

APPRAISAL FOR DOCTORS IN HOSPITAL PRACTICE

A Handbook for NHS Professionals (Doctors)
Appraisers and Appraisees

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Introduction

In the document *Supporting Doctors, Protecting Patients* (1999), the Chief Medical Officer (CMO) defines appraisal as:

"Appraisal is a positive process to give someone feedback on their performance, to chart their continuing progress and to identify development needs. It is a forward looking process essential for the developmental and educational planning needs of an individual."

The General Medical Council (April 2003) regards appraisal as "a process to provide feedback on doctors' performance, chart their continuing professional development, and identify their developmental needs", and revalidation as a doctor retaining his/her licence to practice.

Although the landscape has changed since 2004, the above statements still remain valid. While appraisal should be challenging and based on evidence of performance and practice, we should not lose sight that appraisal is also about critical self-reflection, development and support for the individual doctor.

The aims of NHS Professionals' appraisal system are:

- To support locum doctors in identifying their professional development needs
- To assist locum doctors, who are not normally in substantive posts, in preparation for re-licensing
- To assure employing Trusts that NHS Professionals doctors have complied with our standards

In the 5th Shipman Inquiry report (December 2004), the chairman Dame Janet Smith made several criticisms and recommendations. One of her criticisms was that the General Medical Council's (GMC) proposed reliance on appraisal for revalidation would be ineffective for picking up poorly performing doctors.

Following the publication of the 5th Shipman Inquiry report, the then Secretary of State for Health commissioned the CMO in January 2005 to undertake a review and report on what further measures are necessary to

- *strengthen procedures for assuring the safety of patients in situations where a doctor's performance or conduct poses a risk to patient safety or the effective functioning of services;*
- *ensure the operation of an effective system of revalidation;*
- *modify the role, structure and functions of the General Medical Council.*

The GMC set out its proposed revised system for revalidation in "Developing medical regulation: a vision for the future" April 2005. Final plans awaited the Chief Medical Officer's review.

The CMO Sir Liam Donaldson reported in July 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.” <http://www.dh.gov.uk/assetRoot/04/13/72/76/04137276.pdf> He made 44 recommendations in this report and those relevant to NHS Professionals doctors are in Appendix J.

Among his conclusions and recommendations of note are:

- The organisation NHS Professionals should also have a designated General Medical Council affiliate(s) and should engage with doctors involved solely in locum practice.
- **Re-licensure** relates to the renewal of full registration (and therefore a generic licence to practice) and **re-certification** relates to renewal of a doctors’ specialist certification (and their place on the specialist or GP register). Both aspects are required, and ‘**revalidation**’ must be an umbrella term for these two distinct processes.
- For revalidation to be effective it must be built upon more than the current system of NHS annual appraisal. It needs to be based on a valid and reliable assessment of a doctor’s everyday standard of practice so as to enable a judgment to be made about how good that doctor is, about the safety of their practice and about the extent to which quality is embedded in their everyday work.
- It should include evidence that the doctor has participated in an independent 360-degree feedback exercise.
- At the conclusion of every locum appointment, the contracting organisation should be required to make a brief standardised return to provide feedback on performance and any concerns.
- To be effective, appraisal should be conducted rigorously, objectively and thoroughly by a skilled, trained appraiser. There is evidence that, at present, this does not happen consistently across the NHS.
- The process of NHS appraisal should be standardised and regularly audited, and should in the future make explicit judgments about performance against the generic standards.

NHS Professionals developed its appraisal system for locum doctors in 2004 based very much on the above principles. It is underpinned by our End of Placement Assessment Reports (EoPAR) to provide information on performance, as well as to provide feedback to our doctors, and thereby support for their career progression and professional development through identifying their developmental needs. Other evidence pertaining to the 7 areas of *Good Medical Practice* should be collected in the personal portfolio or folder. Appraisees and appraisers should regularly visit the websites of the specialty colleges and GMC to keep up with latest requirements for revalidation. Our “GMC affiliate” will also keep us posted about GMC requirements.

