



Wales
Deanery
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Cymru



WALES APPRAISAL EXCEPTIONS MANAGEMENT PROTOCOL:

GP Appraisal Operational Procedures

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Any queries about this protocol should be addressed to the GP Appraisal Manager at the Revalidation Support Unit (RSU)

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Part 1: Background and Overview

1.1 Management of GP Appraisal in Wales

The Appraisal of General Practitioners (GPs) in Wales is managed by the Revalidation Support Unit (RSU) at the Wales Deanery. The service is provided on behalf of the Health Boards under a Service Level Agreement with the Welsh Government.

The aim of the RSU is to manage and deliver quality assured annual appraisal to every eligible GP with a described connection to a Responsible Officer in Wales via the online appraisal system (The Medical Appraisal Revalidation System – MARS).

Appraisal became a contractual obligation for GPs in Wales as a requirement of their contracts with their Health Boards in April 2004. It is also a requirement of the Medical Performer's List, and became a requirement of revalidation in December 2012. It remains the responsibility of individual GPs to ensure they complete an appraisal, and the responsibility of HB Medical Directors to monitor GP compliance with their contracts, which includes completion of Appraisal.

1.2 The Operational Procedures and The Wales Appraisal Exceptions Management Protocol

This document supplements the Wales Appraisal Exceptions Management Protocol and supersedes the GP Appraisal Governance Protocol and the AQ Protocol.

The Wales Appraisal Exceptions Management Protocol provides a recap of some of the key principles of medical appraisal in Wales, its links with revalidation and its management in that context. It focuses on how the minority of situations which diverge from the normal appraisal route will be managed by the relevant organisation, i.e. The Wales Deanery and/or the designated body.

The document describes protocols which apply to a range of different exceptional situations. The aim of agreeing these protocols at an all Wales level is to ensure that exceptional situations are managed in a consistent, fair and supportive way.

The Operational Procedures apply specifically to GP Appraisal in Wales as managed by the Revalidation Support Unit (RSU) at the Wales Deanery on behalf of the health boards. They provide a more detailed explanation of the processes to be followed in the cases described in the Exceptions Management Protocol, in line with the principles described therein. As such, they are of primary interest to the RSU, GP Appraisal Co-ordinators and the Appraisers and the health board teams responsible for managing GP Appraisal.

The processes described should be regarded as protocol rather than guidance and variation from a process should be only be sanctioned at senior management level within the RSU.

1.3 Detailed Processes and Standard Correspondence

Part 2 of this document outlines processes in place to manage the interface between the RSU and the health boards (HBs), and the processes which are specific to GP Appraisal and so may not be referenced in the Exceptions Management Protocol.

Part 3 describes the processes to be followed in each of the areas covered in the Exceptions Management Protocol.

Part 4 includes checklists, standard emails and notification forms for use in a number of situations. The standard forms are separated into a number of different sections which are each relevant to different parties for ease of use. Use of the standard emails and forms will ensure that each case is dealt with consistently and sufficient information is provided to all concerned.

1.4 Monitoring and Management of Allocated Quarters

Since 1st April 2006, each GP registered on the Medical Appraisal Revalidation System (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 Allocated Quarters was introduced to rationalise local delivery of appraisal and to optimise the limited capacity of each Appraiser.

The HB is responsible for ensuring that all GPs registered with whom they have a prescribed connection, have registered on the appraisal website (MARS) and completed an annual appraisal. To assist this process the RSU carries out the following activities:

- The RSU sends GPs a series of reminders if they do not have an appraisal arranged in their AQ
- The RSU formulates a report at the end of each quarter to ascertain how many GPs have completed their appraisal in their Allocated Quarter, 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 notifications of extenuating circumstances

This information will be forwarded to the relevant HB and the Appraisal Co-ordinator (AC) covering that HB region.

At the start of every quarter the RSU will send the standard 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 HB of any extenuating circumstances by the next quarter, it will be for the HB to decide on an appropriate follow up action.

The RSU suggest sending letter HB1 (formerly AQ4) followed by HB2 (AQ5). The HB1 letter will act as a trigger for the Allocation Process. When a doctor receives a HB1 letter, it is primarily because they are at least 3 months late in arranging/having appraisal. Doctors who require a HB1 letter are identified in the AQ reports that are carried out every quarter. The RSU informs the HB of these doctors and the HB actions the HB1 letter if they feel it is necessary. The RSU will block the doctor from making appraiser selections on MARS and send the AU6 letter that will enter the doctor into the Allocation Process.

Entry into the Allocation Process

Stage 1:

- Doctor has not arranged an appraisal either within their AQ or the following quarter
- AQ3 sent as appraisal not arranged

Stage 2:

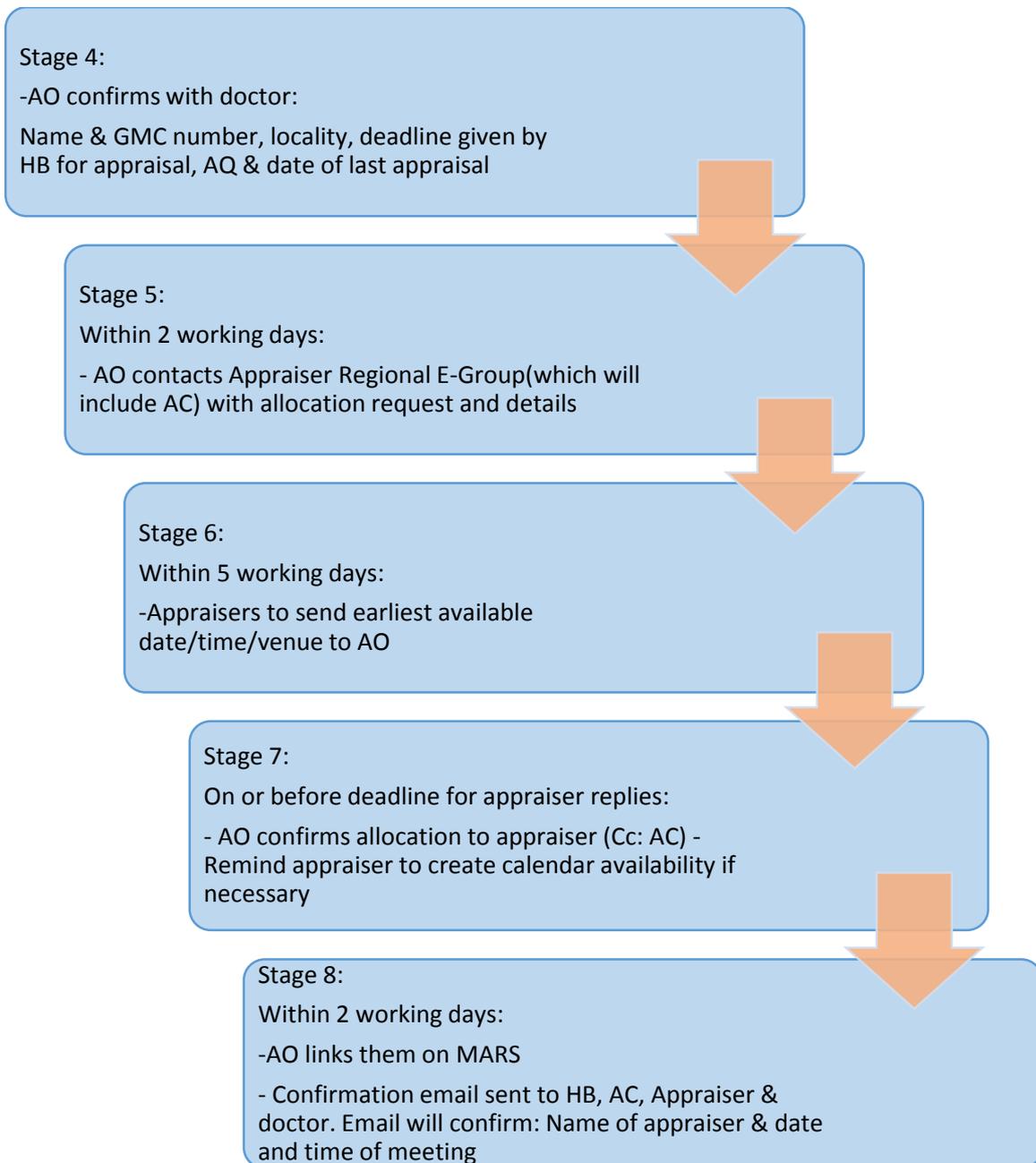
- Identified on AQ report for AC/HD meeting
- AQ report identifies that the doctor should be sent a HB1 by the HB

Stage 3:

- RSU Appraisal Officer (AO) blocks doctor from selecting an appraiser on MARS and sends AU6 letter
- Doctor contacts RSU>AO

Once the doctor has been entered into the Allocation Process, the RSU will take certain steps to obtain a suitable appraiser to carry out the doctor's appraisal.

The Allocation Process



If, after the above steps have been taken, an appraiser within the doctor's region has not been found, the AO will search in neighbouring regions to find an available appraiser.

No Suitability in Doctor Region

Stage 9:

Where there is no suitability in region, AO emails neighbouring regional appraiser e-group (Cc: AC) and follows process as above

Stage 10:

No suitability in neighbouring region, email original regional e-group (Cc: AC) and inform them it can be done as an extra. Follow process as above

Stage 11:

If still unsuccessful, AO contacts regional AC to inform them that allocation was unsuccessful - AC to liaise with HB over next steps

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

- HB requests it as the doctor has a history of non-engagement
- Short revalidation timescale
- Doctor unable to find an appraiser in under capacity areas

In some cases the RO may wish to remind doctors of revalidation requirements using letter R, which is in use within some HBs.

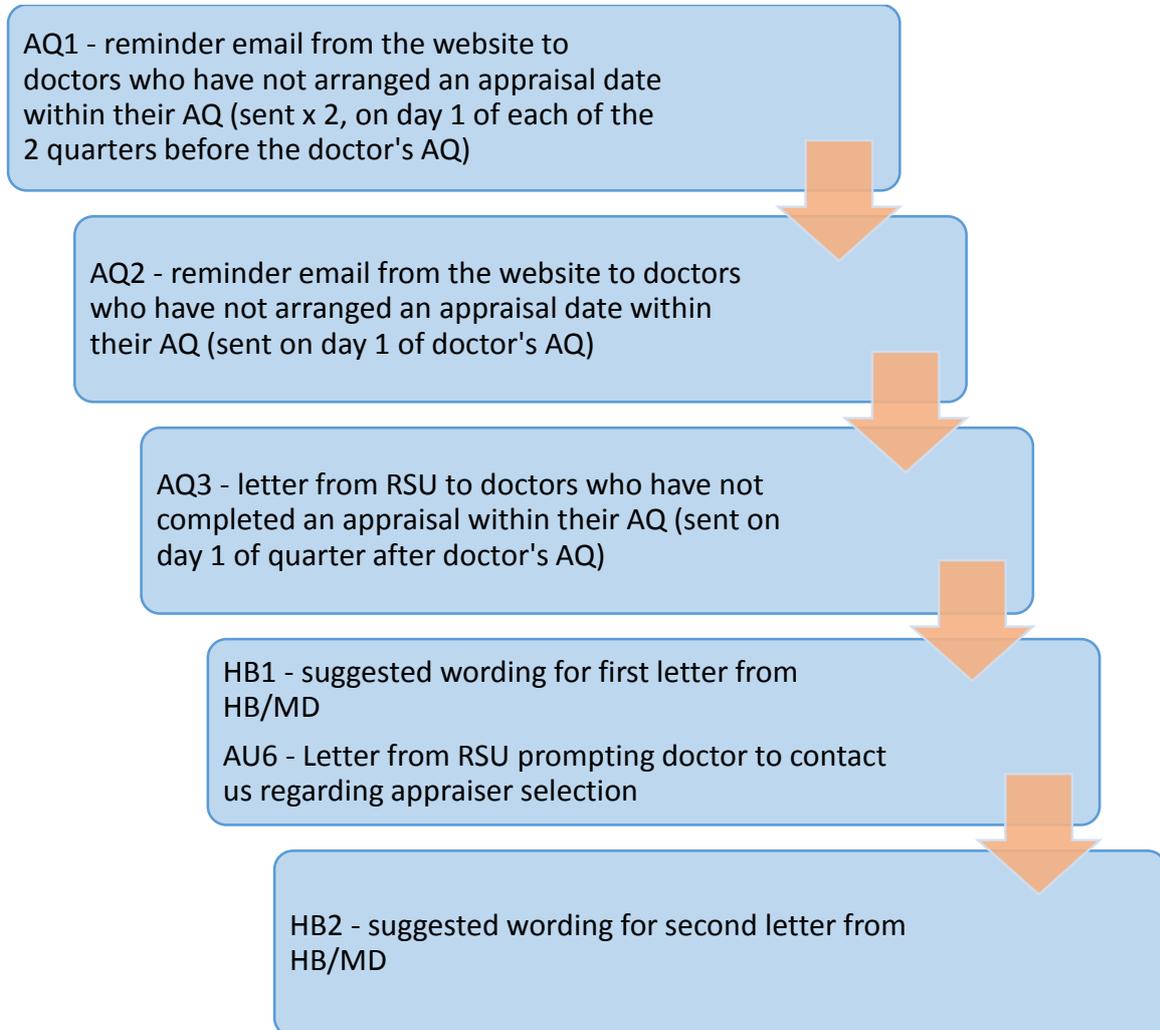
The RO may also consider involving the GMC ELA prior to a doctor's revalidation recommendation period if they are not engaging with local revalidation processes, including appraisal. The RO can make an online report using the GMC REV6 form.

See part 4 for example letters.

The RSU should be kept informed of any action taken.

