

“The PCO does have a responsibility to “ensure that action is taken as far as possible to address the educational needs of GPs and service development requirements identified and agreed in the course of appraisal”

DOH, 2002

Agenda

The individual GP appraisal results in the completion of Forms that summarise the appraisal discussion and lay out a development plan for the coming year. These confidential forms are anonymised and summarised in an annual appraisal report. Other sheets in this series suggest how these processes should occur. The PCO then has a responsibility to respond to the appraisal report. This sheet suggests what form this response should take.

Best Practice:

The PCO should identify an individual or committee with responsibility to report to the PCO, normally through the Clinical Governance processes, on action indicated in response to the annual appraisal report. An action plan should be produced and this will need to be integrated with the planning and investment cycle for the PCO, information identified in appraisal being relevant to many parts of the PCO organisation. Progress against identified targets should be monitored and barriers to change highlighted.

A summary of progress should be incorporated in successive appraisal reports, recognising that for some issues progress will take longer than 12 months and thus longer term objectives might be appropriate and acceptable. The appraisal report considers 9 areas and the PCOs planning should be cover these same areas.

1. Individuals with responsibility for appraisal

Urgent action will be required if there is no individual leading on appraisal or if appraiser numbers are insufficient to ensure annual appraisals for all GPs. Training costs and replacement cover for GPs during appraiser training should be provided.

2. Activity Levels:

If 100% appraisal levels have not been achieved the reasons should be carefully considered. It would be reasonable to expect the Appraisal Lead to produce an action plan to ensure better uptake in the next year.

3. Quality assurance of the appraisal process

The report and checklist should identify areas for improvement. The PCO should consider whether the quality assurance is robust and whether change is required. Priorities should be agreed and the appraisal lead should be able to produce, with the support of the appraisers, how change can be effected. Advice may be taken from Deaneries and from national bodies leading on these processes (including Royal College of General Practitioners and National Association of Primary Care Educators). It should be remembered that GPs expect their appraisal to be carried out to a high standard and that this will become more important as appraisal links to revalidation processes.

4. Evaluations of Appraisal

The results of the evaluation should be discussed with the appraisal lead and an action plan sought to address any issues identified. Appraisers often work in isolation and PCOs may consider writing to thank appraisers' formally for their hard work at the end of each year.

Sheet 13
October 2004

“GP Appraisal: The PCO’s Responsibility”
ABC of GP Appraisal
Dr Nick Lyons

NAPCE
1st Floor, Carne House
Parsons Lane
Bury
Lancashire
BL9 0JT

Tel: 0161 272 0110
Fax: 0161 763 9278
Email:
napce@btopenworld.com
Website:
www.napce.net

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5. Individual Learning Needs

The majority of learning needs identified can be addressed by the individual concerned, often through reading material and on-line resources. The PCO should ensure that learning needs in the annual report are passed to Primary Care Tutors (working in Deanery structures and in the PCOs) and to other providers of education and training.

Arrangements vary significantly across the UK but close working relationships should be in place with all relevant providers and facilitators of education and early discussion should take place to identify areas that cannot be addressed within current structures and programmes. The Workforce Development Confederation (WDC) and Strategic Health Authorities may be involved in these planning arrangements as well as specialist bodies, voluntary agencies and other agencies within the Health Community.

The complexity of planning relevant education should not prevent provision of education in a timely fashion; especially if involving areas that have direct impact on the quality of patient care.

Quality Assurance (QA) of GP Education is not well developed at the present time but the PCO should satisfy itself that education resources commissioned or purchased are fit for the purpose intended.

6. Individual Development Needs

The majority of GPs are not employed directly by the PCO, however development needs should be a priority in ensuring the health and morale of the workforce. The responsibility for addressing needs remains that of the individual doctor, but the PCO should ensure that structures and resources are in place to address issues identified, and that individuals are aware of those. This may include occupational health services, counselling services, practice facilitation for team and partnership problems.

The PCO should also look carefully at the career aspirations of doctors and use these in the planning of additional services. This may aid recruitment and inform discussions with WDC on training requirements.

7. Organisational Developmental Needs

The PCO should carefully examine these areas and consider how to respond. This may be challenging as the anonymity of the process precludes the opportunity to discuss with the individuals concerned. This should however be an important part of the risk-management strategy of the PCO and may also inform the commissioning of services from other parts of the health community. It is not acceptable to ignore development needs that are the responsibility of other organisations, rather all parts of the NHS should work together to address areas of concern highlighted in appraisal.

8. Costs

The appraisal process represents a considerable cost and the PCO should satisfy itself that the costs are handled appropriately and with probity.

9. Progress against previous years' reports

The PCO should not consider appraisal and the response to appraisal as a single annual event, but rather as a process of continuous quality improvement. The PCO, and individuals within the PCO, should view appraisal as an important part of the planning process and monitor carefully progress against previous year's reports.

Checklist

The PCO should ensure:

- An action plan is produced in response to the annual appraisal report
- The action plan is kept under review and is incorporated into the planning processes of the organisation
- Progress against the action plan is clear and a summary is included in the annual appraisal report

References

Chambers R, Tavabie A, Mohanna K and Wakley G (2004) *The Good Appraisal Toolkit*. Radcliffe Publishing, Oxford

Department of Health (2002) *Appraisal for General Practitioners working in the NHS*

www.dh.gov.uk/PolicyandGuidance/HumandResourcesandTraining/LearningandPersonalDevelopment/Appraisals/fs/en

General Practitioners Committee (2002) *GP Appraisal. Guidance for GPs* BMA, London

Lyons, N (2003) *Quality Standards for GP Appraisal*. NAPCE, Bury. www.gpappraisal.nhs.uk