

North of Tyne GP Appraisal Procedures

December 2007

Written by Paula Wright and Di Jelley
On behalf of
The North of Tyne NHS Appraisal Policy Development Group
(which includes additional GP tutors Drs: Val Wadge, John Bookless, Iain Lawther, Patrick
Feeney, Janette Foo)
Complaints policy written by Susan Wade , Head of Clinical Governance , Performance and
Appraisal

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Guidance for appraisees and appraisers

Extensive guidance on the technical aspects of appraisal is available in other documents and is out with the scope of this document which covers only policy and organizational procedures.

Please refer to these via northern deanery website
(<http://mypimd.ncl.ac.uk/PIMDDDev/pimd-home/general-practice/appraisal-and-revalidation>)

1. Newsletter issued by The North of Tyne appraisal Team (these will shortly be available on the website)
2. Tools for appraisal By Paula Wright GP tutor
3. Newcastle PCT Appraiser Manual by Paula Wright GP tutor

www.appraisalsupport.nhs.uk

Documentation

- 1) The appraisee will use the Department of Health recommended forms for GP appraisal as can be found on their website (forms 1 2 and 3- from now on referred to as appraisal preparation forms).
- 2) The appraisal preparation forms will be typed and submitted to the appraiser along with the evidence folder at least 2 weeks before the agreed appraisal interview date.
- 3) The appraiser will produce a form 4 following the appraisal interview and submit this to the appraisee within 2 weeks of their meeting. This will be in accordance with existing guidance on standards of form 4s.
- 4) The appraisee will notify the appraiser of any changes to the proposed draft form4 and submit to him/her a PDP within 4 weeks of receiving the form4.
- 5) The form 4 (agreed by both parties) will be submitted electronically by the appraiser to the appraisal manager.
- 6) The form 4 will be signed off by both parties and this will be demonstrated to the appraisal manager in one of two ways:
 - a) The appraiser will email the manager the form 4 and “copy in” the appraisee (so any disagreement can be flagged up promptly) Or
 - b) Use the electronic signing off process available through the NHS appraisal toolkit.

Matching appraisees to appraisers.

All performers will be:

1. offered an opportunity for annual appraisal and this is a condition of their inclusion on the performers list (however see exceptions paragraph 8,¹).
2. Invited to choose an appraiser from a list of approximately 60 appraisers who are part of the North of Tyne NHS quality assured appraisal system.. They carry out a minimum of 6 and maximum of 20 appraisals a year.
3. Offered a choice of appraiser, with allocation made on a first come first served basis by the appraisal manager.
4. Offered a choice of appraisers around January February and asked to submit their preference in order for allocations to be notified at the latest by the end of March. This is to ensure that appraisals can be spread evenly throughout the year. (See also the NOT policy on appraisals by Birthday quarter in this guide).
5. Required to change appraiser so that they only have 3 out 5 appraisals with the same appraiser.
6. Required to choose an appraiser who does not work within their practice
7. Able to appeal against their allocated appraiser providing reasonable grounds are given
8. Able to request a deferment of their appraisal where they have had a significant period of absence from clinical practice (e.g. maternity, sickness etc), this is covered in our deferment policy which includes an application form.
9. Matched by the NoT administration team; Where appraisee's have not returned their choice form they will be matched by the admin team without reference to their preferences. Appraisers may decline a match where they feel there are reasons (e.g. conflict of interest, etc).
10. Where there is a recognised incompatibility between proposed appraiser and appraisee the Medical Director will be responsible for nominating a suitable alternative. This decision will be final.

¹ From the year 2008/09 appraisees will be asked to have their appraisals in their birthday quarter. In some instances this may result in them missing an appraisal year (e.g having 15 or 18 months between appraisals). They will in these circumstances be given a "deferment letter" by the PCT so that this does not result in their removal from the performers list. Full guidance on transitions arrangement is available separately.

Spreading appraisals throughout the appraisal year in accordance with birthdays

The 'appraisal year' for budget and planning purposes, runs from 1st April until 31st March the following year. Over the last four years, more and more appraisals have become scheduled for the last quarter of the appraisal year – January to March. This means that currently nearly 75% of all appraisals take place over this three month period. This reduces the overall capacity of appraisers and probably increases their stress levels!

Appraisals are to be spread throughout the appraisal year in accordance with birthdays such that for all GPs are appraised in the quarter of the year which contains their birthday month. This will mean that all GPs not currently being appraised within their birthday quarter will be asked to schedule their next appraisal in this quarter. For some GPs this will mean that their next appraisal comes slightly earlier than scheduled [but not shorter than 9 months between appraisals]. For others it will mean deferring your next appraisal for several months later than your current annual date to bring it into your birthday quarter.

The Medical Directorate, North of Tyne, has sanctioned this proposal, recognising that for one year only, a proportion of GPs will have an entire appraisal year without a documented appraisal. These GPs will be issued with an exemption certificate for this one year so that there is no question that this administrative request affects any GP's eligibility for revalidation.

Exemption from an appraisal for one appraisal year will NOT be an option for GPs who have missed an appraisal in the previous year, or about whom any prior performance concerns indicate that an annual appraisal must take place.

Once this system is up and running, you will always have your annual appraisal in your birthday quarter [excluding exceptions such as GPs on sick leave, study leave or maternity leave] when your appraisal date may have to be individually negotiated.

