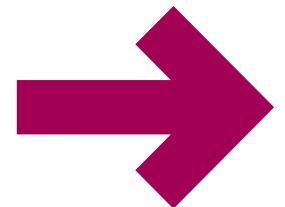


MEET THE TEAM



Appraisal and Revalidation Leadership

- **Professor Aly Rashid** RO (Leicester, Lincs)
- **Dr Dave Briggs** RO (Herts, Beds/Luton, MK)
- **Dr Sarah Greening** Associate Medical Director
and Clinical Advisor
- **Michelle Lake** Head of Revalidation



Appraisal and Revalidation Administration

Herts/Beds/Luton/Milton Keynes

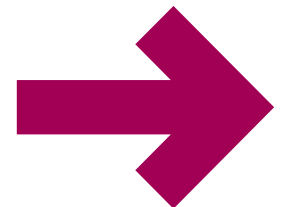
- **Christine Poulton**
- **Mansi Khadia**
- **Sharon Hancock**
- **Theresah Ofosu**

Programme Manager
Admin Officer
Admin Officer
Admin Officer

Leicester, Lincs, Northants

- **Cherie Robinson**
- **Jenny Holyoak**
- **Alex Hutchinson**

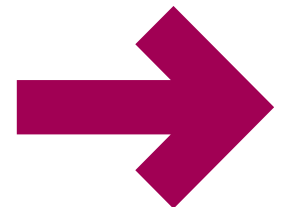
Programme Manager
Admin Officer
Admin Officer



Senior Appraisers

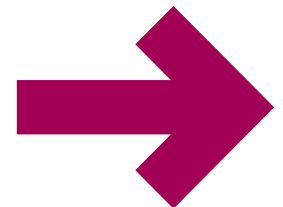
- **Mark Brownfield**
- **Eileen Cook**
- **Judy Craig**
- **Michael Curtin**
- **Fiona Dry**
- **Jonathan Freedman**
- **Debra Gilbert**
- **Sundeeep Gupta**

Mary Harding
John Hart
Sue Marris
Kathryn Oliver
Claire Powell
Luqman Rajput
Gopal Sharma
Hayley Jenkins



Administrations team responsibilities (1)

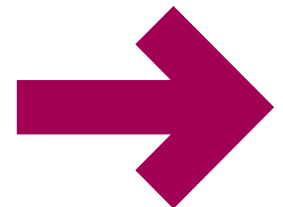
- Manage the appraisal and revalidation system and implement new developments
- Deal with complex queries
- Support and promote appraisal and revalidation engagement
- Manage new appraiser recruitment and training
- Co-ordinate Quality Assurance
- Manage the revalidation process



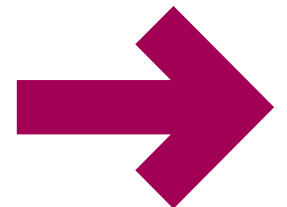
Administrations team responsibilities (2)

- Support appraisal and revalidation electronic systems including RMS and Clarity
- Co-ordination of Appraiser feedback
- Management of the day to day finance of appraisal
- Look after our Senior Appraisers...

...and be on hand to support our Appraisers
(single point of contact e-mail and always a prompt response)

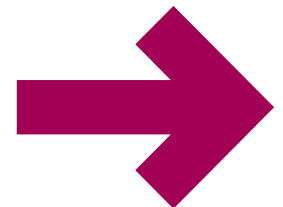


- england.centralmidlands.appraisals@nhs.net



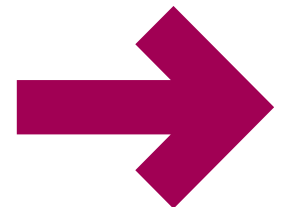
Initiating the appraisal process

- Annually, the appraisal team will inform appraisers of their allocations (you can define the number of appraisals you wish to undertake each year) - no less than 6 and no more than 20.
- 3 months prior to an appraisal 'due date', the RMS starts sending electronic reminders to the doctor and appraiser
- Doctors should contact you by e-mail or phone to arrange a date, time and location. The appraisal team will only know if a date has not been booked when our monthly report shows un-booked appraisals on the RMS.



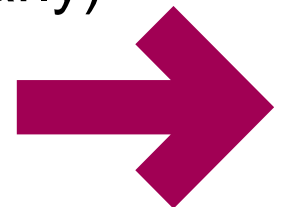
Initiating the appraisal process (2)

- The appraiser can then enter an appointment time and date in Clarity which is dedicated to that appraisee
- Inform the office
- If there is a conflict of interest or a reason why you would not be impartial in the appraisal process, then the doctor can be allocated to a new appraiser.
- Sometimes, appraisers will communicate important messages to the doctor prior to their meeting. These may include confidentiality statements, timescales and guidance about supporting information.



Senior Appraiser roles

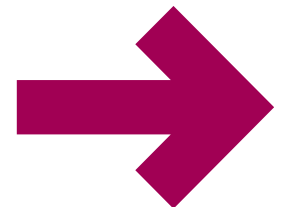
- Support for (probationary) new appraisers
- Facilitating locality appraiser meetings (2-3 per year)
- Quality Assurance of appraisal summaries
- Support for appraisers on day to day basis for any issues arising from appraisal
- Supporting development of the appraisal strategy
- Facilitating 'New Appraiser' and 'Mandatory Appraiser' training
- Undertaking 1:1 reviews with appraisers (1-3 yearly)



SUCCESSFUL COMPLETION OF APPRAISER TRAINING

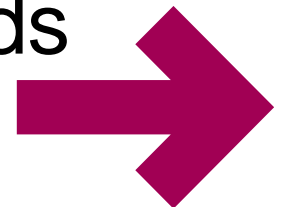


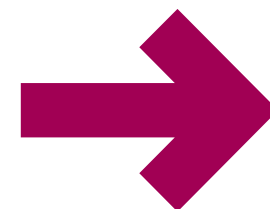
- Issued with a contract which must be signed and returned
- Payment details requested from you and advice given on how fees are paid
- Allocated a Senior Appraiser
- Allocated 3 appraisals to enter probationary period



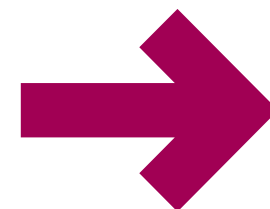
Probationer support

- Close support and mentoring for first three appraisals from allocated Senior Appraiser
- Focus on summary writing and this critique of this prior to submission using the QA form
- Reminder re systems including RMS
- Formal 1to1 review after 3rd appraisal to agree learning and development needs then further 1to1 after a year



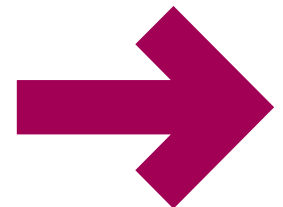


Tea/coffee

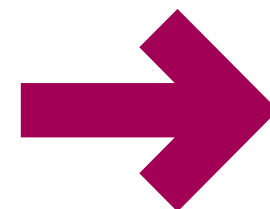


General overview of appraisal supporting information

- (Review of previous appraisals)
- Personal details
- Scope of work
- Progress against last year's PDP
- Supporting information in all 4 domains
- Next year's PDP
- Probity and health declarations
- Doctor's appraisal statements

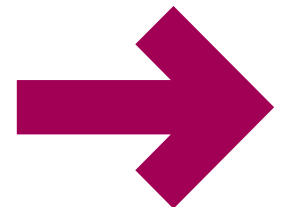


Appraisal Documentation



Supporting information

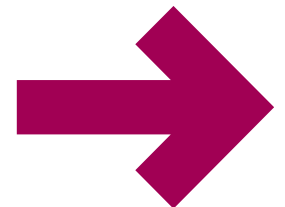
- All six types of GMC defined supporting information for each role
- Does you know what they are?