Currently appraisal is FREE to doctors who are registered and work a set minimum hours through the NHS Professionals (Doctors) locum bank.

Re-licensing and re-certification remain the responsibility of the individual doctor.

SECTION I

FRAMEWORK AND PROTOCOLS

FRAMEWORK

Summary

- EoPARs collected by NHSP
- Appraisee compiles Portfolio/Folder
- NHSP allocates Appraiser
- Appraisee makes appointment with Appraiser
- Appraiser informs NHSP of appointment
- Appraisee prepares for Appraisal interview
- Appraisal takes place
- Appraiser returns Forms 4 to NHSP
- Appraiser and Appraisee return Appraisal evaluation form to NHSP

Detail

1. End of Placements Assessment Reports (EoPAR)), based on *Good Medical Practice*, will be collected by NHS Professionals
 - i. the supervising consultant or their nominated deputy (who could be senior nursing staff) will be expected to complete those aspects of the form (Appendix A) on which they have information
 - ii. in order to obtain a fair and a more accurate picture of a doctor's performance, a minimum of 75% return rate of EoPARs is required for the production of Form 4 appendix D. See item 2 below.

Therefore it is important that locum doctors encourage their supervising consultants to return the EoPARs to NHSP.

- iii. when the GMC commences re-licensing, other health professionals (e.g. nurses, secretaries, operating department practitioners, managers) will be asked to complete a questionnaire similar to EoPARs to provide a more comprehensive picture of a doctor's behaviour and practice. (Appendix B)
This is called multi-source feedback or 360-degree survey.

2. Assessment reports will be collated by NHS Professionals as a summary form for the appraisal to provide feedback (appendix D). Appraiser will receive 2 copies, that is, the appraiser's and appraisee's. See item 5 below. (Appendix D represents one of the two Forms 4 as recommended by the Department of Health www.appraisals.nhs.uk or www.dh.gov.uk/assetRoot/04/03/46/24/04034624.doc).

3. Doctor collects evidence for the revalidation folder throughout the year. See Section II.

4. NHS Professionals will match the appraisee with a suitable appraiser by specialty group and or location, and the appraisee given a choice of 3 appraisers if available.

- i. If the locum post is between 3-6 months, if possible the doctor should seek a NHSP appraiser in that Trust when his/her annual appraisal is due

- ii. If post is for longer than 6 months, the doctor should be included within the Trust's appraisal system

5. Appraiser and appraisee agree mutually convenient time and place for the appraisal. Appraiser informs NHS Professionals so that 2 copies of the assessment summary forms (Appendix D Form 4) can be sent to him/her.

6. Appraisee prepares for the interview by

- i. Using the Appraisal Preparation Form as an aide memoir (Appendix F) or the Appraisal Toolkit available on www.appraisals.nhs.uk
- ii. Ensuring revalidation folder is up to date.
- iii. Completing a self-assessment using Appendix C.

7. The appraisal discussion should normally take between 1-2 hours. At the end of the appraisal, appraiser and appraisee should agree on a Personal Development Plan (PDP) (Appendix E Form 4) based on the discussions and the assessment summary form (Appendix D). See "Content of Appraisal" in Section II.

8. There are 2 parts to Form 4 – Appendices D&E which correspond to the Summary of Appraisal Discussion with Agreed Action and the PDP respectively. **Two copies of both parts of Form 4 should be signed by both parties.**

9. Appraiser returns his/her signed copies of Forms 4 to NHS Professionals as evidence that satisfactory appraisal has taken place. It also signals the end of that particular appraisal cycle. Payment cannot be made to the appraiser until copies of both forms are returned.

