

# A Guide to GP Appraisal



[www.appraisals.nhs.uk](http://www.appraisals.nhs.uk)

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# What is Appraisal?

Appraisal is a professional process being introduced for doctors working in the NHS. The aim is to give doctors regular feedback on past performance, continuing progress and to identify education and development needs – it is part of a doctor’s career development and not part of a disciplinary process.

The drive for formal appraisals came from the introduction across the NHS of clinical governance outlined in the 1998 consultation document “A First Class Service – Quality in the New NHS”.

In 1999, the consultation document “Supporting Doctors, Protecting Patients” proposed that all doctors employed in or under contract to the NHS should be required to take part in regular appraisal. The NHS Plan confirmed that participation in annual appraisal would be a condition of contract from 2001.

[www.appraisaluk.info/](http://www.appraisaluk.info/)

Appraisal is:

- A formative and developmental process
- Gives individuals feedback on past performance
- Charts and acknowledges continuing progress
- Identifies learning needs
- Produces a Personal Development Plan (PDP)

# Why is it Important?

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. It is a positive process to give GPs feedback on their past performance, to chart their continuing progress and to identify development needs. It is also a forward-looking process, essential in identifying the developmental and educational needs of individuals. The primary aim of appraisal is to help GPs consolidate and improve on good performance, aiming towards excellence. In doing so, it will identify areas where further development may be necessary or useful: the purpose is to improve performance right across the spectrum, from the best to the worst. It can help to identify reductions in performance at an early stage; and also to recognise factors which may lead to a reduced level of performance, such as ill health. Appraisal will underpin Continuing Professional Development and help to develop a reflective culture within service and training. It also provides GPs with an opportunity to demonstrate the evidence for revalidation.

The aims of appraisal are to:

- Set out personal and professional development needs and agree plans for these to be met
- Review regularly a doctor's work and performance, utilising 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 against the seven headings of 'Good Medical Practice'

# What's in it for you?

Appraisal is a formative process that is intended to help practitioners define their learning and training needs. To be of greatest use to the Health Service, it is important that the learning needs that are attended to first are ones that are well-rounded and meet the needs of the practitioner, his or her patients and colleagues, and the broader NHS. Most GPs work on their own and do not get enough time to discuss their work with others. The chance that appraisal offers to talk things over, in detail, with a sympathetic colleague is a great opportunity; we should all make the most of it. The priority learning needs are those that meet the needs of the practitioner, their patients, their colleagues and the wider NHS.

- It is an opportunity to explore priorities amongst competing demands
- It provides a vehicle to influence resources and policy
- It provides access to objective advice on practice issues
- It is a source of personal and professional support
- It is a means to improve professional practice and satisfaction
- A chance to stop and think about your work
- Thinking about what you have done and what you want to do
- Thinking about what you do in the context of your practice, your locality and the NHS as a whole
- A chance to discuss your work with a peer, who is not part of your practice
- The opportunity to plan your learning and professional development in a way that is meaningful for you, your practice and the wider NHS
- The opportunity to give feedback to the NHS, through your PCT, on the resources and training that you, and your team, need to do your job properly

# What do I need to do?

- Preparation for appraisal should be completed in protected time that has been specifically set aside
- The appraiser should ensure that the GP being appraised has had at least 2 months advance notice of the date of their appraisal
- The GP being appraised should prepare for the appraisal by identifying those issues, which he/she wishes to raise with the appraiser and prepare an online personal development plan (PDP)
- The Department of Health has developed the documentation necessary for your annual appraisal. There are five forms:
  1. Basic details
  2. Current medical activities
  3. Material for appraisal
  4. Summary of appraisal discussion and personal development plan (PDP)
  5. Detailed confidential account of the appraisal interview (completion of this form is not compulsory)
- Forms 1, 2 and 3 must be completed by you, before the appraisal discussion
- Form 4 and the personal development plan must be completed with your appraiser following the appraisal discussion
- The first two forms are brief and require factual information
- Form 3 is the main body of your appraisal discussion and can be supported by other documents. It is organised around the headings used by the General Medical Council in “Good Medical Practice” and the Royal College of General Practitioners in “Good Medical Practice for General Practitioners”. The wording under each heading differs, but typically you are asked to provide:
  1. A commentary of your work
  2. An account of how your work has improved since your last appraisal
  3. Your view of your continuing development needs
  4. A summary of factors which constrain you in achieving what you aim for

