



SCOTTISH EXECUTIVE

Health Department
Human Resources Directorate

Dear Colleague

GP APPRAISAL

1. This circular provides details on the introduction of annual appraisal for GP Principals and PMS equivalents, GP assistants and GP associates in Scotland. The terms of the circular have been agreed between the Scottish Executive Health Department (SEHD) and the Scottish General Practitioners Committee (SGPC). The circular also provides details of an amendment to the Statement of Fees and Allowances (SFA) which takes account of the introduction of annual appraisal.

Background

2. On 9 October 2002 the Minister for Health and Community Care announced a £1.3m funding package for a new appraisal scheme for family doctors. The investment will allow GPs to take part in an appraisal scheme which it is anticipated, subject to legislation, will become a key part of the revalidation process, whereby family doctors have to demonstrate to the General Medical Council that they remain fit to practice.

3. Appraisal is a formative and developmental process and is standard practice in many walks of life to improve the quality of services. It is a positive process, to give GPs feedback on their past performance, to chart continuing progress and identify development needs.

4. Under the agreement, GP Principals who provide medical services in Scotland will be able to claim a fee of £315 for taking part in the appraisal process. This will give them the resources they need to carry out all aspects of appraisal effectively. The fee will be paid once the doctor conducting the appraisal has confirmed to the local Primary Care Trust (PCT) or NHS Board that the appraisal has taken place.

5. The appraisal arrangements will be overseen by NHS Education for Scotland (NES) and be rolled out initially in a number of selected PCT/NHS Board areas as part of a planned programme to cover the whole of Scotland. By December 2003,

18 March 2003

Addresses

For action

Chief Executives of NHS Boards
Chief Executives of Primary Care
Trusts
Director of Practitioner Services,
Common Services Agency
General Practitioners

For information

Chief Executive,
Common Services Agency
Chief Executive,
NHS Education for Scotland
Directors of Post Graduate GP
Education

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appraisal will be fully operational and available to GPs throughout the country.

6. In terms of resourcing, the main features of the new appraisal system are as follows:
- A centrally funded superannuable fee of £315 will be paid for carrying out all aspects of appraisal, the fee to be uplifted annually in line with annual uplifts awarded to GPs.
 - Support for appraisal will be linked to the information requirements of the Practice Accreditation Scheme. While Practice Accreditation is not compulsory, when undertaken the information requirements will support the appraisal process.
 - Resources will flow through PCTs/NHS Boards.
 - The superannuable fee will be released to the GP when the appraiser has notified the PCT/NHS Board that the appraisal has taken place.
 - Payment of the Post Graduate Education Allowance (PGEA) may also be triggered on completion of appraisal. Currently a GP can apply to the Director of Postgraduate GP Education (DPGPE) to have their Personal Learning Plan (PLP) approved for purposes of PGEA. When appraisal is introduced, the appraiser will sign off the PLP and notify the NHS Board that the GP has met the requirements for PGEA. There may be occasions where the appraiser feels that the GP has not undertaken sufficient activity in relation to their PLP to meet the PGEA requirements. In this circumstance, the PLP and record of learning will be referred to the National Appraisal Co-ordinator who will make a recommendation on whether or not the requirements have been met. This will ensure consistency across Scotland. The DPGPEs will therefore delegate responsibility for signing off PLPs for PGEA purposes to the National Appraisal Co-ordinator and appraisers. Transitional arrangements will apply to ensure continuity of PGEA payments while awaiting completion of appraisal. GPs who qualify for payment of PGEA will continue to receive quarterly PGEA payments until their first appraisal takes place, when continuing payment will be authorised on completion of their first appraisal. All GPs can continue to elect to qualify for PGEA under existing arrangements. Newly appointed GP Principals who are not eligible for PGEA on 1 April 2003 can qualify for payment under existing SFA arrangements until their first appraisal. GPs who do not qualify for PGEA at the time of their first appraisal will qualify for payment following completion of their appraisal.
 - GPs' terms of service will be amended to make participation in appraisal mandatory. This will take place when the scheme is fully operational nationally.
7. GP Principals providing general medical services or personal medical services are eligible for payment under the appraisal scheme. PCTs/NHS Boards which contain PMS schemes should ensure that PMS contracts include provisions to achieve the objectives set out in this circular. Existing PMS contracts can be amended on application to Scottish Ministers.
8. The appraisal scheme will also apply to GP assistants and GP associates but does not apply to locum non-principal doctors, hospital practitioners, clinical assistants or clinical associates providing hospital based specialist services. Arrangements for locum non-principals are under consideration and will be linked to the introduction of the supplementary list arrangements. Salaried GPs will remain the responsibility of the PCT/NHS Board.

