

Medical Appraisal 2020: Frequently Asked Questions

“Dr P has an appraisal booked for October 2020. She was concerned to hear that this is now definitely going ahead, because she has made no progress with her PDP items, has done very little preparation and, although she has read a large number of COVID related guidelines, has recorded almost no CPD. She experienced quite an unsettling time through the pandemic both personally and professionally, with accentuated health concerns as a doctor from a Black, Asian and Minority Ethnic (BAME) background. However, when she learned that the new appraisal format would be focused on helping her to de-brief on her recent experiences, to support her professional development and consider her wellbeing needs she was relieved – particularly when she learned that there would be minimal expectations around submitting any supporting evidence”

1. Why are appraisals resuming mid-way through the appraisal year?

In response to the government advice on managing the Covid-19 outbreak, a recommendation was issued by the National Medical Director on March 19th, 2020 that the Appraisal and Revalidation programmes should be suspended immediately, to allow doctors, appraisers and associated administrative teams to focus on clinical work and support the response to the coronavirus emergency. This was entirely appropriate and allowed freeing up of capacity across the NHS.

Because of the adaptability and dedication of NHS workers, and the support of the UK public, medical services did not reach potential surge capacity as was initially feared. Having risen to the challenge of the first wave it seems appropriate to take stock and reflect on the enormous changes that have occurred to our ways of working and in some cases, the scope of our work, and plan for the next phase.

There is also an important and growing need for a professional de-brief for doctors with support for their professional development and maintaining their wellbeing. This is likely to be even more of an issue for doctors from BAME backgrounds, where the death rate of NHS staff in the UK has been disproportionately high and this has considerably increased the stress being experienced by these doctors, both in terms of their own health and safety and that of their families.

Appraisal and revalidation involves every NHS doctor and offers them a unique opportunity to discuss their work and consider their needs in planning their professional development. It therefore seems an appropriate time to offer doctors this opportunity to reflect on recent events and plan for the future.

2. How will the medical appraisal 2020 model differ from usual?

Prior to the suspension of the appraisal and revalidation programme, it was clear that for some doctors, the preparation for each appraisal felt lengthy and burdensome.

We have had a unique opportunity to rethink the appraisal process to increase the value of appraisals for you by ensuring the focus is more on your professional wellbeing, achievements, challenges and aspirations and reduce the expectation of preparatory documentation.

Individual appraisal and organisational clinical governance routes together must provide the necessary assurance to ROs that you remain up to date and fit to practice. This allows ROs to make informed revalidation recommendations.

Previously, the supporting information for appraisal often involved careful and comprehensive documentation provided by individual doctors rather than their organisations. We now expect that, through greater mutual trust borne of shared experience during the pandemic, your verbal reflection during the appraisal discussion achieve the same assurance as comprehensive written reflection did previously. This will reduce the pre-appraisal preparation for appraisal significantly without changing the requirement that you reflect on how you keep up to date, review the quality of your work and seek, and act, on feedback from patients and colleagues.

3. What happens to those appraisals that were due to take place before the 1st October 2020?

Responsible Officers have been given permission to award 'approved missed' status to all appraisals that were due to take place between April 1st and September 30th, 2020. These doctors will not be disadvantaged by this and will not require a 'catch-up' appraisal later in the year. We expect that all doctors on the Performers List will have the opportunity to have an appraisal following the Medical Appraisal 2020 model within the next 12 months and that the new format will remain in place at least until September 2021.

4. I missed my appraisal because it was due to take place before 1st October 2020, but I really want to have an appraisal, what should I do?

You should talk to your relevant appraisal team who will need to ensure that there is enough appraiser capacity in the system before this can be arranged.

5. Will revalidation recommence in the same way?

The revalidation process hasn't been paused like most appraisal programmes. The GMC have decided that those doctors with revalidation dates between 17 March 2020 and 16 March 2021 will have their dates moved back by one year. To accommodate flexibility in making recommendations, all doctors whose dates have been moved as part of the pandemic response will also be put under notice. This means that ROs have the opportunity to make positive revalidation recommendations for doctors in this cohort where it is possible to do so, remembering that doctors can be revalidated with fewer than five appraisals (as long

as all the supporting information has been collected and discussed at appraisals earlier in their revalidation cycle). See [Changes made to revalidation in response to the coronavirus pandemic](#).

6. Are all appraisals (including the first with a new appraiser) to take place via video-link?

It is expected that, in NHS England, the expected default will be for appraisals to occur via a video-conferencing platform such as Microsoft Teams. In other designated bodies the approach may differ from this, if, for example both the doctor and appraiser are based in the same building and the appraisal can take place in a suitably socially-distanced way. In all cases, the Covid-secure arrangements of the location must be observed. Due to the interactive nature of the appraisal discussion and the clear benefits to using a video link, appraisals should not routinely take place by phone. You will not need to complete any documentation requesting a remote appraisal; it will be considered the norm.

7. Which on-line video-conferencing platform should I use for my appraisal?

In the same way that NHSE&I are not able to mandate a particular appraisal toolkit, we do not recommend a specific video-conferencing platform for the purposes of a remote appraisal in other designated bodies. Given that NHSE&I have access to Microsoft Teams, this is the preferred format for doctors connected to NHSE&I. However, in choosing a video-conferencing platform, consideration should be given to the purchase or subscription cost, the maximum allowed call-period, confidentiality and security of the call and the requirements for bandwidth ensuring there is a good quality picture and sound for the appraisal meeting.

