



Gloucestershire

NHS Gloucestershire Primary Care Trust

GP Appraisal Annual Report 2008/09 & 2009/10

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Contents

| | Contents | Page |
|----------|--|-------------|
| | Acknowledgments | 3 |
| | Abbreviations | 3 |
| | GP Appraisal Lead introduction | 4 |
| 1 | Introduction | 5 |
| 2 | Management of Appraisal | 5 |
| 3 | Activity Levels | 6 |
| 4 | Evaluation of Appraisal | 7 |
| 5 | Quality Assurance of the Appraisal process | 12 |
| 6 | Medical Revalidation | 13 |
| 7 | Proposed role of Responsible Officer in Revalidation | 14 |
| 8 | NHSG preparation for Medical Revalidation | 15 |
| 9 | Conclusion | 15 |
| | References | 16 |

Acknowledgements

Thank you to all the GP appraisers for their continued hard work and professionalism which has enabled NHS Gloucestershire (NHSG) to achieve such a high level of uptake over the last two years. Thank you also to Dr Shirley Elliott, who stepped down from the role of NHSG GP Appraisals Lead in August 2009, and to Dr Phil Fielding who took over the role in December 2009 for their support and encouragement.

Abbreviations

| | |
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| AQMA | Assuring the Quality of Medical Appraisal |
| AQMAR | Assuring the Quality of Medical Appraisal for Revalidation |
| CPD | Continued Professional Development |
| CQAG | Clinical Quality Assurance Group |
| GGPET | Gloucestershire GP Education Trust |
| GMC | General Medical Council |
| GPs | General Practitioners |
| IGC | Integrated Governance Committee |
| LMC | Local Medical Committee |
| MPL | Medical Performers List |
| NHSG | NHS Gloucestershire |
| PCO(s) | Primary Care Organisation(s) |
| PCT(s) | Primary Care Trust(s) |
| PDP | Personal Development Plan |
| PEC | Professional Executive Committee |
| PLP | Professional Learning Plan |
| RCGP | Royal College General Practitioners |
| RO | Responsible Officer |
| SHA | Strategic Health Authority |
| SLA | Service Level Agreement |

GP Appraisal Lead Introduction

Key to the professional standards and quality assurance in the delivery of primary care services is the concept of appraisal. By making appraisal for doctors a statutory obligation, the NHS has the challenge to deliver a peer review which is not only valuable to the individual but achieves the collective benefit of raising the bar on professional practice. Our aim must therefore be to gain maximum possible benefit from the time spent in, and preparing for, the annual appraisal.

Appraisal is a confidential developmental process that underpins a doctor's continuing professional development (CPD). It seeks to encourage, support and challenge the doctor in delivering the best care to patients through development of the doctor's professional skills, knowledge and attitudes. The introduction of appraisal for doctors has taken place at a time when the position of doctors within society is undergoing great change. The public expect greater accountability, proof of competency, and the demonstration of high quality performance from the profession.

This report covers the last two years of progress toward these stated aims. In Gloucestershire, participation in the appraisal process has been high. This in part has been due to a well organised and executed appraisal system within NHS Gloucestershire (NHSG) Primary Care Trust and the strong support of our trained appraisers to develop the benefit of this reflective educational exercise. We have a high appraiser to appraisee ratio compared to other Trusts and many have come from an educational training background. With the continued development of these appraisers, I believe we be able to move to the next level of professional appraisal and achieve a solution to support future revalidation.

With a well run appraisal service at its focus the organisations primary purpose of professional regulation of General Practitioners (GPs) is to ensure patient safety. Revalidation is the professional regulatory mechanism that should allow doctors to demonstrate that they remain up to date and fit to practice to the professional regulator, the General Medical Council (GMC).

We have made a good progress in the preparation for revalidation but clearly we need to move forward and support the changes required to produce a process that will allow the yet to be appointed Responsible Officer (RO) to be able, with confidence and strong supportive evidence, to help a GP to progress to relicensing and recertification of his or her professional practise. This report should be seen at the beginning of such a process and we commend it to NHSG Board members.

Phil Fielding

**Dr Phil Fielding MRCGP
Gloucestershire GP Appraisal Lead
May 2010**

1. Introduction

“The White Paper ‘Trust Assurance and Safety’ has positioned medical appraisal as the cornerstone of revalidation. The model of appraisal will involve quality assurance and effective supporting clinical governance systems, and will include a module, common to all appraisal discussions, based on the GMC’s ‘Good Medical Practice’. The broadly formative theme of appraisal will be retained but in addition judgements will be made about information on performance and whether the doctor is progressing satisfactorily towards revalidation.”

