SASC Appraisal Guidance

Background

In 1999 the Chief Medical Officer proposed that all doctors employed by or under contract to the National Health Service should participate in regular appraisal. Appraisal was confirmed as a contractual obligation in the "NHS Plan" in 2001, as part of the clinical governance agenda. Since 2003 employers were expected to ensure that all career grade doctors were able to participate in the appraisal process.

Appraisal is now to be linked to revalidation. It will provide positive information for revalidation. Thus it is important that doctors must have a good understanding of the process and how it can be used for personal and professional development. It should remain a profession-led process.

Purpose of appraisal

Appraisal is a positive two-way process involving reflection on performance, identification of educational needs and planning for personal development. It involves the appraisee and one appraiser. The process involves time for personal reflection on professional issues such as skills, performance and successes since the last appraisal. The process requires that doctors are provided with the time and means necessary for this to be carried out. Appraisal should always be supported by proper time and resources. It will be necessary to ensure that this support is in place before there is a requirement to participate.

Appraisal is not assessment, but is a complementary approach focussing on the doctor and his/her professional needs. It allows the appraisee to make a formal request for resources to refine skills, and explore new areas. It allows optimisation of the use of the appraisee's skills and resources in seeking to achieve the delivery of service priorities. It is a forward looking, formative process for informing the development and educational needs of the individual. It is a supportive process which is separate from, but feeds into, the job planning process.

It generates a personal development plan, which is an opportunity to explore participating in development opportunities, and also can identify the requirement for protected study time or appropriate resources to enable development of the individual's personal and professional needs.

Appraisal is not designed to identify poor clinical performance. If such issues are raised during the appraisal process, they must be dealt with outside the meeting, using procedures agreed for this purpose.

Process

Role

Both appraisers and appraisees should have training in the process before participating. It is expected that the appraisee will have an ownership of the process, which will mean that a commitment to their performance, training and development will be fully discussed. As a rough guide the appraisee should do 80% of the talking during an appraisal. Appraisal is a continuous process of self reflection to allow the appraisee to discuss how he/she perceives his/her performance and development in the coming and subsequent years. There is standard documentation that must be completed, which is discussed below. There is some flexibility in what information is brought, the agenda for the meeting, and how the appraiser is chosen.

Ideally there should be choice of appraiser from a pool of trained appraisers. This pool should include SAS doctors. Imposition of an appraiser with whom the appraisee does not feel able to have a full and frank discussion will mean that the process will not be useful or effective. A wide pool of appraisers will ensure the workload is not too onerous for each. Recruiting "grass roots" doctors who are motivated and respected as peers is crucial.

Preparation

This is the key to successful appraisal. The meeting should be arranged in advance with sufficient time for the necessary information to be gathered to enable a constructive dialogue during the meeting. Adequate notice of the appraisal date should be given. Two months has been suggested a suitable notice, though the period may be shorter, though only with the agreement of the appraisee.

Completed documentation should be exchanged with the appraiser two weeks in advance of the meeting, to enable preparation of the discussion, and checking of the supporting documentation.

Protected time should be given to appraisees and appraisers to prepare for the process, and also for the completion of the follow-up documentation. This can be built into job plans. The discussion should be within normal working time, and instead of normal duties. Time for appraisal ideally should be built into supporting professional activities (SPA) time within the job plan.. It is recommended that for preparation and assembling the necessary documents SAS doctors need a minimum of four half days over the course of the first year of the appraisal scheme and three half days in subsequent years. This is in addition to one whole morning or afternoon session which needs to be allocated for the appraisal meeting itself. Appropriate support and resources need to be provided by the employer to assist SASG doctors in extracting the documentation and data necessary to inform the appraisal process.

The discussion should take place in a quiet, private place where there will be no interruptions with pagers switched off and no incoming phone calls. Should it appear the discussion will need to continue beyond the time allotted, a suitable time for a second meeting should be arranged rather than rushing the meeting.