GMC supporting information requirements

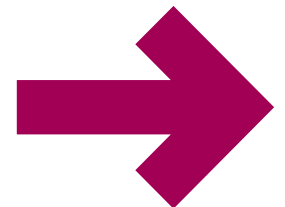
The GMC requires six types of supporting information:

1. Continuing professional development
2. Quality improvement activity
3. Significant events
4. Feedback from colleagues
5. Feedback from patients (where applicable)
6. Review of complaints and compliments



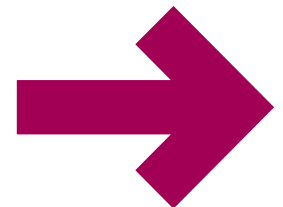
Supporting information

- Reflection should be on the most valuable and meaningful learning
- Appraisers won't be looking for certificates
- Scanning is rarely a good use of time
- Smart phones and tablets



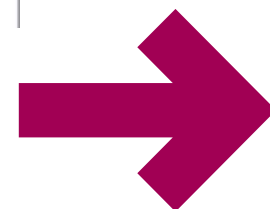
Sir Keith Pearson - 2017

- 1. Making revalidation more accessible to patients and the public
- **2. Reducing burdens and improving the appraisal experience for doctors**
- 3. Strengthening assurance where doctors work in multiple locations
- 4. Reducing the number of doctors without a connection

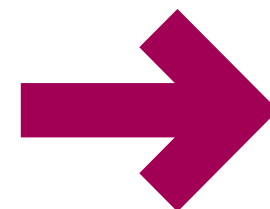


NHS England Guidance on preparation for medical appraisal for General Practitioners	
Your appraisal should be a vibrant professional experience helping you to improve care for your patients and diverting you from your clinical work as little as possible. This guidance aims to support this approach by explaining what your responsible officer and appraiser are looking for when you present your documentation.	
Supporting information to be submitted in appraisal portfolio annually	
Listed are the required items although you may wish to submit more information depending on your learning style	
Scope of work - description	CPD and QIA should cover your whole scope of work over the 5 year revalidation cycle
PDP – progress during year	Every PDP item should have a description of action taken and outcome of the activity
Health - declaration	Your appraiser will aid reflection on aspects of probity and health relevant to your roles in line with GMC Guidance
Probity - declaration	
CPD - documented	CPD claimed will need to be justifiable and your appraiser may seek further information in some cases. Required or 'mandatory' training may be counted as CPD.
Domain 1 - Knowledge, skills and performance	
Written reflection on at least one key learning event	Reflection on at least one of your PDP items would be appropriate <i>See below for guidance on how to document reflections</i>
Domain 2 – Safety and quality	
Quality Improvement- written reflection on at least one activity	Think broadly. Quality improvement activities that could be reflected on include: <ul style="list-style-type: none"> ✓ PUNs and DENS ✓ Case reviews and the identification of educational needs/changes to practice ✓ Learning event/incident analysis
Significant Events – written reflection on any GMC defined Significant Event	Practice development e.g. additional responsibilities such as a clinical lead role <ul style="list-style-type: none"> ✓ Audit ✓ Teaching/training ✓ Local, regional or national benchmarking data including CQC inspections
Domain 3 - Communication, partnership, teamwork	
Written reflection on at least one attribute of communication, partnership and teamwork	Examples that could be reflected on include: <ul style="list-style-type: none"> ✓ Patient or colleague survey ✓ Patient compliments ✓ Friends and Family responses ✓ Personal involvement in Patient Participation Groups ✓ How practice team working has improved patient care ✓ Challenging relationships with colleagues ✓ Practice protocols or team away days ✓ Work on committees such as prescribing committee or LMC ✓ Work as an appraiser.
Include at least one patient and one colleague survey in every 5 year cycle	The GMC emphasise the importance of including patient feedback in appraisal. If you have no direct contact with patients you should seek advice about your options.
Domain 4 - Maintaining trust	
Reflection on all: <ul style="list-style-type: none"> - Complaints - Performance concerns if present, e.g. Practitioner Performance Team (PPT) or Professional Advisory Group (PAG) issues - Additional information 	Complaints, performance concerns and other matters of probity are handled outside the appraisal, but appraisal is your opportunity to reflect on them with a non-involved, objective third party. See Good Medical Practice for issues of probity, including: research, indemnity, honesty, advertising, reports, legal/registration/restriction of practice, finance, conflicts of interest. Your responsible officer will tell you if there is additional information they want you to reflect on at your appraisal

NHS England Guidance on preparation for medical appraisal for General Practitioners			
The General Medical Council (GMC) defines the duties of a doctor registered with them in their guidance Good Medical Practice (2015). To maintain your licence to practice you must demonstrate through the appraisal and revalidation process that you work in line with the principles and values set out in this guidance. Your practice should meet the standards expected in the four domains; Knowledge Skills and Performance, Safety and Quality, Communication Partnership and Teamwork and Maintaining Trust. Your practice should be demonstrated in the portfolio of supporting information you bring to appraisal, with the table below showing what this will mean for most doctors			
Domain 1 Knowledge Skills and Performance	Domain 2 Safety and Quality	Domain 3 Communication Partnership and Teamwork	Domain 4 Maintaining Trust
CPD activity documented (this may include mandatory training)	Quality Improvement- written reflection on at least one activity	Written reflection on at least one aspect of communication, partnership and teamwork	Complaints- written reflection on all complaints, performance concerns and probity issues
Written reflection on at least one key learning event	Significant Events- written reflection on any GMC defined Significant Event	Include at least one patient and one colleague survey in every 5 year cycle	Any additional information as requested by your RO
Glossary			
Continuing Professional Development (CPD) - CPD is the continuous learning process that enables you to maintain and improve across all areas of your practice. CPD can include all activities from which you learn, including Quality Improvement Activity (QIA) and Significant Event Analysis (SEA).			
Required training - Training undertaken as required for an aspect of your scope of work. It may be required for a variety of reasons such as accreditation in a role, or contractual. Where required contractual reasons it can be called 'mandatory training'.			
Personal Development Plan (PDP) - The list you make of your professional objectives. At each appraisal you review and update your objectives with the help of your appraiser.			
Quality Improvement activity (QIA) - You should demonstrate you regularly actively participate in activities that review and evaluate the quality of your work. You should include reflection on the results of your activity, demonstration of appropriate action taken, and where possible demonstration of an outcome or change. Examples of QIA are found overleaf.			
Reflection - Where reflection is required you should consider what you have learned, and what you will do differently as a result. Your appraiser will be interested in what you think the supporting information says about your practice and how you developed or modified your practice as a result of that reflection.			
Responsible Officer - Your responsible officer has statutory responsibility in relation to your practice, including ensuring your access to appraisal, making a recommendation to the GMC about your revalidation and responding to concern about your practice. They may request you to bring additional information to appraisal. You will be aware if additional information has been requested and should reflect on such information as appropriate.			
Scope of work - Your documentation must record the scope and nature of all your professional work including all roles and positions for which a licence to practise is required. It should include work for voluntary organisations, work in private or independent practice and managerial, educational, research and academic roles.			
Significant Events - These are defined by GMC as 'any unintended or unexpected event, which could or did lead to harm of one or more patients'. In most organised settings they are captured within clinical governance processes; it should be relatively easy to identify those in which you were involved to include at your appraisal. The GMC consider incidents which do not meet this threshold of harm to be 'learning events' suitable in their own rights for inclusion as quality improvement activity.			
Surveys - Feedback from both patients and colleagues should be obtained using a validated questionnaire that meets the standards set by the GMC. Feedback should be reflected on and appropriate actions taken prior to appraisal.			

