

*“An appraisal system must be equitable to all”*

## Agenda

An Appraisal programme must be led by a clearly identifiable PCO team that make it their business to ensure all GPs know who they are and how to contact them.

The Appraisal process must be **equitable and confidential** and the team must ensure it demystifies the process and clearly links it to education and personal development. Appraisal is not about policing GPs or fitness to practice, however completing successful annual appraisals is seen as a marker of best practice. It should be clear from the organisation of the process that the outcomes and messages from a local appraisal process should be used to guide the development of PCO education programmes and support structures for its practitioners.

## Best Practice

### Appraisal Team Membership

- A properly resourced administrator to act as an appraisal coordinator is essential.
- A GP Lead, who will have an understanding of Continuing Professional Development for GPs in the local area.
- A PCO Director who will ensure appropriate representation of the process at board level, especially in areas of PCO strategy and finance.

The team should work closely with local LMC and Deanery representatives while developing the organisation of the process and this involvement should be clear to local GPs. This is important because it emphasises the formative, developmental aspect of Appraisal and should reassure GPs who have worries about presumed PCO hidden agendas.

### Organisational Structure

- The team should ensure that GPs are clear about the process and pathway that leads to achievement of appraisal. Launching the process with GP information sessions will consolidate the teams profile within the local GP community and provide a forum to explore the Appraiser packs and resources with small group work. The GP appraisers have an important role in launch/ information events and can speak about the process and generic experiences of being both appraisers and appraisees. Involvement of the Deanery and local primary care tutors at launch events will emphasise the developmental opportunity appraisal offers.
- The coordinator should keep an up to date database of all GPs on the Performers' List and should develop a process to match appraiser and appraisee. In many PCOs this process is random and this should be considered good practice, however other PCOs have developed more sophisticated processes. Both processes are acceptable as long as the appraisee should have some choice in appraiser or there should be a process to allow an alternative appraiser to be given if either appraiser or appraisee feels a match is inappropriate.
- It would be unusual for the same appraiser and appraisee to be matched for more than 2 successive years within a 5 year appraisal cycle.
- Paperwork should be easily available and the use and arrangements for confidentiality understood by all

Sheet 6  
October 2004

ABC of GP Appraisal  
“Organisation of Appraisal”  
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## Organisational Structure contd.

- Appraiser should carry out at least 3 appraisals per year, although a minimum of 6 should be considered good practice. It is however recognised that this may not be possible in some geographical areas.
- If the NHS appraisal toolkit is used then PIN numbers should be securely stored
- There should be clear processes for Appraiser Support and Development.
- The appraisal process should be carefully evaluated
- There should be clearly understood mechanisms for reporting on and using the information on needs identified in appraisal and relationships formed with education providers and Deaneries

## Checklist

<p>1 Practice does not follow standards that should reasonably be expected.</p>	<p>2 Practice in this area is sound, although progress can still be made</p>	<p>3 Practice in this area is excellent</p>
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<b>Appraisal Process</b>	1	2	3
There is an identified appraisal lead who has time to commit to the post			
There is adequate administrative support for the appraisal process			
The purpose of the appraisal process is understood by those involved in it			
There is a system for verifying all GPs have had an appraisal and all paperwork is complete			
Training is available for GPs who wish to understand appraisal better			
The paperwork for appraisals is readily available			
Adequate notice is given to appraisees to prepare for appraisal			
Appraisees are given an adequate choice of appraiser			
Appraisees are given an adequate choice of venue			
Appraisers carry out a reasonable number of appraisals each year			
Appraisers do not carry out more than 2 consecutive appraisals on same GP			
Form 4s are signed by appraiser and appraisee			
Form 4s are securely stored in PCT. Access is limited to the appraisal lead			
There is confidence in the confidentiality of the appraisal process			
PIN numbers for the electronic appraisals are securely stored			
There is a formal significant event and complaints process which are used to inform the development of the appraisal process			
Evaluation forms are used and collated to inform development of appraisals			
An annual report is produced that reviews the appraisal structure and process, stating the percentage of planned appraisals completed			
External review of the process is undertaken every 3 <sup>rd</sup> year by a competent body, e.g. Commission for Health or Deanery			

## References

Chambers R, Tavabie A, Mohanna K and Wakley G (2004) *The Good Appraisal Toolkit*. Radcliffe Publishing, Oxford

Department of Health (2002) Appraisal for General Practitioners working in the NHS

[www.dh.gov.uk/PolicyandGuidance/HumandResourcesandTraining/LearningandPersonalDevelopment/Appraisals/fs/en](http://www.dh.gov.uk/PolicyandGuidance/HumandResourcesandTraining/LearningandPersonalDevelopment/Appraisals/fs/en)

Lyons, N (2003) Quality Standards for GP Appraisal. NAPCE, Bury. [www.gpappraisal.nhs.uk](http://www.gpappraisal.nhs.uk)