Confidentiality
The process is confidential within an ethical framework. It should be carried out on the basis of honesty, mutual respect and trust. Discussion of issues raised in appraisal can only be raised with other individuals with the express permission of the appraisee. Documentation is at all times confidential. Adherence to this will enable a more open and frank discussion.

Outcomes
At the end of the meeting action points will have been generated for the appraisee and possibly also the appraiser, which will form the basis for the personal development plan (PDP). From this plan, development objectives for the following and subsequent years can be formulated. The PDP will encourage learning and personal development, and will ideally contain three to five objectives to be achieved by the appraisee during the period until the next appraisal.

The objectives ideally should be SMART: Specific, Measurable, Attainable, Realistic, and Timed.

Doctors with more than one employer
Doctors who regularly work for more than one employer should still only have one appraisal and one appraiser, but there will need to be input from the other employer. It may be necessary to have third party input to the process, in which case the appraisee, appraiser and the third party need to agree in advance how this contribution will integrate into the process. This contribution may precede the meeting, or may be part of the meeting itself.

<u>Documentation</u>

Form 1: Background

- This form lists your details such as name and current post.
- It is about you as an individual, and should summarise your career so far.
- Any experience and higher qualifications obtained in the UK, or abroad, should be listed, to clarify your professional status.
- Membership of any medical societies should also be noted.

Form 2: Current Medical Activities

- This is a description of your current post in the NHS, including details of on-call and emergency work, and out patient work.
- Any other clinical work done should be listed.
- Practising rights or admitting privileges at private hospitals should also be noted.

- Non-clinical(SPA) work such as teaching, management or research should be documented, as well as any work for regional/national organisations.
- Any other professional activities not otherwise included in the above should be listed. Include comments on your working environment and resources, especially if there are any obstacles to the provision of good care.
- This form should include a copy of the current job plan. If you do not have a formal job plan, and there will not be time for a job plan review prior to the appraisal, a work diary can be used for the first appraisal only.

Job plan/work diary.

This details your normal working week. If there are any agreed service objectives, comparative performance data, or college advice on workload, available these should be listed. Any national/local standards in place should be noted. Available waiting list data for you as an individual should be noted. List any difficulties there may have been with leave entitlements (study or annual), or with free time.

Form 3: Record of references provided.

This is a summary list of all the reference documentation collected under the headings of "Good Practice Guidelines". Information noted here is the focus of the appraisal discussion.

Good Medical Care.

This concerns clinical competence, knowledge and skills. It involves the nature of work and the number of patients seen.

- quantity of work done, such as operations performed as an individual or an assistant, number of letters or reports written, number of patients seen in clinics and ward rounds, and number of relevant case conferences or case meetings attended. Information may be obtained from hospital data systems.
- complications
- details of any external or peer reviews of departments, not of individuals (as most departments work in teams).
- summary of relevant critical incident forms, ideally with more detail as examples
- robust audit data, and feedback from audits, internal and external
- outcome of investigated complaints which have been concluded
- results of appropriately tailored multi-source feedback (360^0 appraisal)

Maintaining Good Practice.

Confirmation of participation in CPD

- summarise any internal or external CME points accrued.
- note attendance at local or national educational meetings.
- document the title, date, venue and duration of courses attended.
- collect and file attendance certificates.

- summarise some meetings in more detail, especially if they caused you to reflect on, or change, your practice.

Teaching/Training. This is your contribution to teaching other health professionals, such as students, training grades, nurses or paramedics.

- detail teaching done in clinics, ward rounds, or theatre in terms of numbers of people taught and also procedures taught, explained or observed.
- presentations done at local or external meetings, including the type of meeting and the topic, date and venue of the meeting.

*Relationship with Patients***.**
This is about communications with patients and their relatives.

- include a description of how you obtain informed consent.
- note any "thank you" letters/cards received, or any complaints made.
- if patient feedback information is available, document it too.
- 360^0 degree appraisal may give information in this area

*Working with Colleagues***.** This concerns team working with other health professionals, and support staff such as secretaries/clerks, managers, ambulance personnel.

