WESSEX Appraisal Service

Appraiser Times – Spring

March 2019 – Issue Number 25

Dear Appraiser,

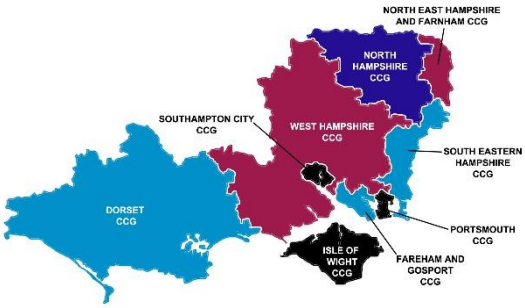
We hope that 2019 has started well for you all, and we wish you the best for the coming year. There is usually a flurry of end of year activity and sometimes issues arise at the last minute – always remember the key messages: "Do no harm" and "If in doubt, ask". We are here to help!

Final Dates

A reminder to get those last dates for 2018/19 in to us. Each year we get less and less to chase so thank you for that. Any problems you are having please let us know as soon as you can.

NHS England Re-organisation - Area Split

The full implications of the NHS England South regional split to create two new regions (SW and SE) are still not clear but we have new separate signed Service Level Agreements with SW (Dorset) and SE (HIoW) to 31.03.2020, so there will be no significant changes in appraisal provision in the next appraisal year. This is our chance to show the new Medical Directors and Responsible Officers (once appointed) just how good we are and why the commissioned model should be supported. Your focus on providing the best added value appraisals is hugely appreciated.



Please note:

- If you have a **Dorset** address with GMC/ PCIS the NHS England team is South West (Dorset)
  - RO: Caroline Gamlin
- If you have a **Hampshire** address with GMC/ PCIS, the NHS England team is South East (H&IoW)
  - RO: Shahed Ahmad

The team currently remain the same at Oakley Road but working across the two distinct areas.

Anonymisation – Keep it proportionate

We have recently had an expressed concern from a doctor who was advised by their appraiser to review and redact some items in their portfolio in a way that seemed excessive/ obsessive. It is important to recognise that anonymisation is a matter for professional judgement and there are no black and white rules to follow. Many things are in the public domain and so making excessive efforts to remove and anonymise every personal detail can be disproportionate. Best practice is to think about what possible harm could arise from including something that might be identifiable and, if in doubt, remove/ anonymise or provide separately. All doctors will be aware that they should write in a professional manner in all parts of their scope of work, and this includes their appraisal portfolio.

Venue pressures / 'SKYPE' appraisals

As mentioned in the last newsletter, finding venues for appraisal may be difficult. If you and your appraisee are locums with no fixed office, and we cannot help you find an alternative professional venue, then the use of a home office can be acceptable. It must be free of interruption (i.e. not just the kitchen), with the appropriate internet access. If you and your doctor are happy with this arrangement, then all we ask is that you let us know in advance that this is what you have agreed. We are planning to create an audit trail for approval to do appraisals in suitable home offices or at unusual times. We want to protect you and the doctor from any charge of collusion and will suggest a form of words to write this up in the summary to make the reason and the prior agreement transparent.

On a similar theme – remote telecommunication assisted appraisals (aka 'SKYPE' appraisals- but other brands are available) are permitted in exceptional circumstances (usually after a first face to face appraisal) but must be approved in advance and have an appropriate audit trail in the summary.

Using (and sharing) the PDP wisely

Helping your appraisees to think about where a need has come from, and to define clearly what the need is, as well as to build a detailed action plan and timeline for options on how to tackle the need, is a great way to support them in achieving something that is important to them. If you can capture the positive impact that achieving the goal will have in terms of improvements in patient care, in their practice, professional relationships or for them personally, then they will be engaged and likely to get the goal done. Over the past year (or two), we have seen a dramatic improvement in the SMARTER way that PDP goals are written. This is our chance to say well done!

Our new top tip is to encourage the doctor to share their PDP goals with others. There is evidence from coaching that this also makes it more likely that the doctor will get it done.

