

Appraisal Matters

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Congratulations and thank you!

We have just successfully completed our first year as a private family company facilitating appraisals for non-NHS doctors who require a GMC licence to practise. Building on 15 years in Health Education England, we have maintained (or increased) our exceptional appraiser feedback and continued to deliver all our contracts on time and in budget to the highest standards of appraisal. And we couldn't do it without you, our appraisers. Thank you so much for all your hard work and support.

Book now: Annual Conference Monday 18th September 2023

Our Wessex Appraisal Service Annual Appraisers Conference this year will be an in-person day at Bartley Lodge, Cadnam, Nr Lyndhurst, Hampshire, SO40 2NR (in the New Forest again!). This is the CPD highlight of the year for us, and a time to get together, network, share stories and work interactively on building appraiser skills. Our fabulous programme includes: "Coaching the humorous way", led by Jayne Dewhurst (RCGP Deputy Lead in the General Practice Development team) and "Functional medicine and appraising doctors working out of the box" by our very own Andie Siggers!



Invitation to the Conference Dinner: Sunday 17th

Once again, we invite all our appraisers to join us for a social dinner the night before the Annual Conference, on Sunday 17th September. As a thank you, we will pay for your food (but not your drinks). This opportunity to relax and talk together, outside of appraisal, is about strengthening connections and welcoming those from further afield. We have negotiated a good overnight rate with Bartley Lodge for those who need to come the night before the event, although we cannot afford to support that cost. Even if you live locally and will not be staying overnight, or choose to stay elsewhere, please consider joining us for dinner. We hope to see you there!



Support Group meetings this year

Thank you to everyone who has come to our appraiser support group meetings across the year. We really value your attendance and input. Following the results of our recent survey, we have reduced the number of virtual drop in meetings by two, kept the rotation through days of the week, and included a celebratory end of year evening meeting in March. This will be a more relaxed and social meeting to say hello to our new appraisers and goodbye to those who are leaving, as well as the usual questions and catch up. This year, our first meeting on 17th May will be used to introduce our new appraisers, so please come and help us welcome our new colleagues. As usual, please drop in if you can make any of the meetings, even if it is just for a few minutes, but don't worry if you can't make it, as there will be plenty of other opportunities.

The new Support Group timetable for 2023-24 is below:

Month	Day	Time	Event	Meeting Link
May	Wednesday 17th	1-2pm	Lunchtime drop-in	meet.google.com/eos-gptm-qos
July	Thursday 6th	1-2pm	Lunchtime drop-in	meet.google.com/cmr-evbe-nxm
September	Monday 18th	All day	Annual Conference	bartleylodge.newforesthhotels.co.uk
November	Friday 24th	1-2pm	Lunchtime drop-in	meet.google.com/bov-wsuy-cec
January	Monday 22nd	1-2pm	Lunchtime drop-in	meet.google.com/sky-ufny-poj
March	Tuesday 12th	1-2pm	Lunchtime drop-in	meet.google.com/jkw-qhjr-izg
March	Tuesday 26th	6.30-8.30pm	Evening Meeting	meet.google.com/uau-nbjt-tag

Podcast The support group meeting 10/03/23, will be sent out to you all via email.

PDRs – to meet or not to meet?

Historically, at Health Education England (HEE) WAS we provided appraisal related information, QI and feedback to our appraisers in an annual Performance Development Review (PDR) document for you to reflect on in your appraisal for revalidation. NHS England now has a process whereby every appraiser is required to have an annual 1:1 PDR meeting with their Senior Appraiser. To avoid duplication, we agreed not to adopt this as a requirement. However, if you wish to have a PDR meeting in confidence to discuss your work and your written feedback, especially if you do not have the opportunity elsewhere, then please let [Emma](#) know so she can arrange a 1:1 meeting with Susi for you.

First appraisals

Many doctors coming from overseas and in Gibraltar may not have encountered GMC appraisals before. Even new doctors from the UK can be nervous when preparing for their first appraisal. This can present some unique challenges for you as appraisers, and during the last support group meeting we shared advice and good practice on this topic. A top tip included having a quick conversation before the appraisal to explain the process, and what to expect. Of course, your normal friendly introductions at the beginning of the appraisal will go a long way to making the new doctor feel at ease!

The most common experience was that doctors unfamiliar with the process tend to err on the side of writing too much in their appraisals, especially if they are used to having to complete a training e-portfolio, with its numerous entry requirements. One good way to support your new doctor is to be clear about how much work is actually required for their next appraisal.

For doctors in UK Specialty Training Posts (STP), it is important to remember that the final ARCP is their equivalent of a revalidation panel and determines whether they are awarded their Certificate of Completion of Training (CCT). During their STP, they are in a system where they have a hierarchical relationship with their Educational Supervisor (ES) and trainer. However, you should encourage them to move to a peer-to-peer relationship with you.

An increasing number of new doctors receive STP extensions that last until the final days before their training programme ends. This may mean that they do not have a closing appraisal or develop a final PDP with their trainer or ES before they complete the programme. Similarly, International Medical Graduates (IMG) won't have a previous PDP to work from. In these cases, it is best practice to develop a new set of PDP goals with the doctor and to mark 'Disagree' to the appraisal output statement concerning progress with the previous PDP. You must include a brief explanation of why they do not have a previous PDP in the comment box.

In general, new doctors can be fun to appraise as they won't have any previous experience. This means you can introduce them to the best appraisals from the start!

