



Royal College of  
General Practitioners

## Principles of GP Appraisal

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## 1. Introduction

This paper sets out a policy and principles to underpin the appraisal process for General Practitioners working in the national health systems of the four countries of the UK. A considerable amount of work on developing appraisal systems for general practice has already been undertaken in each country and there have been discussions with a number of key stakeholders.

The RCGP is updating Good Medical Practice for GPs which is based on the most recent version of Good Medical Practice published by the General Medical Council. The College will publish a draft of 'Criteria Standards and Evidence' which will give clear guidance on the content of a revalidation portfolio over a period of five years with a proposed timetable for the collection and presentation of that evidence at the annual appraisal discussion. This will be piloted and evaluated.

## 2. Context

Appraisal for General Practitioners was first introduced in England in 2002, in Northern Ireland and Scotland in 2003, and in Wales in 2004. In all cases it was constructed primarily as a formative and developmental process.

In Good Doctors, Safer Patients, 2006, the Chief Medical Officer (CMO) of England recommended that "the process of appraisal should be standardised and regularly audited and should in future make explicit judgement about performance against the generic standards".

Following consultation, the Department of Health White Paper Trust Assurance and Safety? was published in February 2007 putting GP appraisal at the centre of the revalidation process: "The appraisal process, which will be a central component of revalidation, should be both formative and summative to ensure that the required standards are met".

The RCGP proposes to set out a policy and principles to ensure that the further development of the current systems of appraisal meet the requirements for revalidation from the view point of the College and to provide consistency across the four countries of the UK.

## 3. The Purposes of Appraisal

Appraisal will enable all General Practitioners to participate in continuous improvement of the quality of their practice. Although not its primary purpose aspects of appraisal may assist in the early identification of doctors in difficulty so that they can be offered appropriate support.

Appraisal must support and inform both relicensing and recertification. The process for relicensing will require participation in appraisal. Recertification will allow doctors to remain on the General Practitioner and Specialist Registers and will include the requirements for relicensing.

The challenge is to develop, deliver and resource the GP appraisal process so that it meets UK regulatory requirements for relicensing, as determined by the GMC, and recertification defined by the RCGP. It is essential that the developmental needs of general practitioners are identified and supported through the process. The difficulties of using appraisal for both development and performance management must be understood and addressed.

## 4. RCGP Policy and Principles

The White Paper Trust, Assurance and Safety<sup>3</sup> requires the Medical Royal Colleges to provide leadership in recertification. GP Appraisal is a key component of recertification. The RCGP will, therefore, as part of the general consultation on recertification, also consult on the principles and standards for GP appraisal.

The RCGP will adopt the generic principles developed by the Academy of Royal Colleges (see Appendix 1) and which are encompassed in the following additional principles which should underpin an appraisal system for General Practitioners, across the UK.

- All doctors on the General Practitioner Register should be able to demonstrate that they meet the standards for appraisal.
- Collection of a single portfolio of evidence will serve the purposes of appraisal, relicensing and recertification.
- Appraisal should lead the doctor to reflect on improving the care they provide to patients.
- The content of the personal development plan should be defined and should facilitate reflective practice.
- The extent and nature of CPD which has been undertaken should be captured in a portfolio of learning, and should include a minimum of 50 credits per year in an outcome based credit system (with one credit being broadly equivalent to one hour of learning).
- Evidence should be mapped against Good Medical Practice and the GP Curriculum.
- The evidence should make clear the context in which the doctor works.
- The evidence must reflect the quality of care which the doctor provides.
- The evidence should relate to national standards where appropriate.
- The actual appraisal discussion should be confidential, although an agreed summary will be recorded and submitted to the PCO as identified in the agreed communication protocol as part of clinical governance.
- Standard appraisal documentation should be used, including structured templates to facilitate reflection in each of the areas of Good Medical Practice.
- There will be measurable standards of evidence against which assessment can be made.
- Appraisal should be linked to performance management and other aspects of the clinical governance spectrum through a clear and agreed communication protocol.
- There should be an internal system of quality management and an external system of quality assurance of the whole process of appraisal.
- Recruitment, selection and periodic assessment of GP appraisers should use an agreed role description, person specification and competences.
- Ongoing local support and development including training of appraisers through RCGP accredited training programmes should regularly occur.
- There will be lay (patient) involvement in the quality management and quality assurance processes.