## Tip

**The work you put into completing form 3 is your main preparation for appraisal, and the value of your appraisal will largely depend on it.**

## Is there anything that will help me?

The Sowerby Centre for Health Informatics at Newcastle (SCHIN) [www.schin.ncl.ac.uk](http://www.schin.ncl.ac.uk), was commissioned by the Department of Health to produce an on-line resource which would help both GP appraisees and appraisers complete their appraisal documentation.

## What is the NHS Appraisal Toolkit?

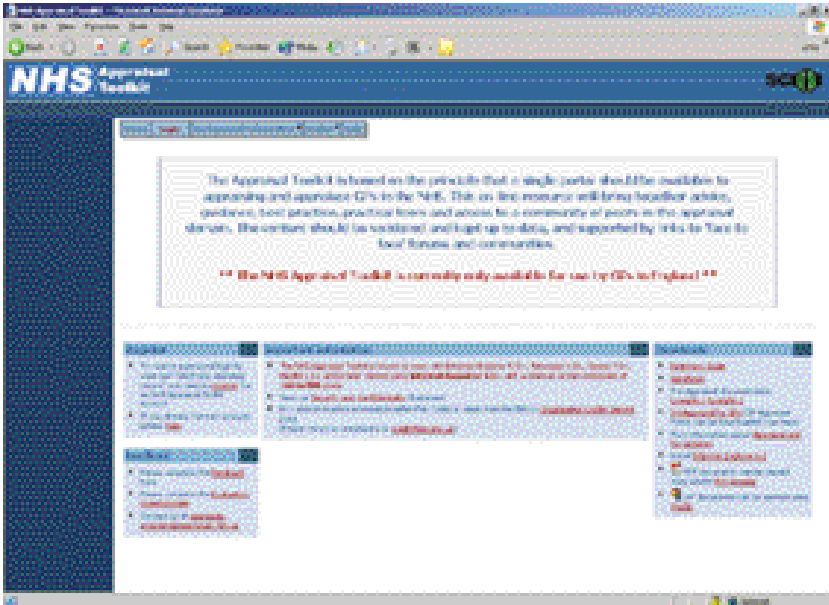
It provides:

- advice
- guidance
- best practice
- practical tools
- access to a community of peers

# Getting Started

## Step 1: Registering for a personal login

- To use the appraisal tools you must register on the system at [www.appraisals.nhs.uk](http://www.appraisals.nhs.uk), click the register link on the 'Home' page



## Step 2: Complete the 4 step registration process

- The first part of the registration process asks for personal details including GMC number
- The second part asks you to add the roles you will play as 'appraisee' or 'appraiser' within a PCT
- Click the add button and your selection will appear. You may repeat this process for multiple roles. Registering as both appraiser and appraisee will provide you with a 'dual' login
- Finally you need to select your main PCT from those entered in the previous step and to select your GP practice
- When you have finished you will receive a confirmation page and a username and password via email