Assuring the Quality of Medical Appraisal for Revalidation 2009

Key functions of appraisal:

- Ensuring that practice is safe and of a good standard
- Improving practice
- Reviewing service goals
- Meeting CPD and learning needs
- Checking conduct and integrity

2. Management of Appraisal

It is the contractual responsibility of every GP on NHSG Medical Performers List (MPL) to ensure that they participate in annual appraisal.

It is the responsibility of NHSG to ensure that a robust appraisal system is in place and that all the GPs on its MPL receive an annual appraisal. This will have particular significance for the organisation in relation to the links of appraisal with revalidation for GPs. The appraisal administrator works closely with NHSG Primary Care Team to ensure the MPL and appraisal database cover all practicing GPs.

During 2008/09 the appraisal system was over seen by a steering group which consisted of the NHSG GP Appraisal Lead, NHSG Clinical Lead, a Local Medical Committee (LMC) representative, a Sessional GP representative, and GP Appraisal Administrator. The steering group met quarterly and reported to the Clinical Quality Assurance Group (CQAG) and reported to the Professional Executive Committee (PEC) and Board of the NHSG via the Integrated Governance Committee (IGC).

Appraisers:

There are currently 43 NHSG GP appraisers. All have undergone appraisal skills training, with a new appraiser being trained by the Severn Deanery in September 2008. Each appraiser has a Service Level Agreement (SLA) with NHSG.

Appraisers are required, as part of their SLA, to attend at least two appraiser training workshops per year. Local workshops in 2008/9 covered the following areas:

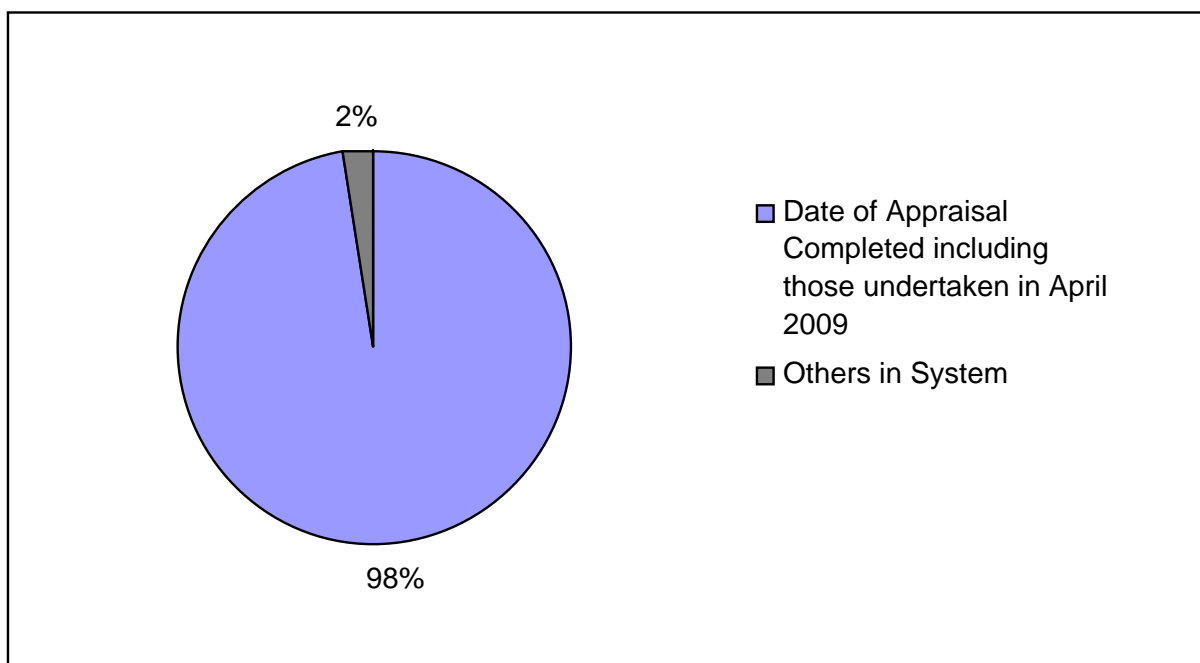
- List of evidence required for appraisal
- Personal Development Plans
- Enhanced appraisal
- Learning credits

A regional appraisers workshop was held in Gloucestershire in October 2008 on behalf of the Severn Deanery. These regional days aim to share best practice across the patch and it is anticipated that there will be regular regional workshops arranged by the Deanery.

Additional investment from £411,000 in 2007/08 has increased the current GP appraisal budget to £418,000, ensuring that appraisers will continue to receive training and CPD along with the capacity for NHSG to reach 100% target of GPs on it's MPL to receive an annual appraisal.

