



Royal College of
General Practitioners

Appraisal and Revalidation during the COVID-19 Pandemic

FAQs

The suspension of appraisals

Appraisal and associated activities (completing your portfolio, recording CPD and QIA, formal feedback) were suspended for most doctors in March 2020 until further notice. This was to allow doctors, appraisers and the associated administrative teams to focus on clinical work and be deployed in the best possible way to support the COVID-19 emergency situation.

No GP's licence to practice will be affected by this.

The restart of appraisals

The Medical Appraisal Guide 2020 updates the Medical Appraisal Guide 2013 in the context of the pandemic in order to allow the restarting of rebalanced appraisals that reduce the documentary requirements for the pre-appraisal documentation. This recognises the impact of COVID-19 and the suspension of appraisal, revalidation and associated activities above. The new processes also emphasise the importance of the existing purposes of appraisal in supporting the personal and professional development of doctors. There is a new focus on how doctors have maintained their health and wellbeing during the COVID-19 pandemic, and signposting any support they might need. While the precise details of the rebalanced processes varies with the electronic platforms used, particularly in Scotland (SOAR) and Wales (MARS), and Northern Ireland have not yet announced a restart of appraisal, the aim to reduce the burden of documentation and maximise the benefit of the appraisal is shared across all four nations.

The core materials about Medical Appraisal 2020 are available on the [Academy of Medical Royal College's website](#).

The GMC has confirmed that these appraisals are consistent with existing GMC guidance for appraisal and revalidation.

If there are any FAQs you think we've missed, or you would like clarification on anything, please let us know at revalidation@rcgp.org.uk

What has happened to appraisal and revalidation?

1. [What has the GMC done about revalidation recommendations?](#)
2. [What will happen to the appraisal process after September 2021?](#)
3. [Why was it appropriate to suspend appraisal and revalidation in March 2020?](#)
4. [Why is it appropriate to restart appraisals midway through the appraisal year?](#)
5. [What has happened to annual medical appraisals?](#)
6. [For how long have appraisals been suspended?](#)
7. [My appraisal has been suspended – what should I do?](#)
8. [My appraisal has been postponed – what should I do?](#)
9. [When will my next appraisal be due?](#)

What supporting information will I need?

10. [Do I need to contact my appraisal toolkit provider?](#)
11. [What happens to the supporting information I have gathered so far if I miss my appraisal?](#)
12. [How much CPD will be expected at my next appraisal?](#)
13. [Now that appraisals are being restarted, will time spent learning about COVID-19 count towards CPD and QIA?](#)
14. [What if my revalidation recommendation is due this year and I haven't done my MSF, patient feedback etc?](#)
15. [I have collected no supporting information during the pandemic. Will I fail my appraisal?](#)

Will I need an appraisal?

16. [My revalidation recommendation was due before 16 March 2021 and it has been changed by the GMC – what does that mean?](#)

17. [My revalidation recommendation was due before 16 March 2021 and initially moved forward by 12 months. I have just heard that I have been revalidated – what does that mean?](#)
18. [I am due to be revalidated before 16 March 2021 and have not yet had my revalidation-ready appraisal. Do I need to do anything?](#)
19. [I am due to be revalidated after 16 March 2021 and have not yet had my revalidation-ready appraisal. I was given an ‘approved missed appraisal due to COVID-19’ and will no longer have an appraisal before my revalidation recommendation is due. What will happen to me?](#)
20. [I had an ‘approved missed’ appraisal last year, won’t I need an appraisal this year?](#)
21. [I was due to have my appraiser for the last time for continuity this year – if I miss my appraisal will I be able to complete my appraisal with them next year?](#)
22. [What if I want to have my appraisal because of the value of the discussion to me?](#)
23. [Should I have my appraisal in person or remotely using video conferencing technology?](#)
24. [Which online video-conferencing platform should I use for my appraisal?](#)
25. [Will this appraisal still count towards my revalidation recommendation?](#)
26. [I am not currently working. Should I still have an appraisal?](#)
27. [I am feeling too exhausted/stressed/unwell to have an appraisal, what should I do? Is there an option not to have an appraisal?](#)
28. [I am on parental leave or planning parental leave to occur over the time of my allocated appraisal date. What should I do?](#)

1. What has the GMC done about revalidation recommendations?

On 17 March 2020, the GMC announced that it was going to change revalidation dates for all doctors with a revalidation recommendation due before the end of September 2020, the effect being to reset the date for 12 months’ time. These changes came into effect over the weekend 21-22 March 2020. This decision has been taken to relieve the pressure on doctors, responsible officers, and governance teams during the pandemic. This is a proportionate response to free up clinical time in light of the COVID-19 pandemic and will have no repercussions for doctors.

