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Is Your Appraisal Due Before 28th February? Simplify It...!

We are delighted that NHS England has approval from the GMC to pilot a simplification in your pre-appraisal documentation. The aim is to look at the impact of removing the requirement to reflect on the four domains of Good Medical Practice, which all doctors currently have to do as an additional exercise, while keeping the reflection on your supporting information and achievements, challenges, and aspirations.

If your appraisal is due before 28th Feb 2020, and you have not yet completed this reflection and would like not to have to do so, please sign up to participate in the pilot. You will need to let us know so that we can tell your Appraiser - as they will also be asked for their opinion about the impact on the appraisal process – and send you the relevant pilot documentation (which can also be found on our website under latest news - or [click this link](#)).

You will NOT complete any reflection on GMP in your pre-appraisal documentation but do the rest of your reflection, including achievements, challenges, and aspirations as usual. The appraisal meeting will be facilitated by your Appraiser and written up in the same format as usual. You will both be asked to complete a very short (2 mins) post-appraisal survey online to gather your views on the change. That's it!

If the change is popular and does not have a negative impact on the appraisal process, it will be adopted from 1st April 2020 in the NHS England Medical Appraisal Policy for everyone. It sounds like a very positive suggestion to us – give it a try and see what you think...

FEED THE BEAST: Avoid the Final Reminder!

Do take responsibility for setting an appropriate appraisal date well in advance with your Appraiser and PLEASE, when you have set the date for an appraisal meeting, let us know! It doesn't just save time for the office team, but it saves money not having to send out final reminders via Recorded Delivery, which inevitably come over badly, especially if the date is in fact already set. By just copying us into your email confirming the date, you are really helping us and your Appraiser out. If you cannot get in touch with your Appraiser or they are proving difficult to pin down, let us know and we can help. If your schedules are mutually incompatible, again please let us know and we will re-allocate.



IMPORTANT: Appraisals Need A Professional Venue



Appraising when fresh is essential to doing it well. Sometimes, an allocation is a complete mismatch in terms of time available. Ultimately, if you are unable to agree a mutually convenient day/time with your Appraiser, please ask to be allocated to a different Appraiser.

The Higher Level RO for NHS England (Dorset), Michael Marsh, has asked us to highlight the fact that there should be NO home appraisals. This follows some complaints in another region, and the perception of collusion or a power imbalance, ie where an Appraiser has insisted that an Appraisee travel to them. In general, your Appraiser should travel to you. Please bear this in mind when seeking an appropriate appraisal venue. In truly exceptional circumstances, please be sure to protect yourself and your Appraiser by obtaining prior approval in writing if you feel your appraisal venue might fail the 'Daily Mail' test.



GP Pensions: Useful Information from an Appraisal Lead

by James Quekett, Appraisal Lead, BSGW

You are probably aware of the considerable issues in relation to GP pensions that, in some cases, may date back to 2009. This is affecting GPs in different ways, depending on how they are employed and how they are receiving the income from NHS appraisals.

As GPs, we are not experts in this highly complex area and most of us were blissfully unaware of the legal requirement for non-principal GPs to complete Type 2 forms for NHS Pension purposes, in addition to completing the GP Solo forms. Here is [the link](#) of where to find and then submit forms.

For GP principals being paid through the practice and not using GP Solo forms, your accountants will have hopefully been submitting Type 1 practitioner forms on your behalf and therefore you are less likely to have been affected by this issue. However it is still suggested that you check that the figures recorded by NHS Pensions are correct as there have been significant discrepancies.

It is only when you go to the [TRS website](#) to check your statement that you may become aware of discrepancies in the figures or, in some cases, complete absence of any data. If the data is missing, you can use the [NHS Pensions enquiry form](#) to

submit the first request to find out which part of your NHS Pension data is missing or erroneous.

Sometimes you may get a response stating that specific employment IDs have missing data, which is not entirely helpful; try to be specific and ask at the outset for the name of the employer where your data is absent. This is supposed to receive a response within 30 working days (ie 6 weeks) but experience shows us this timeframe is rarely met.

