**Medical Appraisal 2022 – Updated guidance for appraisers from NHSE&I in NE and Cumbria**

**Context**

The 2020 appraisal process, introduced after the suspension of appraisal during the first wave of the Covid pandemic, was revised to provide a primary focus on the support and well-being of the doctor, with a significant reduction in pre-appraisal preparation. Evaluation of the 2020 process during the last year showed that the revised process was welcomed and much appreciated -especially the return to a more formative and developmental discussion.

The revised 2022 process, which has just been signed off nationally, builds on the successes of Appraisal 2020, but no longer focuses specifically on the pandemic-instead asking what has been the impact of the period since the last appraisal.

The main focus is to support the professional and personal development of the doctor across their whole scope of work, through reflection and learning and by providing a safe and confidential space for a doctor to review their achievements, challenges and aspirations.

The Medical Appraisal Guide 2022 (MAG 2022) and the Revised Medical Appraisal Template were launched on 8 June 2022 and can be found on the Academy of Royal Colleges website: <https://www.aomrc.org.uk/revalidation/medical-appraisal-revalidation/>

**The GMC have confirmed that the 2022 appraisal processes are consistent with existing GMC guidance for appraisal and revalidation**

The updated Medical Appraisal Guide confirms that for most doctors, the fitness to practise element of Revalidation is delivered by existing governance processes, with information flowing through channels other than appraisal. This allows the documentation burden on appraisal to remain low, with the appraiser being asked to continue to support doctors to reflect verbally on their learning in the appraisal discussion, rather than through the collection of a substantial portfolio of Supporting Information [which was the pre-pandemic requirement].

“***Appraisers should support doctors to consider what information they need to present for appraisal and help them avoid gathering information that is not necessary. They should facilitate effective reflection at the appraisal discussion, through active listening and open questioning, to demonstrate that the doctor continues to work in line with Good Medical Practice. Recognising the value of facilitated verbal reflection and recording this effectively in the written summary can significantly reduce pre-appraisal documentation requirements”.***

The change in focus and content of the 2020 appraisal process is maintained in 2022, and this has on-going implications for you as an appraiser in terms of [1] preparing for the appraisal, [2] conducting the appraisal discussion, signposting support and [3] completing the output documents. This guidance has been written to support appraisers to deliver the revised 2022 process, which differs very little from what has been required since the restart of appraisal in 2020. There is a recognition that the aftermath of the pandemic is still having an impact on the working lives of doctors, but that is likely to diminish as the primary focus of the appraisal meeting as time goes on.

**[1] Preparation for the appraisal meeting**

* The first thing you need to do when you make contact with your appraisee, is to decide between you whether the appraisal should take place remotely [using any video platform] or face to face. This choice lies with the appraisee, so if as the appraiser you feel unable to offer face to face contact, your appraisee should request re-allocation from the appraisal team.
* It is also helpful if you make sure your appraisee is aware of what is required in terms of appraisal preparation. This is essentially, completion of the revised 2022 appraisal template which is embedded within on-line toolkits such as Fourteen Fish or Clarity, or it may still be completed as a stand-alone document and then uploaded to the MAG Form with only sections 3 and 17 completed. The only additional documents required are completed formal PSQ/MSF once every 5 years, plus the low volume template for doctors working fewer than 40 clinical sessions per year.
* The focus for appraisal in 2022 and going forward, remains the doctor’s personal and professional development, their well-being and their achievements, challenges and aspirations at this time. The pre-appraisal submission using the revised template will include:
	+ A summary of their current scope of work and any recent or planned changes
	+ A review of their previous PDP and what items they have managed to make progress with, or complete, including any items that need to be brought forward.
	+ Brief reflective notes on their challenges, achievements and aspirations
	+ Brief reflective notes on how they are, including a well-being score, how they have maintained their health and wellbeing, and any support they have needed
	+ Enhanced reflection on learning from core CPD activities, any Quality Improvement actions or any formal or informal received [including compliments] and actions that have been taken as a result of such learning. There is no need for the doctor to upload a CPD log to confirm CPD requirements have been met. And there is no need for formal reflective templates to be completed for quality improvement activities, significant events or complaints
	+ The inclusion of any complaints or significant events that need to be discussed at the meeting, or anything they were specifically asked to bring to the appraisal
	+ Ideas for their future development/PDP for the next year
	+ All pre-appraisal sign-offs, including probity and health

* Preparation for the appraisal meeting will be a process of identifying the key issues highlighted by the doctor in their pre-appraisal submission, and considering how to approach these issues, including whether sign-posting towards additional help might be appropriate.