Subsequently, the GMC has changed the revalidation dates for all doctors with a revalidation recommendation due between 1 October 2020 and 16 March 2021, moving them forward by 12 months in a similar way. At the same time, they have put doctors ‘on notice’ so that their responsible officers can make revalidation recommendations in the usual way if a doctor is ready to be revalidated.

2. What will happen to the appraisal process after September 2021?

It is impossible to predict how the pandemic will continue to affect and shape our professional lives. Responsible officers will retain the ability to pause local appraisal processes as an appropriate response to a local significant surge in virus cases, while the decision would be taken nationally in response to a national surge. In this context, it seems likely that appraisal will continue to evolve. We hope that the learning from introducing these rebalanced appraisal processes will inform further changes to the appraisal process in the future, so that it can be as supportive and constructive as possible for all doctors. The changes in process due to the introduction of Medical Appraisal 2020 will be evaluated to assess whether the changes are an improvement and, if so, which elements should be carried forward. Please help if you are able to provide feedback about the new processes.

Part of the value of restarting appraisals at this time is the protected time and space to debrief with a trained colleague. It provides the opportunity to plan for the next period and the challenges you face in your personal and professional development. Use this appraisal to discuss your goals and what is important to you with your appraiser and to help you access the support that you need. All doctors deserve the benefits that the best appraisals already provide.

3. Why was it appropriate to suspend appraisal and move revalidation dates forward in March 2020?

Revalidation is the recognition that you have demonstrated your continued competence at what you do (across your scope of work) by presenting, reflecting on and discussing at annual appraisal the supporting information about how you keep up-to-date, review and receive feedback on what you do, and that your designated body has no outstanding concerns about your practice arising from any of the normal governance routes (complaints and Significant Events etc.)

The clinical governance and responding to concerns elements of revalidation were not suspended. It is imperative that issues relating to questions of conduct, capability or health are dealt with in a timely fashion as they arise. This is outside the appraisal process and remains fundamental to patient safety even during a pandemic.

In a time of national emergency relating to the initial COVID-19 pandemic response, it was reasonable to suspend the work that goes into demonstration of continued competence for those doctors who are not causing concern, by moving revalidation recommendation dates forward and suspending appraisal. Maintaining professional standards is still vitally important, but it was safe to assume that doctors who are normally able to demonstrate that they keep up-to-date and fit to practise would continue to do so. Reducing the burden of non-urgent non-clinical work frees up clinical time and time to rest and recharge.

Nevertheless, appraisals were not suspended for all doctors. They have been seen as a supportive intervention in some circumstances, and continued in some designated bodies, where they were seen as particularly valuable in the context of the pandemic.

4. Why is it appropriate to restart appraisals midway through the appraisal year?

The best appraisals have always fulfilled four purposes, only one of which is about supporting the doctor in demonstrating their continued competence, by helping them produce a portfolio of supporting information that demonstrates that they are working in line with Good Medical Practice. The other important purposes are about supporting the doctor in enhancing the quality of their professional work by planning their personal and professional development, in the context of their work. These purposes of appraisal are about support and quality improvement, rather than quality assurance.

While it is appropriate to reduce the burden of demonstrating continued competence during a pandemic, it is not appropriate to remove a supportive intervention that reaches every doctor and helps them to improve their patient care and plan for the future. The temporary suspension of appraisals created an opportunity to review the appraisal process and rebalance it for the benefit of doctors and patients.

Restarting appraisal now, with a new process and emphasis focused on supporting doctors, provides an opportunity for appraisers to offer support to all doctors, even those who would not ask for it. This opportunity is needed all the more acutely because of the impact, disruption and distress caused by the pandemic. Doctors need protected time and a safe space to reflect with a trained peer.

There is an important and growing need for a professional debrief for GPs that provides support for their professional development and maintaining their wellbeing. This is likely to be a particular issue for doctors from Black, Asian, and Minority Ethnic backgrounds, where the death rate of NHS staff in the UK has been disproportionately high. This has considerably increased the stress being experienced by these doctors, both in terms of their own health and safety and that of their families. It is also a particular issue for other doctors whose pre-existing health conditions, age, or pregnancy may cause increased levels of risk. As doctors, we know that those who most need help, may also be those who find it hardest to ask for it.

