

# Communication Protocol

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## ARRANGEMENTS FOR GP APPRAISAL IN NORTHERN IRELAND

Under the Medical Act 1983 the law gives the General Medical Council four main functions:

- Keeping up to date registers of qualified doctors
- Fostering good medical practice
- Promoting high standards of medical education and training
- Dealing firmly and fairly with doctors whose fitness to practise is in doubt.

The stated purpose of the GMC is to protect promote and maintain the health and safety of the public by ensuring proper standards in the practise of medicine.

Revalidation is a method of regulating licensed doctors which aims to give extra confidence to patients that doctors are up to date and fit to practise.

Revalidation commenced from the 3rd December 2012, with the majority of doctors being revalidated by March 2016.

Licensed doctors will need to revalidate, usually, every five years which requires them to have regular appraisals that are based on the General Medical Council's guidance for doctors, the Good Medical Practice Framework for Appraisal and Revalidation.

The process of revalidation is underpinned by the Responsible Officer Regulations

Each Responsible Officer is required to maintain a list of doctors that have a prescribed connection to their designated body.

The Designated Body for the majority of General Practitioners on the NI Primary Medical Performers List (NI PMPL) is the Strategic Planning and Performance Group (SPPG) and the Responsible Officer (RO) sits within the SPPG. There are two exceptions to this;

- Doctors in training who are included in the NI PMPL have a prescribed connection to, and so an RO within, NIMDTA.
- GPs on the NI PMPL who are also included in a Performers List outside NI and undertake the majority of their work outside NI have a prescribed connection and RO in accordance with the majority of their work. It is expected that these doctors will be appraised outside NI rather than by NIMDTA.

It is expected that NIMDTA will establish systems for recording the full range of practice of the appraising GPs, and will ensure that they appraise only those doctors with a prescribed connection to the Responsible Officer of the SPPG based on an analysis of the data set provided by the GP on the Registration and Declaration form (e.g. time spent practising in and outside Northern Ireland).

The Responsible Officer makes recommendations to the General Medical Council (GMC) regarding an individual doctor's Fitness to Practise. Based on this recommendation the GMC issues that doctor with a licence to practice.

The appraisal system is therefore an essential and integral component of the revalidation process.

GP Appraisal in Northern Ireland is managed by NIMDTA and the GP Appraisal Central Board of Management.

The Central Board of Management (CBM) has the following members;

Regional Appraisal Co-ordinator (NIMDTA)

NIMDTA representative

Representative of the SPPG Responsible Officer

Representative from DoH

Representative GPC (NI)

Representative from NISDA

Representative RCGP (NI)

Patient and Public representative

NIMDTA works in close collaboration with the Health and Social Care Board to manage and deliver quality assured annual appraisal to GPs on the Northern Ireland NI PMPL who have a prescribed connection to the SPPG Responsible Officer. The appraisal process is facilitated with funding from the DoH.

### **How appraisal will inform revalidation decisions**

Doctors will need to have a regular appraisal based on the GMC's core guidance 'Good Medical Practice', The GMC's appraisal framework advises doctors about the professional values they need to show they are meeting in their everyday practice.

The Responsible Officer will make a recommendation to the GMC, usually every 5 years, that the doctor is up to date and fit to practise and should be revalidated. They will make the recommendation based on the doctor's appraisals over the last 5 years and other information gathered from the clinical governance systems of the organisations for which they work.

Once the GMC receives a recommendation from the Responsible Officer it will carry out a series of checks to ensure there are no other concerns about that doctor. If there are no such concerns the GMC will revalidate the doctor. This will mean that the doctor can continue to hold their licence to practise.

The RO has a number of regulatory requirements to comply with including Regulation 9 (2a) and 3:

*“(2a) to ensure that the designated body carries out regular appraisals on medical practitioners in accordance with paragraph (3);”*

and;

*“(3) The responsible officer must ensure that appraisals carried out under paragraph (2a) obtain and take into account all available information relating to the medical practitioner's fitness to practise in the work carried out by the medical practitioner for the designated body and for any other body, during the appraisal period.”*

In effect this means that the doctor must assure the Responsible Officer via the appraisal process using the evidence brought to the appraisal that in all areas of their work they are fit to practise and keeping up to date.

The Responsible Officer can make one of three statements to the GMC:

- A positive recommendation that the doctor is up to date and fit to practise
- A request to defer the date of the recommendation in specific circumstances and within specified timeframes set by the GMC
- A notification of the doctor's non-engagement in the revalidation process.

The GMC will then make a decision about the doctor's revalidation based on that statement and if appropriate renew the doctor's licence to practise.

Further details regarding the recommendation and revalidation process can be accessed on the GMC website:

<http://www.gmc-uk/org/doctors/revalidation>

In light of the Responsible Officer's responsibilities under regulation, the RO for GPs on the NI PMPL will require to have access to information relating to appraisal for individual GPs. This will include access to Registration and Declaration Forms and Form 6s held by NIMDTA. Some doctors will be asked to provide full Form 4s to the SPPG Responsible Officer for review. SPPG will contact GP appraisees directly in this regard. Revalidation dates of individual doctors will be shared between SPPG and NIMDTA in order to facilitate the efficient administration of the revalidation process. Confidentiality will be in accordance with NIMDTA's corporate policy.

## INTRODUCTION TO APPRAISAL

### Principles:

#### GP Appraisal;

- Is a cornerstone of revalidation
- Is based on *Good Medical Practice*
- Is underpinned by evidence collected by the doctor based on the GMC's guidance
- Is a systematic and regular review of past achievements with constructive planning for future progress
- Is a continual process and forms part of a learning culture
- Is a positive and supportive process especially where a doctor may be experiencing difficulties in his/her professional role
- Contributes to Quality Improvement in Primary Care

**Responsibility:** The aim of the GP Appraisal process is to make annual developmental appraisal with a trained peer appraiser available to GPs on the Primary Medical Performers List (NI PMPL) in Northern Ireland and provide support to them for the revalidation process.

#### Breakdown of appraisals completed:

APPRAISAL YEAR	No. of completed appraisals
2006 - 2007	1340
2007 - 2008	1383
2008 - 2009	1443
2009 - 2010	1484
2010 - 2011	1512
2011 - 2012	1520
2012 - 2013	1539
2013 - 2014	1525
2014 - 2015	1545
2015 - 2016	1542
2016 - 2017	1572
2017 - 2018	1585
2018 - 2019	1593
2019 - 2020	1564 ** (1622 if "approved missed appraisals" included)

\*\* Due to the crisis related to the covid-19 pandemic, the 2019-20 appraisal year was suspended by the NI Chief Medical Officer on 23<sup>rd</sup> March 2020. A total of 58 appraisals that were scheduled on or after 23<sup>rd</sup> March 2020 did not therefore take place. These were termed "approved missed appraisals". GPs making application for inclusion in the NI PMPL undertake to participate in appropriate and relevant appraisal. Participation in annual appraisal became an obligation for GPs in Northern Ireland as a requirement of their GMS contracts with the Legacy HSS Boards from April 2004. It remains the responsibility of the SPPG to review GPs and their completion of appraisal at appraisal year end in order to meet clinical governance requirements. NIMDTA monitors appraisal activity and informs the SPPG where GPs have not registered for appraisal so that they can be made aware of their obligations to do so. This also ensures that GPs will meet the requirements for revalidation.

In order to facilitate these aims this Communication Protocol outlines the responsibilities of NIMDTA and the SPPG.

NIMDTA has a network of 7 lead appraisers (LAs) who each lead a team of GP appraisers. The GP appraisers are responsible for appraisal across Northern Ireland and cover all the geographical areas. The LAs report to the Regional Appraisal Co-ordinator (RAC) based in NIMDTA.

The lead appraisers communicate with the RAC regarding concerns in relation to appraisal and the RAC will communicate with the Responsible Officer of the SPPG as required.

The GP appraisal administrative team is based in NIMDTA.

The GP appraisal year in Northern Ireland runs from 1<sup>st</sup> April in the current year until the 31<sup>st</sup> March of the following year. At the end of each appraisal year NIMDTA and the SPPG reconcile the list of GPs who have completed an appraisal and those GPs on the NI PMPL. Where this reconciliation identifies that a GP has not completed appraisal and does not have extenuating circumstances agreed with the SPPG, the implications of this for revalidation will be discussed with the GMC's Employer Liaison Adviser. This is likely to result in the doctor's revalidation date being brought forward and potentially to a non-engagement statement being made by the SPPG RO to the GMC.

The GP revalidation team is based in SPPG. Any queries with regard to revalidation should be directed to the SPPG revalidation team by email [gprevalidation@hscni.net](mailto:gprevalidation@hscni.net) or telephone 028 95363926.

## SCOPE OF THE PROTOCOL

This protocol outlines principles, processes and procedures for appraisal relating to the following issues:

- Regular communication between NIMDTA and SPPG
- Inclusion on the Primary Medical Performers List
- Serious concerns about a doctor's fitness to practise, identified by the SPPG or the appraiser
- Areas for development for a doctor identified by the SPPG
- Conditional Inclusion/ Contingent Removal from NI PMPL
- GPs registered with warnings, conditions or undertakings at the GMC
- Suspension by GMC
- Extenuating circumstances for non-completion of appraisal
- Non-participation in the appraisal process identified by NIMDTA, SPPG or appraiser, and implications of this for revalidation
- Complaints / Appeals Procedure
- Doctors working in roles outside daytime GMS e.g. Solely Out of Hours
- Appraisal for GPs working for other organisations
- Standard transfer of information letter

### Regular Communication

The RAC will be in close communication with the SPPG RO through regular meetings as required.

The SPPG RO will regularly receive from NIMDTA:

- Updates on important developments of the appraisal system in Northern Ireland.
- Lists of participating practitioners (all who have registered and those who have completed appraisal).
- A copy of the appraisal annual report.
- Updated contact details of all GPs to assist the RO in communicating with doctors in their designated body.
- Notification that individual doctors have completed a signed-off appraisal which meets GMC requirements for revalidation in each appraisal year.

The Transfer of Information form will be used to communicate information between NIMDTA and SPPG regarding individual circumstances.

From NIMDTA the Central Board of Management will regularly receive:

- Updates on important developments of the appraisal system in Northern Ireland
- Yearly progress reports
- An amalgamated copy of the appraisal annual reports

The RAC will be in close communication with lead appraisers and appraisers and will regularly receive:

- Minutes of the quarterly team meetings
- Updates on areas of concern or development in the GP appraisal system

An environment of good communication and transparency will be fostered within GP appraisal. Confidentiality will be preserved at all times and sharing of information will be on a 'need to know' basis.

The information provided to NIMDTA by individual GPs will be shared with the SPPG to enable the RO to meet the requirements set out in the RO Regulations.