9. A determination of the changes to the SFA is included in this circular at Annex A. A copy of the amendment to the SFA is included at Annex B. The amendment has also been replicated in the SFA on the Scottish Health on the Web site.

10. Applications for payment, once the appraisal process has been carried out, should be completed using the claim form provided at Annex C. GPs should send completed applications to their local PCT/NHS Board for authorisation and onward transmission to Practitioner Services Division.

11. Introductory guidance on how the appraisal scheme will operate is also enclosed. This paper (GP Appraisal: A Brief Guide) is the outcome of discussions between SEHD, SGPC, NES and the Royal College of General Practitioners in Scotland (RCGP Scottish Council). Detailed guidance and documentation on the national appraisal scheme will be issued by NES to all general practitioners in Scotland later this year.

Action

12. PCTs/NHS Boards are requested to bring this circular to the attention of the GP practices in their area and to their Area Medical Committee for the attention of the Secretary of the GP Sub-Committee.

Yours sincerely

Michael Lalage

MIKE PALMER
Assistant Director (Policy)

ANNEX A

AMENDMENT TO THE STATEMENT OF FEES AND ALLOWANCES

DETERMINATION

Scottish Ministers, pursuant to regulation 35(1) of the National Health Service (General Medical Services) (Scotland) Regulations 1995, hereby determine that paragraph 37A of the Statement of Fees and Allowances as set out in the attached Annex B shall take effect from 29 January 2003.

ANNEX B

AMENDMENT TO THE STATEMENT OF FEES AND ALLOWANCES

PARAGRAPH 1/SCHEDULE 1

FEES PAID TO GPs FOR UNDERTAKING ANNUAL APPRAISAL

A practitioner who undertakes and completes all aspects of the GP Appraisal process will be paid a superannuable fee. The fee will be paid once the doctor conducting the appraisal has confirmed to the local Primary Care Trust (PCT) or NHS Board that the appraisal has taken place.

£315

PARAGRAPH 37A

FEES PAID TO GPs FOR UNDERTAKING ANNUAL APPRAISAL

General

37A.1 A practitioner who successfully undertakes and completes all aspects of the GP Appraisal process will be paid a superannuable fee as detailed within Paragraph 1/Schedule 1. The fee will be paid once the doctor conducting the appraisal has confirmed to the local Primary Care Trust (PCT) or NHS Board that the appraisal has taken place.

Eligibility for Payments under the GP Appraisal Scheme

37A.2 GP Principals or PMS equivalents, GP assistants and GP associates providing general medical services or personal medical services are eligible for payment under the appraisal scheme.

37A.3 The appraisal scheme does not apply to locum non-principal doctors.

Method of Claiming

37A.4 Applications for payment should be made using the form attached to NHS Circular: PCA(M)(2003)5. Once completed, forms should be submitted to the PCT/NHS Board for authorisation and onward transmission to Practitioner Services Division.

ANNEX C

APPLICATION FOR PAYMENT FOR COMPLETING GP APPRAISAL PROCESS

This form should be completed by GP Principals and PMS equivalents, GP assistants and GP associates claiming payment of fees under Paragraph 37A of the Statement of Fees and Allowances (SFA). Fees will be paid at the rate as set out within Paragraph 1/Schedule 1 of the SFA to GPs who complete all aspects of the appraisal process.