3. Activity Levels

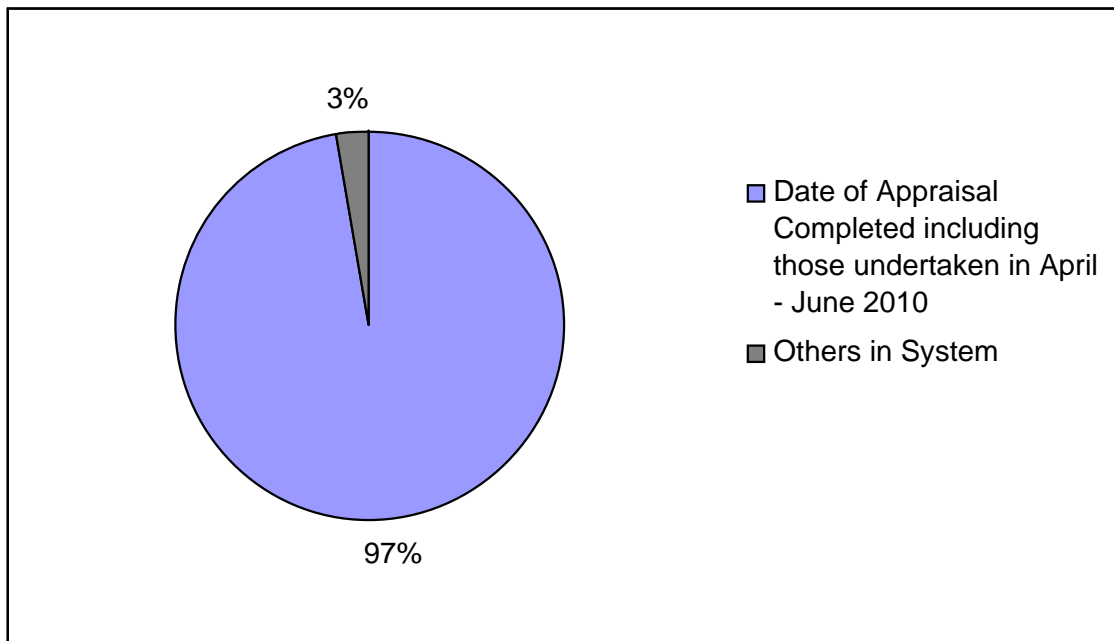
Chart 1: NHSG GP Appraisals Percentages 2008/09



During 2008/09 there were 645 GPs on the GP appraisal database. Of these 164 GPs were not eligible for appraisal (reasons include appraisal by another Trust, working abroad or on maternity leave, retired or GP registrar). Therefore the total number of GPs requiring appraisal in 2008/9 was 481.

Of these 98% (471) were appraised, 12% (57) of these were appraised in April 2009, which left 2% (10) of GPs who did not receive an appraisal for this year. Two of these 10 included appraisals where they were arranged but deferred due to illness.

Chart 2: NHSG GP Appraisals Percentages 2009/10



For 2009/10 there are currently 649 GPs on the GP appraisal database. Of these 138 GPs were not eligible for appraisal (reasons as described above under the 2008/09 section). The total number of GPs requiring appraisal in 2009/10 was 511.

Of these 97% (497) were appraised, 15% (77) of these were appraised in April – June 2010 which left 3% (14) of GPs who did not receive an appraisal for this year.

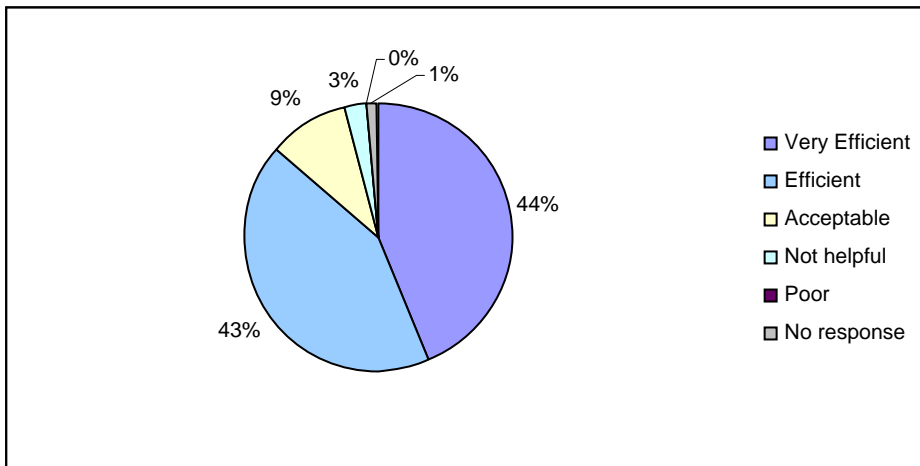
There are several reasons as to why GPs did not receive an annual appraisal; these include maternity leave and sick leave and a small minority of GPs who did not fully engage with the process. The GP Appraisals Lead and Professional Medical Lead contacted the GPs to discuss the issues, support them through the process and reiterate the importance of annual appraisal especially with its links into revalidation. Any outstanding appraisals are then managed following these discussions.

