



Nov/Dec 2019
Issue Number 27

Appraisal Matters

Winter

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WE NEED YOU! New Locality Lead Required

Will Liddell is resigning as Locality Lead for Fareham & Gosport and East Hants Appraiser Support Groups, with effect from 31st December 2019. He has brought his own unique perspective and a high level of challenge to the role, along with a huge amount of common sense, charm, good humour, and pragmatic decision-making; he will be greatly missed!

The vacant role will be advertised on TRAC and NHS jobs, once the HR processes are complete, and will be open to all existing Wessex Appraisers. It is a very flexible one-session-a-week role and we would encourage anyone who is interested in becoming more involved in Appraisal Leadership to apply.

Call for Interest in New Contracts

You will have seen Gill's email asking for expressions of interest in working for Wessex Fertility, appraising doctors who are not GPs. We are actively seeking additional commissioners, and aim to compile a database with details of all Appraisers who are interested in such opportunities. If you are interested, please email gill.watson@hee.nhs.uk to be included. Thank you to everyone (around 50!) who has already responded.

Very Important:

Please Return Terms of Engagement by 31st December 2019.
Without it, HEE will require us to remove your allocations for 2020/2021.

Wessex Appraisal Service presently employs a team of over 200 active Appraisers across all contracts. We have been working hard since Summer to ensure that each current Appraiser has their own employment file, and that each file will soon contain a completely accurate and up-to-date signed and witnessed copy of Terms of Employment, in line with the latest NHS England version, along with important payment and pension information. Without a proper signed Terms of Engagement for 2020-21, HEE will not allow us to allocate any appraisals to you.

This is now urgent for those of you who have not yet returned a fully signed and witnessed ToE if you wish to continue to appraise next year.



Minimum Appraisals: 8

For information: the minimum number of Appraisals required by NHS England has increased from 6 to 8 per annum. This will be applied from 2020-21.

For Wessex Appraisal Service purposes, Hants/IoW and Dorset are considered one area, because the allocations are on postcode and work across areas to minimise travel and stay 'green'.

Where the Appraiser undertakes work for WAS under other SLAs, they must be completing at least 8 in NHS England. In exceptional circumstances, Appraisers can do fewer on a case-by-case basis.

Secure Email

This is a further reminder that if you are not currently using nhs.net secure e-mails, you should be, and to please let us know if you have any difficulty in getting an appropriate nhs.net address to use for Appraisals. It is a nuisance to have multiple e-mails, but it would be much worse to be part of a Significant Event about the misuse of personal and sensitive information.

IMPORTANT:

Home Appraisals have been banned by the Higher Level RO, and you cannot facilitate an Appraisal in the evening if you have worked all day

Appraising when fresh is essential to doing it well. Sometimes, an allocation is a complete mismatch in terms of time available. Ultimately, if no mutually convenient day/time can be arranged, please hand back the appraisal(s).

The ToE and Code of Conduct are clear: Appraisers cannot expect to be engaged to facilitate appraisals on a day when they have already done a full day's work. They will not be sufficiently fresh. Nor can the Appraisee discharge their professional responsibility to engage fully with their annual appraisal on a day when they are doing a full day of clinical or other work. If any such appraisal comes to light, the Appraiser will no longer be engaged to perform appraisals on behalf of the Service. The reputational risk of being double-paid for a day of work is a potential probity issue, and the temptation to keep the appraisal short with the appearance of collusion and a cosy chat could not be avoided.

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. Please bear this in mind when seeking an appropriate appraisal venue. In truly exceptional circumstances, please be sure to protect yourself and your Appraisee by obtaining prior approval in writing.

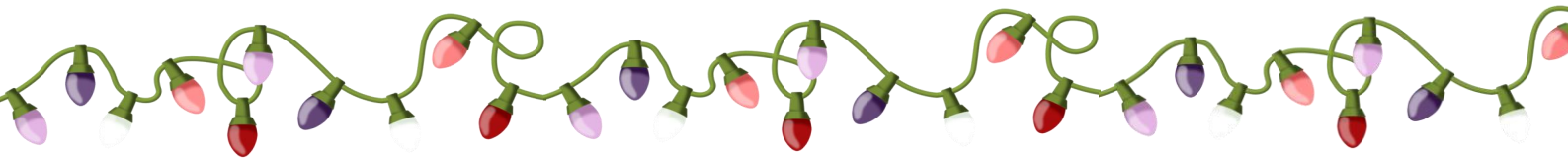
Revalidation Dates

Doctors' accurate revalidation recommendation due dates are included in your notifications and those to your doctors. 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 the Appraisee can check this. Please check the date your doctor gives you, as there have been incidents of the wrong date being entered and misleading the doctor and Appraiser. When this meeting is the last before their revalidation, ALL EVIDENCE needs to have been presented through appraisal by the time of this meeting, including MSF and PSQ surveys, otherwise you must sign a Disagree Statement about appropriate supporting information having been presented. Disagree Statements need an explanation. Every 'Disagree' should be accompanied by a comment in the first box to the RO. Please also let us know via email, copying in the doctor. We will follow up with the doctor and with the relevant designated body about the situation.

