# NHS APPRAISAL

## Appraisal for General Practitioners working in the NHS

www.doh.gov.uk/gpappraisal

# GP APPRAISAL SCHEME

## Executive Summary

- Appraisal is a formative and developmental process. It is about identifying development needs, not performance management. It is a positive process, to give GPs feedback on their past performance, to chart continuing progress and identify development needs.

- The content of appraisal will be based on the GMC's core headings set out in the 'Good Medical Practice' document.

- Standardised documentation should ensure that information from a variety of NHS employers will be recorded and expressed consistently.

- Both appraisee and appraiser should prepare by identifying issues to discuss in the appraisal discussion, and reflecting on them.

- The appraiser should be another GP, who will have been properly trained in carrying out appraisal.

- The assessment of some of the more specialist aspects of a GPs clinical performance should be carried out by peers who are fully acquainted with the relevant areas of expertise and knowledge.

- There should be clear agreed local procedures for resolving individual concerns about appraisal which fit within the national model.

- The appraisal should conclude by setting down, as an action plan, the agreements that have been reached about what each party is committed to doing. This should include the essentials of the personal development plan. Key development objectives for the following year and subsequent years should be set in the PDP.

- Appraisal will provide a regular, structured system for recording progress towards revalidation and identifying development needs which will support individual GPs in achieving revalidation. While appraisal and revalidation will be based largely or wholly on the same sources of information, and appraisal summaries will inform revalidation, the objectives of the two processes are distinct and complementary.

- Formal responsibility for appraisal will rest with the PCT.

# GP APPRAISAL SCHEME

## Introduction

The development of clinical governance in the NHS and the proposals by the GMC for revalidation of doctors, have underlined the need for a comprehensive annual appraisal scheme for GPs. This paper sets out the national appraisal scheme for GPs. Appraisal is to become a contractual requirement for all GPs and PCTs must introduce the scheme from April 2002.

## Definitions and Aims of Appraisal

Appraisal for GPs is a professional process of constructive dialogue, in which the doctor being appraised has a formal structured opportunity to reflect on his or her work and to consider how his or her effectiveness might be improved.

It is a positive process to give GPs feedback on their past performance, to chart their continuing progress and to identify development needs. It is also a forward-looking process, essential for identifying the developmental and educational needs of individuals. The primary aim of appraisal is to help GPs consolidate and improve on good performance, aiming towards excellence. In doing so, it will identify areas where further development may be necessary or useful: the purpose is to improve performance right across the spectrum, from the best to the worst. It can help to identify reductions in performance at an early stage; and also to recognise factors which may lead to a reduced level of performance, such as ill health. Appraisal will underpin CPD and help to develop a reflective culture within service and training. It also provides GPs with an opportunity to demonstrate the evidence for revalidation.

The aims of appraisal are to:

- set out personal and professional development needs and agree plans for these to be met;
- review regularly a doctor's work and performance, utilising relevant and appropriate comparative operational data from local, regional and national sources;
- consider the GP's contribution to the quality and improvement of services and priorities delivered locally;
- optimise the use of skills and resources in seeking to achieve the delivery of general and personal medical services;
- identify the need for adequate resources to enable any service objectives in the agreed job plan review to be met;

- provide an opportunity for GPs to discuss and seek support for their participation in activities for the wider NHS;

- utilise the annual appraisal process and associated documentation to meet the requirements for GMC revalidation against the seven headings of *Good Medical Practice*.

Appraisal Process and Content

Appraisal is personal. The explicit purpose of the appraisal system should be to support the development of GPs.

The Appraisal Process should:

- Emphasise a positive and developmental approach

- Be fair and effective

- Be well informed

- Where possible, show how patient care and working within NHS organisations can be improved

- Provide adequate preparation time for and be adequately prepared for, by both appraiser and appraisee

- Specific time should be set aside to prepare for and undertake appraisal and any follow-up review meeting (if found necessary). Independent research suggests that the average time commitment for appraisal is between 4.5 and 6.5 hours.

- Be undertaken at regular intervals with skill, professionalism and confidentiality

- Be properly supported by the PCT.