10. Appraisee keeps signed Forms 4 in his/her folder as evidence that appraisal has taken place.

11. Appraisee returns evaluation form to NHS Professionals. (Appendix G)

12. Appraiser returns evaluation form to NHS Professionals (Appendix H)

PROTOCOLS

1. Confidentiality

- i. The discussions during the appraisal interview are confidential unless issues threatening patient safety arise. All doctors on the GMC register are bound by the principles of *Duties of a Doctor* and *Good Medical Practice*.
- ii. If during the appraisal interview the appraiser becomes aware of a serious problem or it appears to the appraiser that there may be a health, conduct or performance matter requiring specific investigation then the appraisal should be stopped. The appraiser should inform the appraisee of the reason for stopping the appraisal and must then inform the Clinical Director and Head of Clinical Governance who must determine what action should follow.
- iii. Depending on the nature and seriousness of the problem, it may be appropriate, with the consent of the appraisee, that the appraisee's GP be contacted by the Clinical Director.
- iv. Forms 4 including the PDP and the Evaluation forms are required to be reviewed by NHS Professionals (Doctors) for quality assurance purposes and for the GMC. They will remain confidential within NHS Professionals (Doctors) unless requested by statutory bodies.

2. Frequency

- i. Appraisal is an annual process unless both appraiser and appraisee agree that it would benefit the appraisee to have an interim appraisal. Appraisal should occur within one month of the anniversary of the last appraisal.
- ii. An appraiser should not appraise the same appraisee more than 3 times

3. Appraisers

NHS Professionals will provide a list of their approved and trained appraisers.

Appraisers will

- Have been appraised themselves.
- Have attended and completed training as appraisers including giving feedback
- Have attended the NHS Professionals refresher programme.
- Understand and abide by NHS Professionals' framework and protocols.
- Be on the GMC register.
- Be aware of current developments about revalidation and CPD.
- Receive feedback about their appraisal skills.
- Be responsible for returning copies of Forms 4 to NHS Professionals.
- Be accountable to the Clinical Director and Head of Clinical Governance.

Details are in SECTION II Guide for Appraisers and Appraisees.

4. Allocating resources

The appraiser cannot promise or allocate resources for CPD.

5. Conflict of interest

Should conflict of interest arise on the part of appraisee or appraiser, either party is entitled to stop the appraisal and report immediately to the Clinical Director and Head of Clinical Governance.

6. Investigations, disciplinary procedures

Appraisal should be delayed if a doctor is under investigation or subject to disciplinary procedures. While a complaint or a “poor” assessment is being investigated by NHS Professionals (Doctors) clinical governance team, the appraisal team will not proceed with arrangements for a doctor’s appraisal.

7. Complaints

Should either appraisee or appraiser wish to make a complaint, they are able to do so through the Special Health Authority’s complaints system via the Human Resources Directorate.

Quality assurance

An organisation which is a “GMC approved environment” has to be able to prove to the GMC that its appraisal and clinical governance systems are robust and quality assured by an independent party. NHS Professionals (Doctors) appraisal and clinical governance systems are well integrated and reasonably robust to qualify, and will in future be audited internally and externally. The indicators to be used for audit will be those as recommended in “Assuring the Quality of Medical Appraisal. Report of the NHS Clinical Governance Support Team Expert Group. July 2005”.

www.cgsupport.nhs.uk/news/Assuring_the_Quality_of_Medical_Appraisal.asp

The CMO’s recommendation 24 suggests that the Healthcare Commission would also need to be satisfied with NHS Professionals (Doctors) arrangements.

SECTION II

GUIDE FOR APPRAISERS AND APPRAISEES

Purpose of appraisal

Appraisal can be a powerful tool for increasing effective medical practice. To improve practice, appraisal needs to be seen as part of the whole professional development imperative of clinical governance. A supportive but challenging appraisal interview should lead to explicit targets for improvement in practice in the following year. These improvements should be the result of the appraisee's acknowledgement for the need for change too. They should be revisited in the next annual appraisal interview and continually revisited if practice does not improve where it is felt that it should. Failure to address the need for change should be part of any clinical governance reporting procedure within any organisation.

