

Appraisal News

Nov 2022

WESSEX 
Appraisal Service

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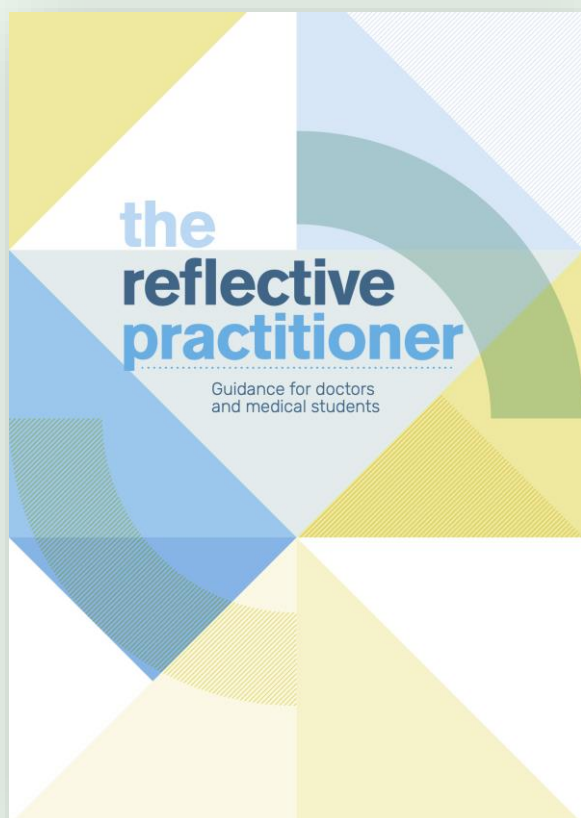
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MAG 2022

How much reflection?



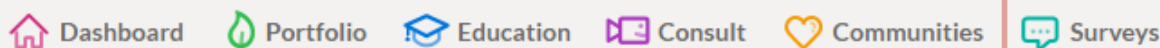
The AoMRC Medical Appraisal Guide 2022 process has kept the rebalanced focus on maintaining the necessary health and wellbeing to continue to work effectively but it does require a little more documentation than Appraisal 2020 did during the pandemic. Although there is no requirement to count credits or to provide reflection on every item recorded in the learning log, it is still helpful to keep a simple log to highlight the breadth of learning across the curriculum and your scope of work. Opening the FourteenFish learning diary application and adding a simple title to the date will create a contemporaneous record that will be useful in appraisal. In addition, the prompt questions in the pre-appraisal preparation should take about an hour to complete, which allows for the capture of one or two high quality examples of documented reflection to inform the appraisal discussion. [GMC guidance](#) provides more information and examples of reflection.



Making patient and colleague feedback simple

Compliments and complaints are forms of unsolicited feedback from people who feel strongly about something. It is equally important to hear from people who want to give positive feedback or constructive criticism without complaining (so called formal or solicited feedback). Let's go back to first principles.

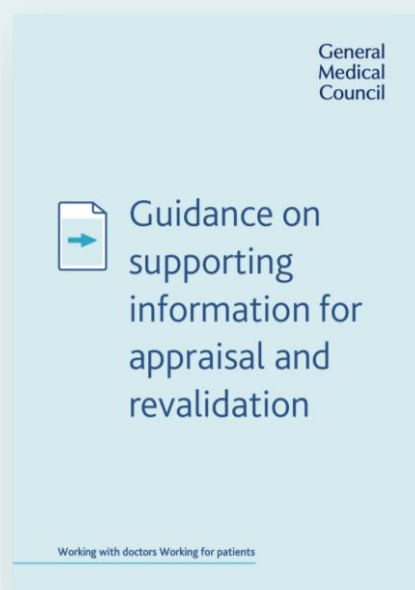
The GMC says that in every revalidation cycle you must seek meaningful patient and colleague feedback from across your whole scope of work, reflect on it and discuss it at your appraisal before your revalidation recommendation is due. Try to do it early in the cycle.



Collecting appropriate colleague and patient feedback is much easier now. In November 2020, the GMC updated their [Guidance on supporting information for appraisal and revalidation](#) and increased the flexibility to design and use different feedback tools appropriate to your context. They also made clear that, at the discretion of the RO, there are a few doctors who do not need to provide patient feedback because they are not personally involved in patient care.