Once a doctor's appraisal is overdue by more than 3 months, they will be unable to choose an appraiser on MARS through the usual process. In cases where this is identified through the AQ reporting process, in discussion with the HB, the RSU will e-mail the doctor information on how to obtain an appraiser (AU6).

AQ Correspondence Process:



NB. Any further action after the RSU has sent out the AQ3 is at the discretion of the HB. Letters HB1 (previously AQ4) and HB2 (previously AQ5a & AQ5b) are only suggestions, the HB can amend the content of the letters as they see fit. The AU6 is sent out around the same time as the HB1. The doctor will be unable to make their own appraiser selections and the letter prompts them to contact the RSU for next steps.

Part 2: Managing the Interface between the RSU and the Health Boards (HBs)

2.1 Regular communication between the RSU and the HBS

- HBs regularly receive from the RSU:
 - Updates on important developments of the Appraisal system in Wales

- Online access to live appraisal statistics for their areas. These include all who have registered their allocated quarter and dates of current and/or previous appraisals
- Quarterly progress reports
- Anonymised information relating to locally identified learning needs and constraints
- The HBs receive information from the RSU via email and relevant meetings. Additionally, the Appraisal Co-ordinators (ACs), who are responsible for appraisal in designated geographical areas across Wales, maintain regular communication with their local HB to exchange information relevant to the management of appraisal and appraisal exceptions. It is expected that this communication occurs at least quarterly, wherever possible at a meeting.
- The RSU, HBs and NHS Wales Shared Services Partnership (NWSSP) liaise regularly to share information about GPs in each area who have completed appraisal, and to reconcile the appraisal database with the GMC prescribed connection list and the Medical Performer's List (MPL)

2.2 Appraisal and the Medical Performer's List (MPL)

- GPs may join the MPL at any time during the year. The majority of these will be GPs who have recently completed Specialty Training, but a range of other GPs may apply to join the list at any time, including, for example, those who have recently moved to Wales
- New joiners will be required to register with the online appraisal system (MARS) within 3 months of joining the MPL. Failure to do so may constitute non-engagement and referral to the HB. They will generally be required to undertake an appraisal within one year of joining the MPL (although different timescales may be considered appropriate in some cases).
- When new GPs are advised by the HB that they have been accepted onto the MPL it would be useful if they were also advised about the requirement to undertake appraisal. A suggested form of words for use in standard cases is included in the emails section (MD1).
- GPs who are registered on the Welsh MPL and have a prescribed connection to a Responsible Officer (RO) based in one of the NHS designated bodies in Wales are usually required to undertake an appraisal through the Welsh Appraisal system using MARS.
- GPs who are not registered on the Welsh MPL but have a prescribed connection to a Responsible Officer NOT based in one of the NHS designated bodies of Wales will **not** normally undertake appraisal through the Welsh Appraisal system – any exception to this rule must be agreed by the Director or Deputy Director of the RSU.

2.3 The MPL and Clinical Practice

The MPL regulations (2004) do not provide any information on minimum amounts of clinical practice to be undertaken within a year, but do state that:

'(6) Where the performer cannot demonstrate that the performer has performed the services, which those included in the relevant performers list perform, within the area of the Local Health Board

during the preceding twelve months, the Local Health Board may remove the performer from its performers list.'

The NWSSP advises us that they review the list annually and any GP who has not performed any clinical practice within the preceding 12 months (without extenuating circumstances) maybe removed.

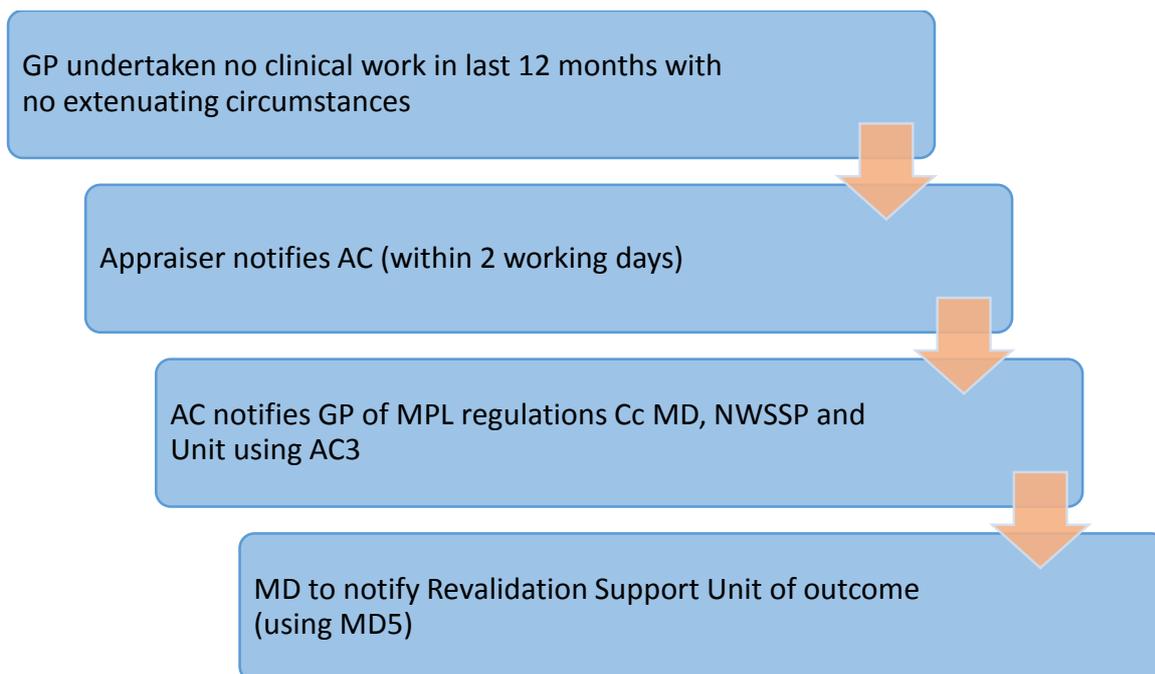
2.3.1 No Clinical Practice identified by the Appraiser

If, either prior to or during the appraisal discussion, an Appraiser identifies a GP who has not performed **any** clinical GMS practice within the last 12 months without extenuating circumstances, they should advise the GP of the appropriate MPL regulations and notify their AC as soon as possible. Where this has been identified during the appraisal the notification should take place no more than 2 working days after the date of the appraisal discussion.

The AC will notify the GP using AC3 copying to HB, NWSSP and RSU, to ensure that the HB and GP have an opportunity to discuss the situation and to ensure the GP is being appropriately advised and supported.

The HB will respond to the GP and the RSU using the MD5 to confirm if inclusion on the MPL is appropriate and if an appraisal is required.

No Clinical Practice (2.3.1):



2.4 Induction & Refresher Scheme and Remediation Placements

The GP Induction and Refresher Scheme provides an opportunity for qualified GPs to be inducted into or return to General Practice in the UK. The schemes are managed by Deaneries in England and Wales under the guidance of the Committee of General Practice Education Directors (COGPED).

The schemes offer a period of up to 6 months whole time equivalent supervised general practice. In England and Wales, the schemes also provides an opportunity for GPs from the European Union and

international medical graduates with a Certificate Confirming Eligibility for GP Registration (CEGPR) to UK General Practice to become inducted in UK General Practice.

All applicant must be registered with the UK GMC and must be on the GMC GP Register.

Eligible applicants undertake assessments which allow the GP Section to determine the suitability for the scheme and the appropriate length of the scheme up to 6 months whole time equivalent. If the Health Board (HB) agree to the doctor's conditional inclusion on the MPL, they are then provided with a placement in a Further Training Practice (provided there is capacity).

Throughout their placement doctors are required to keep an e-portfolio and their educational supervisor submits regular reports on progress which are forwarded to the HB. They are also required to sit the RCGP's Applied Knowledge Test at the end of their placement. This information regarding progress during the placement then allows the HB to make a decision on giving the doctor full inclusion on the MPL.

All placements are managed by the GP Section in its capacity known as the Further Training Practice Network (FTPN).

Unless otherwise agreed, the doctor will be expected to include supporting information in their MARS account in preparation of an appraisal following the placement. This requirement will be discussed prior to an I&R placement.

For remediation placements, the doctor will discuss their appraisal and revalidation requirements with the Lead Associate Dean, Medical Director and their Educational Supervisor at a mid-point review meeting (halfway through the placement).

2.5 Appraisal and Revalidation

Part 2 of the Appraisal Exceptions Management Protocol describes the relationship between appraisal and revalidation. This includes processes relating to managing non-engagement with revalidation and make a recommendation to defer the revalidation decision. These principles and processes apply in their entirety to GP Appraisal.

2.5.1 Whole Practice Appraisal

Whole Practice Appraisal is a requirement of revalidation and the Exceptions Management Protocol describes the principles underpinning this relationship. Additionally, the following extracts from the agreed GP Whole Practice Appraisal policy (which can be accessed via the 'Revalidation Wales' website at <http://revalidation.walesdeanery.org/>) relate specifically to GP Appraisal.

The doctor 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 doctor's supporting information that information may be grouped into:-

1. Any activity that a doctor would be expected to complete in his/her role as a GP contractor: this should be discussed and documented as normal.
2. Any activity that a doctor completes when he/she is 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 he/she has had a peer review in this role.
 - ii. If the doctor has NOT had a peer review in this particular role:
 - A. If the appraiser believes that he/she has the expertise to discuss and evaluate the doctor’s evidence in this particular role – discuss and document in the usual way,
 - B. If the appraiser doesn’t believe that she/he has the expertise to discuss and evaluate the doctor’s evidence in this particular role – the doctor requires a peer review in this role, the appraiser should make the doctor aware of this requirement, document it in the PDP and utilize the WP1 letter.
3. Other [This category includes those doctors who are operating autonomously of any employing organization whose activities in these roles are not what would be expected of a GP]: These doctors should be managed on a case-by-case basis in consultation with the local Appraisal Co-ordinator.

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 doctor) 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 of inclusion of peer reviews to satisfy whole practice appraisal. If during the subsequent (2nd) year, no peer review remains available the appraiser will advise the GP during the discussion of the requirement and document in the doctor’s PDP (Personal Development Plan) 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](#) letter (Page 62). It remains the RO’s duty to make revalidation recommendations. Therefore, if the doctor is unable to undertake an appraisal or 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 doctor may be able to meet the requirements to enable a revalidation recommendation within their multiple roles, meeting or exceeding the GMC requirements in each role that is performed by the doctor.

The RO will make a recommendation to the GMC about a doctor’s fitness to practise normally every five years. Therefore repeated non-inclusion of a peer review for a role / s outside GP will need to be addressed. If during the subsequent (3rd) year, no peer review remains available the appraiser will advise the GP during the discussion of the requirement and document in the doctor’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 (Page 63) to enable the RO to ensure the doctor is meeting the requirements for revalidation in their multiple roles.

Non-inclusion of peer review – Whole Practice Appraisal (2.5.1)

WP1 - non- inclusion of peer review for role(s) outside of GP - sent from Appraiser to Doctor (cc Appraisal Co-ordinator)

WP2 - non-inclusion of peer review for role(s) outside of GP for second consecutive year - sent from Appraisal Co-ordinator to Responsible Officer (cc Appraisal Officer)

WP3 - Repeated non-inclusion of peer review for role(s) outside of GP for third consecutive year - sent from Appraisal Co-ordinator to Responsible Officer (cc Appraisal Officer)

2.5.2 Areas for Development

The Exceptions Management Protocol describes the relationship between appraisal and clinical governance processes (section 2.4) and sets out the route by which areas for development identified through clinical governance, or other local mechanisms, can usually inform the appraisal discussion. Whether or not the area for development can be addressed through appraisal will be depend on timescales, as clinical governance is an ongoing process whereas appraisal is annual, and also on an assessment of whether the area for development can be addressed by the doctor through unsupervised CPD. The following procedures relating to GP Appraisal supplement the principles described in that Protocol.

Principles:

GP Appraisal is a tool which facilitates doctors' reflection on their learning, and helps them to review and plan their CPD. This is primarily the responsibility of the GP who identifies and addresses their own learning needs on an ongoing basis. Appraisers facilitate the review and planning processes. Patients and peers may help GPs to identify learning needs for example, through feedback or practice development processes.

Similarly, HBs may be able to help GPs identify areas for development on the basis of information derived from their clinical governance processes. These may relate for example to prescribing, or to the provision of enhanced services. Areas for development identified in this way are analogous to

those which are routinely identified and dealt with by doctors, Appraisers and others as part of the appraisal process. Such areas for development are those which do not represent a cause for concern about fitness to practice and are considered to be remediable through unsupervised development activities.

Procedures for the HB:

- HBs will inform GPs of any such areas for development identified through clinical governance processes (using template MD2) so that they can be addressed appropriately. In doing so, the HB will provide specific feedback and guidance based on established clinical governance processes.
- The HB will inform the doctor that the RSU has been made aware of the situation and will advise the RSU, using the relevant notification form (MD4).
- It remains the responsibility of the HB to liaise with the doctor over any follow up action. The Appraisal Summary is accessible by the HB through the RO access to MARS.

The HB will advise the doctor that appraisal provides one opportunity to demonstrate that such appropriate development has been undertaken (although there should also be opportunities to do so outside the appraisal process). The HB will also advise the doctor that if such development has not been undertaken, appraisal offers an opportunity to plan how the area for development might be addressed and record their commitment to doing so, or to discuss any external factors which have constrained their personal development.

Where areas for development identified which are outside of an individual doctor's control or not remediable by them through CPD activities, including for example, issues relating to premises or resources, the doctor may wish to record this in their appraisal documentation as a constraint and discuss it with their Appraiser as such. Information about constraints is collated by the Revalidation Support Unit and reported back to HBs and other relevant bodies in an anonymous format to inform local planning.