**[2] The appraisal meeting**

* This should be no different from the approach we have advocated since the restart of appraisal in 2020, using your best appraiser skills to focus on supporting the personal and professional development of the doctor. This in the context of the doctor’s whole scope of work, and includes a review of their health and wellbeing.
* The expanded section of the template relating to CPD, QIA and feedback should allow you to discuss how they keep up to date across their scope of work, what they have learnt from reviewing on their work and on any feedback they have received during the year and any changes they have made in their practice in response to this learning and reflection. **The ‘what’, ‘so what’ and ‘now what’ questions**…
* It is your responsibility as an appraiser to encourage the doctor to discuss their learning from specific activities, and from their day-to-day work over the period since their last appraisal, and to review any changes or actions that show how their learning has influenced their practice
* By the end of the meeting you need to be able to have identified, discussed and be ready to record, the key personal and professional issues for the doctor, their achievements and challenges since their last appraisal, and agreed their development aims going forward.
* Asking the doctor what areas they wish to focus on during the appraisal discussion is the most important first step. How you decide to structure the appraisal meeting will depend on the agenda set by your appraisee. *The core message is to allow the appraisal to be led by your appraisee – what are their core issues, concerns, challenges, achievements and aspirations?*

**Confidentiality**

It is important to reassure your appraisees that the discussion is confidential and that the appraisal discussion is a safe space to explore any sensitive issues, especially around health and well-being (within the normal provisions of the need to disclose serious patient safety concerns) However, you do not need to record any details of this conversation in your appraisal summary- just record that the discussion has taken place, with any relevant action points It is important to make this clear at the start of the appraisal.

**The Appraisal Discussion-some suggestions:**

The following guidance on areas useful to cover in the appraisal discussion mirrors the sections of the appraisal summary-the domains of Good Medical Practice [with links to the relevant sections of the appraisal template]

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| --- | --- |
| **Summary****Box-overview and** **context of whole** **scope of work****Linked sections of the Template-****Sections 1 and 2** | * Make sure you and the doctor are clear where the GP is in the revalidation cycle. If this is a pre-revalidation appraisal, check that the GP is revalidation-ready-if anything is missing discuss and agree what needs to be done before their revalidation is due.
* Discuss the setting [s] in which the GP works such as practice-based, locum, OOHs or on-line consulting, and the main challenges of each.
* If the GP has other role[s] discuss their whole scope of work-how do their various roles link together-how do they keep up to date and review their practice in each role? - discuss any CPD/Feedback relevant to other roles.
* Discuss things that are going well / not so well or need to be continued or need to be changed in terms of core role[s]
* Have there been any changes in the GP’s scope of work in the last year-are there any changes planned for the next year?
* If the GP has worked fewer than 40 sessions a year the low volume template should be completed by the GP and the responses and plans going forward should be discussed at the appraisal meeting
* If the GP is not working in the UK, or is taking a career break from clinical work for any other reason [ill-health, sabbatical etc] , please discuss their current work situation, their future plans and when they last worked in the UK
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|  |
| **Domain 1**1.1 Maintain your professional performance1.2 Apply knowledge and experience to practice1.3 Ensure that all documentation is clear, accurate and legible**Linked sections of the Template-****Sections 3,6 and 9** | Re PDP* Encourage reflection on progress, not necessarily completion, of PDP aims
* How has this progress informed professional development?
* If little or no progress with any PDP item, was there another goal that was achieved in the year as a replacement instead? Should the goal carry forward-if not why not?

Re CPD/QIA: * Discuss the ways in which the GP learns best-informal conversations, incidental from consultation, formal reading, podcasts, internet modules, events etc .
* Consider asking the GP if they find capturing their learning in writing or via an App helpful-but formal CPD log no longer essential
* Ask for the GP’s own reflections on their CPD and to highlight specific instances of useful learning over the previous year
* Discuss how has the GP reviewed their practice with the aim of improving quality of care at a personal or practice level.
* Explore if they have any examples of (approaches / processes / behaviours) that have changed **because** of their learning, with an example or two if possible –

**Elicit evidence of reflection by asking the three questions-tell me not only what you have done, but also ‘so what’ and ‘now what’?** |
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| **Domain 2**2.1 Contribute to and comply with systems to protect patients2.2 Respond to risks to safety2.3 Protect patients and colleagues from any risk posed by your health**Linked sections** **Of the appraisal****Template****Sections 4, 5 and 7** | **Safety systems and risk*** Discuss how the GP responds to any safety issues that might emerge in their work setting[s]
* What has been going well, what have been the main ACHIEVEMENTS over the last year-may be simply ‘keeping going’- Keeping the PRAISE in APPRAISAL is SO important
* What have been the GP’s biggest CHALLENGES over the last year-what is going less well in their work situation-Are there aspects of their work they could stop or do less of, or where a change of approach might be helpful?

**Serious Untoward Incidents [SUIs] or Significant events** * If there have been any SUIs in the past year these should be discussed with any learning and reflection noted.
* This is also an opportunity to discuss how GP type SEAs, where harm has not occurred but where care might have been better, are dealt with by the GP-are there practice means where they are discussed or does the GP belong to a self-directed learning group-or is there an opportunity to discuss them in the context of on-line or triage work?