Restarting appraisals now will also allow responsible officers to make appropriate revalidation recommendations for those doctors who are now under notice, especially if they were already ready to revalidate. It brings doctors whose appraisals were suspended back in line with those whose appraisal systems never stopped.

5. What has happened to annual medical appraisals?

Every designated body and responsible officer has the authority to respond to the ongoing COVID-19 pandemic in an appropriate way for their organisation and context. You will need to check what your responsible officer has decided.

In March 2020, the Chief Medical Officers of all four nations announced a suspension of annual appraisals for GPs working in the NHS for the foreseeable future (at least until the end of September, in line with the GMC change in revalidation recommendation dates). Depending on the circumstances and the impact of the pandemic on their GPs, some responsible officers encouraged appraisals to continue, but the majority were suspended. In August 2020, Scotland and Wales announced the planned restart of appraisals using

rebalanced processes with fewer documentary expectations and more emphasis on support, and in September 2020 NHS England and NHS Improvement followed suit.

Doctors who were due to have their annual appraisal up until the end of September 2020 in most of the NHS and missed it due to the suspension of appraisal will **not** be expected to have an annual appraisal this year. Their appraisal will be carried forward twelve months. This is a pragmatic decision to free-up clinicians at this time and avoid creating a year-end bunching problem by postponing the appraisal instead of cancelling it. There will be no repercussions for doctors who miss an appraisal due to these exceptional circumstances.

Some responsible officers, particularly in smaller designated bodies with sufficient appraisers, may choose to postpone their appraisals (rather than missing the appraisal for a whole year). Postponement may be appropriate if it would be possible to facilitate supportive appraisals for all doctors later in the appraisal year without putting undue pressure on the medical workforce, and if doctors' appraisals in 2021-22 move back to their original appraisal month or period. You should be notified of the situation in your designated body by your responsible officer, but it is your responsibility to check any guidance you have been issued.

6. For how long have appraisals been suspended?

For most designated bodies, appraisals were suspended until the end of September 2020, in line with the initial changes in GMC revalidation recommendation arrangements in March 2020. The announcements of the restart of appraisals with the new rebalanced appraisal processes allow significant flexibility for every designated body and responsible officer to respond to the ongoing COVID-19 pandemic in an appropriate way for their organisation and context. Nevertheless, it is expected that appraisals will restart from October 2020 in most circumstances, using the new processes.

The expectation is that appraisals will be implemented as a primarily supportive process, in recognition of the impact of the pandemic and the disruption it has caused. Testing the new processes has shown that the reduction in the pre-appraisal documentary requirements that it should be possible for you to prepare your focused written reflection in around 30-40 minutes. Appraisers will have update training to ensure that they have the resources and contacts to provide the support that you deserve.

7. My appraisal has been suspended – what should I do?

If your appraisal was due before the end of September 2020 and it was suspended, your appraisal administration team will have closed down your 2020-21 appraisal for you and you will miss a whole appraisal year. This will be acceptable to the GMC who will be aware that the missed appraisal is due to the national emergency caused by the COVID-19 pandemic.

8. My appraisal has been postponed – what should I do?

If your appraisal was due before the end of September 2020 and it was postponed, your appraisal administration team will have put your 2020-21 appraisal on hold during the period of suspension of appraisals. They will let you know when it is considered appropriate to start scheduling appraisals again in your designated body. This will be acceptable to the GMC who will be aware that the postponed appraisal is due to the national emergency caused by the COVID-19 pandemic.

9. When will my next appraisal be due?

In most designated bodies the appraisal year runs from 1 April to 31 March every year. In some it is 1 January to 31 December.

For April-March Appraisal Systems:

If you missed your 2019-20 appraisal, due at the end of March 2020, due to the COVID-19 pandemic, your next appraisal would normally fall due in twelve months' time i.e. at the end of the 2020-21 appraisal year. It is likely that your responsible officer will suggest that you should bring your appraisal forward, for example into January or February 2021, so that it is not pressured at the end of the appraisal year and you do not risk missing a second consecutive appraisal year.

If you missed your appraisal in 2020-21, due between 1 April 2020 and 30 September 2020, because of the COVID-19 pandemic, your next appraisal will probably fall in your usual month in the 2021-22 appraisal year. This will avoid any increase in year-end bunching and pressure on appraisers. The final decision about when your next appraisal is due will depend on your responsible officer and the circumstances in your designated body. This period may be used by some responsible officers as an opportunity to improve the spread of appraisals through the appraisal year.