If it is not met by 40 working days (ie 8 weeks), you are able to escalate it further via the following email: england.pensionescalations@nhs.net

It is also clear from experience that the contributions listed may not be correct and may be associated with the wrong financial year.

It is frustrating that those in charge of running the NHS Pension have been found to be so wanting and that GPs are effectively having to try to understand this whole complex area to ensure their pensions are correct, but hopefully this may help others to navigate this issue as effectively as possible.

This [Blog from the BMA](#) is really helpful too.

Secure Email

Appraisers should all using nhs.net (or equivalent) secure e-mails. Please let us know if you have any concerns, as we take the security of your personal information very seriously.



Feeding Back

Please do use the post-appraisal feedback forms to let us - and the Service Lead/RO - know how well your appraisal went. You can also talk to your Appraiser, Appraisal Administrator, the Programme Manager, the Senior Appraiser, or Susi Caesar as Service Lead.

Presently, appraisal and revalidation queries are handled by the team here at Southern House, in liaison with the Area Office administrative team. Specific RO queries may go in the first instance to Susi as she has completed relevant RO training, then on to Shahed Ahmad (HloW) and Vaughan Lewis (HLRO Hants/IoW), and Caroline Gamlin (Dorset) and Michael Marsh (HLRO Dorset).

For information: Low Volume of Clinical Work - Structured Reflective Template

Some Doctors are not yet aware that there is an NHS England/RCGP/BMA LVCW SRT which should be completed by ALL GPs doing fewer than the threshold of 40 sessions of NHS clinical work/any clinical work per twelve months in work. GPs doing more than 40 sessions may also find it a useful prompt to reflect on the governance around their role. It is embedded in FourteenFish and available on our website. The RO has requested that the second comments box in the Appraisal documentation should be used to highlight where a doctor is working less than 40 clinical sessions and say that they have reflected on the factors that keep them safe using the LVCW SRT.

The version on our website has had some issues and has been revised to ensure it is easy to open and complete. There is no need for the Appraiser to fill anything on the LVCW SRT in – the discussion should be captured in the summary as usual.

Toolkits: Clarity Glitch



Following an issue for an appraiser logging into Clarity to prepare for an appraisal, Clarity revealed that there is a potential to be unable to log in if the doctor also uses other Clarity products (such as Teamnet). If these are under different e-mail addresses, this completely confuses the system. This is a reminder to everyone to put all Clarity-related products on one secure e-mail address – preferably nhs.net. It will affect both Appraisees and Appraisers.

Moving Away from the MAG4.2



Last year, around 65% of our appraisals were completed using FourteenFish, 18% on Clarity and only 17% on MAG4.2.

As you all know, the MAG4.2 is a free NHS England interactive pdf template for appraisal documentation. However, it won't open in Google, so you have to remember to use Internet Explorer. As it is not being updated, you may wish to move to an electronic platform for your information security and ease of use, despite the small cost involved. FourteenFish will move any information in a MAG4.2 across within 2 working days (and often a couple of hours), whatever point in the year a doctor is at. The existing MAG4.2 can be uploaded into Clarity as additional information to avoid duplication, and the doctor can work on from there.



Revalidation Dates

Doctors' accurate revalidation recommendation due dates are included in your Notification of Appraisal. The dates feed straight from the GMC and so reflect the correct date on the date of the e-mail. GMC Online provides the definitive Revalidation Date and only you, as Appraisee, can check this. Please check the date in your Appraisal Toolkit, as there have been incidents of the wrong date being entered and misleading the doctor and their Appraiser. When this appraisal is the last before your revalidation, ALL REQUIRED SUPPORTING INFORMATION needs to have

been reflected on by this appraisal, including MSF and PSQ surveys, and evidence covering the whole of your scope of your work, otherwise the Appraiser must sign a Disagree Statement about appropriate supporting information having been presented. All Disagree Statements need an explanation and a comment in the first box to the RO. This is usually quite straightforward, eg an explanation that there is missing information and the reason. A Disagree Statement is to highlight information to be noted, and is NOT a 'pass/fail' exercise.