**Health and Well-being**:* Wellbeing Score -Ask the GP how they interpret their score especially if low-Does the score reflect their immediate feelings at the time they scored them, or give more of an overview (even considering the future)
* Try to get an idea of their working day/week-“talk me through a typical day or week” Talk about ‘outside of work’ challenges. How sustainable is current working pattern and work/life balance.
* Consider what activities might help to mitigate work stress eg exercise, outside hobbies and interests family life etc Is burnout something the GP has considered -if yes consider using the BMA questionnaire. <https://www.bma.org.uk/advice-and-support/your-wellbeing/self-help-questionnaires/worried-you-may-be-burning-out>

**Does the GP feel that they might benefit from additional support eg GP tutor input Practitioner Health, Validium [contracted for all LMCs across NE],**  |
|  |
| **Domain 3**3.1 Communicate effectively3.2 Work constructively with colleagues and delegate effectively3.3 Establish and maintain partnerships with patients**Linked sections** **Of the template****Sections 6 and 7** | * Have there been any formal or informal complaints involving the GP in the last year – If so-how have they been dealt with-in writing, practice meeting, escalation to NHSE etc and discuss outcomes. Focus is not on the details of the case[s] but on the GP’s personal learning and reflections and changes in practice or learning outcomes for the GP or the practice.
* Discuss any feedback-formal MSF , website comments, informal compliments from colleagues and patients-what has been the learning from these-were there any themes in the formal MSF/PSQ that suggest any learning needs for PDP ?
* Discuss how the GP functions in a team setting in a practice or in a peer group or within a remote consulting organization online-or in any on-line forums-How well supported does the GP feel -are there unmet support needs to address-if so how might this be done?
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| **Domain 4**4.1 Show respect for patients4.2 Treat patients and colleagues fairly4.3 Act with honesty and integrity**Linked sections** **Of the Template****Sections 6 ,7 and 8** | * Confirm with the GP that there are no probity issues in terms of their professional behaviour, commercial conflicts of interest or in any aspect of their patient care or work with colleagues in any of their roles
* Check that the doctor has appropriate medical indemnity cover
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**[3] The output documents**

* Since 2020, appraisers have indicated that writing up the appraisal is more challenging than before, because of the lack of written Supporting Information, the description of which might previously have made up much of the summary. It is the responsibility of the appraiser to try to capture sufficient examples of learning and reflection from the appraisal template and verbal discussion, thus showing that the doctor is working in line with the principles in Good Medical Practice.
* You should write up the summary under the four domain headings of Good Medical Practice as normal, focusing on the key elements of maintaining health and well-being, and reviewing the achievements, challenges and aspirations of the doctor, and their learning and reflections since their previous appraisal. Hopefully the questions listed in the previous section will help guide your discussion, and the guidance below will help with writing the summary.
* A new PDP needs to be agreed and written up, preferably with a few achievable goals whose outcome can be measured the following year. It is particularly important that the goals are owned by the doctor and written in a SMARTER way. Defining a new PDP with a couple of aims is fine, in line with on-going workload and stress.
* The five output statements should be agreed/disagreed in the usual way. If a ‘disagree’ statement is made, it is important, as always, to put an explanation in the comment to the RO and to remind the doctor that they have the opportunity to comment too.
* Doctors whose revalidation recommendation will fall before their next appraisal need to make sure that they have provided and discussed their patient and colleague feedback. If this is outstanding at the time of their pre-revalidation appraisal, the summary needs to include a plan for collecting and reviewing the feedback before the revalidation recommendation is due. Statement 2 should be marked as a ‘disagree’ to highlight the missing information to the appraisal team
* Undertaking Medical Appraisal using the revised 2022 template, and without a portfolio of additional Supporting Information, will satisfy the RO in terms of GMC revalidation requirements so long as the GP can show evidence of learning and reflection through verbal discussion.

**These are the core areas you should aim to include in your appraisal summary. The revised QA review form [Appendix C below] mirrors this sequence, and will provide commentary on each section, but without a formal score**

| **GMP Domains** **and attributes** | **Areas to cover in the written Summary** |
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| **Summary Box****Linked sections of the Template-****Sections 1 and 2** **Supporting Information****Low volume template if relevant** | * Summary of current work situation and all roles within Scope of practice-consider how the different roles link together
* Describe any recent changes in scope of work and any planned changes in the coming year
* If a low-volume GP, an indication that questions within the template have been discussed and the GP flagged to the appraisal team for further discussion and review.
* If the GP is working abroad , or taking a career break from clinical work for any other reason [ill-health, sabbatical etc, outline their current situation and future plans and the date they last worked in the UK
* Stage of revalidation cycle and readiness for revalidation if pre-revalidation appraisal-if not ready, what actions are needed to make the GP revalidation ready
* A Statement that GP has demonstrated reflection on learning is also very helpful for the RO, [ evidence of applying learning from CPD, feedback etc to clinical practice to be captured in section 1.2]