- note relationships with colleagues
- possibly include a letter of support from a colleague.
- 360^0 degree appraisal may give information in this area

*Probity***.**
This about honesty and integrity.

Health.

- make a statement about your health.
- documentary evidence not needed if healthy.
- controlled medical problems not affecting work need not be declared, but document any health problems that do impact upon work.
- time on sick leave may affect ability to attend educational meetings, and accrual of CME points.

Management.

- note management activity and time involved for work in areas such as attending directorate meetings
- rota co-ordination
- Local Negotiating Committee work

Research
Document any research activity; such as projects/proposals for research, reports or publications arising from research. If service commitment, or a lack of resources, prevents research being carried out, write a statement to that effect.

*Report on Personal Development Plan***.**

- review personal development plan from the previous appraisal and state whether objectives were achieved.
- if not achieved note why e.g. course cancelled, or training arranged but not yet undertaken. Decide whether further action is needed.
- a recognised training need remains a need until fulfilled.

Review of personal effectiveness.

The discussion on this may be incorporated into form 4, or may be on a separate form.

Form 4: Summary of Discussion

This is a summary of the discussion, including agreed objectives and personal development plan. It will be completed by the appraiser, and given to the appraisee for approval. Once both appraiser and appraisee agree that it is a true record of the discussion, it will be signed off by both parties.

Optional Detailed Confidential Account.

This provides the opportunity, if wished, for a fuller, more detailed account which may help or inform subsequent appraisals. It provides a fuller record of the discussion. It does not have to be passed on to anyone else.

360^0 appraisal

This is often referred to as multi-source feedback. It is a technique to collect evidence from those who work with the doctor, such as other medical colleagues, nurses, administrators, and patients. It may improve the objectivity of the appraisal, and can test interpersonal and communicative ability.

In order to assist progression through the thresholds in the new contract structure 360^0 appraisal should have been carried out in the preceding twelve months. It is the responsibility of employers to enable implementation of multi-source feedback. Progression through the thresholds cannot be denied to the SAS doctor/dentist owing to the absence of 360^0 appraisal if the employer has not made the process available.

Multi-source feedback provides the following benefits

- opportunity to learn how differing colleagues perceive him/her
- encourages self development
- increases understanding of behaviors required to improve personal and organisational effectiveness
- increases communication within the organisation
- promotes an more open culture where feedback is the norm
- can be a powerful trigger for change

Although the criterion for crossing the thresholds does not require that a specific method of 360^0 appraisal is to be used, any method used by the employing organisation should be agreed with the Local Negotiating Committee prior to its use. The requirement is not a pass/fail assessment about whether the 360^0 appraisal has been successful, and the results of the 360^0 appraisal do not have to be shown

for the criterion to be evidenced. The only evidence required is that a 360^0 appraisal has been undertaken, and this is the employers responsibility. If a suitable mechanism for 360^0 appraisal has not been arranged by employers, the absence of multi-source feedback cannot be used to prevent an individual from crossing a threshold.

The undertaking of 360^0 appraisal should form part of the appraisal process. The criterion for crossing the threshold would be evidenced by written confirmation by the appraiser that a 360^0 appraisal has been undertaken. This could take the form of a statement or note by the appraiser that the appraisal has been undertaken. This form is intended as an aide to the process. It does not have to be used for the requirement to be met.

The feedback should be from staff and patients who are credible to the appraisee and are familiar with their work. The appraisee ideally should have full involvement in identifying potential raters. The sample size should be large enough to ensure validity, so that one individual does not have a major impact on results, without the number of raters required being onerous.

There must be suitable training for appraisees in the use of this process. Methods vary and may include direct reports, open-ended unstructured interviews, statements with a simple rating scale, and structured questionnaires. The most effective questionnaire design encompasses quantitative and qualitative elements, the quantitative providing structure, and the qualitative providing context. The appraisee usually completes a self assessment exercise on their performance.