GP Retainer & Tier 2 Visa Licence Holder Info

Wessex LMCs holds a database on their website of practices interested in hosting GP Retainers and, more recently, those who hold a Tier 2 Visa Sponsor licence. These are both schemes that may be of interest to you if you are seeking to employ a GP or be employed under these schemes. If you aren't familiar with what these options are or the benefits, please read their webpages which summarise the key points and how to apply. They are also happy to talk them through with you if you call the LMC office.

Information on both schemes can be found on the following links:

<https://www.wessexlmcs.com/gpretainerscheme>

<https://www.wessexlmcs.com/tier2visasforpractices>

Retiring Appraisees:

'Leaving Well'

An Appraisee recently felt they did not need a PDP at their last appraisal as they were retiring. To fully celebrate your career as a GP and to plan for your retirement are very appropriate PDP goals, and will avoid a Disagree Statement in your last appraisal outputs. You may wish to plan how to hand over your patients and say goodbye to the teams you have worked with, for example. Not having a PDP is inappropriate; make sure you have one that is fun and useful to you.



For information: Cameron Fund – 50th Anniversary

Some information from Dr Vernon H Needham FRCGP and Cameron Fund Trustee

"I joined the Board of Trustees in May this year, since which I have learned a great deal more of the Charity's support to GPs in financial distress (of whom there are a surprising number!), and their dependents. The adversities which precede an application are extremely varied: GPs are people first, doctors second.

Applications are made to the office in the first instance. In addition to loans or grants (when approved), applicants are in receipt of specialist financial advice, paid for by the Cameron Fund, which includes areas such as debt management, State Benefits, etc, and they may be signposted to assistance which they had not previously been aware of or considered. Such advice can be of considerable long term benefit. Recipients are universally grateful.

Please circulate this message, both to increase awareness of the Fund and its work, and to encourage donations, particularly to mark this coming half century. Appraisers encounter GPs in all their diversity; it is possible that not all of them are yet aware of the Cameron Fund's activities. This might add another 'tool' to their 'toolbox'."

Please follow this link to their website for more information: <https://www.cameronfund.org.uk/>

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here if you
need us:

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Useful Contacts for
NHS England
South Wessex:

Administration Team: Latest News

Rory Molloy resigned, after a period of sick leave, on 31st October 2019.
Tara Whittington is due to return from her Maternity Leave on 16th March 2020.

Wessex Appraisal Service successes

- FMLM Leaders in Healthcare Conference 4-6th November 2019 – two posters accepted
- NHSE Appraisal Leads event – one poster accepted
- DEMEC 2-3rd Dec 2019 – one presentation accepted
- Ottawa Conference, Kuala Lumpur, Feb/Mar 2020 – one workshop, four presentations (all shortlisted for the IMU-RHIME award) and one poster accepted

Totally Inspirational!

You may have seen our recent tweet about **Karen Gregory**, our Locality Lead for New Forest & Eastleigh Test Valley, who has become a Sports Ambassador for [AgainstBreastCancer](#).

Karen has now run two marathons and a third (London!) is planned for next year to meet her goal of three marathons within a year of her second diagnosis and while receiving treatment. She will soon be starting a blog, so please look out for this.

At our Whole Team Meeting on Tuesday 26th November, **Against Breast Cancer** won the vote from five nominations - the others being Dorset Wildlife Trust, 5K Your Way, the Royal Medical Benevolent Fund, and Greenpeace - and a donation of £146.10 was made on Karen's behalf.

Karen, you're an inspiration and good luck with London.



Please Follow Us!



We are now on Instagram: [wessexappraisal](#)



Don't forget to follow us on Twitter: [@wessexappraisal](#)



And keep an eye on our website at www.wessexappraisal.org

Responsible Officer (Hants/IOW): Shahed Ahmad
Responsible Officer (Dorset): Liz Mearns
Performance Concerns: Teresa Hobbs
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