



# **National NHS England Appraisal Lead Conference**

**2<sup>nd</sup> February 2016  
Skipton House  
London**

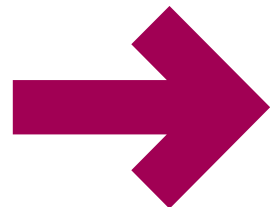
# Promoting Participation: Appraisal leadership and the relationship between governance and appraisal



# Welcome

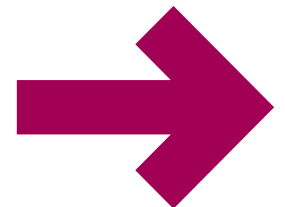
## Aims

- ➔ To provide an update and describe where we are now
- ➔ To consider what is 'agreed expected information'
- ➔ To explore the relationship between clinical governance and appraisal
- ➔ To consider how to lead an appraiser group and develop and quality assure their work



# Agenda

- ➔ Keynote speech
- ➔ Celebrating your work
- ➔ Hot Topics:
  - ➔ Network
  - ➔ Quality
- ➔ Lunch
- ➔ Hot Topics:
  - ➔ Supporting Information
  - ➔ Consistency: scope, volume and type of work
- ➔ Information and Update from NAN
- ➔ Reflection and Feedback



# Sharing standards to promoting participation:

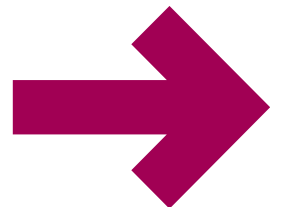
- leadership
- professionalism
- linking to governance

**Dr Maurice Conlon**  
National Appraisal  
Lead



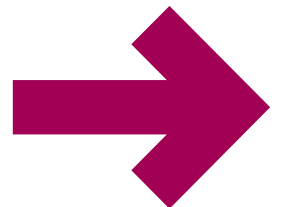
# The context

- NHS England stable for over a year now
- Profession in a challenging place, primary care a prime focus:
  - Resources
  - Workload
  - Morale
  - Income
  - Shifting service

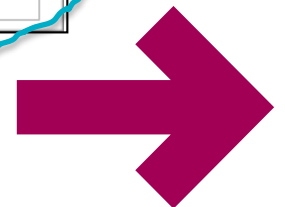
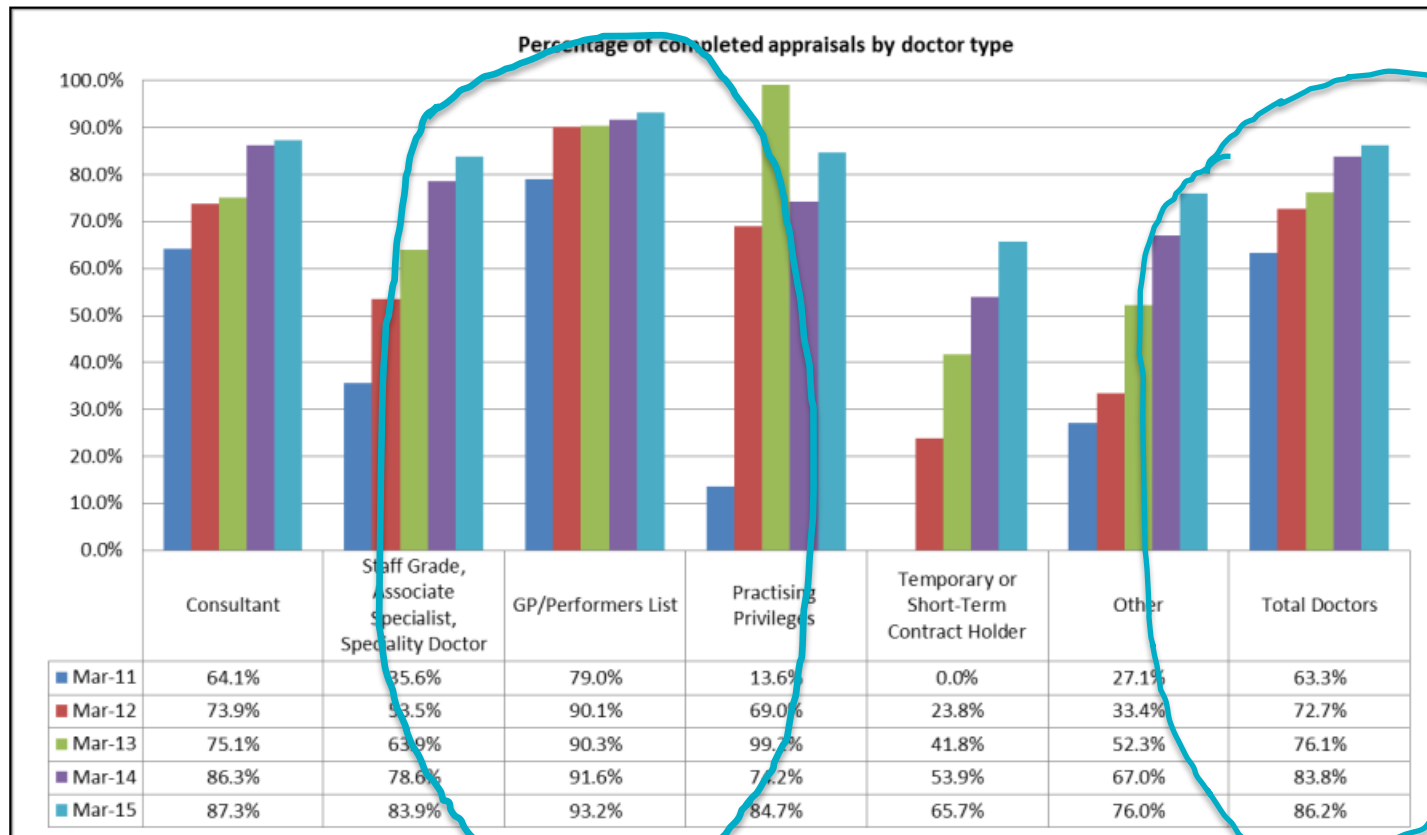


# What role for appraisal

- How to promote participation in the current environment?
- Can appraisal help?