**Making sure there is some recognition of achievements at a very stressful time- Keeping the PRAISE in APPRAISAL is SO important** |
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| * 1. **Maintain your**

**Professional performance****Linked sections of the Template-****Sections 3,6 and 9** | * Review of PDP-aims achieved-For those not achieved-why? Do they need to be brought forward-if not why not?
* Description of GP’s learning over the last year-how do they prefer to learn/access learning-how do they process/capture learning and share this within the PHCT or with other colleagues as appropriate
* Possible PDP aims for next year with reasons
 |
| **1.2 Apply knowledge and****experience to practice****Linked sections of the Template-****Section 6**  | * The aim here is to show how learning from PDP, CPD, QIA feedback and any complaints have been reflected on Describe how any learning has been applied to practice-and any new skills that have been acquired or any changes in practice that have occurred.
* This will give the RO some indication of the quality of the GP’s reflection-responding to the **‘so what’** and ‘**now what’** questions
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| **1.3 Ensure that all documentation****is clear and accurate**  | * Can discuss record keeping and comment on the pre-appraisal documentation and any other issues relating to record keeping
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| **2.1Contribute to and comply with** **systems to protect patients****Linked sections Of the appraisal****Template****Sections 4 and 7** | * Describe what challenges the GP has faced over the previous year and whether these have involved any patient safety issues-
* Describe systems in place at an individual level [eg peer support groups, mentoring, practice meetings] where safety and GP type SEAs can be reviewed and shared lessons learned
* Describe any achievements the GP has recorded or discussed relating to their professional roles, that have allowed them to continue working over the previous year, and to maintain good quality and safe patient care
* Acknowledge all evidence of good practice, especially in the context of current work pressures-keep the ‘praise’ in appraisal
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| **2.2 Respond to risks to safety****Linked sections of the Template****Sections 4 and 7** | * Describe how the GP has responded to any safety issues that have arisen or what means they have to respond to risks when these arise—what systems are they involved with that relate to safety issues-eg practice based or peer group discussions of SEAs, challenging cases etc Identify how reflections and learning from such discussions are applied to practice
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| **2.3 Protect patients and colleagues** **from any risk posed by your health****Linked sections of the** **Template****Sections 5****Relevant Supporting Information****Well-being score** | * Highlight core achievements in the last year, especially those related to maintaining health and well-being and keeping a good work-life balance
* Highlight if any health or work-life balance issues have been identified and how these have been addressed and whether any support services have been used or might be needed-mention well-being score if appropriate to do so
* Do not include confidential personal health information
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| **3.1Communicate effectively****Linked sections of the template****Sections 6****Relevant Supporting Information****MSF if available** | * Summary of any information from the appraisal discussion that relates to communication/leadership role[s] -from formal or informal feedback and compliments from all roles -participation in team meetings, peer group meetings on-line support groups etc
* Discussion of any learning needs identified relevant to communication
 |
| **3.2 Work constructively****with colleagues and delegate****effectively****Linked sections Of the template****Sections 6****Relevant Supporting Information****MSF if available** | * Discussion of any information from the appraisal meeting that relates to peer relationships-the GP’s role in the team or in other work environments.
* Review of themes from formal MSF scores and any specific comments relating to colleague relationships
* Discussion of any learning needs identified relevant to work relationships and how these might be addressed in the PDP
 |
| **3.3 Establish and maintain****Partnerships with patients****Linked sections of the Template****Sections 6 and 7****Relevant Supporting Information****PSQ if available** | * Discussion of any information from the appraisal meeting relating to relationships with patients-this may be formal PSQ, informal feedback and compliments and any complaints or serious incidents that might relate to communication issues.
* Describe any learning needs that have been identified and how these might be addressed in the PDP
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| **4.1 Show respect for patients****Linked sections Of the Template****Sections 6** | * Any other issues related to patient care not already covered
* May be useful to Indicate an absence of any concerns in this area
 |
| **4.2 Treat patients and Colleagues fairly and****Linked sections Of the Template****Sections 6 and 7** | * Any other issues related to colleague interaction and team work not already covered
* May be useful to Indicate an absence of any concerns in this area
 |
| **4.3 Act with honesty and integrity****Linked sections of the template****Section 7 and 8** | * Confirm that probity statement has been signed and no probity issues that might affect fitness to practise have been raised
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| **PDP**  | * Make sure that the PDP aims for the next year are written clearly, and in a way that achievement can be assessed at the next appraisal
* A PDP with two or three aims is absolutely fine
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| **Statements** | Sign off all the statements, or if any cannot be signed [usually missing MSF/PSQ in a pre-revalidation appraisal] , explain what the issue is and how it will be addressed  |