Payment of the Post Graduate Education Allowance (PGEA) may also be triggered on completion of appraisal. In order to secure payment the GP Appraiser must sign off the appraisee's Personal Learning Plan and notify the Primary Care Trust/NHS Board that the GP has met the requirements for PGEA.

CLAIMING GP's DETAILS

Surname:.....Forenames:.....

Practice Reference Number

GP Reference Number

Practice Address:
.....
.....

Postcode:

Telephone:

PERSONAL DETAILS OF GP CONDUCTING THE APPRAISAL

Surname:.....Forenames:.....

Practice Reference Number

GP Reference Number

Practice Address:
.....
.....

Postcode:

Telephone:

DECLARATION OF CLAIMING GP

I confirm that I have completed all aspects of the GP appraisal process and claim payment of the relevant fee under Paragraph 37A of the Statement of Fees and Allowances. I understand that, if I have claimed this fee inappropriately, disciplinary action may be taken against me.

Signature of Claiming GP :

Date:



DECLARATION OF GP CONDUCTING THE APPRAISAL

I confirm that all aspects of the GP appraisal process have been completed. I understand that, if this declaration is not correct, disciplinary action may be taken against me.

Signature of GP Appraiser:.....

Date:

Please now send this form to your local PCT/NHS Board for authorisation and onward transmission to Practitioner Services Division.

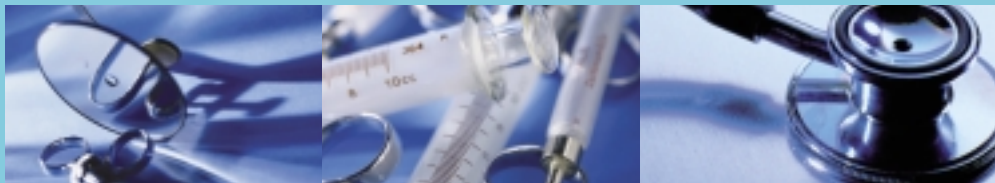
FOR PRIMARY CARE TRUST/NHS BOARD USE ONLY

Authorised by PCT/NHS Board:

Signature:..... Date.....

Passed to PSD for Payment:





GP Appraisal: A brief guide



SCOTTISH EXECUTIVE

NHS Education
for Scotland

RCGP
scotland

BMA
SCOTLAND

1. INTRODUCTION

This paper is the outcome of discussions between the Scottish Executive Health Department (SEHD), the Scottish General Practitioners' Committee (SGPC), the Royal College of General Practitioners in Scotland (RCGP Scotland) and NHS Education for Scotland (NES) formerly Scottish Council for Postgraduate Medical and Dental Education (SCPMDE).

2. BACKGROUND

Against a background of the development of clinical governance and quality assurance, the Minister for Health and Community Care in Scotland signalled the intention to introduce appraisal for all GPs. A scheme for consultants is already underway and for GPs, the Scottish General Practitioners' Committee has accepted, in principle, the concept of appraisal linked to revalidation.

The Clinical Standards Board for Scotland was established in April 2000 and subsequently became part of NHS Quality Improvement Scotland (QIS) in January 2003. The Board endorsed practice accreditation as the preferred methodology of quality assurance for practice-based primary care in Scotland. The practice accreditation standards have been developed in partnership by RCGP, SEHD, SGPC and other key stakeholders. In addition, the Directors of Postgraduate General Practice Education have agreed a national process for the accreditation of



training practices, which incorporates all the essential criteria included in the RCGP practice accreditation scheme.

The issue of general practitioners (GPs) whose performance gives cause for concern has been addressed on a Scottish basis. The Minister set up a short-life working group, which included key stakeholders. The report of the Working Group, entitled 'Prevention – Better than Cure'¹ was published in August 2001.

The General Medical Council (GMC) has decided that all doctors will be required on a regular basis to demonstrate that they continue to be fit to practise. This process has been termed *revalidation*. The GMC will provide guidance on the principles and has asked Medical Royal Colleges to draft standards and criteria appropriate to their specialty.

