

WALES APPRAISAL EXCEPTIONS MANAGEMENT PATHWAYS

GP Appraisal Operational Procedures

Updated September 2023

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## Introduction

This document supplements the Wales Appraisal Exceptions Management Pathways document. The Wales Appraisal Exceptions Management Pathways document provides information on the key principles of medical appraisal in Wales, its links with revalidation and its management. It focuses on how situations, which diverge from the normal appraisal route, will be managed by the relevant organisations, i.e., Health Education and Improvement Wales (HEIW) and Designated Body (DBs). The document details pathways which apply to a range of different exceptional situations. The aim of agreeing these pathways at an all-Wales level is to ensure that they are managed in a consistent, fair and supportive manner.

The Operational Procedures apply specifically to GP Appraisal in Wales as managed by the Revalidation Support Unit (RSU) at HEIW, on behalf of the DBs. They provide a more detailed explanation of the processes to be followed in the cases described in the Exceptions Management Pathways, in line with the principles described therein. As such, they are of primary interest to the RSU, GP Appraisal Coordinators (ACs), GP Appraisers and the DB Revalidation Teams.

The processes described should be regarded as protocol rather than guidance and variation from a process should be discussed in the first instance with the Head of RSU.

## Part 1: Background and Overview

### 1.1 Management of GP Appraisal in Wales

The RSU at HEIW manages appraisal for GPs in Wales. Our aim is to effectively manage and deliver quality-assured annual appraisal to every eligible GP on the Welsh Medical Performers List (MPL) and linked to a designated body in Wales, via the [Medical Appraisal Revalidation System \(MARS\)](#).

This document refers to the management of appraisal, however where appropriate, we will consider the impact this may have on revalidation.

Individual GPs have a contractual obligation to undertake annual appraisal and must revalidate to maintain their GMC licence to practice. It is the responsibility of DB Medical Directors to monitor GP compliance with their contracts.

### 1.2 Appraisal, the Medical Performers List (MPL) and Prescribed Connection

Each practicing GP must be included on the MPL to work in Wales. They must undertake an annual appraisal to maintain their inclusion on the MPL (but not necessarily in Wales if they undertake the majority of their work in another UK country). They will be linked to a specific DB that may also be their prescribed connection for the purposes of revalidation. The Responsible Officer (RO) in the DB will be responsible for making their revalidation recommendation when required.

GPs may join the MPL at any time during the year. The majority of these will be GPs who have recently completed GP Specialty Training and those who have recently moved to Wales. 'New joiners' will be required to register on MARS within 3 months of their unconditional inclusion onto the MPL. Failure to do so may constitute non-engagement and subsequent action by their DB by sending the GP1 template letter. The DB will need to provide a timeline for the GP to register on GP MARS. If the GP fails to register within the timeline set by the DB, the DB will need to consider further action.

GPs will generally be required to undertake an appraisal 9 – 15 months after joining the MPL (timescales may vary in some cases).

GPs registered on more than one MPL in the UK would normally undertake annual appraisal in the country where they undertake the majority of their work. If the GP requires further clarity on this, we recommend they speak with their RO or the GMC.

All NHS GPs with a prescribed connection in Wales, must use MARS. All appraisal information must be recorded on MARS and all entries should include requisite detail and reflection. Where a GP has used another online tool to record their learning, it may allow them to download the information e.g., via PDF. If this is done and the GP attaches it to a template on MARS, the GP must ensure the template includes a requisite amount of information (including reference to outcomes and reflection). To avoid duplication, we would advise the GP to add their learning directly onto MARS. For further information, please contact [heiw.appraisalofficer@wales.nhs.uk](mailto:heiw.appraisalofficer@wales.nhs.uk)

### 1.3 Working Overseas

We recommend that any GP that is considering working overseas whilst maintaining their UK licence to practice, contact their RO to discuss the supporting information they're required to collect. The GMC has provided further details on [doctors working overseas](#).

It is a requirement for the GP to include any overseas work within the activities section of their GP MARS profile.

Whilst preparing for an appraisal meeting with a GP who has been working overseas, if an

Appraiser believes there is insufficient information related to UK practice, the appraisal may be postponed as per 5.3 below.

## Part 2: The relationship between the RSU and the Designated Body (DBs)

In order for these Operational Procedures to be applied fairly and consistently to all GPs, the RSU and DBs must ensure regular communication and meet their responsibilities as listed below.

### 2.1 Responsibilities

The RSU is responsible for the following:

- Ensuring DBs receive regular updates on significant MARS developments via Wales Revalidation and Appraisal Group (WRAG) meeting (as per terms of reference)
- Providing access to live appraisal data for their region on MARS
- Sending quarterly progress reports to DBs with details of GPs that fall under the 'exceptions' definition e.g., have not completed an appraisal within their allocated quarter
- Sending regular anonymised information relating to locally identified learning needs and constraints available from MARS
- Arranging quarterly Assistant Medical Director meetings with each DB to discuss exceptions and governance cases.
- Changing the GP's allocated quarter on GP MARS and informing the DBs of any AQ date changes and a brief description of the extenuating circumstance e.g. long term sickness, maternity, sabbatical etc. The GP will be informed by RSU to contact the DB to discuss their extenuating circumstances further.