**Please highlight any issues that have caused you concern, plus all low volume GPs and any GPs working abroad, or currently not working for other reasons, to the appraisal team, so that the GP can be offered appropriate support and guidance. If you have discussed GP tutor referral, please request this via the appraisal team or the appraisal lead**

**Appendices**

* Appendix A is an example of the completed 2022 appraisal template for a hypothetical salaried GP -Dr A
* Appendix B is an example of the completed appraisal summary and PDP for the same hypothetical salaried GP -Dr A
* Appendix C is the revised QA assessment form

**Appendix A Medical appraisal template Dr A**

1. Personal details and Appraisal details

**Not included for this example**

Whole scope of work

I work 4 sessions a week as a salaried GP in a large urban practice [name and address given]where I have been employed for the last 5 years -since early on in the pandemic I have also started doing 1-2 sessions a week for Babylon doing on-line consultations for both private and NHS patients working from home

*Describe any significant changes since your last appraisal or anticipated changes you wish to prepare for.*

The on-line consulting is new [see Challenges section below] and although it is not always easy , it is flexible additional work that at the moment fits in well with my family life I would like to look at options for becoming involved in under-graduate medical student teaching

## Previous appraisals in this revalidation cycle

## *Not included for this example*

## PDP review*What progress, if any, have you made with your previous PDP? Are there goals you want to carry forward?*I have managed to do some work on 2WW referrals [see below] but I have not achieved my other two PDP aims -a sexual health update and a review of local/national palliative care guidance -I will carry these forward to this year’s PDP

1. Challenges, achievements and aspirations

*What personal and professional challenges or constraints have you faced?*

 The period since my last appraisal has continued to be extremely challenging as we emerge from the pandemic and have to deal with the work which was set aside during the height of the pandemic as well as current demand, which seems to grow inexorably. I found the switch to video/telephone consulting very difficult, undermining confidence in my clinical decision making when I was not able to see and examine patients. I also miss the sense of connection and caring that I think occurs more in face-to -ace interactions. I am glad we are now able to triage patients to come down to the surgery, but I am concerned by the huge pressure on appointments and on all our services. I have taken on some on-line consulting work as well for financial reasons [see below] – I do not particularly enjoy this work but it has been very helpful to be able to work from home for these sessions. Unfortunately, my partner was unwell with Covid more than a year ago, and although he did not need hospital admission, he still has a lot of residual symptoms and remains very tired much of the time. He has only managed to return to work on a part time basis, which has led to financial stress. So I have taken on the extra on-line work and also end up with most of the responsibility for managing our two young children when they have been off school to self-isolate [which is an on-going intermittent issue], and for running the home [whereas we previously shared things fairly equally], I have struggle to juggle all these responsibilities on an on-going basis and rarely feel that I am doing any of them as well as I might.

*What have been your greatest achievements?*

I think just getting through this period and taking on the additional online GP work and coping with it, even if it has been quite stressful to do this. I have supported my partner and our children as much as I could and also been an active member of our village ‘what’s app support group’, running errands and offering support to elderly and shielding neighbours as often as I could during the two main lock down periods. We have also maintained good relationships at the practice despite all the current pressures, and I am delighted we can now meet face-to face gain for our weekly team meetings.

*What do you hope to achieve in the future, personally and professionally?*

I definitely felt, at the point when almost all our interaction with patients was being done remotely, that I was no longer doing the job I signed up for when I started GP training. Obviously, I understand the reason for this shift but I feel we need to manage our ongoing consultation strategy with care. I am considering the offer of partnership at my current practice so that I can be fully involved in decision making at a practice level and help to make sure that patients’ needs remain at the top of our agenda. I would also like to develop my range of skills and I am going to look into the possibility of medical student teaching, possibly doing the Certificate in Medical Education in due course when our children are a little older. I am also aware of the need to focus on my work/life balance and make sure that I can nurture this sustainably for the future

1. Personal and professional wellbeing

Health

*I declare that I accept the professional obligations placed on me in Good Medical Practice about my personal health.*

***Yes***
*On a scale of 1 (most negative) to 10 (most positive), how are you?*

**(1/2/3/4/5/6/7/8/9/10 (Required)**

6 at present *You may wish to consider:*

* *How has the period since your last appraisal impacted on you?*
* *Have you needed any support, and was the help you needed available?*
* *How have you maintained your health and wellbeing, and what do you need, or wish, to do differently, if anything?*

I have already described the impact of Covid and its aftermath on my personal and professional life and maintaining my usual sense of well-being has been very difficult at times. I missed personal contact with friends, wider family during the lock down periods, and I am delighted that our GP learning group has just started meeting again. I have taken up running and outdoor swimming which has helped me deal with stress but I don’t feel that I have fully regained my pre-pandemic energy and enthusiasm, which has been tempered in large part by my partner’s slow recovery from Covid. I have not sought any external help but I am aware of the various options should things get more difficult