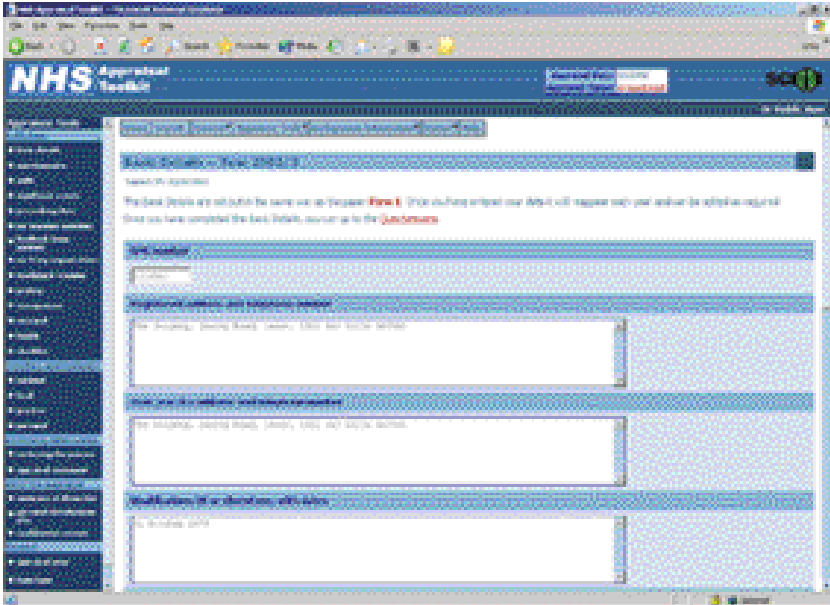
### **Step 3: Login**

- Select 'login' from the drop down menu, enter your user name and password and click the 'login' button
- If you have a 'dual' login you will be asked to select whether you wish to login for this session as an 'appraisee' or 'appraiser'
- Next select the appraisal year you wish to access from the drop down box and click the 'Go' button
- Change your password before you continue to use the system by selecting the 'Personal Details' tool under the 'General' option on the appraisee tools menu

### **Step 4: Appraisal Details**

- When you initially register for a personal login, you are allocated a "temporary appraiser" and a default appraisal date of the 31 March of the current appraisal year. The appraisal year runs from the 1 April to 31 March.
- It is the responsibility of your PCT appraisal administrator to allocate your appraiser and appraisal date on the system using their PCT Administration Tool. When this is done, you will automatically receive an email generated by the system advising you who your appraiser is and the date set for your appraisal meeting.
- At the top right of the toolkit the name of your appraiser and the date of your appraisal meeting is displayed. The appraiser name links to your appraiser's profile, which provides information about the appraiser, including contact details.

# Appraisee Tools



The following tools are available to the practitioner within the Toolkit:

- Basic details
- Appraisal questionnaire
- Review of critical incidents/significant events
- Review of audits
- Review of practice report or practice professional development plan
- Review of prescribing data, referral data and other aspects of practice performance
- Review of complaints or suggestions from patients
- Review of what the practice does and the practitioner's role as well as other organisations
- Review of educational activities and learning needs including personal development plan (PDP)
- Review of any concerns about probity
- Review of any concerns about health and fitness to practice
- Review of teaching activities
- Review of research activities
- Review of management activities
- Appraisal statement

- Summary of appraisal discussion between practitioner and appraiser
- Confidential account of the appraisal meeting
- Appraisal checklist

You can navigate around the appraisee tools by either using the drop down menu located along the top of the screen or the menu down the left hand side of the screen.

## Producing your appraisal documentation

- The **'Basic Details'** and **'Questionnaire'** tools are key to your preparation for the appraisal meeting, and are the basis of the appraisal statement, (GP Appraisal Forms 1, 2 and 3) required by the Department of Health (DH).
- These tools can be accessed from the 'Reflection' option on the drop down menu or from the left hand menu, under 'Appraisee Tools'.
- The **'Basic Details'** tool (**DH Form 1**) asks for information such as registered address and current post. Once you have entered your relevant details, click the 'save' button to record your information.
- The **'Questionnaire'** (**DH Form 3**) is made up of ten sections, with up to four questions in each section. As you complete the questionnaire you will be directed to a number of tools that may aid reflection and review of your work. You can decide for yourself which of these to use and the data entered into these tools is output into the 'documents list' (i.e. documentary evidence) in the appraisal statement. The tenth section of the questionnaire is the overview section. The text that you type into the first nine sections is collated here, so that you do not have type anything twice. The text in the overview section can be edited if you wish, and should then be saved.
- Navigate the appraisal questionnaire using the icons that appear at the head and foot of every page. You do not have to follow the sections in order, you can move between them as you wish, and if you have added or altered any text on the form, you will be prompted to save your changes. If you choose not to save at this point, the information entered on that form will be lost. Alternatively you can click the 'save' button to save the information at any point in time as you are working through the questionnaire. You can return to the questionnaire to make changes to the information you enter up to the point of 'signing off' the appraisal statement.