Appraisal also recognises excellence and should be regarded as a process which supports competent practice. Although appraisal outcomes strive for personal improvements in performance it is equally important to identify maintenance of standards. It also gives an individual doctor an opportunity to discuss personal and professional issues, development needs with a colleague in confidence.

The CMO (appendix J) has said that to be effective, appraisal should be conducted rigorously, objectively and thoroughly by a skilled, trained appraiser. There is evidence that, at present, this does not happen consistently across the NHS. The process of NHS appraisal should be standardised and regularly audited, and should in the future make explicit judgments about performance against the generic standards (set by GMC, PMETB). The re-licensing process should be based on the revised system of NHS appraisal and any concerns known to the General Medical Council affiliate. Necessary information should be collated by the local General Medical Council affiliate for submission to the GMC.

Therefore, in strictly practical terms, re-licensure depends on "satisfactory" appraisal based on evidence of standards of practice, performance and professional development together with other clinical governance information.

Preparing for Appraisal

Successful appraisal depends on appraisers and appraisees giving their contribution some thought beforehand. Both parties should give themselves enough time to produce, exchange and consider any documents necessary for the appraisal. At least 3 weeks is suggested. For some locums their initial appraisal will be the first opportunity for many years to discuss their performance and aspirations; do not under-estimate the challenges the appraiser and appraisee will face. It must be recognised that locums may initially require further time in setting up their appraisal folders and will have difficulties providing evidence of activities, such as audit, which is expected to be available from substantive doctors.

The appraisee should

1. collect evidence to support *Good Medical Practice* throughout the year.
2. complete the self-assessment form (appendix C) before the appraisal meeting.
3. use either the Appraisal Preparation Form (appendix F) or the Appraisal Toolkit forms to reflect on the questions in the forms. It is not necessary to file the Appraisal Preparation Form in the folder. Appraisees may also wish to reflect on the questions below before the appraisal:
 - How good a doctor am I?
 - How well do I perform?
 - How up to date am I?
 - How well do I work in a team?
 - What are my relationships with patients and colleagues?
 - What should I be doing to advance my career?

It is very important that the appraisal appointment is planned in diaries well ahead and protected, and that both appraisers and appraisees are **easily contactable**. The interview should be conducted in a comfortable and quiet environment with no disruption by telephones or bleeps. If at all possible, both appraiser and appraisee should avoid any last minute changes to the appointment; should genuinely unavoidable circumstances arise, the appraisal team should be contacted immediately by phone on 0114 223 1470 or email appraisal@NHSPProfessionals.nhs.uk .

Content of Appraisal

The appraiser's responsibility is to ensure rigour in the appraisal process, to dispel any notion of cosiness and complicity but at the same time to handle all the issues which arise, delicately but firmly.

The discussion during appraisal will be semi-structured using either the Appraisal Preparation Form or the Toolkit and the folder. The appraiser should be guiding the appraisee on the quality of information collected in the folder to support *Good Medical Practice*. The appraiser will provide feedback to the appraisee by comparing the 360° assessment summary form (appendix D Form 4) collated by NHS Professionals with the appraisee's self-assessment (appendix C); any differing assessments should provide the basis for discussion, advice and counselling.

Good Medical Practice can be found on the GMC website www.gmc-uk.org.

The 7 areas of *Good Medical Practice* are

- Good Clinical Care
- Maintaining Good Medical Practice
- Working with Colleagues
- Relations with Patients
- Teaching and Training
- Probity
- Health

The locum doctor (appraisee) will collect evidence of the above that are relevant to his/her practice. This evidence should be collected in a personal portfolio/folder as recommended by the DH. See below for a checklist. Doctors in surgical specialties and anaesthesia should keep a **log book** (as recommended for trainees) by their colleges. Doctors in other specialties might find it useful to record the range of their clinical practice so that there is some evidence of their type of work and experience. All reported clinical incidents involving the doctor should be recorded in the folder.

During the appraisal interview the appraiser will focus upon

- the quality of the evidence
- the relationship between the evidence and the interpretations of it by the appraisee
- the differences between appendices C and D
- the consequent analysis of aims and objectives for the oncoming year.

