

Primary Care Services

GP Appraisal Policy Version 1.0

Version	1.0
Approved By (sponsor group)	Clinical and Non Clinical Policy Review Group
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Name and Job Title of Author	Dr Liz Dawson – Medical Director
Executive Director Lead	Mohit Venkataram
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Version Control Summary

Version	Date	Author	Comment
1.0	April 2021	Dr Liz Dawson	Based on: Existing Trust GP Appraisal Process

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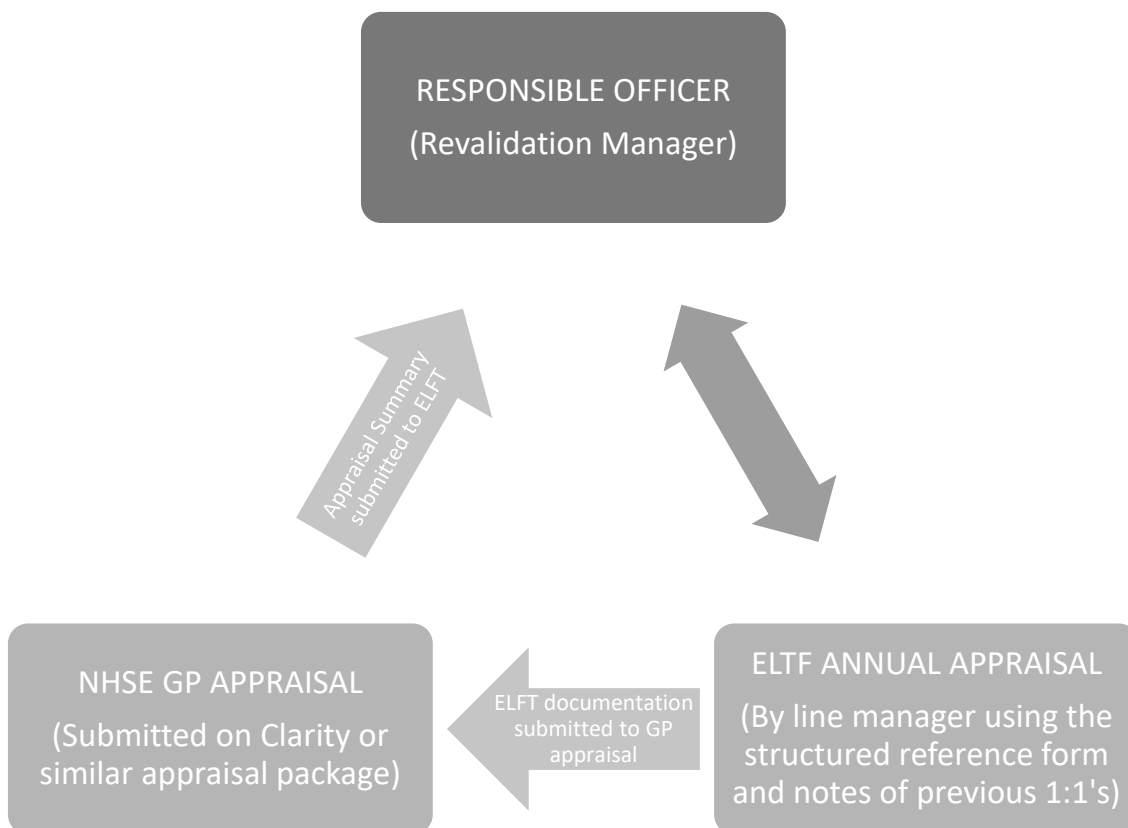
Executive Summary

To practice as a GP in England doctors need to be registered and licenced with the GMC on the GP register and to be accepted onto the National GP Performers List. For administration purposes the Performers List is divided into regions; London and East of England being the relevant offices for the ELFT catchment. For medical revalidation purposes the regional NHSE Medical Director is Revalidation Officer for all performers on their list and they administer a GP appraisal system which supports this. ELFT GPs are not appraised or revalidated primarily by ELFT under current legislation.

The Trust must ensure itself that GPs, like other staff, have an annual appraisal of their work for the Trust and that any performance issues can be identified and managed, with appropriate support being provided to the GP. The Trust also needs to be made aware of any performance issues which come to light in the other roles that GPs undertake. It is important that we are able to actively support our GP's and regular supervision and appraisal provides an opportunity to offer that support.

Each GP working within the primary care directorate has a named line manager. The line manager should be offering monthly supervision and an annual appraisal. The focus of supervision and appraisal is support, early identification of any issues and help to manage any such issues.

Once the GP has completed their ELFT appraisal with their line manager the documentation from this discussion should be submitted as part of the GP's next NHSE appraisal. Following the GP's NHSE appraisal a summary of the appraisal discussion should be submitted to the Trusts revalidation manager to be kept on file.





Structured reference for revalidation for GPs in other roles

Doctor's name and GMC number: _____

Period of practice covered by this report: _____

Start and end date (if appropriate or current) _____

Details of role (Title and hours):

Overarching comments about this doctor

Has a formal appraisal been done for this role, this year? Y N If so, please attach a copy

Any conduct/capability issues Y N

If yes, description of issues

Was this doctor involved in any serious incidents, near misses, or significant events? Y N

If yes, details

Was this doctor the subject of any complaints?

Y N

If yes, please describe

Do you regard the doctor as competent in role?

Y N

If no, please describe

Any further comments or concerns you wish to convey to the RO?

Y N

If yes, details

Full name: _____

Job title: _____

Contact details: _____

Name of employing organisation: _____

Address: _____

Contact details: _____

Signature: _____

Date: _____

Privacy and Confidentiality Statement

Information entered on this form will be held in confidence, and viewed only by those with the proper authority to do so. You should take care to ensure all the information you enter is factual, and support it as much as possible by providing objective evidence. If you are unsure whether or not to include a piece of information, you should ask for advice from the responsible officer of the doctor in question prior to completing the form.

1:1 Meeting Notes

Clinical Lead		Practice
Line Manager		Date
<p>Purpose- Monthly 1:1 between the practice lead GP and the medical director to discuss any issues you are concerned about or need help with. Also a space to discuss how things are going with some of the key areas of the clinical lead GP's work.</p>		
<p>Item</p>		
<p>Regular things to discuss</p> <ul style="list-style-type: none"> • Any issues or areas you want to discuss • Covid response including restoration of services • Flu program • Practice performance (QOF, National and local enhanced services) • Interaction with local PCN • Clinical leadership • QI leadership • Safety issues • Finance issues • Clinical workforce • People participation 		
<p>Notes-</p>		