When systems are back to normal, you will be notified once your appraisal is due. If you receive any emails or notifications that do not appear to make sense, check with your appraisal administrative team as automated notification systems can throw up errors.

10. Do I need to contact my appraisal toolkit provider?

No.

For doctors who are having an approved missed appraisal due to the COVID-19 pandemic, your toolkit provider will be able to close off your current year's appraisal portfolio and move any entries made already into the next appraisal year for you.

For doctors who are having an appraisal under the rebalanced appraisal processes, the appraisal toolkit providers have been involved in the discussions around the implementation of the new appraisal processes and have provided assurance that they will be able to make

appropriate adjustments to make the pre-appraisal documentation easier and less burdensome. They will ensure that doctors can access any appraisal information that they have already added to their portfolio and pull forward relevant information about their historic qualifications and experience, scope of work and previous PDP as usual.

For some toolkits there will be very little change to the portfolio because there was already a focus on the support of the doctor and their health and wellbeing, and the shift in emphasis will be more evident in changes in the training and expectations of appraisers. For others, the new processes will be embedded in the portfolio.

11. What happens to the supporting information I have gathered so far if I miss my appraisal?

At your next appraisal, you will be able to present any information gathered since your previous appraisal, even though the time between appraisals is longer than usual. This includes supporting information entered into your portfolio prior to the COVID-19 pandemic.

There is well understood guidance about what to do if there is a significant gap in your appraisals due to maternity leave or other long-term absence from work. You should keep your supporting information proportionate to your time in work and present what is applicable to your whole scope of work between the two appraisals.

However, it is recognised that the COVID-19 pandemic and the suspension of appraisal, revalidation and associated activities has significantly disrupted the ability of many doctors to collect supporting information in their usual way.

You should not spend time removing supporting information that you have already collected from your portfolio, any more than you should spend time unnecessarily adding supporting information that is not required in the context of the pandemic. There is a strong emphasis in the new appraisal processes on ensuring that the focused written reflection provided pre-appraisal can be completed in around 30 minutes.

12. How much CPD will be expected at my next appraisal?

It is evident that all doctors have done significant amounts of CPD in simply learning about and keeping up to date with the changing guidance on COVID-19 and the pandemic response. The GMC has never mandated a specific amount of CPD or number of credits per year. They expected doctors, as professionals, to do enough CPD to keep up to date at what they do. You will be expected to be able to discuss during your appraisal how you have kept up to date, and the most important things you have learned, since your last appraisal – but you will not be expected to provide any documentary supporting information about your CPD if you have not collected any during the pandemic.

This suspension in appraisals has provided an opportunity for doctors to demonstrate their professionalism in their response to the pandemic. It provides the chance to move away from

counting credits and collecting certificates to thinking about what learning has been meaningful and made a difference to patient care.

Verbal reflection will be acceptable supporting information about your CPD. Of course, some doctors find simple record keeping and reflection on an ongoing basis, in some form of learning diary or log, the best way to learn and helpful to them personally and will have maintained this throughout the pandemic. If so, this is valid and valuable supporting information for your appraisal. However, your responsible officer and appraiser will not be expecting you to have collected evidence of CPD for appraisal during the COVID-19 pandemic. You should spend no time on documentation that is not of value to you at this time.

There will be no requirement or expectation that you 'catch up' on CPD after this appraisal merely because you have not demonstrated it by counting credits or collecting certificates. The GMC have confirmed that appraisals conducted using the rebalanced appraisal processes will fulfil all their requirements for appraisal and revalidation.

13. Now that appraisals are being restarted, will time spent learning about COVID-19 count towards CPD and QIA?

Of course! Continuing Professional Development is about lifelong learning and anything that you learn about which allows you to demonstrate your reflective practice, including COVID-19, will count. The system redesign needed to work out the changes you needed to make in your work to be effective in a pandemic is a good example of a quality improvement activity to reflect on.

Verbal reflection will be acceptable supporting information about your CPD and QIA. You may find you have a lot that you want to say about the impact of the pandemic and what you have learned and changed as a result.

14. What if my revalidation recommendation is due this year and I haven't done my MSF, patient feedback etc?

Don't worry! Revalidation recommendation due dates up to 16 March 2021 have already been changed, so you have an additional 12 months to look at collecting and reflecting on feedback.

