

Appraisal post-CCT

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Looking after yourself in life after ST3

- Being a GP can be **awesome** and **awful** in equal measure at times
- **Network**
 - Debrief, sound off, discuss cases, peer support, career advice, practical advice
- **Find opportunities**
 - See what interests you, and look/listen for gaps in provision that you could fill
- **Go the extra mile**
 - Not every time, not for everyone who asks, but sometimes. It's good for job satisfaction
- **Engage with the system**
 - No-one LOVES audit, appraisal, but you have to do it. Go with the flow.
- **Ask for help when your job starts stopping you from enjoying life**
 - When you dread going to work, it's time to reflect and figure out what you need to make it awesome again.

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<http://blog.lantum.com/p/blog/getting-work/life-after-gpvt>

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Appraisal

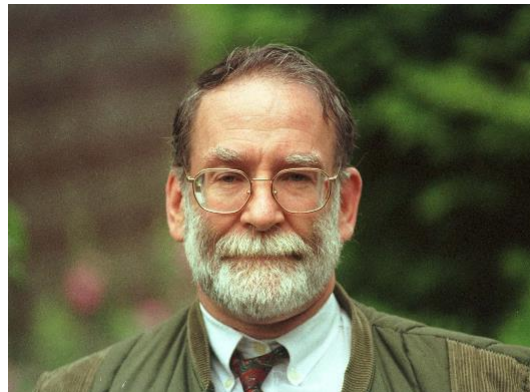
- It's not ARCP – it's a lot more enjoyable as a discussion
- See it as a confidential chat with someone who understands the challenges of your job
- Your annual appraisal is a chance to take a step back, reorientate yourself and recommit to what's important to you - more important than ever with ongoing disruption to work this year.
- You still need to prepare and provide evidence
 - This is still a pain

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Why is this happening?

- (see right)
- Revalidation started in December 2012 and is officially to provide **"an opportunity for individuals to reflect on their work to facilitate learning and development."**
- All GPs will have to revalidate, usually every five years. They will need to have an annual appraisal and also keep a portfolio of evidence.
- GPs are expected to be registered within the Area Team that the majority of their work is undertaken.
 - If this is uncertain they should eventually register with the Area Team that covers where they live.



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Revalidation

<https://youtu.be/oGBBHgwNvRA>



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How to revalidate

Doctors with a designated body

Doctors with a suitable person

Doctors with no connection

Doctors in training

These steps explain how to revalidate if you need your licence to practise and you are connected to a responsible officer through your designated body. If you're not sure about your connection, you should use our [connection tool](#).

1

Update your connection

Make sure your designated body is correct in GMC Online.
[GMC Online](#) >
[Set up a GMC Online account](#) >
[Go paperless](#) >

2

Collect supporting information

Understand the types of information you need to collect and reflect upon for appraisal.
[Guidance on supporting information for appraisal and revalidation](#) >

3

Have an appraisal

Find out what you need to do for your annual whole practice appraisal.
[Whole practice appraisals](#) >
[The Good medical practice framework for appraisal and revalidation \(pdf\)](#) >

4

Revalidate

Understand the recommendations your responsible officer can make and how we make a decision about your revalidation.
[Recommendations and our revalidation decision making process](#) >

Our guidance for all doctors is available as a PDF: [Download guidance for doctors: requirements for revalidation and maintaining your licence](#) >
[Download guidance on supporting information for appraisal and revalidation](#) >

Revalidation

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How do I get an appraisal?

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Area Team

The screenshot displays two web pages side-by-side. The left page is from the General Medical Council (GMC) website, titled 'Find your connection for revalidation'. It includes a 'Before you start' section with a list of steps: 1. Check if you are eligible to revalidate, 2. Check if you are eligible to revalidate, 3. Check if you are eligible to revalidate, 4. Check if you are eligible to revalidate, 5. Check if you are eligible to revalidate. The right page is the 'Performers List for England' page, which shows a table of performers with columns for Name, Role, and Status. The table lists several performers, including Dr. [Name], Dr. [Name], and Dr. [Name].