GP ACs are responsible for the following:

- Managing appraisal in designated geographical areas across Wales including line management of all regional GP Appraisers.
- Maintaining regular communication with their DB and liaising with them directly on exceptions and governance cases.
- Actively attend and contributing to quarterly meetings as above.
- Ensuring the Operational Procedures are applied

consistently in their region.

DBs are responsible for the following:

- Consistent application of the Operational Procedures
- Providing key information to the RSU and local AC on GPs, that may be relevant to an upcoming appraisal or revalidation
- Contacting ACs to discuss local exceptions
- Actively attending and contributing at quarterly meetings
- Ensuring that all GPs on their list are registered on MARS
- Ensuring that all GPs on their list, that work and undertake appraisal outside of Wales, provide evidence of annual appraisal in line with MPL regulations

## Part 3 – Allocated Quarters

### 3.1 Management of Allocated Quarters

Each GP registered on MARS is allocated a specific quarter within which to undertake their annual appraisal. The Allocated Quarters (AQs) are:

- 1 January – 31 March
- 1 April – 30 June
- 1 July – 30 September
- 1 October – 31 December

The system of AQs was introduced to rationalise local delivery of appraisal and to optimise the limited capacity of each Appraiser. The AQ provided to each GP should be approximately 12 months after their last appraisal or 12 months after receiving their Certification of Completion of Training (CCT). However, if the AQ provided is incorrect, it can be changed by requesting an AQ change via the Appraisal Officer. The Appraisal Officer will then inform DBs of any AQ date changes and provide a brief description of the extenuating circumstance.

Ordinarily a maximum of one appraisal per financial year is permitted for each GP. If a DB requires a GP to undertake two appraisals within one financial year, the DB should liaise with the RSU to discuss financial and capacity implications.

To assist DBs in ensuring their GPs undertake annual appraisal, the RSU carries out the following activities (as noted above under 2.1):

- Sends GPs a series of automated reminders from MARS e.g., if they do not have an appraisal arranged in their AQ
- Formulates a report at the end of each quarter to ascertain how many GPs have completed their appraisal in their allocated AQ, and how many are overdue. The report identifies:
  - those GPs who are overdue appraisal in the previous AQ
  - those who are more than 3 months overdue
  - information about any extenuating circumstances
  - a 'proactive' list of GPs to forecast and identify those who may not undertake an appraisal in their AQ

This information is forwarded to the relevant DB and the AC managing that region.

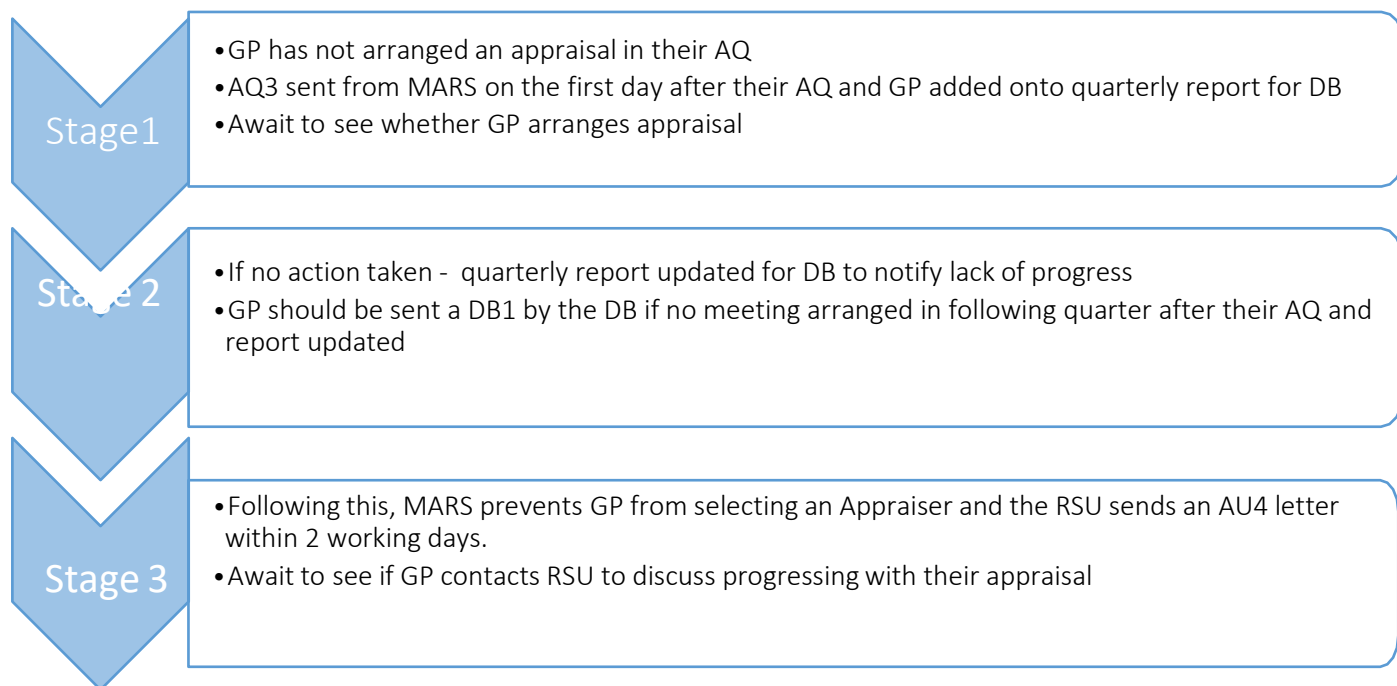
At the start of every quarter, MARS will send an automated standardised letter (AQ3) to all GPs who have fallen out of the previous quarter i.e., have no appraisal date set and have not notified the RSU of any extenuating circumstances. The GP will be advised to take action to choose an Appraiser and complete an appraisal as soon as possible.

