

Agenda

The first paper in this series outlines the importance of the appraisal process and the responsibilities of the PCO in delivering appraisal. NAPCE¹ produced a report in 2003 that outlines a process for quality assurance of appraisal. The importance of this is now increased as the links between appraisal and revalidation become clearer².

This paper looks generally at the issues that PCOs should be considering, whilst other papers in this series focus on specific topics.

Best Practice

Infrastructure of the Appraisal Process

- Evaluation and quality assurance of the appraisal process is essential to ensure its credibility and ongoing development. There should be an ongoing system of review with annual reporting and triennial external inspection.
- Every PCT should have a named appraisal lead to offer support to appraisers and appraisees and help develop the appraisal process. Clinicians and management should both be involved in management of the process as part of Clinical Governance in the Trust.
- There should be a system to verify that all GPs have had an appraisal and that the paperwork is complete.

Appraiser Selection, Training and Support

- All GPs should be eligible to apply to become appraisers after 3 years in general practice as a non-principal or principal.
- All posts should be advertised and a job description should be available.
- Appraisers should be selected by formal interview using an agreed person specification.
- Success at interview should not guarantee appointment as an appraiser until the candidate has successfully undergone training as an appraiser and demonstrated their ability to competently appraise their peers.
- All appraisers should have initial training and close support for their first 3 appraisals before their appointment as an appraiser is confirmed.
- Initial appraiser training should have a summative component of assessment against defined competencies. Training should not assure automatic acceptance as an appraiser.
- It is the responsibility of those commissioning training to ensure that providers of that training have experience in the field.
- Individual appraisers should have responsibility for their own professional development as appraisers.
- The appraisal lead should lead and facilitate an appraisers' group, should offer support to individual appraisers and has a responsibility to develop the appraisal programme and support appraisees in their appraisals.
- The appraisers group should offer a forum for support and development for appraisers and should normally meet quarterly.
- The appraisal lead has a responsibility to provide feedback and support to every appraiser in that PCT. It should be clearly understood that inadequate performance of appraisers should be addressed and this is the responsibility of the appraisal lead.
- Appraisers should have their own appraisal carried out by appraisers outside their own appraiser group.
- Appraisers should have a written contract with the PCT.

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The Appraisal Process

- The purpose and organisation of appraisal needs to be understood by all involved. Ideally an appraisal guide should be produced and kept up to date to explain this and to provide access to, or links to, paperwork for appraisal and other useful information and resources for the successful completion of appraisal.
- A robust system is needed to match appraisee and appraiser. The appraisee is entitled to some choice in their appraiser.
- An appraiser should normally carry out 3-20 appraisals per annum and an appraiser would not normally appraise the same GP for more than 2 consecutive years. Appraisal within practices and by non-GPs may be chosen by a GP, but not for more than 2 appraisals in any 5 year appraisal cycle.
- Form 4 summaries should be kept by the PCT and the appraisee. The PCT copy should be kept securely and access limited to the named appraisal lead. The summaries should be anonymised and collated and be available to the PCT board, PCT PEC and Primary Care Tutors.
- The venue for the appraisal should be quiet and comfortable and allow the appraisal interview to progress without interruption.
- There should be a clearly understood complaints procedure.
- Evaluation forms should be completed on every appraisal by appraisee and appraiser. These should inform the development of appraisers and the appraisal process.
- A brief annual report should report on developments in and evaluations of the appraisal process, including any complaints received.
- The content of appraisal interviews and summaries should reflect the headings in GMC "Good Medical Practice". In any one year it may be appropriate for the focus to be primarily on one or two areas (although all should be reviewed).
- Over a 5 year cycle it would be expected to see development relevant to that individual in all of the headings of appraisal.

Outcomes of Appraisal

- PCTs should assimilate learning needs derived from appraisal and devise interventions to meet relevant and significant needs to enhance the service to patients. To this end, links with Deaneries and other educational bodies should be maintained to ensure that needs identified in appraisal are addressed.
- The PCT should report on an annual basis on educational activity addressing identified needs and in removing constraints to development that have been highlighted.
- The PCT should be able to demonstrate the percentage of doctors who have completed the appraisal process in any one year as well as the resulting positive impacts of appraisal.

Checklist

See Appendix 1

References

1. Lyons, N (2003) Quality Standards for GP Appraisal. NAPCE, Bury. www.gpappraisal.nhs.uk
2. RCGP (2004) *Portfolio of Evidence of Professional Standards for General Practitioners* RCGP, London www.rcgp.org.uk
3. Chambers et al (2004) *The Good Appraisal Toolkit* Radcliffe Medical Press, Oxford