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CPD UPDATE: The 50 Credits Question

Once again, the question has been raised about appraisers monitoring the "50 credits" required for CPD. Although the RCGP website recommends that this is a target/threshold for discussion, it is **not** a requirement for revalidation. Unfortunately, some appraisers are being very rigid about refusing to sign off that appropriate supporting information has been provided where there are fewer than 50 credits, or asking GPs to go back and add more to their portfolio; this is **not** appropriate. It is more appropriate to use the recommendation to show 50 demonstrated credits as a trigger to discussion. Usually, it is possible to comment that the doctor does significant additional CPD that has not been recorded and to help them find ways to record it for the coming year (apps, etc). Sometimes, fewer than 50 are appropriate for the context, circumstances, or scope of work. The GMC requires a doctor to do sufficient CPD to keep up-to-date and fit to practice at what they do, but **with no number attached.**



NHS England no longer look for 50 credits annually, since the soft reboot of appraisal, nor 250 across the five year revalidation cycle. Although there is a space on RMS to fill in a number, Dr Maurice Conlon, the National Clinical Appraisal Lead, has said that he does not enter anything into this optional box as otherwise the IT is driving investigations that are unnecessary. Susi is going to take this back to the RCGP to look at the detail of the text regarding the credits, so that there is less risk of misinterpretation.

Feedbacks: Compliant For Whole Scope of Work

When you are the last appraiser before revalidation, please include confirmation that the feedbacks have been seen by you, and that they are GMC-compliant and cover the whole scope of work listed. There have been some issues with feedback results being GMC-compliant but not covering all work. If you don't see these, please write up to reflect this in your summary, as these will need to be checked by the Revalidation Team.



NHS England

Post-Appraisal survey of Appraisees - Feedback

Ten out of 16 NHS England areas (including Wessex) provided the feedback from their annual post-appraisal survey of GPs for 2018-19 for a meta-analysis. It showed that, of the 13,440 GPs in England (39%) who were included, 91% report that their appraisal was useful for promoting quality improvement in their work, and 88% report that it was useful for improving patient care. These results over the whole of England mirror those that we have celebrated annually in Wessex for the past ten years, but the scale of the survey makes it powerful evidence of a positive impact of appraisal done well.

Comments included:

- *'Without Appraiser support, I would not have continued working.'*
- *'Perfect balance between challenge and support.'*
- *'...will help to improve the quality of my patient care.'*
- *'I am refreshed and ready for the next 12 months... inspired for ongoing career development. Thank you.'*

Questions remain about the other areas that were not able to provide their data in time. There was also a theme about the time taken to complete the documentation. To obtain the benefits of appraisal, we must reduce the burden of documentation so we can maximise the value of the reflection and discussion. Watch out for the national launch of this NHS England analysis shortly.



Whole Team Meetings

You may or may not know, but the Service Lead, Deputy Service Lead, Locality Leads, and Administration Team meet every quarter here at Southern House. From that meeting, we produce a statement to share with all appraisers at their upcoming Support Groups. [Click here](#) for a link to the latest missive.

If you have any concerns, you can always get these raised at the meetings through your Locality Lead or directly with anyone in the office. Contact details are (as always) at the end of this newsletter.

Minimum Appraisals: 8

Following discussion and agreement at NHS England South level, it was decided that the minimum appraisals per annum would be raised from 6 to 8. Therefore any appraiser who has requested the lowest number will be contacted with 2 further allocations over the next few weeks or so.

RCGP Appraiser Support Survey What A Response!

Thank you to everyone who contributed to the RCGP Appraiser Support Survey which closed on 13th May; 25% of all UK appraisers and 46% of Wessex appraisers responded. The early analysis suggests that there is a noticeable difference in how well-supported appraisers feel they are between the Deanery-led appraisal services (Scotland, Wales, Wessex) and the NHS England regions. However, one Wessex respondent felt that they were only partially supported and, although we cannot unblind the survey, if that was you, we would love to hear from you in confidence to understand what we could do better... For the other results, we will have to wait for the full analysis.