The content of appraisal will be based on the core headings set out in the GMC's 'Good Medical Practice' document together with consideration of the GP's contribution to meeting local patient needs.

The GMC's core headings are:

- Good clinical care

- Maintaining good medical practice

- Relationships with patients

- Working with colleagues

- Teaching and training
- Probity
- Health

Appraisal Documentation

Appraisal documentation is an important facet of appraisal. Completion of documents prior to appraisal provides the basis for constructive dialogue between appraiser and appraisee. It then allows a record to be made of both the reflections on past performance and identified professional development needs.

The use of standardised documentation should ensure that information from a variety of NHS sources will be recorded and expressed consistently. The documentation will provide a formal, supportive, consistent structure to the appraisal process. It covers the process in sequence and suggests the information and evidence that the parties to appraisal will wish to bring to the process.

Every GP being appraised should prepare an appraisal folder. This is a systematically recorded set of all the documents, information, evidence and data that will help inform the appraisal process. Once the folder has been set up it can be updated as necessary (see later section on the Appraisal Toolkit). The documentation will allow access to the original documents in the folder in a structured way, record what the appraisal process concluded from them and, finally, what action was agreed as the outcome following discussion.

The appraisal process will not of itself result in the generation of significant amounts of new evidence or information. Rather, it will capture the information that already exists. What goes into the folder will, for the most part, be available from clinical governance activity, the job planning process and other existing sources. It is intended that most of the documentary evidence will be supplied by the PCT, as part of the regular monitoring of organisational performance undertaken by the Trust. The development of appraisal and revalidation procedures may identify types of information that should be made available to enhance the evidence base.

Preparation

Preparation for the appraisal should be completed during protected time that has been specifically set aside. The appraiser should ensure that the GP being appraised has up to 2 months advance notice of the date of their appraisal. The GP being appraised should prepare for the appraisal by identifying those issues, which he or she wishes to raise with the appraiser and prepare an outline personal development plan (PDP).

The GP and the appraiser should gather information about and reflect before hand upon the following:

- Achievements and challenges in the last twelve months (clinical and non-clinical), seen where relevant in the context of earlier appraisals

- Service, practice and (where relevant) wider objectives for the next year and beyond

- Personal (and, if appropriate to a discussion about the individual in context, practice) development needs, and how these development needs can be met.

The information and paperwork to be used in the appraisal discussion should be shared between the appraiser and the appraisee at least two weeks in advance to allow for adequate preparation for the discussion and validation of supporting information. The discussion should be based on accurate, relevant, up-to-date and available data.

The appraisal discussion should be held in a comfortable work setting, free from interruptions and distractions such as phone calls and demands from other staff.

<u>Who Undertakes the Appraisal?</u>

The person carrying out the appraisal will be another GP, in order to be able to have an understanding of the working conditions of the appraisee.

The appraiser will have been properly trained in carrying out appraisal.

The appraiser will have reasonable knowledge, throughout the reporting period, of the work of the GP who is being appraised. He or she will be aware of the environment in which the doctor works, the full nature of the services provided and of any specific variations from the typical GP whether in terms of the services offered or personal disabilities.

Where there is a recognised incompatibility between proposed appraiser and appraisee the PCT Chief Executive will be responsible for nominating a suitable alternative. This decision will be final.

<u>Peer Review</u>

The assessment of some of the more specialist aspects of a GP's clinical performance should be carried out by peers who are fully acquainted with the relevant areas of expertise and knowledge. The appraiser and the appraisee should plan peer review into the timetable in advance of the appraisal interview.

If during the appraisal it becomes apparent that more detailed discussion and examination of any aspect would be helpful and important, either the appraiser or the appraisee should be able to request internal or external peer review. This should normally be completed within one month and a further meeting scheduled as soon as possible thereafter (but no longer than one month after) to complete the appraisal process.

## Should Concerns Arise During Appraisal

There should be clear agreed local procedures for resolving individual concerns about appraisal which fit within the following national model.

The process must be able to address any worries or complaints from individual GPs about the fairness and consistency of the scheme, the appraiser, the outcomes of the appraisal or the use of information.