## 1. NI PMPL (PERFORMERS LIST)

### **Joiners to the Performers List, including recent ST3 GP Trainees**

#### **Principles:**

The NI PMPL is held by the Business Services Organisation and is available on-line.

GPs may join the Performers List at any time during the year. Many of these will be GPs who have recently completed GP Specialty Training, but a range of other GPs may apply to join the list at any time.

As soon as a GP joins the list they are subject to the requirement to undertake an annual appraisal.

It may be unreasonable to expect new joiners to undertake an appraisal within a period of less than a year, e.g. by 31st March of any given year. New joiners will generally be required to undertake an appraisal within one calendar year of joining the list (although different timescales may be considered appropriate in some cases). NIMDTA will be advised by the SPPG in specific cases.

GPs that have already completed an appraisal will not be expected to complete another appraisal in the same year as long as they can provide acceptable confirmation of their participation in a recognised scheme. The SPPG will seek information from an appraising organisation or the Responsible Officer with whom the GP has previously had a connection as necessary.

#### **Process / Procedures:**

When new GPs are advised by the BSO on behalf of SPPG that they have been accepted onto the NI PMPL they will be informed about the requirement to participate in appropriate and relevant appraisal.

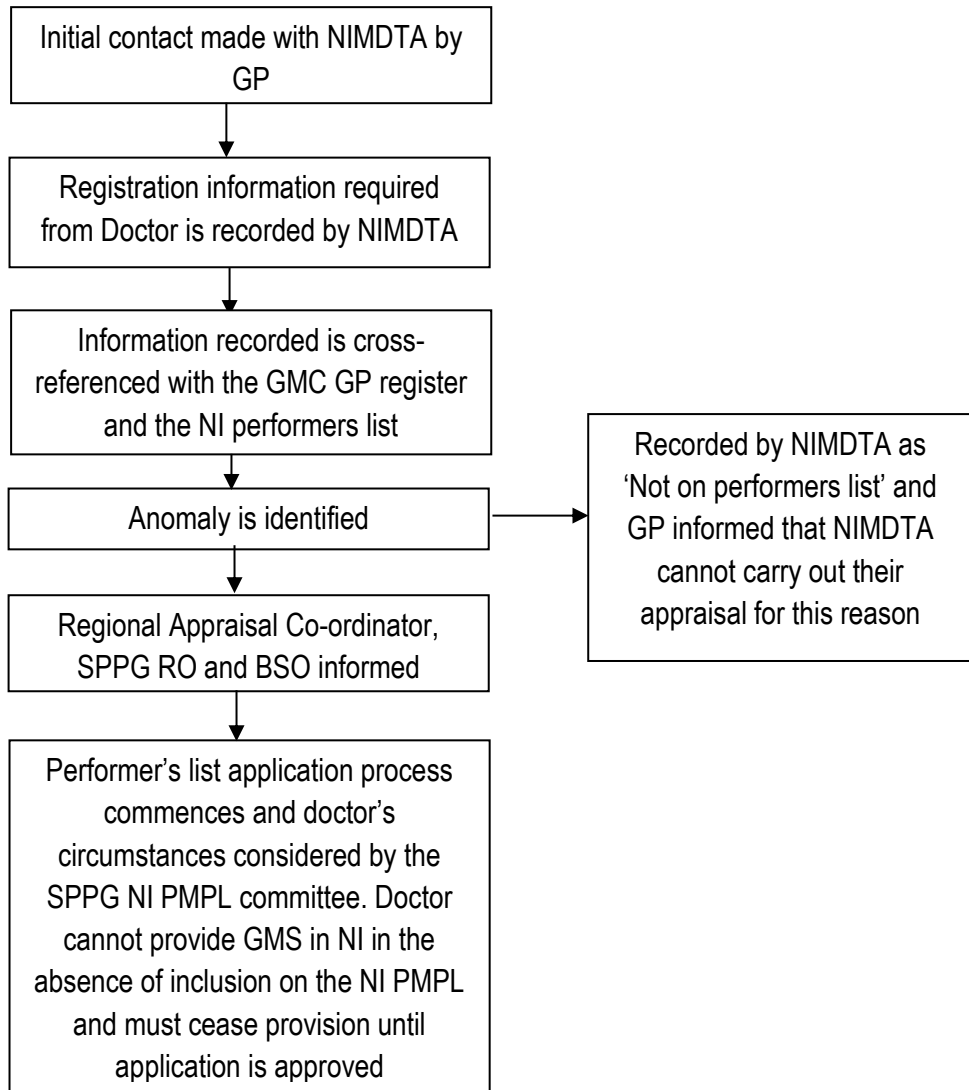
### **Doctors identified by NIMDTA as not appearing on Performers List**

#### **Principles:**

On being admitted to the Performers List a GP gives an undertaking to participate in appropriate and relevant appraisal. Like-wise a GP cannot undertake appraisal with NIMDTA unless they are included in the NI PMPL.

If it comes to the attention of NIMDTA that a doctor has already undertaken or applies to undertake his/her appraisal and is not on the NI Performers List NIMDTA will inform the Business Services Organisation (BSO) and the SPPG. The SPPG will contact the doctor as a matter of urgency and advise that they must cease provision of GMS in NI immediately.

**Process:**



**Procedures:**

The GP registers with NIMDTA to enter into the GP appraisal process; unless they are on two or more Performer's Lists and do more GMS work outside NI in which case their Responsible Officer will be in the organisation with responsibility for the Performers List in the area in which they do the majority of their work. The GP is then cross-referenced with the GMC GP Register to identify their status and then further cross-referenced with the NI PMPL.

After cross referencing has taken place and NIMDTA has identified that the GP is not included on the NI PMPL, NIMDTA will write to the relevant person in the Business Services Organisation (BSO) and the SPPG to highlight this discrepancy.

In addition prior to an appraisal the appraiser will check the status of the appraisee on the GMC register and the NI PMPL, highlighting any discrepancies. This is necessary since in the interval between registration for appraisal and the appraisal taking place the GP's status on the lists may have changed.

The doctor is directed by the BSO on the application process to join the performers list. Any concerns with individual applications are considered by the SPPG NI PMPL Committee. NIMDTA records the doctor on the appraisal database as 'Not on Performers List'.

#### **Doctor on NIPL but RO not in NI**

When a doctor applies to be appraised in NI, NIMDTA will check the identity of their Responsible Officer. If the RO is not in NI then NIMDTA will clarify the situation with the applicant and if necessary discuss with SPPG

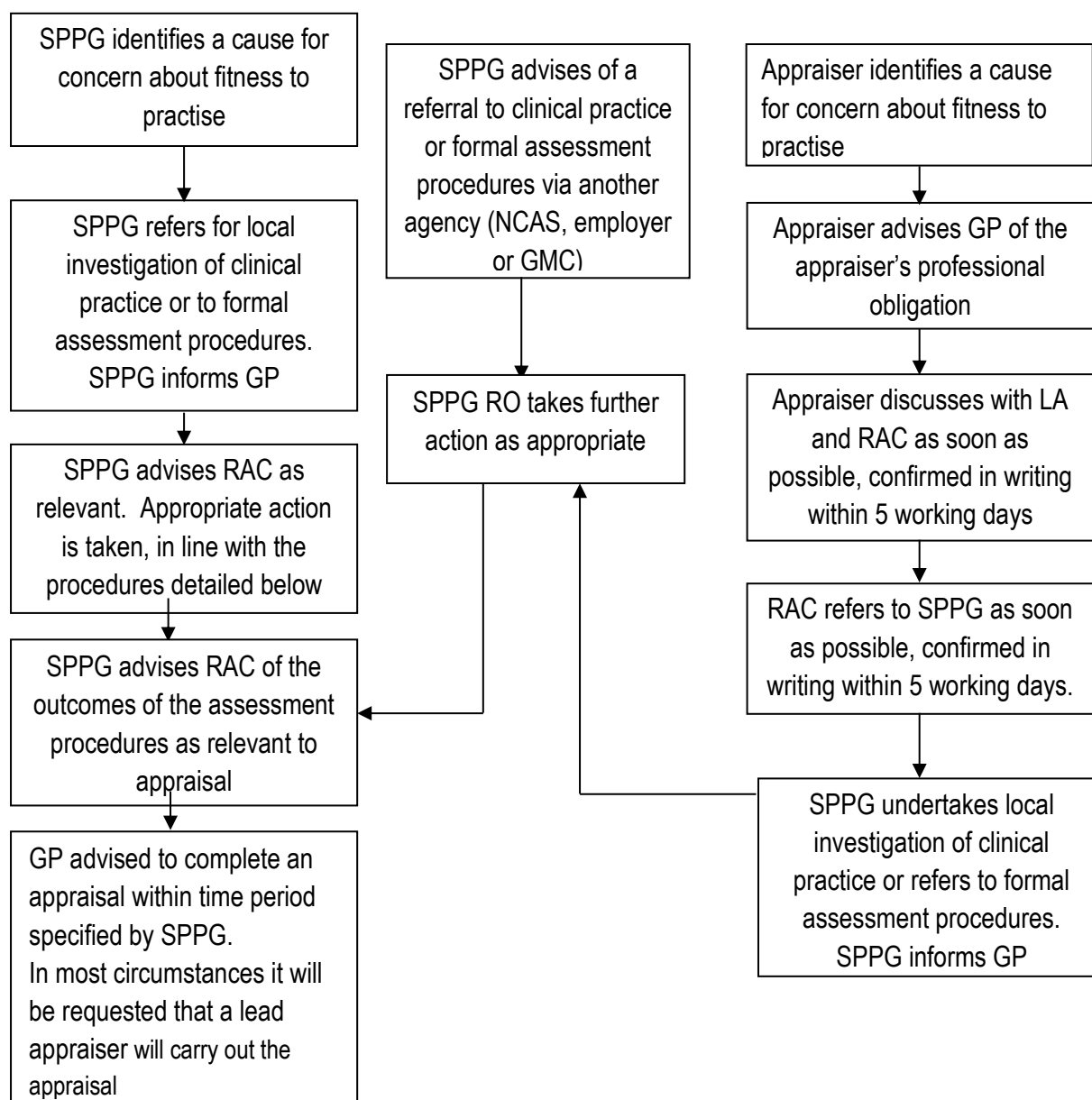
## 2. SERIOUS CONCERNS IDENTIFIED BY NIMDTA AND SPPG and GMC UNDERTAKINGS

### 2.1. Concerns Managed Locally

#### **Principles:**

- Taking action regarding concerns that a doctor's conduct, health or performance is compromising patient safety is ultimately the responsibility of the SPPG.
- If an appraiser identifies such a concern they will advise their lead appraiser and the RAC who will inform the SPPG RO.
- Such doctors will be dealt with by the SPPG outside the appraisal process, through local investigative or assessment procedures.
- The GP can continue with their CPD and go on with compiling their appraisal folder during this period and it will be included in their next appraisal.
- NIMDTA will seek direction from the SPPG as to whether an appraisal should proceed in each individual case. Advice will be sought from the SPPG Regional Professional Panel (RPP) as appropriate.
- The SPPG may inform the Appraiser and the Appraisee of issues it wishes to see addressed through the appraisal process if suitable.