1. CPD, QIA, and feedback from colleagues and patients,
including compliments

*Include a brief commentary, covering the period since your last appraisal, which considers your most important learning, quality improvement activities and feedback:*

Keeping up to date – maintaining and enhancing the quality of your professional work

* *What have you done to keep up to date across the whole of your scope of work?*
* This has been much more individually focused than in pre-pandemic times when I used to attend quite a few external meetings, as well as our practice team meetings and my self-directed study group. In the last year as the ‘Covid education’ slipped from being almost the sole focus of our education, I have tried to expand my educational focus. Our practice meetings have re-started which provide a weekly discussion of challenging cases, safe-guarding issues, unexpected deaths, all of which lead to situational learning and reflection. I have not been to any external meetings but I have made an effort to listen to a range of podcasts when I am driving and I have done a few on-line learning modules. I am delighted that my self directed learning group has started meeting again every 6 weeks and this is important peer learning and support for me
* *What are the most significant things you have learned?*
* Core topics of interest this year from meetings and on-line inputs have been a review of HRT prescribing -the risks and benefits- an update on our local palliative care processes and the role of the GP in supporting families where a child is diagnosed with some form of autism-which seems to be getting a much more frequent occurrence,
* *Have you identified any learning needs that you need, or want, to address, or key learning to be shared? If so, what action have you taken as a result?*

I feel the ‘hands-on’ palliative care support to our patients inevitably suffered during the pandemic due to time pressures and the fear of bringing infection into vulnerable patients. I have been working with the DN team to get their informal feedback and I am going to lead a practice meeting reviewing the current state of our care in this area and any improvements we need to make, based on some case reviews I also want to update my learning on current national/local guidance on best practice in palliative care

Reviewing your practice - evaluating and improving the quality of your
professional work

* *What have you learned from reviewing your practice across the whole of your scope of work? What are the most significant things you have changed as a result and how effective have those changes been? What else do you want to change (if anything)?*

 During the first Covid period, we became aware through our remote practice meetings that we were consulting with many fewer patients with suspected cancer diagnoses. It seemed that patients had become so frightened by the prospect of getting Covid, and the spectre of an overwhelmed health service, that they were not contacting us for any non-Covid concerns. I had aimed, in my previous PDP, to review my 2 week wait referrals and I had already collected the 2WW figures for all the practice doctors and nurse practitioners for 2019 before the pandemic started. I was able, with some support from one of our admin team, to look at our 2 WW referrals for 2020 and this confirmed our suspicions that there was a 40% reduction compared to the same period in 2019. I shared this information with the team, and we decided to contact all our patients for whom we have emails or mobile numbers, with the message that we were still ‘open for business’ for all their health problems. We encouraged patients to make sure they contacted us initially by phone to discuss their symptoms, but that physical examination and blood tests could be arranged as needed. The same message was put on our website. Our 2WW figures have increased over the last year but we are still dealing with the fall-out from some delayed presentations.

Feedback – seeking and acting on feedback about the quality of your
professional work

* *What have you learned from any feedback, solicited and unsolicited, you have had about your practice, both individually and as part of the teams you work
in (if any)?*
	+ *From your patients and/or their carers (where applicable)*

I have not collected any formal patient feedback over the last year , but Babylon do provide quite regular feedback on each GP’s performance in line with their required standards. Consultations are recorded and reviewed by peers against agreed standards, and my feedback has generally been very positive.

 In the early phases of the pandemic patients seemed to be appreciative of everything the practice was doing to maintain clinical care and address their worries about Covid. This seems to have changed quite markedly in recent months, with quite a lot of website comments and direct negative feedback to reception about access and often long waiting times for routine referrals

* + *From your colleagues*
	+ No formal feedback this year but a general feeling of how much we all appreciate seeing each other again instead of remote meetings
	+ *From any compliments you have been personally named in*

I have received several cards and letters of thanks from patients

* *What have you changed, or do you want to change (if anything) because of any feedback you have received?*

The main area for improvement from my Babylon work has been to make sure that clear follow-up/safety netting instructions are given to the patient, and checking understanding that these have been heard and understood. I have been working hard on these areas and hope that this year’s feedback will show improvement. We are continuing to address access issues

1. Significant events, serious incidents and/or complaints since your
last appraisal

*I have been named in one or more significant events or serious incidents in the period since my last appraisal*

**No**

*I have been named in one or more complaints in the period since my last appraisal*

No -some practice complaints about access but these are not directed at me personally

1. Probity and items you have been asked to bring to your appraisal

*I declare that I accept the professional obligations placed on me in Good Medical Practice in relation to probity, including the statutory obligation on me to ensure that I have adequate professional indemnity for all my professional roles and the professional obligation on me to manage my interests appropriately*

**Yes**

*In relation to suspensions, restrictions on practice or being subject to an investigation of any kind since my last appraisal, I have something to declare*