Action needed now

[1] GPs who have selected an appraiser but do not yet have a date for 2007-2008

If you have not yet scheduled your appraisal date for 2007-2008, please try and do so in your birthday quarter, using the following table. If your selected birthday quarter date means that you will not have an appraisal between April 2007 and March 2008, you will need to apply to Jacqui Douglas for an exemption certificate by contacting her at jacqui.douglas@northoftyne.nhs.uk

Appraisal month 2006-2007	Birthday quarter	Suggested appraisal date
September to December 2006	Jan –March	Jan to March 2008
	April - June	April to June 2008
	July - Sep	July to Sep 2008
	Oct - Dec	Oct to Dec 2007
January to March 2007	Jan – March	Jan to March 2008
	April - June	April to June 2008
	July - Sep	July to Sep 2008
	Oct - Dec	Oct to Dec 2008

[2] GPs who have an appraisal since April 2007 or have a date set before March 2008

If you have already had your appraisal in 2007-2008 or if you have a date already agreed, keep that date for this appraisal year. NO Immediate action is necessary BUT use the table below to guide your choice of appraisal date for 2008-2009. If your selected birthday quarter date means that you will not have an appraisal between April 2008 and March 2009, you will need to apply to Jacqui Douglas for an exemption certificate by contacting her at jacqui.douglas@northoftyne.nhs.uk

Appraisal month 2007-2008	Birthday quarter	Suggested appraisal date
April to June 2007	Jan – March	Jan to March 2009
	April - June	April to June 2008
	July - Sep	July to Sep 2008
	Oct - Dec	Oct to Dec 2008
July to Sep 2007	Jan – March	Jan to March 2009
	April - June	April to June 2008
	July - Sep	July to Sep 2008
	Oct - Dec	Oct to Dec 2008
Oct to Dec 2007	Jan – March	Jan to March 2009
	April - June	April to June 2008
	July - Sep	July to Sep 2008
	Oct - Dec	Oct to Dec 2008
Jan to March 2008	Jan – March	Jan to March 2009
	April - June	April to June 2009
	July - Sep	July to Sep 2009
	Oct - Dec	Oct to Dec 2008

[3] GPs who have not yet selected an appraiser for their 2007-2008 appraisal

If your birthday falls between October and March, please contact Jacqui Douglas immediately for list of available appraisers and contact your appraiser to set a date. If this has not been done by mid-October you will be allocated an appraiser. If your birthday falls between April and September you should still choose an appraiser from the list but you can defer your appraisal until your birthday quarter in 2008.

Confidentiality Policy

This policy aims to clarify who will see appraisal summaries (form4s and PDPs)-some aspects of the policy are still under development.

Appraisal should be in the main a confidential process between the appraiser and the appraisee . However , it is clear from the recent White Paper on Medical Regulation that there will be an explicit link between ‘successful’ participation in annual appraisal and re-licensure. There is a shift in emphasis from appraisal being purely formative towards a process that has a summative component linked to clinical governance and performance management . This means that disclosure of form 4 may be necessary in defined circumstances. North of Tyne policies which link appraisal and clinical governance, particularly with regard to management of performance concerns, are currently being developed. This policy aims to make explicit how confidentiality will be protected for appraisees. At the time of publication of this NOT appraisal procedures guide there is no published policy on management of underperformance or recording of performance concerns. The appraisal process will serve a number of purposes which influence the reasons for disclosure of form 4s:

1. Providing an accurate record for those involved (appraiser and appraisee)
2. Quality assurance of appraiser work
3. Addressing concerns highlighted in the appraisal interview
4. Some capacity to highlight CPD concerns that might need to be addressed by the PCO as well as issues relating to premises, local services etc that might need to be brought to the attention of the PCO.

Form 4s will be held in electronic format by the appraisal administrators, in personal secure electronic folders. The appraisal interview should not take place without the previous year’s Form 4 being available to the appraiser prior to the meeting. If this is not provided by the appraisee it will be automatically emailed to the appraiser on request .Consent for this to be done is implicit in participation in appraisal. A summary of the purposes for which Form 4s are used and who has access to them, is set out in the table below.

Appraisers are instructed to include the appraisee’s name at the bottom (footer) of each page of the form 4 , but NOT to use it in the text of Form 4 , to facilitate easy anonymisation of these forms. Dr X or ‘You’ can be used as alternatives.

For enquiries regarding this policy please contact :
Jacqui Douglas [Jacqui.douglas@northtyneside-pct.nhs.uk]

Task	Individuals involved	Comments
Clinical governance	Medical Director or Deputy medical director	Has access to all Form4s as per national appraisal guidance
Filing of completed appraisal	Appraisal administrators to check all sections complete	Held in personal secure electronic folder
Quality assurance of appraiser work	At annual appraiser review, anonymised forms 4 "marked" by one member of QA group (GP tutor or appraisal lead). Special reviews for underperforming appraisers will involve two members of QA group.	Anonymised form4s. Form 4s are rated by either appraisal lead or tutors to provide feedback and help in performance management of appraisers. Appraisee can specify if wishes to exclude some of the above people.
Analysis of learning needs in form4 and PDP	Administrators and GP Tutors	Anonymised
Appraiser has concerns about performance and wishes to discuss this to register a "concern"	Performance management group : likely to include medical director and head of performance management and appraisal lead.	see relevant policy
Appraisee wants to make complaint about appraisal process	Appraisal strategic group (appraisal lead, one tutor, head of performance management)	see relevant policy
To follow through appraisal actions.	Previous years form 4 supplied to next years appraiser.	

