Dear Appraiser

Firstly, a very Happy Easter to you all!

I can hardly believe that another appraisal year is almost over. We have now been providing a comprehensive commissioned appraisal service since 2007-8, and we could not do it without all your hard work and commitment. Thank you for continuing to emphasise the formative elements that support GP resilience and encourage quality improvements in practice. At a time when, in other areas (anecdotally), appraisal is a bureaucratic burden that feels very unhelpful, I hear very different things in Wessex. You are all stars!

*Susi, Steph and the Admin team*

**Important: new RCGP Guide to Supporting Information for Appraisal and Revalidation available**


Hopefully you will have come across the new RCGP Guide by now – it has been in Maureen’s blog, the GP press (GP Online and Pulse) and e-mailed out as an extra mailing from us! The key aim is to simplify and streamline what doctors are documenting - to reduce the workload associated with appraisal to a sensible, safe minimum - and to broaden the guidance on what can be used as appropriate ways to demonstrate CPD and quality improvement activity.

I would like to thank you all for acting as sounding boards for developments over the past year and giving feedback on various ideas that have now either made it into the new Guide, or not, as appropriate.

If you have any queries about interpretation, then please do contact Susi at susi.caesar@wessex.hee.nhs.uk
Message from the Responsible Officer, Dr Liz Mearns

Dear colleagues,

You are probably aware that I joined the team at Wessex as Responsible Officer/ Medical Director in April 2015 – nearly a whole year ago! It’s been great to start working with some new people, and also work more closely with some people I’ve known previously. We are now just coming to the end of the third year of revalidation and nearly all of the GPs in Wessex have been revalidated without any problems. This is of course mainly due to all of you - continuing to gather evidence and think about the quality of your work, preparing thoroughly for your appraisals. It’s been impressive to see the quality of the appraisal service in Wessex led by Susi and her team and it’s been great to meet with the appraisers.

The advantage of the first cycle of revalidation being completed in 3 years rather than 5 is that we have a period of relative calm (there will still be some revalidations due – people who have been deferred or delayed or recently become GPs) in which there will be far fewer revalidations. The GMC and NHS England will be using this period to take stock of how the first cycle has run; and what we can learn from it. The GMC has recently announced a review of evaluation [http://www.gmc-uk.org/news/27478.asp](http://www.gmc-uk.org/news/27478.asp). We are imminently expecting an evaluation of revalidation from a collaboration of researchers – the UMbRELLA group.

We expect that for the vast majority of doctors – 95%+ - revalidation should be an entirely routine matter which results from the activities we all undertake in the course of our work, keeping ourselves up to date and managing risk and quality improvement. There is absolutely no intention that this should change. Now that so many people have been through it once, perhaps successive revalidation cycles will be much less stressful. Perhaps we need to think of it as the sort of “routine check-up” we recommend for patients on treatment for hypertension. I know that most ROs and the GMC itself is keen to make the process as unobtrusive as possible.

Keep having your appraisals, and do keep completing the feedback as it’s a really important part of ensuring that appraisal works well for you.

Liz

Dr Elizabeth A Mearns FRCGP
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We are the Local Education and Training Board for Wessex
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, Liz Mearns, 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) know AND point out to the doctor that, on the performers list, they are obliged to inform us of any changes.

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

ANNUAL CONFERENCE

Wednesday 21st September 2016, St Mary’s Stadium, Southampton tbc.

Another call to book the date in your diaries for our next conference. This will be our biggest and best conference yet, with national speakers and the chance to calibrate with other appraisers and appraisal leads, from secondary care and wider afield.
Admin Updates/ Requests/ Notices

Terms of Engagement: Gill emailed you all early in February about the roll forward of your Terms of Engagement. Her catch up has not gone as well as she hoped following her leave and she is now getting around to replying to you all. There are some appraisers we don’t appear to have had replies from as yet and therefore we ask that if you know you’ve not replied to that email (titled: ACTION REQUIRED: Terms of Engagement – roll forward to 2016-17 and sent 3rd February) please do, otherwise she’ll be chasing!

Invoices: There have been a number of invoice numbers being used more than once. Please do remember that your invoice number needs to be unique or it may be rejected by SBS, causing everyone, and especially you, more work. This causes a delay in the payment to you. If we notice any duplicates Gill will action the first one but if it happens again she will return it to you to action. With the end of year upon us, please get any invoices you have, for appraisals completed within 2015-16 year, to us soonest. New templates for 2016-17 will be forwarded to each of you shortly.

PDRs: We hope to get these all out to you early June. The format will be a little different this year and we hope they will be easier to review and use for your own appraisal to cover your role with us.

Appraisal numbers: We are working to ensure a fair share of appraisals is allocated to each appraiser. You will probably be aware that there were issues with the automated system not working correctly (this is being sorted!). This year, our average is a ratio of 1 to 10 (appraiser to doctor). If you want less than your fair share, please check that we are kept informed so that the information can be fed into the database. We also appreciate that the ratio, and number allocated, can differ between the current support groups - but we are continuing to work to even out the numbers and we are always keen to hear from doctors you’ve appraised and who you think would be a good addition to our team.

Website: We are working hard again at updating and improving the content on the webpages. If you do see anything you think looks wrong please do let Gill or Harriet know by email (click on their names).

Appraisers from a non GP background: NHS England policy states that appraisers do not have to be doctors, providing they have appropriate support, training and credibility with the appraisee. Wessex now has some medical appraisers who are not GPs, although they are doctors. They have been selected because of their demonstrable skill at appraising. If you hear any concerns from doctors about being allocated a non-GP appraiser, please do let Gill know by email (click on her name).

Sharing examples of good practice

To maximise the benefits that we can get from appraisal, we need to get better at demonstrating examples of excellence and capturing quality improvements that really help. As well as adjusting the appraisee feedback form slightly, we will be asking you, as appraisers, after each appraisal about whether there was any best practice that you think should be shared. This is an important new initiative for 2016-17, but you only need to complete feedback where appropriate, not necessarily after every appraisal.

The new MAG4

NHS England will publish the final version of the updated MAG form on Thursday 31 March. We will circulate further information to all doctors in Wessex, once the link is “live”.

We are the Local Education and Training Board for Wessex
Who knew we had such a great cartoonist in our midst?

We still want to increase our social media exposure and also to find quick, and (preferably) funny, ways to get the message about appraisals across to doctors as well as appraisers. If you think you could generate a cartoon, or slogan, that says something meaningful about appraisals in an eye-catching, witty, or weird and wonderful way, please do get in touch….

Wessex Appraisal Service Cartoon / Slogan Competition

We are delighted to announce the winner of our Christmas Competition – Dr Will Liddell

Contact Details

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