## 5. Appraisal Methodology - Meeting the Standards

The appraisal discussion will include:

- A review of the last personal development plan and consideration on how this has been addressed during the past year. The doctor's working circumstances and needs change through the year, so some variation from the plan may occur but the reasons for changes need to be made explicit.
- A review of the CPD log for the past twelve months ensuring that a minimum of 50 credits have been recorded complying with the RCGP guidance.
- Presentation by the appraisee of evidence as required by the timetable for recertification / relicensure, assessment by the appraiser of the quantity and quality of evidence and a peer discussion to enhance reflection and identification of any developmental needs which should be recorded in the personal development plan.
- A discussion of learning needs for the forthcoming year which is informed by a systematic learning needs assessment.
- Construction of an agreed personal development plan for the coming year which meets the standard defined by the RCGP.
- Any issues which the appraisee may wish to discuss.

Considerable concern has been expressed by some doctors currently involved in undertaking appraisals of general practitioners across the UK regarding the move from what is perceived to be a purely formative process to one which will involve judgements.

The appraiser will not be deciding whether or not the doctor should be re-licensed or re-certified, but will be assessing whether specified items of evidence submitted in the appraisal folder meet the defined evidence set. It is envisaged that over a period of five years the doctor will have assembled a portfolio of evidence, discussed at five annual appraisals for recertification/relicensure.

In terms of judgements within the appraisal, the appraiser will be addressing the following questions:-

- 1) Has an appropriate quantity of evidence been produced which meets the requirements set out in the timetable for recertification/revalidation?
- 2) Is the quality of the evidence sufficient to meet the requirements for recertification/relicensure defined in Criteria, Standards and Evidence?
- 3) Has the doctor reflected on the evidence and identified any subsequent development need?

In relation to the detection of performance that gives cause for concern it should be recognised that these usually emerge through clinical governance processes and seldom become first apparent at GP appraisal. In Scotland, Northern Ireland, Wales and in some parts of England if cause for concern emerges during appraisal, there are clear protocols to ensure that these concerns are dealt with in an appropriate manner.

## 6. Ensuring the Quality of Appraisal

The White Paper Trust Assurance and Safety<sup>3</sup> gives the General Medical Council (GMC) responsibility for the Quality Assurance of appraisal. The RCGP, in partnership with GMC, will set the standards for delivery of external quality assurance of appraisal in order to ensure that appraisal is fit for the dual purposes of recertification and relicensure. This is likely to be based on the existing NHS Clinical Governance Support Team Guidance<sup>5</sup>

The RCGP recognises that internal quality management of appraisal should be based on these standards should be the responsibility of the organisation delivering the appraisal process.

## 7. Conclusion

This paper describes how appraisal should be developed and delivered uniformly across the UK to support relicensure and recertification. The RCGP will continue to work with all key stakeholders in the further development of proposals for relicensure and recertification of general practitioners.

It is envisaged that detailed proposals will be completed in 2008, piloted in 2009 with subsequent refinement and made available for general roll-out in 2010.

### Appendix 1 Academy of Medical Royal Colleges Principle of Appraisal

The underlying standards to be used in the appraisal of doctors should be:

- applicable across the United Kingdom.
- generic and applicable to all doctors regardless of specialty or status or employed/self employed circumstances.
- comprehensive: covering all aspects of a doctor's work.
- developed in such a way that makes it possible to measure how individual doctors comply with them.
- related to the work-related behaviour of individual doctors and to activities for which they are personally responsible.
- compatible with the other standards used for the regulation of services and health care organisations.
- patient centred.
- focused on ensuring that the individual doctor is fit to practise and does practise in a consistently competent manner.

## **Appendix 2 Variation in how GP appraisal is conducted across the UK** 6,7,8,9,10,11

82% of GPs in the UK work in England, 10% work in Scotland, 5% in Wales and 3% in Northern Ireland (including GP contractors/principals, salaried GPs, GP locums, GP registrars and GP retainers.) Postgraduate deaneries in Wales, Scotland and Northern Ireland have been intimately engaged in GP appraisal and have taken the lead in its development. There has been close involvement of CPD tutors in Scotland, Wales and Northern Ireland in their national GP appraisal schemes.

Deaneries appear to be involved in the GP appraisal process to a greater or less extent through:

- Leadership in relation to the quality assurance process (Scotland, NI, Wales).
- Training GP appraisers to at least minimum quality standards (Scotland, NI, Wales, varied in England where external consultants are also used).
- Providing ongoing development for GP appraisers and encouraging peer support.
- Delivery of GP appraisal (eg in Wales and Northern Ireland deanery teams have been commissioned to run the whole process on behalf of PCOs).
- Evaluation of the appraisal process and of appraiser performance.
- Education: collation of GP learning needs and providing related educational support
- Investigation and clarification of concerns in relation to the performance of those being appraised.<sup>92</sup>

### **GP Appraisal in Scotland**

In Scotland NHS Education for Scotland (NES) has overall responsibility for GP appraisal. NES has worked closely with the RCGP and other stakeholders to implement and develop appraisal in Scotland.