Doctors should review such information about areas for development as part of their overall personal development planning. They may wish to liaise with the HB and others about the perceived need. It is up to the doctor to decide how to address this area for development, although the HB may offer advice.

The Appraisal Summary provides confirmation of what development has been undertaken and what development is planned. It does not constitute an assessment or accreditation of the doctor, nor does it comment on the doctor's competence in these areas. These are clinical governance issues which should be dealt with by the HB outside of the appraisal process.

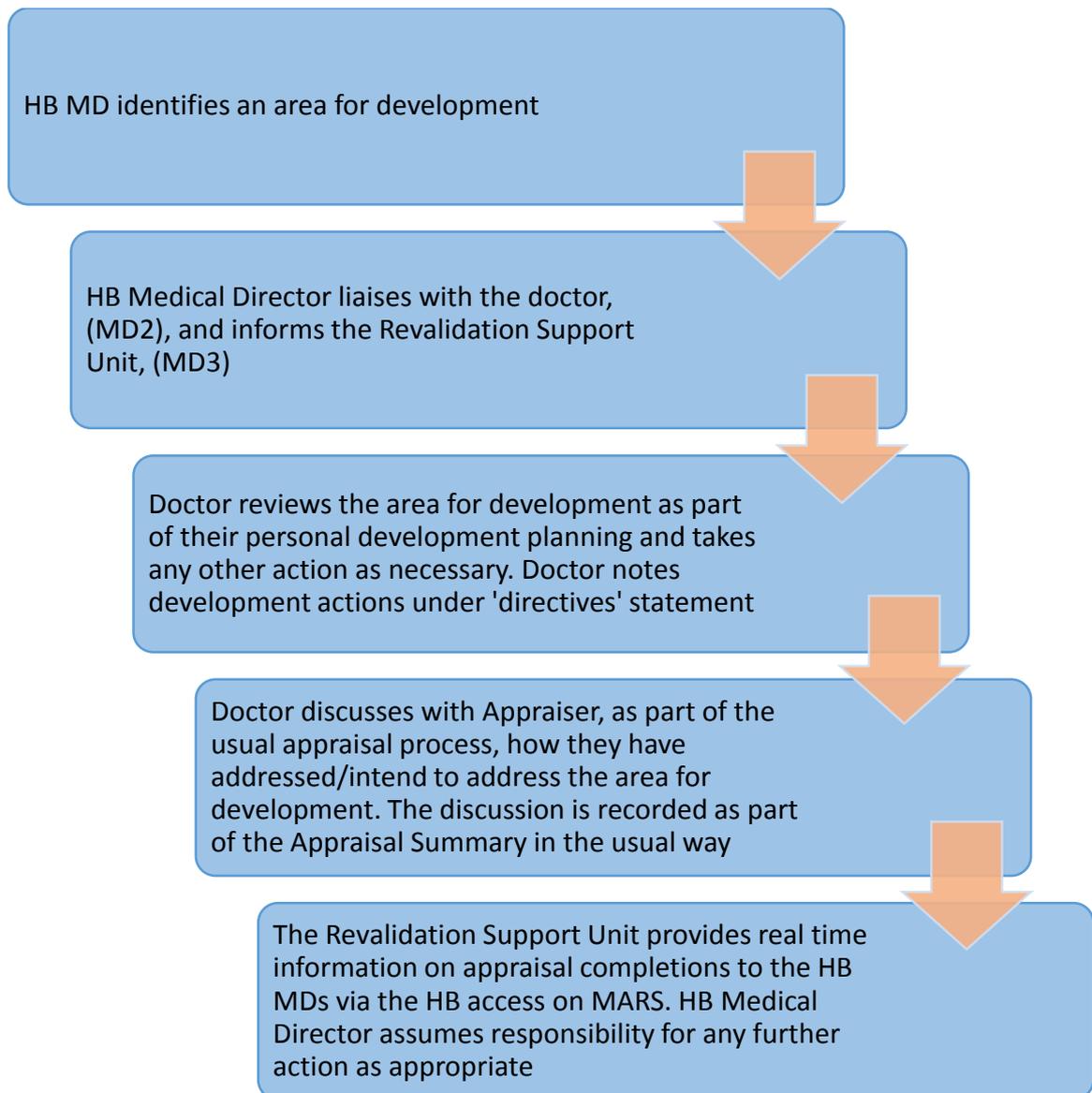
Procedures for the Revalidation Support Unit:

- Appraisers will not routinely be made aware of such areas for development by any third parties. GPs must highlight they have been requested to raise an area of development by completing the tick box question online as part of their appraisal information, as requested by the HB in the MD2 letter. The Appraiser will then raise this with the doctor as part of the appraisal discussion.
- If the doctor wishes to include supporting information pertaining to the area for development identified by the HB, this area will be discussed during the appraisal in the usual way. The

Appraiser will seek information about the area that has been identified by the HB and the feedback that has been provided, and will explore the doctor's own reflections on this.

- If the doctor is able to demonstrate that the area for development has been addressed, the Appraiser will record and acknowledge the accomplishment on the Appraisal Summary in the usual way.
- If external factors have prevented the doctor from addressing the areas for development, these will be discussed as part of the constraints section. This discussion will be recorded in the usual way.
- If, through lack of opportunity, the doctor has neither addressed nor considered how they might address the area for development, the Appraiser will seek a firm commitment – enshrined in the recorded Personal Development Plan – that the issue will be addressed before the next appraisal.
- If the doctor refuses to engage in the appraisal discussion, such that the Appraiser does not feel a meaningful discussion has taken place, this will be dealt with in line with the relevant non-engagement policy (section 3.3.2).
- The outcomes of the appraisal discussion will be recorded in the Appraisal Summary in the usual way. The Appraisal Summary will provide confirmation of what development has been undertaken and what development is planned. It does not constitute an assessment or accreditation of the doctor, nor does it comment on the doctor's competence in these areas. These are clinical governance issues which should be dealt with by the HB outside the appraisal process.

2.5.2:



Part 3: Managing Appraisal Exceptions

Part 3 of the Appraisal Exceptions Management Protocol describes the processes that the Designated Bodies should have in place for managing the exceptional cases when doctors do not, for a range of reasons, comply with the local appraisal process. This part follows the structure of the Exceptions Protocol and provides further detail relating to the management of these processes specifically relating to GP Appraisal.

3.1 Rescheduling Appraisals

There will be occasions when doctors or appraisers need to reschedule an appraisal for a short period of time, for example due to short term illness or unexpected personal reasons. Usually the appraiser and doctor will aim to reschedule the appraisal at a mutually convenient time. Where doctors are able to reschedule their appraisal within 3 months of their original appraisal date the original AQ will remain the same.

In addition to those described in the Exceptions Protocol the following principles apply specifically to GP Appraisal:

- A maximum of one appraisal per financial year is permitted.
- If a HB requires a GP to undertake two appraisals within one financial year, the case must be reviewed by the RSU. The HB should submit their request to the Deputy Director via the RSU by email with clear reasons for the shortened timescale with anticipated outcomes and benefits. These should be consistent with the principles of appraisal as a formative, systematic and regular review of past achievements with constructive planning of future progress.

3.1.1 Appraisal rescheduled by doctor within 1 month

If the doctor needs to reschedule an appraisal for a minimal time period due to genuine circumstances such as sickness/personal reasons, they must contact their Appraiser as soon as possible. If the Appraiser cannot be contacted the doctor must contact the RSU.

The appraisal will be rescheduled at a mutually convenient time within 1 month of the original appraisal date. If the appraiser is unable to agree a mutually convenient date within 1 month due to workload commitments etc., the Appraiser will liaise with their Appraisal Coordinator to identify a solution. Please see below for information on longer periods of appraisal deferral.

Repeated rescheduling by the doctor may constitute non-engagement. Cases will be reviewed on an individual basis, but more than one reschedule without a valid reason could be referred to the HB as non-engagement and the doctor removed from the appraiser's appraisal schedule. The GMC's Employer Liaison Adviser (ELA) is available to advise the HB in such cases. The RSU recommends that the HB should inform the ELA as early as possible of any cases which may lead to a non-engagement recommendation. In cases of a formal non-engagement recommendation, the GMC Revalidation Decision Team will ask the ELA for their analysis of the case, so it is helpful for them to be fully informed as decisions are made.

3.1.2 Appraisal rescheduled by appraiser within 1 month

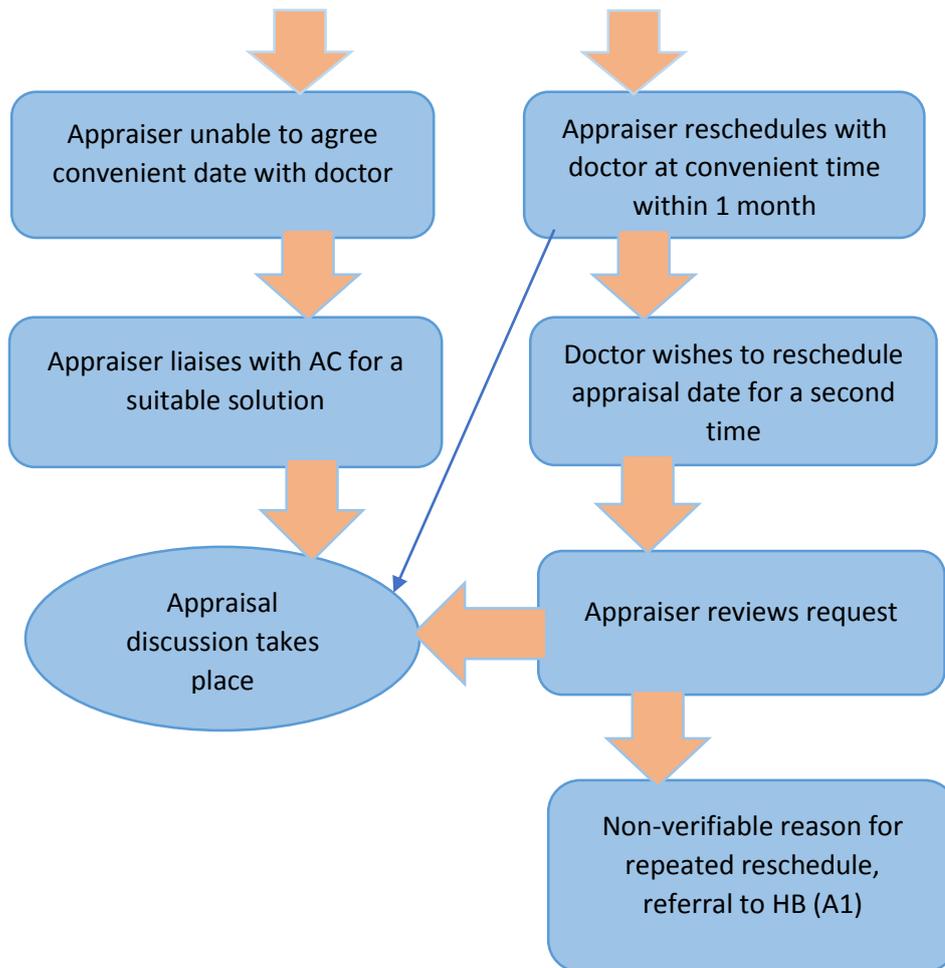
If the appraiser is unable to undertake an appraisal discussion due to circumstances such as sickness/personal reasons, they must inform their Appraisal Coordinator as soon as possible. The Appraisal Coordinator will advise the doctor of the situation and identify their preferred option for undertaking the appraisal.

If the doctor wishes to proceed with the agreed appraisal date irrespective of the appraiser's absence, the Appraisal Coordinator will endeavour to identify an alternative appraiser or may undertake the appraisal themselves.

If this is not the preferred option, not appropriate or not possible e.g. for capacity reasons, the appraisal may be rescheduled at a mutually convenient time for both appraiser and doctor. If this is not possible the Appraisal Coordinator will re-allocate the doctor to another appraiser in their region, or undertake the appraisal themselves at a later date. The Appraisal Coordinator will ensure the doctor and the Appraiser are kept informed.

3.1:

Doctor wishes to reschedule appraisal date
within one month of original date



3.2 Exceptional Circumstances and Appraisal Deferrals

From time to time, many doctors will experience exceptional circumstances which mean they may wish to defer their annual appraisal to a later AQ. Exceptional circumstances include for example parental leave, sickness absence or a period of sabbatical. To request an allocated quarter change, doctors can complete an **Appraisal Change Request Form** – see page 59. In all cases the doctor should ensure their HB is notified, both at the point at which an appraisal deferral is requested and also the point at which the doctor wishes to be reinstated into the appraisal process. In these cases the appraisal will be deferred for a minimum of 3 months and the AQ will be changed if necessary. The HB will take a view regarding whether the doctor’s revalidation date also needs to be deferred, depending on when they are due for revalidation.

During the period of deferral the MARS appraisal account will remain active and the doctor can choose to continue with their CPD and go on with compiling their appraisal evidence, if this would be helpful in their specific circumstances.

3.2.1 MARS Account Postponements

In a small number of cases the HB may decide that a doctor's MARS appraisal account should be postponed, for example, in some cases where the doctor has been suspended from clinical activity. Postponement means that the doctor will be able to continue entering information into MARS should they so wish but will not be able to book an appraisal. This means that the doctor will not receive reminders via MARS until an appropriate date.

If the doctor has had their appraisal discussion but has not completed the process prior to MARS appraisal account postponement, the appraisal summary will be committed on MARS before the doctor's account is postponed, unless there are exceptional circumstances. See section 3.4 for further details.