The RCGP has worked closely with the General Practitioners Committee UK (GPC) to produce proposals for the revalidation of GPs: *A Methodology for Recommending Revalidation for the General Practitioner*² which is based on *Revalidation for Clinical General Practice*³ and *Good Medical Practice for General Practitioners*.⁴

1 Report of the Short Life Working Group on Identifying and Preventing Under Performance Amongst General Practitioners, SEHD 2001

2 *A Methodology for Recommending Revalidation for the General Practitioner*, RCGP/GPC 2000

3 *Revalidation for Clinical General Practice*, RCGP 2000

4 *Good Medical Practice for General Practitioners*, RCGP/GPC 2000

There are significant NHS organisational differences between Scotland and England. There is, therefore, an opportunity to develop an appraisal scheme for General Practitioners in Scotland which meets the clinical governance aspirations of SEHD, supports GPs in their preparation for revalidation and links with the practice accreditation scheme.

It is known that the support offered by Primary Care NHS Trusts and NHS Boards to practices preparing and undertaking practice accreditation is variable across Scotland. It is recognised that time will be required to prepare for, and undertake, annual appraisal. Formal negotiations between SEHD and SGPC have determined a national agreement on how GPs will be resourced in Scotland for carrying out appraisal.

This introductory paper provides information on:

- how the scheme will operate
- how it will be organised and resourced
- how the complementary agendas outlined above may be dovetailed.

Further information and guidance will be issued as the scheme is taken forward.

3. AIMS OF THE APPRAISAL SCHEME

The aims of the appraisal scheme are:

- to help the individual GP to identify educational and development needs

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- to help assure the public that the GPs they see are safe, up to date and delivering high quality services within the resource constraints of NHS Scotland
- to facilitate local NHS organisations to discharge their duty of quality assurance
- to consider and help optimise the GP's contribution to the quality and delivery of services locally
- to contribute significantly to the mechanisms proposed by the General Medical Council for the revalidation of GPs.

4. KEY PRINCIPLES

Annual appraisal for GPs will be a professional process of constructive dialogue, in which the GP being appraised has a formal structured opportunity to reflect on his/her work and to consider his/her effectiveness.

Annual appraisal will be a supportive, developmental and formative process. It will allow the individual the opportunity to identify their educational and developmental needs.

The content of the appraisal will be based on the core headings set out in the GMC document 'Good Medical Practice', namely:

- Good Professional Practice
- Maintaining Good Medical Practice
- Relationships with Patients

- Working with Colleagues
- Teaching and Training
- Probity
- Health

Appraisal meetings will be conducted in private and the key points of the discussion and outcome will be documented and copies held by the appraiser and appraisee and remain confidential.

The appraisal scheme should enable NHS organisations to support GPs so that they contribute to delivering responsive, safe and high quality services and reach their full potential to the benefits of patients.

Annual appraisal will follow a standardised format and be delivered to agreed national standards.

The primary aim of appraisal is to enable GPs to consolidate and consider areas for future personal development and to look to how these needs might be achieved. However, it may help recognise, at an early stage, developing sub-optimal performance or ill health which may be affecting an individual's clinical practice. In such instances the process should assist the GP in recognising potential problems and seeking appropriate help at an early stage. However, appraisal itself should not be used as the mechanism for addressing such problems.



Appraisal must not be utilised to address serious issues relating to performance that arise outside the appraisal process. These must be addressed timeously and separately from the appraisal process using existing mechanisms.

Appraisal will support the provision of evidence which will substantially contribute to a GP's regular revalidation. To this end appraisal discussions and evidence gathering should be sufficiently broad to cover the requirements of revalidation.

The impact and effectiveness of the national GP appraisal scheme in Scotland will be kept under review.

5. APPRAISAL – LINKS TO THE REVALIDATION FOLDER

The intention is to ensure that the appraisal scheme for GPs in Scotland largely meets the requirements for revalidation. To this end, a first draft revalidation folder for GPs in Scotland is currently being designed and agreed with the GMC. This will form a GMC revalidation pilot. This folder is mapped onto the criteria and standards outlined in the RCGP/GPC document 'Good Medical Practice for General Practitioners' and sets out the evidence which would be required and the standard against which the evidence would be assessed. It is anticipated that the folder will continue to be developed on the basis of further research and the evidence and standards may be modified to increase clarity.