You should safeguard people's personal/confidential information in the same way that you would in a consultation. If discussing identifiable sensitive information, then you must ensure the platform meets GDPR standards required by NHSE&I. See [COVID 19 Information governance advice for the social care sector](#)

8. Can I still use my preferred on-line appraisal toolkit or MAG form for my appraisal?

We have produced a 2020 MAG template which illustrates the key areas that we think should be covered in this appraisal. While that can be used instead of your usual MAG form or on-line toolkit, we are also talking to the main appraisal toolkit providers, several of whom are planning to integrate the template into their products, to make the whole process as streamlined as possible for you.

We are not able to do this for the MAG form, but we are producing a version of the MAG form that has been customised to show you which sections to focus on when filling it in, and which are non-essential at this appraisal.

You are expected to use whatever platform or documentation you prefer – usually that will be whatever you used previously, or where you have already been uploading your supporting information. The new 2020 MAG template should mainly be used as a checklist to inform expectations of the significantly reduced documentary requirements for this appraisal.

If you do use the 2020 MAG template as a standalone form, you will need to upload it into your normal toolkit or attach it to your MAG form so that your appraiser will be able to prepare and complete the outputs as usual. You will still need to complete your essential details, and sign-off statements on your usual toolkit or MAG form to allow sign-off of the final outputs.

9. What are the expectations for supporting evidence - CPD /QIA etc for this appraisal?

Without expecting you to make any additional effort to generate, collate and reflect in writing on supporting information, you are welcome provide any information you already have and which is of value to you. If such supporting information is not available, you should not worry, as this will not be an obstacle to your appraisal going ahead. Your insights and reflections should be discussed (and captured through the appraisal outputs) but they do not need to be submitted in writing prior to the discussion.

10. Will this 2020 appraisal model still count towards a positive revalidation recommendation?

Yes. The role and purposes of your appraisal remain unchanged. If you engage with the annual appraisal process as described for medical appraisal 2020, it will count towards a positive revalidation recommendation.

11. I am not currently working. Should I still have an appraisal?

We would hope you find having an appraisal supportive and informative and particularly so at the current time, following recent rapid changes and challenges caused by the pandemic.

We would be happy to consider arranging an appraisal for you if you are not working and suggest you contact your appraisal office to discuss further.

12. I am feeling too exhausted / stressed / unwell to have an appraisal, what should I do? Is there an option not to have an appraisal?

If you are well enough to be working clinically, we would expect you to have an appraisal. If you consider that your ability to care for patients is impaired in any way because of your health, it is very important that we are able to support you in

receiving the help you need. We would strongly encourage you to contact the appraisal office at your earliest convenience (and possibly seek the support of your GP or the Practitioner Health Programme).

If you are not working due to ill-health, then please contact the appraisal office and follow the existing processes to explain your circumstances. You are likely to be recorded as having an 'approved missed' appraisal, although there are circumstances in which you may prefer to have an appraisal (see 'I am not currently working. Should I still have an appraisal?').

13. What do I do if I am struggling to undertake a Patient Satisfaction Questionnaire, as I see very few patients face-to-face following changes to ways of working?

Doctors in the final year of their revalidation cycle now have their revalidation date deferred by 1 year. If you are in this position, we would expect you to have plenty of opportunities to arrange this at a later stage.

Some platforms have already enabled new ways of collating feedback to ensure ease of collecting doctor-patient feedback with remote working and it seems likely that this trend will continue.

14. If I undertake a delayed appraisal, will my next appraisal be one year from my delayed appraisal month?

Irrespective of the pandemic, if, for some reason, you have a delayed appraisal, you will normally revert to your usual appraisal month in the following appraisal year.

If you have been granted an 'approved missed' appraisal due to the pandemic this year, you will continue to have your appraisal in the first 6 months of the next appraisal year. We intend that everyone will approximate to their usual dates / appraisal month as much as possible, appraiser capacity allowing.

15. I am on parental leave or planning parental leave to occur over the time of my allocated appraisal date. What should I do?

If you are due an appraisal whilst on parental leave, we would encourage you to contact the appraisal office at your earliest convenience in the usual way to discuss how you can be best supported. Some doctors choose to pull their appraisal forward to plan for their parental leave, others delay their appraisal and wait to have it to plan for their return to work. This is no different in the context of the pandemic.

16. What will happen to the appraisal programme after September 2021?

It is impossible to predict how the pandemic will continue to affect and shape our professional lives. ROs will still retain the ability to pause local programmes as an appropriate response to a local significant surge in virus cases, while the decision

would be taken nationally in response to a national surge. However, we hope to be able to use our learning from introducing this 'input-light, output-rich' appraisal to inform further changes to the appraisal process going forwards, so that we can continue to make it as supportive and constructive as possible for all doctors. The changes in process due to the introduction of medical appraisal 2020 will be evaluated to assess whether the changes are an improvement, and, if so, which elements should be carried forward. We want all doctors to have the benefits that the best appraisals already provide.