**No**

*Have you been requested to bring specific information to your appraisal by your organisation or responsible officer?*

**No**

1. Your Personal Development Plan themes

*What are your initial thoughts on your goals for the period until your next appraisal?*

From my previous PDP-sexual health update and a review of local/national palliative care guidance -also explore options for teaching medical students

**(Optional)**

*“I confirm that I have completed this form and reflected on the supporting information to support this appraisal. I am responsible for the contents and confirm that it is appropriate for this information to be shared with my appraiser and* *responsible officer.”*

Please tick here to confirm your agreement. **(Required)**

1. Any other comments

*Is there anything else that you wish to discuss during your appraisal?*

*No*

**Appendix B -Example of an appraisal Summary for Dr A**

| **GMP Domains** **and attributes** | **Areas to cover in** **Summary** |
| --- | --- |
|
| **Summary Box** | Dr A is a four session a week salaried GP in a busy urban practice where she has been employed for the last five years. She is currently considering the offer of partnership in the same practiceShe has also been working 1-2 flexible sessions each week for on-line consultation private provider Babylon which provides care for NHS and private patients- a role she enjoys much less than face to face consulting, but has taken on because of her current home circumstances.Dr A is hoping to find some additional work in the next year teaching medical students She was revalidated in 2019 and know that needs to undertake formal PSQ and MSF before her next appraisal in 2023 We discussed what has been a challenging year for Dr A for personal and professional reasons, and the impact of this on her health and well being Dr A has managed to keep up to date across a range of CPD topics and she showed in her pre-appraisal preparation, and in verbal discussion, how she has reflected on this learning to make some significant quality improvements in the practice- a very big achievement in these stressful times |
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| * 1. **Maintain your**

**Professional performance** | Dr A managed to complete one of her PDP aims-a review of 2WW referrals which was started before the pandemic -two other items relating to sexual health and palliative care have been brought forward for this year due to pressure of work over the last yearDr A previously enjoyed going to external education meetings as well as the weekly practice meetings which always have a clinical context, and her self-directed learning group. She now tends to use pod-casts and other on-line learning tools for her external education, but is delighted that the practice and SDLG meetings are now face to face again. We discussed a number of topics , including palliative care, HRT prescribing and supporting families with autistic children, which she has focused on in the last year and discussed with her colleagues with a view to amking improvements in practice care in these areas |
| **1.2 Apply knowledge and****experience to practice** | Dr A has completed a review of 2WW referrals started in 2019. In the early days of the pandemic, there had been an increasing recognition amongst the doctors that many fewer patients were presenting with potentially worrying symptoms and that the 2WW referral rate was significantly lower compared to the figures Dr A had put together in 2019. Communication to all patients via text, email and on the website, urging them to present with any symptoms of concern contributed to referral rates rising again this year. Dr A is to be congratulated for managing to carry out this work despite the high level of workload at the practice.Dr A is also working with the DN team currently to make sure that palliative care standards which were necessarily impacted by Covid, are being restored to pre-pandemic quality.Dr A has not done any formal PSQ exercise , but she is aware at levels of dissatisfaction amongst patients about access and referral waits and the practice is reviewing these aspects of care delivery to see what can be done to improve patient experience.. |
| **1.3 Ensure that all****documentation****clear and accurate**  | The Appraisal template was completed in detail and clearly written-no other discussion in relation to documentation. |
| **2.1Contribute to****and comply****with systems****to protect****patients** | One of the main challenges Dr A described and we discussed, was the switch to remote consulting. Although the rational for this was fully understood, Dr A still feels that there are risks in only speaking to the patient and often not even seeing them on video. She has often felt insecure managing a patient who was potentially unwell without the option of seeing and examining them . She is very glad that many more patients are coming down to the practice for care, but she is aware of the constant pressure on the system for consultations. She feels she will have to continue with her on-line consulting sessions with Babylon for the next year or two, until her partner is well enough to return to full time work. The on-line sessions can be done flexibly around child care demands. Dr A feels justifiably proud to have got through another very difficult year, working with a group of supportive colleagues. She is delighted to have been asked to join the practice as a partner and is considering this option at present. |
|
|
| **2.2 Respond to risks to** **safety** | Dr A did not bring any specific personal SEAS to discuss at her appraisal, although she described several instances where waiting for a prior telephone consultation which was then followed by a surgery appointment had led to some delay in the patient being seen with potentially urgent symptoms. SEAS are brought to practice meetings where learning points are shared, and any necessary actions agreed. Outcomes are shared with all the team if needed, with the aim of improving the quality of care delivered, not to apportion blame to individual team members. Anonymised cases are also discussed at her SDLG meetings on occasions which leads to important shared peer learning.  |
| **2.3 Protect patients and****colleagues from any risk** **posed by your health** | Dr A scored herself as 6 on the well-being scale-no change from last year. She explains this as being due to personal stress at home, with her partner still recovering from long Covid, which has an on-going impact on a number of aspects of family life. We discussed the factors that might lead to a higher well-being self-rating going forward and the strategies she is adopting to promote her own physical and mental health. She does not feel that these issues have affected her capacity to deliver her normal standard of care to her patients, and she has not felt the need to access any external support services.Dr A has done very well to have engaged so fully in the appraisal process, and continued to reflect actively on her learning and push for appropriate changes in practice care. deliver what appears to be high quality patient-focused care.  |
| **3.1Communicate****effectively** | Dr A spoke with enthusiasm about being able to re-engage with face to face meetings both at her practice and her study group and she clearly enjoys working alongside her PHCT colleagues. She is much less enthusiastic about her on-line consulting, mostly because of the lack of patient contact, but also working on her own with no informal peer support. Dr A is currently working closely with the DN team with the aim of reviewing post pandemic palliative care services |
| **3.2 Work constructively****with colleagues and delegate****effectively** | No formal MSF available but our discussion made it clear that Dr A engages enthusiastically with her PHCT colleagues, and the recent offer or partnership suggests that Dr A is a valued member of the clinical team.Discussion of any information from the appraisal meeting that relates to peer relationships-the GP’s role in the team or in other work environments.  |
| **3.3 Establish and maintain****Partnerships with patients** | Dr A has had no formal PSQ this year, but she did describe a number of positive thank-you cards and notes from patients. She also shared some complimentary feedback on her consultations provided by Babylon, who regularly review the performance of all their practitioners against a set of criteria. Dr A is currently working on a review with DN colleagues in response to some informal feedback from patients that standards of palliative care had slipped somewhat during the Covid period. Dr A has had no formal complaints or SUIs during the period since her last appraisal |
| **4.1 Show respect for patients** | These attributes are already covered under Domain 3-no information presented or discussed to suggest that Dr A does not treat her patients and colleagues fairly and with respect. |
| **4.2 Treat patients and** **Colleagues fairly and****without discrimination** |
| **4.3 Act with honesty and****integrity** | Dr A has signed the probity statement and raised no probity issues that might affect her fitness to practise |

