Dear Appraiser

Autumn has arrived, the schools have gone back and the busier part of the appraisal season has started.

Our annual reports for 15-16 have been shared with our commissioners, and we are hoping to have permission to put copies on the website for your interest. We will also be uploading all of the collated feedback that you provided for us – and our responses, as shared in the poster display at the conference.

Your continued hard work and commitment, especially in continuing to emphasise the formative elements of appraisal, are greatly appreciated by those doctors you appraise and most certainly by us.

Susi, Steph and the Admin team

Congratulations to the whole team and thanks for the hard work...

To our delight, our conference this year was attended by over 170 delegates from across the South, from both primary and secondary care, and our theme of ‘stretching the best’ was extremely well received. If you were there, you know why – if not, why not read the conference proceedings online (click here) and come to the conference next year, on Tuesday 26th September 2017. Save the Date!

We want to acknowledge his talents, and thank our very own Dr Will Liddell, for providing these wonderful cartoons – and we would welcome contributions from any other budding artists or slogan writers...
Your feedback – and what we did with it...

We were delighted with the response rate to our request for feedback about our performance as an appraisal service, about our leadership and our support. Congratulations to the Poole appraiser support group who had 100% feedback returns.

Analysing the challenges we face and collating your suggestions and our responses has been an important piece of work. This was presented as a poster display at the conference and is now available on the website.

The RCGP ‘Mythbusters’ have been published online

As announced at our annual conference, the RCGP Guide to Supporting Information for Appraisal and Revalidation (March 2016) has not always been implemented equitably across the whole GP workforce and the RCGP have been made aware of various ‘myths’ that were circulating. The RCGP Mythbusters have been published in response – illustrated by our very own Dr Will Liddell, FRCPG – and we hope that they will provide a useful source of reassurance to GPs who have been confused about the GMC requirements and the RCGP recommendations and guidance in any way.

You can judge for yourselves how far this simplifies and streamlines the advice that the RCGP provides and give feedback if you can think of any more ‘myths’, or if anything is still confusing, at http://www.rcgp.org.uk/revalidation/new-revalidation-guidance-for gps.aspx

Team News – “hatch, match, dispatch”!

This new section is going to be a regular slot – we hope! We want to capture the “hatch” (new appraisers and other members to the team), “match” (complete their current appraiser skills assessments, advanced appraiser skills development, postgraduate qualifications etc.) and “dispatch” (those people leaving) for the administration and appraiser teams, along with any “good news” stories that you’d like to share about appraisal, or general practice in general (!). We appreciate the world of GP is full to the brim and busy but we also know that there are many feel good moments that get lost – let’s start to share them. If you have anything you’d like to share – come on people – email the team (click here) and we’ll include it in the next edition.

A very warm welcome...

Salma Faizi
Claire Gruchy (Jersey)

Bruce McManus
Stephen Wray (Guernsey)
Kate Raymakers

Developing people
for health and healthcare
Congratulations to...
Postgraduate Diploma in Medical Education (Appraisal) 2016
Dr Tina A’Ness  Dr Sue Bowen
Dr Susi Caesar  Dr Sarita Chopra
Dr Karen Gregory  Dr Deborah Lloyd

Sorry that you are leaving...
We are very sorry to have to share the news that Rebecca Reynolds (Becks) is moving on from her role as appraisal administrator to a new hospital based role nearer home and her last day will be the 21st October.

Also, Alice Degei will be leaving for pastures new and her last day will be 28th October.

We are sure you will all want to join us in thanking them for their hard work and wishing them well in the future.

The recruitment process has already started to find replacements and, if you are affected by this change, we will let you know as soon as we can who will be looking after you.

Sharing examples of good practice
Please keep on encouraging the doctors you appraise to identify examples of good practice that they are happy to share. The less we duplicate effort in primary care, the more manageable the changing demographics and increasing workload will be!

New email for RO contact
In order for the process to be a little more streamlined, when contacting the RO with any concern please email the main Wessex email first. This email is monitored by the RO’s team and where action or other information may be required they will be able to do this before giving all the relevant information to the RO for consideration.

GP Coaches
We have been asked to share the following information which may be appropriate for when there’s a need for some information or resolution of concerns. The e-mail addresses below should provide access to GP coaches and further information:

Nationally the co-ordinators are available at: carole.swindells@nhs.net and katie.bulpin@nhs.net

Locally the leadership academies hold coaching registers:
Our Thames Valley & Wessex contact is Maggie Woods at: Maggie.Woods@tvwleadershipacademy.nhs.uk
http://www.tvwleadershipacademy.nhs.uk/coaching-and-mentoring
Postponement or ‘Approved Missed’ Appraisal? The 9-15 month window for appraisal has gone!

There has been a change nationally in what we are asked to report in terms of the distance between two appraisals in relation to the allocated appraisal month.

Appraisals brought forward are no longer a concern, even if they are only six months apart (providing they are in different appraisal years), as it is assumed that it would not happen without good reason.

We are now being asked to explain any appraisal that goes over 12 months from the previous appraisal month. If this is within the same appraisal year it will be called a ‘postponement’. The term ‘exemption’ (if a whole appraisal year is missed) is to be changed to ‘approved missed’ to align with AOA reporting categories.

