Important Information about your appraisal

Your designated body for 2015/2016 is NHS England, Wessex Area Team.
The Responsible Officer is Dr Liz Mearns
Contact her via Wessex Area Team: nikki.cobby@nhs.net; 01138 249911

Setting a date for your appraisal:

We try to give you adequate notice at least 3 months) of your appraiser allocation and
appraisal month in order to help you to plan. It is important to agree a date with your
appraiser as soon as you can. This will ensure that you find a mutually agreeable time and
place to hold the meeting. There is no problem if it has to be adjusted nearer the time to fit
with unexpected commitments but please let your administrator know once you have set
a date or changed a date, to avoid the database sending out unnecessary automated
reminders.

Please remember that the appraisal year runs April to March.

If you would like to bring your appraisal month forward, we would be more than happy to try
to accommodate you to improve the spread of appraisals through the year. With the
requirement to have an annual medical appraisal before the end of March each year, we
strongly recommend avoiding March, so that there is no risk that the weather or illness
could prevent you from completing your appraisal.

Preparation for appraisal:

You must keep copies of your summaries of discussion and Personal Development Plans
(PDP) from all previous appraisals relating to the current revalidation cycle. Along with the
current pre-appraisal documentation and the six types of supporting information required by
the GMC, they will form a key part of your supporting information for revalidation.

The GMC lays out its requirements in:

The appraisal policy states that it is unacceptable to present handwritten appraisal documentation. These are professional documents that must stand up to potential scrutiny. Please type your pre-appraisal documentation. **Do not waste time scanning information** – add a typed reflective note on what you learned and any changes you made as a result.

**Remember to ensure that there are no patient or colleague identifiable details** in your supporting information as this will form part of the revalidation portfolio that may be reviewed by the Responsible Officer, or for quality assurance purposes. For further details of who may have access to your information, and the data protection governance we apply, **please look at the full appraisal policy available from your designated body.**

In order for your appraiser to have sufficient time to prepare and to help you to fill any gaps in your portfolio, you should **share your pre-appraisal documentation with your appraiser at least two weeks before the appraisal date.** Any alternative arrangement must be for good reason and by mutual agreement. If an agreed appraisal date is repeatedly cancelled at short notice, or has to be postponed because of a failure to provide appropriate documentation and supporting information in good time for the appraiser to prepare, you may be referred to the Responsible Officer as it could be deemed a failure to engage. In addition, if the appraiser has incurred costs, you may be required to reimburse their loss. Ease case will be considered on its merits but you have a professional responsibility to have an appraisal and to treat your appraiser with respect.

You can find a link to the Revalidation Support Team Medical Appraisal Guide (MAG) Model Appraisal Form below. This is recommended by NHS England in the national appraisal policy, meets all requirements for a medical appraisal for revalidation and is simple to use:


If you used it last year, the “create new form” function in Section 20 will automatically create a new master for you to start to fill in. Do remember to save it under a new name or you will overwrite the previous years’ locked-down version.
You do, of course, have the option to use online web based services, which are increasingly sophisticated, and the majority of our appraisers are competent in using a variety of electronic platforms, such as the Revalidation Toolkit and Clarity. For any other tool, please discuss your preference beforehand with your appraiser to ensure that you are both happy with the tool you choose.

We will endeavour to allocate a different appraiser who is comfortable with your chosen tool if there is a mismatch.

The Appraisal Discussion:

Your appraisal is a time for you to discuss, in confidence, what is important to you in your personal and professional development and any issues affecting your work as a doctor. Appraisers are asked to challenge you and to help you identify your development needs. They should never judge or criticise and you should in no way feel worried about your appraisal. If you do feel worried at all, we want to know about it and will try to help. It is true, as always, that you are likely to get more out of your appraisal if you put more in!

We recognise that trust in appraisal is essential. Your discussion will be treated in the strictest confidence by your appraiser. You are both bound by the same GMC guidelines, and should only break confidentiality if information is disclosed that suggests that patient safety is at risk. Such a disclosure would stop the appraisal process so that more appropriate support could be put in place according to local performance support procedures, or occupational health processes. It might be necessary to take advice on the issue.

Appraisers have an important role in helping you to assess the supporting documentation that you provide for revalidation and signposting ways in which you can ensure that you are on track to revalidate. They have a responsibility to let you know if there are areas of weakness in your portfolio that you need to address. Their ability to help you make professional judgements about what is appropriate is benchmarked through local support groups and the Locality Leads. Your appraiser should help you to revalidate successfully by helping you identify what you need to do and helping you work out how to do it.
Wessex Appraisal Service appraisers are all determined to maintain the developmental and formative purpose of appraisal. Appraisal should be an opportunity for you to think about what you have learned over the past year, look at what changes you have made, and what impact they have had, and help you decide where to focus your efforts for the coming year. **Appraisal should drive quality improvements in patient care.**

**Post Appraisal:**

**Completing your appraisal within 28 days**
The appraisal process is not complete until the summary of appraisal discussion, five statements and PDP have been signed off by both parties. As a service, we believe that anything over two weeks to sign off is too long and individuals will struggle to remember accurately what was discussed. **Any appraisal where the complete documentation has not been received within 28 days of the appraisal discussion will be reported as incomplete in the annual report** in line with national guidance, and the reasons for the delay analysed and attributed to appraiser, appraisee, technical issues or any combination of these.

**Feedback, concerns and complaints**
We expect you to complete an appraisal evaluation form and have designed an on-line tool to make giving your feedback easier. A link will be emailed to you immediately after your appraisal. If there is something important that you want to let us know, please contact us directly.

Our appraisers are trained and expected to carry out appraisals to the highest standard. This is important but it has been highlighted in government reports that, nationally, this does not always happen. **If you have serious concerns we want to know about them.**

We have processes and policies in place for dealing with informal concerns as well as formal complaints.

**Sharing good practice**
An important purpose of appraisal is to help you to identify and celebrate achievements and examples of good practice. Where important lessons have been learned, we explicitly invite you to **feed back any learning needs or constraints you particularly want the team to capture, as well as any specific examples of good practice you wish to share.** These
examples will be shared as appropriate with Health Education Wessex and/ or your designated body. Please email the Programme Manager – Gill Watson (gill.watson@wessex.hee.nhs.uk).

Some useful contact details:

Wessex Appraisal Service:
Contact: wessex.appraisal@wessex.hee.nhs.uk
Service Lead: susi.caesar@wessex.hee.nhs.uk; 07974 966141
Programme Manager: gill.watson@wessex.hee.nhs.uk; 01962 718574

NHS England Wessex Area Team
Medical Director and Responsible Officer: Liz Mearns
Contact for revalidation, performance and health issues: manda.copage@nhs.net
Enquiries: englandwessexpcp@nhs.net; 0113 842 9862

Health Education England (Wessex) Local Education and Training Board
Contact for education and careers: richard.weaver@wessex.hee.nhs.uk; 01962 718445

Wessex Local Medical Committees
Wesseximcs.com; 023 8025 3874
Wessex Insight mentoring and support: insight@wesseximcs.org.uk

Wessex GP Educational Trust
www.wgpet.co.uk
wgpet@btconnect.com