#### **Process:**



### **2.1.1 Issues identified by the Health and Social Care Board (SPPG)**

The SPPG is responsible for dealing with general practitioners whose conduct, health or performance is considered to compromise patient safety and will refer such cases to the GMC as appropriate. Such doctors should be dealt with ***largely outside*** of the appraisal system.

In such cases, the SPPG will notify the Regional Appraisal Co-ordinator ideally within 2 weeks of making or becoming aware of a referral to the GMC or of any concerns or referrals it makes to other bodies, as appropriate. The SPPG will liaise with the Regional Appraisal Co-ordinator.

In the case of referrals to the NHS Resolution's Practitioner Performance Advice Service (formerly the National Clinical Assessment Service, NCAS) or the GMC, or a local investigation into concerns, the appraisal may be deferred if the timescale is too short for adequate appraisal preparation. Where appropriate, the SPPG may liaise with NIMDTA to facilitate delivery of any CPD needs identified or appraisal recommendations from a third party e.g. Practitioner Performance Advice Service, GMC or the Regional Professional Panel of the SPPG.

In the case of referral to local procedures, the SPPG will keep the Regional Appraisal Co-ordinator informed, as appropriate. The SPPG and the Regional Appraisal Co-ordinator will liaise over the course of action to be taken in relation to appraisal.

In cases where an appraisal has been deferred, the SPPG will advise the Regional Appraisal Co-ordinator ideally within 2 weeks following the knowledge of the outcomes of a referral or local investigation.

During the period of any deferral of appraisal the GP can continue with their CPD and go on with compiling their appraisal folder. They can also seek advice and support from NIMDTA and the SPPG.

When appropriate, and with the agreement of all parties, the doctor will re-enter the appraisal system and a lead appraiser will be available to carry out the appraisal of that doctor within one month of the notification. The outcomes of any referral or investigation will be used to inform the GP's personal development plan for the following year.

In the case of local investigation that is likely to be on going during the doctor's appraisal year, such that the doctor would miss out on an entire appraisal cycle, the SPPG will liaise with the Regional Appraisal Co-ordinator to ascertain whether an appraisal can proceed while the local procedures are on-going.

### **2.1.2 Issues identified by Appraisers**

If an appraiser identifies aspects of a doctor's performance, conduct or health which may potentially be a serious cause for concern, the appraiser will inform the doctor that the appraiser's professional obligations require these concerns be shared with the lead appraiser and Regional Appraisal Co-ordinator as soon as possible and in writing within 5 days. They should advise the appraisee what will happen through the process, including that the SPPG RO will be notified.

Such decisions are based on the guidance in the GMC document "Good Medical Practice".

The Regional Appraisal Co-ordinator will clarify the issues of potential concern and report these concerns to the RO of the SPPG as soon as possible and in writing within 5 days following information from the Appraiser. Where there is any immediate risk, the SPPG RO

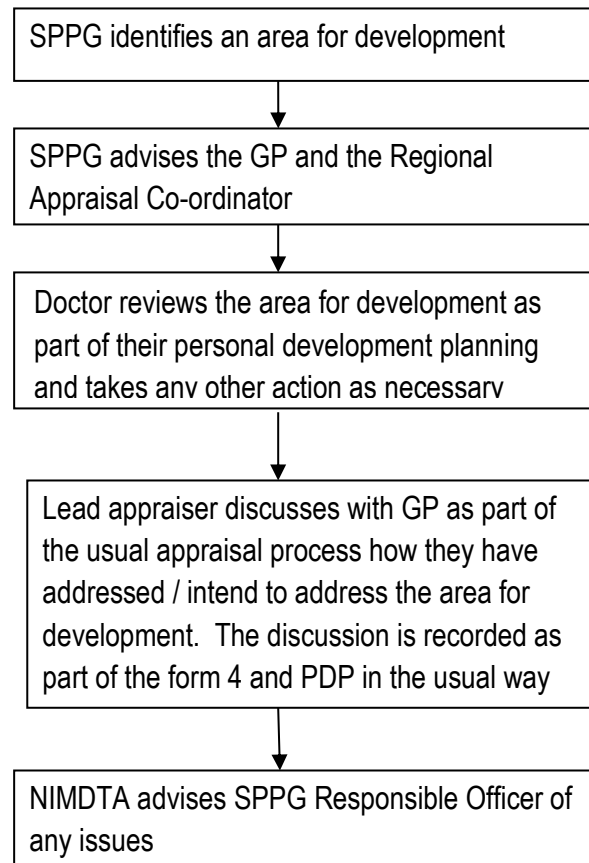
will be notified immediately. The SPPG will assume responsibility for any further action. The responsibility for assessment and investigation lies with the SPPG, not with the appraiser, lead appraiser or Regional Appraisal Co-ordinator.

### 2.1.3 Areas for Development

#### Principles:

- Areas for development are those which do **not** represent a cause for concern about fitness to practise. They are **solely** those areas considered to be remediable through unsupervised educational and/or development activities. These are routinely identified and dealt with by doctors and appraisers as part of the appraisal process. Such areas for development may be identified through other governance processes such as SAIs/AIs, complaints, prescribing data etc.
- The SPPG may provide information to doctors about areas for development. Doctors should review this information as part of their overall personal development planning.
- The SPPG might feel that appraisal will provide the doctor with an opportunity to demonstrate that appropriate development has been undertaken, or that there is a commitment to do so.
- The SPPG will advise the Regional Appraisal Co-ordinator of such cases. Lead appraisers will discuss and record any areas for development identified in this way as part of the usual appraisal process.

#### Process:



## **Procedures:**

### **Actions to be taken by the SPPG**

When the SPPG considers a doctor's performance to be unsatisfactory in certain areas, but remediable through unsupervised development activities such that it does not necessitate formal fitness to practise assessment procedures:

- The SPPG will formally notify the doctor of the specific areas for development. A copy of this letter will be sent to the Regional Appraisal Co-ordinator.
- The SPPG will advise the doctor that the appraisal situation will provide an opportunity to discuss how the development needs can be met and ensure that this is appropriately covered in the PDP.
- The SPPG will inform the doctor that the Regional Appraisal Co-ordinator has been made aware of the situation.

Participation with these processes will be taken into account by the SPPG Responsible Officer when making revalidation recommendations to the GMC.

### **Actions to be taken by the appraisal team**

- The Regional Appraisal Co-ordinator will ensure the lead appraiser is fully aware of any development needs known to NIMDTA before the appraisal discussion.
- If the doctor is able to demonstrate that the development need has been properly addressed, the lead appraiser will record and acknowledge the accomplishment on the Form 4 in the usual way.
- If, through lack of opportunity, the doctor has neither satisfactorily addressed nor properly considered the issues of concern, the appraiser will seek a firm commitment – enshrined in the recorded Personal Development Plan – that the concerns will be properly addressed before the next appraisal event.
- If the doctor refuses to accept or discuss the development need the appraiser may make a note of this omission on the Form 4 in the usual way.
- If the doctor refuses to properly participate in the appraisal discussion, such that the appraiser does not feel a meaningful discussion has taken place, the lead appraiser will inform the doctor of the lead appraiser's contractual obligations to report the matter to the Regional Appraisal Co-ordinator.
- The SPPG Responsible Officer will be notified of the outcomes of these processes as required. The Responsible Officer will consider the implications of information received for revalidation. Failure to participate with the process will result in the SPPG Responsible Officer discussing the matter with the GMC's Employer Liaison Adviser (ELA) and seeking to bring forward a revalidation date, and potentially to a non engagement statement being made to the GMC.
- The outcomes of the appraisal discussion will be recorded in Form 4 and PDP in the usual way.
- The SPPG will assume responsibility for further action, liaising with the doctor as necessary.

## **2.2. Doctors detailed on NI PMPL under ‘Conditional Inclusion’ or ‘Contingent Removal’**

### **Principles:**

Following application to the BSO for inclusion within the NI PMPL by an individual doctor, their application is sent to the SPPG for agreement.

The SPPG makes the decision as to whether an individual doctor’s application for inclusion on the NI PMPL can be permitted. The NI PMPL Committee is a regional advisory group to the SPPG which reviews applications to the NI PMPL. It has representation from a number of stakeholders including, the Patient Client Council, the General Practice Committee of the British Medical Association, Business Services Organisation, NIMDTA and SPPG.

In order for an individual doctor to be included on the NI PMPL, the SPPG may stipulate certain conditions, which when met will allow the individual doctor to remain on the list. This is known as ‘Conditional Inclusion’ on the NI PMPL.

These doctors work under restrictions to their Practice and therefore appear on the NI PMPL as being “conditionally included”. When a doctor is conditionally included in the NI PMPL, the SPPG will advise NIMDTA of the conditions and any particular requirements for appraisal where applicable.

Doctors listed on the NI PMPL as “contingently removed” are those doctors who are only able to remain on the list where they comply with conditions imposed on their practice by the SPPG within a defined timeframe. The SPPG will advise NIMDTA where local conditions are imposed on a doctor’s practice under the Performers’ List Regulations.

Conditions and timeframes differ according to the individual circumstances of the particular doctor.