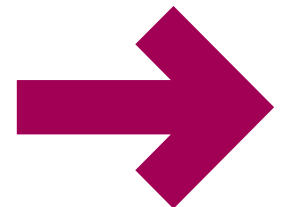


A word on credits...

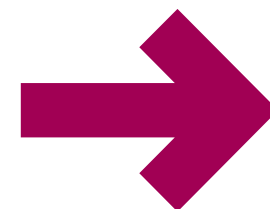


A word on credits...

- Instead of being fussy and verifying each and every credit, appraisers should take a holistic approach, answering 2 questions.
- Is the doctor demonstrating learning in each of their roles over the 5 year cycle providing all 6 types of supporting information?
- Are they a reflective practitioner?

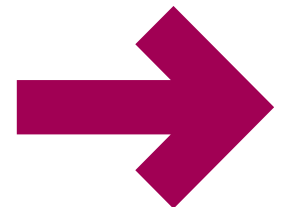


GMC requirements for supporting information for revalidation



GMC supporting information principles

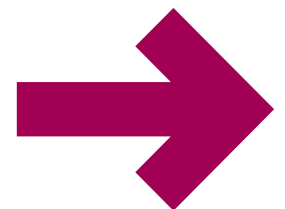
- General information
- Keeping up to date
- Review of your practice
- Feedback on your practice



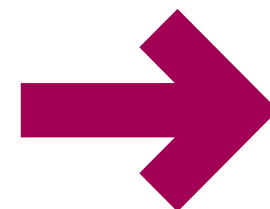
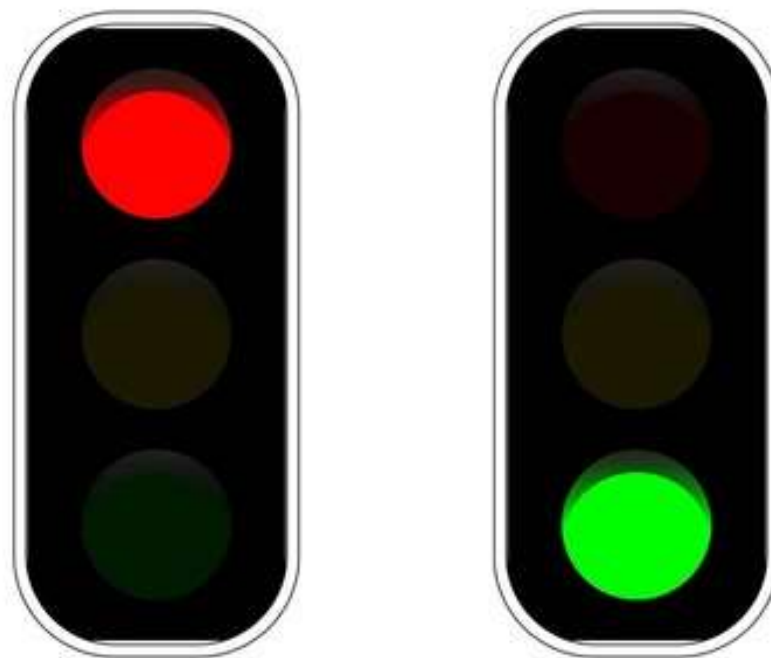
GMC supporting information requirements

The GMC requires six types of supporting information:

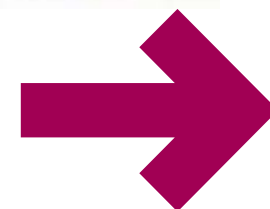
1. Continuing professional development
2. Quality improvement activity
3. Significant events
4. Feedback from colleagues
5. Feedback from patients (where applicable)
6. Review of complaints and compliments



Continuing professional development (CPD) (continued)

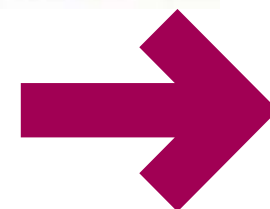


What concerns might you have about evidence?

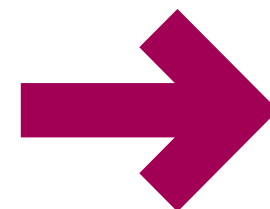


What concerns might you have about evidence?

- Lack of evidence or inadequate evidence (scope)
- Lack of personalised evidence
- Lack of reflection on evidence submitted
- Evidence of poor performance

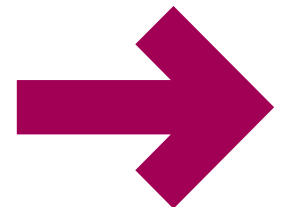


Whole scope of work – every role and function



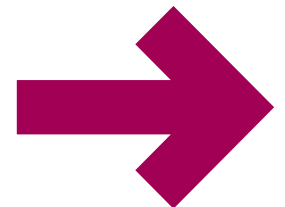
The 5-year revalidation cycle

- Appraisers need to keep track of progress
- This is less relevant in years 1 and 2
- For those appraisers that are meeting their appraisee for the first time towards the end of a 5-year cycle, there will be a need to review historical summaries and PDPs.
- Progress against revalidation needs to be clearly identified in the appraisal summary

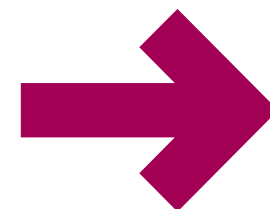


Last year's PDP

- Review last year's PDP and the linked CPD that has been carried out
- Has the appraisee been able to demonstrate progress against the items on their PDP?
- If not, why not? The explanation will need to be documented in the summary of appraisal discussion
- Some uncompleted items may be carried forward to next year's PDP or they may no longer be relevant



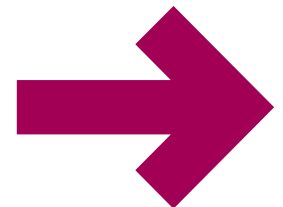
Continuing professional development (CPD)