Even if your revalidation recommendation due date is after 16 March 2021 and has not been changed, don't worry about your revalidation recommendation. There is a pathway for the GMC to make the decision to defer your recommendation date to give more time for you to collect supporting information. During that time your UK licence to practise will continue unaffected until your new revalidation recommendation date, so you will not be disadvantaged.

15. I have collected no supporting information during the pandemic. Will I fail my appraisal?

No! Appraisal has never been a pass/fail event. It is impossible to fail an appraisal. This is no different in the context of the pandemic. Of course, your appraisal may help you to identify gaps in your portfolio of supporting information for revalidation that you need to fill or support you might need. It should also help you to plan how best to fill them or how to access the support. This is also no different in the context of the pandemic.

If you engage with your annual appraisal process, it will not matter if you have collected no supporting information during the pandemic. You will be asked to do some focused written reflection before the appraisal, which in testing has taken around 30 minutes to prepare, and then discuss your reflections on what you have learned and what changes you have made as a result during the appraisal meeting. Appraisers are explicitly being trained to adjust their expectations to take account of the impact of the pandemic on your ability to collect supporting information.

You are still expected to include any complaints or significant events in which you have been personally named or involved since your last appraisal. This is no different in the context of the pandemic.

16. My revalidation recommendation was due before 16 March 2021 and it has been changed by the GMC – what does that mean?

By changing your revalidation recommendation due date, the GMC has removed the requirement for your responsible officer to make a recommendation about your revalidation. You can carry on practising as before and, if not already completed, you have an extra year in which to complete all the requirements for your revalidation recommendation, so that you do not need to worry about them during the COVID-19 pandemic.

By putting doctors who were due to have a revalidation recommendation made 'on notice', the GMC has created a mechanism for responsible officers to put forward revalidation recommendations for those doctors that are ready, without penalising those that are not.

17. My revalidation recommendation was due before 16 March 2021 and initially moved forward by 12 months. I have just heard that I have been revalidated – what does that mean?

If your medical appraisals to date, and the governance information checks, reveal that you are ready to revalidate, and your revalidation recommendation has been put 'on notice' by the GMC, your responsible officer will be able to make a positive revalidation recommendation to the GMC. If you have received notification that a decision has been made to revalidate you, you will receive a new revalidation date for five years after your previous one. You have started your next revalidation cycle in the usual way.

There may be more than five years before your next revalidation recommendation, because your due date was moved forward by 12 months, and five years were added to that date.

18. I am due to be revalidated before 16 March 2021 and have not yet had my revalidation-ready appraisal. Do I need to do anything?

The GMC has already announced that it has changed revalidation dates for all doctors with a revalidation recommendation due before 16 March 2021 and moved them forward by 12 months. Your GMC Licence to practise will continue unaffected for that time.

If you have already collected the GMC required supporting information to reflect on and discuss at your next appraisal, then you should simply include it in your appraisal. If not, the moving forward of revalidation dates gives you an additional 12 months in which to get ready to revalidate. You may wish to use your next appraisal to plan how to achieve this in the context of the pandemic or to flag up any difficulties you may have so that you get appropriate support and advice.

19. I am due to be revalidated after 16 March 2021 and have not yet had my revalidation-ready appraisal. I was given an 'approved missed appraisal due to COVID-19' and will no longer have an appraisal before my revalidation recommendation is due. What will happen to me?

Even if your revalidation recommendation due date is after 16 March 2021 and has not been moved forward by 12 months, don't worry about your revalidation recommendation. There is a pathway for the GMC to make the decision to defer your recommendation date to give more time for you to collect supporting information. During that time your UK licence to practise will continue unaffected to the new revalidation recommendation date, so you will not be disadvantaged. If it is the last one before your deferred revalidation recommendation is due, your next appraisal in 2021-22 will be your revalidation-ready appraisal.

20. I had an 'approved missed' appraisal last year, won't I need an appraisal this year?

No. If the timing is such that you have already missed your appraisal in 2019-20, for example due to maternity leave or long-term sickness, and you have now additionally been told you will miss your appraisal for 2020-21, don't worry. This is a national emergency and there will be no repercussions for you. Your next appraisal will cover the whole period since your previous one, even if that is more than two years.

Of course, some responsible officers may prioritise supportive appraisals for doctors who have already had an approved missed appraisal in 2019-20 and change your appraisal month or appraisal period to offer you early support. If you are in a position where having an appraisal in the next six months would be particularly valuable, it is important that you discuss this with your responsible officer or appraisal administrative team.

21. I was due to have my appraiser for the last time for continuity this year – if I miss my appraisal will I be able to complete my appraisal with them next year?