- Throughout the reflection tools you will find a **‘My Notes’** icon which links you to a notepad where you can make jottings, which remain private. These notes are not output in any of the appraisal documentation and cannot be accessed by your appraiser.
- The **‘Me & My Organisations’** tool (which forms the basis of the DH **Form 2**) allows you to document detailed information about what your current medical activities are, including what your practice does, your role in that, and your views on how well that activity is resourced. You may also record other organisations you work in.

## Appraisal Checklist

- The **‘Checklist’** tool can be accessed from the ‘Reflection’ option on the drop down menu under ‘Appraisee Tools’.
- The GMC document “Good Medical Practice” provides a valuable summary of necessary competencies that are applicable to most health care professionals. The checklist summarises these seven competencies in a series of statements and is a confidence rating scale.
- The process of reviewing these statements and selecting the most appropriate response will emphasise the development and education planning needs of the appraisee. You can then create your ‘profile’, which details only those confidence ratings of “not very confident” or “not at all confident”.
- Completing the checklist is not a necessary part of your preparation for the appraisal meeting but is a valuable tool to aid the reflection process. Future development of the checklist will allow your responses to trigger the decision support tool to suggest ways of meeting your needs.

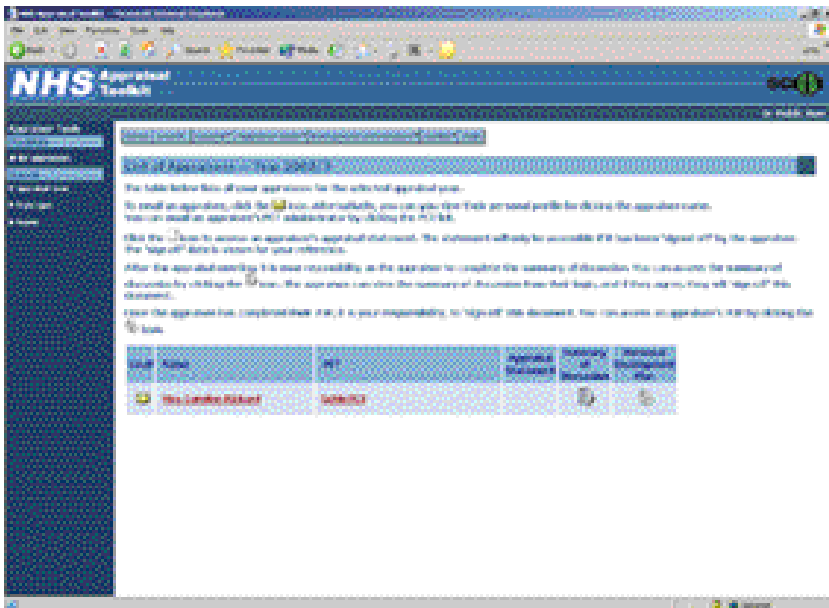


## After the appraisal meeting

- The aim of the DH 'post-appraisal' **Form 4** is to provide an agreed summary of the appraisal discussion based on the documents listed in Form 3 of the appraisal statement and a description of the action agreed in the course of the appraisal, including those forming the personal development plan.
- There are two separate tools available for this, which can be accessed from the 'After the Appraisal' option on the drop down menu, or the left hand menu under 'Appraisee Tools'. The documents produced can be previewed at any stage in the process of preparation by clicking the 'preview' icon. The document will load into a new browser window and can then be saved to the local computer as a Word document.
- The '**Summary of Discussion**' should be completed by the appraiser via their login to the Toolkit, and agreed and 'signed off' by the appraisee. Under each heading the appraiser should explain which of the documents listed in the "Record of Reference Documentation Supporting the Appraisal and Report on Development Action in the Past Year" in the appraisal statement informed this part of the discussion, the conclusion reached and say what, if any, action has been agreed.
- The '**Personal Development Plan**' identifies key development objectives for the year ahead. You will have done some work on your objectives before the appraisal meeting and you and your appraiser should have agreed the objectives that you include here during the meeting. This version of your PDP is a formal output of the appraisal process and it should be completed by the appraisee and 'signed off' and approved by the appraiser via their login to the Toolkit. It should be updated whenever there has been a change - either when a goal is achieved or modified or where a new need is identified.
- The '**Confidential Account**' of the appraisal meeting (DH 'post-appraisal' **Form 5**) provides an optional framework for keeping a fuller account of the appraisal discussion than is recorded on Form 4. It might inform or help the next appraisal round and completion of this form by the appraisee is not obligatory.

