



Lancashire & Cumbria Consortium
of Local Medical Committees

GUIDE:

APPRAISAL INFORMATION FOR SESSIONAL GPs

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Preface

Navigating the changing landscape of sessional GP work can be difficult, especially with the recent modifications to the appraisal process and the current challenging job market. It is important to stay informed to uphold compliance and confidence in your professional practice, yet keeping up with the various requirements can be daunting. As a sessional GP, I relate to these challenges myself, which is why I compiled and shared this information with you. This document has benefited from the invaluable insights and support of our regional appraisal lead, Dr. Lesley Atherton, to whom I am deeply thankful.



Table of Contents



- 01 Introduction
- 02 Purposes of appraisal
- 03 How appraisal is organised
- 04 Preparing for appraisal
- 05 Current challenges for GPs
- 06 Demonstrating full scope of practise
- 07 Mandatory requirements for revalidation
- 08 Performers list requirements
- 09 RCGP Safeguarding Standards
- 10 Further Information



01. Introduction

Sessional GPs in the region benefit from the support of an approachable and responsive NHS England area team, who are available to assist with queries related to appraisal and revalidation. This document is general advice and cannot address individual circumstances. It has been created solely for information purposes and there has been no commercial interest/ funding in its' creation.

In addition to support from the regional appraisal team, the Lancashire and South Cumbria Sessional GP Forum hosts bimonthly meetings, offering CPD that can be included in your appraisal portfolio. These sessions are designed to address some of the more difficult-to-complete elements for sessional GPs, such as Basic Life Support (BLS) updates and safeguarding training. The forum also helps GPs stay connected to local developments, including updates on appraisal policy, workforce issues, and pension-related matters.

There is also a plethora of information on the Local Medical Committee website, who provide invaluable support to the sessional GP forum.

Of note, a sessional GP is anyone who is not a GP partner, including salaried GPs, so please do spread the word and join us!



02. Main purpose of appraisal

Medical appraisal is a mandatory annual process for all practising doctors and involves a structured meeting between a doctor and a trained appraiser to reflect on their professional work and development.

It is a process of facilitated self-review supported by information gathered from the full scope of a doctor's work.

Appraisal covers every role a doctor holds which requires a GMC licence to practise, regardless of setting (e.g. NHS, private, out-of-hours, or telemedicine work). This makes it especially important for sessionals to keep comprehensive records of their varied roles and activities.

The medical appraisal process supports the following:

Professional Development – Helping you plan how to maintain and enhance the quality of your clinical work.

Personal Development – Encouraging reflection on your own learning needs and career progression.

Revalidation – Demonstrating ongoing compliance with GMC's Good Medical Practice, forming the basis for your responsible officer's revalidation recommendation.

Contextual Awareness – Considering the specific requirements and challenges of the environments in which you practise (e.g. short-term placements, isolated working, different systems).



03. How appraisal is organised

Appraisals for GPs are managed by NHS England Area Teams.

Each team has dedicated one or more clinical appraisal leads and administration teams who manage the process in line with national policy.

Key information:

You will be allocated an appraiser by your NHSE team. If there is a conflict of interest or other concerns, you can request a reallocation.

You must use a GMC-approved digital system for submitting your appraisal portfolio. Accepted platforms include:

- Fourteen Fish
- Clarity/Agilio
- GP Tools

Note: The MAG form is no longer accepted.

Appraisals are scheduled annually, with a window of 84 days before the end of your allocated appraisal month to complete.

You should not go less than 9 months or more than 15 months between appraisals.

If your allocated month is unsuitable (e.g. due to work schedules or availability), you should contact your appraisal team as early as possible to arrange an alternative.

Appraisal records and documentation must be stored and shared in accordance with data protection legislation (e.g. GDPR). Ensure all information you upload or share is handled securely and appropriately.



04. Preparing for your appraisal

- There is no requirement for a specified number of CPD hours or credits, but you do have to provide documentation of CPD each year for every role you hold which requires a GMC Licence to Practise.
- You do not need to upload certificates, documents, folders, policies, or meeting notes but there does need to be documented evidence of relevant CPD, QIA, colleague and patient feedback and any complaints or SEAs as per GMC appraisal and revalidation requirements.
- You must ensure that you submit your appraisal documentation to your appraiser at least two weeks before your appraisal date.
- If you are using an online appraisal toolkit, it is your responsibility to add the name of your allocated appraiser to the system. If you do not do this, you will be unable to submit your appraisal documentation.