For the Service, we have decided that slipping into the 13th month needs no formal application or explanation. Anyone that wants to push their appraisal month back more than one month, or who needs to miss a whole appraisal year, needs appropriate approval in advance. Any doctor wanting to postpone or miss an appraisal should, in the first instance, contact their administrator or Gill as programme manager for the postponement request form. The form will need to be completed and returned in order for a recommendation to be made by the Appraisal Service, which will then be confirmed and actioned by the NHS England Wessex team.

Any decision with regards to a postponement or ‘approved missed’ request is initially considered by the Programme Manager, and then that decision is verified by either the Service or Deputy Service Lead, before the form is sent to the NHS England team. The whole process usually takes a maximum of two weeks to complete, and is monitored by the Programme Manager to follow up if no response is received from the NHS England Team. Until the NHS England team have confirmed the outcome no request is official and remains in the appraisal process. It is the responsibility of the doctor to make the request to the Service. Any questions on the process please do let Gill know.

Vetoes?

The time for the annual allocation round is approaching fast. This is just a reminder that should you find yourself with any conflict of interest that you should let us know at the time you become aware of it. We would prefer to avoid reallocations which can be time consuming for all concerned. We appreciate that with practice mergers becoming more common that you may have some concerns about how any new working patterns might affect the appraiser/doctor relationship, so, if in doubt, ask.

We’d also like to reiterate that as an appraiser you should not be appraising any doctor in the practice where you are registered as a patient, or any doctor who is a patient of yours. If they are registered with your practice, but you are both confident that there is no conflict as you are not their GP, then use your judgement and go ahead.
Admin Updates/ Requests/ Notices

PDRs: You should have received your PDR via email on 15th June. If you haven’t, please do let us know. We hope you find the content of interest and useful for your own appraisal.

Appraiser numbers: Work is still on-going to even out allocations where we can. If you have any doctors you’ve appraised who have expressed an interest in being an appraiser, or who you think would be a potential candidate, please do let Gill know.

Website: A lot of work has gone into updating the website and so please do pay it a visit and let us know if anything is confusing or if you would like to see any update/ further information. Harriet and Gill are your contacts.

Doctors working abroad

There is work going on nationally about doctors who take time away from the NHS to work abroad. The aim is to ensure a safe landing back in the UK so that doctors are more inclined to come back. The message from our responsible officer is:

1. Appraisal is primarily about the UK licence to practice
2. Patient and colleague feedback should be based on UK general practice (for GPs)
3. If doctors are completely out of UK GP for >1 year, they should be coming off the performers list and relinquishing their GMC licence to practice (with reduction in their membership fees)
4. Consideration is being given to ways of continuing with appraisal etc. to allow an easy return to the UK – but there are no firm arrangements.
5. If you see a GP who has not practised in the UK for a year or more, please can you let us (NHS England Area Office – englandwessexpcp@nhs.net) know AND point out to the doctor that, on the performers list, they are obliged to inform us of any changes.

Interim Findings on Revalidation:

http://www.gmc-uk.org/about/research/29074.asp
http://www.gmc-uk.org/Implementing_revalidation__organisational_changes_and_impacts__FINAL.pdf_66033907.pdf

In April 2016, the GMC published the interim findings from the independent three-year evaluation of revalidation in the UK. The research, which was commissioned by the GMC, is being conducted by a UK-wide consortium called UMBrella.

The GMC’s response and next steps were:

“While there are some issues arising from these interim findings, it is clear that revalidation is starting to make a difference. We are heartened and encouraged that more doctors are reflecting on and making changes to their practice than ever before. This is a testament to the commitment of individual doctors and the major role that employers and contractors of doctors have played in helping to embed revalidation across their clinical governance systems.

These latest findings will feed into the review<http://www.gmc-uk.org/news/27478.asp> of revalidation by Sir Keith Pearson, which is due to be published by the end of the year.

Revalidation is a major reform in professional regulation and potentially a significant contribution to patient safety. It has made a great start – the challenge now is to build on that,
making sure it is has a positive impact for doctors, employers, contractors of doctors and patients which actively contributes to high quality and safe care.”

What this means for us:
The GMC are assessing the insights from these latest reports and considering how the system can be developed and improved. They plan to revise the GMC Supporting Information for Appraisal and Revalidation and to clarify areas of confusion. Their priority is clearly to facilitate “high quality and safe care”. Since this is what we already prioritise, I suspect that their findings will be the wind under your wings in our challenge to increase the formative aspects of appraisal.

Contact details for Performance Concerns
Please find below the contact details of the performance team at NHS England South Wessex office:
Manda Copage – manda.copage@nhs.net  Tel: 0113 824 9887
Stephanie Ingram – stephanie.ingram@nhs.net  Tel: 0113 824 9938
Moira Philpott – moiraphilpott@nhs.net  Tel: 0113 824 9905
Celia Hutton – celia.hutton@nhs.net  Tel: 0113 824 9819

Speeding
The GMC ELA has provided the following clarification on speeding offences:

- Anyone who is stopped for general speeding and collects a fine and points does not have to declare this to the GMC as effectively it is no more than a fixed penalty
- Anyone who is either convicted or cautioned regarding driving offences (including serious speeding offences) must declare it to the GMC. The GMC will then decide on the most appropriate action depending on the circumstances and details of the case

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