If a doctor is identified by NIMDTA as having conditional inclusion or contingent removal on the NI PMPL the process is outlined below with the SPPG being asked specifically about:

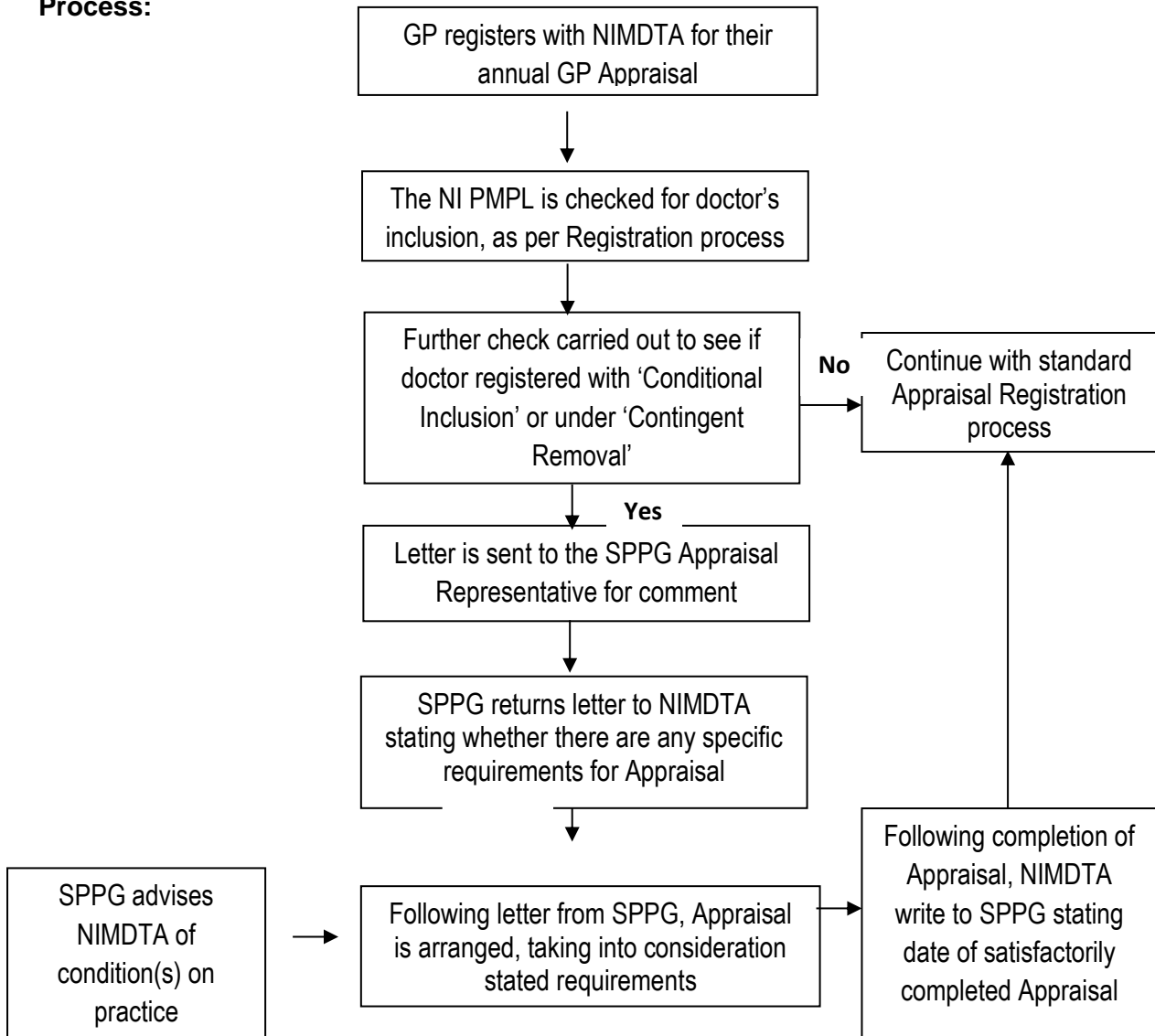
- the timeframe involved
- the need for a lead appraiser to undertake the appraisal
- any specific issues to be considered

An appraisal is only arranged following confirmation of these details from the SPPG.

Ultimately responsibility for the disclosure of such arrangements for an individual GP rests with the GP and should be declared to the appraiser when the probity statement is discussed and signed at the appraisal.



**Process:**

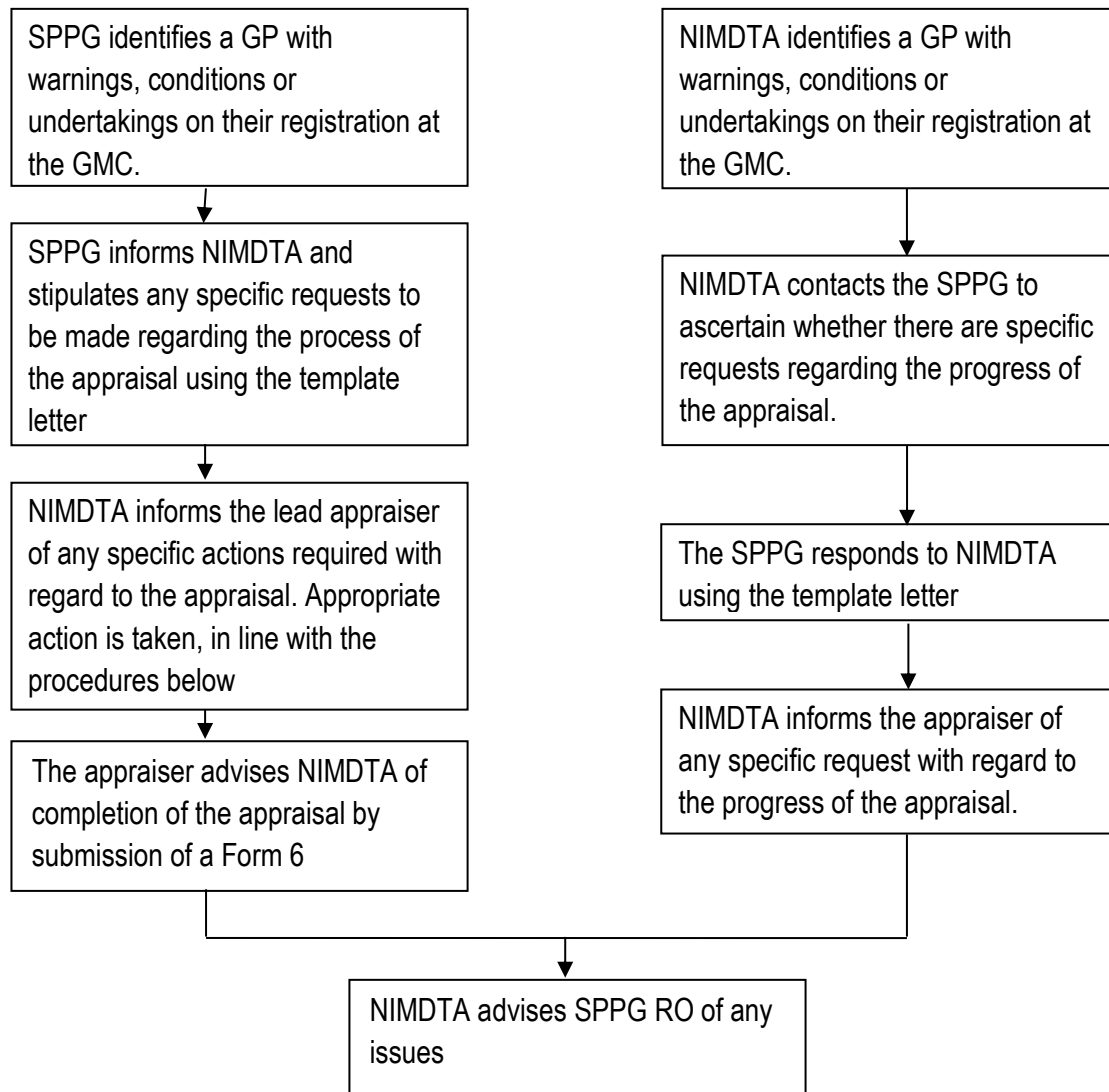


**2.3 GP Registered with Warnings, Conditions or Undertakings at the GMC**

**Principles:**

- A doctor's conduct, health or performance may result in the GMC registering the doctor with conditions on their practice, or with undertakings.
- These conditions or undertakings are displayed on the GMC website.
- Monitoring such doctors will be dealt with by the SPPG outside the appraisal process, through local investigative, assessment or monitoring procedures.
- The GP will be requested to sign the health and/or probity declaration Proforma during the appraisal, as appropriate.
- On occasion it may be appropriate for the SPPG to make specific requests of the appraisee and/or appraiser with regard to the progress of the appraisal.
- The GP will continue with their CPD and go on with compiling their appraisal folder during this period with conditions or undertakings. The appraisal folder will be included in their next appraisal.
- The procedure to be followed is detailed below.

**Process:**



**Procedures:**

**2.3.1 GPs with Conditions or Undertakings on their GMC Registration identified by the Health and Social Care Board (SPPG)**

The SPPG is responsible for dealing with general practitioners whose conduct, health or performance is considered to compromise patient safety. Such doctors are dealt with **largely outside** of the appraisal system.

General Practitioners registered with conditions or undertakings at the GMC have undergone investigation or assessment and have restrictions to their practice. It should be noted that not all referrals to NCAS/GMC will necessitate a deferral of appraisal and in light of the requirements of revalidation it is preferable that appraisal proceeds where at all possible. NIMDTA will seek direction from the SPPG RO in each case.

GPs can also be referred into local procedures for the management of concerns and the SPPG can choose to impose local conditions on a GP's practice under the Performers' List Regulations (see above). The SPPG should highlight to NIMDTA any such practitioners, as

appropriate, since health and probity declarations and Proforma are discussed and signed at every appraisal.

Where appropriate the SPPG may make specific requests with regard to the appraisal e.g. the appraisal to be carried out by a lead appraiser, or for specific areas of practice to be addressed during the appraisal and included in the Personal Development Plan, (PDP), going forward.

In such cases, the SPPG will notify the Regional Appraisal Co-ordinator ideally within 2 weeks of making or becoming aware of the conditions or undertakings. The SPPG will liaise with the Regional Appraisal Co-ordinator and any appropriate action will be taken.

When appropriate the SPPG may liaise with NIMDTA to facilitate delivery of any CPD identified or appraisal recommendations from a third party e.g. Practitioner Performance Advice Service, GMC.

NIMDTA will confirm to the SPPG RO that appraisal has been completed satisfactorily and, or identify any issues arising. The SPPG Responsible Officer may ask the GP to provide a copy of their Form 4 and PDP for follow up.

#### **2.4 Doctors Suspended from the GMC Register or the NI PMPL or currently unable to work due to their conditions / undertakings**

When a GP is suspended by the GMC or the SPPG, he/she is not included on the GP register at the GMC nor the NI PMPL respectively. In effect he/she cannot therefore work in General Practice for the period of their suspension. Also, in some cases, although a GP is able to work, he/she may have difficulty finding a suitable position to satisfy their conditions or undertakings – for example he/she may require a salaried post with supervisors and/or a workplace reporter identified. This may then lead to a period of not providing primary medical services while these arrangements can be made.

However, excluding such doctors who are not currently able to provide primary medical services from the appraisal process may not be in the best interests of all parties in the longer term.

By virtue of their suspension or restrictions, the national and local regulators are protecting the public until a clear resolution of any issues is in place. Many such doctors ultimately are deemed fit to practice with or without restrictions.

In close collaboration with the SPPG RO each individual case will be reviewed and a decision made as to whether the appraisal should proceed or not. It is anticipated that most appraisals will progress with a clear outline of the scope and issues to be addressed in the appraisal.

The rationale to be considered when making these decisions should include:

- Whether removal of the doctor from the appraisal process will result in future additional difficulty for the doctor to comply with GMC and NI PMPL requirements, including revalidation.
- The underpinning principle that appraisal is a developmental supportive process for doctors
- The appraisal discussion offers a supportive but challenging discussion with a respected peer appraiser

- Whether participation in the appraisal process may enable the doctor to progress his/her professional development in keeping with the expectation of the GMC and/or SPPG.