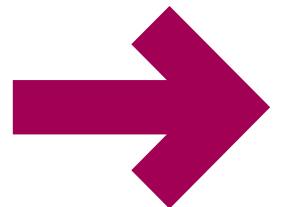
# First, some numbers: appraisal rates



# NHS England *Completed Medical Appraisal* rate:

2013/14: 91.6% (national average of 83.8%)

2014/15: 93.2% (national average of 86.2%)

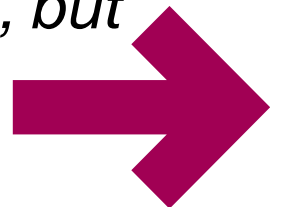


# The missing 6.8%:

NHS England Local Offices:

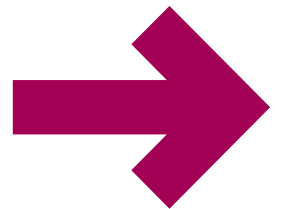
- *Approved missed:*  
(Range: 2.3-26%; Average: 7.8%):  
NHS England: 5.8% (range 0-12%)
- *Unapproved missed:*  
(Range: 0-19.6%; Average: 6.1%)  
NHS England: 1.0% (range 0-4%)

*We need to be intelligent about missed appraisals, but proportionate too.*



# A slow burner for the day

Spectrum of safety



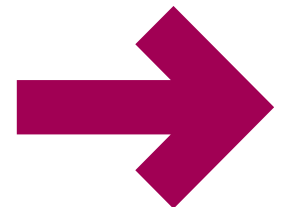
'Grandfather is not a bad person, Jonathan. Everyone performs bad actions. I do. Father does. Even you do. A bad person is someone who does not lament his bad actions.'

*Everything is illuminated.* Jonathan Safran Foer



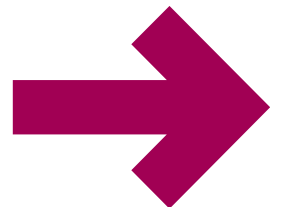
# Can we make appraisal better and simpler?

- Improving appraisal inputs
  - Balancing scrutiny and support
- Better automated information flows
  - Reducing burden of documentation
- More efficient appraisal reminders
  - reducing 'LastMinute.com'
- Ever more effective appraisers
  - supporting doctors in professional development and accountability



# Some things we can't solve (just yet anyway)...

...but we can support professionalism through appraisal.



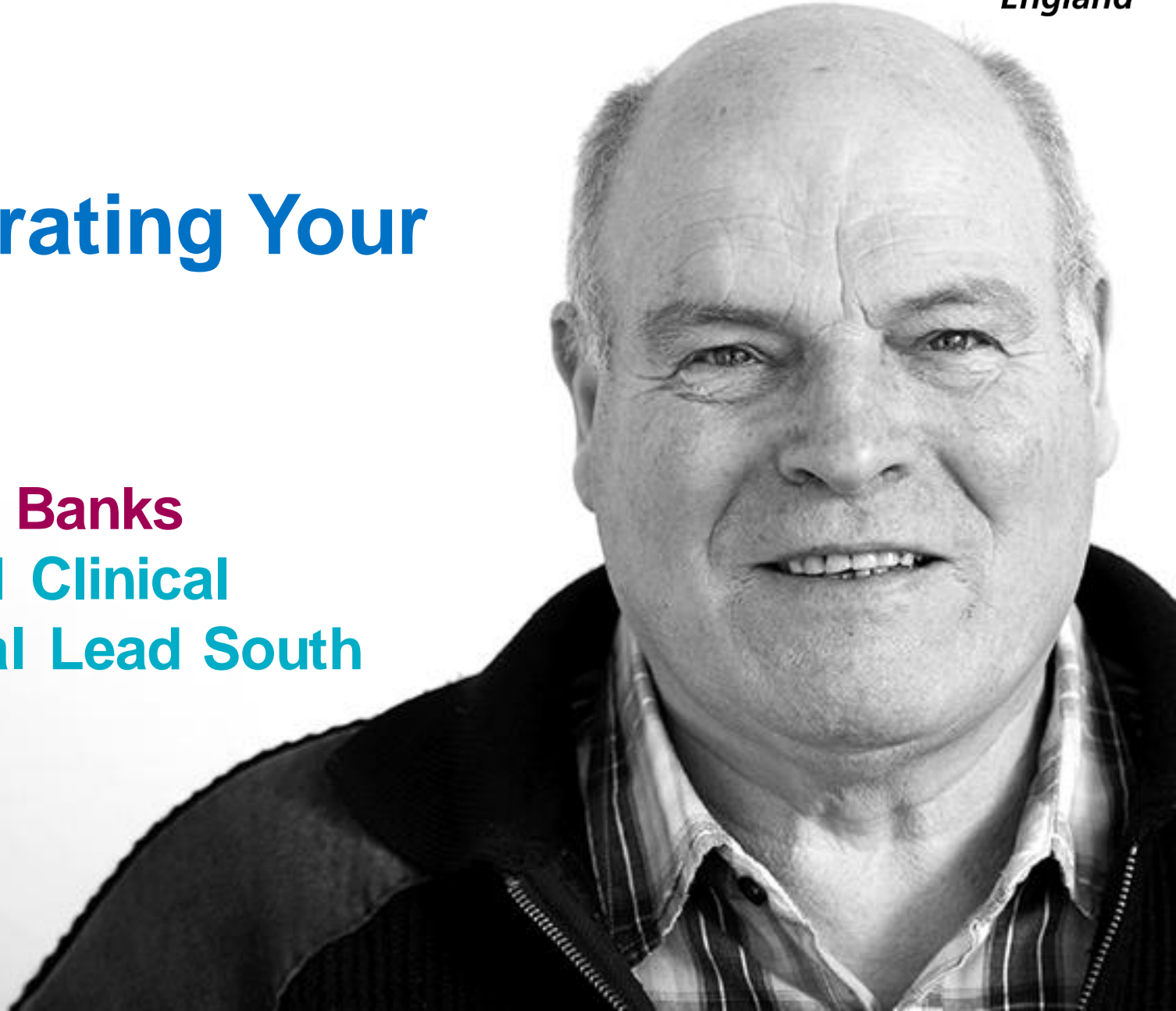
‘Thank you for my appraisals. You have been a rock.’

