



Appraisal, Revalidation and Professional Standards Newsletter

For GPs and GP Appraisers in the South East



Issue 3, March 22

News about the service

As appraisees, we hope you have found that the new style “2020 Appraisal” has been easier to prepare for and supportive. The annual appraiser quality reviews recently undertaken, confirm that all our appraisers have adapted well to this format and as such, should be able to help you with any questions or concerns.

As stated in our previous edition, we extend a warm welcome to Hampshire & Isle of Wight GPs, Senior Appraisers and Appraisers as the service moves in-house from 1st April.

Preparatory work continues to take place and we will continue sharing best practice across the region, now incorporating ideas and experience from the wider team.

We will ensure that as processes evolve, you will know all about it!

Maurice Conlon, National Professional Standards Lead and Clinical Advisor to NHS England and NHS Improvement has announced this month that feedback continues to affirm the [Appraisal 2020 model](#) as a vehicle for professional support and development. Work continues between partners across the UK, including the Academy of Medical Royal Colleges, GMC and BMA, to consolidate the benefits of what was intended initially as a temporary change in the context of the pandemic into a permanent format for ongoing use. When complete, it will therefore replace the Appraisal 2020 model. Because it will be based on the 2020 model this will be a minor shift for doctors and appraisers. The main appraisal systems providers have indicated that they will adapt their products rapidly once finalised so doctors using one of these systems will experience minimal disruption.

The GMC have just increased the “notice period” for revalidation from 4 to 12 months. This means that the Responsible Officer can make a positive recommendation for a revalidation-ready doctor from one year prior to their revalidation date.

A recent point of discussion has been the duration of the appraisal meeting. It would appear that for some there has been an expectation that with a shorter preparation time, the meeting will be shorter. This is not the case, as we need to replace written evidence with a verbal discussion about your learning on the day. Appraisals are taking between 1-3 hours and you should allocate that length of time. If your appraisal is less than an hour you’ve been short-changed!

Please note that the administrative preparation for an appraisal has been much reduced however, appraisees are likely to have a great variety of naturally occurring professional development, feedback and quality improvement to share for their appraisal discussion. We do recommend that appraisees take the opportunity to consider the areas they would like to discuss in their appraisal to enable a rich and meaningful discussion with their appraiser. Appraisees need to be prepared to discuss how they are keeping up to date in the discussion but are not expected to log learning unless they want to.

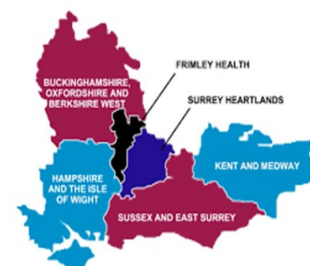
Complaints should still be declared in your toolkit. However, it is important any patient identifiable material is NOT submitted before the appraisal meeting. Your appraiser is there to support you and facilitate your thinking about any learning you have done or are planning to do, but they no longer need to see full details of the complaint or the response.

Finally, just to note that remote meetings are expected to continue in the most part for the foreseeable future.

Reminders!

- *Completing the formal patient and colleague surveys for revalidation in Years 3 or 4 of your revalidation cycle could be helpful to avoid last minute problems.*
- *Appraisers – once a pre-revalidation appraisal has been done, please can appraisers let their Senior Appraiser know once it is uploaded. This process appears to be working well.*
- *To enable review of appraisals in preparation for a revalidation recommendation there needs to be at least 3-4 weeks between a pre-revalidation appraisal and a revalidation date.*
- *Governance for other GP clinical roles - Appraisers, consider the “3 Questions approach”*
- *How did you train for this role?*
- *How do you keep up to date in this role?*
- *How do you evaluate the quality of the service you provide?*
- *We plan to facilitate an annual conference in the Autumn and it is likely that there will be a remote option and/or recording available.*

NHS England and NHS Improvement





We would like to avoid losing doctors from General Practice wherever possible, and ensure that all other options have been explored with them. Work is beginning to increase ways to retain them within the workforce so we can access their wisdom and expertise while recognising that endless 12 hour days are unsustainable and unappealing for most. Some resources garnering alternatives to leaving are being drawn up, but one useful scheme is the retained GP scheme. This allows GPs to stay in their present practice, (they no longer need to move practice) but in a time-limited and educationally supported role and there is also funding support available for them to remain in the practice. Other ideas include working on one of the new 'virtual wards' (they have high levels of job satisfaction) or as a medical support worker.

Appraisers who have retired from clinical practice are some of our most experienced and skilful appraisers. However, we need to support them to ensure that they remain up to date. We will be altering our appraiser review process, so that we discuss and document how our clinically retired appraisers keep in touch with current General Practice.

Also we are aware that there are many GPs abroad on the Performers List who have been unable to undertake NHS practice over the past couple of years. We are now contacting them to discuss how we can support their return.

MAG4.2!

As advised by Maurice Conlon, the MAG form is no longer supported and should not be used from 1st April. Even the latest version (4.2) includes technical errors. The layout is not in keeping with the Appraisal 2020 model and this has been causing appraisers and doctors in the South East considerable problems. Organisations that have adapted their toolkits to the new appraisal model include Clarity and FourteenFish.



Fact or Myth?

A common misconception is that there is "mandatory training" that we must see in an appraisal. Appraisers do not "police" any mandatory training! This is the role of the employer who sets out what training is needed for the role, or the CQC. Appraisers can signpost to what is needed for child and adult safeguarding and BLS. (We know that there are still problems in accessing face to face BLS training and online training will have to suffice in the short term.)

If you are planning your retirement, please note that you are not automatically taken off the National Performers List, you will need to apply to resign via the PCSE portal (details listed below) The GMC will also need to be informed independently from NHSEI (within 3 months). You may decide to relinquish your licence to practise completely or continue to work clinically in some capacity and you would need to discuss this, and your registration options, with the GMC directly.

Patient Feedback for Revalidation - It is widely recognised that some doctors have experienced difficulties obtaining their Patient Feedback (PSQ) in readiness for their appraisal meeting. If you are a doctor with a restricted scope of work and this applies to you, please talk this through with your appraiser and your appraisal team.

Useful Reminders

Appraisal & Revalidation Team for Kent, Surrey & Sussex:-
england.southeast-revalidationandappraisal@nhs.net

Appraisal & Revalidation Team for Thames Valley:-
england.tv-revalidation@nhs.net
england.tv-appraisals@nhs.net

Appraisal & Revalidation Team for Hampshire & Isle of Wight from 1st April:
england.hiow-appraisals@nhs.net

Please use the webpage for more information -

<https://www.england.nhs.uk/south-east/our-work/info-professionals/medical/thames-valley/appraisal-and-revalidation/>

National GP Performers List

All performer list changes are now completed via the on-line PCSE Portal. Please ensure you check your details and keep them up to date via the on-line portal (link below) Thank you!

<https://pcse.england.nhs.uk/services/performers-lists/gp-performers-list-for-england/>

NHS England & NHS Improvement South East Revalidation and Appraisal Contacts

Dr Alison Taylor, Medical Director & Responsible Officer for Kent, Medway, Surrey and Sussex GPs.

Dr Shahed Ahmad, Medical Director & Responsible Officer for Hampshire, Isle of Wight & Thames Valley GPs.

Dr Claire Cochrane-Dyett
Deputy Medical Director for System Improvement and Professional Standards - South East Region

Jeniene Scott, Head of Professional Standards – Hampshire & Thames Valley

Karen Crossland, Head of Professional Standards - Kent, Surrey, Sussex

Naomi Sargeant, Ross Gray & Sally Dickins,
Professional Standards Revalidation & Appraisal Managers - South East