If a GP does not comply with the requirements of the AQ3 letter and does not inform the DB or RSU of any extenuating circumstances by the following quarter, the Allocation Process will be triggered (see diagram below). The DB will send the GP a DB1 letter because they are at least 3 months late in undertaking their appraisal. GPs who require a DB1 letter (or further action as deemed appropriate by the DB) are identified by the RSU in the quarterly reports sent to DBs. At this stage, MARS will prevent the GP from being able to select an Appraiser and an AU4 letter will also be sent to notify the GP that they have entered into the Allocation Process, advising the GP to contact the Appraisal Officer to arrange their appraisal.

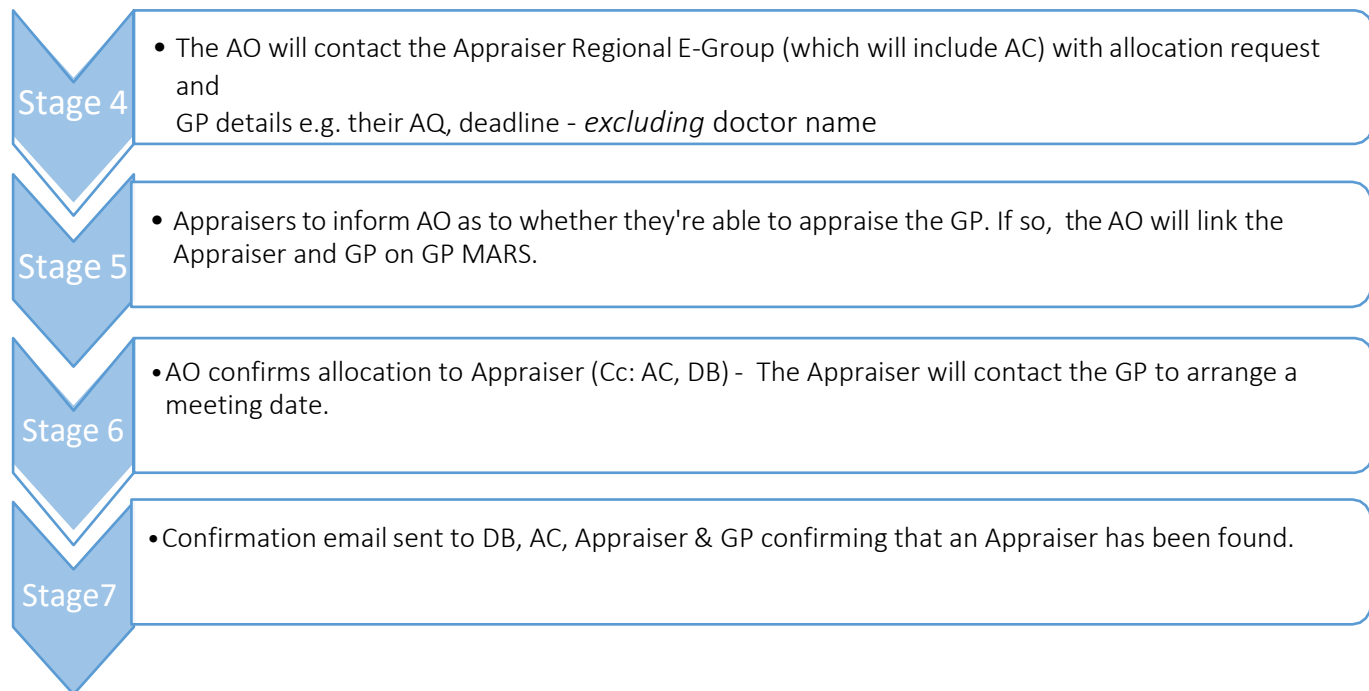
If a GP does not contact the DB or RSU within the allotted timeframe (usually with 14 days) as

outlined in the DB1 and AU4 letters, they will receive a DB2 letter from the DB. This will notify the GP that further action will be taken (as deemed appropriate by the DB). It is the DBs responsibility to monitor the time frame after the DB1 letter is sent.

### 3.2 Allocation Process



If the GP reaches this stage and contacts the RSU, the RSU will take certain steps to obtain a suitable, available Appraiser to carry out the GP's appraisal.



Where there is no availability in region, AO emails neighbouring regional appraiser e- groups and follows process as above. If there is no availability in neighbouring regions, the AO will escalate to RSU Programme Manager – Appraisal Support to discuss the next steps. This may require further discussion with the DB regarding timescales.