3.2.2 MARS Appraisal Account Reinstatement

The HB will notify the RSU when a doctor's MARS appraisal account needs reinstating and advise on timescales for the appraisal meeting to take place within the next 12 months. To facilitate the process the doctor will usually be assigned an appropriate appraiser, which may be the Appraisal Coordinator, and will be set an appropriate allocated quarter in line with the HB's advice and appropriate appraiser availability.

3.3 Non-compliance with the AQ and Non-engagement

The Exceptions Management Protocol describes the importance of compliance with the AQ and the support available to doctors to enable this. It sets out when non-compliance might be considered non-engagement with the appraisal process and outlines the processes to be followed in those cases. This section provides additional detail relating specifically to the GP appraisal process. These procedures are in addition to those described at 1.4 above relating to non-completion of appraisal within the relevant AQ, which include the use of AQ3 and AU6 letters.

3.3.1 Non-engagement identified prior to the appraisal meeting

Principles:

Each individual doctor is responsible for undertaking their own appraisal. The RSU is responsible for making appraisal via MARS available to every GP in Wales. HBs are responsible for revalidation recommendations, clinical governance and for monitoring compliance with contractual arrangements; including completion of annual appraisal.

Initially the doctor is responsible for registering with the online appraisal system (MARS), completing the 'My Personal Details' and 'My Professional Details' pages, selecting an appraiser and agreeing an appraisal meeting date within their allocated quarter. The doctor is expected to agree to an appraisal meeting date within 1 month of being contacted by their appraiser for this purpose.

Each doctor is expected to provide appropriate and sufficient information which will allow proper engagement in a meaningful appraisal discussion. The doctor is also expected to demonstrate a willingness to participate in appraisal, recognising it as a formative and developmental process.

Support in preparing for appraisal is available to doctors via a number of sources including the MARS pages (www.marswales.org).

Either before or during the appraisal meeting, the appraiser may identify that a doctor is not engaging satisfactorily in the appraisal process. The doctor will be informed of any concern as it arises. In such cases the appraiser will then advise the Appraisal Coordinator who will review the circumstances and decide this does constitute a case of non-engagement. If the Appraisal Coordinator agrees that the appraisal has not been completed satisfactorily the appraisal will be rescheduled and appraisal summary will not be validated.

3.3.1.1 Doctor does not agree appraisal date within 1 month of Appraiser request

If a doctor fails to agree a date within 1 month of a request, the appraiser will notify their Appraisal Coordinator (A1). The Appraisal Coordinator will email the GP advising them that they must agree a date with their Appraiser within a further 4 week period, using the relevant suggested letter (AC1). If the doctor still fails to do so they will be removed from the Appraiser's appraisal schedule and advised by the RSU that they have to select an alternative Appraiser, using letter (AU1).

3.3.1.2 Sufficient appraisal information is not provided for at least 2 weeks prior to the appraisal discussion

It is the responsibility of the doctor to provide their Appraiser with sufficient appraisal information at least 2 weeks before the date of the appraisal discussion. This is to ensure the Appraiser has enough time to review the folder and prepare for the discussion, and to ensure that a meaningful discussion can take place. The information on MARS will be automatically available, however the doctor may wish to supplement this with paper based information which should be provided within the same timeframe.

If sufficient information is not provided, the Appraiser will delay the appraisal until they have received sufficient appraisal materials. The appraisal will be rescheduled at a time that suits the Appraiser as it will have to be accommodated within their planned workload. If the Appraiser is unable to agree a mutually convenient date within 1 month, due to workload commitments etc. the Appraiser will liaise with their Appraisal Coordinator to identify a solution.

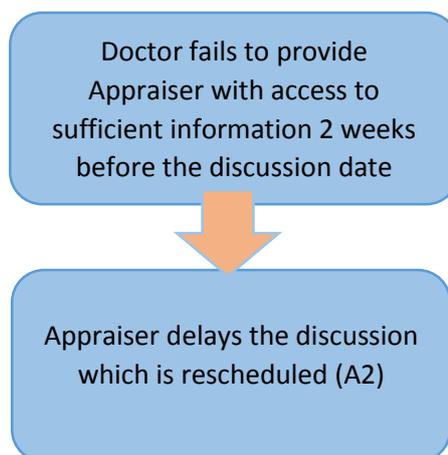
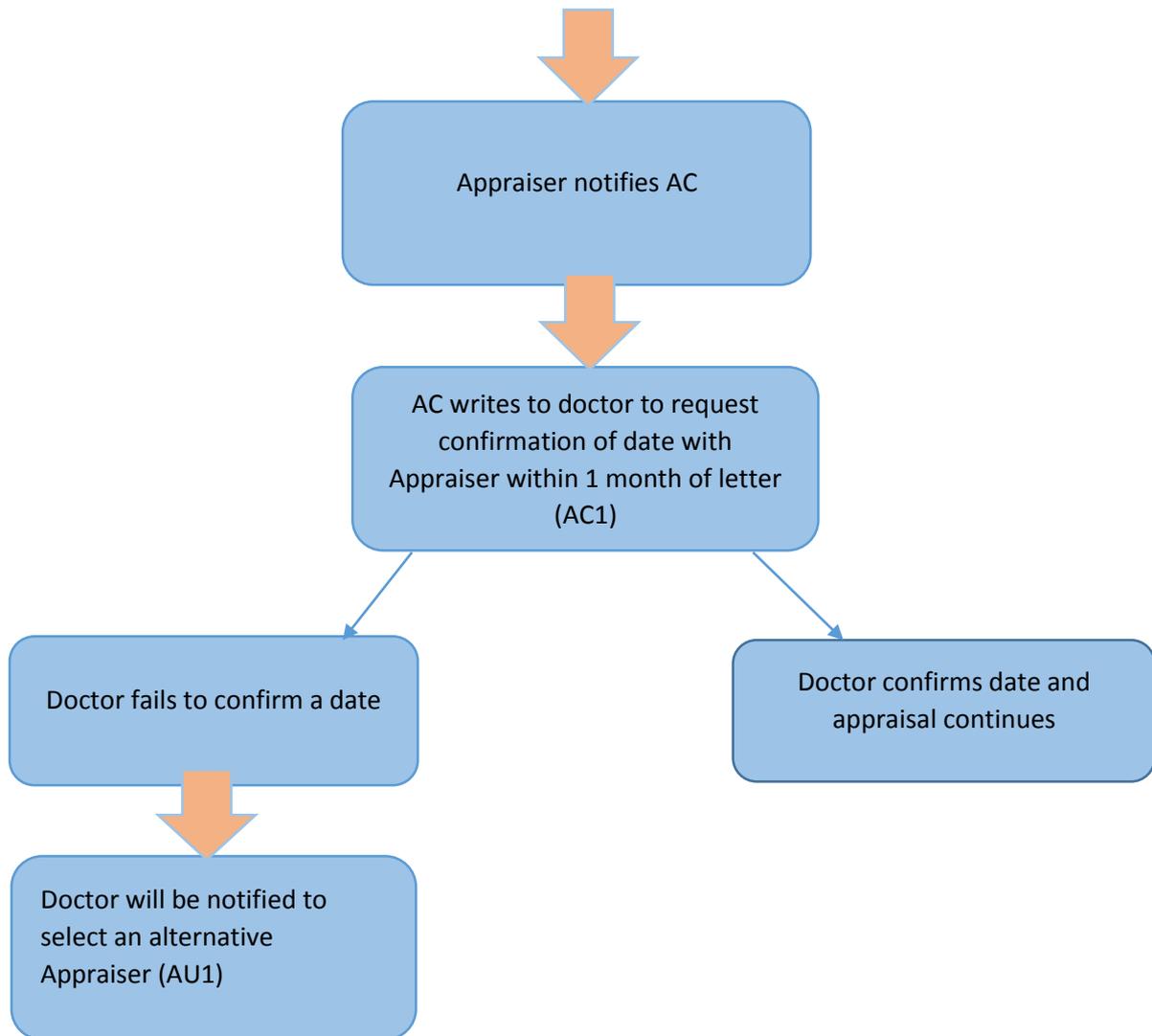
The Appraiser will complete the Checklist Form for their records and inform the doctor by email using the relevant suggested wording (A1/A2). The form provides feedback to the GP on what is required for their appraisal information to ensure a meaningful discussion can take place. The form will also direct the GP to appropriate sources of advice and guidance in relation to this.

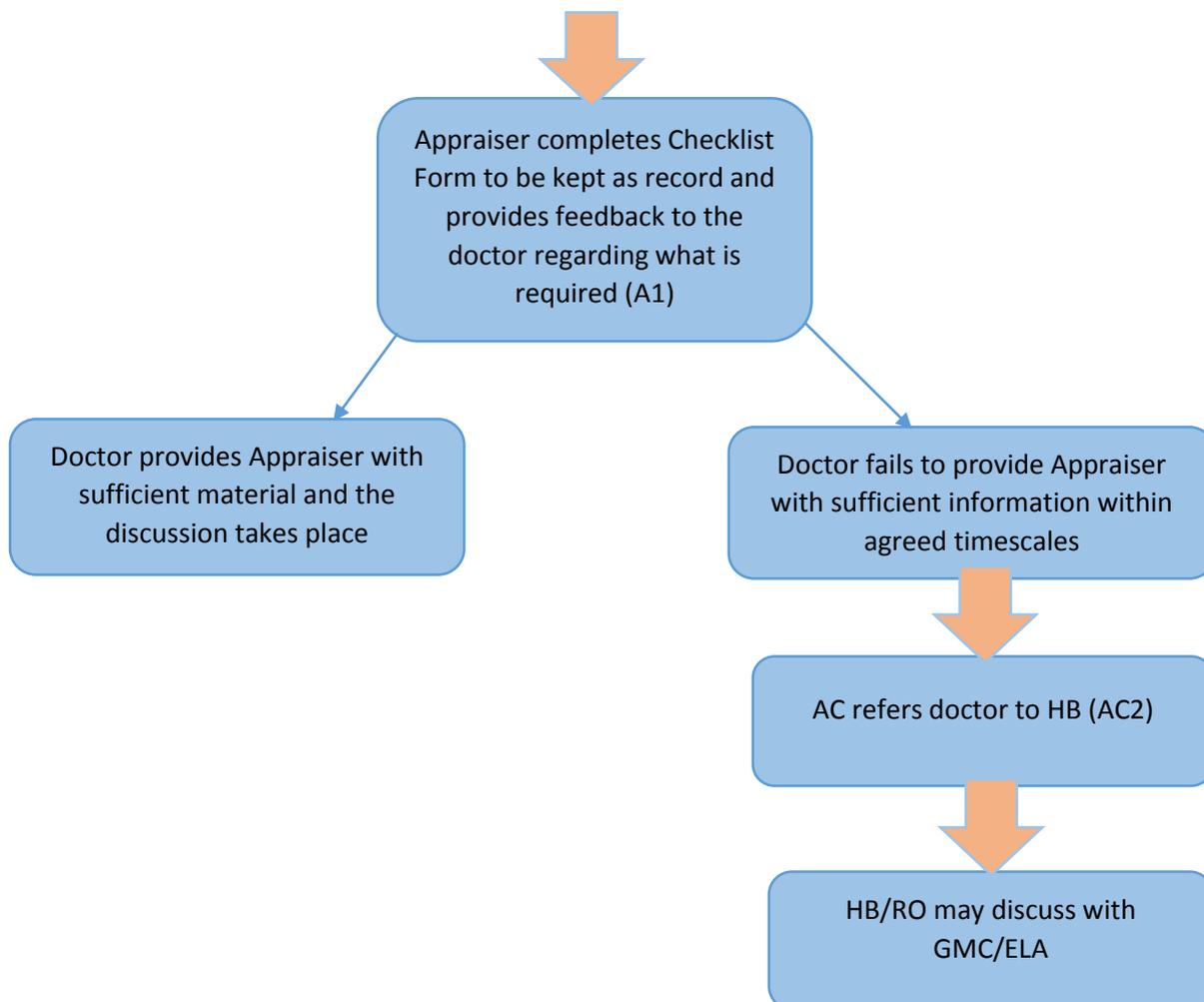
Due to timescale pressures, the Appraiser may also wish to contact the doctor by telephone. In such cases the Appraiser will keep a note of the date of the conversation and any issues raised or agreed, and email this to their AC.

Repeated failure by doctor 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 doctor to supply sufficient appraisal material will constitute non-engagement and will be referred to the HB as such (using letter AC2).

3.3.1:

Doctor fails to agree appraisal date
with Appraiser





3.3.2 Non-engagement identified during the appraisal meeting

Principles

GP Appraisers are trained to enable them to facilitate the appraisal discussion professionally and help each GP to get the most out of the discussion.

This cannot be achieved unless each GP is prepared to engage with the Appraiser in the appraisal discussion as a positive, developmental process. During the discussion the doctor 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.

If the doctor is unwilling to participate in the appraisal discussion in this way, a meaningful discussion cannot be undertaken. In such cases, the Appraiser will advise the doctor of their reservations during the discussion and give the doctor an opportunity to respond. If the doctor remains unwilling to participate in the appraisal discussion this will be identified as non-engagement.

Procedure

Usually the Appraiser will advise the doctor of any reservations during the discussion and give the doctor an opportunity to respond and to decide to engage with the remainder of the meeting. If the Appraiser feels that they have exhausted all avenues and the doctor has continued to not engage they may choose to end the meeting prematurely.

The Appraiser will discuss their concerns with their Appraisal Coordinator as soon as possible after the appraisal meeting. If the local Appraisal Coordinator is not available the Appraiser will contact the Unit. As part of these discussions a decision will be made regarding whether a partial appraisal summary will be completed, or whether the appraisal will be closed without a summary.

Once a decision has been made an ongoing plan will be agreed. This plan may include rescheduling the appraisal meeting, or referral to the HB for potential non-engagement.