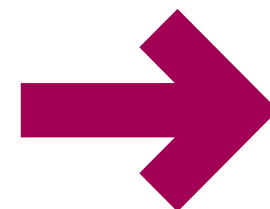
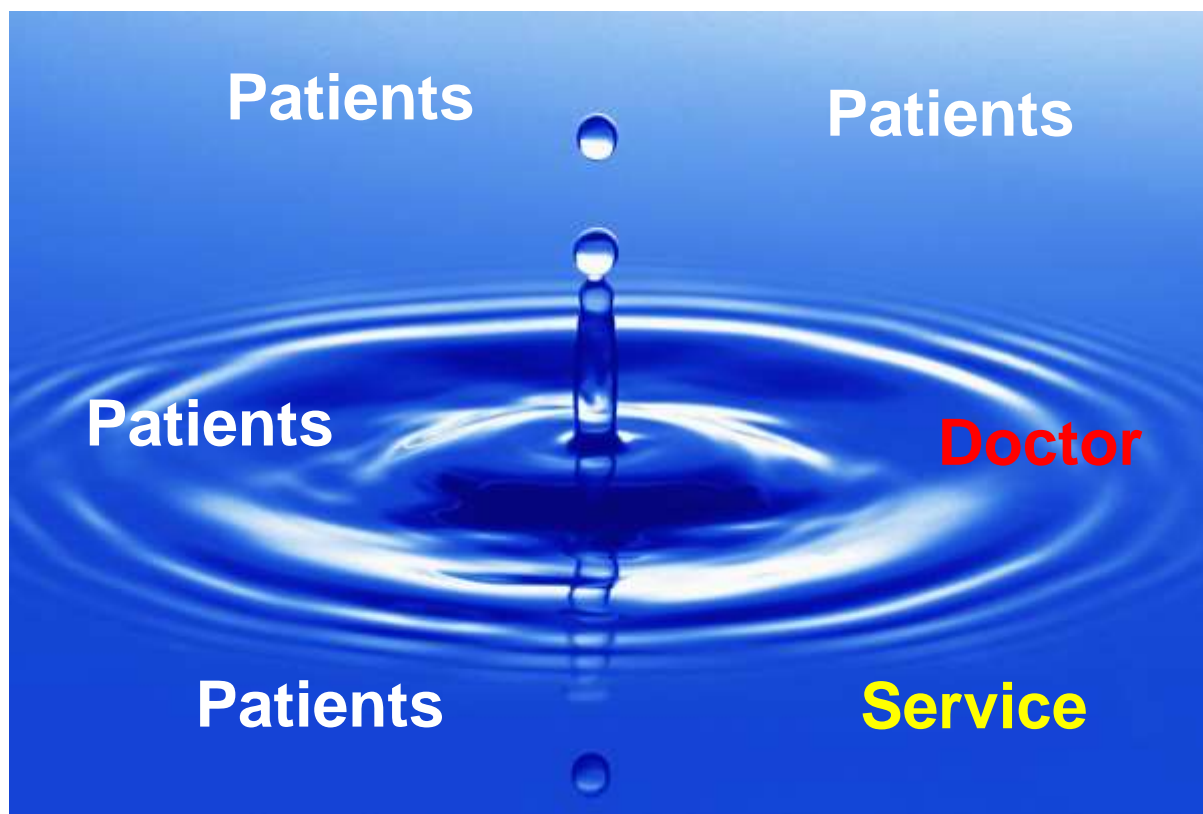
Continuing professional development (CPD) (continued)

But what about: -

- Part-time doctors and locums
- Roles appraised elsewhere
- Mandatory training
- Doctors working abroad

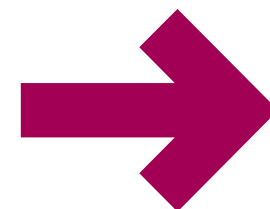


**Think about the impact...
...of what you learn on what you do**



Quality improvement activity (QIA)

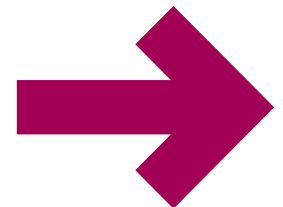
Download this image now! [Click here!](#)



Quality improvement activity (QIA) (continued)

- Clinical audit
- Review of personal outcome data
- Case review or discussion
- Search and Do
- PDSA
- Guidelines and protocols

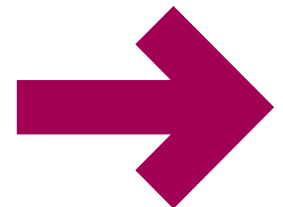
- Significant events?



Quality improvement activity (QIA) (continued)

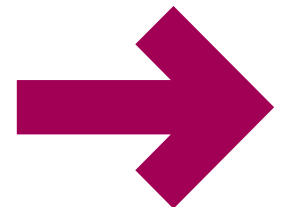
- ‘Quality improvement activities should be robust, systematic and relevant to your work. They should include an element of **evaluation and action, and where possible, demonstrate an outcome or change...**’

Supporting information for appraisal and revalidation
(GMC, 2012)



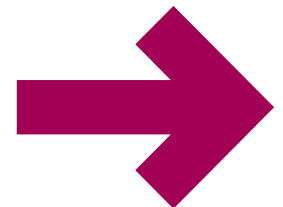
Significant events

- A GMC significant event is any “unintended or unexpected event, which could or did lead to harm of one or more patients”



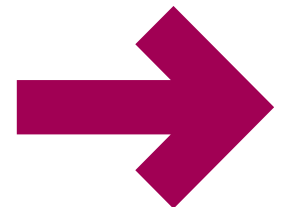
Significant events (continued)

- Secondary care tend to refer to SUIs – serious untoward incidents
- All such significant events involving you should be discussed at appraisal - or a statement made that there have been none
- Other ‘significant events’ may be quality improvement activities



Colleague and patient feedback

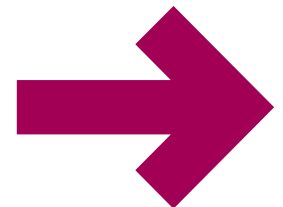
- The GMC states: “ Feedback should be formally sought at least once per revalidation cycle”
- You should seek feedback from colleagues and patients in your whole scope of work and review and act upon that feedback where appropriate



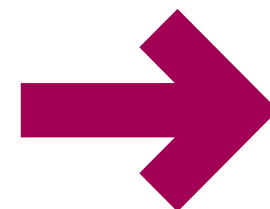
Colleague and patient feedback (continued)

The survey must: -

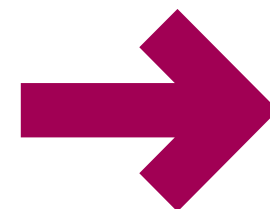
- Cover the scope of the doctor's work
- Have enough respondents
- Be anonymised
- Be externally collated
- Include self assessment and benchmarking



Feedback – issues arising

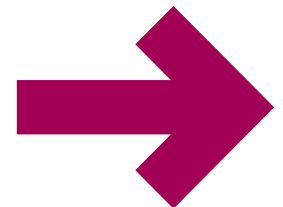


Colleague and patient feedback (continued)



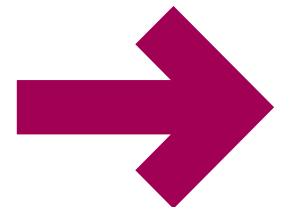
Review of complaints and compliments

The GMC states: *“A complaint is a formal expression of dissatisfaction or grievance... You should discuss any change in your practice that you have made as a result of any complaints or compliments you have received since your last appraisal”.*



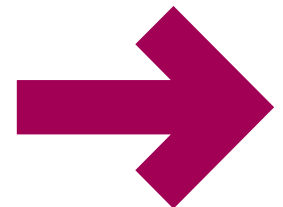
Review of complaints and compliments (continued)