FEED THE BEAST: Avoid the Final Reminder!

Do take responsibility for setting an appropriate appraisal date well in advance 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 Appraisee out. Gill will be monitoring this in future and we will be feeding back to the Locality Lead when an Appraiser has been unable to set a date. If you cannot get in touch with your Appraisee 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.





GP Pensions: Some of the Implications for Appraisers

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. If you want to ensure the GP Solo for Appraisals is corrected, then one option that has been effective is to obtain your NHS Remittance Advice Notifications and compiling them in chronological order according to the financial year worked. Scan and compile your contributions using a spreadsheet, then submit this to NHS Pensions.

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.

Pensions Update

Good News: from October 2019, only one SOLO form is required per annum!

All contributions owed by HEE to the Pensions Agency have now been paid. Allocations to the individual doctors should be completed soon by the Pensions Agency as they have the required information.



Feeding Back: Soft Concerns About Appraisees

Please do use the post-appraisal feedback forms, as well as talking to your Locality Lead and the Service Lead/RO (depending on the level of concern). Presently, appraisal and revalidation queries are handled by the team here, 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).



2019 CONFERENCES: Another successful year!

This year, for the first time ever, two separate Appraiser Conferences were held. Although both events were open to any and all of our Appraisers, the first - held at the RNLI College in Poole on Thursday 19th September - was primarily tailored for Dorset-based Appraisers, and the second - held at Highfield Park in Hook on Tuesday 24th September - was aimed more at Hampshire & Isle of Wight-based Appraisers. Both events were very well-attended (despite horrendous weather conditions on the day of the Hook Conference!) and everyone seemed to have a good time. Our admin team did a fantastic job in setting up the separate events, and did their utmost to ensure that everything ran smoothly for all concerned at both venues. Our speakers and workshop facilitators worked really hard - many of them at both events - to inform us about all sorts of interesting topics. The weather at Poole was absolutely glorious, and the catering at both venues was plentiful, varied, and undeniably delicious.

We have already decided that we will return to the [RNLI College](#) next year, for our Dorset event. We are looking for an alternative venue for 2020's Hampshire/IOW venue - any suggestions are most welcome.

The dates have been provisionally decided as 11th September 2020 for Hants/IOW, and 29th September 2020 for Dorset. Please make a note of these - especially as the Dorset date has had to change - and bear in mind that you are welcome to attend either conference, regardless of where you are based.



GP Retainer and Tier 2 Visa Licence Holder info

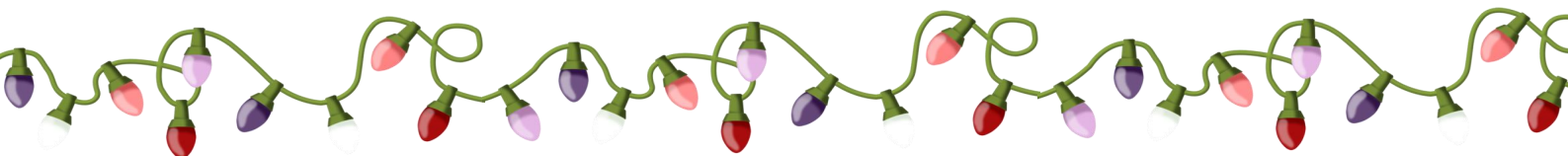
Wessex LMCs holds a database on our website of practices interested in hosting GP Retainers and, more recently, those who hold a Tier 2 Visa Sponsor licence. These are both schemes that may be of interest to Appraisees seeking to employ a GP or be employed under these schemes.

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>





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.

Support Group Highlights

All Leads have been asked to bring examples of things that have gone particularly well in their Support Groups to our February 2020 Whole Team Meeting, so that ideas can be shared and cascaded out to other groups. Things to share include top tips from Appraisees, peak Support Group experiences. Can the groups generate ideas to support their Locality Lead?

