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Issue Number 28

## Appraisal Matters

# Spring

#### **Contents:**

- End Of Year
- NHS England Pilot to Reduce
  Pre-Appraisal Documentation
- Do You Facilitate Training For Us?
- Introduction of the Medical Performers' List Refresher Route
- Learning From Complaint
- COVID-19
- INSPIRES
- Disagree to Statement 5
- Documents Due
- Learning from MSF/PSQ Issues
- 2020 Annual Appraiser Conferences
- NHS England Re-Organisation
- Admin Team/Internal News
- Senior Appraiser Role
- Our Contact Details



## **End of Year**

If you have any appraisals due before 31<sup>st</sup> March 2020 for which you don't have a date recorded, you should already have heard from Gill. Happily, there are far less this year than there have been in previous years, so we'd like to extend a big "thank you" for getting the dates agreed with your doctors and notified to us. If you are already in touch with Gill, please keep her updated on any progress with your doctor. If you do have an appraisal in March, please try to get the documentation and your invoice in before the end of March to help with year-end reporting.

#### NHS England Pilot to Reduce Pre-Appraisal Documentation

Our apologies that the NHS England pilot was announced with such short notice that it was not included in the last Hot Topics or Appraisers' Newsletter. Fifty-six doctors with appraisals in February signed up. Doctors who have completed their appraisals have been followed up to ensure they complete the survey. As an Appraiser, you do nothing differently apart from completing the Appraiser Survey afterwards. Any feedback directly to the Team would be welcomed: email susi.caesar@hee.nhs.uk

#### Do You Facilitate Training For Us?

If you do, then you will shortly be sent new Terms of Engagement (ToE) for the role. This is something that we are introducing to ensure our contractual arrangements are formalised for your benefit and ours (and the auditors). When you receive them, please complete and return them as soon as possible and **definitely before 31**<sup>st</sup> **March 2020** as we will not be able to continue to engage Facilitators (or Appraisers) without signed ToE.



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## COVID-19

We are sure you are all watching the Public Health England announcements about the Coronavirus health situation globally. It has already affected us, with Drs Susi Caesar, Karen Gregory, and Majid Jalil no longer travelling to participate in the Ottawa ICME Conference in Kuala Lumpur on 2-4<sup>th</sup> March. Instead, we have videoed their presentations and poster discussion to send to the conference organisers. Once the conference is over, we will have new resources on the Wessex Appraisal Service website.

The implications of COVID-19 for appraisal are not yet clear, but we want to remind you that we have a process for approving a **remote telecommunicationsassisted appraisal**, so if you are self-isolating for any reason, this is an option to consider. Your appraisal can still go ahead as arranged.

## Introduction of the Medical Performers' List Refresher Route

This Information Sheet relates to the introduction of the new NHS England Medical Performers' List Refresher Route, enabling those doctors who have been out of the workforce for more than 24 months (usually following a prolonged period of ill-health) but who have managed to remain on the Performers' List, an easier route back to general practice, supported by NHS England. Susi has said in response: "What fabulous news. A bursary-supported refresher scheme for people who have been out of UK GP for more than two years without having to come on and off the NPL." Effectively, such doctors link into the I&R scheme, but without having to come off and back on the Performers' List in order to access the bursary funding. This good news will be shared in the next Appraisee Newsletter too.

## **Learning From Complaint**

Unfortunately, we have received two recent complaints, one of which is still being investigated, in which the relationship between the Doctor and the Appraiser appears to have broken down, leading to the complaint.

Learning points from the first complaint include:

- A reminder that it is important to allow sufficient time, after the appraisal is due to end, for the doctor to go away and reflect, but also as run-over time so that there is time to complete the appraisal if something comes up during the appraisal discussion. A doctor who has patients waiting in surgery will not be able to engage fully with the end of the appraisal. Re-scheduling additional time may be wiser than rushing to finish without due discussion (see below).
  [Note: A half-day is allowed for the appraisal meeting, thus 3<sup>1</sup>/<sub>2</sub> hours should be sufficient but, even at the end of this length of time, a hard deadline can be difficult to manage].
- A reminder that it is important not to leave the appraisal without agreeing the PDP together with the doctor, so that they have ownership of the goals and do not feel that something has been imposed upon them.
- A reminder that it is important not to leave the appraisal without agreeing any Disagree Statements before they are made. If a statement has to be 'disagree', the reasons for this should be explained to the doctor, and the wording in the box to the RO agreed.
- If an appraisal has to be aborted before it is completed, it is reasonable to discuss the circumstances with the Appraisal Service and consider rescheduling to finish it properly. Although there is no formal funding for a second appraisal for the same doctor, we have a contingency fund for these exceptional circumstances to offer an entirely new appraisal or pay for the time for an additional meeting.





