

Milton Keynes 
Primary Care Trust

GP Appraisal Framework

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1. INTRODUCTION

Appraisal for GPs in Milton Keynes PCT

Appraisal for GPs in Milton Keynes has been reviewed as part of the wider Department of Health guidance (*Appraisal for GPs working in the NHS* February 2007), best practice guidance from the GPC document *GP Appraisal Guidance for GPs* and local practice.

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 educational and development needs.

2. *What does appraisal achieve?*

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 baseline of wherever a GP is to best practice.

It can help to identify performance issues 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 Continuing Professional Development 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 objectives of appraisal are to:

- Recognise, acknowledge and value your achievements.
- Explore role expectations of a GP and their relationship to other members of their professional team.
- Identify their personal and professional development needs and agree plans for these to be met.
- Review regularly their work and performance, utilising relevant and appropriate comparative operational data from local, regional and national sources.
- Consider their contribution to the quality and improvement of services and priorities delivered locally.
- Optimise the use of their skills and resources in seeking to achieve the medical services patients require.
- Provide an opportunity for them to discuss and seek support for 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 the “Good Medical Practice”.

3. What is expected of the appraisee, the appraiser, and the PCT?

a) *The Appraisee will:*

- Develop an understanding of the appraisal process.
- Participate fully in appraisal.
- Prepare for the appraisal meeting.
- Agree personal objectives, actions and individual development plan for the coming year.
- Identify factors that may inhibit performance.
- Prepare evidence for revalidation with GMC.
- Seek to achieve defined objectives and fulfil an individual learning and development plan.
- Submit the evaluation form and other forms to the GP Appraisal Co-ordinator in a timely fashion.
- Discuss progress with the appraiser at a six month review if required.
- Complete form/s clearly written and legible.
- Be responsible to inform the appraiser of any performance or professional issues.

b) *The Appraiser will:*

- Undertake appropriate training in the role of an appraiser.
- Comply with contractual obligations set out in the GP Appraiser job description and contract.
- Undertake appraisal with a number of designated GPs.
- Prepare for appraisal and agree an agenda with the appraisee which should include an appropriate balance of personal, professional and local objectives.
- Ensure that the appraisal is conducted in line with good practice and within the national appraisal framework as defined by the DoH.

- Support the appraisee in considering practice over the last year.
- Agree objectives and development plan with the appraisee.
- Agree a confidential record of the appraisal meeting to be kept by appraisee and the appraiser.
- Send a copy of the Form 4 to Milton Keynes GP Appraisal Lead. This will be used for quality assurance purposes.
- Build a positive relationship with the appraisee and assist the appraisee in reviewing progress at a six month post appraisal review if required.
- Identify any warning signs that the appraisee may be experiencing difficulties and provide further discussion with the appraisee about how this should be addressed.
- Refer to Milton Keynes GP Appraisal Lead or Milton Keynes PCT Medical Director if the appraiser has serious concerns about the appraisee performance or capacity to perform.
- Complete form/s clearly and legibly.
- Participate fully in all training and updating required of appraisers
- Participate fully in all GP appraisal quality assurance initiatives

c) *The PCT will:*

- Ensure that an appraisal system is in place which covers all GP performers except registrars and commands the confidence of the profession locally.
- Ensure that all GP performers except Registrars undergo annual appraisal in line with the national framework.
- Ensure there is a structure in place supporting the running and development of GP appraisals locally, headed by a GP appraisal lead.
- Establish workable arrangements for identifying, appointing and training appraisers.
- Ensure that appropriate mechanisms are in place to quality assure the GP appraisal process, and to regularly review the process in the light of participant experiences and changing circumstances or expert guidance.
- Ensure robust processes are in place to deal with worries and complaints from individual GPs about the process or outcomes of appraisal.
- Ensure there is a system for the allocation of appraisers to individual GPs

- Co-ordinate the education and practice of Appraisers
- The PCT Medical Director will receive a copy of the minutes of Appraisers Meetings to help identify educational needs and support required by GPs.
- Report the overall outcome of the appraisal process to the Trust Board on an annual basis.
- Resolve concerns or disputes regarding the appraisal process.
- Lead the review and development of the appraisal framework
- Ensure the appraisal process supports the requirements for professional re-accreditation/re-validation

4. How will GP appraisers be identified?

All GPs are invited to undertake training to be appraisers.