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

Some Appraisers are not yet aware that there is an NHS England/RCGP/BMA LVCWSRT which should be completed by ALL Appraisees 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 session 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. There is no reason to contact ROs if the LVCW SRT has been completed, unless there are concerns. The second comments to the RO box in the Appraisal documentation should simply 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 Appraiser 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. We are fully behind any Appraiser in encouraging all our doctors to move to an electronic platform for their 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.



Retreats for GPs:

Retreats for doctors/GPs are becoming more popular, and we thought we'd provide you with a little information about two local venues.



Acacia Retreat - nr Winchester, Hampshire

Would you like some time and space to stop, breathe and relax? Do you feel overwhelmed by the demands of medical life?

Why not take this opportunity to join a retreat that has already been shown to help other doctors. Sandy Miles and Sam Powell are two GPs with extensive experience of education and promoting doctor well-being. They know that medical practice, juggling organisational demands and patient needs, can leave you feeling that your own needs are neglected or never met and they invite you to step away from your stethoscope and join them for 3 days. You'll be able to relax and have some fun alongside like-minded colleagues, while reviewing your life and contemplating whether you need to make any changes. A peaceful environment is guaranteed, with time to invest in yourself and enjoy excellent food. The retreat incorporates opportunities for learning a few simple techniques to help you unwind, and the optional use of music, art, literature and gentle exercise to get you feeling in control again. There will also be plenty of time for rest, and you will also have the opportunity for a one-to-one coaching session with either Sandy or Sam.

Places are limited to a small group, so if you are keen to find out more, or would like to book or go on the mailing list, please visit their website. There is a bursary of £100 available for members of the Wessex RCGP. Any profit is donated to the Royal Medical Benevolent Fund at <https://rmbf.org/>

Ratford Retreat Centre - Calne, Wiltshire

Ratford Retreat Centre is run by Derek & Sandy Chase – both are retired doctors. Both Derek & Sandy have extensive experience as educators.

Derek was a GP and also ran resilience and mindfulness courses for medical undergraduates at King's College, London. These courses included mindfulness, self-help skills, lifestyle awareness, stress management and emotional intelligence. He now has an honorary post at Bristol Medical School.

Sandy was a Consultant Neonatologist at St Georges Hospital, London, where she was actively involved in teaching, and continues to be a mentor. Involved with senior management, she is very aware of the increasing levels of stress on doctors with current pressures including staff shortages.

Derek & Sandy are now running courses for doctors on resilience, with a focus on mindfulness and similar approaches. They have set up a lovely centre adjacent to their home. Their courses are run on a not-for-profit basis, with an altruistic approach of wanting to give something back to medicine.

Courses for doctors cost just £120 for a weekend (Friday evening to Sunday late pm). This includes accommodation and food. Minimum numbers six, maximum twelve. The upcoming course for doctors - **From Surviving to Thriving in the NHS** – runs from January 10th-12th 2020, starting on Friday late afternoon, and running until Sunday 4pm. For more details/to apply for a place, contact derek1chase@outlook.com for a booking form.



Outgoing Appraisers and Appraisees: 'Leaving Well'

Going forward, Leads will ask any outgoing Appraisers if they would like to share the reason(s) for their decision so that we can get an overview of when and why Appraisers stop, and ask whether there are any lessons the Service can learn.

On a similar note, an Appraisee recently felt they did not need a PDP at their last appraisal as they were retiring. To fully celebrate their career as a GP and to plan for their retirement are very appropriate PDP goals, and will avoid a Disagree Statement in their last appraisal outputs. Not having a PDP is inappropriate.



Urgent Care Centres:

Where do GPs in new models of care connect to the GMC?



The GMC requires every practising doctor to have a UK Licence to practise, that confirms that they remain up-to-date and fit to practise. Whether you are considered a GP or an Emergency Medicine doctor (or any other title) makes no difference to the requirement that you should have an annual medical appraisal for revalidation, and produce a defined portfolio of supporting information that demonstrates your continued competence for what you actually do in your scope of work.

A GP raised the question: which NHS designated body should they connect to when working entirely in an Urgent Care Centre? (ie who is their Responsible Officer, and who should be providing their appraisal). Under current legislation, a place on the performers' list for primary care 'trumps' a secondary care appointment, even if they do the majority of their work in secondary care, so their designated body is NHS England through their local area office. There was no provision in the performers' list legislation for new models of care, and so many of the newer roles for GPs do not actually have a defined connection in law. The pragmatic response has been to accept that, where GPs are working in undifferentiated primary care – serving patients at their first point of contact with the health service in a specialist generalised role, no matter if the setting is a hospital – they are deemed as working as GPs and should be on the performers' list.