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The Allocation Process may also be applied in other situations where necessary:

- DB requests it as the GP has a history of non-engagement
- Short revalidation timescale
- GP unable to find an Appraiser in under capacity areas

The RO may also consider other steps e.g., liaising with the GMC Employment Liaison Advisor (ELA) prior to a GP's revalidation 'under notice' period if they are not engaging with local revalidation processes, including appraisal. The RO can make a request to the GMC to send a non-engagement



concern letter to a GP using a [REV6 form](#). The Rev6 is designed to be used once all internal processes have been exhausted and the DB is satisfied that this course of action is the next viable step. The RSU would recommend informing the GP of your intention, advising that this can result in the GP having their license removed. Where possible, the RSU should be kept informed of any developments.

### 3.3 AQ Correspondence to Doctors

Notification Code	Description	Responsibility of	Sent from MARS
AQ1A	Automated notification from MARS to GPs who have not yet arranged an appraisal date two quarters before their AQ	RSU	Y
AQ1B	Automated notification from MARS to GPs who have not yet arranged an appraisal date the quarter before AQ	RSU	Y
AQ2	Automated notification from MARS to GPs who have not arranged an appraisal date prior to their AQ (sent on day 1 of GP's AQ)	RSU	Y
AQ3	Automated notification from MARS to GPs who have not completed an appraisal within their AQ (sent on day 1 of quarter after GP's AQ)	RSU	Y
AU4	Email from RSU prompting GP to contact us regarding arranging their appraisal (sent once RSU in receipt of DB1 being sent)	RSU	N – manually
DB1	Template letter provided by RSU for DB to send to GP prompting them to arrange their appraisal via RSU – timescale may be added by DB (sent on day 1, or as soon as possible, of the following quarter – 3 months after AQ3)	DB	N – manually
DB2	Template letter provided by RSU for DB to send to GP notifying them to arrange their appraisal by a specific date via RSU	DB	N - manually

NB. DB1 and DB2 are agreed templates for DBs to use and amend, as required.

## Part 4 – Extenuating Circumstances

Some GPs may experience extenuating circumstances that may impact on their ability to undertake appraisal in their AQ. Extenuating circumstances may include parental leave, sickness absence or a sabbatical. GPs can request an AQ change via their MARS account under ‘My Appraisals’ – ‘Change AQ’.

The RSU will consider the GP’s request and liaise with the DB if necessary. Some requests may be discussed further at the quarterly DB meeting. Where applicable, both parties will also take into account a GP’s revalidation date and whether it will have any impact on this. If there are any changes to the GPs AQ, the Appraisal Officer will notify the DB of the change in AQ. The Appraisal Officer will advise the GP to contact the DB to discuss their extenuating circumstances and to provide the unit and DB with updates on their status in line with the [GMC](#). It is the GP’s responsibility to [inform the DB of their circumstances](#) as per the [GMC guidance](#).

After the GP’s Allocated Quarter has passed and the DB or Appraisal Officer needs to contact the GP for an update, the DB and Appraisal officer will discuss this and decide on the most appropriate action.

### 4.1 Rescheduling Appraisals

There will be occasions when GPs or Appraisers need to reschedule an appraisal for a short period of time due to extenuating circumstances. The Appraiser and GP should try to reschedule the appraisal at a mutually convenient date/time. Where the appraisal is rescheduled within 3 months of their original appraisal date, the original AQ will ordinarily remain the same.

If the DB decides the GP must have an appraisal earlier than scheduled due to revalidation, the DB must contact the AC and Appraisal Officer to discuss this further. If the appraisal meeting is less than \*9 months after the GP’s last appraisal meeting date, the Appraisal Officer and AC will contact the Head of RSU for permission.

If the GP has met all requirements of revalidation, the GMC states that the GP does not need to complete 5 appraisals to be [revalidated](#) and this should also be considered when making the decision.

\*Please note – The gap between appraisal dates starts from the appraisal meeting date and not the date the summary was agreed.

### 4.2 Rescheduling Appraisals – GP Responsibilities

If the GP needs to reschedule an appraisal for a short time period due to extenuating circumstances, they must contact their Appraiser as soon as possible. If the Appraiser cannot be contacted the GP should contact the RSU.

The appraisal should be rescheduled within 1 month of the original appraisal date, where possible. If the Appraiser is unable to agree a mutually convenient date/time within 1 month due to workload commitments etc. the AC will reach out to their local e-group to see if anyone has any availability. If there is no availability within their group, the AC will contact the RSU to discuss the next steps.

Repeated rescheduling by the GP may constitute non-engagement – see A1. Cases will be reviewed on an individual basis, but should this happen on more than one occasion, without valid reason, it may be referred to the DB as non-engagement and the GP will be removed from the Appraiser’s appraisal schedule.

If an appraisal is cancelled by the GP within two weeks of the appraisal date and the Appraiser has taken reasonable steps (e.g. checked the doctors file 4 weeks before the meeting date, contacted the doctor if there is insufficient material, contacted their AC for advice etc.) the AC may decide that the appraisal will count towards the Appraiser's quota and the GP will be removed from the Appraiser's list

#### 4.3 Rescheduling Appraisals – Appraiser Responsibilities

If the *Appraiser* is unable to undertake an appraisal due to extenuating circumstances, they must inform their AC as soon as possible. If the GP would prefer to proceed with the appraisal on the original date, the AC will endeavour to identify an alternative Appraiser with requisite capacity/availability to undertake the appraisal.