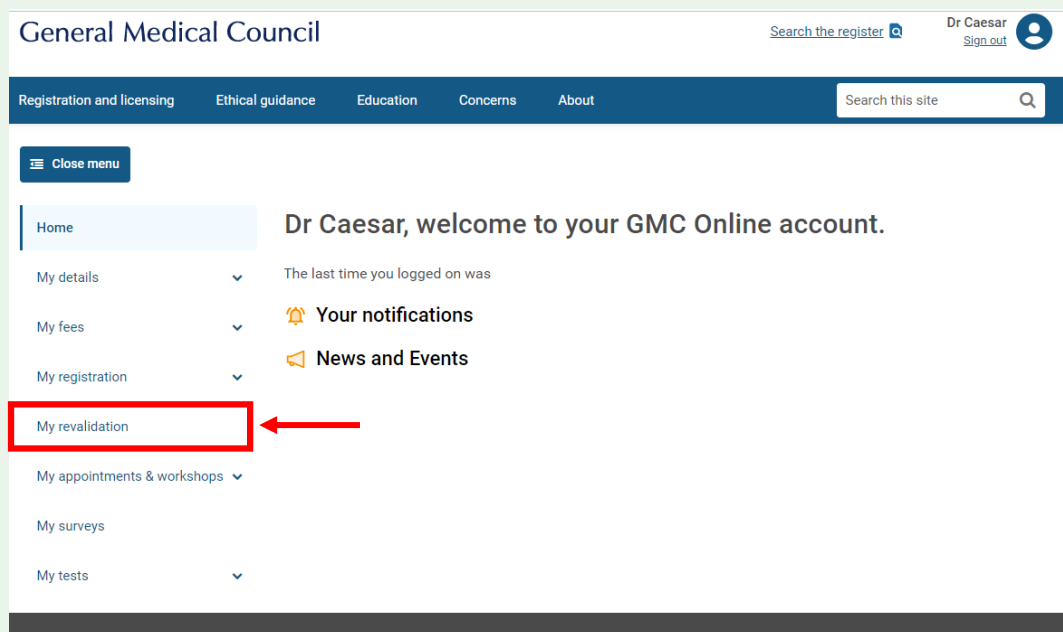
There are some important guidelines: as far as possible, respondents should be representative and not cherry-picked, and the responses should be collated externally, and (ideally) benchmarked to support insight and learning. It is best to use a tool designed for the purpose. Most will suggest an appropriate number of respondents, although the exact number is also at the discretion of the RO. Most doctors appraised within Wessex Appraisal Service Ltd. currently use one of the surveys in their FourteenFish portfolio as these are provided free of charge within the commissioned service. FourteenFish normally require 15 colleague responses and 34 patient responses to close each survey down. If you are providing less than this, you will need agreement from your RO that this is appropriate in your context.

Choose the survey that is most appropriate for you, or [contact us](#) if you can't find one suitable for your scope of work. In the future, the [AoMRC MAG 2022](#) is encouraging organisations to set up continuous real-time systems for collecting formal, sampled feedback from respondents who might otherwise not have thought of giving feedback. In the long run, doctors will have no need to set up surveys and should only be involved in the reflection on the feedback report they are given by their organisation before their appraisal. Meanwhile, collect and reflect and discuss your feedback as soon as you can in each cycle.

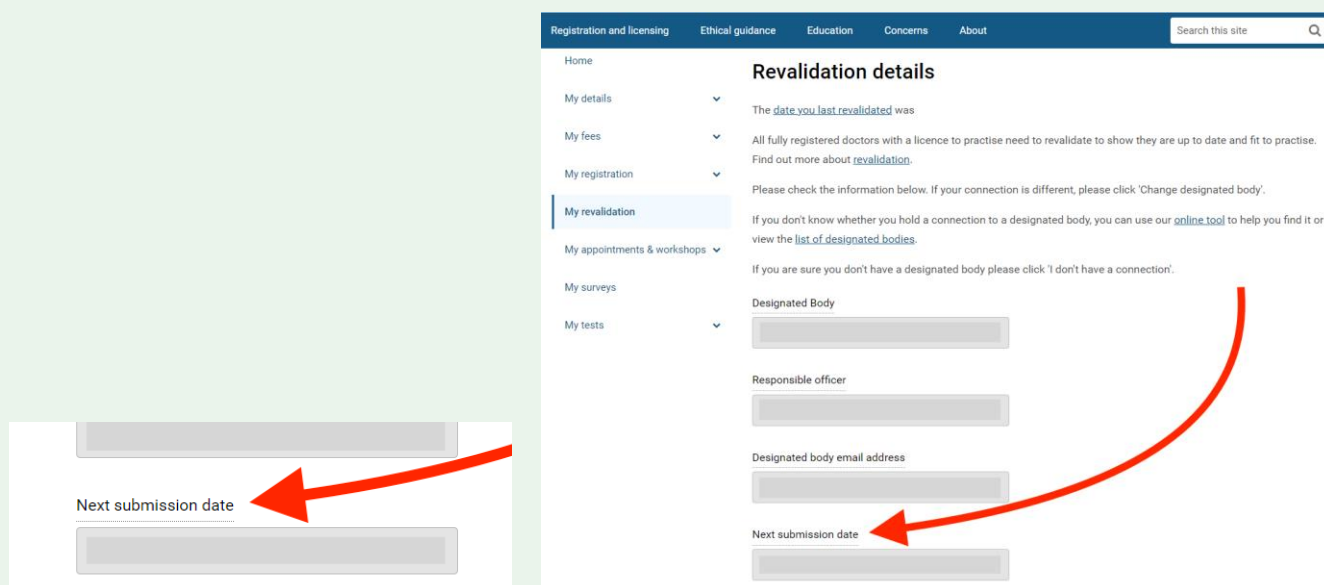


How to I find my revalidation date on GMC Online?