- Complaints and compliments should be seen as another type of feedback
- It is how you dealt with the complaint, rather than the number that should be the focus of discussion in the appraisal
- You will be required to make a statement that there have been no complaints made against you in a given appraisal period if there have not been any



Probity statement

- Probity – being honest and trustworthy and acting with integrity
- Acceptance of professional obligations outlined in Good Medical Practice
- Must inform GMC if cautioned, charged with a criminal offence or another professional body found against you
- If suspended or restrictions on practice you must inform all organisations you work for

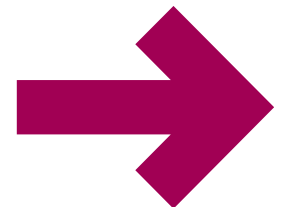


Health statement

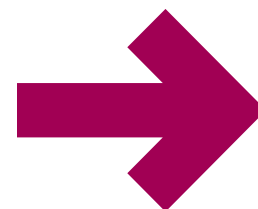
- Declaration that you accept the professional obligations placed on you in GMP about your health

Guidance:

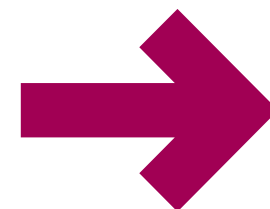
- Registration with a GP outside your family or practice
- You should not treat yourself
- Immunisation
- Consult a suitably qualified colleague if you have a serious condition that could pose a risk to patients



Patient safety

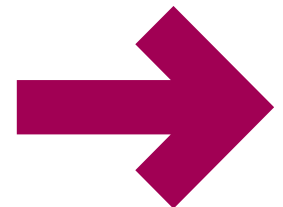


Lunch



Afternoon – Day 1

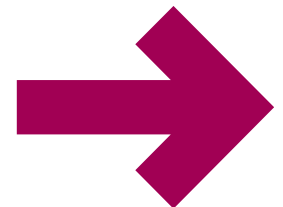
- 13:30 **The Appraisal Meeting - Skills Session**
- 14:45 TEA/COFFEE
- 15:00 **Role plays**
- 16:30 **Plenary**
- 16:45 **Close**



Contracting

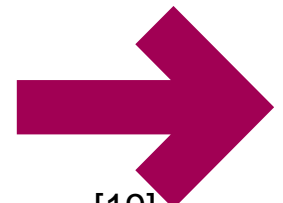
It is important to establish that the appraisee understands and accepts two concepts: -

1. The appraisal interview itself, is confidential, but the written appraisal summary and PDP (agreed by the appraisee) is not. The Responsible Officer, his deputies and specific personnel in the Area Team have access. Potentially, the GMC also has access.
2. If at any stage during the appraisal interview, an issue should arise that causes concern for either the appraiser or appraisee, then the appraisal may be paused so that both parties can consider their position and agree an appropriate course of action.



Duties of a Doctor

You must protect patients from risk of harm posed by **another colleague's conduct, performance or health**. The safety of patients must come first at all times. If you have concerns that a colleague may not be fit to practise, you must take appropriate steps without delay, so that the concerns are investigated and patients protected where necessary. This means you must give an honest explanation of your concerns to an appropriate person from your employing or contracting body and follow their procedures.



Questions in relation to work

What's gone well recently? – Why?
 What have been challenges? – Why?

Approx 40 mins

5 mins

30-40 mins

Feedback

1. What's gone well/your strengths?
2. Here's what I saw?
3. What's needs working on?
4. Here's what I think

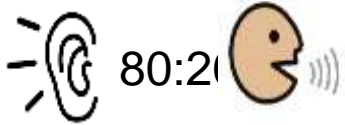


Feedback

50:50

SET GO

This is what I saw
 What else did you see?
 What do you think?
 What would be your goal?
 What options are there?



Be curious – listen
 With fascination



Gather Information
 Examples
 Anecdotes
 Look for qualities
 Use range of questions

A
N
A
L
Y
S
I
S



Specific
 Measurable
 Achievable
 Relevant
 Timed

action plan

Contracting

- Purpose
- Duration
- Your Role
- Output
- Confidentiality
- What they want to cover



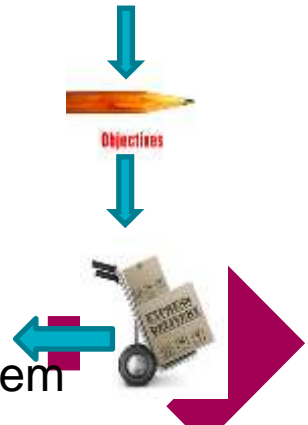
Judgements
 Problem solving
 Action plans



Impressions
 Supported
 with

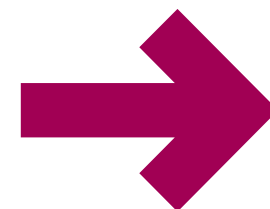
Examples/anecdotes

HR
 Appraisal system
 Line Manager
 Appraisee



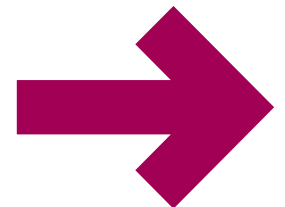
NOT YET

Tea/coffee

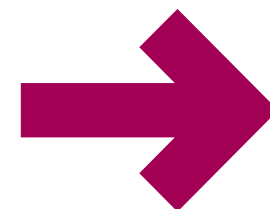


Role play

- Three appraisal scenarios will be used, in turn, by a group of new appraisers
- In each role play, a facilitator will play the doctor
- We will use the Goldfish Bowl method where most participants are observers
- Every one will have a go