If this is not possible, the appraisal may be rescheduled at a mutually convenient time for both the original Appraiser and the GP. If this is still not convenient for both parties, the AC may liaise directly with the GP regarding the situation and approach the Appraisers within their region to determine availability. If there is still no availability, the AC will contact the Appraisal Officer to discuss a possible solution.

### Part 5 – Non-engagement with appraisal and revalidation

These Operational Procedures have described the importance of GP compliance with their appraisal AQ and the support available to them. It has detailed aspects of non-compliance that might be considered non-engagement with the appraisal process and outlines the processes to be followed in those cases.

If a GP is deemed not to be engaging with revalidation the RO is required to inform the GMC, even if the GP is not in their notice period. In addition, a number of criteria must be met before a [non-engagement recommendation](#) can be made.

A recommendation of non-engagement indicates to the GMC that a GP has not engaged in the systems and processes that support the revalidation process e.g. appraisal, or the level of engagement is insufficient to support a recommendation to revalidate.

The following sections detail non-engagement scenarios in the context of appraisal.

#### 5.1 Non-engagement identified following MPL inclusion

Within 3 months of being included on the MPL as a qualified GP e.g. 3 months from receiving their CCT or being included on the list after moving into Wales, a GP must register on GP [MARS](#) as soon as possible. After registering, the GP is expected to complete the 'My Personal Details' and 'My Professional Details' pages and engage with appraisal i.e., request an Appraiser and agree a meeting date within their allocated quarter. Where potential non-engagement is identified by the RSU, it will be highlighted to the DB at the quarterly meeting.

#### 5.2 Non-engagement identified prior to appraisal meeting - GP does not agree appraisal date within 1 month of Appraiser suggested date

If a GP fails to agree a meeting date within 1 month of the original date suggestion from the Appraiser, the Appraiser will notify their AC via the A1 letter. The AC will email the GP advising them that they must agree a date with their Appraiser within the next 4 weeks, using the relevant template letter (AC1). If the GP fails to do so, they will be removed from the Appraiser's appraisal schedule and they will have to restart arranging their appraisal and contact another Appraiser. Repeated failure by a GP to agree a date within agreed timescales may constitute non-engagement. Cases will be reviewed on an

individual basis but normally more than one failure by the GP to agree a date will constitute non-engagement and will be referred to the DB by the AC using letter AC3.

### 5.3 Non-engagement identified prior to appraisal meeting - Insufficient appraisal information provided 2 weeks prior to the appraisal discussion

Every GP is expected to provide requisite supporting information to enable a meaningful appraisal discussion with their Appraiser. In doing so, the GP demonstrates a willingness to participate in appraisal, recognising it as a formative and developmental process. Support in preparing for appraisal is available to GPs on the [Revalidation Wales Website](#).

It is the responsibility of the GP to provide this information at least 2 weeks prior to the date of the appraisal meeting. Two weeks before the appraisal meeting date the GP is prevented by MARS from uploading any new information to the appraisal folder. This is called the 'lock out period'. This is to ensure the Appraiser has sufficient time to review the GPs information and prepare for the meeting adequately.

Only information included within appraisal will be considered for revalidation purposes as per GMC. A secondary meeting will not be offered by the Appraiser, should the GP not include sufficient information for revalidation and they should contact their DB to discuss this further.

If a sufficient amount of information is not provided to allow for meaningful discussion, the Appraiser will delay the appraisal and reschedule it. Given the limited capacity of the Appraiser, it is likely that it will have to be accommodated around their planned workload. If a date cannot be agreed upon within 1 month, the Appraiser will liaise with their AC to discuss next steps.

The Appraiser will provide feedback to the GP via email on what additional information is required to ensure a meaningful discussion can take place - via the A2 template letter. The feedback will also direct the GP to appropriate sources of advice and guidance in relation to this. In such cases, the Appraiser will keep a note of the date of the conversation and any issues raised or agreed upon, and email this to their AC. If a GP disputes the opinion of the Appraiser, it will be escalated to the AC for further consideration.

Repeated failure by a GP to supply sufficient appraisal information to the Appraiser within agreed timescales may constitute non-engagement. Cases will be reviewed on an individual basis but normally more than one failure by the GP to supply sufficient appraisal material will constitute non-engagement and will be referred to the DB by the AC using letter AC3.

### 5.4 Non-engagement identified during the appraisal meeting

During the meeting the GP is expected to demonstrate a willingness to discuss entries with their Appraiser, respond appropriately to questions and feedback, and contribute to the construction of their own Personal Development Plan (PDP).

If the GP is unwilling to participate in the appraisal discussion, the Appraiser will raise this with the GP and try to explore the reasons as to why this is the case. If the GP remains unwilling to engage in the discussion, this may be identified as non-engagement. If the Appraiser feels that they have exhausted all avenues and the GP has continued to not engage during the meeting, they may choose to end the meeting prematurely.

The Appraiser will discuss their concerns with their AC as soon as possible after the appraisal meeting via the A3 template letter. The AC will then contact the GP to discuss this further via the AC2 template

letter. If their AC is not available, the Appraiser should contact the RSU. The matter may be escalated to the Head of RSU to consider appropriate next steps. This may include rescheduling the appraisal meeting or referring to the DB for potential non-engagement. The RSU will ensure the GP is always kept informed.