General Practitioner, 2016



# Celebrating Your Work

**Dr Vicky Banks**  
Regional Clinical  
Appraisal Lead South



# Celebrating your Work

## Challenges and Achievements 2015-16

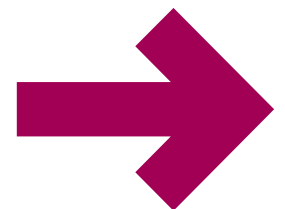
➔ Team exercise – Celebrating your Work


➔ Table top discussion 10 minutes

✓ 3 challenges you have faced

✓ 3 achievements this year– may be linked to challenges

➔ Feedback



A white ceramic mug filled with dark coffee sits on a white saucer. Two round, golden-brown cookies are stacked next to the mug. The background is a soft, out-of-focus yellow. The text "Let's take a break!" is centered over the coffee in a white, bold, sans-serif font.

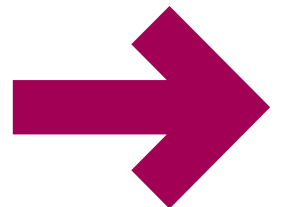
**Let's take  
a break!**

# Hot Topic 1: Network

**Ruth Chapman**

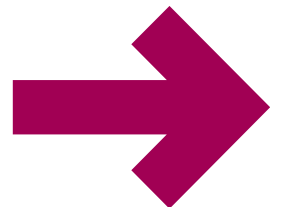
**AMD (Revalidation),  
Regional Clinical  
Appraisal Lead  
London**

# Network: Engaging and developing your appraisers



# Network: Engaging and developing your appraisers

- ➔ How do you engage and motivate your appraisers?
- ➔ What development do you offer your appraisers?
- ➔ What resources do you use?
- ➔ Do your appraisers regularly attend an appraiser workshop/network meeting?



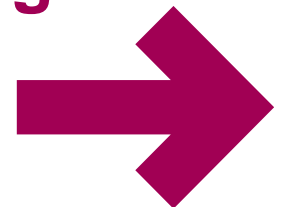
# Teams take time to develop



- ➔ Bruce Tuckman developed a theory about the stages of team development in 1965
- ➔ His work remains the most quoted in any literature on teams

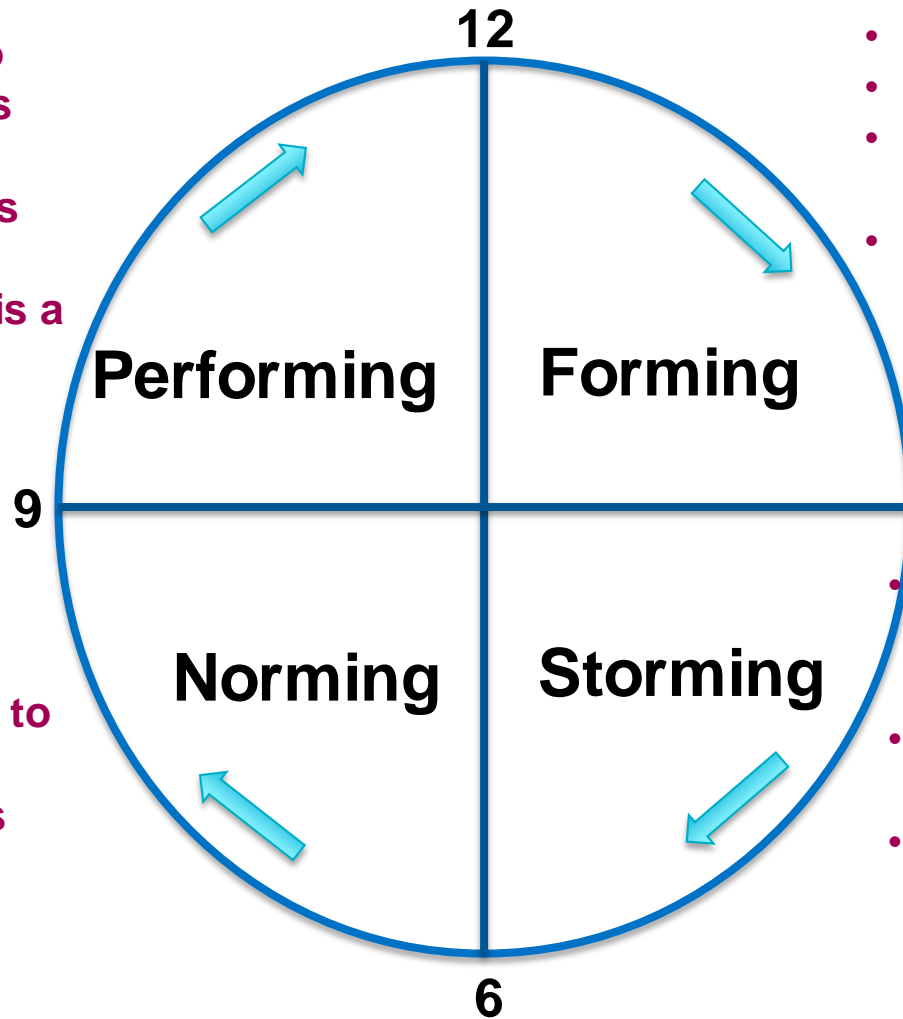
- ➔ Tuckman noticed that teams went through a sequential sequence of stages as they worked
- ➔ He popularised these stages as:

✓ **Forming, Storming, Norming, Performing**



# Teams take time to develop

- People play to their strengths
- Trust is high
- The team deals with problems
- Development is a priority

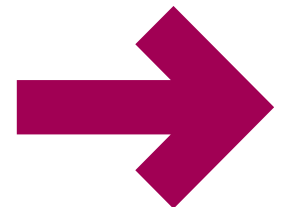


- People are polite
- Nobody rocks the boat!
- Serious issues are avoided
- The boss takes decisions

- People question the process and make challenges
- People disagree, conflict surfaces
- It's uncomfortable, but valuable!