QA group= Quality assurance group (GP tutors and clinical appraisal lead)

Deferment Policy

Performers' list regulations require all performers to undergo an appraisal annually. It is expected that this will also be a requirement for successful revalidation and recertification. There are however exceptional circumstances when an doctor may request that an appraisal is deferred such that no appraisal takes place during one appraisal year (which runs April to April).

Instances when doctors may request a deferment:

- breaks in practice due to sickness or maternity
- breaks in practice due to absence abroad or sabbaticals
- as part of PCT driven alignment of appraisals with birthday quarter
(this list is not exhaustive)

Doctors who have a break from practice may find it harder to collect evidence to support their appraisal, particularly if being appraised soon after their return to clinical practice. However often an appraisal can be useful when timed to coincide with a doctor's re-induction to clinical work. Appraisers will use their discretion when guiding appraisees as to the best timing for their appraisal, and when deciding the minimum evidence acceptable for these exceptional appraisals.

As a general rule it is advised that doctors having a career break:

1. in excess of 6 months you should try to be appraised within 6 months of returning to work
2. less than 6 months should try to be appraised no more than 18 months after the previous appraisal and wherever possible so that an appraisal year is not missed altogether.

Each case can be dealt with on its merits and the PCT is mindful that no doctor must be disadvantaged or unfairly penalised as a result of pregnancy, sickness or disability.

The PCT has the right to remove a GP from its performers' list if they do not undergo an annual appraisal without having good reason. This policy aims to ensure that these circumstances are dealt with in an appropriate, timely, and consistent manner, minimising bureaucracy and ensuring that all doctors benefit from appraisal at a time which meets their professional needs.

Doctors who think they may need to defer their appraisal should complete the deferment application form and submit it to the appraisal lead who will make a decision where necessary in consultation with the appraisal QA group. The decision can be appealed and appeals will be dealt with by the strategic appraisal Group (NOTSAG).

Deferment application should be submitted at the earliest possible opportunity and no later than 3 months before the doctor's appraisal date would be due.

The decision to allow a deferment will depend on a number of factors:

- how many appraisals have or will have been missed in a 5 year period

- whether there is anticipated to be further breaks from practice in the near future
 - if there have been problems with evidence in previous appraisals
 - if the doctor is undergoing any investigation about his/her performance
- (this list is not exhaustive)

Informal advice on the likelihood of a deferment being agreed can be obtained from the Clinical Appraisal lead Dr Di Jelley.

A formal response to the application will be either a letter advising against an appraisal and warning that this may result in removal from the performers list or a deferment certificate.

Application for deferment of appraisal.

This application is for appraisees who wish to postpone their appraisal in such a way that they will not have an appraisal during one April to April Appraisal year.

Name	
Address	
Telephone numbers :	
• Mobile	
• Practice	
• Home	
Email	
GMC number	
Performers List number	
PCT	
Date of birth	

Please indicate the dates of your last 4 appraisals: (Month and year) and names of the appraisers.

Name of appraiser	Date of appraisal (M/y)

Please answer the questions in the box below

Please indicated WHY you wish to request a deferment of your appraisal and WHEN you would next like to be appraised	
Do you anticipate having any breaks in practice in the next 2 years ?	
If you have missed any in the last 4 years please: - indicate the reasons why	
Are you currently under investigation by your employer, PCT, or GMC for any issue regarding your clinical performance ?	
Any further comments	

Please submit copies of the form4 for the last appraisals carried out

Name

Date

Signature

(This form can be sent electronically or posted).

Quality Assurance of GP appraisal North of Tyne

Quality assurance (QA) of GP appraisal comprises:

- assurance of appraiser work
- assurance of systems [to be addressed via a separate process]

QA of **appraiser work** is delivered through three processes, only the first of which is discussed in depth below:

- 1) Review of appraiser performance by members of a Quality assurance group constituted by the appraisal lead and GP tutors (linked to re-accreditation or de-selection).
- 2) Appraiser updates (formal training and appraiser support)
- 3) Recruitment and selection (to be addressed by a separate working group)

Review of appraiser performance:

Standards: Appraisers will:

- 1) **Be appointed by interview** and will have completed an **acceptable course** which includes a summative assessment of your competence as an appraiser [see recruitment and selection procedures]
- 2) Carry out a **minimum of 6 appraisals a year** and maximum of 20.
- 3) Attend at least 2 **appraiser support group meetings** and 2 **appraiser update** sessions a year (or appropriate alternative organised by the deanery or national conferences).
- 4) Take part in an **annual performance review** meeting with a member of the appraisal Quality assurance (QA) group

Annual performance review of appraisers.

This is based on a one to one interview with a member of the QA appraisal group. The interview will be based on the following sources of information:

- a) Review of 3 anonymised form 4 using a standardised rating tool including marks per section, an overall mark and constructive comments linked to explicit and accepted standards.[see tool below]
- b) Review of appraisee feedback from ALL appraisals carried out over the past year
- c) Appraiser's reflective account of their performance, development and needs.[see "Appraiser annual Reflection" form]

Following the formal interview the following summary sheet will be completed by both parties, giving an overall assessment of the appraiser's performance over the previous year, and highlighting development needs that have been identified "Summary of appraiser annual review". Once agreed by both this document will be submitted confidentially to the appraisal lead and appraisal manager, and copies are retained by the GP appraiser.