In the event of a doctor not attending the appraisal, the NA1 will be used.

### 5.5 Non-engagement identified after the appraisal meeting

After the appraisal meeting has taken place, the Appraiser will commit the appraisal summary, via MARS. The summary will normally be made available to the GP within 2 weeks of the appraisal meeting. The appraiser is not expected to commit an appraisal summary before the 2 week timeline. If the DB or GP requires the summary before the 2 week timeline, they must contact the AC and Appraisal Officer to discuss this further.

The GP is expected to review the document and agree or reject it within 2 weeks after it is committed by the Appraiser. The GP will receive an automated reminder (AU3 template letter) from MARS 28 days after the summary has been committed (if the GP has not agreed it). This timeframe has been put in place to ensure that each appraisal produces a meaningful and relevant PDP for the GP and that a summary of the appraisal is available to the RO to inform a timely revalidation recommendation (if applicable).

Failure by the GP to accept or reject the summary within agreed timescales may constitute non-engagement and the DB will need to consider advising the GP that a new appraisal will need to be arranged. Cases that may constitute non-engagement will be reviewed on an individual basis— each DB will be notified of such instances via the quarterly AQ report. The DB may consider sending the DB3 template letter to the GP with a specific deadline.

If the GP wishes to amend the appraisal summary, they must reject it via MARS and include details of what they would like changed. The Appraiser will consider this and amend the wording if they agree to the suggested amendments. The appraiser will re-commit the summary within 2 weeks. If the GP rejects the amended wording again and both parties are unable to come to an agreement, it should be referred to the AC who will inform the DB and the RSU. This will trigger the dispute process policy – For advice on the disputes process please contact the Appraisal Officer in the first instance via [heiw.appraisalofficer@wales.nhs.uk](mailto:heiw.appraisalofficer@wales.nhs.uk)

If an Appraiser does not commit a summary within two weeks, the AC must contact the Appraiser to discuss this further.

If an Appraiser has extenuating circumstances that prevent them from writing up and committing a summary, the AC will need to contact the GP, RSU and DB to make them aware. If the Appraiser has not written the summary, the AC will need to discuss this with the DB. If the Appraiser returns to work within a set timeline agreed upon with the DB, the summary can be created as per the normal process. If the Appraiser has not returned to work within the set timeline, the AC will contact the Appraisal Officer and DB to discuss this further.

If the Appraiser has written the summary but not committed it, the AC will contact the GP to advise them that they will be committing the summary on behalf of the Appraiser. The AC will also make a statement

in the professional context box “Summary committed on behalf of Appraiser by \_\_\_\_ - GP Appraisal Coordinator for \_\_\_\_” before committing it. Any disputes with the summary will need to be discussed with the Appraisal Office and DB before deciding on the next steps.

## Part 6 – Concerns & Appraisal Exceptions

All investigations initiated due to concerns raised regarding a GP’s performance, conduct or health (that may be compromising patient safety) are the responsibility of the relevant DB and are separate from the appraisal process. The GMC’s ELA is available to advise the RO on possible Fitness to Practice issues and how they may relate to or impact on a GP’s appraisal and/or revalidation. These Operational Procedures detail the role of the RSU when concerns are raised.

### 6.1 Concerns identified through DB procedures outside of the appraisal process

Where concerns are raised regarding a GP e.g. due to a DB investigation, the RO will consider whether the GP may proceed with the appraisal.

Once investigation processes have commenced, the DB should notify the RSU of the investigation using the relevant template letter (MD1) and advise as to their next appraisal.

The GP may be advised to make an entry in their appraisal information to the effect that any recommendations arising from the investigation will need to be considered in the next appraisal and PDP agreed at the subsequent appraisal. While the Appraiser is not able to comment on the specifics of the investigation during the appraisal, they may be able to support the GP identify how they can best manage any issues arising from it.

If the RSU are instructed to archive the GP’s MARS account, the DB will notify the RSU when the account should be reinstated via the MD2 template letter. The RSU will notify the GP of the process using AU2 template letter.

### 6.2 Concerns identified through the appraisal process

Where an Appraiser identifies a concern regarding a GP’s conduct or health through the appraisal process, they must escalate it to their AC immediately, who will liaise with the Head of RSU. Neither the Appraiser nor the AC are responsible for the assessment or investigation of concerns. Initially, the AC may discuss the potential concern raised with the Appraiser and may report these potential concerns to the relevant DB using the AC3 template letter. This should be done in a timely manner.

Depending on the seriousness of the concern, the Appraiser will advise the GP of their concerns, their professional obligation to report them (if applicable) and invite the GP to respond. The actions resulting from this discussion will be recorded in the summary and an agreed action recorded in the GP’s PDP. It is recognised that it may not be appropriate or possible to raise these concerns during the appraisal discussion.

Depending on the seriousness of the concern, the DB may update the RSU regarding any further action they intend to take, and subsequent correspondence with the GP is likely to be from the DB – see below.

### 6.3 Significant Concerns

A significant concern in this context is defined as any specific issue identified by the GP or Appraiser that has implications on patient safety. A significant concern would normally require them to take action

as per their Duties of a Doctor as noted in the [GMC's Good Medical Practice](#). Such action is the responsibility of the GP, and subsequently of the organisation to which it is reported.