Advice on the appraisal process for individual cases will be sought from the Regional Professional Panel of the SPPG as appropriate, and the doctor and RAC will be advised in writing of appraisal requirements.

### 3. EXTENUATING CIRCUMSTANCES IN THE APPRAISAL PROCESS

#### Principles:

#### Extenuating circumstances identified by NIMDTA

Given the requirements of the Performers' List Regulations, the GMS contract and revalidation, where at all possible a GP should participate in the appraisal process in any given appraisal year. Participation in the appraisal process is the normal expectation and non-participation should be an exception underpinned by exceptional circumstances. A GP may have extenuating circumstances and request postponement of their appraisal for the current year. The SPPG RO must formally agree this. By not participating in the appraisal process because of extenuating circumstances the appraisee still needs to consider requirements for:

- Their revalidation and retention of their Licence to Practise
- CPD
- Clinical Governance requirements
- Remaining on the NI PMPL

Participation in the GP appraisal process annually is the default position for all GPs on the NI PMPL. When deciding to opt out of the appraisal process a GP must be mindful of the potential impact on their inclusion on the GP register at the GMC i.e. their continuing to hold a license to practise, and on their undertaking to the SPPG to participate in the appraisal process as an undertaking for their inclusion on the NI PMPL. Those GPs who are in contract to the SPPG also run the risk of breaching their contract with the SPPG.

However, a doctor may exceptionally seek permission from the SPPG for exemption from GP appraisal in a particular year through an application for extenuating circumstances.

While doctors may be off for considerable lengths of time for exceptional reasons outside their control, it is in their interest to keep abreast of medical developments if it is their intention to return to active practice.

Appraisal gives them a structure around which they can build their on-going development.

Appraisers have been trained to be sensitive to the individual's requirements.

Extenuating circumstances have been accepted in some of the instances highlighted below but the SPPG treats each case individually.

- Ill health
- Extended maternity leave
- Carers leave

Where extenuating circumstances are agreed, this will be for the period up to the end of the current appraisal year, or a specified date at which time appraisal should be undertaken.

NIMDTA will contact the GP after the beginning of the next appraisal year, following the extenuating circumstances period to organise the appraisal for that year. If the GP requires further extenuating circumstances for the next appraisal year, this must be applied for again through SPPG. Consideration will, however, require to be given to the GP's revalidation date and SPPG will advise NIMDTA of any revalidation date which the RO has sought to have deferred by GMC due to exceptional circumstances. SPPG will advise NIMDTA of any deferred revalidation dates and consider the implications of this for scheduling of appraisal. If the GP is still unwilling to participate in the GP appraisal process the SPPG will be informed. Implications of this for revalidation will be considered by the SPPG Responsible Officer and could result in additional information being sought from the appraisee and/or the SPPG RO discussing the matter with the GMC's ELA regarding non-engagement with the local processes that support revalidation.

On occasion a GP may have extenuating circumstances and request postponement of their appraisal for the current year. The GP should be aware of the implications of not participating in an appraisal and how this may impact on their inclusion on their licence to practise, continuing inclusion in the NI PMPL and their responsibilities under the GMS contract where appropriate

NIMDTA will advise the GP that they must write to the SPPG informing them of the extenuating circumstances. Should the Board accept the extenuating circumstances; the Board will then inform NIMDTA GP appraisal admin team and the regional appraisal coordinator

NIMDTA will then act on direction from SPPG.

NIMDTA will record this under 'extenuating circumstances' in the appraisal database for that year.

NIMDTA will contact the GP routinely when the appraisal calendar opens at the beginning of the next appraisal year.

If the GP is unwilling or unable to participate in the GP appraisal process again the SPPG Responsible Officer will be informed.

NIMDTA will act on direction from the SPPG Responsible Officer.

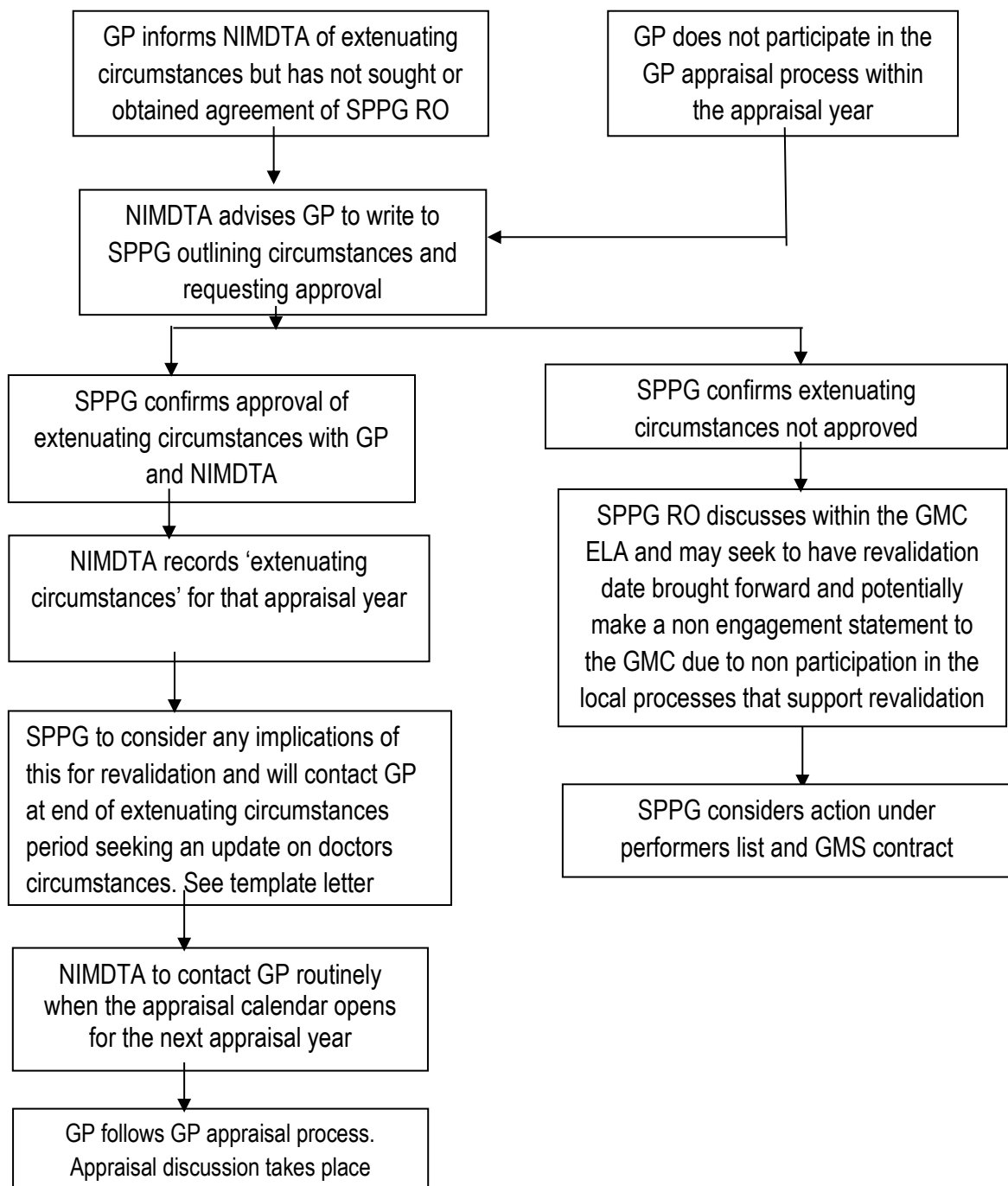
### **3.1 Reinstatement in the Appraisal Process**

The SPPG will notify the Regional Appraisal Coordinator when the GP who has long term absence from appraisal or clinical practice is to continue in the appraisal scheme or when s/he is to be reinstated in the appraisal process in the event that this is other than simply the next appraisal year. The Regional Appraisal Coordinator will ensure the necessary arrangements are made to re-register the GP in the appraisal scheme. The doctor will be formally notified of their position and advised of the next steps by the Regional Appraisal Coordinator.

The appraisal will be carried out by the lead appraiser who will be available within 1 month of the GP advising the Regional Appraisal Coordinator that they are ready to participate in the appraisal process.

**Process:**

**Potential Extenuating circumstances identified by NIMDTA or SPPG**



## 4. NON-PARTICIPATION IN THE APPRAISAL PROCESS

### **4.1. Non participation in appraisal identified by appraisers**

Either before or during the appraisal discussion the appraiser may identify that a doctor is not participating satisfactorily in the appraisal process.

There is an expectation that the doctor will participate and attend the appraisal meeting and provide a folder of evidence which is in line with GMC requirements for revalidation to allow participation in a meaningful appraisal discussion no later than 2 weeks, and preferably 4 weeks, prior to the appraisal discussion.

If the appraiser encounters difficulty at any stage of the process from arranging to conducting the appraisal, the appraiser should contact the lead appraiser or the Regional Appraisal Co-ordinator for further advice.

#### ***4.1.1 Non-Participation Identified by Appraiser prior to the Discussion***

It is the responsibility of the appraisee to instigate their appraisal meeting by completing by typing the Registration and Declaration Form, providing contact details at which they are readily contactable. The GP should be aware of the implications of not participating in an appraisal and how this may impact on their licence to practise, any GMS contract obligations and on-going inclusion in the NI PMPL.

The appraiser has difficulty contacting an appraisee:

The appraiser can refer that appraisal back to the GP appraisal team for re-scheduling. The appraisee will need to take account of the need to schedule appraisal in line with their revalidation date.

Reasonable efforts to contact an appraisee are:

- Three attempts to contact the appraisee by two different means e.g. email or mobile phone.

***It is the appraisee's responsibility to provide current contact information to the appraiser.***

The appraisee fails to meet with the appraiser i.e.:

- The appraisee refuses to set up a date, despite reasonable time frames, reminders and offers of support and /or
- The appraisee fails to attend one or more arranged meetings

The appraiser will be expected to have made reasonable effort to engage, support and encourage the appraisee, **keeping a record of all attempts**. Circumstances will vary, but it is generally expected that an appraiser could allow an appraisee:

- a maximum of one month period of deferment of the meeting or one month with
- one cancelled appointments and a second arranged

to constitute participation in the process, after which time the matter will be referred to the lead appraiser.

The appraiser contacts the appraisee encouraging participation and outlining the steps that will be taken if they do not participate.

Where the process remains incomplete, **the appraiser** should complete form CP1 and a copy should be sent to the lead appraiser, appraisee and GP admin team. The SPPG will also be copied to this correspondence.