- People agree how to work effectively
- Leadership moves around the team
- Criticism is welcomed
- Team spirit grows

Bruce Tuckman 1965

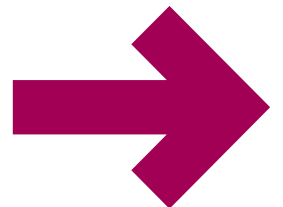


# Hot Topic 2: Quality

**Ruth Chapman**  
AMD (Revalidation),  
Regional Clinical  
Appraisal Lead  
London

# Quality: QA of your appraisal system

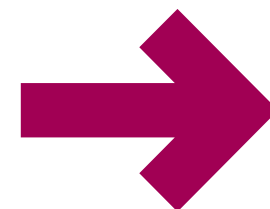
- ➔ What are your processes of quality assurance?
- ➔ How do you report this back to your RO?
- ➔ How do you quality assure the work of your appraisers?
- ➔ How do you quality assure the outputs of appraisal (summary and PDP)? (Consider tools and frequency)



# Quality assurance of appraisal guidance document



# Lunch



# Hot Topic 3: Supporting Information

**Dr Maurice Conlon**  
National Appraisal  
Lead

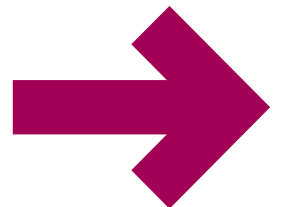


# Supporting information

## – improving appraisal inputs

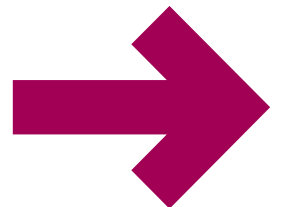
- Forging the balance between clinical governance and appraisal
- Doctor and organisation share information needs
- Dialogue gets to agreed expected information for appraisal
- Clear mechanism needed to assist this

*Assessing the inputs starts with the doctor*



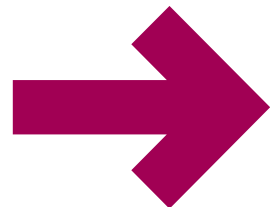
# Checklists

- Generic
- Additional information – dependent on scope of work



## On tables:

- List up to three items of additional ‘agreed expected’ supporting information a doctor, listing ‘general practitioner’ within their scope of work, should bring to their appraisal.
- For one, define as agreed on your table:
  - The type (CPD, QIA, Feedback, etc)
  - The format
  - The periodicity



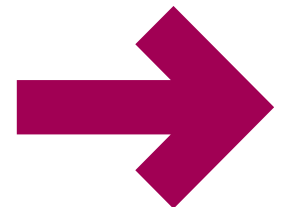
# A proposed form of words:

If you have listed [xxx] in your scope of work, you are expected to present evidence of [yyy] hours of professional development (whether CPD, quality improvement activity, feedback or other) {in relation to the subject of [zzz]}, accompanied by your reflection.

If you do not present this information, you should present an explanation as to why it is not appropriate for you to do so.

{ } – delete if not appropriate

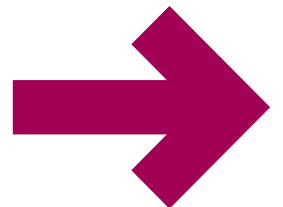
*Could this be tested for GPs, trainers, responsible officers, GPSIs, etc.?*



# Thank you

- Post-event thoughts on improving appraisal inputs welcome:

[maurice.conlon@nhs.net](mailto:maurice.conlon@nhs.net)



# Hot Topic 4: Consistency

**Paul Twomey**  
Joint Medical  
Director/RO  
Yorkshire and the  
Humber

# Consistency: scope, volume and type of work

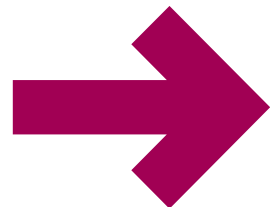
## → Focus

### Ensuring consistency

- Clarity of what is the ask of the doctor, the appraiser, the governance system and the RO
- Potential complexity,  
Therefore calibration of the judgement helpful

### Promoting quality

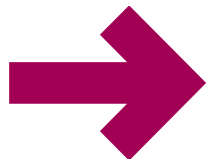
- Clarity of the opportunities for the doctor, the appraiser, the governance system and the RO



# Scope of Work (SOW)

## ➔ References

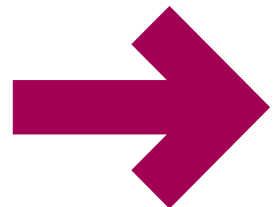
- ➔ GMC Guidance and the RO Regulations
- ➔ NHS England Medical Appraisal Policy
- ➔ MAPS L6: Scheduling MA
- ➔ Logistics Handbook
- ➔ MAPS S9: Scope of work and appropriate supporting information for a GP
- ➔ MAPS S12: Assessing supporting information for appraisal in the context of the volume of a doctor's work
- ➔ Improving the inputs to medical appraisal (draft)



# SOW

## ➔ RO Recommendation to the GMC

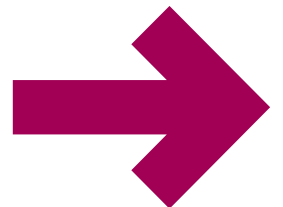
- ➔ A recommendation that a doctor is up to date and fit to practice and should be revalidated
- ➔ Requires
  - ✓ Knowledge of medical appraisal history
  - ✓ Completeness of the doctor's supporting information
  - ✓ Understanding of the present and significance of any professional concerns (*ref. GMC protocol for making revalidation recommendations: May 2015*)



# SOW

- **Responsibilities**

- A **doctor** must ensure that their appraisal inputs demonstrate fitness to practice across their Scope of Work.
- The **Responsible Officer** must be assured that the doctor's appraisal inputs support a recommendation of Fitness to Practice.
- The **appraiser** provides this assurance via the appraisal outputs.
- Depending on the nature of the work, a **doctor** undertaking a lesser volume of work in an area should take increasing care that their appraisal inputs are sufficient to demonstrate Fitness to Practice in that area.