The Appraiser must document the discussion that took place during the appraisal meeting and the action that they, or the GP, intend to take. Any agreed action that is the responsibility of the GP, must be detailed clearly in the summary and a [SMART](#) action point added in the PDP by the Appraiser.

When a potential significant concern is raised, it is important to allow the GP to discuss it during the appraisal meeting. However, it must be made clear to the GP by the Appraiser that raising the issue at appraisal does NOT discharge the duties of that GP. The role of the Appraiser in these situations is to make the distinction between a constraint/soft concern and a significant concern (this may require further advice from the AC). The Appraiser must clarify with the GP whether appropriate action has already been taken or, if not, then to explore with the GP what the appropriate action for them would be. The Appraiser must then record this appropriately as noted above.

We have listed some practical scenarios below that Appraisers may find useful:

- Significant concern identified has already been dealt with appropriately by the GP (e.g. already reported specifically to the DB) – the Appraiser must document this in the appraisal summary against a relevant appraisal evidence entry
- Significant concern identified and discussed at appraisal, appropriate action is already planned by the GP or is agreed during the discussion – the Appraiser must document this in the summary and record as a SMART action in the GP's PDP
- Significant concern raised but action discussed is not agreed by the GP and the Appraiser – the Appraiser should refer to their AC for advice immediately after the meeting. The summary should not be committed by the Appraiser until the matter is discussed further with the AC.
- Significant concern identified by the Appraiser in the previous appraisal summary / PDP and GP states during the appraisal meeting that the action is incomplete – the Appraiser should refer to the AC for advice immediately after the appraisal.

Appraisers are aware that there is a low threshold of escalation when considering discussing an issue with their AC. Where issues are escalated further to the Head of RSU they will at all times act in good faith, particularly with respect to their own duties as a GP. This may include informing the appropriate bodies of any unresolved significant concerns in a timely manner via the AC3 template letter.

#### 6.4 Whole Practice Appraisal

Whole Practice Appraisal (WPA) is a requirement of revalidation and the Wales Appraisal Exceptions Management Pathways and the Whole Practice Appraisal Guidelines (which can be accessed via the ['Revalidation Wales' website](#)) describe the principles underpinning WPA.

The GP is responsible for providing sufficient information, mapped to the GMC's requirements, in order for meaningful appraisal to occur. The Appraiser has the responsibility for checking that the information meets or exceeds GMC requirements in each separate role.

When considering the entirety of a GP's supporting information that information may be grouped into:-

##### **1. Any activity that a GP would be expected to complete in his/her role as a GP contractor:**

No further discussion required. A brief entry should be made in the GP's summary indicating that they have had a peer review in this role.

**2. Any activity that a GP completes when he/she is employed by another organisation and is subject to supervision:**

**i. If the GP HAS had a peer review in this particular role:**

No further discussion required. A brief entry should be made in the GP's summary indicating that they have had a peer review in this role.

**ii. If the GP has NOT had a peer review in this particular role:**

**a. If the Appraiser believes that they have the expertise to discuss and evaluate the GP's evidence in this particular role:**

Discuss and document in the usual way.

The Appraiser should discuss with the GP the supporting information that they would be expected to present for this role. The process can be informed by the following questions:

- How did you qualify to take on this role?
- How do you keep up to date in this role?
- How do you demonstrate the quality of your practice?
- How do you deal with significant events?
- How do you obtain feedback?

Entries can be made in the GP's PDP with respect to the above discussion in order to facilitate the GP's educational development in this role. If in the subsequent appraisal meeting it is noted that the GP has not completed these PDP objectives, a WP1 letter should be issued to this effect.

It is recognised that a peer review in another role is an educationally valuable exercise in its own right and as such should be actively encouraged. It would therefore be useful to discuss this issue with the GP during the appraisal meeting, even if the Appraiser believes that they are in a position to discuss and evaluate the GP's evidence in this particular role. An entry to this effect could be included in the GP's PDP emphasizing the educational benefits of this exercise.

**b. If the Appraiser doesn't believe that they have the expertise to discuss and evaluate the GP's evidence in this particular role or if the role, in the Appraiser's opinion, is a substantial role:**

In such cases the WPA process can be activated with the WP1 letter being issued encouraging the GP, if necessary, to contact their RO for advice. The WP2 letter can be used, if necessary, at a later stage to



specifically ask the RO for advice in terms of what the GP should present as evidence for the purpose of Whole Practice Appraisal.

It is important to note that the WPA process is intended to be supportive of the GP in their attempt to obtain the necessary evidence for Whole Practice Appraisal from the relevant bodies.

The GP requires a peer review in this role (WP1 letter).

There is no need for the GP to be formally appraised in order to obtain such evidence. It may be the case in some instances that the employing organisation will take the view that the GP requires a formal appraisal/performance review in such a role, and this can be fed into the lead appraisal in the usual way.

**3. Other** [This category includes those GPs who are operating autonomously of any employing organization whose activities in these roles are not what would be expected of a GP]. For example, working as a touchline GP at sporting events, cosmetic interventions, online prescribing:

These GPs should be managed on a case-by-case basis. The Appraisers should discuss any concerns that they may have with their Appraisal Coordinator or Appraisal Lead.

An Appraiser acting within the boundaries of Good Medical Practice and representing the appraisal discussion honestly and truthfully should hold no liability for information that is wrong or untruthful.