## 2020 Annual Appraiser Conferences

We are delighted to confirm that the 2020 Annual Appraiser Conferences are now scheduled!

> Dates and venues are as follows:

HAMPSHIRE & IOW: Friday 11<sup>th</sup> September 2020 Norton Park Hotel Sutton Scotney near Winchester

<u>DORSET:</u> Tuesday 29<sup>th</sup> September 2020 RNLI College, Poole

Please do add these dates to your diary. We are already planning lots of exciting content, and further details will be provided in due course.

If you want to reserve your place, please email us on Appraisal.WX@hee.nhs.uk

## **INSPIRES**

Following discussion at the Annual Conferences, and a review of the new specifics that need to be included in appraisal summaries that are not reflected in PROGRESS, our new QA tool "INSPIRES" will be rolled out across Wessex from 1<sup>st</sup> April 2020. You will recognise the focus on the formative elements of support, challenge, and encouraging excellence, reflecting a good appraisal discussion, and the summative specifics have been gathered together so that it should be easier to learn to incorporate them in every summary.

## Disagree to Statement 5

**Learning from an FAQ:** If a doctor declares that they are under investigation or have restrictions on their practice, then Statement 5 **must** be a 'disagree' due to something being presented that raises a concern about the doctor's fitness to practise. However, you can then comment to the RO that it has been 'openly and honestly discussed, and that appropriate safeguards are in place' (or whatever else may be appropriate for the individual situation).

## **Documents Due**

Learning from an event: Top tip - it is really helpful if you let the doctor know the exact date that their documentation is due to you (eg two weeks before their appraisal date) and suggest that they put it in their diary as well as the date of the meeting. Appraisers using this technique have found that it has been effective in dramatically reducing the doctors who present their information late. It can at least mean you may receive an apologetic explanatory email if the documentation is going to be delayed by a few days, which can pre-empt a need to chase.



Learning from incidents: NHS England have had a few instances recently where a doctor could not have a positive revalidation recommendation on the due date because they had not reflected on their MSF/PSQ, and therefore not discussed it at their annual appraisal. Please, as Appraisers, ensure that the doctor knows that the GMC requires discussion at appraisal. Ensure that you document your discussion and recommendation to do this before the end of the revalidation cycle in the Appraisal Summary/PDP Goals, so there is no doubt that the doctor was well-informed in good time to do what they needed to do. We strongly recommend postponing any final appraisal before revalidation if the MSF/PSQ are not ready.

## We are here if you need us:

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> Useful Contacts for NHS England South Wessex:

## NHS England Improvement Re-organisation



**Dorset:** Dr Caroline Gamlin is once again the RO for SW (Dorset). The Revalidation Support from the NHS England Area Office for Dorset will be moving to Kate Barnes (based in Gloucester) from 1<sup>st</sup> April 2020, and the Appraisal Contract remains with the Wessex Appraisal Service for another year.

**HIOW:** Dr Shahed Ahmad remains the RO for SE (HIOW). Naomi Sargeant (based in Southampton) remains the NHS England Area Office contact for HIoW, and the Appraisal Contract remains with the Wessex Appraisal Service for another year.

## Administration Team Staff and Office Re-organisation

Tara Whittington is now officially back from maternity leave but using up her annual leave before coming back into the office on Monday 16<sup>th</sup> March 2020. She will be reducing from full-time to working four days per week. This will lead to some organisational changes within the Administration Team as we work out how to share out the workload of supporting Doctors and Appraisers most appropriately. Watch this space!



#### Senior Appraiser East Hants and Fareham & Gosport

Due to delays within the HEE recruitment system, interviews for Dr Will Liddell's replacement will take place on Monday 23<sup>rd</sup> March 2020. Three candidates have been invited for interview and we hope to have someone in post very soon thereafter.

We have adopted the title **Senior Appraiser** so that the role (formerly 'Locality Lead') is understood across NHS England.



Responsible Officer SE (Hants/IOW): Shahed Ahmad englandwessexpcp@nhs.net Responsible Officer SW (Dorset): Caroline Gamlin caroline.gamblin@nhs.net