The outcome of the ANNUAL APPRAISER review can be [SEE FLOWCHART]

1. **Satisfactory:** continue working with a further review in one year
2. **Needs supervision and close follow up** for next two appraisals. Draft Form 4 of next two appraisals to be shared with QA member who “marks” these to ensure standards improve. Most of these appraisers will be expected to proceed to approval for a further year. A few will need to proceed to ‘**special review**’.

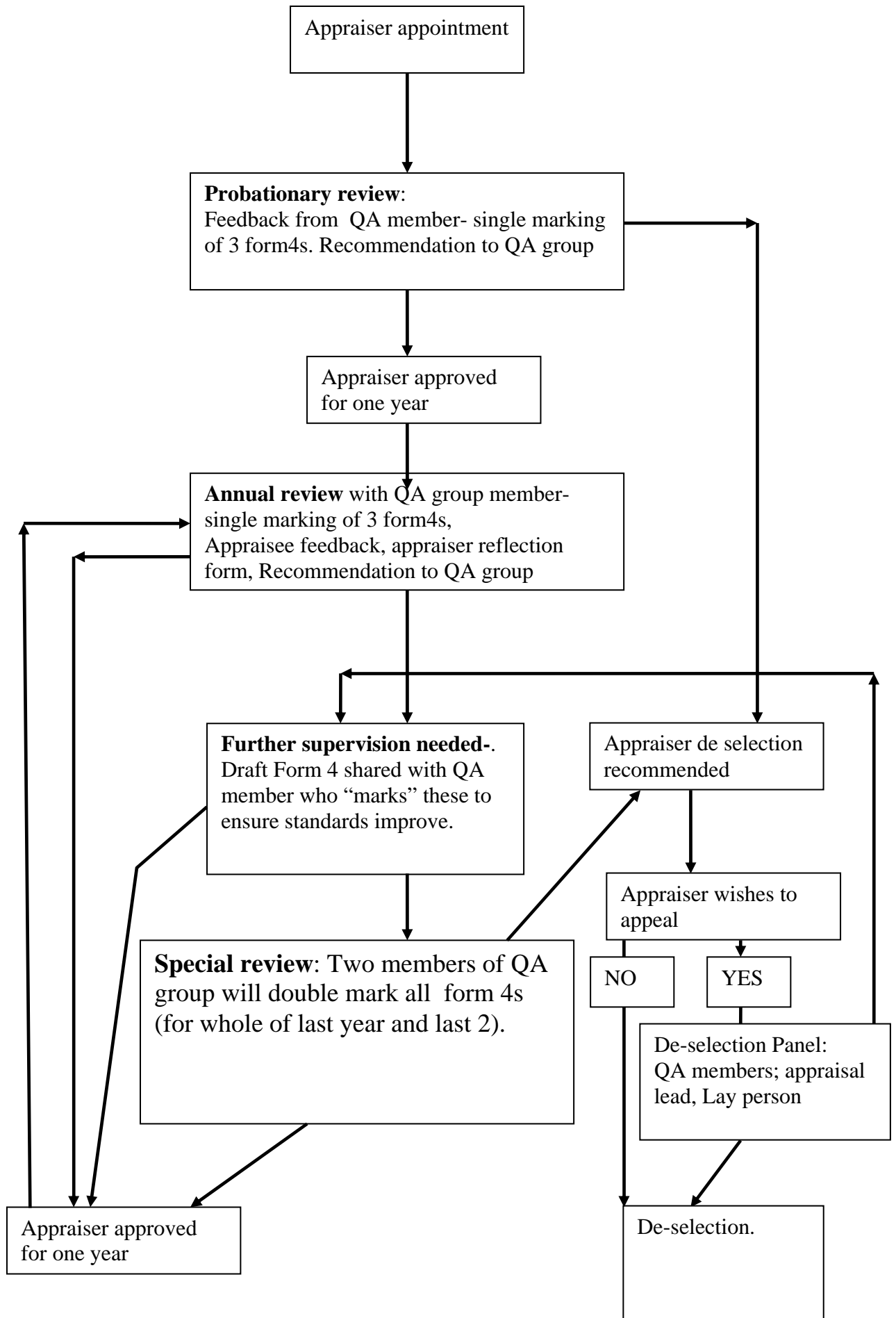
The **Special review** will involve two members of the QA group who will double mark all form 4s (for whole of last year and most recent two). This review would be undertaken for appraisers who had failed to demonstrate improvement following a period of **supervision** by a member of the QA group. It would also be the preferred format for appraiser about whom serious performance concerns may have arisen e.g. through an appraisee complaint, concern from member of QA group about serious underperformance by the appraiser either as doctor or as appraiser. The outcome of this special review can be :

- a) de-selection recommended or
- b) Re-approved for one year until next annual review
- c) further supervision (should be used infrequently after a special review).

Probationary review. This involves feedback from a QA group member to an appraiser after their first 2-3 appraisals (looking at form4) by email, telephone or meeting. It would also be the preferred format for supporting an appraiser returning to appraisal work after a break from appraising (e.g. maternity leave, sickness, or break from appraising which does not coincide with a break in other clinical work). Each of these cases is taken on its merits after referral to the QA group.

Appraisers who do not engage or respond to invitations to have performance reviews (3x) will be in **breach of contract** and recommended for de-selection.

In the unlikely event that appraisers who are de-selected would wish to re-apply to become appraisers they would need to apply for re-entry and have to self fund their training.



Summary of Review of Appraiser performance.

Annual review/ special review (please delete as appropriate)

Date of meeting	Appraiser.....GP Tutor.....
Basic details	Date of appraiser training Number of appraisals done in previous year.....[external].....[in-house]
Appraiser's review of their performance – including skills training and support group attendance	
Appraisee feedback-summary of any key points	
Review of Form 4s-overall assessment and any comments	AREAS OF STRENGTH AREAS IN NEED OF DEVELOPMENT
Development needs identified with intended actions and timescale	
Any further comments	
Overall assessment: 1. Satisfactory 2. Needs supervision 3. Special review: 4. Deselection	Please choose from the menu to the left referring to the guidance document and flow chart on Quality assurance of appraisal. Please justify your choice here.
Date of next review	

Appraiser annual reflection

Name.....

Questions	Response
How many appraisals have you done in this appraisal year, and how many could you do in the next year?	
How long do you spend on appraisals ?	Preparation: Interview Writing up Follow up
What do you enjoy about the appraiser role? What has gone well? Or what are your strengths ?	
What improvements have you made over the last year (what actions have you taken to address any difficulties identified before ?) Have you attended any appraisal support group or skills update meetings? Please outline your main learning points and how/whether they have influenced the way your work as appraiser	
What areas have you found difficult In your work this year ?	
Have you appraised any GPs about whom you had performance concerns. How did you handle this ?	
Do you feel you would like to continue in your role as an appraiser next year	
If you do intend to continue as an appraiser , do you have any specific training needs?	

Have you had difficulties with the administration of the appraisal system? What additional support could the PCT offer you in your role as an appraiser?	
Any other comments/feedback?	

Form 4 rating tool

Appraiser name _____ Date _____ Code number for appraisal _____ Rater
PW/JB/VW/PF/JF/IL/DJ

Thank you for your ongoing work appraising GPs in our area. I have read _____ of your form4s with a view to help highlight areas of good practice and areas where the Form4 could be improved. Please refer to the checklist below. If you wish to discuss this in more detail please feel free to contact me.

	GC C	MG MP	RW P	RW C	TT	P	M	R	H
1. Has factual statements. No subjective statements which are difficult to corroborate. Must not be blank but its acceptable to say “not applicable” for areas where there is no activities (e.g. management, research, teaching). Must not be blank in probity and health. TOTAL 5 MARKS									
2. Statements are appropriate to the section of Good Medical Practice. E.g. education and progress in PDP is described mainly in MGMP, not under Good clinical care. Statements such as “not applicable” /”not active in this area” under management, research, teaching” should all be marked as acceptable (but not for probity and health). TOTAL 2 MARKS									
3. Evidence:: a. There is a description of What evidence has been seen ; b. There is a description of what it shows . c. Where evidence is missing or poor there e action points addressing this So for example the statement: <i>“Has achieved high QoF points in ...”</i> by itself is ambivalent unless written as <i>“Qof Report submitted shows achievement of high QoF points”</i> Or The above statement is complemented by a subsection: <u>“Evidence submitted in folder.</u> Where evidence is missing is missing or poor in quality than actions include producing relevant evidence for next year. (this only applies to section where there is activity- i.e. where the commentary does not say “not applicable”. In these circumstances full marks should be given even where no evidence is submitted). TOTAL 5 MARKS									
4. Charts progress in relation to last year’s actions and PDP. Statements refer to last years actions and state to what extent they were achieved and if not achieved why not. When last years Form4 did not include an action this years form4 should say something like. <i>“Actions arising from last years appraisal: None” or</i> <i>““Actions arising from last years appraisal: to continue”</i> The key here is to ensure the appraiser picks up on last years actions and whether they have been followed through. The Form 4 should not be down marked as a result of last years action being unclear/absent or not carried through. TOTAL 3 MARKS									
5. Actions are specific/SMART with clear reasoning. Not all sections will need to have actions so the entry “none” is acceptable. Where no activity has been undertaken it is appropriate not to have any actions. Full marks should be awarded for all of these. “Continue” is not a SMART action. TOTAL 3 MARKS									

Please add all marks and calculate a percentage. _____.
Total marks assuming active in all sections is 162

Please note where there is no activity or role under management, research or teaching this should be stated by the appraiser. These section will then not attract any marks and the overall score is calculated using a lower denominator. (e.g. 108 ; 6x18)

Overall assessment of form4:

Satisfactory- re-approved for one year

Needs supervision (expected to improve under close supervision)

Needs special review

Fail

Comments:

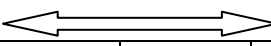
Item number-as above	Comments

GP Appraisal Feedback Questionnaire

Appraisee name <input style="width: 95%;" type="text"/>	Appraiser name <input style="width: 95%;" type="text"/>
E-mail address <input style="width: 98%;" type="text"/>	
Are you currently registered on the NHS appraisal website?	Yes <input style="width: 40px; height: 20px;" type="checkbox"/>
If not, would like information on how you can register and	No <input style="width: 40px; height: 20px;" type="checkbox"/>

How many DOH NHS GP Appraisals have you completed; (including this one)