A number of criteria pertaining to practice organisation will be assessed during practice accreditation visits. Where this is the case, a current practice accreditation certificate (including a QPA award and training practice accreditation) will be taken as evidence of satisfactorily meeting that criterion. Many of these criteria will provide organisational and clinical information to support both annual appraisal and revalidation.

The folder will initially be based on the needs of GP principals⁵ or PMS equivalents preparing for revalidation. Further work requires to be undertaken to assess suitability and to modify the model, where appropriate, to meet the needs of locum non-principals.

Support and advice in the preparation of evidence for inclusion in the revalidation folder from the appraiser will be a major component of the appraisal interview.

RCGP Scotland is the host organisation in Scotland for a GMC revalidation pilot and they will produce a resource pack to assist GPs in the preparation of their revalidation folder.

6. APPRAISAL – GUIDANCE

Detailed guidance and documentation on the national appraisal scheme will be made available shortly to all GPs in Scotland.

⁵ A doctor on the medical list of a Primary Care Trust or NHS Board providing general medical services to patients. Initially, appraisal will also cover assistants and associates attached to GP principals.



7. THE APPRAISAL INTERVIEW – PREPARATION

Successful appraisal is dependent not only on the process of the appraisal interview but also on the preparation undertaken beforehand both by the appraisee and the appraiser.

Initial contact should take place three months before the interview and agreement reached on the content of the interview and on a date for the appraisal interview. It is crucial that adequate time is set aside for the process and that the interview is free of interruption. In addition, time is required for the appraisee to prepare for the interview and to gather any documentation which has been agreed as part of the appraisal process.

Generally the appraisee will produce documentation on the following:

- a brief outline of professional commitments (part of revalidation folder)
- a personal assessment of changes the appraisee would like to make in the forthcoming year in relation to their job and reflecting any practice development
- evidence of continuing professional development (CPD) activity (consistent with the requirements of revalidation)
- a self-assessment of the appraisee's own educational plans

- a summary of any complaint(s) (consistent with requirements of revalidation)
- evidence required for the agreed area(s) of review this year (consistent with requirements of revalidation).

Apart from personal assessments, it is envisaged that much of the material will have been assembled for practice accreditation or be available from existing sources, for example medical prescribing information and clinical audit.

It is intended that the appraisal process will, over a period of five years, result in the production of all the evidence required for revalidation with the exception of any relevant professional activity outwith the scope of GP appraisal.

8. THE APPRAISAL INTERVIEW – FORMAT

Appraisal interviews will be conducted annually by a trained General Practitioner (appraiser) at the premises of the GP, unless agreed otherwise, who is being appraised (appraisee). The appraiser and appraisee will agree the content of the interview in advance and the appraisee will have prepared material for discussion at the interview. Protected time should be set aside for the appraisal interview which may take up to two hours.



9. THE APPRAISAL INTERVIEW – CONTENT

The agenda for the interview will be agreed.

Current professional commitments will be reviewed, with educational needs specific to the job description identified. For example if the appraisee is the main provider of diabetic care in the practice there may be specific needs in relation to that activity.

The description of the job that the appraisee does will be reviewed and updated annually and will form part of the content of the revalidation folder.

Educational needs and priorities in relation to the job description including any personal or practice developments will be discussed. An opportunity will be given to highlight any adverse conditions that currently exist which prevent high quality care being provided.

Educational activity from the previous year will be reviewed. In subsequent years this will involve a review of achievements against the previously agreed personal learning plan.

Evidence of educational activity will be required for the CPD record in the revalidation folder.

The appraisee will have considered their own personal development and educational needs in advance of the appraisal. A number of tools are available to assist

with this task which will be published in the appraisal handbook.

It is recognised that complaints are often very stressful events for practitioners and there should be the opportunity to discuss the complaint and any learning points in a supportive environment. During the interview, the appraisee will present within the folder all formal complaints relevant to their professional practice during the past year in the format required for the revalidation folder.