The Appraiser will complete the relevant Checklist Form (A3), which will be copied to the Appraisal Coordinator and the RSU. The RSU will inform the GP of the outcomes of this discussion within 5 working days, using the relevant standard letter (AU2). When appropriate, the doctor will be provided with specific feedback which sets out actions they need to take before their next appraisal meeting and provides them with information about appropriate sources of support and guidance.

3.3.3 Non-engagement identified after the appraisal discussion

After the appraisal meeting has taken place, the Appraiser will complete the appraisal summary, via the online appraisal system (MARS). This document will be made available to the doctor electronically within two weeks of the appraisal meeting.

The doctor is expected to review the document at the earliest opportunity and to agree the summary within a further 2 weeks from the date at which it is committed by the Appraiser. The doctor will receive a reminder 24 days after the summary has been committed if they have not yet agreed it. The time limit has been put in place to ensure that each appraisal will produce a meaningful PDP that will feed into the GP's CPD for the year, and that a formal record of the appraisal will be available to the RO to inform revalidation recommendations.

If the doctor is unhappy with the appraisal summary they must contact the Appraiser with details of any amendment requests in the first instance. In most cases the Appraiser will be happy to amend the wording in line with the doctor's suggestions. If the doctor remains unhappy with the wording of their appraisal summary and unwilling to agree it after 1 month of receiving it, they should raise this issue as a disputed appraisal summary. The dispute process can be accessed through the Contact, Appeals and Complaints Procedure in the MARS library.

3.4 Concerns & Appraisal Exceptions

The Exceptions Management Protocol reaffirms that investigation of concerns that a doctor's performance, conduct or health may be compromising patient safety is the responsibility of the Designated Body and should be separate from the appraisal process. The GMC's ELA is available to advise the RO on possible Fitness to Practice Issues and how these may relate to appraisal and

revalidation. The Protocol describes the very small number of circumstances in which the appraisal process may be deferred and/or the MARS appraisal account postponed.

The following procedures apply additionally to GP appraisal.

3.4.1 Concerns identified through HB procedures outside the appraisal process

Principles:

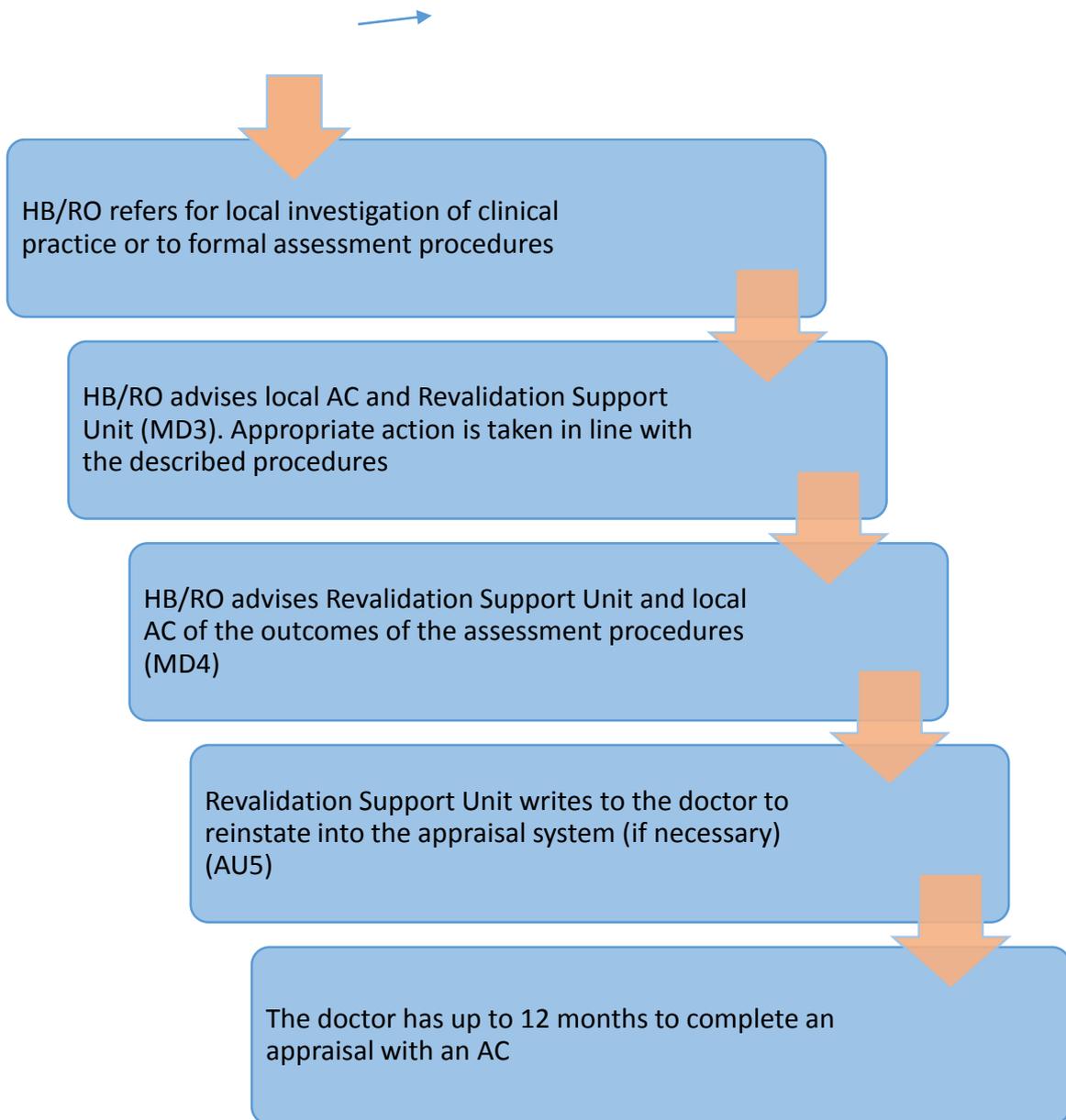
- Investigation of concerns that a doctor's conduct, health of performance may be compromising patient safety are responsibility of the HB. It remains the responsibility of the HB to maintain communication with the doctor about this process
- Such concerns will be dealt with by the HB outside the appraisal process, using local or national investigative or assessment procedures as deemed appropriately by the HB
- The GMC's ELA is available to advise and support the HB in these cases. The GMC encourages early contact with the ELA so that an appropriate course of action can be agreed
- Suspension is a neutral act which is used in some cases to enable appropriate investigations to be completed
- Whenever possible the appraisal will go ahead to allow the doctor to complete annual appraisals in line with their revalidation requirements. Each case will be considered on an individual basis

Procedures:

- Once investigation processes have commenced the HB will liaise directly with the doctor and notify the RSU of the investigation using the relevant notification form (MD3), ideally within 2 weeks of the process commencing
- In most cases the appraisal will continue as normal. The doctor will be advised to make an entry in their appraisal materials or living PDP 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 in a position to comment on the investigation, they may be able to help the doctor identify how they can best manage any issue arising from it
- The HB will liaise with the doctor and the RSU to consider whether or not the appraisal should be deferred and/or their MARS account should be postponed (see 3.2). If the MARS appraisal account is postponed the HB will notify the RSU when this should be reinstated using (MD4)
- The local Appraisal Coordinator will liaise with the RSU and appropriate action will be taken. The RSU will also write to the doctor using the relevant template letter to advise them of the implications of the investigation for their appraisal (AU4)
- If the MARS appraisal account has been postponed, the HB will notify the RSU when the account should be reinstated in line with the procedures described at 3.2.1. The RSU will notify the doctor of the process using AU5
- The doctor should consider with their Appraiser how the recommendations arising from the investigation can be used as part of the development planning process
- **3.4.1:**

HB/RO identifies a potential cause for concern about fitness to practice

HB/RO is advised of referral to clinical practice or formal assessment procedures via another agency (NCAS/GMC)



3.4.2 Concerns identified through the appraisal process

Principles:

Very rarely, an Appraiser may identify through the appraisal process aspects of a doctor's conduct health which they feel may potentially be a serious cause for concern. In such circumstances the Appraiser has a professional obligation as a doctor to report these to their Appraisal Coordinator, who will liaise with the HB.

Neither the Appraiser nor the Appraisal Coordinator are responsible for assessment or investigation of concerns. Once they have been notified, the HB will consider these potential concerns in line with their usual processes, taking into account the implications for appraisal as described at 3.4.1 above. The GMC's ELA is also available to advise and support the HB in these cases.

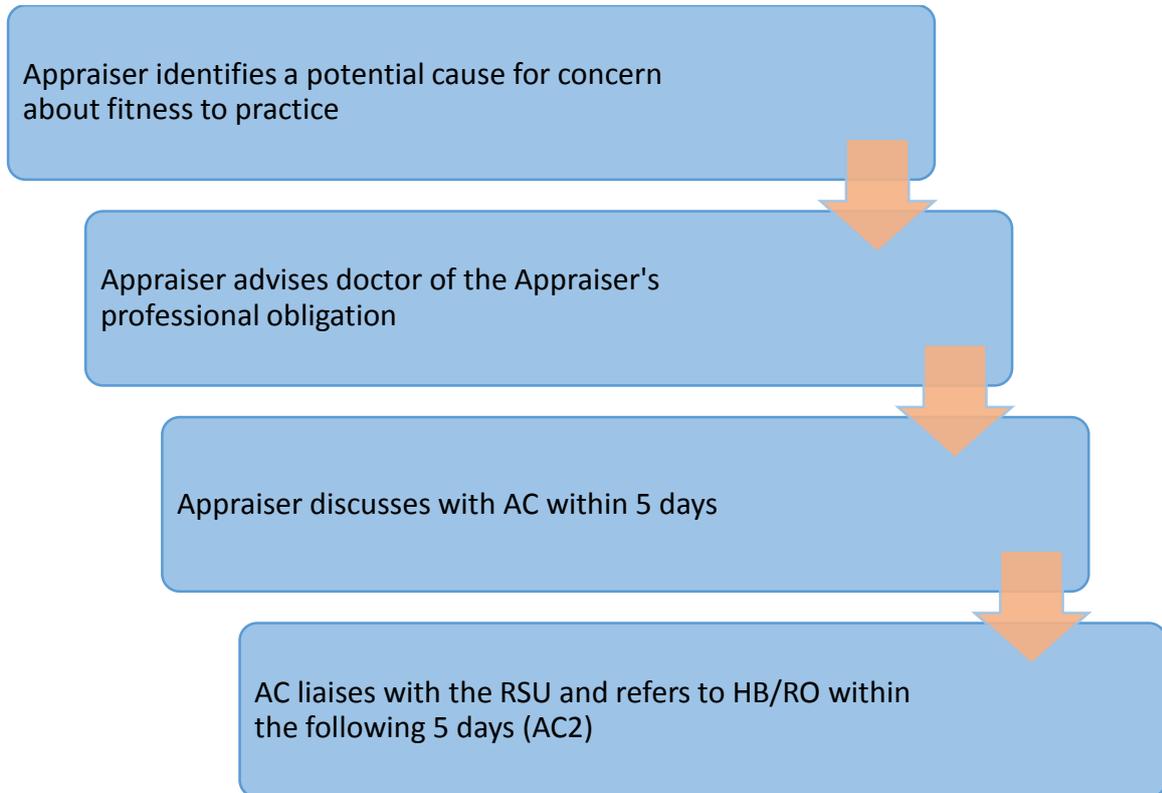
Procedures:

Whenever possible, the Appraiser will advise the doctor of their concerns and of their professional obligation to report them, and invite the doctor to respond. However, it is recognised that it may not be appropriate or possible to raise these concerns during the actual appraisal discussion. In these cases the doctor will be advised of the concerns as soon as possible after the appraisal by the RSU.

The Appraiser will share their concerns with the local Appraisal Coordinator as soon as possible after the appraisal. The Appraisal Coordinator will seek to clarify the issues of potential concern and, if they agree with the Appraiser, they will report these potential concerns to the relevant HB using the relevant notification form (AC2). This should be done within 5 working days of the appraisal.

The notification is copied to the RSU who will write to the doctor to inform them of the potential concerns that have been identified by the Appraiser and the implications of this for the appraisal process. The HB will update the RSU regarding any further action they intend to take, and subsequent correspondence with the doctor is likely to be from the HB in line with the procedures described at 3.4.1.

3.4.2:



3.4.3 Constraints and Significant Concerns

Principles:

A constraint is any factor that is a hindrance to an individual doctor in performing their role(s) and undertaking development as defined by the GMC in Duties of a Doctor. These are categorised as personal, practice or service level constraints.

A significant concern is any specific issue identified by the doctor or Appraiser that has implications for patient safety. A significant concern would normally be of a magnitude as to require a doctor to take action under his or her own Duties of a Doctor as described in the GMC's Good Medical Practice (Safety & Quality: Take prompt action if you think that patient safety, dignity or comfort is being compromised). Such action remains the responsibility of the appraisee, and subsequently of the organisation to which it is reported. The Appraiser has a responsibility to document the discussion and the action that the appraisee has taken, or the action they intend to take as an action point/PDP entry.

Procedures:

The large majority of appraisal discussions will not include significant concerns. Where a significant concern is raised it is important to allow the doctor to discuss the concern, however it must be made clear (when appropriate) that raising the issue at appraisal does NOT discharge the duties of that doctor. The role of the Appraiser in these situations is to make the distinction between a constraint and a significant concern (with advice from the AC as appropriate); to clarify with the doctor whether

appropriate action has already been taken, or where appropriate action is planned; if not then to explore with the doctor what the appropriate action for them would be; to document this explicitly in the appraisal summary with particular attention to agreed action points for the doctor.

