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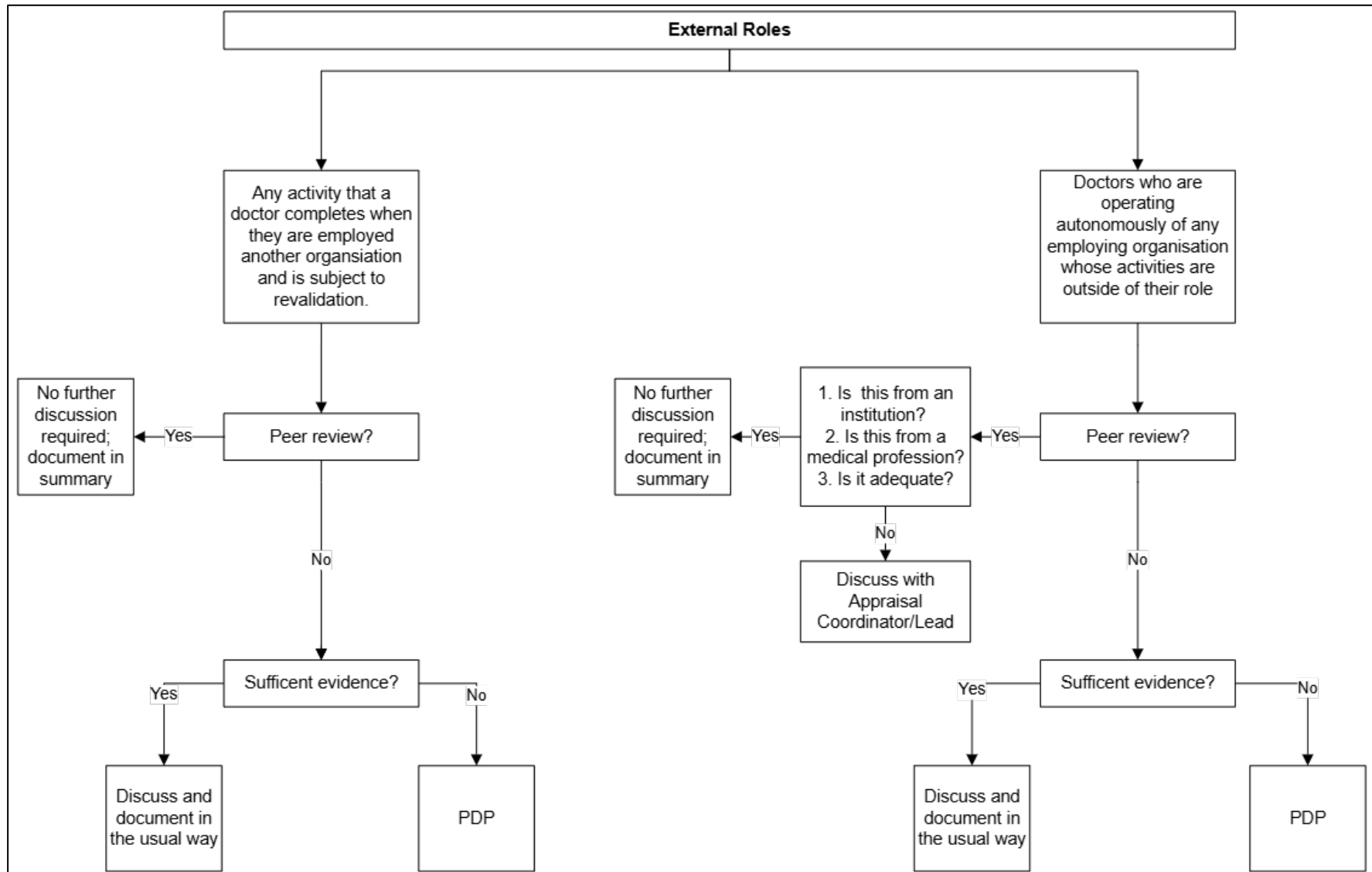
Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Whole Practice Appraisal Guidance

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Whole Practice Appraisal: Guidance Notes

Introduction

With the advent of revalidation, the General Medical Council (GMC) requires a doctor to present supporting information covering all aspects of their professional duties in their lead appraisal.

Appraisal is a formative, systematic and regular review of past achievements with constructive planning of future progress. It is a continual process and part of a learning culture. Doctor participation in appraisal should therefore be a positive and supportive process.

Appraisal cannot and should not take the place of clinical governance. It does not for instance involve identifying poor performance. These aspects of clinical governance have different purposes from developmental appraisal and will be dealt with by the Health Boards through separate processes.

The appraiser's role is to appraise and document discussion of the doctor's whole scope of practice. The Responsible Officer (RO) decides whether the overall evidence presented is sufficient for revalidation.

As appraisers in Wales have considerable experience and expertise in the appraisal process, they are well placed to appraise doctors in most of their external roles.

The doctor's role with respect to Whole Practice Appraisal (WPA) may be considered as follows:

1. Any activity that a doctor would be expected to complete in their role:

Discuss and document in the usual way.

2. Any activity that a doctor completes when they are employed by another organisation and is subject to supervision:

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

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

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

Discuss and document in the usual way.

The appraiser should discuss with the doctor 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 doctor's PDP with respect to the above discussion in order to facilitate the doctor's educational development in this role. If in the subsequent appraisal meeting it is noted that the doctor 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 doctor during the appraisal meeting. An entry to this effect could be included in the doctor's PDP emphasizing the educational benefits of this exercise.

If after the above discussion the appraiser feels unable to validate the evidence provided, a WP1 letter can be issued.

Where a WP1 has been issued and no peer review is included in the subsequent appraisal, a WP2 letter can be considered.

3. Other (this category includes those doctors who are operating autonomously of any employing organisation whose activity is outside of their role. For example, independent practice such as working as a touchline doctor at sporting events, cosmetic interventions, online prescribing):

These doctors 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.*

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

The appraiser should evaluate the peer review with respect to the following criteria: -

- Is this from an institution?
- Is this from a medical professional?
- Do I need to seek advice from my Appraisal Coordinator/Appraisal Lead as to the adequacy of this information?

If the appraiser has no concerns regarding the above (following discussion with the Appraisal Coordinator/Appraisal Lead if necessary), no further discussion is required. A brief entry should be made in the doctor's summary indicating that they have had a peer review in this role.

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

See section 2(ii).

MARS template for recording Independent Practice

A template has been developed for MARS facilitating the recording of information related to Independent Practice, required for appraisal and revalidation.

Add Information > Category 'Whole Practice Appraisal' > Type 'Independent Practice'

Appendix 1

Peer Reviewer Declaration

I am aware of the role that this doctor performs as an independent doctor. In my capacity as a GMC registered doctor who is a peer in this area, I confirm that they are suitably trained and maintain their skills and knowledge commensurate to the role. They have provided evidence of learning and reflection for the role. They perform to a satisfactory level and there are no unaddressed concerns about their practice.

Name:

Signature:

Date



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Appendix 2

WP1: Letter from Appraiser to Doctor

(Date)

Addressee Only

Re: Non-inclusion of peer review or evidence for other roles

Dear *(insert doctor's name)*

During your appraisal on *(insert date)* we discussed your role/s as *(insert role)*

As your Appraiser I would not be able to validate information provided about this role/s

Insufficient evidence for this role/s (the doctor's PDP objectives, agreed during their previous appraisal meeting, relating to this role/shave not been completed).

I have documented in this year's appraisal summary that a peer review or supporting evidence will be need to be included for next year. As we discussed it is essential that you include this as supporting evidence in your appraisal next year *(insert year)* if you continue within the role/s. If you are unable to undertake an appraisal within that role/s you must contact your nominated Responsible Officer (RO) *(insert contact)* for advice as to their requirements for adequate coverage of the role/s. At your next appraisal the appraiser will check if a peer review has been undertaken.

Yours sincerely

(insert Appraiser name)

Cc Appraisal Coordinator / Appraisal Lead

Appraisal Officer (heiw.appraisalofficer@wales.nhs.uk) / Local Revalidation team

Appendix 3

WP2: Letter from Appraisal Coordinator/Appraisal Lead to RO

(Date)

Addressee Only

Re: Non-inclusion of performance review for external role/s for consecutive years

Dear *(insert RO's name)*

I am writing to provide you with formal notification *(Insert Dr's full name) (insert GMC number) has undertaken two appraisals (insert date1) and (insert date 2)*. During the doctor's previous appraisal cycle they were advised at the appraisal discussion, and post appraisal in writing using the WP1 of the Governance Protocol, that they must include a performance review for the role as *(insert role)*. In addition, they were advised to contact their nominated RO for advice if they anticipated any difficulties in supplying a performance review for inclusion in this year's appraisal on the above role/s.

Unfortunately for the consecutive year the appraisal folder had no supporting documentation for the above role/s. Therefore, the Appraiser is not able to validate the doctor is satisfying the GMC requirements for whole practice appraisal.

As the doctor's nominated RO, I am officially referring this case to you for your consideration.

I can confirm that this has been discussed with the doctor during their appraisal and included in their Personal Development Plan.

Yours sincerely,

Appraisal Co-ordinator / Appraisal Lead

Cc Appraisal Officer (heiw.appraisalofficer@wales.nhs.uk) / **Local Revalidation Office**

Appendix 4

Frequently Asked Questions

Question	Answer
Do doctors need to include the supporting information for each role over the revalidation cycle?	No. The GMC requires that the doctor's whole practice has been appraised, but not necessarily that each item of supporting information has been provided, for every role/s. How much evidence needs to be provided for different role/s requires a consideration of proportionality and how much supervision is provided in the other role/s. Some of the suggested questions in the guidance above may be addressed prior to the appraisal through review of the appraisal materials, so that there would be no need to discuss these during the appraisal meeting.
Are we going to advertise Appraisers with different specialties so that appraisees can be 'matched' with Appraisers with comparative roles?	No. Some information can be provided in the biopic BUT appraisal must remain generic.
What is the definition of 'institution'?	Any Designated Body is identifiable as an institution. Beyond Designated Bodies the definition can be applied flexibly. If you are unsure discuss with your Appraisal Coordinator/Appraisal Lead.
What are we being asked to confirm?	Whether there is evidence of reasonable educational activity in relation to different role/s – either via a separate peer review or included within the appraisal. This should be clearly documented in the summary.
Do Out-Of-Hours, GP training, medical politics, 'good samaritan' acts at local events all fall within the GP-related role?	Yes. A common-sense approach should be applied.
If a WP1 letter is sent, do the actions have to be completed (i.e., peer review received) before the	No – The WP1 letter relates to the coming year and the next appraisal.

Question	Answer
appraisal can be signed off?	
Are there any roles that Appraisers shouldn't appraise?	Proportionality needs to be considered – if there is a substantial role you would expect to see a peer review. You will also need to consider whether the skills being used are completely different
What about roles, which require GMC registration but not a license to practice e.g., tribunal doctors?	Doctors without a license don't have to revalidate.
What about GPs with no or minimal general practice?	Are they on a Medical Performers' List (MPL)? Is there sufficient GP material on which to base a meaningful discussion? If not, refer to the Appraisal Coordinator for discussion with the Medical Director.
Is there a minimum amount of clinical practice required to remain on the MPL?	Some clinical practice is required during the year to remain on the MPL but this is not quantified. If you are out of practice for more than two years you will need to undertake a formal returner scheme.
What about the doctor doing eight sessions in hospital and one session in GP who wants their GP appraisal to be the lead appraisal?	This is fine if the Responsible Officer is happy as long as the hospital role is covered, as per the guidance, by a separate peer review as it is a substantial role. Conversely if the hospital appraisal is to be the lead appraisal it is important that the GP role is addressed in that appraisal.