Concerning your most recent appraisal

	Strongly agree				Strongly disagree
My appraiser had read my evidence folder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My appraiser encouraged me to reflect on my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My appraiser listened well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was sufficient time to discuss the issues that were important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My appraisal was a constructive experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My appraisal helped me think about new ways to tackle challenging aspects of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My appraisal recognised my achievements and progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My appraisal helped me to identify areas to work on during the coming year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The appraisal process allowed me to formulate a PDP for the next year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My appraiser was able to give me useful, constructive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My appraiser developed ideas and issues from last year's appraisal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My appraiser helped me identify evidence I need to produce for next year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My appraiser produced an accurate Form – a good summary of the appraisal interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I felt that my appraisal was a worthwhile experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any comments you may wish to make about your appraisal, your appraiser or the Appraisal process:

Organisation of appraisal across North of Tyne

Provision of information about appraisal

Personal experience of this appraisal for me : strengths and weaknesses

Thank you for completing this questionnaire. The results of the survey will be used to influence future appraiser training and selection.

Please return this questionnaire to Jacqui Douglas, Audit & Education Co-ordinator, North Tyneside PCT, Equinox House by courier post or if not on courier route by the pre-paid envelope provided.

GPs with Special Interests

Where the GP undertakes a more specialist role within primary care, then it will be necessary for peer review by those who are fully acquainted with the relevant areas of expertise and knowledge. Work is on-going on the specific accreditation requirements of those GPs with specific additional clinical roles in the primary care setting .It is advised that their appraisal should include a specific focus on this additional role by their clinical mentor in this area. This can take place as a joint appraisal or if this is not practical ,then the documentation from this GPwSI role appraisal should be included in the GP's evidence folder. Development needs in the PDP should reflect both the GP and the GPwSI roles. The appraisee should confirm with the NHS North of Tyne their GPsSI status to enable GPwSI register is updated.

Recruitment, Selection & Employment of GP Appraisers

1. Key Principles

The key principles behind the recruitment and selection of GP Appraisers in NHS North of Tyne are that:

- Appraisal is delivered across Newcastle PCT to an agreed national standard.
http://www.appraisalsupport.nhs.uk/files2/Assuring_the_Quality_of_Medical_Appraisal.pdf
- The opportunity to become an appraiser is widely promoted and accessible to all GP Performers listed to ensure that all GPs have an equal opportunity to apply to be appraisers.
- The local medical community is appropriately involved in the recruitment and selection process to ensure that GPs appointed have the local credibility, skills and training necessary to deliver a quality system.
- Lay involvement in the interview process is promoted
- Selection criteria at every stage of the process are clear and objectively applied.
- Resources at both national and local level are used efficiently and effectively.

2. Advertising

NHS North of Tyne to issue letters for circulation to all GP Performers in the area (previously Principals and Non-Principals).

Application packs containing an application form, an equal opportunity monitoring form, job description, person specification and copy of the recruitment and selection policy are sent out by and returned to NHS North of Tyne. A closing date for applications is stated. In the first instance application and selection secures a place on an appraiser training course, but does not guarantee acceptance as a GP appraiser which would only take place following successful completion of appraiser training and a supervised induction period covering at least the first three appraisals.

3. Short-listing Process

Candidates are asked to complete the application form and equal opportunities monitoring form. The completed application form is used to assess all applicants against the standard criteria of the posts (which are given in full in the job descriptions for Appraisers).

The parties who are involved in the short-listing process are members of the Appraisal Quality Assurance Group and the NHS North of Tyne Appraisal Lead. A list of members is shown at Appendix 1.

Short-listing is carried out as follows:

- i. The application forms are read and assessed independently by each shortlister against the skills, knowledge and attitude criteria of the posts as specified in the job description.
- ii. A standard scoring system is used.
- iii. Candidates are informed of the outcome of short-listing in writing.
- iv. Candidates are given the opportunity to seek feedback.
- v. Feedback is given initially by GP Appraisal Lead who took part in short-listing.

4. Short-listing Selection Criteria

The selection criteria fall into three categories:

a) Clinical Background

Applicants must be trained GPs with at least 2 years' post qualifying experience. The applicant must be clinically active in general practice work (defined as working, on average, at least 1 session of NHS clinical general practice work per week). They may continue to appraise during a period of absence from clinical practice of no more than 12 months providing they remain on a performers list, and there are no health grounds which make them unfit to continue their appraiser work.

b) Local Credibility

The candidate must satisfy the requirements of the person specification. In the credibility statement, candidates are asked to confirm their clinical general practice activity and to make a statement relating to any referrals to the GMC or local performance committees, any criminal convictions and any history of problematic working relationships which may call into question their acceptability as a peer appraiser in the local area.

c) Competences

The application form asks the candidate, under a series of standard questions, to describe their current attitude to, knowledge of and experience of appraisal, their reasons for applying and their expectations of the GP appraisal training course.

d) References will be sought

A structured reference letter will be issued between the short-listing and interview process.

Following short-listing candidates will be invited for interview.

5. Interviews

Interviews are managed by NHS North of Tyne and held in the Headquarters. Applicants are entitled to claim travel expenses for attending the interviews.

The panel normally consists of the senior appraisal manager, a GP Tutor and/or GP appraisal lead and a layperson.