The evidence provided in the folder is intended to inform discussion during the appraisal interview. When looking at the quality of evidence, the appraiser should question whether the evidence is authentic and comprehensive enough – such as, does it constitute a fair picture of such and such an activity, are the right questions being asked, were the procedures for collection of the evidence suitable, what might be missing, what might be biased.

Action plans should be recorded on Form 4 and summarised as objectives in the PDP (appendix E). They should be agreed between appraiser and appraisee and signed by both.

Collecting Evidence for the Appraisal Folder

The GMC has so far not insisted on a particular format as long as the information they require is present in the folder. It is not necessary to write any information on the DH forms if this information can be provided by other existing documents; it may be more convenient to update information by filing a printout from one's PC. It is essential to collect as much performance evidence as possible.

The CMO has recommended (appendix J 16 & 17) that the GMC and specialty colleges give "clear and unambiguous set of standards" for revalidation. It is important that appraisees and appraisers consult the specialty colleges' websites for the latest information of their requirements. **It is the responsibility of the individual doctor to provide sufficient evidence for appraisal.** However NHS Professionals (Doctors) will assist in providing evidence of performance which is Form 4 (appendix D).

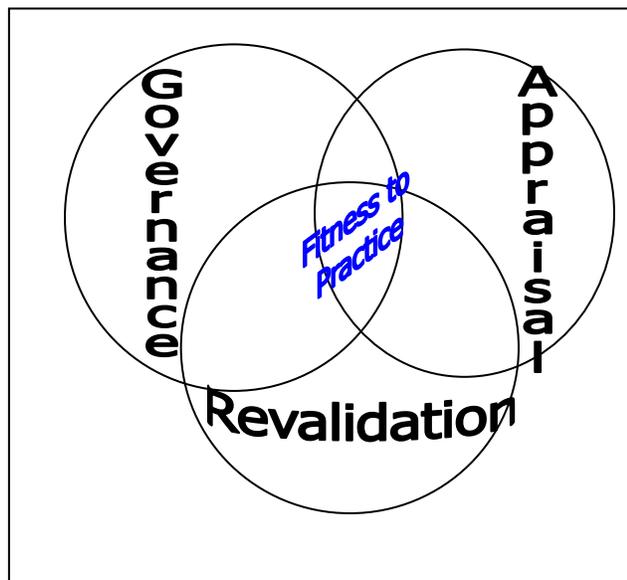
If appraisers and the NHS Professionals (Doctors) GMC affiliate are not satisfied with the evidence collected, the doctor may be required to attempt to re-license through the GMC's route for doctors in independent practice.

Doctors may also find it helpful to use the Appraisal Toolkit available on www.appraisals.nhs.uk

The Relevance of Evidence

It might be helpful to look at the Venn diagram below which demonstrates that evidence collected could be used for supporting either governance, appraisal or revalidation or all 3. As an example, one's record of CPD or performance figures, can be used to support all 3 entities but in rather different ways. It could be viewed that during appraisal, the evidence in the folder is sifted, and then assessed whether it meets governance standards and finally evaluated as to whether it supports *Good Medical Practice* for re-licensing and re-certification purposes.

The ultimate use of evidence should be to support an individual's claim for 'Fitness to Practice'.



Checklist for appraisees

If you are currently on the GMC register you will have been sent a copy of *Good Medical Practice*. Please read this, as it will help you in your practice as well as deciding what information to collect for your folder. You should also regularly check your specialty college's website for any specific advice.

It is unlikely that any appraisee will have every item listed below. Please use this generic checklist as a guide. You may wish to retain your NHS Professionals appraisal preparation form in your folder to cover additional aspects of your practice and professional activities.

DH Form 1

A short CV including

- Qualifications and dates.
- Specialty or higher qualifications and dates.
- Training posts with dates.
- Membership of professional organisations.
- Other professional activities e.g. role in education, management, specialist college/societies.