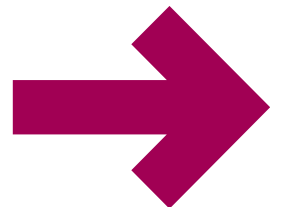


# SOW

The appropriate solution = a judgement as complex

Incremental approach supported by local clarity and the leadership of the RO

- Doctor
- Clinical Governance Lead of the relevant organisation
- Appraiser
- RO *(may utilise resources such as guidance from college(s) or licensing bodies)*
- GMC ELA
- Regional Revalidation Team



# SOW

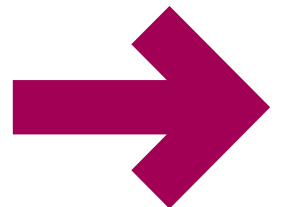
## Context

→ GP's with a portfolio of service delivery and therefore a complex SOW.....

.....becoming more frequent / complex

→ This direction of travel may become the 'norm'

→ Consistent with the 5-Year Forward View



# SOW

## How do we collate supporting information?

Helpful definition, core = in the scope of the MRCGP

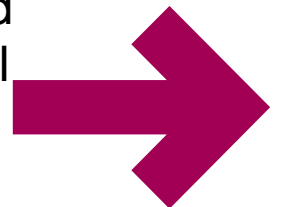
### Extended practice

#### Extended practice is:

an activity that is beyond the scope of GP training and the MRCGP, and that a GP cannot carry out without further training (e.g. surgical services)

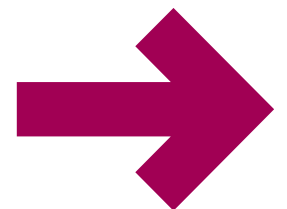
or an activity undertaken within a contract or setting that distinguishes it from standard general practice (such as work as a GP with a Special Interest)

or an activity offered for a fee outside of care to the registered practice population (teaching, training, research, occupational medicals, medico-legal reports, cosmetic procedures, etc.



# SOW

How do we address the complexity?



# SOW

## The Challenges and Opportunities

### Challenges

#### Doctor

- Require 'support' =  
Q/A (+ accreditation if appropriate)  
Peer support / review  
Maintenance and development of  
competencies across SOW
- How + what to provide as SI across  
their SOW

#### Medical Appraiser

Validity and relevance of SI  
Not an assessor



System



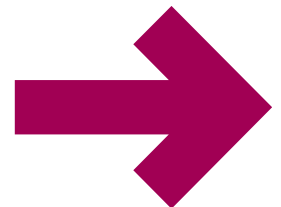
### Opportunities

#### Doctor

- Deliver challenges  
Engagement in appropriate governance  
Relevant SI
- Enables reflection across SOW

#### Medical Appraiser

- Prompts reflection across SOW
- Enables sign off of the 5 output  
statements

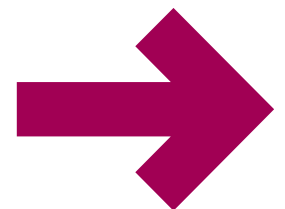


# SOW

**Provide a practical solution, to enable.**

the doctor to prepare for their medical appraisal, provide appropriate SI and demonstrate their engagement in an appropriate governance system across their SOW

the medical appraiser to consider SOW in a practical format, prompt reflection and sign off the outputs



# SOW – the Solution

## Demonstration of (accepting a spectrum)

Appropriately appointed

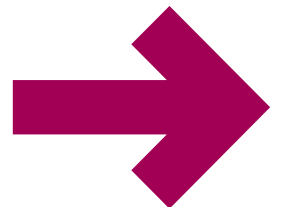
QA / relevant accreditation

Engaged in personal and team development

Confirmation of above by a note from clinical lead and  
'review' if undertaken

## The doctor's reflection at appraisal

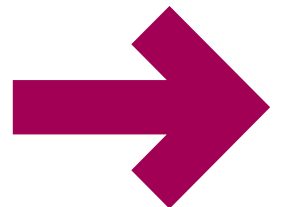
Doctor compliments by bringing relevant SI to reflect on set in  
context of their Scope of Work



# SOW

## → The Solution

- ✓ Manage the exceptions
- ✓ By common sense



# Volume of work (often similar issues and solutions)

Again a judgement is required...

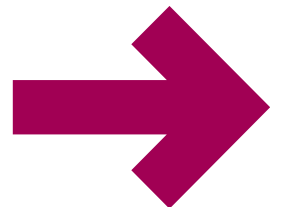
...is a minimum number of sessions required?

It depends...

...Yes / Yes / Yes

But is there a useful figure that prompts the review of the professional circumstances?

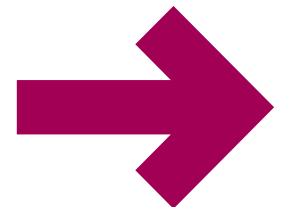
The 'guide'...



# Volume of work

**The judgement** informed by:

- Factors**
- ✓ Doctor actions – commitment / insight / context
  - ✓ Service differentiated or not
  - ✓ Benchmarking / peer context
  - ✓ Team(s) support
  - ✓ Governance system(s)
  - ✓ Read across SOW / relevance / added value
  - ✓ The Plan

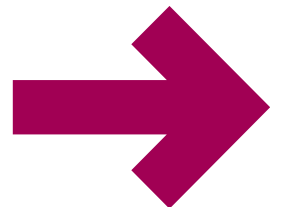


# Volume of work

## → The judgement

There is the professional context

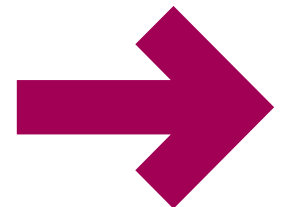
Service role	= Safe	?
	= Sustainable	?
	= Flourishing	?



