

THE POLICY FOR GP APPRAISAL

Title:	GP Appraisal Policy	
Policy Reference Number:	COR/CMG.01/V1.00	
Summary:	The purpose of this policy is to set out the policy for the delivery of GP Appraisal across Hampshire PCT.	
Associated Documents:	GP Appraisal Procedures	
Target Audience:	GPs included on the Hampshire PCT Performers List	
Document Version:	Version 1.00	
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Author's Name:	Stephanie Ingram	
Custodian's Name:	Dr K Ollerhead, Associate Clinical Director Primary Care & Governance	
Approved by:	Hampshire PCT Management Board	Date of meeting: 8 July 2008
Ratified by:	Hampshire Primary Care Trust Board	Date of meeting: 25 Sep 2008
Signature of Chief Executive:		Date:

Hampshire Primary Care Trust

Policy for GP Appraisal Version 1.00

POLICY DEVELOPMENT DOCUMENT CONTROL PANEL

Policy Title: The Policy for GP Appraisal		
Policy Reference Number: COR/CMG.01/V1.00		
Version Number: 1.00	Date of Issue: Oct 2008	Review Date: July 2009

This section to be completed by the policy author:

Policy Custodian: Dr Stuart Ward	
Designation: Clinical Director	
Email Address:	Code A
Is this a new policy?	Yes
If 'Yes', why is it required? <i>Hampshire-wide policy</i>	
How does the Policy link to:	
Standards for Better Health	<i>Core Standards: C5b Clinical Supervision & Leadership</i>
NHSLA PCT Risk Management Standards	<i>Standards: Std 1 Governance, Criterion 9 Professional Clinical registration. Std 2 Comp & Capable Workforce, Criterion 4 Fitness to Practice.</i>
National Service Framework	<i>NSF</i>
Other (please specify):	
If 'No', name of previous policy and reason for replacement:	
Who has been involved/consulted in order to develop this Policy?	
Has the Trust's Legal Services Manager checked this policy? No	
Summary of significant changes made:	
Section:	
Section:	
Section:	
Section:	
Section:	
Section:	
Approval Route:	HPCT Mgt Board Date:
Ratification Route:	HPCT Board Date:

This document is valid on the day it was issued. The most up to date version of this policy can be found at:

www.hampshirepct.nhs.uk/key_documents/policies

EQUALITY ASSESSMENT TOOL

Policy Title: The Policy for GP Appraisal		
Policy Reference Number: COR/CMG.01/V1.00		
Version Number: 1.00	Date of Issue:	Review Date:
Have you considered in your Policy development the impact of your Policy on:		
<i>Health & Safety at Work Act 1974</i>	Yes / No / N/A	
<i>Health and Social Care Act 2001</i>	Yes / No / N/A	
<i>Sex Discrimination Act 1975</i>	Yes / No / N/A	
<i>Sex Discrimination (Gender Reassignment) Regs 1999</i>	Yes / No / N/A	
<i>The Gender Reassignment Act 2004</i>	Yes / No / N/A	
<i>Race Relations Act 1976 (as amended by the RRA 2000)</i>	Yes / No / N/A	
<i>The Civil Partnerships Act 2004</i>	Yes / No / N/A	
<i>Human Rights Act 1998</i>	Yes / No / N/A	
<i>The Equal Pay Act (as amended) 1970</i>	Yes / No / N/A	
<i>Disability Discrimination Act 1995</i>	Yes / No / N/A	
<i>Employment Equality Regs (Religion or Belief, Sexual Orientation) 2003</i>	Yes / No / N/A	
<i>Promoting Equality and Human Rights in the NHS; a guide for Non-Executive Directors of NHS Boards (2005) DoH</i>	Yes / No / N/A	
<i>Freedom of Information Act 2000</i>	Yes / No / N/A	
<i>Environmental Information Regulations 2004</i>	Yes / No / N/A	
<i>Re-use of Public Sector Information Regulations 2005</i>	Yes / No / N/A	
<i>Data Protection Act 1998</i>	Yes / No / N/A	
<i>Race Relations (Amendment) Act 2000</i>	Yes / No / N/A	
<i>Civil Contingencies Act 2005</i>	Yes / No / N/A	
<i>Mental Capacity Act 2005</i>	Yes / No / N/A	
<i>Corporate Manslaughter & Corporate Homicide Act 2007</i>	Yes / No / N/A	
Other (please specify):		
1. When referring to the above, does this policy discriminate in any way?	Yes / No / N/A	
2. Does it promote equality and enhance community relations?	Yes / No / N/A	
3. Does it influence relations between different groups?	Yes / No / N/A	
4. If Yes, could some groups be affected differently?	Yes / No / N/A	
5. Is there any evidence that some groups are affected differently?	Yes / No / N/A	
6. If Yes, do we need to gather evidence to check this?	Yes / No / N/A	
7. Is the impact of the policy likely to be negative?	Yes / No / N/A	
8. If Yes, can the impact be avoided?	Yes / No / N/A	
9. Is the impact unlawful?	Yes / No / N/A	
10. Can the impact be justified?	Yes / No / N/A	
11. What alternatives are there to achieving the policy/guidance without creating the impact?	Yes / No / N/A	
12. Can the impact be reduced by taking different action?	Yes / No / N/A	

If you have identified a potential discriminatory impact of this policy document, please refer it to the Trust together with any suggestions you have as to the action required to avoid/reduce this impact. For advice in respect of answering the above questions, contact Human Resources

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POLICY FOR GP APPRAISAL

1. Introduction and Policy Statement

- 1.1** The purpose of this policy is to set out the policy for the delivery of GP Appraisal across Hampshire PCT. This is in accordance with the Department of Health guidance on GP Appraisal. A centralised, consistent approach to GP Appraisal will be adopted, incorporating local knowledge and building on experience gained locally to date.

2. Status

- 2.1** This is a Corporate Policy (COR).

3. Scope

- 3.1** The contents of this document apply to all GPs included in the Hampshire PCT's Medical Performers List.
- 3.2** This policy should be read in conjunction with the PCT's GP Appraisal Procedures. The current version of this Policy and the Procedures will be found on the Trust's website.

5. The Purpose of Appraisal

Appraisal for GPs is a professional process of constructive dialogue, in which the doctor being appraised has a formal, structured opportunity to reflect on his or her work and to consider how his or her effectiveness might be improved. Appraisal is a requirement for all GPs (both principals and non-principals).

The aims of appraisal are to:

- set out personal and professional development needs and agree plans for how these are to be met;
- recognise factors which may be early indicators of reduced performance levels;
- review a doctor's work and performance on a regular basis, utilizing relevant and appropriate comparative operational data from local, regional and national sources;
- consider the GP's contribution to the quality and improvement of services and priorities delivered locally;
- optimise the use of skills and resources in seeking to achieve the delivery of general and personal medical services;
- identify the need for adequate resources to enable any service objectives in the agreed job plan review to be met;
- provide an opportunity for GPs to discuss and seek support for their participation

- in activities for the wider NHS;
- utilise the annual appraisal process and associated documentation to meet the requirements for GMC revalidation.

The appraisal process should:

- Emphasise a positive and developmental approach;
- Be fair and effective;
- Be well informed;
- Where possible, show how patient care and working within NHS organisations can be improved;
- Be undertaken at regular intervals with skill, professionalism and confidentiality;
- Provide adequate preparation time for and be adequately prepared for, by both appraiser and appraisee.

5. The Link to Revalidation

The White Paper "Trust, Assurance and Safety" states that "*The process of NHS appraisal should, in the future, make explicit judgements against generic standards contained within the doctor's contract.*" It is proposed that **revalidation** will have two core components: **re-licensure** and specialist **re-certification**.

For re-licensure, all doctors will have a licence to practise that enables them to remain on the medical register. This licence to practise will have to be renewed every five year, and will depend on "satisfactory" completion on annual appraisal, as well as participation in a 360° feedback process and a clinical governance "sign off" by the PCT. It is proposed that the appraisal process will include "summative" elements which confirm that a doctor has objectively met the standards expected.

Specialist re-certification will apply to all specialist doctors (including GPs), requiring them to demonstrate that they meet the standards that apply to their particular medical specialty. These standards will be set and assessed by the medical Royal Colleges and their specialist societies and approved by the General Medical Council (GMC).

6. Standards and Key Performance Indicators

The GP Appraisal system for Hampshire PCT is being set up and implemented in line with nationally developed quality assurance standards for appraisal.

7. Monitoring and Compliance

Adherence to these standards is monitored by the Associate Clinical Director of Primary Care and Governance, the GP Appraisal Lead and the Primary Care Integrated Governance Development Manager.

8. Regulatory Framework

GP Appraisal has been a contractual requirement for all GP principals (and PMS equivalents) from April 2002, and as of 2004, for all GPs on the Medical Performers List. GPs who do not undertake appraisal may be removed from the Performers List unless the GP has formally applied for "deferment", e.g. maternity leave, sickness, etc (see Section 6 of the GP Appraisal Procedures) and this has been approved by the PCT via the Primary Care Integrated Governance Development Manager.

9. Accountability Arrangements

Formal responsibility for ensuring there is an approved appraisal process rests with Hampshire PCT. The Responsible Officer is the Associate Clinical Director Primary Care & Governance. The responsibilities of Hampshire PCT are as follows:

- 9.1.1** To ensure that an appraisal scheme is in place that covers all GPs including sessional doctors and locums (except GP Registrars, who will be included in the appraisal arrangements for doctors in training), who are included on the Hampshire PCT's Medical Performers List.
- 9.1.2** In relation to GP Appraisers:
 - To appropriately recruit and train GP Appraisers;
 - To ensure they are contracted under the terms and conditions of the PCT for the function of GP Appraiser;
 - To provide them with indemnity in their role;
 - To ensure all GP Appraisers have annual update training and attend quarterly appraiser support groups and have an annual review of their performance;
 - To take the necessary action to redress any concerns with the process.
- 9.1.3** To ensure that robust processes are in place to deal with worries or complaints from individual GPs about the process or outcomes of appraisal.
- 9.1.4** To ensure that action is taken as far as possible to address the education and development needs of GPs and service development requirements identified and agreed in the course of appraisal.
- 9.1.5** To make adequate financial provision to support the appraisal process.
- 9.1.6** To ensure that the appraisal system meets developing standards for re-licensure as recommended by the GMC, Department of Health and government White Papers.
- 9.1.7** To ensure that performance concerns identified through the appraisal process are appropriately referred in accordance with Hampshire PCT's Policy for the Identification And Support Of Medical Practitioners Whose Performance Is Giving Cause For Concern.

10 PCT Personnel Responsibilities

- 10.1** The PCT Chief Executive is the officer ultimately responsible for the discharge of the above responsibilities, devolved to the Associate Clinical Director Primary Care & Governance, and will be personally accountable to the PCT Board for ensuring that all GPs are appraised and any follow up action taken.
- 10.2** The Primary Care Integrated Governance Development Manager and GP Appraisal Leads will co-ordinate the design, implementation and conduct of GP Appraisal and are accountable to the Associate Clinical Director Primary Care & Governance.
- 10.3** The Associate Clinical Director Primary Care & Governance will ensure that any necessary action arising from the appraisal is taken and will be held accountable to the Chief Executive for the outcome of the appraisal process.
- 10.4** The GP Appraiser undertakes approved training and updating, and appraises at least the defined minimum number of GPs and engages in performance review of his/her role.
- 10.5** The GP Appraiser will be responsible for submitting an agreed Form 4 and PDP to the Primary Care Integrated Governance Development Manager within one month of the appraisal and for fulfilling all aspects of his or her job description and contract in accordance with this appraisal policy and GP Appraisal Procedures.
- 10.6** A GP Appraisal Policy Development Group, comprising the Associate Clinical Director of Primary Care & Governance, the GP Appraisal Locality Leads and the Primary Care Integrated Governance Development Manager, with representation from the LMC and NESC, will develop appraisal policy which will be signed off by the Governance & Healthcare Assurance Committee.
- 10.7** The GP Appraisal Team, comprising the Primary Care Integrated Governance Development Manager and the Primary Care Administrators, will ensure:
- That appraisals are booked within an appropriate timescale, the GP Appraisal Database is kept up to date, and Form 4s and PDPs are stored securely.
 - That payment to GP Appraisers and Locum appraisees are triggered on submission of Form 4s as per the PCT Policy.
 - That the Internal Quality Assurance process of GP Appraisal is operating (logging appraiser reviews, providing anonymised Form 4s to the GP Appraisal Leads for review and appraisee feedback).
 - Extract the learning needs.
 - Support to training events and recruitment and selection.
 - Dissemination of policies and newsletters.

11. Indemnity for GP Appraisers

- 11.1** GP Appraisers will be required to sign a service agreement for duties undertaken as a GP Appraiser within which it will clarify indemnity arrangements for the Appraiser in performance of their appraiser role.

12 Funding of GP Appraisal

- 12.1** GP Appraisers will be paid £550 gross per appraisal within two months of submission of completed Form 4s and PDPs, the rate to be reviewed annually. No additional payments will be made for attendance at quarterly locality meetings, annual training, or travel expenses.
- 12.2** GPs registered on the Hampshire PCT's Medical Performers List as a 'Non-Principal/Locum' or 'Out of Hours GP' will be paid £350 within 2 months of submission of their completed Form 4 and PDP, the rate to be reviewed annually.
- 12.3** Contractors and practice employed GPs including retainer and FCS doctors are paid via the global sum of their PMS or GMS practice budget.
- It is for contractors to decide by agreement between themselves how to use this funding to ensure protected time for appraisal.
 - Employed GPs should have access to this funding stream either by being provided with protected time within contracted hours, or by receiving time or payment in lieu when they undergo their appraisal outside of working time.
- 12.4** The PCT will not be liable for meeting individual training and development needs identified through the appraisal process.

13 Consultation on this Policy and Review

- 13.1** This Policy has been based on the North of Tyne Appraisal Policy and has been agreed with the PCT's GP Appraisers, Clinical Director, the LMC and lay representatives. It will be reviewed annually unless the publication of new national guidance, standards or Regulations dictate otherwise.

14 Training

- 14.1** GP Appraisers will be required to undergo appraiser training which is recognised by the PCT as meeting national standards set by the NCGST. They must complete this prior to doing their first appraisals and are appointed on a probationary basis until their first three appraisals have been reviewed by a locality GP Appraisal Lead at which point, if these are satisfactory, they will be given a substantive honorary appointment. Ongoing training will be outlined in the GP Appraiser service level agreement and subject to review.

15 Acknowledgements

- 15.1** This Policy has been adapted from the North of Tyne GP Appraisal Policy.