During February 2010, due to security issues, the NHS Appraisal Toolkit was taken off line for three weeks by the Department of Health and during this time NHSG resorted to a 'paper portfolio' style of appraisal and some appraisals had to be rearranged.

4. Evaluation of Appraisal

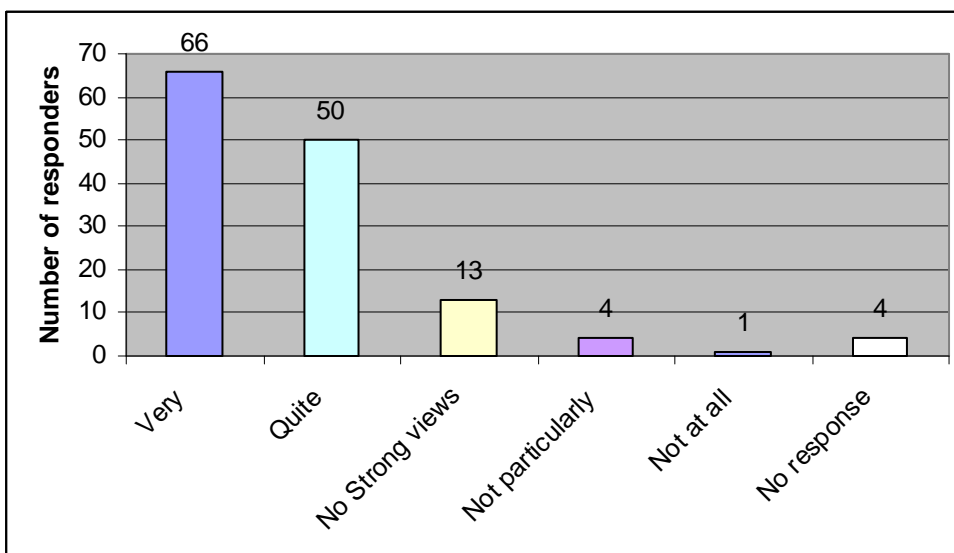
Appraisees are encouraged to complete a feedback form after each appraisal. This covers satisfaction with the appraisal process, the appraisal discussion and the appraiser. During 2008/09 round of appraisals 138 feedback forms were returned and during 2009/10 91 forms were returned. The following evaluation is based on these returned feedback forms.

Chart 3: How did you find the administration of the process during 2008/09?



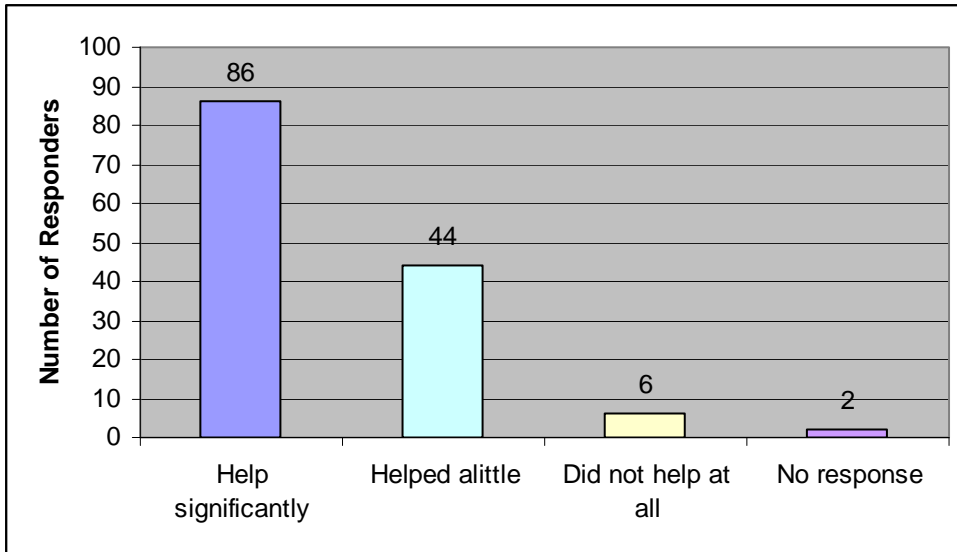
Over 40% (60) GPs felt that the administration process for the year was efficient. 61 (43%) felt the administration process was very efficient. Four GPs felt that the process had been 'not helpful'.

Chart 4: How successful was your appraisal in reviewing your personal and development needs arising from last year's Personal Development Plan [PDP in 2008/09?