# Appraiser Tools

- The Appraiser tools include a list of appraisees, which provides an email link to the appraisee, together with links to the appraisee profile, appraisal statement (provided it has been 'signed off' by the appraisee), summary of appraisal discussion and personal development plan.
- It is the responsibility of the appraiser to complete and save the summary of appraisal discussion following the appraisal meeting with the appraisee. It is also the responsibility of the appraiser to 'sign off' the appraisee's agreed personal development plan. Both of these actions are carried out using the relevant link from the list of appraisees.
- The Appraiser tools also include swapping appraisal year or login type as well as personal user account details.





- At present there is no tool to allow the manual addition of appraisers or appraisees. They will need to register themselves on the site at [www.appraisals.nhs.uk](http://www.appraisals.nhs.uk).
- There is a facility to '**list appraisers**' in addition to 'list appraisees'.
- The '**appraisal allocation**' tool allows the PCT administrator to create new appraisal records for appraisees. This should be done once the appraisee has had the appraisal meeting and 'signed off' all their appraisal documentation on the system. Once a new appraisal year is created for an appraisee they will be able to begin the appraisal process again.

# Frequently Asked Questions

## **Is there standardised documentation for the process?**

Yes. Completion of documents prior to appraisal provides the basis for constructive dialogue between appraiser and appraisee. It then allows a record to be made of both the reflections on past performance and identified professional development needs. NHS appraisal will make use of standardised documentation, which should ensure that information from a variety of NHS sources will be recorded and expressed consistently. The documentation will provide a formal, supportive, consistent structure to the appraisal process. It covers the process in sequence and suggests the information and evidence that the parties to appraisal will wish to bring to the process.

## **Who is the NHS Appraisal Toolkit for?**

There are various dimensions to the NHS Appraisal Toolkit. The background information will be useful to anyone working within the NHS who is interested in appraisal, including GPs, appraisers and trainers. It provides general guidance on the process and practice of appraisal. Some parts of the Toolkit are secure and confidential, designed to support individuals' preparation of their pre-appraisal documentation (Department of Health GP Appraisal Forms 1,2 and 3) i.e. the appraisal statement. This part of the Toolkit is available for use by any registered GP.

## **Who developed the NHS Appraisal Toolkit?**

The NHS Appraisal Toolkit has been developed by the Sowerby Centre for Health Informatics at Newcastle (SCHIN), a research centre, part of the University of Newcastle, that employs more than fifty people in a range of teams from research to dissemination, knowledge authoring to IT. The project is funded by the Department of Health. More information about SCHIN can be found at [www.schin.ncl.ac.uk](http://www.schin.ncl.ac.uk).

## **Has the NHS Appraisal Toolkit been peer-reviewed?**

The NHS Appraisal Toolkit was developed by a multidisciplinary group in co-operation with other groups such as Scharr. It was then peer-reviewed by GPs and GP educators. It has been thoroughly beta-tested and was piloted formally with 6 Primary Care Trusts.

## **How can the NHS Appraisal Toolkit help me?**

The Toolkit is intended to assist with preparation for your appraisal, which should involve reflection on and review of your practice over the last year. This reflection is carried forward into the appraisal meeting itself. The formal part of the preparation for the appraisal is completion of the appraisal questionnaire, which forms the basis of the Electronic Appraisal Record.