The appraisal meeting



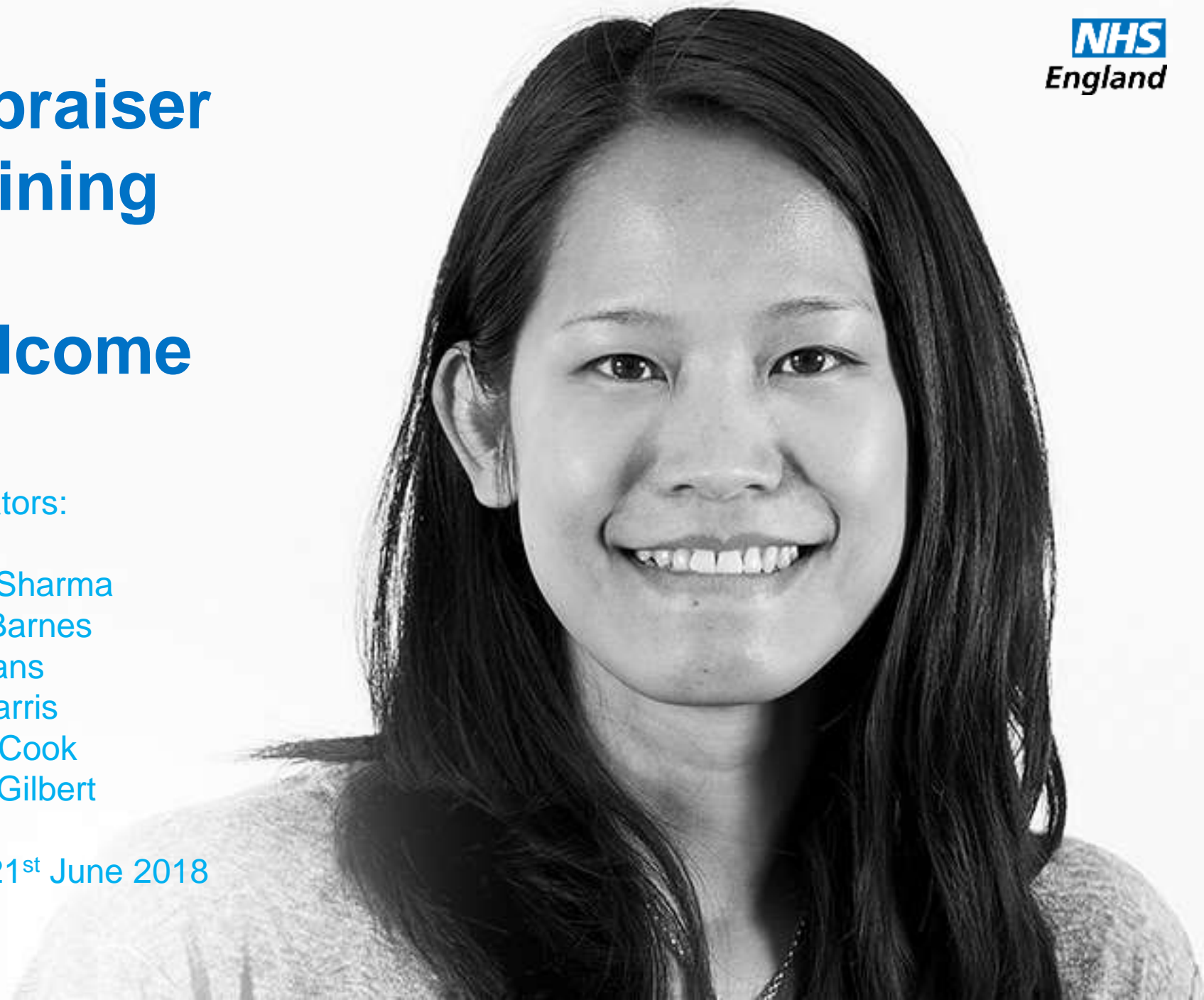
Appraiser Training

Welcome

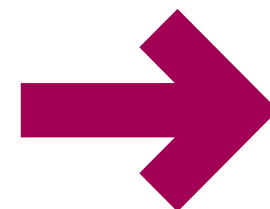
Facilitators:

Gopal Sharma
Carol Barnes
Val Evans
Sue Marris
Eileen Cook
Debra Gilbert

Date: 21st June 2018

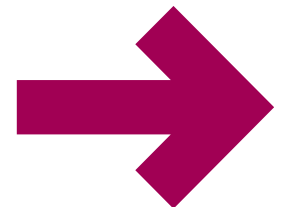


Challenging behaviour in appraisal



Outputs

- Appraisal summary of discussion
- Personal development plan (PDP)
- Appraiser statements
- Both parties sign off

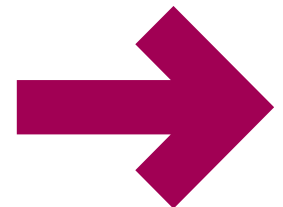


Why bother with a good summary of appraisal?

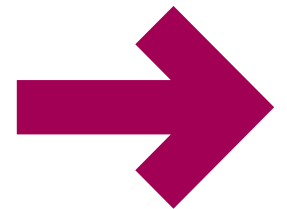
- For the doctor
- For the appraiser
- For the responsible officer

Discuss:

- What makes a good summary?
- What do you want as a doctor?
- What do you want as an appraiser?
- What should the 'service' expect?



Whose Summary is it?



NHS England (Central Midlands)
REVIEW TEMPLATE FOR QUALITY ASSURING MEDICAL APPRAISAL

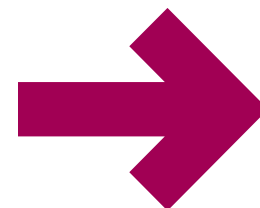
Appraiser:

Date of appraisal:

Ref:

General information		
Scope of work	Y / N	Comments
A comprehensive summary of roles and their impact on the appraisee is included		
Progress on last year's PDP	Y / N	Comments
A narrative on progress with evidence is noted		
Reasons for non-completion noted if appropriate		
Impact of their learning on their practice noted		

Domain 1 - Knowledge, skills and performance		
Continuing Professional Development	Y / N	Comments
Supporting information (or its absence) regarding CPD has been documented		
Reflection /impact on practice (or its absence) regarding CPD documented		
A record of whether greater or less than 50 verified learning credits are present		
The balance of different types of educational activities is documented		
Quality Improvement Activity (e.g. Audit, Case reviews, Significant Event Analysis)	Y / N	Comments
Supporting information (or its absence) regarding QIA has been documented		
Reflection / impact on practice (or its absence) regarding QIA documented		
Current investigations into performance, if disclosed, were discussed?		







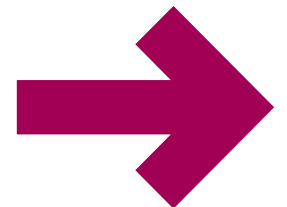
How much detail to include

- A brief description of the learning activity and why it was important to the practitioner
- What actions took place as a result?
- How has or could practice be changed and or improved?
- What supporting information was presented to demonstrate this?



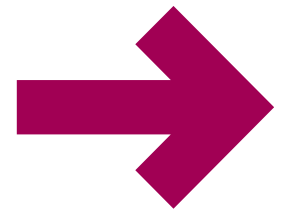
But the Judge said he never had
summed up before;
So the Snark undertook it instead,
And summed it so well that it came to far
more
Than the Witnesses ever had said!

Lewis Carroll, *The Hunting of the
Snark*





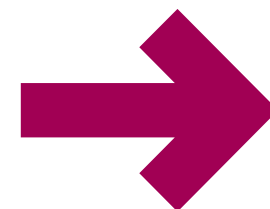
setting
the
scene



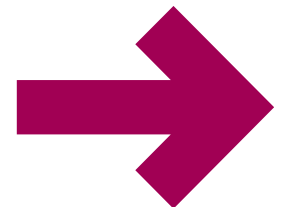


RC
GP

QI Ready



Include a statement to say that the appraisee has not informed you of any investigations into their conduct or performance.





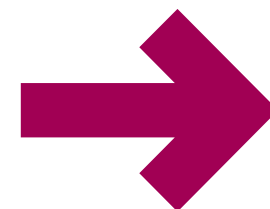
SORRY WE'RE
CLOSED

PLEASE VISIT KFC.CO.UK
OR DOWNLOAD OUR APP
TO FIND YOUR NEAREST
ALTERNATIVE KFC
RESTAURANT

APOLOGIES FOR
ANY INCONVENIENCE

KFC

**KEEP
CALM
AND
COMPLETE YOUR
MANDATORY TRAINING**



DOCTORS MAKE THE WORST PATIENTS



IT IS DIFFICULT TO GIVE PEOPLE HELP OR ADVICE ON
SOMETHING IN WHICH THEY ARE PROFESSIONALS,
BECAUSE THEY OFTEN FEEL AS THOUGH THEY ALREADY

KNOW BETTER THAN ANYONE ELSE

HOW TO HANDLE THE SITUATION

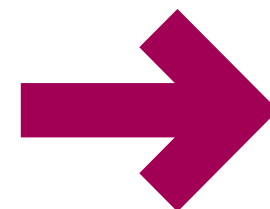
OR PERFORM A G



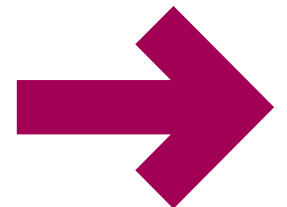




"We've brought you up to be casually dishonest –
you're old enough now to formalise the habit."