GPs are initially invited for interview by the PCT and if successful then undertake appraiser training and assessment. On completion of this training and assessment appraisers will be issued with an honorary contract of engagement, where terms and conditions are set out.

GP appraisers will be contracted under the terms and conditions of the PCT for the function of GP appraiser.

What characteristics will an appraiser have?

- Be committed to quality and performance improvement and continuous professional development.
- Be able to commit to a period of 3 years of appraising for the PCT.
- Be able to attend the support meetings
- Be credible to the local GP population and the profession.
- Be a practising GP for more than three years.
- Be aware of the local context of general practice and primary care in Milton Keynes
- Have excellent interpersonal skills.
- Be committed to enabling individual GPs meet individual, professional and PCT objectives.

- Be fair and trustworthy.
- Be understanding, constructive and supportive.
- Be a good time manager and organiser.
- Have a reasonable relationship with the appraisee.
- Likes and is enthusiastic about clinical practice.
- Have an understanding of educational needs and how to address them.
- Must perform a minimum number of 6 appraisals a year.
- Is not under investigation by:
 - a) GMC
 - b) PCT
 - c) Fraud Squad
 - d) Other similar bodies

5. *How will appraisers be matched to appraisees?*

Once the appraisers have been identified the following process will occur:

- Appraisees are allocated an appraiser by a random process undertaken by the GP Appraisal Co-ordinator.
- The appraiser may change on an annual basis, or may remain with the same appraisee for a maximum of 2 consecutive appraisals.
- An opportunity will be given to the appraisee to decline the appointed appraiser.

6. *What happens if an appraisee and appraiser disagree?*

If you are unhappy with your appraiser and wish to be allocated a new appraiser, you will need to talk with the GP Appraisal Co-ordinator at the PCT. Your request will be discussed with you and if possible, new arrangements will be made.

7. *What happens once appraisals have been allocated?*

To undertake appraisal, it is necessary for each GP to meet their allocated appraiser on an annual basis and occasionally to review their progress midway through the year. To help to organise appraisal meetings and reviews it is intended that the following process will take place:

- The time and venue will be negotiated between the appraiser and the appraisee.
- The meeting should be conducted in a suitable room with no possibility for interruption.
- The appraisal interview is expected to take 1 hour – 2 hours, during which time it may be necessary to take a break for reflection prior to completion of the appraisal forms.
- The PCT will have a robust system of monitoring implementation.

8. What preparation needs to happen before the appraisal meeting?

a) Preparation by the appraisee

Preparation is the key to a successful appraisal.

The Forms based in the – GMC documents “Good Medical Practice”

Form 1	Basic Personal Details.
Form 2	Brief and factual description of work undertaken in current post.
Form 3	Examines strengths and weaknesses, changes to work practices, developmental needs, and constraints. Documentation in support of statements is required.
Form 4	Completed during the appraisal process. The appraiser sends one copy to the Milton Keynes GP Appraisal Lead
Form 5	Optional. Provides a more detailed framework for recording a confidential account of the appraisal interview.

The Appraisee should gather the following evidence:

- Practical skills and behaviours.
- Helping and hindering factors, which may include resources.
- Practice relationships.
- Personal health.
- Significant events experienced and the lessons learnt from them.
- Review audits, prescribing, PUNs/DENs, complaints.
- Discuss performance with colleagues.

The headings found in the GMC document “Good Medical Practice” may be used as found in the Form 3 documentation.

These are:

- Maintaining good medical practice.
- Good clinical care

- Relationship with patients.
- Working with colleagues.
- Teaching and training, appraising and assessing.
- Probity.
- Health and performance of other doctors.