<https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/my-connection>

<https://secure.pcse.england.nhs.uk/PerformersLists>

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Performer's List

Primary Care Support England



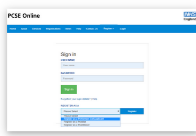
Home About Us Services Organisations News Contact us Help Register Login

Search

Home > All Services > Performers Lists > GP Performers List For England > New Performers

New Performers

If you are a GP Registrar joining the GP Performers List for England, you need to follow guidance [hccc](#). For GPs from the home nations or overseas who want to practice in England, you need to apply to join the Performers List. Register for PCSE Online quickly and easily, via the tile below. You'll need an email address and your GMC number to complete the process.



Register to use PCSE Online - click the image to the left and choose register as a Performers List Applicant from the drop down list

Complete the Applicant Registration form - use your email address as your username, enter and confirm your GMC number, and choose a password

Verify your email address - click on the verification link in the confirmation email and you are ready to apply to join the Performers List

Gather your documentation section - there's a full list of mandatory documents in our applicant quick guide

Complete the application form - our GP Applicants full guide takes you through the form step by step

Track the progress of your application - use PCSE Online to view the status of your application

The National Health Service (Performers Lists) (England) (Coronavirus) (Amendment) Regulations 2020 (Coronavirus Regulations) legislation **exempts GP Registrars (GPRs) from the requirement to be included in the Medical Performers List when performing primary medical services whilst it remains in place.** This exemption arises from the basis that all GPRs are employed by a Lead Employer that is a Designated Body and that their Responsible Officer is the HEE Dean. Should the Coronavirus Regulations be repealed before any amendment to the England Performers Lists Regulations has been enacted, GPRs will need to be included in the List and further instruction will be provided at that time.

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Overview of process

- Newly qualified GPs should follow the advice they have received to change their status on the performers list and ensure they have applied to the appropriate area team as a performer.
- The key elements in this process are:
- All trainees should complete a notification of change form which should be submitted to the Primary Care Support Office for the Area Team where they have completed their training (for GP trainees in the North Western Deanery, this will be the Lancashire Area Team)
- Trainees should submit a copy of their CCT together with a letter of clinical reference from their trainer which will be their trainer's educational supervisors report (downloaded from e-Portfolio).
- For trainees remaining in the same Area Team they should note on the change of notification form the capacity in which they will be working post traineeship.
- For trainees moving to another Area Team they should indicate on the form that they will be working in the capacity of a locum doctor. These trainees can then in due course complete a further form for submission to the Primary Care Support Office of the Area Team where they will be relocating. On this form they should indicate they are currently on the national performer list as a locum and inform in what capacity they will be working in the new area.

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Done

- If you're on a performer's list, they'll allocate you an appraiser and they will tell you who and how to contact them.
- Appraisals in NW are usually in your birthday month
- If you haven't heard, contact your Area Team

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Preparing for appraisal

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Know what you want to get out of your appraisal



IT MIGHT BE A TOPIC YOU FEEL VERY STRONGLY ABOUT, AND THAT GETS A STRONG EMOTIONAL REACTION OUT OF YOU. OR IT MIGHT BE SOMETHING THAT YOU'VE REALLY BEEN MEANING TO THINK ABOUT, BUT HAVE NEVER QUITE FOUND THE TIME FOR. YOU CAN DO A LOT OF THIS THINKING AS YOU SUBMIT YOUR PRE-APPRAISAL PORTFOLIO.



QUESTION 1: IF I GET NOTHING ELSE OUT OF THIS APPRAISAL, WHAT TOPIC DO I WANT TO HAVE COVERED?

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Explore your strengths



It's easy to pick up on the things that you could improve, but celebrating successes is just as important. By nailing down exactly what you're doing right, you can not only make sure you consolidate that positive progress, but you can use your strengths as a signpost towards what you may want to do in the future. If you have a particular skill, that could inform how you can help people most.



Question 2: Where have I truly done well this year?

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Protect your wellbeing

- COVID-19 has obviously been disruptive, but even before the pandemic, GPs were at huge risk of burnout. Use your appraisal as a chance to identify and break destructive cycles, like checking emails when you first wake up, and think about where you might be able to build in more boundaries and protected space for your own health.
- ***Question 3: How can I counter the biggest sources of my work-related stress?***

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Think practically and incrementally

- It's easy to underestimate the impact of smaller changes, but there's a lot in their favour. Finding small steps that you can take now means you can start working towards your goals immediately, and you might be more likely to keep up positive action more consistently. Taking more manageable steps forward also helps you manage stress - you're making progress, but without adding heaps more to your plate.
- ***Question 4: What is the smallest thing I could do now, that moves me towards my goals?***

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Keep an open mind

- Even if you have a very clear idea of what you want to focus on in the coming year, don't dismiss your appraiser's input. Often, they'll ask you questions to get you thinking, or to help you view a problem from a different angle. Considering that 97% of GPs are happy with the skills of their appraiser, it's likely that they will help you uncover helpful ways to manage your work and take time for yourself and your own path.
- **Question 5: What am I assuming about my appraisal?**

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Questions

If I get nothing else out of this appraisal, what topic do I want to have covered?