## **What do I need to access the Toolkit?**

The Toolkit is available over the Internet. It must be viewed using Microsoft Internet Explorer 5.5 or higher with a suggested minimum screen resolution of 1024x768 pixels.

## **How secure is the Toolkit?**

The NHS Appraisal Toolkit is security protected - only authorised users can gain access to all areas, in particular the Electronic Appraisal Record (EAR). The EAR will be stored on a secure central server. The level of security will be the same as applies to bank accounts.

## **What is the Electronic Appraisal Record?**

The Electronic Appraisal Record (EAR) is an on-going account of the practitioner's journey through the appraisal process. It includes appraisal statements, learning plans, audit results and significant events etc. The EAR is only accessible by login, which means that it is confidential to the practitioner. Practitioners can add things to their Electronic Appraisal Record at any time through the year.

## **How do I get my own Electronic Appraisal Record (EAR)?**

You will need to register to be an authorised user of the NHS Appraisal Toolkit, by completing the on-line registration process. You can gain access to your EAR via your personal login, which consists of a username and password. You will receive your personal login via email once you have completed the registration process.

## **Where will my EAR be kept?**

The EAR will be stored on a secure central server where the level of security is the same as applies to bank accounts.

## **Who else can see my EAR?**

Your EAR can only be viewed with your personal login. You should change your password when you first access the NHS Appraisal Toolkit. So long as you keep your password secret you are the only person who can view your record. Further information about confidentiality is available in the *Background* section of the toolkit.

## **How do I change my Password?**

For security reasons, when you receive your personal login, you should change your password when you first log in, using the Personal Details tool, which is under 'General' on the drop down menu.

## **What is the appraisal questionnaire?**

The appraisal questionnaire should be used as a reflective tool or mental prompt as part of the reflection process. Completing this questionnaire is a necessary part of preparation for the appraisal meeting and takes the practitioner through the important stages of preparing the appraisal statement. The questionnaire is divided into 10 sections, each of which requires personal reflection on aspects of your role and responsibilities as a practitioner. Practitioners can add things to their Electronic Appraisal Record at any time through the year.

## **What is the appraisal statement?**

The appraisal statement is generated from the information entered into the appraisal questionnaire and the reflection tools. Only the practitioner and the appraiser see the appraisal statement. The practitioner, in preparation for the appraisal meeting produces it and the reflection that this involves is one of the main benefits of appraisal.

## **How do I create the appraisal statement?**

The appraisal statement can be previewed at any stage in the process of preparation by clicking the 'preview' icon. Once the practitioner is happy with the content of the appraisal statement, it should then be 'signed off' by clicking the 'sign off' icon. This sets a date for the sign off and the content in the Toolkit will no longer be editable. The statement will load into a new browser window, where it can be saved to the local computer as a Microsoft Word document and printed as and when required. The statement then can be viewed by the appraiser via their personal login to the toolkit (provided it has been 'signed off' by the appraisee) or it should be sent to the appraiser prior to the appraisal meeting.

## **What is the appraisal checklist?**

The checklist provides an outline of the criteria to be considered during the appraisal process. The GMC document "Good Medical Practice" provides a valuable summary of necessary competencies that are applicable to most health care professionals, and the checklist summarises these in a series of statements. The process of reviewing these statements and selecting the most appropriate response will emphasise the development and education planning needs of the appraisee. Completing the checklist is not a necessary part of your preparation for the appraisal interview but is a valuable tool to aid the reflection process.

## **What happens at the appraisal meeting?**

The appraisal meeting provides an opportunity to discuss your job, hopes, aspirations and plans; chart progress and development; reflect on performance; Discuss how personal plans fit with wider planning; give and receive feedback that is honest, sensitive and respectful; demonstrate the value of the individual; produce solutions; influence and contribute to the Practice Professional Development Plan; review progress on portfolio development.

