

Appraisal Newsletter

April 2011

Issue 1

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Introduction

This is the first appraisal newsletter from the newly formed North East Primary Care Services Agency [NEPCSA] This organisation has been formed from the four local PCO clusters of North of Tyne, South of Tyne & Wear, Durham & Darlington and Teesside, and is based in Sunderland.

The PCSA now has responsibility, amongst other roles, for delivering appraisal, revalidation and performance management of all independent contractors including the 2500 GPs in the PCSA area.

In setting up the PCSA there has been a 40% reduction in management costs and although there may be some economies of scale in the larger organisation, overall there are significantly fewer staff available to run the GP appraisal system. It is the aim of this newsletter to make sure that every GP knows what they need to do to engage fully in the appraisal process, and how to work most effectively with the new appraisal team.

Appraisal and revalidation

Revalidation will take place for most doctors every five years and will depend on the doctor participating fully in the annual appraisal process, including submission of a portfolio of supporting information defined in detail by each Royal College.

Revalidation is likely to start late in 2012, based on evidence collected from 1/4/2012 onwards. It is not yet clear which doctors will be revalidated first - a random selection or volunteers who are happy to test out the process in its early stages. The information that GPs need to submit on an annual basis for their appraisal, and to satisfy the requirements of revalidation, is listed below. It will be the role of your appraiser to establish whether the information you submit is adequate for the purposes of revalidation.

Information required for annual appraisal and revalidation

The RCGP has been working for the last two years to put together clear guidance on the evidence requirements for revalidation. This guidance can be found on the RCGP website www.rcgp.org.uk – version 5 has just been published, and there are likely to be further updates, but no major changes before revalidation starts.

The information is now categorised under four headings

Generic heading	Supporting information	Revalidation requirements
1.General information	Personal details and description of practice	Once in five years
	Contextual details-special circumstances	Once in five years
	Participation in annual appraisal	5 x Form 4 [or new sign off form for each year]
	PDP and review of PDP	5x PDP each reviewed in terms of aims achieved
	Statements of probity and health	One of each on an annual basis
2.Feedback	Colleague survey MSF	One every 5 years
	Patient survey PSQ	One every 5 years
	Review of any complaints	All significant complaints [formal to practice or PCO] reviewed
3.Quality of practice	SEAs	Two per year written up on
	Clinical audit	One every 5 years with audit cycle completed
	Review from other roles	Formal performance review annually or as required in all other substantive roles eg trainer/GPwSI/PCO work/police surgeon etc
4.Education	CPD /learning credits	50 hours of learning recorded in a log annually with learning points [from courses, meetings / conferences / Reading / Internet etc]

- This list is not significantly different from what has been required already for the last few years and should not be difficult to achieve for most GPs
- The RCGP is aware that clinical audit and significant event audit may be difficult for some GPs, particularly those without a fixed practice base working exclusively as itinerant locums or in OOH services. Alternative forms of supporting information that these GPs can submit are listed within the RCP revalidation guide
- CPD credits are achieved by recording each hour of learning in a log diary with a summary of key points and any appropriate actions. The aim is to record at least 50 hours per year
- Patient and colleague surveys need to be carried out at least once in the first three years of the 5 year cycle The RCGP has approved several different instruments that GPs can use to collect patient and colleague feedback, but we suggest you do not start collecting this until revalidation has actually started
- SEAs and clinical audits must be written up on formal templates which show reflection and learning - these are found in the Appraisal Pack attached with this newsletter. If you are receiving this newsletter only in paper format you must contact the Appraisal Manager for an electronic copy of the pack which will also be sent to all practice managers electronically. It will also be available on the trust websites and the Deanery and NELG websites.

Electronic toolkits to collect information for revalidation

The NHS appraisal toolkit is no longer free to use. Some GPs have taken out a subscription to continue using it, but it will be decommissioned and replaced with a version called 'Revalidation Plus' which will also have a cost attached. The RCGP has designed its own revalidation e-portfolio, which is free to members, and the BMA is about to launch its own revalidation tool. There are several others also on the market. At some point, when all the alternatives are available, a decision will have to be made by the PCSA and individual GPs as to which toolkit[s] are recommended. However, none of them have been fully piloted so far, and for this appraisal year [April 2011 until March 2012], we recommend you stick with the Appraisal pack we have put together, which contains Forms 1-3 and all the required templates, learning diary etc.

