

Appraiser Times – Spring edition

April 2017

Issue Number 16

Wessex Appraisal Service



Dear Appraiser

2016-17 has now come to an end, and the paperwork is very nearly complete. Once again, you and the appraisal team have all done a fantastic job in supporting our doctors – thank you. We look forward to sunny days and summer holidays soon. Please do read the items below, as there are some important things to note. If you have any questions, as always, please do let us know.



Susi, Steph and the Admin team

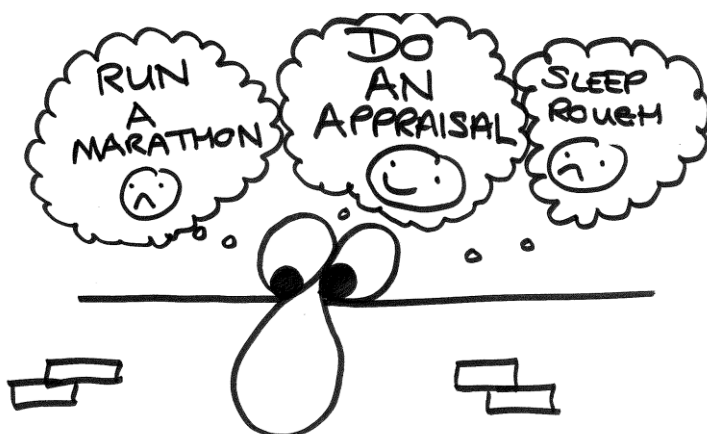
New Appraisal Management System

From April 1st 2017, we have moved to a new appraisal management system, developed for us by FourteenFish. From our administration side, we are seeing benefits already. You will need to bear with us whilst we continue to “tweak”, and make improvements and, if you have any constructive comments or feedback you’d like to share, please do email us: Appraisal.WX@hee.nhs.uk

Email change to @hee.nhs.uk

The old emails are still working for the time being, but please update your contacts listings. Some of you will have been affected by a change in @nhs.net as well. For those using @nhs.net emails set up by us we hope that the new arrangements are going well, but please let us know if not.

A plea from Susi - do you have the capacity to help a colleague?



Many of our medical colleagues (including some of you) give their time and expertise to serve others in all sorts of charitable ways. I know that I will never have the ability, or guts, to run a marathon or volunteer to sleep rough for charity – but HEE have agreed that we can run a pilot for one year, whereby appraisers can volunteer to facilitate an appraisal for free for a doctor who would otherwise have to ask their charity to fund their appraisal (or, more likely, not have an appraisal at all). The GMC and the RCGP have agreed to support us in identifying suitable doctors to appraise, and you would only be asked to do one appraisal.

If you are interested in making a gift of an appraisal to a colleague, and nosy about this very interesting group of doctors, please contact me on susi.caesar@hee.nhs.uk or 07974 966141

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Boring but Important

Fixing/ agreeing dates after the appraisal due month now needs a form (the 9-15 month rule has gone...)

Last year, the NHS England Appraisal Policy was updated to say that all appraisals should be 12 months from the last, and any meeting taking place after the due month needed formal explanation and permission. We took the stance, as this changed part way through the year, to only ask for formal documentation for dates going over 13 months. Going forwards, we are going to have to get a form completed for every appraisal that goes over the 12 month marker. If an appraisal date moves from 30th April one year to 1st May the next, a form needs completing! To clarify, if the appraisal is in the right month, irrespective of date, then no form will be needed, i.e. 1st April to 30th April, no form.

PLEASE, please, please continue to contact your doctors, once we tell you we've notified them, to try and get a timely appraisal date in your diaries – and let us know so we can stop the automated e-mail reminders. We appreciate delays aren't always of your making – but the sooner contact can be made the easier it is to find a mutually convenient date. A note has been added to the notification that goes to each doctor, so they should now be aware of this NHS England driven change.

MAGMAF (v3) versus MAG 4.2 - MAG 4.2 is now the only acceptable form

From 1st April, 2017, the MAGMAF is obsolete and cannot be used for the final write up of the appraisal as it does not allow the correct appraisal year to be set. We cannot accept a MAGMAF (v3) for 17-18.

You will find that some doctors have updated the old form with new information, even though the notification to each doctor tells them that this previous version is no longer acceptable. Where this has happened, the solution is to create a correct MAG4.2 (with the correct demographic details, scope of work, outputs and sign-offs pre- and post- appraisal) and attach the MAGMAF in supporting information to avoid unnecessary duplication of effort. This is the easiest way we can think of to get a fully signed off and locked down document that is accurate about the appraisal year. Any other ideas?