DH Form 2

- A list of your posts and professional activities (clinical and non-clinical) in last 12 months.
- Time-table of posts where available.
- A brief profile of the Trusts where you have worked and an explanation of your role in a particular department/directorate.
- Summary of your log book e.g. numbers of procedures.

DH Form 3

Good clinical care

- Information about your caseload and clinical outcomes from hospital information systems.
- Personal log book
- Information about Trust/department audits based on standards set by e.g. Specialty college, NICE, that you have been involved with
- Summary of complaints and outcomes.
- Information about critical event analysis with specific examples.
- 360 degree feedback/ peer reviews (see forms 4)

Maintaining good medical practice

- Forms 4 from previous years as evidence of having partaken in annual appraisal.
- Copies of previous learning plans/ personal development plans (PDP)
- CPD certificates e.g. Courses, CPR refreshers, learning new skills, communication skills course.
- Proof of attendance at clinical governance/audit meetings e.g. taking consent, breaking bad news, minutes of audit meetings.
- Evidence of having undertaken clinical incident reviews, audits, clinical guidelines by providing comprehensive summaries specifying whether it relates to you or the team.
- Information of any changes to practice as a result of the above.
- Summary of research projects including proof of research governance.
- References from Trusts.

Working relationships with colleagues

- 360-degree feedback (see forms 4).
- Information of any changes to practice as a result

Relationships with patients

- 360-degree feedback (see forms 4).
- Patient questionnaires and satisfaction surveys.
- Information of any changes to practice as a result.
- Letters of appreciation from patients.

Teaching and training

- Summary of papers/presentations/lectures.
- Evidence of undertaking tutorials/lectures for students and other health professionals including feedback from attendees.
- Information about supporting/mentoring other colleagues.
- 360-degree feedback (see forms 4).

Probity

- Declaration of any financial or commercial conflict of interest.
- Declaration of any GMC, NCAA referral and outcome.
- Declaration of any criminal charges/ convictions.
- 360-degree feedback (see forms 4)

Health

- A clear declaration from you that your physical and mental health does not put patients at risk
- Evidence of Hepatitis immunisation status.
- Sickness record.

Forms 4 (appendices D&E)

There are 2 parts to form 4; i) NHS Professionals will produce for your appraisal a summary of your end of placement assessment reports and multi-source feedback which will be under the 7 headings of *Good Medical Practice*. ii) Your appraiser will discuss these forms with you so that together you will be able to formulate a meaningful PDP. You must retain these two forms 4 in your folder. They will provide evidence that appraisal has taken place during that appraisal cycle.

It is the intention of NHS Professionals to introduce 360 degree or multi-source/multi-observer feedback as soon as the GMC commences re-licensing.

It is absolutely essential that both parts of Form 4 are completed comprehensively and realistically. The “discussion and agreed actions” section under each heading of *Good Medical Practice* must be completed in order to demonstrate that the appraisal has been rigorous and challenging. The agreed actions must then correlate with the objectives in the PDP. Both appraisee and appraiser should remember that unrealistic objectives will most likely not be achieved and hence defeats the purpose of the exercise. NHS Professionals (Doctors) appraisers have been taught to write SMART (Specific,

Measurable, Achievable, Realistic, Time Constrained) objectives at their induction and refresher programmes.

Both internal and external audit will examine the quality of Forms 4, evaluation forms and the system processes.

Evaluation forms (appendices G&H)

We ask that all appraisers and appraisees return these confidential forms to NHS Professionals (Doctors). They are required for quality assurance of the appraisal system and the feedback will assist us in improving our system.

Information for the GMC

It will not be possible to report to the GMC that an appraisal has been “satisfactory” if Forms 4 are incomplete. It is intended that the GMC affiliate will inform the GMC whether there are any “concerns” about a doctor.

The GMC and Healthcare Commission will want to satisfy themselves that our appraisal and clinical governance systems are quality assured.