An individual GP's concerns about his or her own appraisal should be raised in the first instance with the appraiser. If personal concerns remain, the GP should discuss them with the senior clinician/clinical governance lead for the PCT. The senior clinician/clinical governance lead should in the first instance try to find an informal resolution to the problem through discussion and mediation, involving others as appropriate.

In the exceptional circumstances that concerns can not be resolved in this way, the PCT senior clinician/clinical governance lead (or Chief Executive) might convene an appropriately constituted panel, chaired by a Board member, to consider the matter further.

Where concerns or views relate to the appraisal system itself, these should be raised with the PCT Chief Executive.

Where there are worries or complaints, the GP will have the right to representation (e.g. from his or her LMC).

## Outcomes of Appraisal

The appraisal should conclude by setting down, as an action plan, the agreements that have been reached about what each party is committed to doing. This should include the essentials of the personal development plan (PDP).

The appraisal should identify individual needs that will be addressed through the PDP. The plan will also provide the basis for assessment of resource needs and clinical governance issues within a practice.

The detail of the appraisal discussion will be confidential to the participants.

The appraiser and appraisee should agree a written overview of the appraisal that should as a minimum include:

- A synopsis of achievement in the previous year

- Objectives (an action plan) to be pursued by the appraisee over the next year

- The key elements of a PDP for the appraisee

- Actions expected of the PCT to address needs in the local context or that of the wider system

- A standard summary of the appraisal as recommended by the GMC for the individual's revalidation folder

- A joint declaration that the appraisal has been carried out properly.

The key points of the discussion and outcome must be fully documented and copies held by the appraiser and appraisee. Both parties must complete and sign the appraisal summary statement and send a copy, in confidence, to the senior clinician/clinical governance lead and Chief Executive of the PCT. All records will be held on a secure basis and access/use must comply fully with the requirements of the Data Protection Act.

Where significant problems or needs have been identified, observations about further operational, financial or premises help required by the GP should be sent to the PCT Chief Executive for action. The detailed content of the appraisal itself should be confidential between the doctor and the appraiser.

It would be exceptional for serious concerns about performance to be first raised in an appraisal. The appraisal itself should be formative. However, both the appraiser and appraisee need to recognise that as registered medical practitioners they must protect patients when they believe that a colleague's health, conduct or performance poses a threat to patients (*GMC Good Medical Practice paragraphs 26 to 28)*.

However, where it becomes apparent, during the appraisal process, that there is a potentially serious performance issue, which requires further discussion or examination, the appraiser must refer the matter immediately to the senior clinician/clinical governance lead and PCT Chief Executive to take appropriate action. This may for example include referral to any support arrangements that may be in place.

The appraiser and GP should make arrangements at least once more during the course of the year for about 30 minutes in order to review progress in relation to the actions and PDP. This could be arranged and resolved via a telephone call rather than an actual meeting.

The senior clinician/clinical governance lead should collate and submit an aggregated and anonymised report on appraisal outcomes annually to the PCT Chief Executive. The Chief Executive should discuss this report with the PCT Board. The report must not refer, explicitly or implicitly, to any individuals who have been appraised. The report should highlight emerging training and development needs, and organisational or service themes requiring action or investment.  It should also review the overall process and operation of the appraisal scheme.

## Personal Development Plan

Key development objectives for the following year and subsequent years should be set in the PDP. These objectives may cover any aspect of the appraisal such as personal development needs, training goals and organisational issues, CME and CPD.

A PDP is a useful tool to help individuals plan and meet their development needs. It can then be used as a basis for enabling a comprehensive action plan to be developed.

To be of value, individuals will need to update their plans on a regular basis as part of the appraisal process.

A PDP will help to describe personal development objectives and the development activities designed to help achieve them. A PDP should take account of:
- professional development needs
- the requirements of the practice
- personal ambitions.

Key stages in preparing a plan are;
- identifying current level of competence
- specifying competencies to develop
- deciding how to develop these competencies and by when
- setting performance criteria to be achieved as a result of the development
- taking development action, and
- deciding how and when to review progress.

CPD in primary care should be purposeful, patient-centred and educationally effective. It should integrate patient interests with those of the NHS both nationally and locally and be constructed in such a way as to encourage team working within primary care and facilitate the appropriate adaptability of professional roles.