Performance Development Review (PDR)

At the end of the appraisal year, we gather information about your performance as an appraiser for your PDR. This facilitates your reflection and provides supporting information for your appraisal. You should find it helpful in demonstrating your continued competence as an appraiser, but, rarely, you may realise that you have not had the capacity to give of your best.

We are seeing less natural turn-over of appraisers, due to the removal of the requirement to stop appraising two years post- clinical work, and we have a waiting list of good applicants to become appraisers. If you are not performing well, you should expect to have a discussion with your Locality Lead, to understand why, and what you intend to do about it. We will support those who prove they can facilitate valuable appraisals and write them up appropriately.

However, we cannot continue to engage the services of those who are unable to demonstrate these skills and no further appraisals will be allocated in these circumstances.

Change to Feedback Request

In previous years, feedback requests have been sent out the day after the appraisal meeting. For 2017-18, this won't be the case and an email will be sent when we have received the signed-off documentation for the appraisal, or at 28 days past the appraisal should no documentation have been received. The questions have been adjusted again to emphasise the quality improvement agenda but still include all core national questions.

Please note - we are expecting to start requesting corresponding feedback from you on your appraisals and so we will keep in touch with you about this.

Team News

Arrivals:

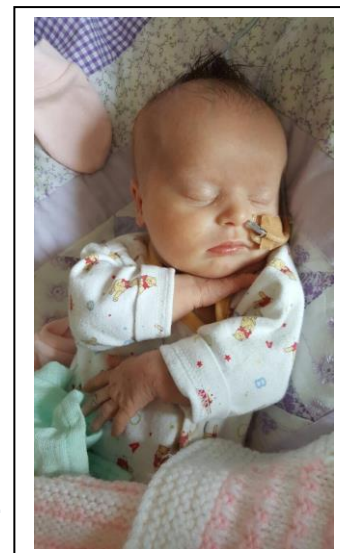
Many of you will have been aware that Harriet went on Maternity Leave earlier in the year. Please join us in wishing a very warm welcome to **Orla Dunphy**, who arrived safely on Thursday 16th March

“... Thursday’s child has far to go ...”

We also welcome Chrisoulla Evans who will be supporting us in Harriet’s absence. Her email should be chrisoulla.evans@hee.nhs.uk (tbc) and her contact number 01962 718530

Departures:

Since the winter newsletter, Vivienne Randall (F&G) and Stephen Selby (IoW) and Cathy Davies (NF) have stopped being appraisers. We thank them for their support and input over the years



Achievements:

The Wessex Appraisal Service was successful in winning the GMC Pilot for the QA of the portfolios of doctors without a prescribed connection – we’ll let you know how it goes...

Helping each other - sharing examples of good practice

Please continue to encourage those doctors you appraise to identify examples of good practice that they are happy to share. As we said last time: the less we duplicate effort in primary care, the more manageable the changing demographics and increasing workload will be!

On this theme, all appraisers should be aware of the details of the new national GPH service:

The NHS General Practitioner Health Service (GPH)

By Dr Andreas Lehmann, April 2017

Launched in January this year, GPH is a free and confidential service for GPs and GP trainees who are suffering with mental health or addiction problems.

It has long been recognised that healthcare professionals and in particular GPs are facing increasing challenges and stress but due to various factors experience obstacles to accessing appropriate and timely care.

We can help with common and more complex mental health conditions, rehabilitation and dependence including detoxification in a variety of settings. The service is based on the existing Practitioner Health Program in London which has been operating since 2009. The experience there demonstrated that once doctors become patients treatment outcomes are very good and in many cases sustained.

A general concern for doctors with mental health or addiction problems are worries about regulatory and statutory bodies. GPH has the trust of the GMC and can help with any queries and advice.

Any GP or GP trainee on the performers list in England as well as GPs wishing to return to clinical practice can access the service and see a dedicated clinician.

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Although commissioned by NHS England we are independent and not a replacement of Occupational Health or other existing NHS services.

Access is fairly simple through a nationwide telephone number or email address:

0300 030 3300

Gp.health@nhs.net

We accept self-referrals only but GPs may be signposted by third parties such as the LMC or appraisers.

The initial contact is followed by a brief triage conversation on the phone with the hub in London. Afterwards you are issued with a code to book an appointment with a clinician of your choice on the NHS Appointment app. First appointments are booked at 90 minutes, giving enough time for a comprehensive and stress free assessment.

All personal and medical details are treated confidential and are only accessible by the dedicated clinicians.

Any general questions, please contact me on andreas.lehmann@nhs.net

Also, don't forget about **Wessex Insight** and the resources there to support doctors:

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

Contact Details:

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Useful Contacts for NHS England South Wessex:

RO: Dr Liz Mearns englandwessexpcp@nhs.net
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