The appraisee will provide evidence in at least one of the following five categories in the format required for the revalidation folder. This list is not yet definitive and will be based on further discussions with the GMC:

- review of prescribing and referral
- review of patient survey and/or communication skills
- review of significant event analysis/random case/problem case report
- review of clinical audit
- review of peer feedback.

Any issues arising will be discussed and any identified needs will be included in the personal development plan.

It is anticipated that all of the five areas of evidence above will have been discussed over a period of five years. The GMC have intimated that revalidation will commence in 2004 or 2005. The requirements for GPs



who have had less than five years to prepare for revalidation will be made explicit by the GMC and this will be taken into account in the design of the appraisal content.

As already stated, it is anticipated that some of the required information will be provided to the appraisee by the Primary Care NHS Trust, NHS Board or other NHS agency, e.g. Primary Care Information Group of the Information & Statistics Division.

There will be an opportunity for the appraisee to discuss any other issues with the appraiser.

The appraiser and appraisee will sign off the formal output from the appraisal including the educational plan for the forthcoming year.

10. THE APPRAISAL INTERVIEW – OUTCOME

The detail of the appraisal interview will be confidential to the participants.

The appraiser and appraisee should agree a written overview of the appraisal which should minimally include:

- a synopsis of achievement in the previous year
- the key elements of a personal learning plan (which may be shared with the Director of Postgraduate GP Education)
- objectives to be pursued by the appraisee over the

next year including provisional timescales and plans for review

- areas to discuss with the Primary Care NHS Trust or NHS Board to address needs in the local context or wider system.

The agreed standard appraisal report required for revalidation will be signed by the appraisee and the appraiser and placed in the revalidation folder.

The Primary Care NHS Trust or NHS Board will be notified that the appraisal has successfully taken place. The nationally agreed payment for participation in, and completion of, appraisal will then occur. It is anticipated that successful completion of a personal learning plan and evidence of learning activity at the appraisal will result in the payment of the Postgraduate Education Allowance (PGEA). Where an appraiser feels there is insufficient evidence of learning activity for the PGEA to be authorised, the appraisee may elect for his/her case to be referred to the National Appraisal Co-ordinator. This will ensure that decisions on PGEA in relation to personal learning plans are consistent across Scotland. Existing PGEA arrangements under the Statement of Fees and Allowances (SFA) will remain meantime and GPs should continue to utilise this system until their first appraisal has been completed.

In the very unusual event of significant cause for concern arising with regard to the appraisee's health, conduct or performance, the Medical Director of the

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Primary Care NHS Trust or NHS Board will be notified. It is anticipated that the appraisee and appraiser will agree this. It must be recognised that as registered medical practitioners appraisers have a responsibility to raise any concerns which put patients at risk. These must be addressed and referral to the GMC must occur if patient safety is likely to be compromised.

It is anticipated that the learning needs identified within the plan can, with the agreement of the appraisee, be forwarded to the Director of Postgraduate General Practice Education to assist in the commissioning and provision of postgraduate education in the Region. This will be anonymised and amalgamated by each appraiser based on the outcome of all the appraisals he/she has conducted.

Building on practice accreditation, annual appraisal provides an ideal opportunity to link the development needs of the practice with the personal and educational needs of the individual. It is envisaged that the appraiser will generally conduct the appraisal interviews with all the GPs in the practice and will, with the agreement of the practice, feed back any identified needs, for example staffing issues, to the Primary Care NHS Trust or NHS Board.

An aggregated and anonymised report on appraisal outcomes should be collated and submitted annually to the Primary Care NHS Trust or NHS Board by the Medical Director covering clinical governance and

organisational or service themes requiring action or investment.

11. THE APPRAISER

The aim will be to appoint individuals who are committed to appraisal, are keen to be involved and who have the capacity and capability to do the work.

The appraiser will be a GP. The appraiser will be appointed to the practice. If the appraisee is unhappy with the designated appraiser, he/she may request that another be assigned.