The Appraiser, accepting the output of another appraisal or performance management procedure, where a fellow professional (usually a GP) has appraised the performance of another, cannot be held liable for errors within that documentation. Performance concerns that may be raised within that documentation MUST be dealt with by the organisation providing that appraisal/performance review. GP Appraisers are covered for liability by the RSU.

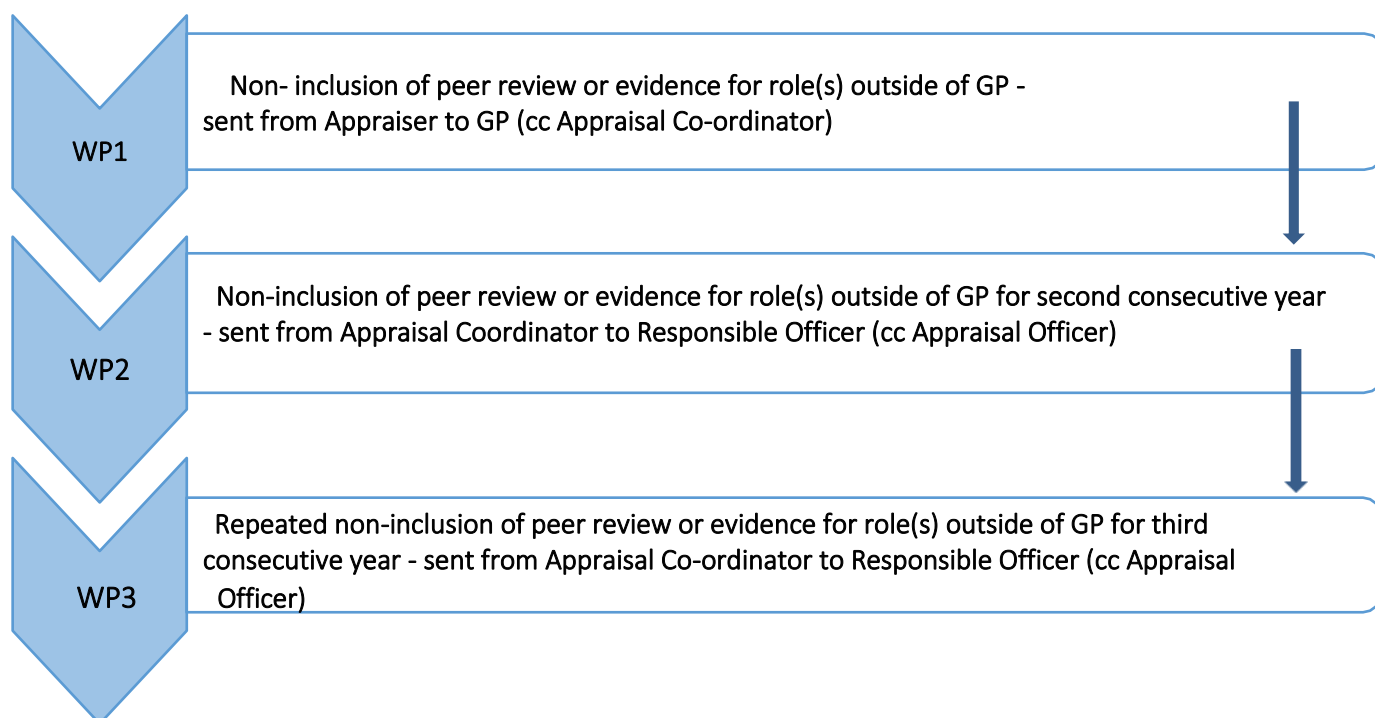
Each year the appraiser should check the previous PDP for entries for inclusion of peer reviews or evidence to Satisfy WPA. If during the subsequent (2<sup>nd</sup>) year, no peer review or evidence is available, the Appraiser will advise the GP during the discussion of the requirement and document in the GPs PDP ) for the second time that this will need to be included in the subsequent year.

Additionally, the Appraiser will inform their local AC who will inform the RO in writing using the WP2 template letter.

It remains the RO's duty to make revalidation recommendations. Therefore, if the GP is unable to undertake a peer review in another professional role outside of GP they must contact their nominated RO. The RO will be able to provide further advice on how the GP may be able to meet the requirements to enable a revalidation recommendation within their multiple roles, meeting the GMC requirements in each role that is performed by the doctor.

The RO will make a recommendation to the GMC about a GP's fitness to practise normally every five years. Therefore, repeated non-inclusion of a peer review or evidence relating to a role / s outside GP will need to be addressed. If during the subsequent (3<sup>rd</sup>) year, no peer review or evidence remains available the Appraiser will advise the GP during the discussion of the requirement and document in the GP's PDP for the third time that this will need to be included in the subsequent year. Additionally the Appraiser will inform their local AC who will inform the RO in writing using the WP3 letter to enable the RO to ensure the GP is meeting the requirements for revalidation in their multiple roles.

#### Non-inclusion of peer review – Whole Practice Appraisal (6.4)



If there are any further queries relating to these Operational Procedures should, in the first instance, be directed to [heiw.appraisalofficer@wales.nhs.uk](mailto:heiw.appraisalofficer@wales.nhs.uk)