05. Current challenges for Sessional GPs

Locum GPs are currently navigating a particularly difficult job market, marked by:

- Fewer available sessions
- Rate suppression
- Lack of inclusion in team structures

These factors can make it more difficult for locum GPs to gather feedback, reflect on outcomes, and demonstrate continuity. To address this:

- Use tools like patient feedback platforms, colleague feedback requests, and structured reflections to fill in gaps.
- Keep a log of roles and experiences, even for short-term or ad hoc shifts.
- Start your colleague and patient feedback early in the 5-year revalidation cycle.
- Please ensure your colleague and patient feedback is completed within the dates of your current revalidation cycle. Your final appraisal in a cycle may fall before your next revalidation cycle starts and, on rare occasions, doctors have collected feedback after their final appraisal but before the start date of their next revalidation cycle. This will not be able to be accepted as feedback must be collected within the specific dates of your next revalidation cycle.

06. Demonstrating full scope of practice

Many GPs now have portfolio careers, which might include work outside direct patient care. This could include:

- Medical education or supervision
- Clinical leadership or governance roles
- Appraisal or revalidation roles
- Health IT consultancy, medico-legal work, or digital health platforms
- Research, policy, or commissioning work

Appraisal evidence must reflect your entire scope of work requiring a GMC licence. To ensure this is captured:

- You must include all roles in your scope of work declaration and describe what you do in each.

For non-clinical roles:

- Reflect on how the work draws on your medical expertise.
- Describe its impact on patients, systems, or professional development.
- Include CPD, reflections, and feedback relevant to those activities.

This ensures your appraisal provides a complete and accurate picture of your contribution as a doctor, not just in clinical GP sessions.

07. Mandatory requirements for revalidation over a 5 year cycle (based on UK practice only)

- Information about a doctor's full scope of practice
- Probity and Health statements
- Progress against previous PDP and development of a new PDP
- Evidence of CPD appropriate to a doctor's role(s)
- Evidence of engagement in Quality improvement activity
- Declaration of any significant events or serious incidents
- Collection of, and reflection on, patient feedback
- Collection of, and reflection on, colleague feedback
- Declaration of any complaints made about the doctor

All supporting information for revalidation **MUST** be from UK practice and **NOT** overseas roles.

It is your responsibility to ensure you have completed all GMC mandatory requirements for revalidation. This includes MSF (colleague feedback) and PSQ (patient feedback) for every role, at least once within your revalidation cycle.

08. Performers List requirements

A qualified GP will be listed as such on the GMC register, but to work as an NHS GP in Primary Care in the UK, they must also be registered on a Medical Performers List (MPL).

It is a requirement to continue to work as **an NHS UK GP in Primary Care** to remain on the MPL.

The minimum number of NHS GP sessions felt safe to retain clinical competency is 40 per year.

The number cannot be zero and this will be flagged to the appraisal team to arrange a meeting to discuss individual circumstances.

If a GP undertakes fewer than 40 NHS UK GP sessions in a year, they must complete and discuss a [Low Volume Structured Reflective Template](#) at their annual appraisal meeting.

If a GP is working in a limited scope of practice e.g. remote/telephone/video/triage work only, very niche role, or has only completed 1-10 NHS GP sessions in the past year, their appraiser will discuss this with the appraisal team, and you may be asked to arrange a supportive meeting with the clinical appraisal lead.

GPwER and GPwSI roles are not automatically NHS UK GP Primary Care work relevant for the Performers List, and your appraiser will inform the appraisal team if this is your only role.

Depending on individual circumstances, after 1-2 years without any NHS UK GP clinical practice, a GP would be required to undertake a structured conversation to assess any potential return to practice education or clinical needs.

This would be facilitated by the Workforce, Training and Education Directorate of NHSE (formerly Health Education England) and the requirements would depend on previous and current experience and are tailored to the individual.

If you're unsure about your session numbers, it's best to discuss it early with your appraiser or appraisal team, as they can advise you and may suggest a meeting with the appraisal team to ensure that you get the correct advice.

09. RCGP Safeguarding Standards 2024

The RCGP published new safeguarding standards on the 1st of October 2024.

These are for all GPs and everyone working in a general practice setting in the UK and replace previous intercollegiate guidance.

These standards are a single life course document incorporating child and adult safeguarding and the training requirements have changed so that they are no longer based on the number of hours completed but instead focus on adult learning principles.

[Please review the document](#) for more detail on the standards and how you can incorporate the required evidence into your annual appraisal.

I trust this document has been beneficial for you!

Best regards,

Dr. Suzanne Gaskell
Chair of the Lancashire and Cumbria Sessional GP committee

10. Further Information

- [RCGP Safeguarding webpages](#)
- [LMC Sessional GP pages](#)
- [Safeguarding standards for General Practice](#)
 - [Low volume appraisal template](#)
 - [RCGP Safeguarding Reflective Practice - structured template](#)