Where have I truly done well this year?

How can I counter the biggest sources of my work-related stress?

What is the smallest thing I could do now, that moves me towards my goals?

What am I assuming about my appraisal?

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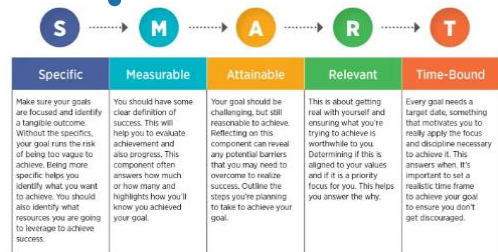
Preparing your portfolio

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Your PDP

- What is on your PDP?
- Is it SMART?



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CPD

Courses

Practice-based teaching

CCG teaching

Practice Meetings

Discussions with colleagues

Reading journals

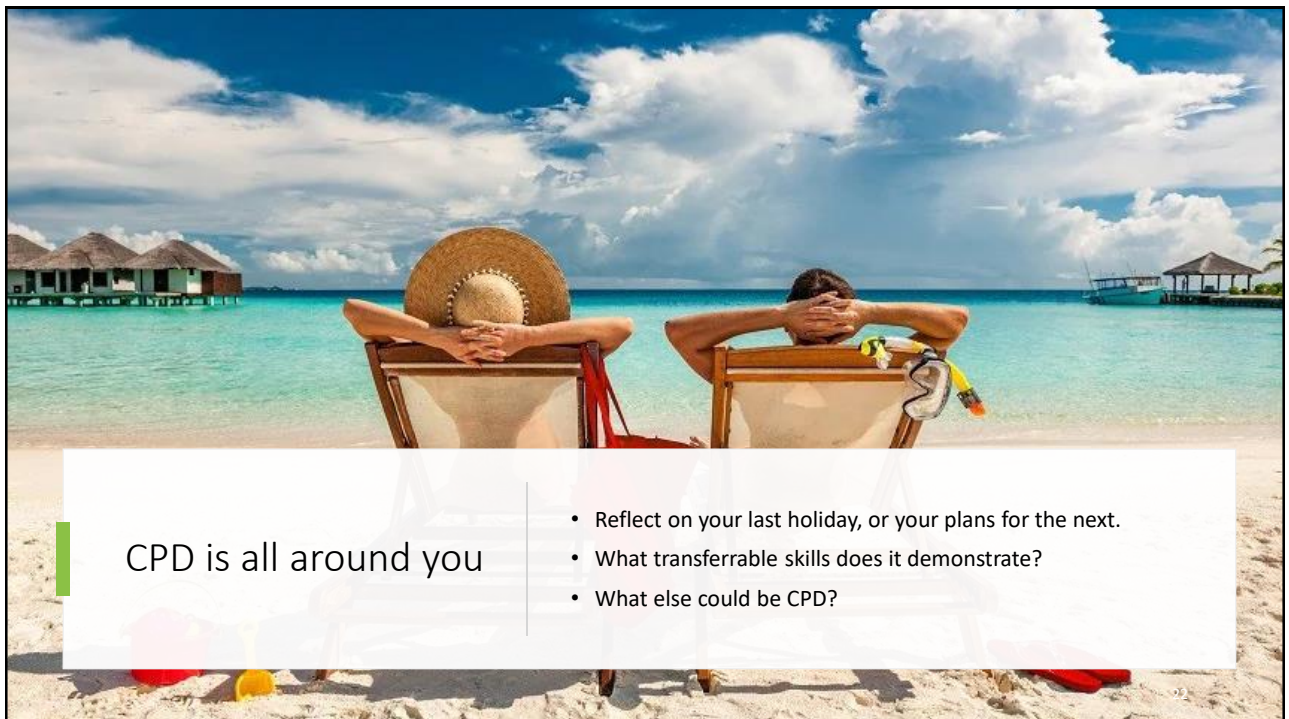
Emails

E-Learning

Mandatory Training

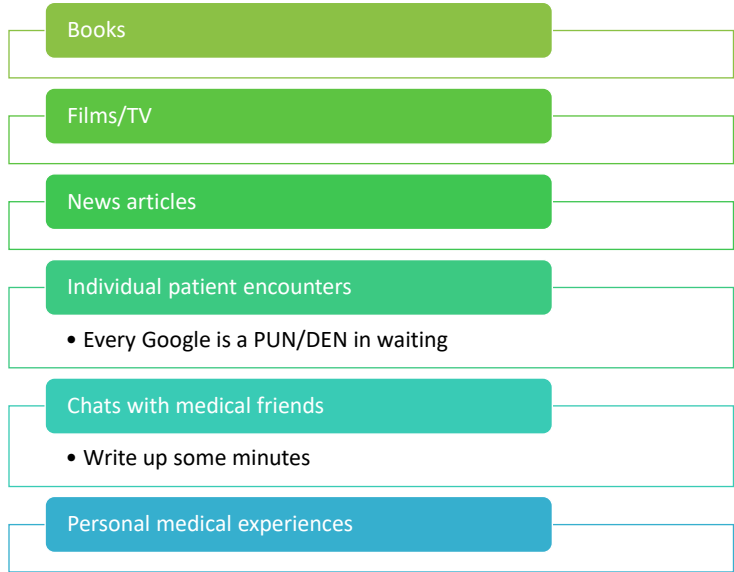
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CPD



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- **The RCGP recognises that there are many different types of quality improvement activity, in addition to clinical audit, that are equally acceptable as QIA. You should show that you have:**
- thought about the quality of care you provide
- reviewed your care in the context of current guidance on good practice
- celebrated where there are no changes that you need to make
- made changes where necessary or appropriate to improve the quality of care you provide
- revisited the question to see if the changes have made an improvement.



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Quality Improvement Activity

- Types of QIA
 - reflective case review
 - learning event analysis
 - review of personal outcome data
 - search and do (information collection and analysis)
 - plan, do, study, act cycles (PDSA)
 - clinical audit

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Learning Event Analysis

- Choose a case that requires:
 - Significant reflection
 - Likely to generate learning and change to practice.
- Good examples are a delayed diagnosis or a patient diagnosed after an emergency admission.
 - Avoid cases that are unlikely to provoke new learning, such as a patient with a breast lump appropriately referred on first presentation.
- Only consider cases involving external problems (e.g. hospital delays) if the practice can demonstrate that, as a consequence of that case, it has been instrumental in attempts to remedy the external problem.

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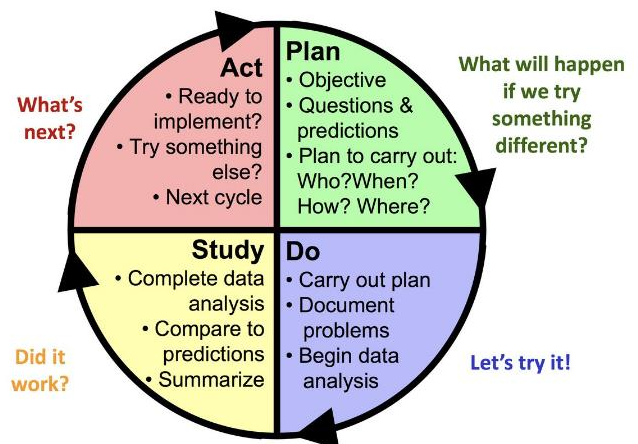
Learning Event Analysis

- LEA is best done as a practice activity, perhaps in the course of a practice team meeting.
- It should specify who participated and who was responsible for actioning any changes.
- The LEA report should say whether all relevant individuals attended and whether the conclusions should be discussed with any other staff inside or outside the practice.
- An effective LEA not only identifies the learning points and actions to be taken but puts those changes into effect and monitors their impact.
- Specify who in the practice (staff member or groups) will be responsible for your action points and decide how their impact will be monitored.

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PDSA

The PDSA Cycle for Learning and Improvement



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Feedback

- One MSF and one PSQ per revalidation cycle
- Don't underestimate the effort needed and consider when best to do
 - Do your colleagues and patients know you well enough?
 - What if something goes wrong, is there still time to do?
 - Can you be nice for 34 patients?!
- Clarity and FourteenFish offer online tools – but do you have the patient details?