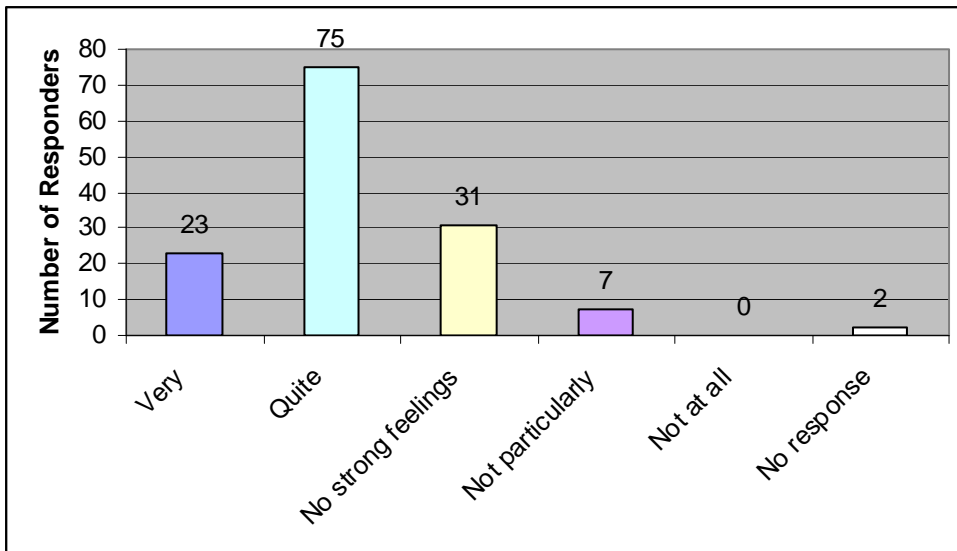
66 GPs felt that the appraisal was successful in reviewing their personal and development needs arising from last years PDP. However, a total of 5 GPs felt that it didn't 'not particularly' or 'not at all' help.

Chart 5: Did this appraisal help you to form your Personal Learning Plan (PLP)/PDP in 2008/09?



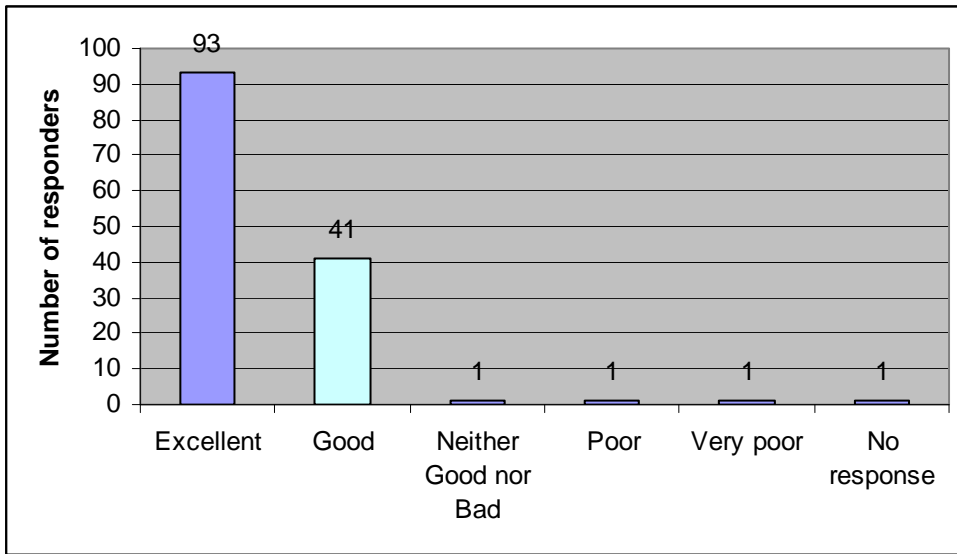
Almost all the GPs (94%, 130) found that the appraisal process had helped them even if just a little to form their PLP/PDP.

Chart 6: How easy have you found accessing the relevant training/development (from your PLP) 2008/09?



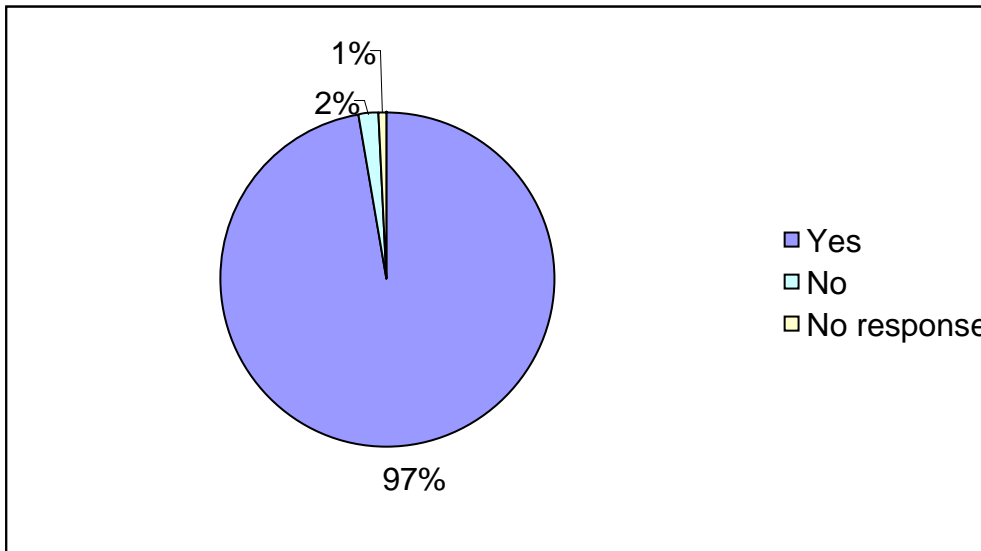
A vast majority of the GPs (98/138) had been able to access the relevant training/development in relation to their PLP. Copies of PLPs were sent to the Gloucestershire GP Education Trust to ensure that NHSG GPs development and educational needs could be identified.

Chart 7: Overall, please rate your appraiser's skills as an appraiser 2008/09



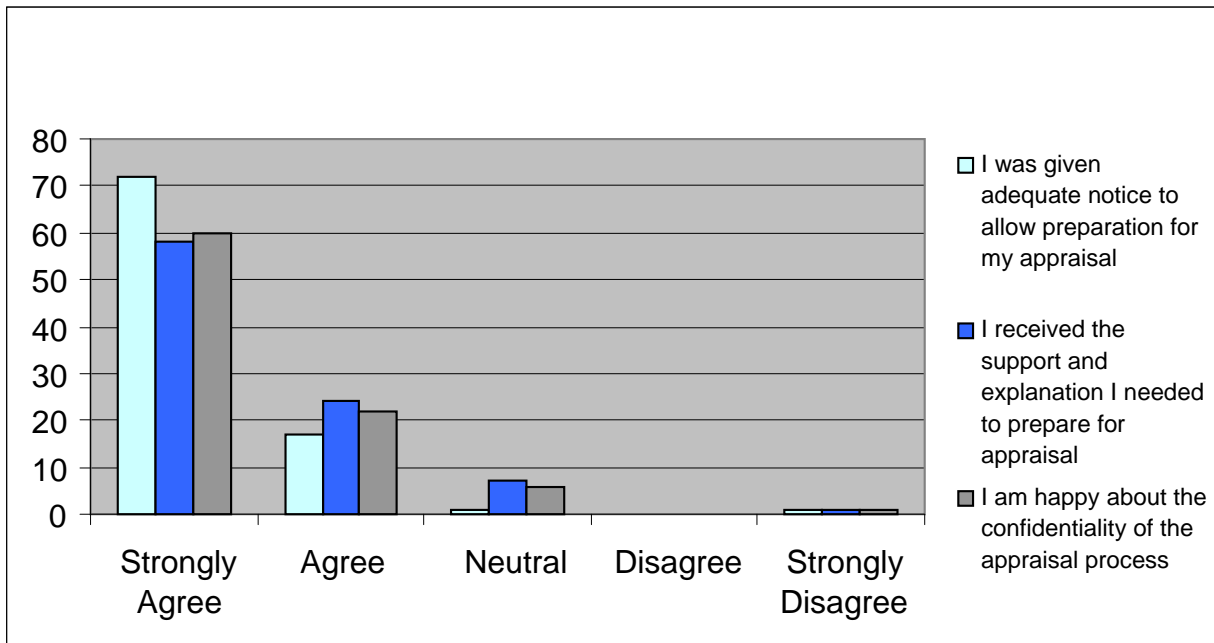
Of the GPs who answered the question 67% (93) thought that the appraiser's skills were excellent. One GP thought that the skills of their appraiser were 'poor' and one thought 'very poor'.

Chart 8: Did you make use of the Appraisals Toolkit 2008/09?