It can be time consuming to collect ratings, and may be difficult to get a representative sample of patients. It is most useful when used in conjunction with other sources of evidence.

To be successful the resultant information must be fed back to the appraisee in a constructive and sensitive manner. Ideally this feedback should be communicated face to face by an appraiser, who has had the relevant training to provide skills in supporting this process. There should be resources for support after this feedback, including mentoring and counseling. These should be provided as soon as possible after giving feedback. Clinical managers should be available to help interpretation of results, and take forward any concerns.

For successful 360^0 appraisal

- the tool must be well validated and easy to administer, analyse, and interpret
- the tool must be relevant to the raters and their day to day involvement with the appraisee
- there must be the opportunity to indicate where the rater may not have had the opportunity to observe the appraisee in any domain, to prevent guesswork
- questionnaires should take between 15 and 30 minutes to complete

- if a self assessment exercise is used, consideration must be given to purpose of the information, how it will be used, how long it is held for, and who has access to it.
- feedback must be anonymous
- confidentiality of participants, both subjects and raters must be maintained, this may be difficult in small teams but should be strived for where practical
- participants and raters must feel comfortable and supported when taking part in the process. This is the employers responsibility.
- number of raters ideally should be between 7 and 12 to ensure reliability.
- it must be used only for development purposes, not performance management
- any decisions affecting the doctors career should not be based on 360^0 appraisal alone, it only forms part of a broader array of evidence.
- training must be given to appraisers and appraisees about how to make the most of the feedback
- it will not be successful in dysfunctional departments

360^0 appraisal is a new tool for most employers, so it is good practice for employers to follow up with participants about their views on the process, as well as measuring the impact it has had in their development plans, and how the process can be improved.

Appraisal resources

The BMA and Department of Health have issued several guidance notes to support appraisal. The GMC and Medical Royal Colleges are working to produce supportive learning tools, including assessment tools for specialty use. We have listed below many of the resources available both in print and online for your use.

Bibliography:

- Academy of Medical Royal Colleges AoMRC). 2005. *The ten principles: a framework for continuing professional development*.
- DH. 2003. *Choice and opportunity: modernising medical careers for non consultant career grade doctors*: www.dh.gov.uk
- DH. 2001. *Working together, learning together: a framework for lifelong learning for the NHS*
- DH. 2004. *Standards for better health*.
- DH. 2000. *Equipped to care*: the safe use of medical devices in the 21st century.
- DH. 2005. *Saving lives: a delivery programme to reduce Healthcare associated infection including MRSA*.

- DH. 2005/6. *NHS Institute for Innovation and Improvement: priorities 2005/6*.
- Health Professions Council. 2004. *Standards of education and training*.
- National Audit Office, DH. 2005. *A safer place for patients: learning to improve patient safety*.
- National Patient Safety Agency (NPSA). 2004. *Clean your hands campaign*: www.npsa.nhs.uk
- NHS Litigation Authority. 2006. *Risk management standards for acute trusts: pilot version*.

Web links:
(All web links checked at time of drafting. If the weblink is broken please try a search engine)

- Academy of the Medical Royal Colleges (AoRMC).2005. *The ten principles: a framework for continuing professional development*. www.aomrc.org.uk/news.aspx
- AoMRC. Links to the Royal Colleges: www.aomrc.org.uk/pages/links.htm
- British Medical Association (BMA) report on Staff and Associate Specialist grade appraisal: www.bma.org.uk/ap.nsf/Content/SASappraisalsurvey~process?OpenDocument&Highlight=2,appraisal
- British Medical Association (BMA) guide for Medical Practitioners on appraisal: http://www.bma.org.uk/ap.nsf/Content/Appraisal
- British Medical Journal (BMJ) Learning: http://learning.bmj.com/learning/main.html
- BMJ career Focus, 22 June 2002 - http://www.doctor360.co.uk/home/BMJ%202002.pdf
- BMJ Careers – ' All students should have 360', 4 November 2006 http://careers.bmj.com/careers/advice/view-article.html?id=2011
- BMJ Careers – 'Work based assessment', Helena Davies, 20 August 2005 http://careers.bmj.com/careers/advice/view-article.html?id=1063
- British Medical Association (BMA) updates, guidance and information documents on appraisal: http://www.bma.org.uk/ap.nsf/Content/HubAppraisal