Appraisal is a confidential process within the boundaries of safe patient care. It is a private conversation between two practitioners. Nothing discussed in the appraisal meeting should be revealed to a third party without the explicit consent of the other person.

The only documentation that is shared with a third party is the sending of Form 4 to the Milton Keynes PCT GP Appraisal Lead who uses this to shape educational activities to match local learning needs in conjunction with those involved in GP education.

b) *Preparation by the appraiser*

The role of the appraiser is to assist the appraisee in reflecting on past performance and formulating objectives to achieve future performance. The appraiser must be familiar with:

- GMC – Good Medical Practice for General Practitioners(latest edition)
- National and other guidance about appraisals
- Guidance about re-validation
- Where to obtain educational support

On receipt of the pre-appraisal documentation, the appraiser will contact the appraisee to agree the agenda that will form the focus of the appraisal meeting. The appraisee will require to send documentation to the appraiser in good time for preparation by the appraiser.

9. *What will be discussed with the appraiser during the appraisal meeting?*

The appraisal meeting should be:

- a) A two-way dialogue focussing upon joint problem solving and development.
- b) The agenda is agreed in advance. Suggestions are:
 - Identification of achievements
 - Identification of challenges
 - Problem solving
 - Factors that have inhibited practice and development.
 - Long term career plans.
 - Progress towards revalidation.

- Training needs.
- Formulation of objectives and action plans.

10. *What records will need to be kept of the appraisal meeting?*

The appraisal meeting is confidential within the boundaries of safe patient care. To provide evidence that an appraisee has undertaken appraisal and to ensure that appropriate evidence is collated towards revalidation, it is suggested that an appraisee keeps a written overview of the content of the appraisal.

An appraisee may desire to keep more detailed records; this is optional. The optional detailed record of your appraisal will only be kept by the appraisee and the appraiser; the appraiser will not share the overview with anyone else unless agreed with the appraisee.

The words contained within the overview should be agreed with the appraiser. The national requirements for the written overview of the appraisal include:

- A synopsis of achievement over the last year (Kept by appraisee and appraiser).
- Objectives and action plan for the next year including milestones and review dates (kept by appraisee and appraiser).
- Suggested possible action plan for the PCT to address needs in the local context or wider system (incorporated into action plan as above).
- A joint declaration that the appraisal has been carried out (kept by appraisee and appraiser).

11. *What support is available between formal appraisal meetings with the appraiser?*

The role of the appraiser is to guide the GP through the appraisal and reflection process. Although the meeting is annual, an appraiser and appraisee may agree to a further contact at 6 months. There are also other colleagues available e.g. GP Tutors to assist in achieving educational objectives.

12. *What are the legal issues related to appraisal?*

Where a development need has been identified, it remains the GP's individual responsibility to ensure that he/she does not undertake any activity that leads to unsafe practice until that development need can be met.

13. *Is appraisal linked to revalidation?*

It is likely that revalidation will be linked to a series of successful appraisals.

This has a direct bearing on the roles and responsibilities of the appraisers as by signing a Form 4, an appraiser is stating that there is evidence of professional competence.

There is a great deal of work on-going in this area and changes to the appraisal process can be anticipated in the future.

14. What training and development will be needed to help with appraisal?

GP Appraisers are supported by a local training programme with ongoing support and supervision being provided by the PCT Medical Director and the GP Appraisal lead.

Awareness training sessions may be offered to GPs to develop understanding of appraisal and help identify relevant sources of evidence to support appraisal.

15. What if the appraiser raises concerns about Health or performance?

Should any concerns about a GP's health, conduct or performance arise in an appraisal which could compromise patient safety, the appraiser, as a registered medical practitioner, has an obligation to discuss this in a confidential manner with the GP appraisal lead or the PCT Medical Director. The appraiser should inform the appraisee about this process if such circumstances arise.

16. How will the appraisal framework develop?

GP appraisal is a developing concept. This framework will need to develop in response to the effectiveness of its application and national guidance and best practice.