The limitation is that they will see very few complex and/or long-term conditions on an ongoing basis, but this is not considered different from a practice-based GP leading the frailty work and not really seeing any younger patients. They just have to provide supporting information for their appraisal relevant to what they do across the whole of their scope of work. It is not generally considered desirable to do a few sessions of something different 'just to keep your hand in', unless they have the intention of going back to that type of work and need to keep it up-to-date, since the effort needed to remain safe in that role is often disproportionate.

In summary, there is no need for GPs working in emergency care to do any work elsewhere, unless they want to. By definition, they can satisfy the requirements of appraisal and revalidation for their scope of work wherever they work. They will currently remain on the performers' list, not through doing a few sessions in general practice, but because of a wider decision to keep the connection to GP for all new roles until there is legislative time to catch up. At that point, the law will potentially be changed to formalise the connection to the performers' list or agree whether a more appropriate connection would be the Trust where they are doing their clinical work. If they wish to resign from the performers' list and realign to the secondary care Trust, that will be up to them.

CLIMATE EMERGENCY:

How can we reduce the ecological footprint of Appraisal?



Given the huge climate emergency now faced by us all, this is a really important and relevant question to examine. Simple steps include:

- Minimising the use of paper for our meetings and training as far as possible
- Using iPads during Appraiser Training with digital sign-in and feedback options
- Choosing the location of the conference(s) to minimise travel, and facilitating car-sharing and use of public transport
- Using teleconference and video conferencing facilities where appropriate
- Checking the policies of our venues regarding single-use plastics, food sourcing, etc
- Encouraging Appraisees to choose a QIA that impacts the 'green-ness' of their practice (addressing over-prescribing, buying a practice bike, recycling, turning off PCs, becoming a park run practice)
- Grouping appraisals in remote venues together as far as possible
- Reducing travel with our postcode-based allocations ([so please ensure your address is up-to-date with us](#))
- Initiate two "Wessex Green Awards" (Dorset and HloW) for the best QIA around becoming 'greener' / more sustainable in some aspect of practice.

We are here if you need us:

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Chris Davis
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Mid Hants, Portsmouth, Jersey
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chris.davis@hee.nhs.uk

Useful Contacts for
NHS England
South Wessex:

Administration Team: Latest News

Rory Molloy resigned, after a period of sick leave, on 31.10.2019.
Tara Whittington is due to return from her Maternity Leave on 3rd February 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](https://www.instagram.com/wessexappraisal)

Don't forget to follow us on Twitter - [@wessexappraisal](https://twitter.com/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
Moira Philpott

englandwessexpcp@nhs.net
englandwessexpcp@nhs.net
teresahobbs@nhs.net
moiraphilpott@nhs.net

0113 824 9948
0113 824 9905

Dates for your Diary

- Whole Team Meeting - Thursday 13th February 2020
- Whole Team Meeting - Friday 12th June 2020
- Annual Appraiser Conference (Hants/IOW) - Friday 11th September 2020 (venue TBC)
- Annual Appraiser Conference (Dorset) - Tuesday 29th September 2020 (RNLI College, Poole)
- Whole Team Meeting - Tuesday 2nd September 2020
- Whole Team Meeting - Friday 4th September 2020



Pantomime Time!

Our very own **Chris Davis** has once again written and directed the **Mountbatten Players'** latest pantomime, and will be starring in the role of Jack.

Having been to the last three years' shows, we guarantee that if you like panto, you will LOVE this. (Oh yes, you will!!!!)

"Come let your hair down as Mountbatten Players invite you to join them for their fabulous retelling of the classic fairy tale '**Rapunzel**'.

Packed with wonderful costumes, lavish sets and laugh-out-loud comedy, **Rapunzel** promises to be a traditional fun-for-all-the-family pantomime and don't forget that we are still the only panto in town with a live professional band."

Tickets

- Ticket price: £12.00 / £13.50
 - Concessions £8.00 / £10.00 concessions
- Click on the links below to purchase tickets

[The Point Box Office](#)

Mountbatten
Players

Rapunzel

A TANGLED PANTOMIME TALE
BY CHRIS DAVIS

Tickets & Show Details
thepointeastleigh.co.uk

Live music from
The Mountbatten Show Band

9th - 12th January 2020
thepoint
EASTLEIGH

Supporting Countess Mountbatten Hospice Charity
Amateur Theatre with a Professional Outlook

Mountbatten
Players

Countess
Mountbatten
Hospice
Charity

www.mountbattenplayers.co.uk for latest offers and information

Box Office: 023 8065 2333

We wish
you all.....

A VERY MERRY
CHRISTMAS
and Happy New Year!