There are a number of scenarios and corresponding actions for the Appraiser:

- Significant concern identified has already been dealt with appropriately by the doctor (e.g. already reported specifically to the HB, perhaps through the SEA process) – the Appraiser simply needs to document in the appraisal summary that this is the case, usually against a relevant appraisal evidence entry
- Significant concern identified and discussed at appraisal, appropriate action is already planned by the doctor or is agreed during the discussion – the Appraiser needs to document this, usually in the PDP
- Significant concern and/or action not agreed by the doctor and the Appraiser – the Appraiser should refer to their Appraisal Coordinator for advice
- Significant concern identified in previous appraisal, recorded and action incomplete – the Appraiser should refer to the Appraisal Coordinator for advice

Appraisers should have a low threshold to discuss issues with their AC. Where issues are escalated to the Director or Deputy Director they will at all times act in good faith particularly with respect to their own duties as a doctor. This may include informing the appropriate bodies of any unresolved significant concerns in a timely manner.

Full guidance for GP Appraisers on managing constraints and significant concerns is available in the MARS library.

3.4.4 GP Educator Referrals

- 3.4.1 and 3.4.2 set out how potential concerns about a doctor will be managed in relation to their appraisal. Where the doctor is also a GP Educator employed by Cardiff University, the RSU needs to consider how that referral as a doctor relates to their role as a GP Educator and ensure the procedure is in line with Cardiff University policy
- Although each case will need to be considered on its own merits, the following process and principles will apply. The Exceptions Management Protocol and these associated Operating Procedures will operate as usual in relation to the individual's GP Appraisal. The RSU will also conduct a process of information gathering, meeting with the individual and consideration by a panel, which is likely to include the GP Director/Deputy, an Associate Dean and the business lead
- The panel will decide the appropriate course of action, which may be in line with one of the following:
 - The GP Educator continues in their role as usual
 - The GP Educator continues in their role with some further training and/or close line management supervision
 - The GP Educator is suspended on full pay
- This outcome will be communicated with the GP Educator in writing and/or verbally. The relevant HB Medical Director and line manager will also be informed

- The case will be reviewed once the investigation is complete. Subsequent action will depend on the findings with the investigation. Any case requiring disciplinary action will be managed in accordance with the University Charter and Statute.

Part 4: Standard Correspondence

The standard emails and forms within this appendix are to be used to ensure each case is dealt with in a consistent and efficient way and that information is provided to all parties involved. The emails and forms have been separated below in relation to those parties who may need to use them.

Section 1: For HBS

HB1	• Ref 1.4 – Suggested wording for first letter from HB	Page 31
HB2	• Ref 1.4 – Suggested wording for subsequent letters from HB	Page 32
R Letter	• Ref 1.4 - Suggested wording for letter from HB regarding final appraisal prior to revalidation	Page 33
REV 6	• Ref 1.4 - Request from HB to GMC to send non-engagement concern letter to a doctor	Page 34
MD1	• Ref 2.2 – Wording re: Joiners to the Performers List, including recent GPRS	Page 35
MD2	• Ref 2.5.2 – Email re: Areas for development	Page 36
MD3	• Ref 2.5.2/3.4 – Notification form re: Areas for Development/Serious Concerns	Page 37
MD4	• Ref 2.5.2/3.4 – Outcome form re: Areas for Development/Serious Concerns	Page 39
MD5	• Ref 2.3 – Inclusion on MPL and Clinical Practice	Page 41

Section 2: For Appraisal Coordinators

AC1	• Ref 3.3.1.1 – Email re: Doctor does not agree appraisal date within 1 month of selecting an Appraiser	Page 43
AC2	• Ref 3.3/3.4.3 – Notification form re: Recurring non-engagement/Serious Concerns	Page 44
AC3	• Ref 2.3 – Inclusion on MPL and Clinical Practice	Page 45

Section 3: For Appraisers

A1	• Ref 3.1/3.3.1 – Checklist form re: Reschedules and non-engagement identified prior to the appraisal discussion	Page 46
A2	• Ref 3.3.1.2 – Email re: Folder is not provided at least 2 weeks prior to the appraisal discussion	Page 48
A3	• Ref 3.3.2 – Email re: Non-engagement identified during appraisal discussion	Page 49

Section 4: For the Revalidation Support Unit

AQ1	<ul style="list-style-type: none"> Ref 1.4 – Email re: Reminder from website to GPs who have not arranged an appraisal within their AQ (sent twice, on day 1 of each of the 2 quarters before the doctor’s AQ) 	Page 51
AQ2	<ul style="list-style-type: none"> Ref 1.4 – Email re: Reminder from website to GPs who have not arranged an appraisal date within their AQ (sent 2 weeks before start of AQ) 	Page 52
AQ3	<ul style="list-style-type: none"> Ref 1.4 – Email re: Reminder website to GPs who have not completed an appraisal within their AQ (sent on day 1 of quarter following their AQ) 	Page 53
AU1	<ul style="list-style-type: none"> Ref 3.3.1 – Letter/Email re: Not agreeing appraisal date within 8 weeks 	Page 54
AU2	<ul style="list-style-type: none"> Ref 3.3.2 – Letter re: Non-engagement identified during the appraisal discussion 	Page 55
AU3	<ul style="list-style-type: none"> Ref 3.3.3 – Letter re: Non-engagement after the appraisal discussion 	Page 56
AU4	<ul style="list-style-type: none"> Ref 3.4 – Letter re: Serious cause for concern 	Page 57
AU5	<ul style="list-style-type: none"> Ref 3.4 – Letter re: Reinstatement in the appraisal process 	Page 58
AU6	<ul style="list-style-type: none"> Ref 1.4 – Letter re: Obtaining an appraiser when your appraisal is overdue 	Page 59

Section 5: Whole Practice Appraisal Letters

WP1	<ul style="list-style-type: none"> Ref 2.5.1 – Letter from appraiser to doctor. Non-inclusion of performance review for role/s outside of GP 	Page 60
WP2	<ul style="list-style-type: none"> Ref 2.5.1 – Letter from Appraisal Co-Ordinator to Responsible Officer. Non-inclusion of performance review for role/s outside of GP for consecutive years 	Page 62
WP3	<ul style="list-style-type: none"> Ref 2.5.1 – Letter from Appraisal Co-Ordinator to Responsible Officer. Repeated non-inclusion of performance review for role/s outside of GP 	Page 63

Section 6: Allocated Quarter Change Request Form – Page 64

Note: After an AQ3 has been sent by the Unit, it is up to the HB to agree on appropriate next steps and related timescales. HB1 and HB2 are included as suggested letters which have been used by the HBs in the past, and which can be amended to suit specific cases.

The R Letter and REV6 Form are included for reference.

R is a letter in use within some HBs, and REV6 is the online notification from the RO to the GMC regarding non-engagement.

All HB letters should be copied to the Unit so that our records can be updated, and the correct processes can be followed.

Private & Confidential

Dear (Doctor)

Re: Non-engagement with GP Appraisal

As you are aware, in 2004 annual GP Appraisal became an obligation for GPs in Wales as a requirement of the National Health Service (Performer's List) (Wales) Regulations 2004, and in 2012 it became a GMC requirement for all doctors to participate in annual appraisal as part of the revalidation process.

According to the list I have received from the Revalidation Support Unit at Cardiff University, you do not appear to have undertaken your appraisal within the required timescale.

Please would you advise me within the next 14 days if this information is correct and if there are any extenuating circumstances such as a career break, parental leave or sick leave which may apply?

I would remind you of the importance of completing your appraisal at www.marswales.org both for your own personal and professional development and to fulfil the requirements of your contract, the Medical Performers List Regulations and the revalidation process. If you are not able to present any information about extenuating circumstances, you will be expected to complete an appraisal by

Please note that you will be unable to provide NHS GMS services (work as a GP) unless your name is on the Medical Performers List and you have a Licence to Practise from the GMC.

Yours sincerely,

HB Medical Director

Cc: Revalidation Support Unit

HB2 (previously AQ5a/AQ5b): Suggested wording for second letter from HB – continuing non-engagement

Private & Confidential

Dear (Doctor),

Re: Continuing non-engagement with GP Appraisal

I am writing in relation to my letter dated (DATE).

I had requested that you were to either inform me of any circumstances that have prevented you from completing an appraisal within 14 days or you should complete an appraisal by

I reminded you of the importance of completing appraisal both for your own personal and professional development and to fulfil the requirements of your contract, the Medical Performer's List Regulations and the revalidation process, and that you will be unable to provide NHS GMS services (work as a GP, including as a locum or for any out of hours service) unless your name is on the Medical Performers List and you have a Licence to Practise from the GMC.

I therefore write to advise you that... *(HB to indicate next steps, which may include one of the possible options suggested below)*

- **This letter, therefore, formally gives you notice that you will be required to attend a panel meeting on regarding non-engagement with the appraisal process**
- In accordance with Regulation 9 (7) of the National Health Service (Performers List) (Wales) Regulations 2004 inclusion on the Medical Performer's List (MPL) is conditional on you having undertaken an annual appraisal.
As you have not complied with this requirement I will be asking the NHS Wales Shared Services Partnership to commence procedures to remove you from the MPL
- **I am informing the GMC that you are not engaging with the local appraisal process, and seeking their advice on the implications for your revalidation cycle. The GMC may decide to take further action which could include your revalidation date being brought forward.**

Please do not hesitate to contact me if you wish to discuss further.

Yours sincerely,

HB

Cc: Revalidation Support Unit

R Letter: Suggested wording for letter regarding final appraisal prior to revalidation

Dear Dr,

Re: Final appraisal prior to revalidation

By now, you should have arranged your next appraisal which will be the last prior to your revalidation date. You will need to ensure that any outstanding supporting information is included please.

There are six types of supporting information that you are expected to provide and discuss at your appraisal. They are:

1. Continuing Professional Development –
 - CPD should be evidenced at each appraisal
2. Quality improvement activity –
 - This can include Clinical Audit, Case Review Discussions etc. and should be evidenced at least once in each 5 year revalidation cycle
3. Significant Events –
 - Significant events should be discussed at each appraisal
4. Feedback from colleagues –
 - Equiniti 360 should have already been in touch to arrange your colleague feedback. (It is important that you contact me as soon as possible if they have not contacted you). This aspect of supporting information will need to be obtained once in every 5 year cycle
5. Feedback from patients –
 - Equiniti 360 should have already been in touch to arrange your colleague feedback. (It is important that you contact me as soon as possible if they have not contacted you). This aspect of supporting information will need to be obtained once in every 5 year cycle
6. Review of complaints and compliments –
 - Compliments and complaints will need to be discussed at each appraisal and declarations made

I have enclosed a copy of the GMC document 'Supporting Information for Appraisal & Revalidation' for your information.

If you have any questions or queries, please do not hesitate to contact me.

Yours sincerely,

HB

REV 6

Request to send a non-engagement concern letter to a doctor

When to use this form:

A HB has a doctor who is not engaging with local revalidation processes and you want the GMC to send a non-engagement concern communication to them. The doctor in question has not received a formal notification from GMC that they need to receive a recommendation from the HB.

HB must read the criteria for non-engagement and be satisfied that they are in the process of taking all possible local action to secure the doctor's engagement.

The form and further details can be found [here](#)

MD1: Suggested wording for inclusion in letter from HBs to doctors Ref: New joiners to the Medical Performers List

Annual appraisal is a requirement for all GPs on the Medical Performers List and since December 2012 is a requirement of revalidation. Appraisal is a developmental, supportive process which will help you to reflect on, plan and structure your personal and professional development. In Wales the process is managed by the Revalidation Support Unit in the School of Postgraduate Medical and Dental Education, Cardiff University.

The Revalidation Support Unit provides us with regular information about which doctors have completed appraisal. You will be expected to complete your first appraisal within a minimum of 9 months and a maximum of 15 months of joining the Medical Performers List. The Revalidation Support Unit will provide you with an allocated quarter on registration with www.marswales.org which will confirm when your appraisal is due.

If you would like further guidance about the appraisal process or have any queries you can contact the Revalidation Support Unit at:

marswales@cf.ac.uk or call 029 2068 7509

(Date)

Addressee Only

Dear (doctor)

Re: Areas for development

As you should be aware, some issues (as outlined in previous correspondence) have come to the attention of the HB in relation to aspects of your performance. Areas for development have been identified in relation to the following areas:

-
-

In considering such issues it is important that the HB takes a view on whether these matters are of significant concern, and may influence your fitness to practice and care for patients. If this is the case they will be dealt with through local processes and formal procedures.

However, at this time we feel that these areas for development are within a range of issues that should be dealt with through the appraisal and CPD cycle available to you via the Revalidation Support Unit.

Your appraisal will provide an opportunity for you to demonstrate that appropriate learning has been undertaken, or make a firm commitment – recorded in the Personal Development Plan – that the areas for development will be properly addressed before your next appraisal.

A copy of this email has been sent to the Revalidation Support Unit where it will be kept on file, your appraiser will not be informed however; it remains your responsibility to include these areas for development in your appraisal materials and to raise them at the appraisal discussion. You must also tick the relevant section in the probity statement of the online appraisal system (MARS) to confirm that you have been asked to include material in your appraisal by the HB. That discussion will be recorded as part of your Appraisal Summary in the usual way. If you have any questions regarding this process, please contact the Unit on 029 20687509.

You will need to report back to the HB in terms of how you have approached or intend to approach these concerns and what actions you have taken or intend to take to address them.

If you require any further information relating to this issue, do not hesitate to contact me at the HB.