INSPIRE(S) 2019 vs. PROGRESS 2017

We know that assessment drives performance. Over the years we have continually adjusted and improved our quality assurance tools to make them better. Learning by doing makes you experts at writing excellent summaries that meet the needs of the doctor, the next appraiser and the RO and revalidation team. For some, the formative nature of PROGRESS 2017 has been lost in the scoring of the technical points that are needed by the RO. For that reason, we want to make the checklist element more separate from the inspiration to capture a valuable appraisal discussion. Our new Dorset Lead, Dr Alex Jones, has come up INSPIRE(S) as an adaptation of PROGRESS, which we plan to pilot in 2019. You should not need to change your write ups at all – but you may find the way the tool is presented more appropriate to prompt you not to miss essential elements. We hope it will also be easier for new appraisers using it to understand what makes a great summary and for leads to share ideas about best practice. As usual, we will run this as a pilot and your feedback will be much appreciated.

Appraiser:	**INSPIRE(S) undertaken by:**	**Date:**
INSPIRE(S) 2019 Tool for formative feedback and quality assurance of appraisal summary and outputs	N =Needs development G= Good E= Excellent	**Comments** Highlight examples of excellence in the appraisal summary and suggest areas for possible development (where appropriate)
Appraisal identifier (Dr initials)		
INTRODUCTION (AND OVERVIEW) – provides a good overview of the whole scope of work of the doctor and the context(s) in which they work. Comments on background and medical indemnity cover for whole scope of practice		
NEEDS OF THE DOCTOR – demonstrates focus on the needs of the doctor and is supportive of their personal and professional development. Identifies and comments on challenges from the past year and any anticipated challenges / developments		
SUPPORTING INFORMATION (SI) – reviews SI in relation to *Good Medical Practice* and whole scope of work, including commenting on any SI supplied separately. Comments on any gaps identified in the requirements for revalidation, mandatory training, or scope of practice and how they will be addressed, including them in PDP if appropriate (or stating if no gaps)		
PDP – reviews and comments on last year's PDP objectives. Indicates how new PDP objectives arise from appraisal and *Good Medical Practice*. New goals are SMARTER (Specific, Measurable, Achievable, Relevant, Time-bound, Economic and Reflect Impact). It is explicit how achievement will impact on quality and/or safety		
IMPACT– reviews the impact of lessons learned and any changes made on quality of practice and better patient care		
REFLECTION (AND CHALLENGE) – encourages reflective practice and challenges the doctor to consider their development in the context of their work and to demonstrate quality improvements in their practice		
EXCELLENCE – affirms good practice (with examples), celebrates achievements and records aspirations (*some of which may have a timescale over one year*)		
SPECIFICS – Professionally written – typewritten, objective, suitably succinct, free from bias or prejudice. Describes a professional appraisal – including venue, duration, good information governance and appropriate anonymisation throughout Demonstrates an audit trail if exceptional circumstances apply (period in work since last appraisal not 12 months / need to use 'home office' or have remote appraisal) Highlights key points in relation to revalidation -revalidation date, point in revalidation cycle, no of appraisals with this appraiser **STATEMENTS** – ensures the input and output statements have been completed, including health and probity, whether doctor asked to bring anything to discuss at the appraisal meeting and LVCW SRT (if applicable), commented on and, where appropriate, explanation made to the RO.		
TOTAL		
Overall comments:		

Team News

Arrivals:

Apologies for missing this from the last Newsletter, but Elizabeth Shaw joined the team after completing Current Appraiser Skills Assessment.

Departures:

Tara Whittington has now gone on maternity leave, and we wish her well with her imminent new arrival. We'll let you know about Baby Whittington in the next newsletter. To reassure those appraisers who work closely with Tara, we are recruiting for cover whilst she's off and this is now out for application, closing 13th March. Watch this space for news. In the contact details I've noted this as vacant and added the general email and my own number for anything you have.

Since the last newsletter we have said goodbye to Kirsten Fawkner, Bruce Hoghton, Sarita Alner, Nicola Roberts, Pippa Keech, and Richard Fry. We thank each of them for their support to doctors over the course of their appraisal work.

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