**These appraisees will not receive their fee for completion of appraisal if a sessional doctor.**

#### ***4.1.2 Appraisal Folder Issues***

It is the responsibility of the doctor to provide their appraiser with access to their appraisal folder at least 2 weeks and preferably 4 weeks before the date of the appraisal discussion. This is to ensure the appraiser has sufficient time to prepare for the discussion. If this access is not provided the appraiser has a right to postpone the appraisal, which will be rescheduled at a time that will suit the appraiser. When preparing appraisal folders, appraisees should be fully aware of GMC Framework for appraisal and revalidation and the guidance regarding supporting information required. Useful guidance is also available from RCGP on-line.

On gaining access to a doctor's folder the appraiser may decide that it contains insufficient information to allow a meaningful discussion to take place. In such cases the appraiser may feel it is necessary to postpone the discussion pending receipt of adequate materials.

If this is the case the appraiser will provide guidance to the GP on what is necessary.

NB – Even where a piece of evidence submitted is considered by the appraiser to need further development, it may still be appropriate to sign off that appraisal. The question for appraisal is not whether this is a 'good' or 'bad' piece of evidence, but, given the evidence, has the doctor participated in a discussion to reflect on and learn from what they had submitted? If the answer is yes, then they have participated in appraisal. The learning needs identified could cover what changes they plan to make to their clinical practice as a result of this analysis but also, how to prepare this type of evidence more effectively. The Quality Indicators framework will guide the appraiser and appraisee in developing the evidence produced for appraisal.

The evidence will be reviewed and the appraisal will be rescheduled at a time and place that will suit the appraiser.

If, however, following facilitation from the lead appraiser, the appraisee fails to produce evidence sufficient for discussion, despite reasonable time frames, reminders and offers of support, the matter will be referred to the SPPG RO, through a completed form CP1

**These appraisees will not receive their fee for completion of appraisal if a sessional doctor.**

#### ***4.1.3 Non-Participation Identified During the Appraisal Discussion***

Problems which may occur during the appraisal discussion include:



- On gaining access to a doctor's supporting information, the appraiser may decide that it contains insufficient information to allow a meaningful appraisal to take place. This decision is most often made before the appraisal discussion. However, on occasion, it becomes apparent that the supporting information for appraisal is not sufficient, only during the appraisal itself.
- The appraisee does not participate fully in the discussion and this prevents a meaningful appraisal from taking place
- The appraisee behaves – at any point in the process – in an aggressive or threatening manner such as the appraiser feels unable to continue with the appraisal meeting.

The appraiser will advise the doctor of any of these reservations either during or immediately after the discussion and that they will seek advice from their lead appraiser or the Regional Appraisal Co-ordinator.

If the Regional Appraisal Co-ordinator agrees that a meaningful appraisal has not taken place, the appraisal will not be recorded as complete and the Form 4 will not be produced. The appraiser completes a form CP1 and a copy should be sent to the lead appraiser, appraisee and GP admin team. SPPG will also be copied to this correspondence.

The doctor will be advised of this situation by NIMDTA, and provided with specific feedback from the appraiser and advice regarding what actions they need to take (on the form CP1). On receipt of the template form, the lead appraiser will write to the appraisee pointing out the consequences of not providing adequate supporting information for appraisal and offering support in completing the process. A copy of CP1 will accompany this letter.

The appraisal will be rescheduled with a lead appraiser within 3 months or before the end of the current appraisal year, whichever is the shorter period of time, on the understanding that NIMDTA can facilitate this appraisal at short notice. If the subsequent appraiser decides the doctor has still not participated in the process in a meaningful way, the SPPG RO will be notified, this will be accompanied by a completed CP1.

The SPPG may wish to pursue this matter at this stage. The SPPG RO is likely to discuss the matter with the GMC's Employer Liaison Adviser (ELA) as failure to participate with appraisal, and records held by NIMDTA on the efforts made by NIMDTA will form part of a doctor's revalidation information provided to the GMC as part of discussions on the need to bring forward a revalidation date and/or a non-engagement statement.

If form CP1 is completed, a copy will be sent to the Responsible Officer. SPPG will issue a letter outlining implications of non-participation in appraisal under the GMS contract and for revalidation. This would include contingent removal from the NI PMPL and a remedial notice under the GMS contract for doctors in contract with the SPPG. This process will be co-ordinated by revalidation support staff in SPPG headquarters.

**These appraisees will receive their fee for completion of appraisal if a sessional doctor, in view of the time taken to prepare for appraisal and attend the appraisal discussion.**

On receipt of the template form, the lead appraiser will write to the appraisee pointing out the consequences of not undergoing appraisal and offering support in completing the process. A copy of CP1 will accompany this letter.<sup>1</sup>

If after less than three months (or before appraisal year-end) the appraisee still has not completed an appraisal and there are no clear indications that they will do so, the lead appraiser should contact the Regional Appraisal Co-ordinator and a further form CP1 should be completed.

The SPPG may wish to pursue this matter at this stage. The SPPG RO is likely to discuss the matter with the GMC's ELA as failure to participate with appraisal, and records held by NIMDTA on the efforts made by NIMDTA will form part of a doctor's revalidation information provided to the GMC as part of discussions on the need to bring forward a revalidation date and/or make a non-engagement statement.

#### ***4.1.4 Non-Participation in Appraisal by Appraisal Year End***

Should a GP fail to participate in appraisal by the end of the appraisal year (31<sup>st</sup> March) they will fall into one of two categories:

- Extenuating circumstances agreed by the SPPG RO OR
- Non-participation

NIMDTA will inform the SPPG RO of those GPs who have not completed their appraisal at appraisal year end.

Consequences of non-participation will be a matter for the SPPG RO, and may have implications regarding the GP's inclusion on the NI PMPL (contingent removal) and for their GMS contractual arrangements (remedial/breach notice) with the SPPG where relevant. The SPPG RO will also consider the implications of this for revalidation and it is likely to result in SPPG asking the GMC to bring forward a revalidation date and potentially to a non-engagement statement being made to the GMC due to non-participation in the local processes that support revalidation.

#### **4.2 Non-Participation Identified by the SPPG**

##### **Principles:**

It is the responsibility of NIMDTA to offer appraisal to GPs on the NI PMPL with a prescribed connection to the SPPG RO. It is the responsibility of the SPPG to monitor compliance with the terms of the GMS contract and the NI PMPL.

The responsibility to undertake an appraisal and to participate in the system is that of the GP. The appraisal should cover all aspects of practice of the doctor, both within and beyond general practice. As part of their application for inclusion in the NI PMPL, doctors sign an undertaking to participate in appropriate and relevant appraisal procedures and this is currently deemed to be an annual appraisal. Where an annual appraisal is not completed and extenuating circumstances have not been agreed by the SPPG, this may result in the SPPG placing a condition on a doctor to complete a signed off appraisal within a defined

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<sup>1</sup> If the original appraisal has been allocated to a lead appraiser at SPPG request, this step will not take place. If the appraisal has not been specifically allocated but is being carried out by a lead, it can be passed on to another lead appraiser.

period. It is a contractual obligation for all doctors with a GMS contract with the SPPG to complete an annual appraisal and failure to do so will result in a breach notice being issued to the GMS contractor where appropriate.

In addition the SPPG may invoke the Responsible Officer regulations as outlined above. In the absence of participation with appraisal, the Responsible Officer will not be in a position to make a positive revalidation recommendation to GMC.

**The appraisal timetable should be referred to on the NIMDTA website for opening and closing dates for Registration and Declaration Forms.**

The SPPG will have access to lists of those who have completed an appraisal. They will review which GPs have completed appraisal within any given year.

Some GPs will have genuine reasons for not having completed an appraisal within a given year. This will include for example:

- GPs that have recently joined the Performers List who will have an appraisal within 12 months of joining the list and so be appraised in the following year.
- GPs who have been out of practise for a large part of the year e.g. on extended maternity leave or sickness absence and have extenuating circumstances agreed with SPPG.
- GPs who have had their appraisals deferred because of referral to investigative procedures
- GPs who have been undertaking a period of training

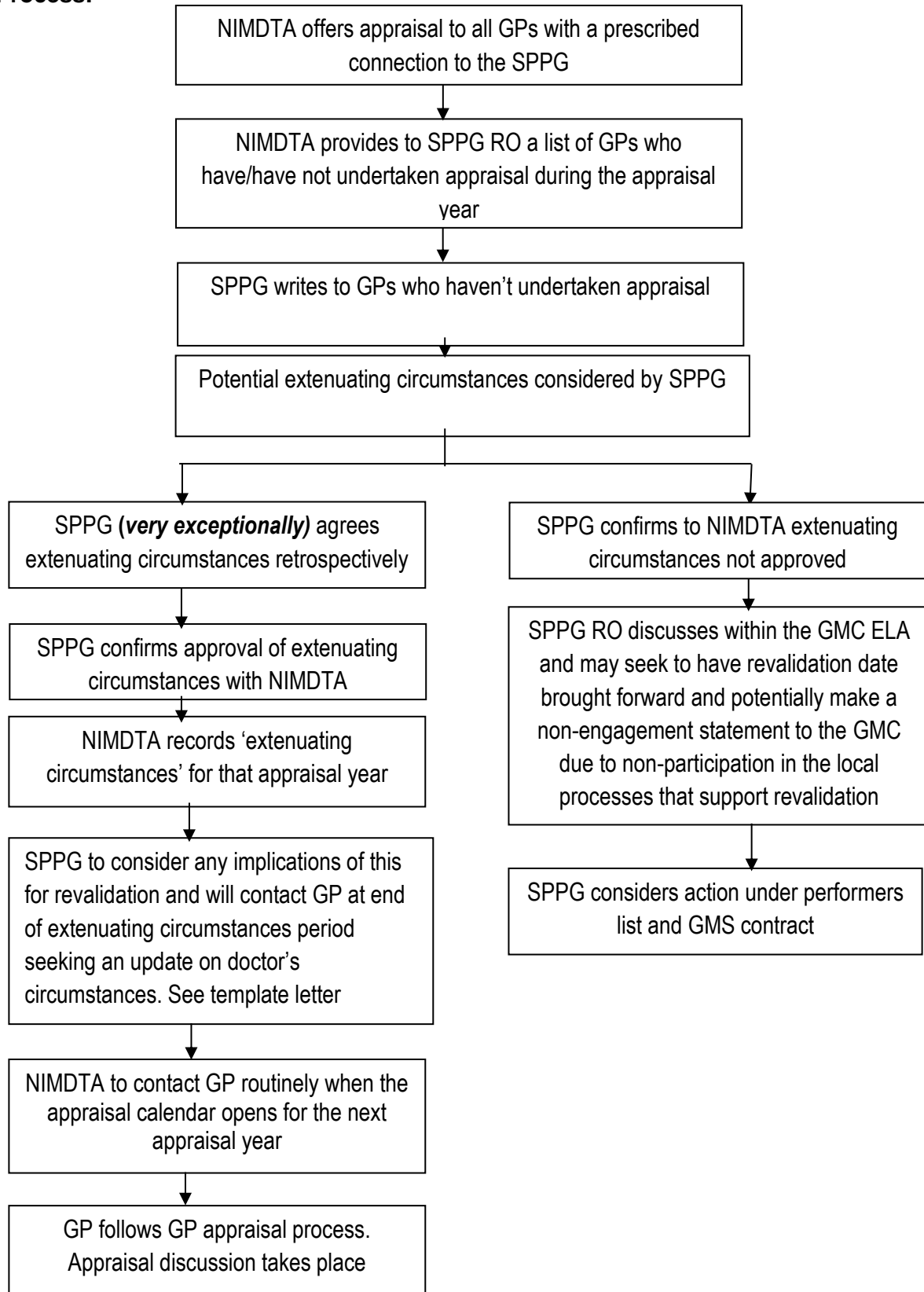
NB – The last three points should generally not preclude appraisal as appraisal can be a useful support during times of absence and the objective is that all doctors have an appraisal where at all possible.