Quality assurance of the appraisal process

As we move towards a unified appraisal process across the PCSA area, we aim to provide GPs across the region with a fair and consistent appraisal experience, no matter where you are appraised. This means that your appraisers should be trained to the same standards and regularly updated. Their work as appraisers will be reviewed on an annual basis by one of the GP tutors.

National Requirements for Child Safeguarding Training

As professionals involved in the care of children, GPs are required to undergo regular updates in Child Protection Training. These are summarised in the evidence checklist contained within the appraisal pack which is being circulated with this newsletter.

The requirements are as follows:

Over a three year period every GP should

1. Complete and pass an approved IT training module (bmj learning, doctors.net etc)
2. Do a 'single agency' training session on child protection issues – i.e. health professionals – PHCTeam meeting or other externally clinical meeting
3. Do a multi-agency Child Protection Training session - includes social workers, other health professionals etc - organised by your local safe guarding team (look on the website safe guarding children north east for further information) <http://www.scne.org.uk/>

Birthday Month Appraisals

- We currently have 185 trained appraisers who are active in this role across the region. This is barely enough to deliver appraisal to 2500 GPs as most appraisers cannot manage much more than 10-12 appraisals per year. To make most efficient use of our appraiser workforce, we must spread appraisals evenly throughout the year. All the PCO areas are moving this year to requiring all GPs to be appraised in their birthday month. They will then have 2 months to get their appraisal documentation submitted. If the appraisal is due e.g. in May, but in fact takes place in June, this will not be a problem so long as the appraisal documentation is submitted by the end of July, but the following year's appraisal will still have to be done in May even if the time from the previous appraisal is less than a year.
- The birthday quarter system, in operation in North of Tyne and Teesside, has the advantage of providing more flexibility around choice of date for appraisees, but still tends to 'skew' the workload into four busy months at the end of each quarter. There is also less clarity about when the appraisal documentation is officially 'late' - 2 months from when the appraisal was done, or two months after the end of the birthday quarter.
- We need a system that is as clear and simple to administer as possible. GPs with genuine extenuating circumstances e.g. maternity leave, sick leave, etc. will continue to be able to request a deferment of their appraisal.
- For this year only, GPs whose 2010-2011 appraisal took place in the second half of the appraisal year, and whose birthday is in the first half of 2011-2012 appraisal year, will be allowed to defer their appraisal until the 2012 to 2013 appraisal year. A small number of GPs will be asked to have their appraisal 9-11 months after their previous year's appraisal, to get them into their birthday month. GPs in South of Tyne should already have been circulated about this change. In other PCO areas, GPs will shift from birthday quarter to birthday month over the next year, so that by 2012-2013 appraisal year everyone will be expected to be appraised in their birthday month.

A web based booking system

NHS North of Tyne GPs have been using an electronic web based booking site which allows the individual GP to choose their appraiser. Automated reminders are sent out to those who fail to choose an appraiser, and ultimately these GPs are allocated to an appraiser with a vacant slot. The website also allows the admin team to keep track of the appraisal status of all GPs - a requirement on an annual basis in the Responsible Officer regulations. We are aiming to extend the North of Tyne system to include all GPs and appraisers across the PCSA area by the end of this year.

Electronic communication

Linked to the establishment of an electronic web based booking system will be the requirement that all GPs communicate with the PCSA electronically. In North of Tyne, 800 GPs have only submitted their appraisal documentation electronically for the last three years, and this system will be extended to all PCSA GPs. If you have received a **paper** version of this newsletter, this will be the last paper communication you will receive from the PCSA. **If you have not received an electronic version as well**, this means we do not have an up to date email address for you. **You MUST make sure the PCSA has an up to date email address for you**, preferably an NHS net address for security reasons. Given the level of staff cuts that this organisation has sustained, it is completely impossible for the appraisal admin team to continue to use anything but electronic communication with such a large group of doctors.

It is also ecologically unacceptable to consider continuing to use paper in this way.

We are currently setting up NHS net email addresses each area for GP Appraisal communication. North of Tyne has currently has a NHS net inbox details below. Please ensure that all communication for North of Tyne GP Appraisal comes through this mail box in future.

NEPCSA.notgpappraisals@nhs.net

APPRAISAL IS YOUR PROFESSIONAL AND CONTRACTUAL RESPONSIBILITY—YOU MUST THEREFORE MAKE SURE WE CAN COMMUNICATE EFFECTIVELY WITH YOU ELECTRONICALLY.

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