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Compliments and Complaints



What would be a **bad** compliment?



What would be a **good** complaint?

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Evidence gathering



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Appraisal Myths

From RCGP

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Appraisal is the main way to identify concerns about doctors

- Potential issues relating to poor performance, conduct or health are almost never first brought to light during appraisal. They are usually discovered through clinical governance processes and become part of an entirely separate investigative process that takes the doctor outside revalidation - which is really a positive affirmation of continued fitness to practise.
- Appraisals should support doctors so that they can remain resilient in the light of current pressures on healthcare systems, encouraging and stimulating them to maintain and improve the quality of patient care they can provide.

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Appraisal is a pass or fail event

- Appraisal is not a pass or fail assessment. Appraisal is part of a formative and developmental process (see glossary). It provides an annual chance to reflect on your supporting information and your personal and professional development with the help of a trained appraiser, in protected time.
- Appraisal should always include support, encouragement and stimulation. At a time of great stress in general practice, appraisal has an important role in helping GPs who may be struggling and signposting them to local support services, with the aim of retaining GPs within the profession.

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I need to undertake a minimum number of GP sessions to revalidate

- Revalidation assesses your fitness to practise as a doctor. There are no GMC requirements that relate to the number of sessions you need to work in any role. You need to be confident that you can demonstrate that you practise safely in every role you undertake, not matter how little of that work you do.
- For any part of your scope of practice, no matter how little time is spent on it, the GMC expects you to reflect on how you:
 - keep up-to-date at what you do
 - review your practice and ensure that you can demonstrate that it remains safe
 - seek out and respond to feedback from colleagues and patients about what you do.
- There will always be times when doctors have a significant break from practice, for good reason, such as maternity or parental leave, sickness or sabbaticals, among others. Your designated body will have mechanisms in place for agreeing to postpone your appraisal, or even agreeing an 'approved missed' appraisal. Approved breaks in practice should be considered separately from doctors doing low volumes of clinical work on an on-going basis

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I must use a portfolio defined by my responsible officer to revalidate

- The format of the portfolio of supporting information is not prescribed by the GMC, so having an electronic portfolio is not a requirement for revalidation.
- We recommend that your portfolio of supporting information should include all the core elements required by the GMC in a format that is professionally presented, typed so that it is legible, and capable of being transmitted electronically. Some other items of supporting information, such as original complaint letters or compliment cards, which may be hand-written, are usually best kept in paper form and shared privately with your appraiser to maintain confidentiality. They can then be referenced anonymously by the appraiser in the summary.

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My appraisal portfolio is entirely confidential

- Your appraisal and revalidation portfolio is normally only available to you and your appraiser and responsible officer (or designated deputy). It should follow all relevant information governance and data protection laws.
 - It is inappropriate to include any third party identifiable information, whether about patients or colleagues, without their explicit permission, unless the information is already in the public domain.
- Your portfolio is a professional document and reflective notes included in it should be written in a professional way. **It could be subject to a request to disclose, just as clinical notes can be.**
 - If they are appropriately written, your reflective notes can demonstrate your learning and insight into any incident under investigation. Your appraiser should be able to support you in ensuring that you have demonstrated your reflective practice in a professional way, that is proportionate and maintains confidentiality as far as possible.

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I should do my appraisal outside working hours

- Your medical appraisal for revalidation is a professional responsibility. The RCGP recommends that the appraisal meeting should take up to half a day and be done when you are alert and able to give it your full energy and concentration, and ideally when you will have time to relax and reflect afterwards. It should take place in your normal working hours.
- When appraisal was introduced in primary care in the NHS it was resourced (funded) for a full day – half a day to prepare and half a day to have the appraisal meeting. Although the money is now in the global sum and not paid to individuals, this supports professional appraisals in working hours.

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I must document all my learning activities

- You do not have to document all your learning activities. We recommend that you focus on the quality not quantity of your supporting information.
- You should be selective about documenting your reflection on your most valuable and meaningful learning, over the course of the year. You do not need to record and reflect on every learning activity.
- If you find it convenient and helpful to record significantly more than 50 CPD credits for your own benefit to capture your learning then that is your choice, but your appraiser will focus on the quality of your learning and reflection and challenge you to highlight what has been most important over the course of the appraisal period.

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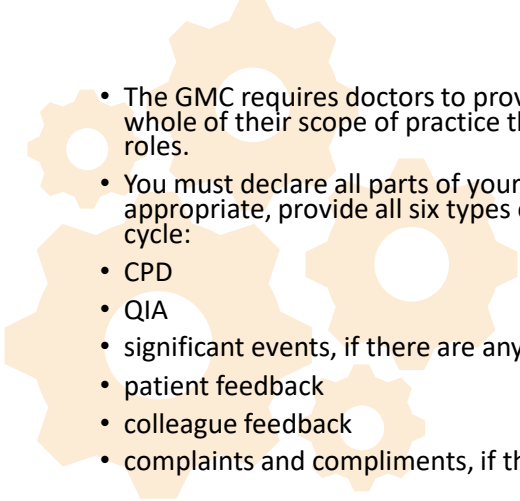
I need to scan certificates to provide supporting information about my CPD

- The GMC has not set any requirements about exactly how CPD should be evidenced or recorded. Certificates of attendance may prove attendance at an event, but they are not proof of learning or development. They say nothing about what has been learned, or any changes you have made as a result. Recording and demonstrating your CPD by scanning and storing certificates is not likely to be a good use of your time.
- A reflective note, no matter how brief, on your learning and what difference it has made (or will make), is more valuable evidence of reflective practice and continuing professional development than a certificate. A lot of valuable learning takes place in ways that do not generate a certificate, such as personal reading and professional conversations with colleagues. We encourage you to think about how and what you have learnt rather than collecting certificates.

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I only need to provide all six types of GMC supporting information about my clinical role

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- The GMC requires doctors to provide appropriate supporting information across the whole of their scope of practice that requires a licence to practise, not just clinical roles.
 - You must declare all parts of your scope of practice and, for each of them where appropriate, provide all six types of supporting information over the revalidation cycle:
 - CPD
 - QIA
 - significant events, if there are any
 - patient feedback
 - colleague feedback
 - complaints and compliments, if there are any

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Reflection is dangerous if something has gone wrong

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- The RCGP recommends that professionally documented examples of your reflective practice are your best defence against any concern about whether you are working in line with Good Medical Practice.
 - Things sometimes go wrong, for all of us. Patients and the public are rightly concerned that doctors and organisations should learn from things that go wrong. Your subjective analysis should demonstrate the lessons that you have learned, individually and collectively, and any changes that you, the team, or the organisation, have made as a result. They should provide reassurance that, if something has gone wrong, steps have been taken to ensure that it should not happen again.
 - The GMC have made clear that they will never require your reflection in an investigation. Sometimes, defence organisations recommend that a doctor submits evidence of reflection as evidence in their defence in the event of an inquiry, but this is a matter of choice for the doctor.
 - Your written reflection is not privileged data and could be required by a Court of Law if it was felt to be pertinent. This is very unlikely because reflections are not facts in the eyes of the Court; reflection is by definition a subjective analytic process. Courts are primarily interested in the contemporaneous medical records and we are used to writing our clinical notes promptly and accurately with this in mind.

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I can stop learning and reflecting once I have reached 50 credits of CPD

- No doctor should ever stop learning and reflecting on their practice if they want to keep up-to-date and stay safe.
- You should not change your professional habits of learning and reflection, but you don't need to document it all. You should focus on what has been particularly important or valuable to you over the course of the whole period being appraised.

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How to annoy your appraiser

Repeatedly postpone or cancel your appraisal

Sign off your portfolio late

Not providing evidence across the whole scope of your work

Doing a data dump

Forget to block other distractions during your appraisal

Fail to reflect on your portfolio

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Appraisal Tips for Locum Doctors

- **Plan ahead for patient feedback**
 - To increase your chances, we recommend you prepare a cover letter explaining why you need it and if you make it as easy as possible for the patient by supplying a stamped addressed envelope, you're likely to get to the recommended 34 replies quicker.
- **Get feedback from a range of colleagues**
- **Benchmark your feedback**
- **Consider how you reflect on significant events**
- **Include at least 1 Quality Improvement Activity**
 - Case-based discussions
 - Significant event reviews (those not meeting the definition above)
 - An audit
 - Review of notes or prescribing habits with a colleague or small group.

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<http://blog.lantum.com/appraisal-tips-out-of-hours-fourteenfish>