- BMA Contract documentation: www.bma.org.uk/sascontract
- Career Grade Doctor Appraisal Forum: www.appraisalsupport.nhs.uk/files2/CGDAF%20Background%20paper.pdf
- DH appraisal documentation (the complete set) is available at: www.dh.gov.uk/en/managingyourorganisation/Humanresourcesandtraining/EducationTrainingandDevelopment/Appraisals/index.htm
- DH. 2000. *A health service of all the talents: developing the NHS workforce. Consultationdocument on the review of workforce planning.* www.dh.gov.uk/assetRoot/04/08/02/58/04080258.pdf
- DH. 2001. *A health service of all the talents: developing the NHS workforce. Response to the consultation*. www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4003182&chk=dv6U7n36
- DH. 2001. *Investment and reform for NHS staff: taking forward the NHS plan.* www.dh.gov.uk/assetRoot/04/05/82/21/04058221.pdf
- DH. 2001. *Working together, learning together: a framework for lifelong learning for the NHS*. www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4009558&chk=tCWmaW
- DH. 2004. *National standards, local action: health and social care standards and planning framework 2005/06-2007/08* www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4086057&chk=ypFWoL
- DH Appraisal for doctors: www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/LearningAndPersonalDevelopment/Appraisals/fs/en
- DH appraisal toolkit: www.appraisals.nhs.uk
- DH. Improving Working Lives Standard (IWL): www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModelEmployer/ImprovingWorkingLives/fs/en
- General Medical Council (GMC): www.gmc-uk.org
- *Good Medical Practice*: www.gmc-uk.org/guidance/good_medical_practice/index.asp

- Healthcare Assessment and Training (HcAT)web site: www.hcat.nhs.uk
- Healthcare Commission. 2006. *National Survey of NHS staff 2005*. www.healthcarecommission.org.uk/nationalfindings/surveys/staffsurveys/2005nhsstaffsurvey.cfm
- Healthcare Commission. *Standards for better health:* www.healthcarecommission.org.uk/serviceproviderinformation/annualhealthcheck.cfm
- NHS appraiser guidance and support: www.appraisalsupport.nhs.uk/files2/12092004164356training_the_appraisers_with_video.pdf
- NHS Careers – Appraisal for doctors working in the NHS: www.nhscareers.nhs.uk/nhs-knowledge_base/data/5352.html
- NHS Core Learning Unit (CLU): www.corelearningunit.com
- NHS Employers information on Improving Working Lives Standard (IWL): www.nhsemployers.org/iwl
- NHS Employers – national terms and conditions: www.nhsemployers.org/pay-conditions/pay-conditions-349.cfm
- NHS Litigation Authority (NHSLA) Risk Management Standards: www.nhsla.com/RiskManagement/CnstStandards
- NHS Modernising Medical Careers. 2005. *Career management: an approach for medical schools, deaneries, royal colleges and trusts.* www.mmc.nhs.uk/download_files/Career-Management.pdf
- NHS Employers guide to employment checks: www.nhsemployers.org/employmentchecks
- Postgraduate Medical Education and Training Board (PMETB): www.pmetb.org.uk
- PMETB Article 14 application guidance: www.pmetb.org.uk/index.php?id=317
- Postgraduate Medical Education and Training Board Radiology Integrated Training Initiative (R-ITI): www.riti.org.uk
- Sir Liam Donaldson. 2006. *Good doctors, safer patients: proposals to strengthen the system to assure and improve the performance of doctors and to protect the safety of patients.* DH.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4137232