Appraisers are employed locally but the central appraisal team is responsible for selection and training of appraisers and the provision of resources to support appraisal. NES has undertaken quantitative and qualitative research into the influence of appraisal and research has also looked at the training appraisers undertake. External quality assurance of the scheme is being carried out by Quality Improvement Scotland and there is an ongoing system of internal quality assurance.

NES is responsible for the IT systems to support appraisal. The Scottish appraisal web site has undergone extensive development and a long term aim is to link with e-portfolio.

Scotland is currently examining how the amount of objective evidence presented at appraisal can be increased and a national evaluation project of peer reviewed evidence has begun. NES has been approached by one Health Board area to participate in a pilot of how clinical governance information can be utilised in appraisal.

### **GP Appraisal in Wales**

In Wales in 2003 the National Assembly agreed a Service Level Agreement with the deanery to roll out the GP appraisal programme based on the preceding Welsh pilot scheme. The appraisers are selected, appointed, trained and paid by the deanery. The deanery has continued to work with PCOs to develop the appraisal process so that it is relevant to clinical governance systems. A computerised database is maintained from which to access anonymised needs declared in GPs' PDPs. Information is collated to support CPD and to identify local constraints. The Wales Deanery's appraisal system has an integrated quality management process which includes external quality assurance activity. Among numerous other projects, minimum evidence sets for appraisal are being developed. The deanery is working with the GMC to define and test systems of appraisal and clinical governance.

## GP Appraisal in England

In England the responsibility for implementing GP appraisal has been placed with the PCTs. The outcomes of GP appraisals are generally fed back into the PCTs, and inform PCTs about the educational needs of GPs in the area. Where there are GP tutors employed by the deanery, this information may be shared with deanery educators. Some deaneries are already engaged in the quality assurance of GP appraisal in partnership with PCTs. Currently appraisal is regarded as purely developmental (formative) and seen by some to be no more than a 'cosy chat' between professionals.

## GP Appraisal in Northern Ireland

In Northern Ireland the Northern Ireland Medical and Dental Training Agency (NIMDTA) has a service level agreement to manage the GP Appraisal process for each of the four Health and Social Service Boards and is accountable to a Central Board of Management which has representation from the DHSSPS, RCGP, NIGPC and NIMDTA. The Agency recruits, trains and employs the Appraisers (on the GP Educator Payscale) and manages the whole process.

There are communication protocols and close links with the four Boards particularly in relation to the Performers' List. There are also close links with the NI GP Education Consortium which represents all GP Education providers. Learning needs identified from GPs' personal development plans are collated and forwarded to the Consortium for action.

GPs can choose any of the Appraisers employed by NIMDTA. There is an on-line system for booking appraisals. Appraisees must choose a different appraiser after three years.

<sup>1</sup> RCGP, Good Medical Practice for GPs: 2007

<sup>2</sup> Department of Health (England). Good Doctors, Safer Patients. London: DH; 2006.

<sup>3</sup> Chief Medical Officer. Trust, Assurance and Safety - the regulation of health professionals in the 21st Century. London: Department of Health; 2007.

<sup>4</sup> RCGP. Portfolio of Evidence of Professional Standards for the Revalidation of General Practitioners. London: RCGP; 2004.

<sup>5</sup> Bilkhu J and colleagues. The Development of Quality Standards for GP Appraisal and Appraisers. London: RCGP; 2007.

<sup>6</sup> NHS Clinical Governance Support Team (CGST) Assuring the Quality of Medical Appraisal. Leicester: CGST; 2006.

<sup>7</sup> van der Vleuten C. The assessment of professional competence: developments, research and practical implications. Advances in Health Sciences Education. 1996; 1: 41-67.

<sup>8</sup> Lewis M, Evans K. Quality assurance of GP appraisal: a two-year study. Education for Primary Care 2006; 17 : 319-33.

<sup>9</sup> Jelley D, Cheek B, Van Zwanenberg T. Quality assurance of general practitioner appraisal: successes and challenges in the Northern Deanery. Education for Primary Care 2007; 18 : 180-91.

<sup>10</sup> COGPED. Deanery role in respect of GP appraisal and revalidation. London: COGPED; 2007.

<sup>11</sup> Lewis M, Murray S, McKnight A, Chambers R. Revalidation: a role for postgraduate deaneries. Education for Primary Care 2007; 18:6:674-683.