**PDP**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PDP Aim** | **Learning or** **development need** | **Agreed actions** **or goals** | **Target date** | **Demonstrating success** |
| Update on sexual health  | Complete two modules on contraception in Faculty of Sexual Health programmehttps://www.fsrh.org/home/ | Pass the modules | June 2023 | Use the learning in day to day work |
| Improve practice palliative care services | Respond to feedback from some patients that there had been a decline in quality of some aspects of palliative care during the pandemic | Review current services and feedback and produce plan to share with PHCT | June 2023 | Plan for improvements produced and implemented |
| Explore options for medical student teaching | Find out what teaching options available and what training needed | Contact medical school and engage if possible | June 2023 | Start teaching by September 2022 if possible |

Appendix C Revised QA Assessment Form

**Revised QA assessment tool for NHSE & I NE and North Cumbria**

**-September 2022**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** |  | **Appraiser** |  | **Initials of summary reviewed** |  | **Tutor** |  |

|  |  |
| --- | --- |
| **Summary** | **Yes/No plus comments if appropriate** |
| **The document is professionally written and produced** |  |
| **All roles in scope of work are discussed with any recent or planned changes**  |  |
| **Stage in revalidation cycle noted with any gaps identified and steps to address these described** |  |
| **If any ‘disagree’ statements, then there is an explanation /record of discussion with NHSE**  |  |
| **There is evidence of support and praise** |  |
| **Domain 1: Knowledge, skills and performance** |  |
| **Each PDP objective is reviewed noting progress** |  |
| **The doctor’s reflection on the breadth of their learning (from PDP/CPD/QIA/SEA) is noted with examples of change in practice shown** |  |
| **Domain 2: Safety and Quality** |  |
| **How the doctor manages risk and ensures patient safety is described** |  |
| **The doctor’s greatest achievements, challenges, and aspirations over the last year are recorded** |  |
| **How the doctor takes responsibility for their health and wellbeing is noted, with appropriate signposting if required** |  |
| **Domain 3: Communication, Partnership and Teamwork** |  |
| **The doctor’s reflections on any serious significant events and complaints are recorded** |  |
| **How the doctor maintains professional relationships with patients and colleagues is described** |  |
| **How the doctor communicates effectively with patients and colleagues is recorded** |  |
| **Domain 4: Maintaining Trust** |  |
| There is a record of the d**octor’s reflections on any formal performance-related evidence they have been asked to bring to the appraisal** |  |
| **Probity issues have been covered** |  |
| **PDP** |  |
| **New PDP items are appropriate and clear, and derived from development needs** |  |
| **Progress against each objective can be easily assessed next year** |  |

|  |
| --- |
| **Please add any additional comments if appropriate**  |
|  |