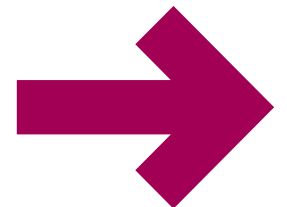


“Professional
not confessional”



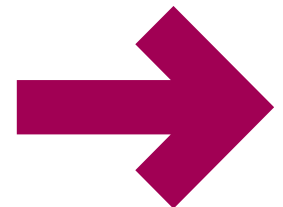
Options for General Summary Section

- Highlighting revalidation compliance and must dos
- Achievements, Challenges and Aspirations
- Reference to next year's PDP and longer term ambitions
- Fluffy, supportive words!!



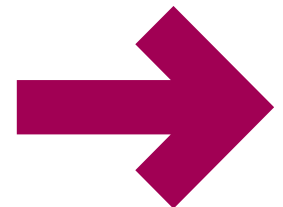
Appraiser statements

1. An appraisal has taken place that reflects the doctor's scope of work and addresses the principles and values set out in Good Medical Practice
2. Appropriate supporting information has been presented in accordance with the Good Medical Practice Framework for appraisal and revalidation and this reflects the nature and scope of the doctor's work



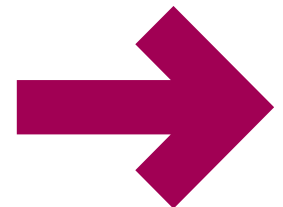
Appraiser statements (continued)

3. A review that demonstrates appropriate progress against last year's personal development plan has taken place
4. An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year
5. No information has been presented or discussed in the appraisal that raises a concern about the doctor's fitness to practice



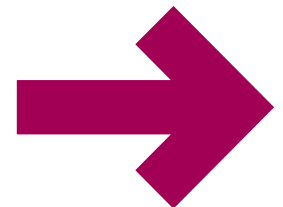
Appraiser statements

- If you are unable to sign off statements please document why in the appraisal and discuss with the appraisal lead; make sure that the doctor is aware
- Not signing off a statement does not mean 'not revalidating'
- Acts as a signpost to doctor, appraiser and appraisal team



Summary of appraisal task

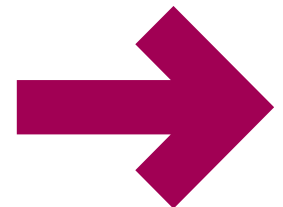
- Quality assure the appraisal summaries provided
- What have you learned?



There's no such thing as...

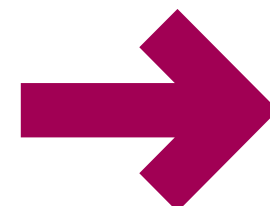
- A perfect summary of discussion
- A perfect PDP
- A perfect appraisal

But...

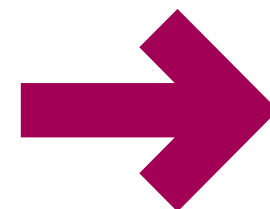


Personal Development Planning





Who owns the PDP ?

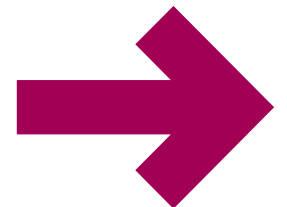


Process

Are the roles considered?

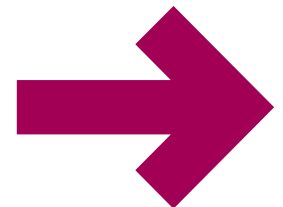
Is there sufficient variety of content ?

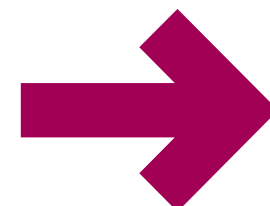
Is the stage of the Revalidation cycle considered?



Clarity toolkit

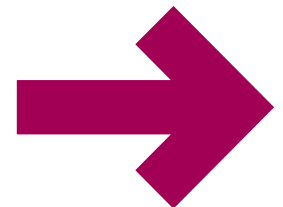
- Title
- What is your learning or development need and why is this needed?
- How are you going to achieve this and how will you demonstrate success?
- Proposed activity
- Development category





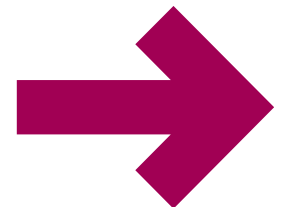
Some pointers-

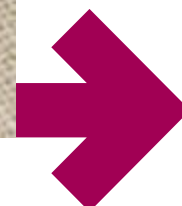
- Is the likely impact on patient care, self and colleagues considered?
- Are there any priorities for the Practice or locality to consider?
- Does the PDP link to the content of the appraisal discussion?
- Is the appraisee committed to the goal and will they have time to achieve it?



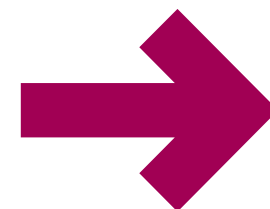
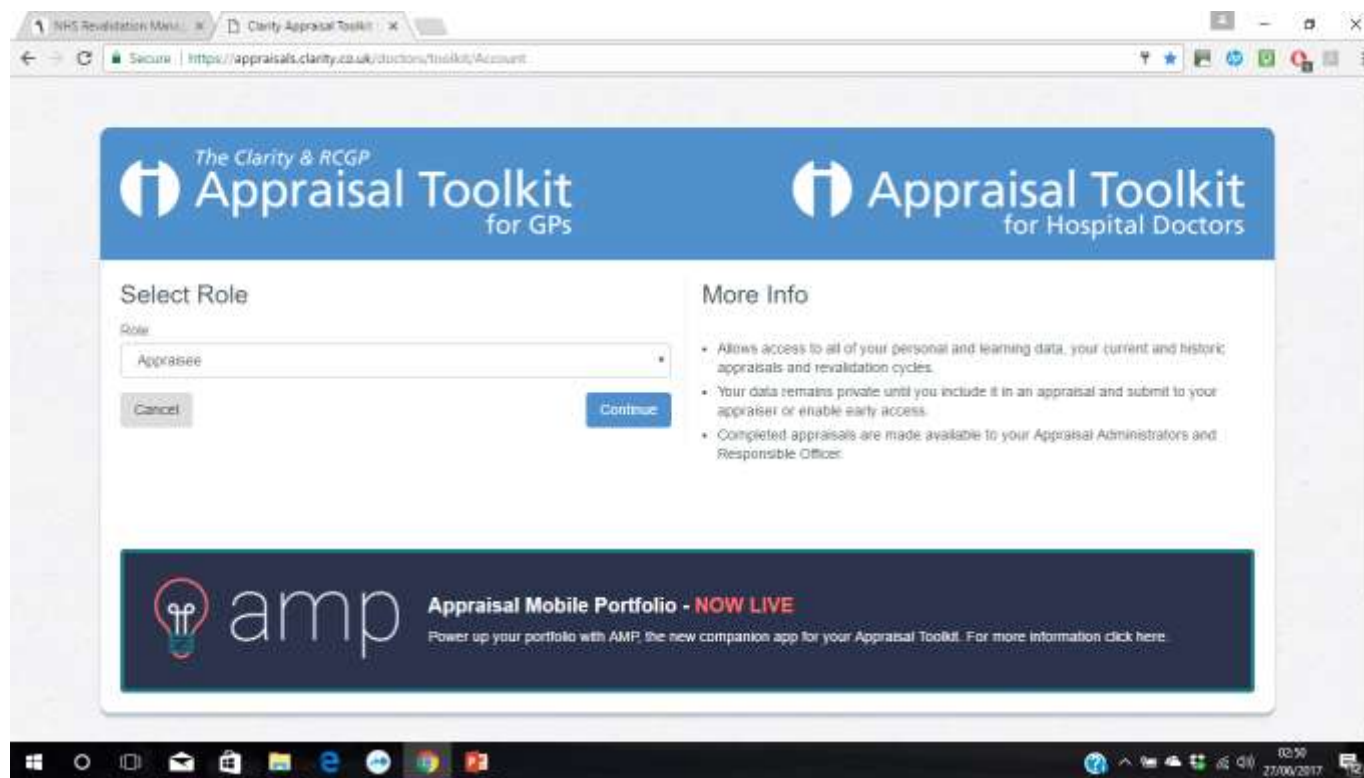
Examples to consider-