- You'll need your GMC number and password (*If you forget your password there is a forgot password button and you can find your GMC number by searching the register at <https://www.gmc-uk.org/> using your full name*)
- Log in to GMC Online, you can click [here](#) or find the log in on the GMC website above.
- Your GMC Online 'Home' page will look like this:



- Click on 'My revalidation' on the left-hand side
- Your revalidation page will look like this, with your revalidation date under 'Next submission date'



Challenge in appraisal

Why is it important and how can it benefit you?

Challenge is a valuable aspect of appraisal, but the word can have negative connotations of criticism, so some doctors (and appraisers) prefer to think of challenge in appraisal as 'encouragement' or 'stretch'. The aim is to impact positively on personal and professional growth, development, and well-being, by offering a supportive way of stimulating your reflection. Challenge may include asking you to consider a specific need or difficulty and ways to tackle it. It also provides an opportunity to reflect on your motivation or gain deeper self-awareness. It should never be perceived as threatening.

Challenge is intended to add value. It is seen when the appraiser is actively engaged in providing the opportunity - through questioning and holding space - for you to deeply consider your practice and service delivery. Introducing challenge is what allows goals to be set and new areas for learning identified to best support your continued personal and professional development. You may also find yourself challenged to reflect on the progress you have already made and to celebrate your successes.

The appropriate level of challenge will vary from appraisal to appraisal and depends on many factors, including your preferences and the context of your work and other factors which may be impacting you. If you already bring a high level of self-driven challenge, you may need less challenge in your appraisal since you may already be considering your practice at a deeper and more focused level and stretching yourself continually. The most important challenge may be to reflect on how to look after yourself better!

Ultimately the act of asking questions which need clarity, explanation or analysis is the start to embedding challenge within appraisal, while your preferences and the depth of provocation/thought required influences the level of challenge that is appropriate. The most common way for challenge to be offered is through open questions and the provision of time to think. Expect to be asked questions such as: 'What makes you think that?' and 'How else could you achieve the same goal?' and to have time to think about the answers.



GMC annual return guidance

An independent doctor who does not have a connection to a Responsible Officer or Suitable Person and revalidates directly with the GMC must complete an annual return to the GMC. This is submitted through GMC Online and there is a fee payable when the evidence is submitted. The annual return must include a range of evidence, including (but not limited to):

- Employment or practice history.
- Evidence of good standing (e.g. a certificate of good standing if you work overseas, or a statement of good standing from any previous employer).
- Fitness to practise and health declarations.
- Details of annual appraisals, to show continuing engagement with revalidation.

As part of the appraisal process an independent doctor will need to ask their appraiser to complete the REV12 form that demonstrates the annual appraisal meets the GMC criteria. **The appraiser must hold a licence to practise and have completed 5 appraisals in the last 12 months** or they will not be able to fulfil the GMC requirements.

The form itself can be filled in using the appraisal summary and outputs. There is no need to re-write the summary - copy and paste works well! There are a few questions where the appraiser may have to confirm that the doctor has 'sufficiently reflected' on significant events, complaints or patient and colleague feedback. If there have been no significant events it is acceptable for the appraiser to check this box and then use a quick line of explanation such as: 'Dr X had no significant events within the last 12 months' or 'As this is Dr X's first appraisal in this revalidation cycle there are no gaps for this stage of the revalidation cycle but I have advised that the patient and colleague feedback is best completed by year three'. This REV12 form must then be returned to the doctor to upload to their GMC Online Annual Return submission.



An Oak tree is a daily reminder that great things often have small beginnings.
Matshona Dhliwayo

Contact us



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We are here to help.

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In-person appraisals

Wessex has mostly been commissioned to facilitate remote appraisals but in person appraisals are possible in certain circumstances. If you prefer to meet in person, you can arrange this with your appraiser privately if they are happy to travel. There is no obligation for your appraiser to agree to meet you in person as there is no expense allowance available, unless you are a Jersey doctor, when the commission does include the obligation to offer an in-person appraisal, providing you pay an additional agreed expense allowance to the appraiser via the PCB. If your appraiser prefers to meet in person, they can ask you, but you have no obligation to accept. In exceptional circumstances, if your RO wants you to meet in person, they will pay an agreed expense allowance. In all cases, your appraisal venue must be an appropriate professional space, with good access to IT and the other facilities you will need and sensible infection prevention and control measures in place.

Confidential support for doctors

In addition to all the other support offers out there, you may find that there is a time when you wish you could have an informal confidential conversation with an appraiser between your appraisals, in order to access their unique form of peer support mixed with coaching and mentoring skills. They may signpost other support, or simply talking it through may be all you need.

Please simply email

help@wessexappraisal.org, let

us know how best to contact

you and mark the subject

CONFIDENTIAL. We will get

back to you as soon as we can.