Yes. Missing an annual appraisal does not affect the count for the number of consecutive appraisals with the same appraiser. You will be able to complete your series of appraisals with them for continuity, providing they are still appraising and have the capacity to facilitate your appraisal.

Of course, there may be some disruption to normal appraiser allocations due to the impact of the pandemic on appraisers.

22. What if I want to have my appraisal because of the value of the discussion to me?

If your appraisal fell in the period when appraisals were suspended but you feel that you really want or need an appraisal, you should discuss this with your appraiser and your responsible officer. They may be able to fulfil your request if there is sufficient capacity in the system, or they may signpost appropriate resources and support (that are not once a year interventions).

23. Should I have my appraisal in person or remotely using video conferencing technology?

During the COVID-19 pandemic, the RCGP strongly recommends that GPs do not meet face to face for an appraisal to minimise the risk of transmitting the virus between practices or locations. It seems far more appropriate to have the appraisal meeting using remote telecommunication assistance. This will not require an additional documentation, but the appraiser will need to include the information that the appraisal was facilitated remotely in their summary.

Top tips for appraisals done remotely:

- Test the IT before you start. Is the internet access fast enough to do a video-call? Can you see and hear each other clearly? Are you both in private spaces?
- Take regular breaks to avoid looking at the screen and at each other for too long. Ideally stop for long enough to make a cup of tea every hour or so.
- Remember the camera is not where the image is so the eye contact is often slightly odd. It may be necessary to clarify more non-verbal cues explicitly than in a face to face meeting.

Where appraisals do take place in person, there should be appropriate attention to social distancing and infection control measures to minimise the risk of virus transmission.

24. Which online video-conferencing platform should I use for my appraisal?

No specific video-conferencing platform is recommended for the purposes of a remote appraisal. In choosing a video-conferencing platform, consideration should be given to the purchase or subscription cost, the maximum allowed call period, the confidentiality and security of the call, and the requirements for bandwidth in ensuring there is a good quality picture and sound for the appraisal meeting.

You should safeguard people's personal and confidential information in the same way that you would safeguard patient information in a consultation. If discussing identifiable sensitive information, then you must ensure the platform meets appropriate GDPR standards for doctors.

25. Will this appraisal still count towards my revalidation recommendation?

Yes. The role and purposes of your appraisal remain unchanged. If you engage with the annual appraisal process as described for Medical Appraisal 2020, you will remain on track for a positive revalidation recommendation.

26. I am not currently working. Should I still have an appraisal?

If you continue to have a licence to practise, you should continue to engage in annual appraisal even if you are not working. The rebalanced appraisal processes have been designed to support your professional development while reducing the pre-appraisal documentation required. Following the recent rapid changes and challenges caused by the pandemic, you may wish to have an appraisal even if you are not currently working, especially if this is because you have had to shield.

27. I am feeling too exhausted/stressed/unwell to have an appraisal, what should I do? Is there an option not to have an appraisal?

If you are well enough to be working clinically, you will be expected to have an appraisal, particularly as the rebalanced medical appraisal processes have an increased focus on supporting you in accessing appropriate help to maintain your health and wellbeing. If you consider that your ability to care for patients is impaired in any way because of your health, it is very important that you are supported in receiving the help you need. You would be strongly encouraged to contact your appraisal administrative team at your earliest convenience (and possibly seek the support of your GP or a relevant organisation, depending on your specific needs). Medical Appraisal 2020 includes training for appraisers in signposting appropriate avenues of support and a list of useful national, regional and local resources.

If you are not working due to ill-health, then please contact the appraisal office and follow the existing processes to explain your circumstances. Possible options include the responsible officer deciding to approve a missed appraisal, postponing your appraisal for a period while

you recover, in order to have it later in the appraisal year, or even having an appraisal. (See 'I am not currently working. Should I still have an appraisal?') You will not be required to have an appraisal, but it may be possible to offer you one if you want one.

28. I am on parental leave or planning parental leave to occur over the time of my allocated appraisal date. What should I do?

If you are due an appraisal whilst on parental leave, please contact the appraisal office at your earliest convenience in the usual way to discuss how you can best be supported. Some doctors choose to pull their appraisal forward to plan for their parental leave; others delay their appraisal and wait to have it on their return to work. This is no different in the context of the pandemic.

September 2020.

The Royal College of General Practitioners is a network of over 53,000 family doctors working to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on education, training, research and clinical standards.



Royal College of
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