GPs who 'miss' an appraisal for one of these reasons will generally be advised to undertake their next appraisal at a time advised by the SPPG but certainly within a maximum 1 year of re-entering the system. The requirements of revalidation and revalidation dates will be taken into account when extenuating circumstances are under consideration.

The SPPG will formally write to those GPs who are identified by NIMDTA at the end of the appraisal year as having failed to undertake an annual appraisal but who do not have extenuating circumstances agreed as required to ascertain whether there are any extenuating circumstances of the type identified above. Extenuating circumstances are not normally considered retrospectively, however, and should be notified to SPPG as soon as the doctor is able to do so and as long a period before the end of the appraisal year as possible.

Appropriate action against those GPs who have failed to comply with their contract will remain with the SPPG Responsible Officer.

**Process:**



## **Procedures:**

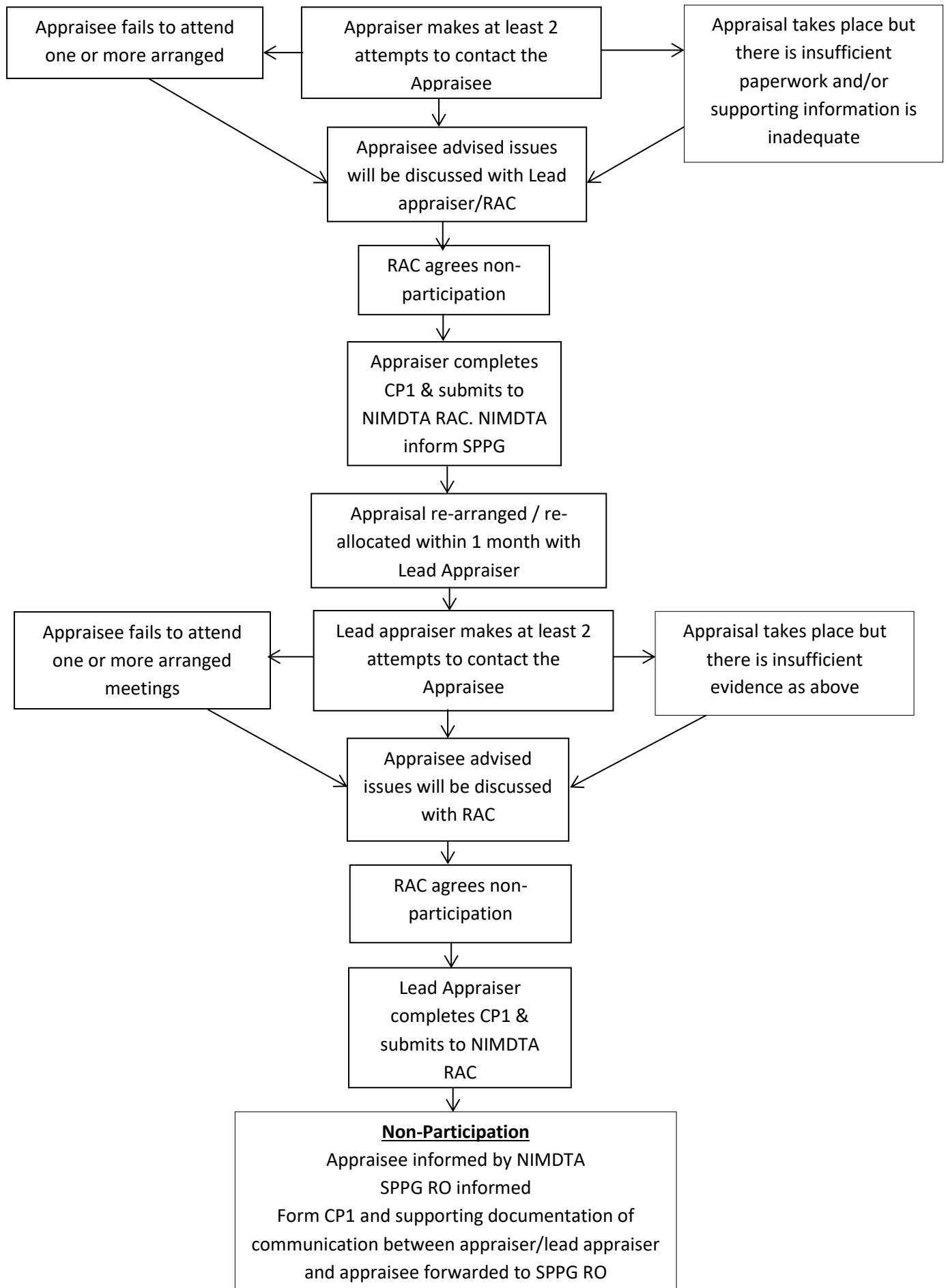
### **Actions to be taken by NIMDTA**

- NIMDTA offers GPs on the NI PMPL with a prescribed connection to the SPPG an opportunity to undertake an appraisal with a trained peer appraiser through the appraisal system.
- NIMDTA cannot guarantee doctors an appraisal discussion during the appraisal year if the GP leaves registering too late.
- Once a GP completes an appraisal this will be recorded by NIMDTA.
- NIMDTA will provide the SPPG with a list of doctors who have not registered / not completed an appraisal within the appraisal system
- NIMDTA will provide the SPPG with confirmation of signed-off appraisal for revalidation for each doctor in line with GMC requirements. Notifications will be provided in line with the revalidation schedule established by the GMC, and each will be provided a minimum of 2 weeks before the revalidation date of the doctor.

### **Actions to be taken by the SPPG**

- The BSO, on behalf of SPPG, will compare the list of doctors who have completed appraisal to the NI MPL in order to identify those GPs who have failed to comply with their GMS contract or NI PMPL undertakings by not undertaking an annual appraisal. The SPPG will write to the doctors who have failed to complete an appraisal to ascertain the reason for non-participation in appraisal i.e. extended maternity or sick leave etc., or whether they have completed an acceptable appraisal with an alternative primary care organisation.
- The SPPG Responsible Officer will decide on the appropriate action to be taken against the GP if the GP's Non-Participation is not due to any valid extenuating circumstances.

## NIMDTA PROCESSES FOR NON-PARTICIPATION IN APPRAISAL



## 5. GP APPRAISAL COMPLAINTS/APPEALS

### Principles:

If a GP appraiser feels that they have an issue or complaint with regard to their appraisal or a part of the appraisal process, they can formalise this complaint to the GP appraisal team at NIMDTA.

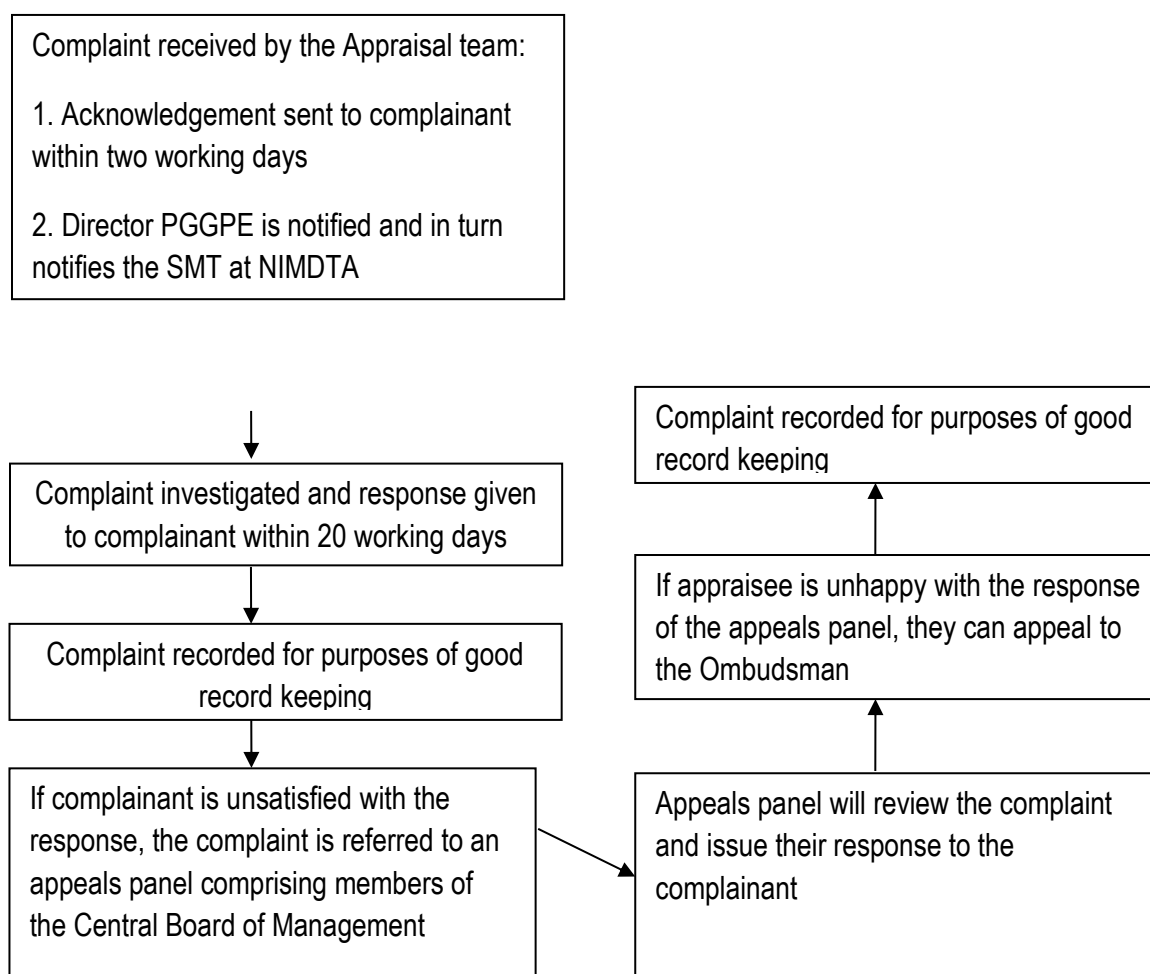
NIMDTA will investigate this complaint, in an attempt to resolve the issue. In order to do so it will be necessary to communicate with all of those individuals involved.