Yours sincerely,

Medical Director

Cc Revalidation Support Unit

MD3: Notification Form from HB to Revalidation Support Unit

Ref: 2.5.2 Areas for development / ref: 3.4 Serious concerns

(Date)

Addressee Only

Dear Revalidation Support Unit

This letter provides formal notification that:

(Please complete all fields)

- **First Name of Doctor:**
- **Surname of Doctor:**
- **Practice Address of Doctor:**
- **DOB:**
- **GMC Number:**
- **Date of Appraisal:**

Has been identified as having: (Please tick appropriate option)

1. Areas for development

2a) Given the HB potential Serious Concerns regarding fitness to practice

2b) This has resulted in (Please tick appropriate option)

Local investigation GMC NCAS

3. Other.....

The specific areas have been identified as follows (if required i.e. areas for development)

- ...
- ...

4. I recommend the doctor's appraisal be deferred until further notice but that they be allowed to continue to enter appraisal materials into MARS

Yes/No (please circle)

I recommend that the doctor's MARS appraisal account should be postponed until further notice:

Yes / No (please circle)

The doctor has been written to and informed of the area of development / the referral?

Yes / No (please circle)

Date informed.....Copies have been sent to:

5. I would like someone at the Revalidation Support Unit to contact me

Yes / No (please circle)

Yours sincerely

Medical Director

Cc Appraisal Co-ordinator

MD4: Notification Form from HB to Revalidation Support Unit to advise the outcome of

Ref: 2.5.2 Areas for development / ref: 3.4 Serious concerns

(Date)

Addressee Only

Dear (Appraisal Manager, Revalidation Support Unit)

This letter provides formal notification that:

(Please complete all fields)

- **First Name of Doctor:**
- **Surname of Doctor:**
- **Practice Address of Doctor:**
- **DOB :**
- **GMC Number:**
- **Date of Appraisal :**

Had previously been identified as having: (Please tick appropriate option)

Either: 1. Areas for development

1b. These areas for development have now been addressed

Yes/No (please delete / circle)

Or: 2a. Given the HB potential Serious Concerns regarding fitness to practise

2b. Which had resulted in (Please tick appropriate option)

Local investigation GMC NCAS

Other.....

3. The outcome of the investigation was (please state)

.....

3a. the following recommendations have been made which will be incorporated by the doctor into their PDP for the next year (please state)

3b. I recommended this doctor be reinstated on MARS

Yes/No (please delete / circle)

If yes:

I recommend they should be reinstated from this date: date - please advise)

I recommend that their next appraisal meeting should take place within: x months – please advise

I recommend that they should be allocated an experienced appraiser / allocated the Appraisal Co-ordinator / allowed to select their own appraiser

The doctor has been written to and informed of this outcome. Yes / No (please delete /circle)

Date informed.....

Copies have been sent to

Yours sincerely

Cc Appraisal Co-ordinator

MD5: Notification Form from HB to RSU to advise the outcome of

Ref: 2.3. Clinical Practice

(Date)

Addressee Only

Dear (Appraisal Manager, Revalidation Support Unit)

In response to the AC3 letter, this form provides formal notification of the agreed outcomes regarding the following doctor's inclusion on the MPL and recent clinical practice.

(Please complete all fields)

- **First Name of Doctor:**
- **Surname of Doctor:**
- **Practice Address of Doctor:**
- **DOB :**
- **GMC Number:**
- **Date of Appraisal :**

Please tick one of the following options:

the doctor will no longer be included on the MPL in Wales and does not require an annual appraisal

The doctor has continued registration with the MPL: (Delete the following options as appropriate).

and will require an appraisal in the next 3 months.

and their recent appraisal summary can be committed for agreement by the doctor

Other (please provide further details):

The doctor has been written to and informed of this outcome.

Yes / No (please circle)

Date informed: Copies have been sent to:

The NWSSP have been written to and informed of this outcome.

Yes/No (please circle)

Date informed:

Copies have been sent to:

Yours Sincerely

Cc Appraisal Co-ordinator
Revalidation Support Unit

AC1: Suggested letter from AC to GP re: Non-engagement identified prior to the Appraisal discussion

Ref: 3.3.1.1 Doctor does not agree Appraisal date within 1 month of Appraiser Request.

(Date)

Addressee Only

Dear (Doctor)

Re: Non-agreement of appraisal date

You have selected Dr as your appraiser, and they have accepted you. Dr will have contacted you in the last month to request that you confirm an agreed appraisal discussion date.

The appraisers work to a very tight schedule, and uncertainties and delays can cause inconvenience to other doctors who are ready to commit to a date for their appraisal meeting.

I am, therefore, now urging you to contact Dr and make a definite date for your appraisal meeting. If you cannot, then in 4 weeks, Dr will be made available to others, and you will need to re-enter the 'select an Appraiser' process. I apologise if you feel you are being pressurised, but I'm sure you understand we have a limited capacity which we are trying to optimise. This will not be, in any way, detrimental to you, and I trust you will inform us when you are ready to proceed to a date for discussion.

If you are experiencing any difficulties which are preventing you from setting an appraisal date, please contact your appraiser or the Revalidation Support Unit on 029 20687509 or email: marswales@cf.ac.uk

Yours Sincerely

Appraisal Co-ordinator

Cc Revalidation Support Unit

AC2: Notification Form from Appraisal Co-ordinator to HB

Ref: 3.3 Reoccurring non-engagement and ref: 3.4.3 serious concerns.

(Date)

Addressee Only

Dear (Name)

This Form provides formal notification that: (Please complete all fields)

- **First Name of Doctor:**
- **Surname of Doctor:**
- **Practice Address of Doctor:**
- **DOB :**
- **GMC Number:**
- **Date of Appraisal :**

Has been identified as having: (Please tick appropriate option)

Not engaged in the appraisal process for the second time

Given their Appraiser potential Serious Concerns regarding fitness to practice

Other

The specific areas have been identified as follows:

- 1.
- 2.

The doctor has been written to and informed of the situation: Yes / No (please delete)

Date informed:

Copies have been sent to:

We would be grateful if you could keep us updated regarding any further actions you will be taking and their implication for the doctor's appraisal.

Appraisal Co-ordinator

Cc Revalidation Support Unit

ELA

AC3: Suggested letter from Appraisal Co-ordinator to GP

Ref: 2.3 Inclusion on MPL and Clinical Practice

(Date)

Addressee Only

Dear (Doctor)

Re: Inclusion on MPL and Clinical Practice

We are writing to advise you that as part of the appraisal process it has been identified that you may no longer meet the MPL criteria on clinical practice.

You advised your appraiser that you had worked (number of sessions) this appraisal year. The appraiser has advised you that they would need to discuss this with myself as your local Appraisal Co-ordinator.

You may wish to note that we have previously been advised by the NWSSP that the Medical Performers List Regulations (2004) state that:

(6) Where the performer cannot demonstrate that the performer has performed the services, which those included in the relevant performers list perform, within the area of the Local Health Board during the preceding twelve months, the Local Health Board may remove the performer from its performers list.

Our usual policy is that we do not offer an annual GP Appraisal to any doctor who is no longer on the MPL as this reflects an absence of clinical practice and therefore standard GP Appraisal is not the appropriate route. I assume that your continued registration with the MPL, and therefore your inclusion in the GP appraisal process, was agreed with your HB and with the NWSSP but have copied to them for information and confirmation.

Once we receive confirmation from the HB and NWSSP we will provide further information on the completion of your appraisal.

If you have any queries or would like to discuss this further please do not hesitate to contact me.

Yours sincerely

Appraisal Co-ordinator

Cc: HB, NWSSP, Revalidation Support Unit

A1: Appraiser Checklist Form

Ref 3.1 Reschedules and 3.3.1 Non-engagement identified prior to the Appraisal discussion.

The appraiser may identify prior to undertaking an appraisal discussion an area/s of a doctor’s non-engagement in the appraisal process. The Appraiser should send this form to the local Appraisal Co-ordinator and the Revalidation Support Unit.

(Date)

Addressee Only

<u>Name of Doctor:</u>	<u>GMC Number:</u>
<u>Doctor’s HB Area</u>	<u>Date of Appraisal:</u>
<u>Name of Appraiser:</u>	<u>Date discussed with (patch) AC:</u>
<u>Date doctor was notified of Non Engagement:</u>	<u>How was the doctor notified: i.e. letter</u>

The following checklist form should be used by an Appraiser to record details of the concern. The reasons stated below are suggestions and are not an exhaustive list of areas that may be identified by an Appraiser as non-engagement. Any other areas should be documented in the ‘other’ category below. Please include any suggestions for the doctor to consider before his/her Appraisal.

Please delete area/s as appropriate and provide as much detail as possible regarding your non-engagement case.

Repeated Reschedules:

Comments:

Feedback suggestions:

Failure to agree to appraisal date within 1 month with Appraiser after formal letter/e-mail from AC.

Comments:

Feedback suggestions:

Sufficient materials is not provided at least 2 weeks prior to the appraisal discussion

Comments:

Feedback suggestions:

Other

Comments:

Feedback suggestions:

Appraiser

Cc Appraisal Co-ordinator

Revalidation Support Unit

A2: Letter from Appraiser to GP

Ref: 3.3.1.2 Insufficient appraisal materials provided 2 weeks prior to the appraisal meeting

(Date)

Addressee Only

Dear (Doctor)

Re: Insufficient appraisal materials

I have now had a chance to look at your appraisal material in preparation for our appraisal meeting.

Unfortunately the materials are not sufficient to enable me to prepare meaningful feedback on your personal development. I do not believe that you would be able to derive maximum benefit from your appraisal discussion based on these materials. Therefore I am postponing the meeting. Please contact me within **1 month** from receipt of this correspondence so that we can arrange an alternative date.

Before you undertake your appraisal discussion, I suggest that you review your appraisal information and consider the following suggestions:

- ...
- ...

If you need any support or guidance in reviewing your appraisal information you can contact the Revalidation Support Unit (marswales@cf.ac.uk).

I look forward to hearing from you

Yours sincerely

Appraiser

Cc Appraisal Co-ordinator/s

Revalidation Support Unit

A3: Appraiser Checklist Form:**Ref: 3.3 Non-engagement identified during the Appraisal discussion**

The Appraiser may identify during an appraisal discussion an area/s of a doctor's non-engagement in the appraisal process. The Appraiser should send this form to the local Appraisal Co-ordinator and the Revalidation Support Unit. The Revalidation Support Unit will then inform the doctor and provide a copy of the form.

(Date)

Addressee Only

<u>Name of Doctor:</u>	<u>GMC Number:</u>
<u>Doctor's HB Area</u>	<u>Date of Appraisal:</u>
<u>Name of Appraiser:</u>	<u>Date discussed with (patch) AC:</u>
<u>Date doctor was notified of Non-engagement:</u>	<u>How was the doctor notified: i.e. letter</u>

The following checklist form should be used by an Appraiser to record details of the concern. The reasons stated below are suggestions and are not an exhaustive list of areas that may be identified by an Appraiser as non-engagement. Any other areas should be documented in the 'other' category below. The Appraiser should include any suggestions that can be feedback to the doctor to consider before his/her next appraisal.

Please document below exactly what you told the doctor about your concerns over non-engagement during the Appraisal discussion. Please note below any response received from the doctor after you notified them of your concerns.

Please delete area/s as appropriate and provide as much detail as possible re: your non-engagement case.

Preparation i.e. lack of preparation as to the purpose of the discussion and / or lack of familiarity with events included in the folder.

Comments:

Feedback suggestions:

A continued lack of communication / willingness to discuss events that prevents a meaningful discussion from taking place. There may be areas the doctor considers confidential and may not wish to discuss further which is acceptable.

Comments:

Feedback suggestions:

Fulfilment of Personal Development Plan i.e. none or little personal development has been undertaken in the previous 12 months since the doctor's last Appraisal. If extenuating circumstances are identified in the discussion, and or if alternative personal development has been undertaken due to doctor's circumstances changing, this is perfectly acceptable and can be documented.

Comments:

Feedback suggestions:

Other

Comments:

Feedback suggestions:

Appraiser

Cc Appraisal Co-ordinator/s

Revalidation Support Unit

AQ1: Standard reminder email from the website to doctors who have not arranged an appraisal date within their AQ

Note: this reminder to be sent automatically via MARS to all doctors who have not arranged an appraisal date 2 quarters prior to their AQ; and again to all doctors who have not arranged an appraisal date 1 quarter prior to their AQ

Dear NAME SURNAME,

Please do not reply. This is an automated email generated by the Wales Medical Appraisal Revalidation System (MARS).

You do not appear to have chosen an appraiser yet for your current appraisal year.

In order to secure your choice of appraiser and arrange a date within your Allocated Quarter you are urged to log into your MARS appraisal account and make your appraiser selection as soon as possible.

If you already have an appraiser, but have not yet set a date on the website for your appraisal meeting, please ignore this e-mail.

*** Please do not reply. This is an automated email generated by MARS***

AQ2: Standard reminder email from the website to doctors who have not arranged an appraisal date within their AQ

NOTE: to be sent automatically to all doctors who have still not arranged an appraisal on day 1 of the doctor's AQ

Dear NAME SURNAME,

Please do not reply. This is an automated email generated by the Wales Medical Appraisal Revalidation System (MARS).

You have not yet selected an Appraiser, despite now being in your Allocated Quarter for appraisal. You are reminded that annual appraisal is a GMC requirement for Revalidation. Please log in to your MARS appraisal account as soon as possible and make your appraiser selection.

If there are any extenuating circumstances which are preventing you from undertaking your appraisal, please contact your Health Board and the Revalidation Support Unit as soon as possible.

If you are having any difficulties arranging your appraisal, please do not hesitate to contact the Revalidation Support Unit on 02920 687509 or marswales@cardiff.ac.uk so that we can assist with securing an Appraiser.