Candidates are asked a series of structured questions based on the skills, knowledge and attitude criteria set out in the appraiser job description. Members of the interview panel score all candidates against these criteria, and successful candidates are selected on the basis of their score.

Where there are sufficient appraiser sessions available for all candidates, scoring is still appropriate to make sure that all candidates meet acceptable minimum standards of performance before appointment.

Candidates are informed in writing of the decision about whether or not they were acceptable for a place on appraiser training by NHS North of Tyne. Candidates are given the opportunity to seek feedback which would be discussed by the panel immediately after interview and given by a GP member of the panel.

Candidates will be informed at interview (and in their acceptance letter) that selection for the appraiser training does not guarantee acceptance as an appraiser which is subject to satisfactory completion of the course and a probationary period of at least 3 supervised appraisals.

7. Appointment to the role of GP Appraiser

An honorary contract of engagement with NHS North of Tyne will be issued after appointment but is subject to satisfactory completion of an appraiser training course recognised by the NHS North of Tyne and a probationary period of at least 3 supervised appraisals.

When issued a contract will be for two years, fixed term and renewable subject to satisfactory annual review of performance.

8. Reapplication of Candidates

No one is excluded from re-applying for an appraisal post. Re-applications are put through the same process as other applications. If a candidate is not short-listed for a second time, they are given the opportunity to ask for the reasons. If the reason continues to concern issues of local credibility, the medical director or his deputy, may be asked to give detailed feedback.

10. Contracts of Engagement

Contracts are with NHS North of Tyne. Posts are subject to annual performance appraisal review.

GP Appraiser Job Description

- Post Title:** GP Appraiser
- Accountability:** Appraisers will report to the Local Appraisal Lead who is accountable to the Medical Director.
Your honorary contract of engagement will be with NHS North of Tyne.
- Job Purpose:** To undertake GP appraisal in line with agreed national standards and guidance (GPC/DH). To ensure that appraisal skills are maintained by attendance at regular updates and to participate in Quality Assurance of the appraisal process by participating in regular appraisal of performance.
- Job Scope:** Appraisal is a formative, systematic and regular review of development for all general practitioners allowing individuals to reflect on areas of strength and look at where change and improvement could be made. It is also linked to the General Medical Council's (GMC) five-yearly revalidation process, which is being developed to ensure that individual doctors can demonstrate positively that they remain fit to practise.
The Appraiser will be responsible for the carrying out a minimum of six appraisal interviews per year.
- Commitment:** **A minimum of 6 appraisal per year (April to March)**
- Remuneration:** **Payment of a Fee on completion of each appraisal on submission of Form 4 and PDP (and any supplementary forms required in connection with the North of Tyne Policies on recording performance concerns, or revalidation).**

Duties:

- 1) To undertake appropriate and adequate preparation for the appraisal interview, reviewing the material the appraisee has submitted.
- 2) To liaise with the Appraisal Managers regarding allocation of appraisees.
- 3) To undertake appraisal interviews at a mutually agreed location free from interruptions and distractions.
- 4) To follow current guidance issued by NHS North of Tyne clinical appraisal lead regarding the technical aspects of appraisal.
 - The appraiser will support each GP appraisee in considering their practice over the last year;
 - The appraiser will inform the appraisee that anonymised information on educational needs, taken from completed form 4's, may be accessed by GP appraisal lead or Medical Director.

- The appraiser will agree objectives and the key elements of a personal development plan with each GP appraisee, except in circumstances where the appraisee disagrees with the appraisal and an appeal is being raised.
 - The Appraiser will discuss progress made by each GP appraisee toward revalidation (and assist with any overview required after five years for the GMC revalidation folder);
 - The appraiser will, in agreement with the appraisee record appraisal outcomes and convey them to the Chief Executive/Clinical Governance lead or Medical Director;
 - The appraiser will maintain confidentiality over the detail of appraisal discussions;
 - The appraiser will attempt to build positive working relationships with the GP appraisee and follow up appraisal discussions to review progress at least once during the following year;
 - The appraiser will identify, where possible, any early warning signs that a GP appraisee may be struggling and agree with the individual how this will be dealt with;
 - In exceptional circumstances, if seriously deficient or dangerous practice is encountered, the appraiser will refer in line with local Professional Assessment Policy procedures (remaining mindful of overriding individual professional duties in relation to the performance of colleagues).
 - To complete GP appraisal 'form 4' summary sheet and submit it electronically after consultation with and agreement by the appraisee.
 - To follow any North of Tyne policies which are subsequently developed in connection with appraisal and its linked with revalidation.
- 5) To maintain attendance of PCT support and development group and attend training sessions in relation to the GP Appraisal scheme and GMC Revalidation.

Appraiser person specification

	Essential	Desirable
Experience	<p>General Practitioner working, on average, a minimum of 1 clinical sessions in NHS general practice per week.</p> <p>At least 2 year's post qualifying experience.</p>	
Qualifications/Registration	<p>JCPTGP or equivalent</p> <p>Registered with GMC</p> <p>Member of a Medical Defence Union</p>	MRCGP
Knowledge/Skills	<p>Understands the principles of peer appraisal</p> <p>Good communication skills</p> <p>Understanding of equality and diversity good practice</p>	<p>Knowledge of CPD</p> <p>Knowledge of the principles of revalidation</p> <p>Effective time management and general organisational skills</p> <p>Report Writing Skills</p> <p>IT Skills (using email, word processing)</p>
Disposition	<p>Credible with the local medical profession</p> <p>Shows positive motivation to becoming part of the GP appraisal scheme</p> <p>Demonstrate sensitivity to the issues likely to face appraisees</p>	

Responding to concerns and complaints about GP Appraisal.