- Attend a GP update course
- Complete my Patient and colleague survey
- Take up piano lessons
- Read the BMJ weekly





Clarity – the appraiser sign off



Revalidation Management System

NHS Revalidation Manag x

Secure | https://rms.wsybcsu.nhs.uk/Account/Login

NHS Revalidation Management System

Sign in to your account

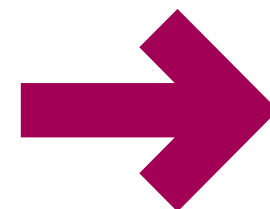
Log In

Username
drbrownfieldm

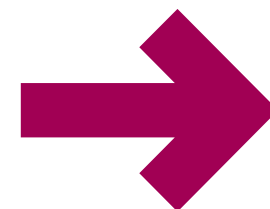
Password

Log In

[Forgotten Password](#)



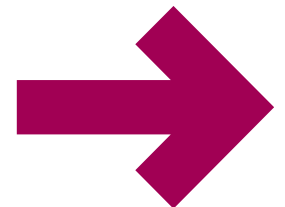
Lunch





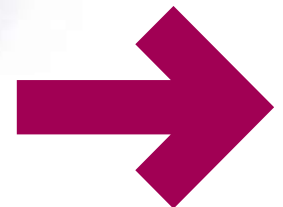
Observed Mini-Appraisals

- 1345 How we are running the session
- 1400 - 1540 Observed mini-appraisals x 3
- 30mins each role play
- Tea/coffee in Session



Three appraisal scenarios will be used in turn by a group of three appraiser trainees

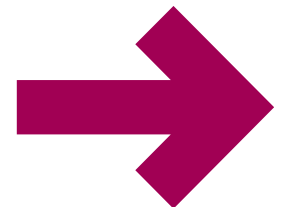
- In each role play: one appraiser, one appraisee, one observer.
- Rotate and repeat – total three role plays
- Senior Appraiser will complete (typed) feedback tool to allow formative feedback to be sent to the delegate after the course.



Role Play appraisals - Appraiser

Nature of the task for appraisers

- 25 minutes per mini-appraisal
- Pre-prepared paperwork (homework)
- Introduce appraisal meeting
- DON'T ask about last years PDP
- Explore/ focus on one appraisal area
- Summarise/ feedback/ agree actions within the 25 minutes.
- 5 minutes for feedback and switch over



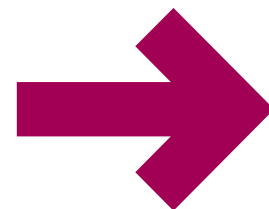
Role Play Appraisee

The purpose is not to be too difficult or too extreme

Read the role play instructions and try and stick to the scenario

Use the characters name, but your own gender

Date of registration and GP status (e.g. full time principal) can be seen from Form 2 – so you may have to imagine if there is an appearance of an age discrepancy!



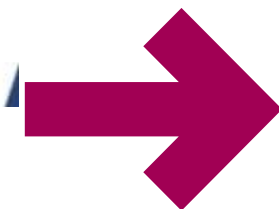
Preparation for observation of role play

You have not seen the scenario – this means you will have no pre-conceptions

Can you identify the key issues/ challenges?

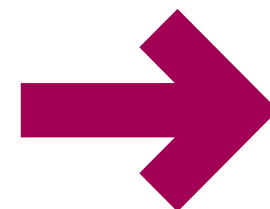
What would you expect from a good appraiser in terms of raising and sensitively exploring the issues?

Be prepared to give feedback



Assessment criteria 1

<p>Skills Observed including:</p>
<p>Creating a Safe Environment <i>Introductions, scene setting, fitness to practice, confidentiality, rapport building. Ambience. Evidence of preparation.</i></p>
<p>Active Listening Skills <i>Silence, Eye contact, smiles, non verbal, mirroring, para-verbal, hanging sentences, silence, echoing, open questions, picking up cues.</i></p>
<p>Interviewing Skills <i>Open Questions, probes, gains detail, clarifies, reflects paraphrases, summarises. Challenges, stops challenge appropriately, gets back to safe ground.</i></p>
<p>Facilitation Skills <i>Discusses options, encourages problem solving, negotiates, shares own opinion</i></p>



Assessment criteria 2

Constructive Feedback

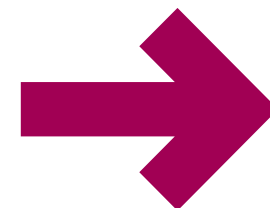
Affirms, empowers, demonstrates understanding, empathy. Non judgemental. Facilitates self-reflection, creates ownership.

Time Management Skills

Sets timescale, moves discussion on appropriately, agrees action points, clarifies PDP items, closing remarks.

Overall

*Demonstrates understanding of appraisal, avoids inappropriate roles (teacher, doctor, advocate)
Appropriate use of touch, humour.
Appraisee satisfaction.*



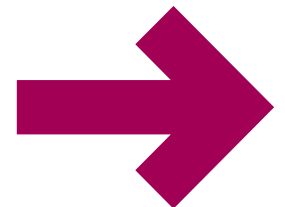
Let's get started!

No one is expecting you to get this exactly right the first time you try

Don't worry about the observers

We will be trying to give constructive feedback on how you can improve your skills

Questions and Answers?



Probationer support

- Close support and mentoring for first three appraisals from allocated Senior Appraiser
- Focus on summary writing and chance to have this critiqued prior to submission
- Reminder re systems including RMS
- Formal 1to1 review after 3rd appraisal to agree learning and development needs then further 1to1 after a year