*** Please do not reply. This is an automated email generated by MARS***

AQ3: Standard reminder email from Unit to doctors who have not completed an Appraisal within their AQ

Note: this is to go out to all doctors who are overdue, i.e. on the first day of the quarter after their AQ

Private and Confidential

Dear (Doctor)

We are writing to advise that you have fallen outside of your Allocated Quarter, (QUARTER), for your appraisal.

You will need to arrange an appraisal via the MARS website at the earliest opportunity.

If you are having any difficulties arranging your appraisal please do not hesitate to contact us so that we can assist with securing an appraiser. If you fail to arrange an appraisal within this quarter, you will no longer be able to select an appraiser via MARS and will have to contact us so that we can do so for you.

Also, if there are any extenuating circumstances which have/will prevent you from undertaking your appraisal, please contact your Health Board and the Revalidation Support Unit as soon as possible.

As you are aware, it is your responsibility to arrange an annual appraisal to meet the requirements of your Health Board contract and the GMC requirements for revalidation of your Licence to Practise.

Please note that failure to complete an appraisal within the required timescale will result in action from your Health Board.

If you have any questions regarding this letter please do not hesitate to contact the MARS Service Desk, on tel. 029 20 687509 or email marswales@cardiff.ac.uk

Please ignore this reminder if you have already booked your appraisal.

Yours sincerely

Revalidation Support Unit

AU1: Letter/E-mail from Revalidation Support Unit to GP

Ref: 3.3.1.1 Non-engagement identified prior to the Appraisal discussion, Doctor does not agree Appraisal date within 8 weeks of selecting an Appraiser.

(Date)

Addressee Only

Dear (Doctor)

Re: Non-agreement of appraisal date

You will have received an e-mail and / or letter from your local Appraisal Co-ordinator asking you to confirm a date for an appraisal discussion with your appraiser within 1 month. You will be aware that your appraiser has been trying to contact you for some time now to agree this date, and to ensure that a mutually convenient time can be agreed.

The Appraisal Co-ordinators have now all taken this action to help our appraisers manage their workloads, as the appraisers cannot plan their time effectively if they do not know when appraisals are going to take place.

As you have failed to confirm a date for your appraisal discussion within the required timescale, I am writing to inform you that you have now been **removed from your appraiser's appraisal schedule** on the online appraisal system (MARS).

You will now need to re-enter the process of selecting an appraiser by returning to the 'Select an Appraiser' section of MARS. Once you have been accepted by a new appraiser, they will contact you to confirm a date for your appraisal meeting.

If you have any difficulties with this process please do not hesitate to contact us at the Revalidation Support Unit via: marswales@cf.ac.uk.

Yours sincerely

Appraisal Manager

Cc Appraisal Co-ordinator

AU2: Letter from Revalidation Support Unit to GP

Ref: 3.3.2 Non-engagement identified during the Appraisal meeting.

(Date)

Addressee Only

Dear (Doctor)

Re: Non-Validation of Appraisal

We are writing to confirm that during / after your recent appraisal meeting you were informed by your appraiser that they identified an* area/s* of non – engagement. The area/s* highlighted were (please delete non-applicable areas):

- Insufficient / unsuitable folder material*
- Reflection*
- Knowledge of the appraisal Process*
- Preparation*
- Communication / Willingness to Discuss Events*
- Professional & Meaningful discussion of GP's own CPD*
- Fulfilment of Personal Development Plan*
- Other*

Please see the enclosed form that has been completed by your appraiser for further information.

The Revalidation Support Unit is unable to validate you recent appraisal meeting which means you will not appear on your Health Board (HB) statistics as having undertaken an appraisal.

Before you reschedule your appraisal meeting, your appraiser has recommended that you review your appraisal information and consider the following suggestions:

□...

□...

If you require any support or guidance in preparing for your next appraisal you can contact the Revalidation Support Unit (marswales@cf.ac.uk).

We recommend you complete an appraisal meeting within 3 months of this date with an appraiser of your choice* / we will allocate you an appraiser / your local Appraisal Co-ordinator*. Please contact the Revalidation Support Unit where they will help you to arrange your appraisal meeting.

Yours sincerely

Appraisal Manager

Cc Medical Director
Appraisal Co-ordinator

AU3: Letter from Revalidation Support Unit to the HB Ref: 3.3.3 Non- Engagement after the Appraisal Discussion

(Date)

Addressee Only

Dear (Name)

Re: Non-Agreement of GP Appraisal Summary

I am writing to inform you that (*insert doctor's name*) undertook their appraisal meeting on (*insert date*). It remains the doctor's responsibility to agree their Appraisal Summary in order to demonstrate full engagement with the appraisal process.

The doctor received an automated e-mail reminder 24 days after the summary was committed to request they log on to the online appraisal system (MARS) and agree their Appraisal Summary.

The Revalidation Support Unit has received no contact from the doctor to either request any amendments to the Appraisal Summary or to raise any extenuating circumstances for non-completion.

The Unit is officially referring this case to you at the HB for consideration to determine if the appraisal should be non-validated.

If you have any further queries please do not hesitate to contact me.

Yours Sincerely

Appraisal Manager

Cc Appraisal Co-ordinator

AU4: Letter from Revalidation Support Unit to GP
Ref: 3.4 serious concerns from Revalidation Support Unit to the GP

(Date)

Addressee Only

Dear (Doctor)

Re: Postponement of MARS appraisal account

As you will be aware appraisal became a contractual obligation for GPs as a requirement of their contracts with their Health Boards (HBs) from April 2004. The Revalidation Support Unit assists in the provision of the on-line appraisal system (MARS) to help doctors organise and achieve their appraisals.

You may be aware that we work in conjunction with Health Boards (HBs) who provide information that feeds into MARS. We received a request from your HB in (month) to postpone your MARS appraisal account as we were informed that you were currently undergoing *Local performance procedures / GMC investigation / NCAS investigation*.

Therefore your appraisal has now been deferred and your appraisal meeting will not take place. This is in line with our Exceptions Management Protocol and Operating Procedures which can be accessed at Marswales.org

Your MARS appraisal account will remain active and we would encourage you to carry on with your Continuing Professional Development (CPD) and continue compiling your appraisal information during this period. Any future educational activities may be included in your next appraisal discussion. The only parts of the process you will be unable to participate in are choosing an appraiser and undertaking a discussion.

Once we are advised by your HB of any outcomes of your referral that may change your deferred status we will re-enter you into the appraisal system and help you organise an appraisal meeting. The outcomes of the referral will be used to inform your personal development plan (PDP).

If you have any further queries regarding this process please contact either myself or your HB.

Yours Sincerely

Appraisal Manager

Cc HB

Appraisal Co-ordinator

ELA

AU5: Letter from Revalidation Support Unit to the GP
Ref 3.4: Reinstatement on MARS

(Date)

Addressee Only

Dear (Doctor)

Re: MARS appraisal account reinstatement

The Revalidation Support Unit has received written confirmation on from your Health Board (HB) to reinstate your MARS appraisal account.

You will need to complete an appraisal within 12 months of being reinstated to ensure you meet your contractual obligations and the requirements of revalidation. We have therefore placed you in the allocated quarter. We will be allocating you an appraiser who will contact you shortly to organise a convenient date, time and venue for your appraisal meeting.

In the meantime we would encourage you to start or continue compiling your appraisal information. If you have not already done so you will need to register with the online appraisal system MARS at www.marswales.org. For any further guidance on this you can refer to the guidance materials which are located in the Library section of the above website.

You should also ensure that you include in your appraisal information any areas that may have been identified through needs assessment or investigative processes that are currently ongoing.

If you require any further information do not hesitate to contact the Revalidation Support Unit e-mail: marswales@cf.ac.uk

Yours sincerely

Appraisal Officer

Cc Appraisal Co-ordinator

HB

AU6: Letter from Revalidation Support Unit to the GP

Ref 1.4 obtaining an appraiser when your appraisal is overdue

Note: to be sent to doctors who are 3 months overdue i.e. at the end of the quarter after their AQ

(Date)

Addressee Only

Dear (Doctor)

Re: Obtaining an appraiser

We note that you did not arrange an appraisal within your Allocated Quarter, which has now passed. Therefore you will no longer be able to choose an appraiser via the MARS website.

Please contact the Revalidation Support Unit as soon as possible for help in securing an appraiser who will contact you with a date, time and venue for your appraisal meeting in order that you can complete your appraisal as soon as possible.

In the meantime we would encourage you to start or continue compiling your appraisal information using the online appraisal system MARS at www.marswales.org.

For further guidance on MARS you can refer to the guidance materials which are located in the Library section of the above website.

If you require any further advice or guidance please contact me at appraisalofficer@cf.ac.uk / 029 20 687506

Yours sincerely

Appraisal Officer

Cc Appraisal Co-ordinator, HB

WP1: Letter from Appraiser to Doctor

Ref: 2.5.1 Non-Inclusion of performance review for role/s outside of GP

WP1: Letter from appraiser to Doctor

(Date)

Addressee Only

Re: Non-Inclusion of peer review for role/s outside of GP

Dear (insert doctor name)

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

- This role/s is outside the scope of GP and as your GP appraiser I would not be able to validate information provided about this role/s in a meaningful way.

- This role/s is a substantial role.

- Insufficient evidence for this role/s [The doctor's PDP objectives, agreed during their previous appraisal meeting, relating to this role/s have not been completed].

I have documented in this year's appraisal summary that a peer review will be required to be included for next year. As we discussed it is essential that you include this as supporting documentation in your appraisal next year (insert year) if you continue within the role/s. It is also necessary for you to contact your Responsible Officer (RO) (insert contact) for advice regarding the frequency of peer review/s in 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 performance review has been undertaken. Yours sincerely

(insert Appraiser name)

Cc Appraisal Coordinator

Appraisal Officer (appraisalofficer@cf.ac.uk)

An example of a template that can be used to this effect is as follows:

Template for Review in Other Roles

To Whom It May Concern

I am aware of the role that Dr. (insert name) performs as (insert role) at (insert place of work or organisation). This role is not subject to annual appraisal, simply review of performance. In my capacity as (supervisor/peer/specialist in this area), I confirm that Dr. (insert name) is suitably trained and maintains his/her skills and knowledge commensurate to the role. He/she performs to a satisfactory level and there are no unaddressed concerns about their practice.

Name

Signature

Date

This process is intended to be supportive of doctors in their attempt to obtain the necessary evidence for Whole Practice Appraisal from the relevant bodies

Yours sincerely

Appraiser

Cc Appraisal Coordinator

Appraisal Officer (appraisalofficer@cf.ac.uk)

WP2: Letter from Appraisal Co-Ordinator to Responsible Officer

Ref: 2.5.1 Non-Inclusion of performance review for role/s outside of GP for consecutive years

(Insert Date)

Addressee Only

Re: Non Inclusion of performance review for *role /s* outside of GP for consecutive years

Dear *(insert RO)*

I am writing to provide you with formal notification *(Insert doctor's full name) (insert GMC number)* has undertaken two Appraisals *(insert date 1)* 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 lead appraiser is not able to validate the doctor is satisfying the GMC requirements for whole practice Appraisal.

Unfortunately it appears that the doctor hasn't approached you for advice regarding the frequency of their peer review/s *(delete as appropriate)*.

As you are the doctor's nominated RO, this case is referred 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

Cc Appraisal Officer (appraisalofficer@cf.ac.uk)

WP3: Letter from Appraisal Co-Ordinator to Responsible Officer

Ref: 2.5.1 Repeated Non-Inclusion of performance review for role/s outside of GP

(Insert Date)

Addressee Only

Re: Repeated Non Inclusion of performance review for *role /s* outside of GP

Dear *(insert RO)*

I am writing to provide you with formal notification *(Insert doctor's full name) (insert GMC number)* has undertaken *(insert number)* of Appraisals.

- The doctor has received a WP1 on *(include date)* and WP2 on *(include date)* for role/s as *(include 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 their Appraisal on the above role/s, and for advice regarding the frequency of peer review/s.

Unfortunately the Appraisal folder has on the above occasions not included *any / limited (delete as appropriate)* supporting documentation for the above role/s. Therefore the lead appraiser is not able to validate the doctor is satisfying the GMC requirements for whole practice Appraisal *(delete as appropriate)*.

Unfortunately it appears that the doctor hasn't approached you for advice regarding the frequency of their peer review/s *(delete as appropriate)*.

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

Cc Appraisal Officer (appraisalofficer@cf.ac.uk)

Part 6: Allocated Quarter Change Form
--

Last Name	
First Name	
GMC. No	
Email Address	

Please complete the relevant section below and return to the Revalidation Support Unit via marswales@cardiff.ac.uk

AQ Change:

Reason for allocated quarter change request: (if you are experiencing extenuating circumstances please provide brief details of these)	
Dates of absence from work: Or Date maternity leave began:	
Date of return to work: (If you do not have a definite return date, please complete an estimate return date if possible)	
Date of Revalidation (if known):	

Appraiser Choice Reset/Appraisal Cancellation:

Reason for Appraiser choice reset/appraisal cancellation:	
Date of Revalidation (if known):	

Please note that on completion of the above information, the Revalidation Support Unit will review your request and change your allocated quarter/reset your Appraiser choices/cancel your appraisal as appropriate. For Appraiser choice reset and appraisal cancellation, authorisation may be required from your Appraisal Coordinator. You will be informed of the outcome by email.

We would also like to highlight that as part of the Allocated Quarter Protocol, your relevant health board will be informed of the change to your allocated quarter.

A copy of the Allocated Quarter Protocol can be downloaded from:

<https://gp.marswales.org/default/library>

Many Thanks.

For office use only:

GP:

Is out of quarter (late)

Is a governance case

Has a history of non-engagement

Is in their allocated quarter

Is consistently late having appraisal

Has not yet reached their allocated quarter

Appraiser reset/Appraisal cancellation authorisation required by:

RSU

AC

Form sent to AC on:

Comments: