

“I found the written preparation was time consuming but also thought provoking and challenging. Notes taken during the appraisal interview were expanded brilliantly to form an accurate record of the discussion. I felt privileged to have had so much time and attention.”

Agenda

Paperwork underpins the appraisal process for appraisees, appraisers and PCOs. Effective appraisal interviews depend on adequate preparation by both parties. Useful outcomes for both the individual GP and the PCO require clearly written and specific summaries and action points. No national guidance has been written in this area and is currently the responsibility of local appraisal leads and PCOs to clarify acceptable standards for submitted appraisal paperwork. This sheet aims to provide some guidance in this area.

Best Practice

This has been sub-divided into three separate sections:

Appraisees-

- It is highly recommended that all appraisal documentation is completed electronically. This reduces the workload on a year-by-year basis as some of the documentation needs only to be updated not rewritten. The appraisal forms can be downloaded directly from the department of Health website - www.dh.gov.uk All the appraisal forms can also be filled in and stored on line when you register with the DOH appraisal website www.appraisals.nhs.uk
- There are three forms to be completed /updated before each appraisal meeting. Forms 1 and 2 are unlikely to need much alteration each year unless you have changed jobs or taken on extra responsibilities. Form 3 is time consuming to fill in because it does require reflection on what has changed since your previous appraisal, particularly in terms on the development aims recorded in your PDP. Form 3 should contain some indication of what you have and haven't achieved in terms of your PDP, and why.
- It is really important to refer to the GMC publication Good Medical Practice-all your appraisal documentation is based around this publication –available at www.gmc.org.uk .The RCGP has produced an expanded version specifically aimed at GPs and this is obtainable on www.rcgp.org.uk
- Work is currently in process to define more clearly the 'evidence set' that should support the statements you make in Form3. This will not be formalised until the Shipman Inquiry has reported later in 2004 However it is very likely to include the items listed in the Checklist section below
- Collecting this information during the year rather than just before the appraisal meeting will make the whole process much less stressful
- Review, comment on and amend Form 4-the record of the appraisal interview-before it is jointly signed off by appraiser and appraisee Use Form 4 to produce your PDP for next year. Try to make your PDP aims SMART i.e Specific, Manageable, Achievable, Realistic and Timely. Other learning aims can be added during the year.

Appraisers

- The information on Form 3 needs to be read in detail [set in the context of the personal and practice data from Forms 1 and 2]. Prepare for the interview by highlighting strengths and identifying areas for further discussion [which may or may not have also been mentioned by the appraisee]
- Read the evidence file, looking for adequate coverage in all the relevant sections of Good Medical Practice –see Checklist-reviewing last year's PDP is important.

Sheet 8
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ABC of GP Appraisal
“Appraisal the Paperwork”
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- The areas listed in the check list should be reviewed as part of the appraisal process .Review of the evidence may indicate quite adequate information in each section. If there are gaps eg no reference to complaints or significant event auditing then these areas should be covered during the interview in the appropriate section.
- Complete Form 4 and return to the appraisee as soon as possible after the interview. It is suggested that no relevant section of Form 4 be left blank in the comments section although it is acknowledged that not every section will contain action points. Avoid general terms such as “no action” or “N/A”, rather make clear why no further details are appropriate. Action points should conform as far as possible to the S.M.A.R.T criteria listed above.

Primary Care Organisations

- Each PCO needs an appraisal administrative lead who is responsible for arranging the appraisal pairings, addressing appraisees’ concerns and coordinating the work of the PCO’s GP appraisers.
- The PCO can provide paper copies of appraisal forms if necessary, but GPs should be encouraged to complete all forms electronically if they are able to do so.
- The PCO must provide a safe and confidential storage facility for all completed Form 4s, most of which are returned in hard copy because of the requirement for joint signatures.
- The PCO also needs a mechanism for extracting identified development needs from anonymised Form 4s to help plan coordinated and appropriate CPD provision at the level of the PCO.

Checklist

A checklist of the evidence GPs are likely to have to produce for appraisal and revalidation-your PCO may require their GP appraisers to ensure some reference is made to each of these criteria in the appropriate sections of Form 4.

- **Good Clinical Care**
 - Evidence of participation in significant event audit
 - Audit: Evidence that the doctor is engaged in reflective practice
- **Maintaining Good Medical Practice**
 - Evidence of re-training in basic cardiopulmonary resuscitation
 - Documentation of clinical learning over the preceding five years and completed PDPs
- **Relationships with patients**
 - A record of at least two patient surveys in the preceding five years, at least one of which is individual to the doctor, with identified learning points
 - Communication skills: evidence of at least one half-day of learning in communication skills in the preceding five years, to include resulting learning points
 - Production of practice complaints procedure
 - List of all complaints within the past five years, involving the individual doctor, and subsequent learning points
- **Relationships with colleagues**
 - Audit of records for legibility and accuracy
- **Teaching/appraisal (if appropriate)**
 - Evidence of performance review within teaching/appraisal role
- **Research (if appropriate)**
 - Proof of adherence to local research governance procedures
 - Declaration of research involvement
 - Declaration of sponsorship
- **Probity**
 - Self-declaration of GMC, NCA and criminal status
- **Health**
 - Self-declaration of health status, as in appraisal

References

Chambers et al (2004) *The Good Appraisal Toolkit*. Radcliffe Medical Press, Oxford

RCGP (2004) *Portfolio of Evidence of Professional Standards for General Practitioners*. RCGP, London www.rcgp.org.uk