Current Appraiser Skills Assessment

Our Current Appraiser Skills Assessment (CASA) days are the cornerstone of our continuous quality assurance and a summative review of appraiser competence, as well as a chance to calibrate and improve your practice. In addition to offering CASA packages to external commissioners, once in every revalidation cycle, we ask you to demonstrate that your appraiser skills remain up to date and of the high standards that we require to maintain our reputation as elite appraisers. We also use CASA as our entry level assessment for appraisers who apply to join us. We are keen to grow and bring in more diversity of thought and experience, and to seed good practice back out into the community of appraisers.

On the morning of your CASA, delegates are asked to work in trios (appraiser, appraisee and observer) with a facilitator. There are three cycles of partial appraisal (30 minutes appraising and 15 minutes facilitated feedback). Portfolios are not shared beforehand, because we know that it is far more powerful (and often reflects real appraisal experience) to appraise something unexpected that is a hot topic for the appraisee. You must understand that this is not role play, your time as an appraiser or an appraisee must reflect real experiences which will naturally demonstrate your skills. One of the intended benefits of the CASA is that you have the opportunity as the appraisee to explore something of current importance to you with an experienced appraiser.

The afternoon is made up of a variety of appraiser skills development activities. For most of you, a CASA day will be a wonderful opportunity to showcase your exceptional appraiser skills, learn from observing others, and have fun connecting.

There are three main possible training outcomes: failing to demonstrate all the core appraiser competencies (requiring triangulation with other evidence or further training before making a decision about continuing as an appraiser); demonstrating satisfactory appraiser skills; or demonstrating elite appraiser skills and being eligible to appraise for Wessex Appraisal Service. Sometimes, even very experienced and competent appraisers cannot demonstrate that they meet our standards, especially if their ethos of appraisal or previous training has been very different from ours, or they are unfamiliar with trio work.

CASA Significant Event - pre-existing relationships

To have a satisfactory partial appraisal together, members in the same trio need the freedom to be open about current experiences. In some situations, overfamiliarity can be a hinderance, leading to re-attending a future CASA to have a fair chance to demonstrate your skills. If you can see that this might be an issue for you in an upcoming CASA, please let us know before the trios start, rather than afterwards.

The vital importance of confidentiality in our trio work

In order to achieve the right level of trust, trio work must be bound by the same rules of confidentiality they apply to any appraisal. Unless something arises that raises an issue of such concern about the safety of the appraisee or of their patients that the appraisal has to be suspended and other help sought, nothing from the trio should be shared outside the room without explicit permission, and if it does, action should be taken immediately. This applies even to the wider CASA or New Appraiser Training group – learning can be shared, but the trios must keep other's stories to themselves. Our 'ground rules' or contracting at the beginning of the day is very explicit, and we ensure that the introduction to each partial appraisal covers the confidentiality of the discussion too.

CASA Significant Event - confidentiality breach

Something shared in a trio was later shared with someone outside the training environment, breaking the confidentiality agreement and distressing the doctor whose story was shared. On investigation, it was not something that raised a serious concern about the safety of the doctor or their patients that would trigger the need to break confidentiality under the GMC Duty of Care guidance. The repercussions for such breaches are severe. This strong reminder about the confidentiality ground rules for CASA and New Appraiser Training trio work arises from this event. This is a good moment to remind ourselves of the key messages: 'First, do no harm' and 'If in doubt, ask'!

Revalidation for independent doctors

The GMC has a process for independent doctors who do not have a prescribed connection to a Responsible Officer, or a Suitable Person, so they can revalidate directly with the GMC. They must engage in an annual appraisal for revalidation undertaken by an appraiser who has a current GMC licence to practise and complete an annual return to the GMC. This is submitted through [GMC Online](#) and there is a fee payable once 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 the doctor works 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 the revalidation process.

The GMC REV12 form

As the appraiser for an independent doctor, you must complete the REV12 form demonstrating that the annual appraisal meets the GMC criteria. **To fulfil GMC requirements, you must hold a licence to practise and have completed 5 appraisals in the last 12 months.** Do not take on an independent appraisal if you have relinquished your licence or do fewer appraisals for any reason.

The form may look daunting, but 'copy and paste' from the appraisal summary and outputs works well! For a few questions you have to confirm that the doctor has 'sufficiently reflected' on significant events, complaints or patient and colleague feedback. If there have not been any to reflect on it is acceptable to agree with the statement and 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 they reflected on their informal feedback and they are aware of the importance of reflecting on formal patient and colleague feedback surveys in every revalidation cycle'. The signed REV12 form must be sent to the doctor to upload as part of their GMC Online Annual Return submission.

Difficulties with our telephone contact

We recently discovered that the telephone contract for our support line has been blocking calls from 'premium numbers' (mobile numbers in Jersey). We are working to change our contract so this does not occur again. Thank you very much for highlighting the problem when we seemed unresponsive as we would still not know about our missed calls if you had not been in touch. We apologise for any inconvenience caused.

Wessex Appraiser Support Unit

Sometimes we all need personal as well as professional support. When there is a personal or family crisis - such as bereavement or ill health - it can be helpful to have a listening ear from someone outside your closest circle.



If you would like support, advice, guidance or just need someone to listen, who better than an appraiser? Don't struggle alone - please contact Susi via help@wessexappraisal.org with 'CONFIDENTIAL SUPPORT' in the subject box. You can also continue to find other resources on [our website](#).

Contact us

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