

NHS APPRAISAL

Guidance on Appraisal for General Practitioners working in the NHS

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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 process and identify development needs.
- The content of appraisal is based on the GMC's core headings set out in *Good Medical Practice* (GMC, 2001).
- Standardised documentation should ensure that information from a variety of NHS employers is recorded and expressed consistently. GP appraisal forms can be downloaded from the Department of Health website www.dh.gov.uk following the links to Policy and Guidance.
- Both appraiser and appraisee should prepare by identifying issues to discuss in the appraisal discussion, and reflecting upon them.
- The appraiser should be another GP (principal or non-principal), who will have been properly trained in appraisal. The appraisee should have input into the choice of their appraiser.
- The assessment of some of the more specialist aspects of a GP's clinical performance should be carried out, through contact with the appraiser, by peers who are fully acquainted with the relevant areas of expertise and knowledge. There should be clear local procedures for resolving individual concerns about appraisal, which fit within the national model.
- The appraisal should conclude by setting down the agreements that have been reached about what each party is committed to doing. This should include the essential of the personal development plan. Key development objectives for the following year and subsequent years should be set out in the PDP.
- Formal responsibility for appraisal will rest with the PCT.

Appraisal will provide a regular, structured system for recording progress towards revalidation and identifying development needs which will support individual GPs in achieving revalidation. The GMC have stated that full participation in annual appraisal in a managed environment is a powerful indicator of a doctor's current fitness to practise (*A Licence to Practise and Revalidation*, GMC 2003)

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Introduction

The development of clinical governance in the NHS and the proposals by the GMC for revalidation of doctors, underlined the need for a comprehensive annual appraisal scheme for GPs. This paper sets out the national appraisal scheme for GPs. Appraisal is now a requirement for all GPs (both principals and non-principals). PCTs should already have a scheme for GP principals, and they must now introduce a scheme for GP non-principals.

Definition 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 toward 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 and the causes, such as ill-health, at an early stage. 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 where possible, 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 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.

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 and systems can be improved;
- provide adequate preparation time for, and be adequately prepared for, by both appraiser and appraisee;
- allow specific time to 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 is 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 the appropriate forms before 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 sources will be recorded and expressed consistently. The documentation provides a formal, supportive and 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 (refer to the section on the appraisal toolkit, below)

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 personal monitoring activity, clinical governance activity, the job planning process and other existing sources. It is intended that most of the documentary evidence for GP principals will be supplied by the PCT, as part of the regular monitoring of organisational performance undertaken by the PCT. The development of appraisal and revalidation procedures may identify types of information that should be made available to enhance the evidence base, particularly for non-principals.

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 reasonable advance notice of the date of the proposed appraisal meeting. This should normally be two months, but may be shorter by mutual agreement. The GP being appraised should prepare for the appraisal by identifying those issues that 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 beforehand upon the following:

- achievements and challenges in the last 12 months (clinical and non-clinical), where relevant seen in the context of earlier appraisals;
- service (as appropriate), professional practice and (where relevant) wider objectives for the next year and beyond;
- personal (and, if appropriate to a discussion about the individual, 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 setting, free from interruptions and distractions such as phone calls and demands from other staff.

Who Undertakes the Appraisal?

The person carrying out the appraisal will be another GP (principal or non-principal), 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 of the work of the GP who is being appraised throughout the reporting period. He or she will be aware of the environment(s) 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.

GPs should have some choice about whether their appraiser is a principal or non-principal; PCTs should encourage *all* their GPs to become appraisers. Employed GPs should have a choice about whether to be appraised by their employer, or by an independent appraiser. Where there is a recognised incompatibility between proposed appraiser and appraisee, the PCT Chief Executive will be ultimately responsible for nominating a suitable alternative principal or non-principal appraiser. This decision will be final.

To ensure confidence of all GPs in the appraisal arrangements, PCTs should ensure that the recruitment of appraisers is transparent, and reflects the make-up of the workforce. Appraisal systems should be supported by robust training, support, and quality assurance mechanisms.

Peer Review

All aspects of a GP's clinical practice will be included in the appraisal. 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 necessary, further advice may be issued on appraisal for GPs with a special interest.

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.

GPs should raise any concerns about their appraisal with the appraiser in the first instance. If personal concerns remain, or where this is not appropriate, 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 circumstance that concerns cannot 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 (eg from his or her LMC).

Outcomes of Appraisal

The appraisal should conclude by setting down 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 (if relevant).

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 (a plan of action) 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;
- for employed GPs, what information will be shared with the employer (eg practice or PCT);
- a standard summary of the appraisal as recommended by the GMC for the individual's revalidation;
- 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 employed GPs, salaried assistants for example, are not being appraised by their employer, they should consider and agree with the appraiser what information about their personal and service development needs will be shared with their employer.

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 at an appraisal meeting; 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 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 to meet 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, 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, 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 plan of action 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 (as appropriate);
- 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 patients' 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;
- where appropriate, 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.

The GMC have stated that full participation in annual appraisal, with completed supporting documentation during the revalidation cycle, will be powerful indicator of a doctor's current fitness to practise. For GPs who are concerned about using appraisal for revalidation, they can also revalidate by an independent route. More information is available on www.gmc-uk.org, or 0207 915 7474 (Monday to Friday, 9am-5pm).

Although the GMC have linked appraisal and revalidation, the two processes remain distinct, though complementary. Revalidation involves an assessment against a standard of fitness to practise, in line with the seven headings of *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(s) and the needs of the organisation(s) 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, including GP non-principals (except GP registrars, who will be included in the appraisal arrangements for doctors in training), working in general practice within the span of the organisation, which commands the confidence of the profession and their representatives locally (ie 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, or reimbursing locums for participation.

An outline of possible responsibilities within this framework is:

- The PCT Chief Executive is the officer ultimately accountable for the discharge of the above responsibilities.
- The senior clinician/clinical governance lead for appraisal will co-ordinate the design, implementation and conduct of GP appraisal.
- The GP appraiser undertakes appropriate training, and 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 PCT Board for ensuring that all GPs are appraised and any follow up action taken.

Practice Professional Development Plan

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

Sources of Help

The **NHS Appraisal Toolkit** has been developed as an online resource which brings together advice, guidance, best practice, practical tools and access to a community of peers in the appraisal domain. It helps both the appraiser and the GP with the process of appraisal by adding context, guiding the GP through the process, taking 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, in the future, giving decision support to the process. The Toolkit can be used in immediate preparation for appraisal, or, perhaps more usefully, can be returned to any time during the year to support reflection. It can be accessed at www.appraisals.nhs.uk.

The **School of Health and Related Research (SchARR)** at Sheffield University have published two reports on GP appraisal: *Appraisal for GPs* (SchARR 2001) and *Extending Appraisal to all GPs* (SchARR 2003). These reports set out how an appraisal system for GPs might work and provide guidance on best practice.

These reports can be downloaded from SchARR's website at www.shef.ac.uk/~scharr/hpm/pcsu. Printed copies are also available from:

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