1. Introduction

- 1.1 The North of Tyne Clinical Governance Department is responsible for activity related to GP Appraisal within Newcastle and North Tyneside PCT and Northumberland Care Trust.
- 1.2 The North of Tyne Appraisal Team are committed to providing its services in a professional, fair and courteous manner. We recognise, however that things can go wrong and so have established a protocol for dealing with such concerns when they happen.
The key aims of our complaints protocol are to;

- Be an open process
- Be simple to understand and use
- Allow speedy handling and resolution, keeping people informed of progress
- Address all the points at issue
- Satisfy the complaint, where ever possible
- Be fair to complainant and staff alike
- Provide information which will help us improve our service and so ensure that the problem does not arise again.

3. What does the protocol cover?

- 3.1 The protocol covers complaints about
- The standard or quality of services provided by the GP Appraisal Team
 - Divergence from Appraisal procedures
 - The behavior of GP Appraisal Team
 - Any action or inaction By the Appraisal Team affecting an individual or practice
 - Administration of the scheme e.g. e.g. communication, ,matching, payments, responses,
 - Confidentiality
 - Dissatisfaction with decisions reached and or matters relating to professional or clinical judgment in individual cases
- 3.2 This policy does **not** cover
- Dissatisfaction with North of Tyne GP Appraisal Policy
 - Anonymous complaints

Any concerns or complaints regarding a doctor's fitness to perform should be taken forward through the Medical Director North of Tyne who is the named Lead for Handling Concerns about the Performance of Independent Healthcare Professionals.

4. Duties and accountability

- 4.1 This complaints protocol provides for complaints to initially be dealt with through **Local Resolution**. This is where the members of the appraisal team concerned have a direct involvement in attempting to resolve the issue at the earliest opportunity.
- 4.2 It is essential that all appraisers are fully conversant with this protocol.
- 4.3 Effective documentation of all concerns and complaints received will ensure the North of Tyne Clinical Governance Department can consider any lessons learnt from the feedback received

3 Defining a complaint

- 3.1 Whenever there is a specific statement on the part of the appraisee that they wish their concern to be dealt with as a complaint they will be treated as such.
- 3.2 The Department of Health has suggested that one definition of a complaint is *“An expression of dissatisfaction that requires a response”* However it would not be appropriate to label all expressions of dissatisfaction as a complaint. From the individual’s point of view they may just want their concern documented and appropriate action taken. Clearly this means that this protocol encompasses an extremely wide definition of the term ‘complaint’.

4 Informal resolution of concerns and complaints

- 4.1 it is not intended that every minor concern should warrant a full scale complaints investigation. Rather, the spirit of the protocol is that front line Appraisers are empowered to resolve minor comments and problems immediately and informally.
- 4.2 Appraisee should in the first instance take their concern or complaints to the appraiser who should aim to respond and resolve the issue within 2 weeks of receiving the concern or complaint (holidays notwithstanding).
- 4.3 Where the above step has not settled the complaints, or where they feel it would be inappropriate to raise the issue with the appraiser, the appraisee should be offered the opportunity to talk to the appraisal manager who will respond within 2 weeks of receiving the concern or complaint attempting to resolve the matter informally.
- 4.4 In both of the above, where resolution is achieved an anonymised note should be made by the appraiser or manager of the action taken and passed to the Senior Appraisal Manager, so the concern can be noted as having been received and settled. There is no need for the incident to be centrally logged unless the incident arose as a consequence of procedure not being followed or being inadequate or misleading.
- 4.5 If the complaint is still not resolved following the above steps and the individual wishes to take the matter further or the Appraiser concerned has to take action to ensure resolution of the issue a formal written submission of the

complaint is to be made and forwarded as soon as possible to the Senior Appraisal Manager.

5) Procedure when responding to a formal written complaint.

- a) The appraisal manager ascertains that the complaint is about the appraisal Service (if not then referral to the appropriate department).
- b) If it is about the appraisal service acknowledge written complaint within 4 working days.
- c) Appraisal manager coordinates fact finding about the complaint in liaison with appraisal lead.
- d) Response to complainant within 25 days by appraisal manager on behalf of Strategic Head of Clinical Governance Performance and Appraisal.
- e) If complainant still not happy referral to chief executive.
- f) In all cases:
 - i) lessons learnt should be logged to be reviewed as part of the appraisal QA process.
 - ii) Appraisee is informed that support is available from the LMC

6) Things to cover when responding to a complaint

All concerns and complaints, whether oral or written should receive a positive and full response, with the aims of satisfying the individual that his/her concerns have been heeded. The written response will normally include:

- a) A summary of the complaint
- b) An explanation of the departments or teams view of events
- c) An apology where appropriate
- d) A summary of the outcome of the meeting
- e) Details of any changes made as a result of the complaint
- f) Information on what action the complainant can take if still dissatisfied

7. Confidentiality

Any information provided by a complainant must be treated in the strictest confidence and in accordance with the provision of the Data protection Act 1998.

8. Support for complainants

- 7.1 Advice, support or representation is available for appraisees from the Local Medical Committee.