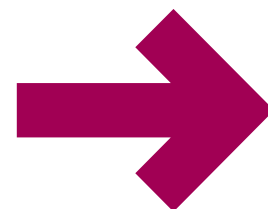
# SOW

## → Responsibilities

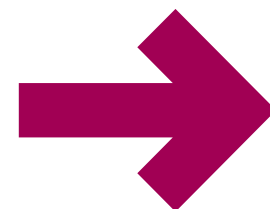
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**SOW**

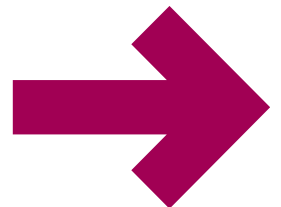


# SOW



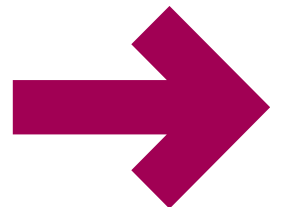
# SOW

- **Are we ‘leading’ to enable the solution as RO’s / Appraisal Leads and Appraisal Offices?**
- **How may the system promote?**



# Volume of work

- ➔ Is it a judgement?
  - ➔ If yes, who makes it?
- ➔ Are the suggested factors to consider correct?
- ➔ Is there merit in a figure to act as a guide to prompt the judgement?
  - ➔ If yes, is the potential additional requirement for the Dr reasonable?
- ➔ How may we ensure consistency and promote quality?

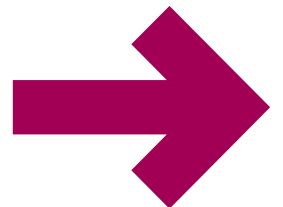


# SOW

## GROUP WORK

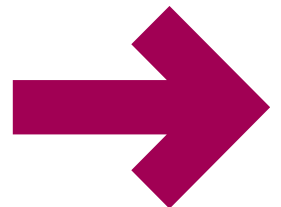
Please divide into two, to consider two sets of questions

- 15 minute discussion
- 5 minute feedback



# Consistency: Scope of work/volume of work

- How do you ensure that doctors submit supporting information covering their whole scope of work for their appraisal?
- Is there a minimum number of clinical sessions/year that it is necessary for a GP to work in order to support experiential learning and supporting information?



A white ceramic mug filled with a dark, rich liquid, likely coffee or tea, sits on a matching white saucer. The mug is positioned on the left side of the frame. To the right of the mug, two round, golden-brown cookies are stacked. The background is a soft, out-of-focus yellow. The text "Tea/Coffee break" is overlaid in white, bold, sans-serif font on the dark liquid in the mug.

**Tea/Coffee  
break**

# Information and update from NAN

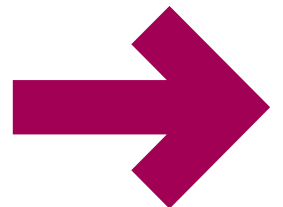
**Dr Ian Gell**

**Regional Clinical  
Appraisal Lead,  
Midlands and East**



# Information & update from NAN

- Logistics handbook
- Inputs guidance document
- QA appraisal guidance document and checklist
- Revised MAG
- RMS
- Indemnity
- E- invoicing



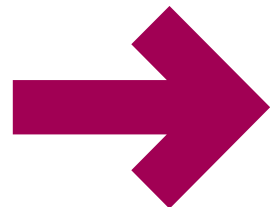
# NHS England appraisal policy and useful annexes

Revised NHS appraisal policy and annexes:

<http://www.england.nhs.uk/revalidation/appraisers/app-pol/>

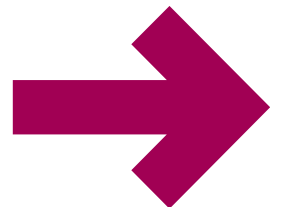
The annexes include the routine appraiser assurance tools (annex J):  
ASPAT (appraisal output audit tool),  
Medical appraisal feedback questionnaire (feedback from doctors to appraisers),  
Appraiser assurance review template (for 1:1 between appraisal lead/senior appraiser and appraiser),  
Appraisal summary preparatory notes template.

Complaint and appraisal postponement forms may also be found here



# Logistics handbook

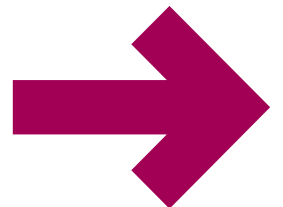
- Published 23/11/15
- Advice on matters relating to logistics of medical appraisal not addressed in previous guidance
- Specifically aimed at Responsible Officers, Lead Appraisers & Appraisers – but of interest to all doctors
- <https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2015/11/med-apprs-logstc-hndbk.pdf>



# Logistics handbook

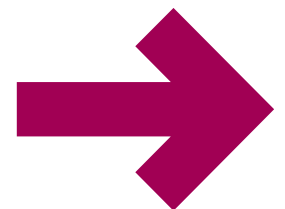
→ 9 topics covered including

- ✓ Scheduling
- ✓ Postponement
- ✓ Interruption
- ✓ When to seek additional patient feedback
- ✓ Recognising time taken for appraisal



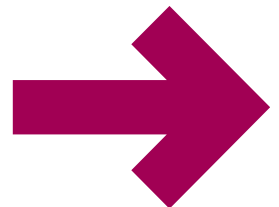
# Improving the inputs to medical appraisal in NHS England

- ➔ Guide aims to promote improvements to the inputs to medical appraisal by:
  - ✓ describing the current understanding and providing principles
  - ✓ reviewing the different categories of appraisal inputs in the light of these
  - ✓ providing useful tools and examples of good practice



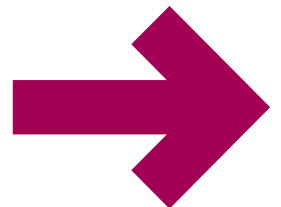
# Improving the inputs to medical appraisal in NHS England

- ➔ Vehicle for sharing good practice
- ➔ Draft guidance has been approved by / shared with
  - ✓ ROCON
  - ✓ RPB
  - ✓ GMC
  - ✓ BMA



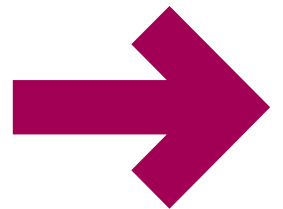
# Information Flows: Issues

- ➔ Which flows are legitimate?
- ➔ How to politely decline non-agreed requests?
- ➔ What?
  - ➔ Statement of no concerns
  - ➔ Confirmation of last appraisal date
  - ➔ Appraisal outputs
  - ➔ Other governance information
- ➔ Who pushes and who pulls?
- ➔ What format?