It is anticipated that an appraiser will undertake up to twenty-five appraisal interviews per year (based on one weekly session). The appraiser will generally appraise all GPs within a practice. This will allow the appraiser at the request of the practice to feed back any generic issues which were raised during the appraisal process which could be considered by the practice, Local Health Care Co-operative (LHCC) or its successor (Community Health Partnership), Primary Care NHS Trust or NHS Board.

The quality of the appraisal and the quality assurance of the process are key issues for the success of the scheme. It is important that appraisers are selected through an objective, open and transparent selection process. Each will receive training in generic appraisal skills, the agreed appraisal process and the criteria and

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standards required by the GMC. If during training it becomes clear that any individual is unsuitable to be an appraiser, they will not be offered a contract.

In addition, the appraiser must be supported in their role. There will be continuing professional development needs for the appraiser in relation to this role. In addition, there will be objective assessment of the appraiser's performance and a mechanism for constructive feedback.

In summary the appraiser should:

- have good or even exceptional interpersonal skills
- be committed to the concept of appraisal
- be respected by the local medical community and have the confidence of the Medical Director
- be trained to undertake appraisal
- be fully familiar with the documentation and process of the appraisal scheme
- have a good knowledge of the appraisee's job and the context and circumstances within which it is performed
- be available throughout the year to give advice and support
- have a positive relationship with the appraisee
- have the authority and credibility to influence wider organisational decisions.

12. DEVELOPING THE APPRAISAL PROCESS

All GPs in Scotland will need to be familiar with the nationally agreed scheme. This is a vital first step in successfully introducing appraisal. An appraisal handbook, which will provide detailed information on the appraisal process, is currently being finalised. Appraisers will provide advice to appraisees in advance of the appraisal to ensure the appraisee is well prepared. In addition a number of 'awareness raising' sessions will be run by NES.

The appraisal process will be developed on the basis of current best practice taking account of experiences, for example in the other home nations and for other staff groups in the NHS. In addition, the process will require to be modified to take account of any specific changes in the requirements for revalidation.

13. SUPPORTING THE PROCESS – ORGANISATIONAL STRUCTURE

The importance of ensuring avoidance of unnecessary duplication between a number of inter-linked national initiatives including appraisal, revalidation, practice accreditation and the continuing professional development agenda is recognised.

National Level

NHS Quality Improvement Scotland, as the successor Special Health Board to CSBS, will externally quality assure the scheme.

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Responsibility for the development and internal quality assurance of the scheme will be the responsibility of NES. NES has established a National Appraisal Implementation Group to oversee the scheme. This group will include representation from all the key stakeholders namely the SEHD, RCGP Scotland, SGPC, Directors of Postgraduate Medical and Dental Education, Medical Directors and Chief Executives of Primary Care NHS Trusts or NHS Boards and lay representatives. It will be essential that the group maintains strong and effective links with the GMC to ensure that the appraisal scheme developed for GPs in Scotland is compatible with the arrangements for revalidation.

A National Appraisal Co-ordinator has been appointed to oversee the introduction of the scheme, supervise training and develop quality assurance mechanisms. The Co-ordinator will be employed by NES and report to the National Co-ordinator for Primary Care at NES.

Local level

Appraisal will be delivered at Primary Care NHS Trust or NHS Board level. At this level the national group format should be replicated in the local appraisal group. The local group will include the Medical Director of the Primary Care NHS Trust or NHS Board, as chairman, and representation from LHCCs, the GP Sub Committee of the Area Medical Committee, the RCGP Faculty and the Director of Postgraduate

General Practice Education. There will be at least two lay members on the group. This group must link closely with the local clinical governance arrangements.

The placement and accountability of the appraisers is an important issue and has been the subject of much discussion and negotiation. It is proposed that a Local Appraisal Adviser be appointed on a sessional basis to oversee the operational delivery of appraisal in each Primary Care NHS Trust or NHS Board. This would be analogous to the situation with regard to audit facilitators and local audit committees. The Adviser will work closely with the Medical Directors of Primary Care NHS Trusts, NHS Boards and with Postgraduate Directors. The Local Appraisal Adviser will report to the National Appraisal Co-ordinator and to the local appraisal group. This ensures that the scheme remains national and that the direct costs of appraisal are clearly identified and separately funded.