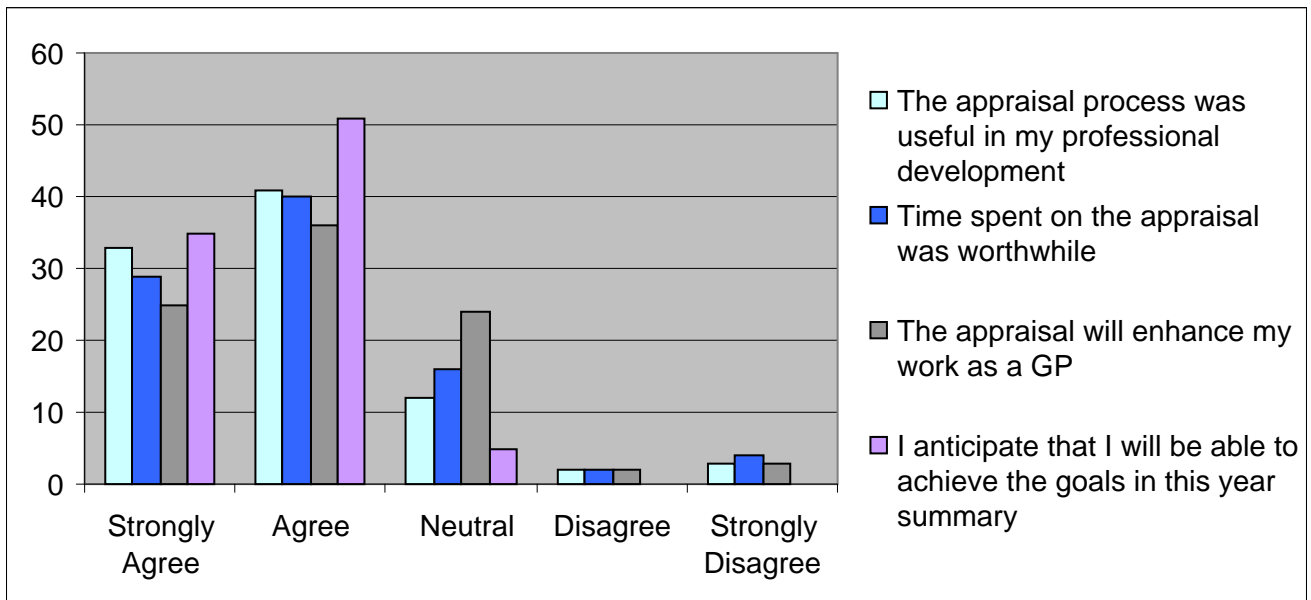
Encouragingly 97% (134) of GPs used the appraisal toolkit.

Chart 9: Organisation of GP Appraisal 2009/10



Over three quarters of the GPs who responded, 72 (79%) strongly agreed that they were give adequate notice to allow preparation for their appraisal.

Chart 10: The GP Appraisal 2009/10



Encouragingly 86 (95%) GPs strongly agree and agree that they anticipate that they would be able to achieve their goals in this years summary.

5. Quality Assurance of the Appraisal Process

The NHS Revalidation Support Team updated the document '*Assuring the Quality of Medical Appraisal*' (AQMA July 2005) with '*Assuring the Quality of Medical Appraisal for Revalidation*' (AQMAR May 2009).

The AQMAR document is designed to provide guidance to all Trusts providing medical appraisal and is a tool to developing the systems and processes needed to support appraisal and revalidation. Enhancing and strengthening the process of medical appraisal requires clinical governance and quality improvement systems to function effectively and the AQMAR checklists assist organisations to identify priorities for action and development and annual self assessment will provide a framework for improvement.

Quality assurance measures are being implemented with the monitoring of the information provided in Form 4s including PDP's and annual GP appraiser reviews have taken place to ensure a good standard of quality across appraisers carrying out appraisals is being achieved.

The integration of these measures will assist doctors to produce supporting information for their portfolio, and will help to ensure that performance concerns are managed effectively at the time they are discovered and not delayed until the appraisal discussion.

AQMAR Self Assessment

NHSG completed the AQMAR self assessment in August 2009 and areas of best practice included:

- 98% appraisal compliance rate for all doctors on the performers list 2008/9.
- Robust accreditation/reaccreditation of GPs with Special Interest processes.
- Panel review and update of GP competency frameworks annually.
- Medical Leadership in Primary Care and a Medical Director for Care Services.
- Professional development for GPs working in OOHs and Aadastra system development.

Areas for development and action planning included:

- Quality assurance tool used to sample Form 4s on an annual basis however a more comprehensive self assessment is required.
- An external review of NHSG appraisal system is due as last review was 3 years ago.
- Processes and protocols are required for anonymised sampling of portfolios.
- The need for systematic review and performance monitoring around appraisal.
- Alignment of clinical audit programmes with NHSG audit strategy including priorities and objectives.

- Establishment of formal procedure for linking complaints and other reporting mechanisms including incidents, complaints, patient experience etc and revalidation.
- Extending electronic incident reporting system and feedback to ensure that learning is shared amongst all relevant stakeholders.
- Care Services to introduce exit reports for all locums.

A consolidate report collated by the Strategic Health Authority (SHA) in November 2009 showed that Trusts were at different states of readiness and some basic systems of clinical governance were not in place i.e. no strategy, no medical leadership. Discussions from a regional and national development point of view shared by the SHA included:

- The need to strengthen the appraisal and competency framework for appraisers.
- Identify recommendations for recruitment, development and training objectives of appraisers.
- Await the findings of the pathfinder pilots supported by the National Revalidation Support Team due in Autumn 2010.