NIMDTA will issue a formal response to the complaint. However if the Appraiser is dissatisfied with the response, they can appeal to the Central Board of Management for further investigation and resolution.

The complainant, if unhappy with the response of the Central Board of Management, can contact the NI Ombudsman.

All complaints will be dealt with, in the first instance, according to the NIMDTA Complaints policy.

### Process:



**Appeals Panel:**

This will be composed of a minimum of three officers from the Central Board of Management.

**Procedures:**

Once the GP appraisal team at NIMDTA receive a complaint, a receipt of the complaint will be made within 2 working days. An investigation into the complaint will be made by the relevant personnel and a response will be issued to the complainant within 20 working days.

If the complainant is dissatisfied with the NIMDTA response, the issue will be referred onto the Central Board of Management for further investigation and resolution.

The complainant, if dissatisfied with the response of the Central Board of Management, can contact the NI Ombudsman.

All complaints will be kept by NIMDTA for the purposes of good record keeping.



## 6. DOCTORS WORKING SOLELY OUT-WITH NORMAL DAY TIME GMS PROVISION

e.g. working solely in out of hours (OOH)

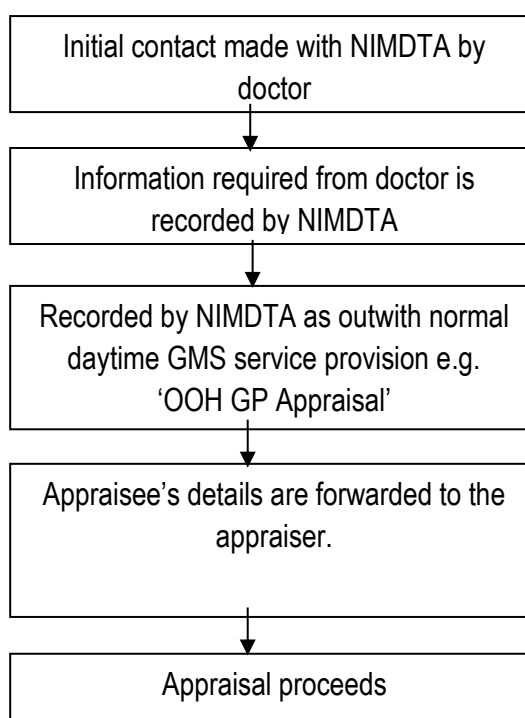
### Principles:

All doctors on the GP register with the GMC and working within Northern Ireland are required to participate in appropriate and relevant appraisal which will enable them to comply with the requirements of revalidation. NIMDTA provides appraisal for those GPs who have a prescribed connection with the SPPG RO.

From 1st April 2008 NIMDTA responsibilities for appraisal of GPs working within Northern Ireland was extended to include **those doctors working solely within the Out of Hours service.**

The procedure to be followed for those doctors, who work outside normal daytime GMS provision, is as follows.

### Process:



### Procedures:

Initial contact will be made with NIMDTA by the doctor. It is from the registration information required that the doctor can be identified as a doctor that is working out-with normal daytime GMS provision e.g. solely within an Out of Hours (OOH) service.

Their application for appraisal will proceed in the usual manner. Appraisers who undertake OOH work are identified on the NIMDTA website. Where possible the appraisal of a doctor working solely in Out of Hours will be carried out by an appraiser who has current or recent experience, within 12 months, of working in Out of Hours.

NIMDTA record the doctor on the appraisal database as 'Solely out of Hours'

- While it is desirable that doctors working solely in OOH are appraised by an appraiser with current or recent OOH experience this may not always be possible. In such circumstances the appraisal will be conducted by appraisers with no current or recent OOH experience.

## 7. APPRAISAL FOR GPs WORKING FOR OTHER ORGANISATIONS e.g. prison service doctors, GPs with special interests, OOH doctors

### Principles:

The current regulatory and contractual position with regard to General Practitioners (GPs) appraisal is:

- GPs sign an undertaking when coming onto the Primary Medical Performers List (NI PMPL) to participate in appropriate and relevant appraisal procedures.
- GPs that are part of a GMS contract with the SPPG are required to participate in annual appraisal.

The Responsible Officer Regulations state that "the responsible officer must ensure that appraisals carried out under paragraph (2)(a) obtain and take into account all available information relating to the medical practitioner's fitness to practise in the work carried out by the medical practitioner for the designated body and for any other body, during the appraisal period".

It is a requirement of revalidation that all areas of a doctor's practice are reviewed at their appraisal. Many GPs have 'portfolio' careers with activity in a variety of work environments.

It is an employer's responsibility to review all their employees practice annually and provide assurance to the SPPG RO that:

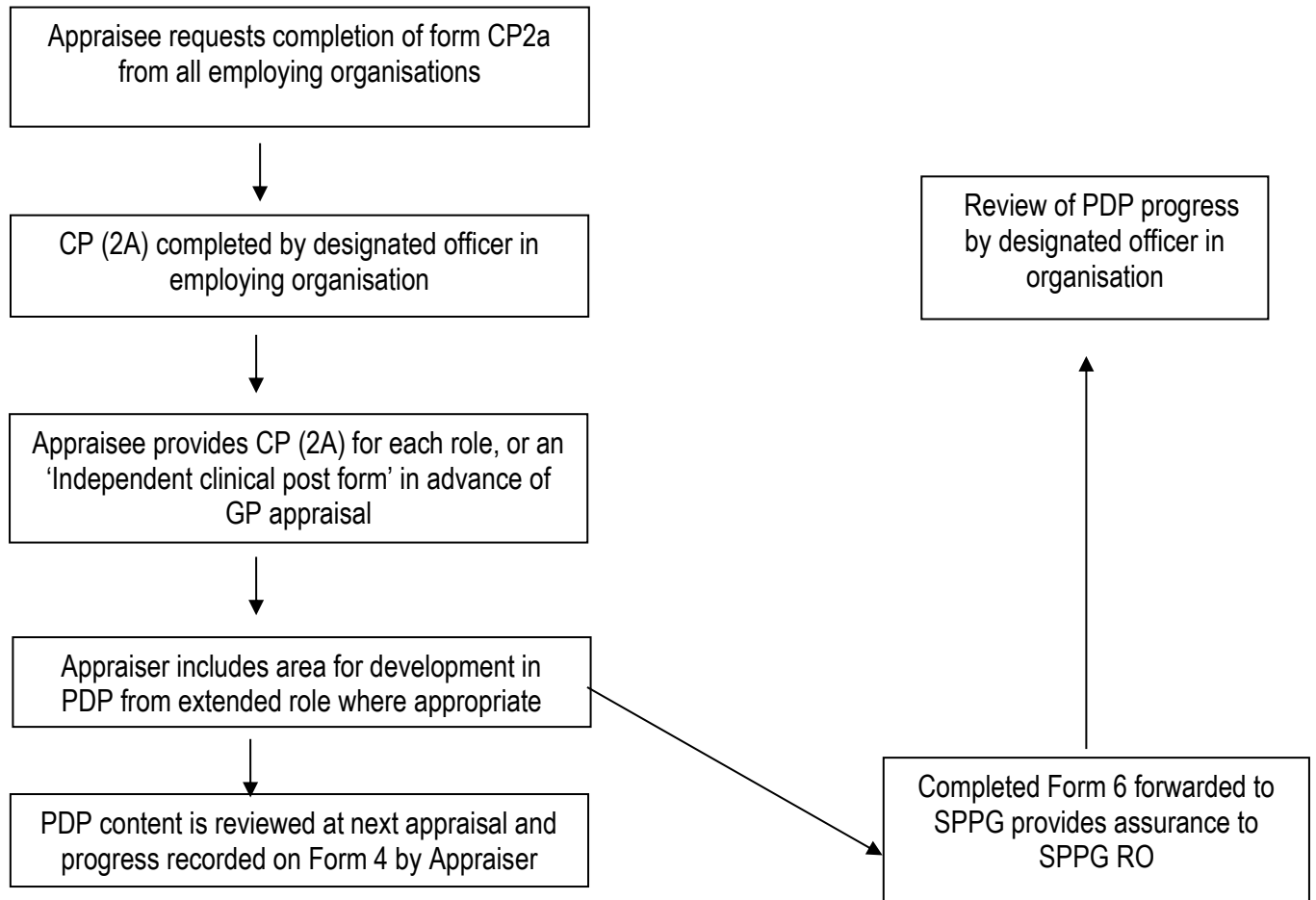
- There are no concerns about the doctor's practice
- That they are working in an approved practice environment
- That they are keeping up to date and are fit to practise in the area of their activity.

Assurances are sought by the SPPG RO by completion of form CP 2a. Appraisees should ensure that they request completion of these forms from the organisations for which they provide services **well in advance** of the appraisal date to ensure the forms are available to appraisers on that date. An appraisal cannot proceed, and will not be signed off, in the absence of a CP 2a form from each organisation.

Where a GP works in an independent clinical role and there is no employing organisation, a completed 'Independent Clinical Post' form should be provided to the appraiser prior to appraisal.

This provides assurance to the SPPG RO via the appraisal process as illustrated below

**Process:**



**Procedures:**

In evaluating GPs in extended roles; appraisers may or may not have knowledge of that particular role.

It is important therefore that where possible their employing organisation communicates with the appraiser what the learning needs of that individual are through form CP2a.

**7.1 Actions to be taken by the GP appraiser**

The appraisee should be aware of the requirement that a form CP2a be issued for their roles outside their work in GMS.

NIMDTA advise all appraisees of this in the email sent to appraisees to confirm appraisal.

The appraiser should also advise appraisees of their need to provide these Forms when contacting them to arrange their appraisal and when requesting their Forms 1-3 and supporting information before appraisal.

If the Form CP2a is not available in the documentation sent to the appraiser before the appraisal visit; the appraiser should emphasise to the appraisee the importance of requesting and receiving this information before their appraisal.

The appraiser will document that Form CP 2a has been seen in the body of the Form 4 given to the appraisee and in the Form 6 sent to NIMDTA.

The appraiser will discuss the areas of relevant CPD for all roles with the GP appraisee and include them in the PDP.

In subsequent appraisal cycles the progress the appraisee has made will be discussed and recorded on Form 4.

## **7.2 Actions to be Taken by the Appraisee**

It is the responsibility of the GP appraisee to request CP2a forms from their employers.

The appraisee should request completion of Form(s) CP2a from employing organisations, including out of hours providers, **well in advance of the appraisal date**, and should provide completed Forms CP2as for each role. These Forms might include a PDP agreed for their role, if a performance review has taken place.

In the unlikely event that the GP appraisee cannot obtain a Form CP2a, they should complete an 'Independent Clinical Post' for these roles.