## **What is the Summary of Appraisal Discussion?**

The summary of appraisal discussion is completed by the appraiser and can be previewed and then 'signed off' by the practitioner.

## **What is the Confidential Account?**

The confidential account of the appraisal meeting provides an optional framework for keeping a fuller account of the appraisal discussion. It might inform or help the next appraisal round and completion of this form by the appraisee is not obligatory.

## **What tools are available to the appraiser within the Toolkit?**

A number of tools are currently available to the appraiser:

- List of appraisees and appraisers with email contacts
- Completion of Summary of Appraisal Discussion for selected appraisee
- Preview and 'sign off' of Personal Development Plan for selected appraisee

## **Tools available to support PCT Appraisal administrators**

- Automatic email notification of appraisee registrations for a PCT
- Listing of appraisees and appraisers within a PCT
- Up to date appraisee and appraiser profiles (including contact details)
- Allocation of appraisers and appraisal dates to appraisees
- Appraisal progress monitoring, to show whether appraisal statement, PDP, summary of appraisal discussion are 'signed off' on the Toolkit

## **Can I get training?**

The NHS Appraisal Toolkit is easy and intuitive to use, and should not need in depth training. SCHIN attended a number of 'GP Appraisal Workshops' around the country to introduce and demonstrate the NHS Appraisal Toolkit. Practitioners may also be able to get help and support with using the NHS Appraisal Toolkit from their PCT or can access the appraisal toolkit handbook and beginners guide from the home page on the site.

# How is Appraisal linked to revalidation?

**Appraisal** is concerned with a doctor's professional development within his or her working environment and the needs of the organisation in which the doctor works.

**Revalidation** involves an assessment against a standard of fitness to practice in line with the seven headings of the GMC's guidance 'Good Medical Practice'. It will allow the doctor's licence to practice to be renewed.

## How are they linked?

- Appraisal will provide a regular, structured system for recording progress towards revalidation and identifying development needs (as part of PDPs) which will support individual GPs in achieving revalidation.
- Appraisal and revalidation will be based largely or wholly on the same sources of information, and appraisal summaries will inform revalidation, the objectives of the two processes are distinct and complementary.
- Appraisal and revalidation should be linked for the sake of economy effort, with the GMC's 'Good Medical Practice' as common ground.
- Despite the fact the appraisal and revalidation are distinct processes, the benefit of appropriate information sharing is considerable

## What are the differences?

<b>Appraisal</b>	<b>Revalidation</b>
Led by the PCT and individual practitioners, and focused on the development of the individual practitioner	Led by the GMC
A way of aligning organisational (PCT and practice) and individual objectives	A way of checking that an individual doctor is fit to practice
Part of a wider systematic approach to performance management and development in the PCT	Part of an individual lifelong requirement of being able to practice as a doctor
An annual process	A quinquennial process
A process internal to a PCT	A process external to a PCT
A local process, customised to suit individual and local circumstances	A national process which is standard for all doctors, whoever employs/contracts them
A two-way process, it considers contextual, environmental and systematic factors	A one-way process
Primarily developmental (or formative) process	An assessment (or summative) process
As far as possible, a process with accepted, agreed outcomes	A process with imposed outcomes
Confidential, with many outcomes shared narrowly	A matter of public record

# Resources

Appraisal and Revalidation <http://www.appraisaluk.info/>

BAMM <http://www.bamm.co.uk/>

British Medical Association <http://www.bma.org.uk/>

Department of Health <http://www.doh.gov.uk/>

General Medical Council <http://www.gmc-uk.org/>

Independent General Practitioners Association  
<http://www.igpa.org.uk/>

Royal College of General Practitioners (RCGP)  
<http://www.rcgp.org.uk/>

SCHARR Report <http://www.doh.gov.uk/gpappraisal/>

The Sowerby Centre for Health Informatics at Newcastle (SCHIN)  
<http://www.schin.ncl.ac.uk/>

The UKs National GP website database  
<http://www.internet-gp.com/gpsites/>

UK Gov Talk <http://www.govtalk.gov.uk/>





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