The process of CPD should:
- be purposeful and personally motivating
- raise individual awareness
- consider the development needs of the practice
- be evidence based where possible
- develop knowledge of and opportunities for research and development
- place the individual at the centre of the educational process.

## Revalidation

Appraisal will provide a regular, structured system for recording progress towards revalidation and identifying development needs (as part of personal development plans) which will support individual GPs in achieving revalidation.

While appraisal and revalidation will be based largely or wholly on the same sources of information, and appraisal summaries will inform revalidation, the objectives of the two processes are distinct and complementary. Revalidation involves an assessment against a standard of fitness to practise in line with the seven headings of the GMC's guidance *Good Medical Practice*. It will allow a doctor's licence to practise to be renewed. Appraisals are concerned with the doctor's professional development within his or her working environment and the needs of the organisation for which the doctor works.

Despite these differences, appraisal and revalidation should be linked for the sake of economy of effort, with the GMC's Good Medical Practice as common ground. Despite the fact that appraisal and revalidation are distinct processes, the benefit of appropriate information sharing is considerable. The arrangements for the introduction of appraisal for GPs working within the NHS must integrate appropriately with those for revalidation.

Roles and Responsibilities of NHS Management

Formal responsibility for appraisal will rest with the PCT. The responsibilities of the PCT should be as follows:

- To ensure that an appraisal scheme is in place that covers all doctors working in general practice within the span of the organisation and that commands the confidence of the profession and their representatives locally (i.e. the LMC and usual professional channels)

- To ensure that all relevant doctors undergo annual appraisal in line with the scheme

- To establish workable arrangements for identifying, appointing and training appraisers

- To ensure that appropriate mechanisms are in place to quality assure appraiser and appraisee training; to regularly review the appraisal process in the light of participant experiences and changing circumstances; and to take the necessary action to redress any concerns with the process

- To ensure that robust processes are in place to deal with worries or complaints from individual GPs about the process or outcomes of appraisal

- To ensure that action is taken as far as possible to address the education and development needs of GPs and service development requirements identified and agreed in the course of appraisal

- To make adequate financial provision to support the appraisal process. This should include a funded policy on the provision of locum cover. Examples might include 1 to 1 cover, locum cover through a practice, or locums provided by a co-operative or an Out of Hours' service provider.

Below is an outline of the possible responsibilities of individuals within this framework:

- The Chief Executive of the PCT is the officer ultimately accountable for the discharge of the above six responsibilities

- The senior clinician/clinical governance lead for appraisal co-ordinates the design, implementation and conduct of GP appraisal

- The GP appraiser undertakes appraisal with a number of designated GPs

- The GP undergoes training for and participates fully in the appraisal scheme

The GP appraiser will be responsible for submitting to the senior clinician the details of any action considered to be necessary. The senior clinician will be responsible for ensuring any necessary action arising from the appraisal is taken and will be held accountable to the Chief Executive for the outcome of the appraisal process. The Chief Executive will be personally accountable to the Primary Care Trust Board for ensuring that all GPs are appraised and any follow up actions taken.

<u>Practice Professional Development Plan</u>

Appraisal is part of an incremental approach to integrated planning. The basis of the PPDP will be the individual personal development plans of GPs and others in the practice.

<u>Available sources of help.</u>

The **NHS Appraisal Toolkit** is undergoing development and piloting as an on-line resource that brings together advice, guidance, best practice, practical tools and access to a community of peers in the appraisal domain. It will be released generally from autumn 2002. It provides a range of background material about appraisal. It will help both the appraiser and the GP with the process of appraisal, by adding context; guiding the GP through the process, taking the information that the GP enters onto the system and producing it in the format of the standard appraisal form; producing an electronic appraisal record (EAR) and giving decision support to the process. The toolkit can be used in immediate preparation for appraisal, or, perhaps more usefully, can be returned to many times during the year to support the reflection. It can be accessed at www.appraisals.nhs.uk

The **School of Health and Related Research (ScHARR)** at Sheffield University has published a report on GP appraisal. The report sets out how an appraisal system for GPs might work and provides guidance on best practice. Printed copies are available from:

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