Did You Know...

... that you need insurance to conduct Appraisals in an appropriate home office?

The use of a **home venue** is a national hot topic in Primary Care appraisals. We have always tried to protect you and your appraisees from charges of collusion or coercion in setting a mutually convenient venue for the appraisal by asking you to let your Lead or the Service know. This calibrates the suitability of the choice in advance, creating an audit trail to show that the decision is reasonable. We have learned of a case (not in Wessex) where a doctor was injured at an appraiser's home and the home insurance refused to cover the costs because it was a business meeting. The national advice is that, if an appraiser facilitates an appraisal at their home in an appropriate home office environment, the appraiser needs the relevant **business indemnity insurance**. Furthermore it may also be that, in using their home for business purposes, there may be a **capital gains tax implication** when coming to sell. Therefore, if you are offering your home office as a venue, you should be able to demonstrate that you have appropriate **business indemnity insurance**. Food for thought!



Mandatory Training for Doctors: What should Appraisers be doing?

The issue of statutory and mandatory training is another national hot topic going to RCGP Council in a paper on 22nd June 2019. Even BLS and Safeguarding are not GMC revalidation requirements for all doctors. The new Intercollegiate document on safeguarding is especially controversial, in the context of overcrowded requirements for a doctor's CPD, because the conclusions appear too rigid (and onerous) to meet the competency-based educational needs of many GPs. Appraisers are there to support doctors in producing an appropriate portfolio of supporting information to meet their needs, which may include a discussion about mandatory training, as an employment requirement. Appraisers should not be 'checking' anything; they should be using their expertise to prompt reflection and discussion, and supporting GPs to meet their needs.

Quality Assurance:

Continued Use of PROGRESS 2017 for the 2019/20 Year

There had been a suggestion we might use a different QA tool for this appraisal year but that has been postponed due to further conversations with the South-wide NHS England teams, with whom we want to agree the consistent use of a single appropriate tool. We hope to have further news on moving forward with this for 2020-21 later in the year.

We are here if you need us:

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Useful Contacts for
NHS England
South Wessex:

Revalidation Dates

These are now included, for every appraisee you are allocated, in the notification sent monthly. Please do check these with your doctors each time. We've had several cases lately where the doctor has stated a date and it's been wrong, on one occasion by two years! Please do not simply accept what the doctor is telling you.

Appraisee Feedback Some Changes.....

As an admin team, we regularly review the feedback received monthly at our team meetings. We have had feedback suggesting that collating it all at the end of the year does not allow timely learning from any appraisals that are rated merely satisfactory or less than satisfactory. As a result, each month when we review the feedback received, we will email your locality lead with any "satisfactory", "borderline", or "poor" responses, or any "no" to having the appraiser again (if appropriate). They will share this with you to facilitate a more immediate update of how you are being perceived during your appraisals. It may also enable you to think back on any appraisal where you may have had issues that may be reflected in the feedback, and be able to more easily rationalise how those responses may have come about.



Responsible Officers Agreed

Following the NHS England Wessex split, and a period of interim support from a variety of ROs, it has been agreed that Dr Liz Mearns will be undertaking the RO functions for Dorset going forward from June 2019. Dr Shahed Ahmad remains the RO for Hampshire and Isle of Wight GPs. Contact information is to be found at the end of this newsletter.

Administration Team New Additions

You will know that Tara Whittington had a busy 2018-2019, not only getting married but also with the arrival of **Edward**, the latest member of the extended appraisal family. They came to visit a couple of weeks ago and Edward was smiling throughout.



With Tara on maternity leave, we now have **Rory Molloy** (2nd left) providing cover for her. Those Appraisers in the Bournemouth & Christchurch groups have no doubt been in touch with him.

And further to Rory joining us, we have been able to recruit to the vacant post of PA/Administrator, with **Jools Mumford** (2nd right) joining us to fulfil that role.

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

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