The Local Appraisal Adviser will be responsible for the recruitment and selection of the GP appraisers in collaboration with the local stakeholders. This will always include the Chairman of the GP Sub Committee of the Area Medical Committee and Medical Director or their nominees.

Appraisers and Local Appraisal Advisers will be contracted and paid through the Primary Care NHS Trust or NHS Board and will be accountable to the Chief Executive through the Medical Director.



Appraisers will be required to operate within the agreed template of the appraisal scheme, which will be monitored by NES. Primary Care NHS Trusts and NHS Boards will be responsible for GP Appraiser salary costs. Appraisers will be able to claim travel costs in relation to appraisal.

It is anticipated that Primary Care NHS Trusts and NHS Boards will also provide local administrative support for the Local Appraisal Adviser and appraisers in order to ensure the efficient running of the scheme.

14. SUPPORTING THE PROCESS – QUANTITY

There are currently around 3,700 GP principals in Scotland. The number of non-principals is not exactly known but it is estimated that there may be around 1,000 additional non-principal GPs to appraise.

GP registrars are regularly appraised as part of their GP training year. GP retainees are required to have an annual appraisal with their mentor as part of the requirements of the scheme GP retainer scheme. However, it is anticipated that retainees will become part of the new appraisal scheme.

Primary Care NHS Trusts and NHS Boards will be responsible for arranging appraisal of salaried GPs directly employed by them and should use the same mechanism as for other GPs. The quality of the appraisals will be the responsibility of the Primary

Care NHS Trust or NHS Board but they must also support employed practitioners in their preparation for revalidation.

It is estimated that eventually between 4000 and 4400 appraisals of independent GPs will take place each year.

Experience from work undertaken in educational appraisal in general practice⁶ suggests that one session of GP time per week can support up to 25 appraisals. This allows for:

- preparation for the appraisal
- appraisal interview
- writing up
- support and contact with appraisee where necessary after the interview
- support and networking with other appraisers
- education and development of the appraiser.

Between 160 and 180 sessions of GP appraiser time will be required in Scotland.

6 Dr Malcolm J Valentine:

'Are facilitated personal learning plans a feasible and effective way forward for Continuing Medical Education in general practice?';
MD Thesis; University of Aberdeen; 2001.



15. SUPPORTING THE PROCESS – QUALITY

It is important that the appraisals follow a standardised format of consistent high quality across Scotland. Standardised documentation, agreed by the National Appraisal Implementation Group, is being finalised for use. Feedback on the process of the appraisal and on the performance of the appraiser will be a necessary part of quality assuring the process.

The appraisers will be important in advising and supporting the individual GPs in the revalidation process. It is necessary that the advice being given is consistent and accurate. Appraisers will therefore require to be supported in this activity as well as the process of appraisal interviewing.

16. APPEALS PROCEDURE

In the unlikely event of a lack of consensus between the appraisee and appraiser, the following process should be followed:

- the appraisee should raise concerns about their own appraisal with the appraiser in the first instance
- if concerns remain, the appraisee should discuss them with the local appraisal adviser who will try to find an informal resolution to the problem through discussion and mediation

- if this fails, the Medical Director of the Primary Care NHS Trust or NHS Board should be informed and referral may be made to the local appraisal group for consideration
- where concerns or views relate to the appraisal scheme as a whole, the proper route is to appeal to the National Appraisal Co-ordinator.

17. SUPPORTING THE PROCESS – TIMETABLE

The aim is to have the first GP appraisals taking place in Scotland before the end of March 2003. It is anticipated that there will be a gradual roll-out programme orchestrated by NES and fully operational by December 2003.

18. SUMMARY

It is crucial that the appraisal process for GPs in Scotland should provide a high quality, consistent service to support colleagues in their day-to-day practice and in their preparation for revalidation. Appraisal organised along the lines set out in this paper will enhance the clinical governance arrangements throughout NHS Scotland, in part by further linking the unique practice accreditation scheme with appraisal and revalidation.

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