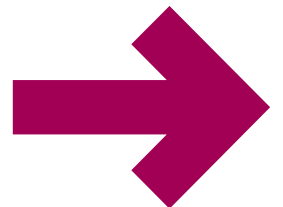
# Quality assurance of appraisal: Guidance notes

- As discussed



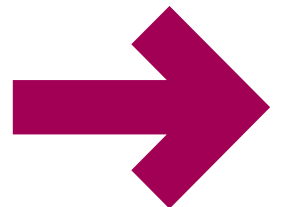
# MAG update

- Remains free to use
- “pdf” form
- Landscape
- Navigation buttons
- Appraiser comments self populate summary
- Appraiser checklist
- Stand alone
- New form about to be “road tested”
- Available April 2016



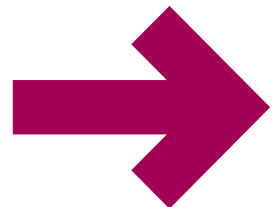
# Revalidation Management System

- RMS introduced this year
- Single management system for the Revalidation process
- Appraiser's input is straightforward but essential
- Log on details & training



# Revalidation Management System

- Appraiser allocation
- Confirming the appraisal date
- Uploading the appraisal outputs & summary
- Confirming process complete
- Completing the “Appraisal Output Summary”
- Prompts
  - Reminder emails
    - Appraisal dates
    - Feedback requests



# Appraiser workshop facilitator plans

- [Quick Guide to Planning an Educational Workshop](#)
- [Developing as a Professional Appraiser](#)
- [Professional Boundaries for Appraisers](#)
- [Calibration of the Supporting Information](#)
- [Supporting Information for Appraisal and Revalidation](#)
- [Communication Skills for Appraisers](#)
- [Giving Effective Feedback within Appraisal](#)
- [Negotiation and Challenge in Appraisal](#)
- [Multisource Feedback and Appraisal](#)
- [Cultural Competence for Appraisers](#)
- [Doctors' Health and Appraisal](#)
- [Probity for Appraisers](#)
- [Managing Patient Safety Issues in Appraisal](#)
- [Summary of Appraisal Discussion](#)
- [Supporting Doctors to set up a Self Directed Learning Group](#)
- [Appraising Doctors with GMC Conditions or Undertakings](#)
- [Audit](#)
- [Continuing Professional Development](#)

NHS Revalidation



<http://www.england.nhs.uk/revalidation/appraisers/meetings/hee-resources/>

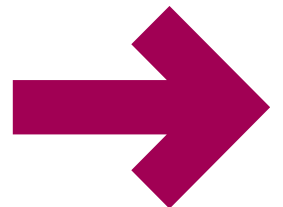


# BMJ e-learning (free to BMA members)

<http://learning.bmj.com/learning/home.html>

Modules:

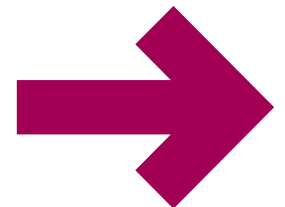
- Revalidation: a guide for appraisers
- Challenge in appraisal
- Calibrating the supporting information in medical appraisal
- Quality improvement activity for appraisal and revalidation in the United Kingdom
- Multisource feedback (MSF) for appraisal
- Getting the most out of your appraisal
- Tips for appraisers (a very basic overview)



# Indemnity

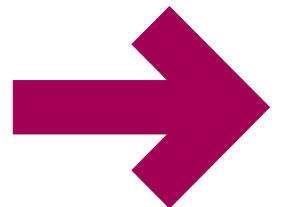
## Significance and context

- ✓ It is now a **statutory requirement** for doctors to have appropriate insurance of professional indemnity covering the full scope of their practice when working in the UK.
- ✓ **Good medical practice** already places a professional duty on all doctors to have appropriate insurance or indemnity, but these changes reinforce the importance of having this in place.



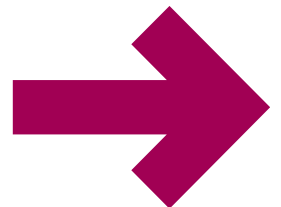
# Indemnity

- ✓ It is important to stress that:
  - appraisers are not expected to assess whether indemnity is appropriate (issue of probity)
  - but should raise indemnity arrangements as a part of appraisal



# Indemnity

- some DBs are inserting a statement for doctors to sign to say that they have appropriate cover in their appraisal submission
- In MAG the probity statement has been amended to include declaration of appropriate indemnity



# Indemnity



**By email**

For the attention of :- Medical Directors NHS  
England Local offices

cc.

Bruce Keogh NHS England  
Regional Medical Directors  
NHS England Primary care Support  
Services  
Una Iane GMC  
National Performers List (Scotland  
Wales and Northern Ireland)  
GP appraiser leads.