6. Medical Revalidation

Revalidation is designed to improve the quality of patient care by ensuring that licensed doctors remain up to date and continue to be fit to practise. Revalidation has three elements:

- To confirm that licensed doctors practise in accordance with the GMC's generic standards (relicensure).
- For doctors on the specialist register and GP register to confirm that they meet the standards appropriate for their speciality (recertification).
- To identify for further investigation, and remediation, poor practice where local systems are not robust enough to do this or do not exist."

*Medical Revalidation Principles and Next Steps.
The Report of the Chief Medical Officer for England's Working Group
Department of Health 2008*

In January 2010 the Royal College of General Practitioners (RCGP) published its third draft comprehensive guide to GP revalidation. The GMC and NHS Revalidation Support Team have not agreed this guidance and it is likely to be modified. However it is anticipated that it will provide the basis framework for the revalidation process.

All GPs currently on the GMC register were invited to apply for their first 'License to Practise', at the end of 2009. It is thought that the vast majority of doctors will be revalidated without any problems. It is hoped that clinical governance processes and outcomes from annual appraisal will identify doctors who might struggle to revalidate at an early stage, and offer them appropriate support long before they arrive at the point of revalidation.

As an annual appraisal is the key activity which underpins elements of revalidation it is vital that there is a consistent and robust appraisal process nationally. As part of the appraisal process, the appraiser will be checking the GPs evidence make sure that it fulfils the criteria now laid down in the RCGP document. There is an intention to also keep appraisal as a supportive developmental process. Appraisers will ultimately be making a judgement after each appraisal as to whether the GPs developing portfolio of evidence is keeping them on track for revalidation.

It is anticipated that the appraisal process will be based on a single electronic evidence folder reviewed and signed off annually by the appraiser and there are various options under development. The current NHS Appraisal toolkit is being redeveloped as a revalidation toolkit, Severn Deanery has also developed a toolkit, based on the Welsh Model and three Primary Care Organisations (PCOs) in the South West are currently piloting this and lastly the RCGP are developing a revalidation toolkit based on e – portfolios. Outcomes of these developments and pilot sites will be known later in the year.

Guidance confirms that evidence for revalidation should be collected from 1st April 2009, i.e. for the appraisal year 2009 to 2010 will count towards revalidation. The GPs revalidation portfolio of evidence will be considered alongside evidence from other local sources including clinical governance data.

The full revalidation cycle takes five years and GPs may begin the revalidation process in 2011.

7. Proposed Role of Responsible Officer (RO) in Revalidation

All organisations must have a Responsible Officer in post by 1 October 2010 when RO regulations come into place. The Department of Health has consulted on the policy issues surrounding the role of the Responsible Officer and has produced a draft competency framework and curriculum for training guidance.

When a portfolio of evidence is submitted it will initially be reviewed by the local RO. This assessment will be informed by evidence from annual appraisals and clinical governance processes. The evidence will be assessed into three broad categories:

- Appears satisfactory
- Needs discussion
- Substantial issues are raised

In every PCO there will be a group consisting of the RO, an RCGP external assessor and a lay assessor and all will require training and resourcing. The group will use the RCGP guide to form their assessment of an individual's portfolio of evidence. The RO will notify the GMC of the names of those GPs that the group is able to recommend for revalidation. The notification will be copied to the RCGP so that a sample of anonymised approved portfolios can be quality assured. Processes need to be agreed where an individual cannot be recommended for revalidation.

8. NHSG preparation for Medical Revalidation

At the beginning of 2010 a project group was set up to review and develop current NHSG processes and systems of GP appraisal, accreditation, managing complaints, remediation and clinical governance to ensure they align to support the preparation for revalidation. The group is also supported by South West SHA and National Revalidation Support Team advice and information.

The quality expectation of the finished project is to have systems in place which:

- Supports strengthened appraisal and ensure all GPs on Gloucestershire Performers List are revalidated.
- Ensures all GPs will use the chosen toolkit.
- Links to the management of complaints & remediation.
- Identifies GP educational needs.
- Ensures good information and clinical governance systems are in place.
- Supports data collection for GPs to be revalidated.
- Ensures cross directorate communication and information sharing with GPs.

The group is currently undertaking the process mapping of all roles and responsibilities across the organisation to identify where efficiencies may be made and systems and processes can be improved.

9. Conclusion

NHSG has well organised and robust appraisal processes and systems in place, there is strong support of the process by appraisers and uptake of appraisal by GPs has been high. This is a strong foundation to build on in the preparation for medical revalidation and work is well underway across NHSG Directorates to develop improved systems. NHSG is committed to the ethos that “Revalidation should be seen as supportive, and focused primarily on raising standards, not merely as a mechanism to deal with the small proportion of doctors who cause concern. Revalidation will enhance local systems of quality improvement as well as allowing performance issues to be identified and dealt with at an early stage.”

Assuring the Quality of Medical Appraisal for Revalidation

References:

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