Primary Care Commissioning  
NHS England  
4W56 Quarry House  
Quarry Hill  
Leeds  
LS2 7UE

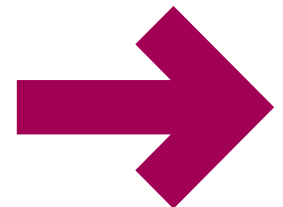
Email address – [david.geddes@nhs.net](mailto:david.geddes@nhs.net)  
Telephone Number – 0113 825 1943

27 November 2015

Dear colleagues

**Re: Medical indemnity requirements for joining the England National Performers List**

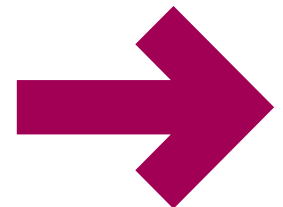
This letter is intended to provide some guidance to local teams when considering applicants to the medical performers list (MPL) to ensure that all doctors have appropriate indemnity arrangements. This letter does not cover dental or ophthalmic practitioners on the national performers list. Further work is ongoing with the regulators and representative bodies and guidance will be published soon.



# E-Invoicing

## TradeShift

- ✓ **Easy setup** - it's quick and simple to get started and just as simple to use
- ✓ **Free to use** - no setup fee, transaction fees or service charges
- ✓ **Improved communication** - track the status of your invoices and run key reports
- ✓ **Instant validation** - take advantage of 15 pre-submission checks to ensure your invoice is right first time
- ✓ **Reduced business costs** - printing, paper, postage, phonecalls...



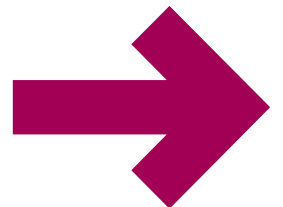
# E-invoicing

- ✓ User guides available on TradeShift website

<http://www.sbs.nhs.uk/home/working-with-suppliers/e-invoicing>

- ✓ To register and set up an account

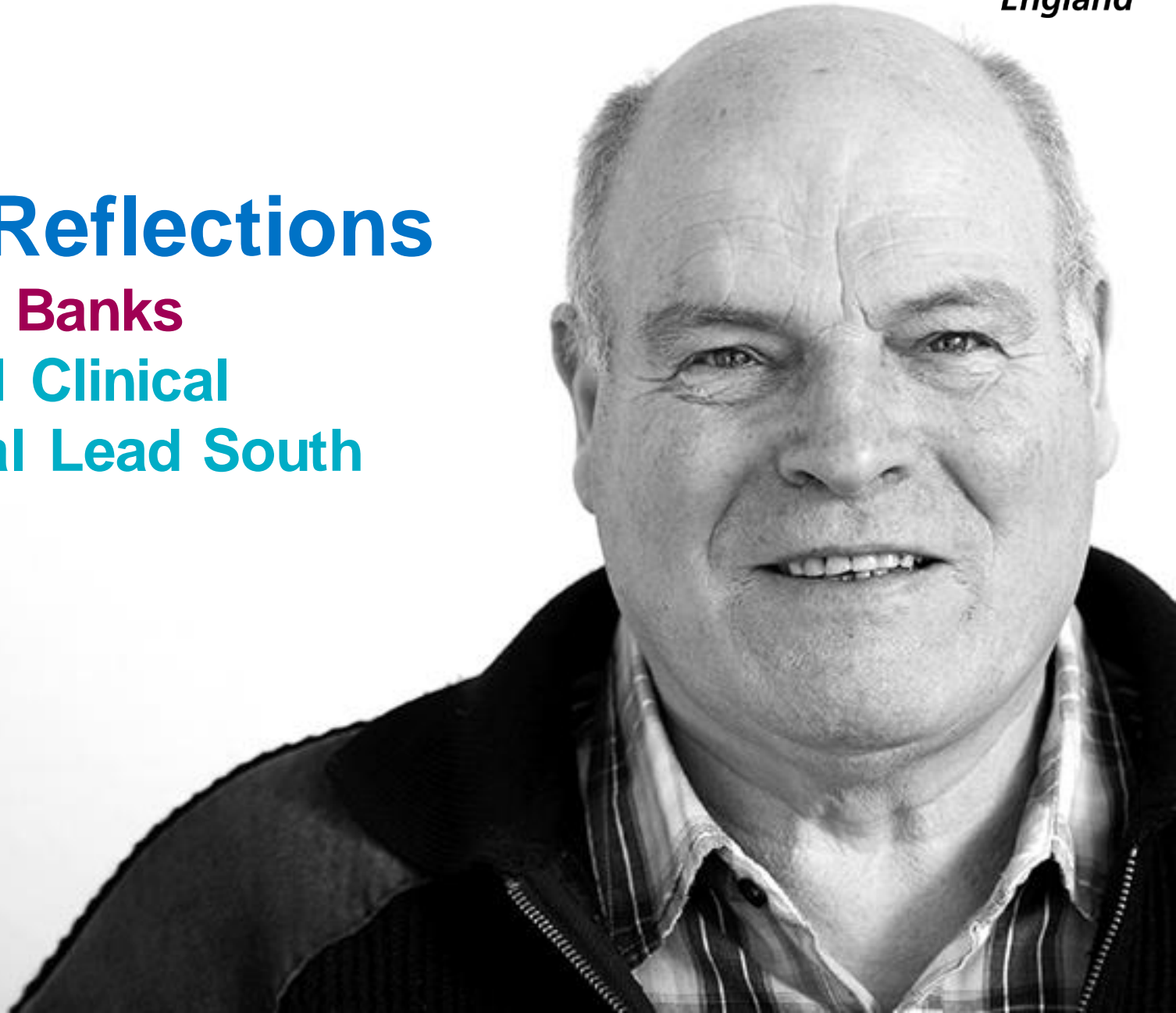
<https://go.tradeshift.com>



# Final Reflections

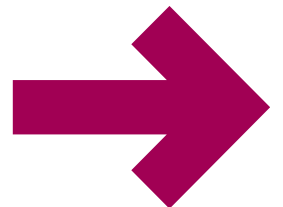
**Dr Vicky Banks**

**Regional Clinical  
Appraisal Lead South**



# Final Reflections

- ➔ Reflection on today's event
- ➔ Team check-in 2 mins:
  - ➔ Your reflections
  - ➔ One team action from today to share
  - ➔ Personal reflection
- ➔ Feedback forms



**Close**