THE ROLE AND RESPONSIBILITIES OF A NHS PROFESSIONALS APPRAISER

NHS Professionals has a bank of experienced appraisers who are or were consultant appraisers in their own Trusts, have undergone specific refresher training as NHS Professionals (Doctors) appraisers. They have been trained to conduct effective appraisals, use our forms, use 360 degree surveys to give feedback constructively, craft SMART (Specific, Measurable, Achievable, Realistic, Time constrained) objectives and complete the necessary paperwork. Their skills will have been evaluated at the time of training and will be audited through the returned forms.

1. The appraiser must be on the GMC register.
2. The appraiser must have been appraised him/herself.
3. The appraiser must have attended and completed training as an appraiser and is able to give constructive feedback to the appraisee.
4. The appraiser must have attended the Refresher programme for appraisers.
5. He/she is expected to attend ad hoc NHS Professionals meetings for appraisers.
6. Should understand the content of appraisal.
7. Understand and abide by NHS Professionals framework and protocols as is written in SECTION I of this handbook.

Appraisers should particularly note that

- i. Appraiser informs NHS Professionals of the date of appraisal so that the assessment summary forms (Form 4) can be sent to him/her.
- ii. Issues such as confidentiality and the limits of appraisal should be made clear to the appraisee at the start of the appraisal meeting.
- iii. The appraiser cannot promise resources for CPD which is the remit of the Clinical Director and Head of Clinical Governance of NHS Professionals (Doctors)
- iv. The appraisal discussion should normally take between 1-2 hours.
- v. At the end of the appraisal, appraiser and appraisee should agree on a Personal Development Plan (PDP).
- vi. 2 copies of both parts Forms 4 should be signed by both parties.

- vii. Appraiser is responsible for returning his/her copies of both parts of Forms 4 to NHS Professionals as evidence that appraisal has taken place. Without these, payment cannot be made to the appraiser.**
8. Be aware of current developments about appraisal, revalidation and CPD. The NHS appraisal, GMC and Royal Colleges' websites contain useful information.
9. Be prepared to receive feedback about their appraisal skills.
10. The appraiser should not be difficult to contact and he/she should ensure that his/her Trust secretary understands the requirements of this additional role. The appraiser should avoid any last minute changes to arrangements.
11. Be accountable to the Clinical Director and Head of Clinical Governance of NHS Professionals (Doctors).

There is a separate workbook for appraisers for the Refresher Programme.

Some other useful websites

www.nhsprofessionals.nhs.uk

www.aomrc.org.uk

www.pmetb.org.uk

www.rcoa.ac.uk

www.rcseng.ac.uk

www.rcpsych.ac.uk

www.rcplondon.ac.uk

www.rcog.org.uk

www.rcpch.ac.uk

www.rcophth.ac.uk

www.rcpath.org

www.emergencymed.org.uk

www.mmc.nhs.uk

www.rsm.ac.uk

www.cgsupport.nhs.uk

Reference Reading

1. www.cgsupport.nhs.uk/news/Assuring_the_Quality_of_Medical_Appraisal.asp
Assuring the Quality of Medical Appraisal July 2005
2. www.appraisals.nhs.uk
3. www.appraisalsupport.nhs.uk
4. www.gmc-uk.org/doctors/licensing/archive/developing_medical_regulation_200504.pdf
April 2005. This is the GMC's response to the CMO's *Call for Ideas*.
5. <http://www.dh.gov.uk/assetRoot/04/13/72/76/04137276.pdf> July 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."
6. The Use of Evidence in The Appraisal of Doctors. Wilkinson, Sanger, Matheson 2002 Earlybrave Publications Ltd. ISBN 1-900-436-35-8
7. *From a paper presented by Professor Clive Fletcher titled 'Supporting Effective Teamworking, Clinical Governance, Patient Involvement & Consultant Revalidation' at 'A Practical Guide to 360 degree Appraisal', Royal College of Physicians, London, June 2002.*

In recent years there has been a rapid increase in the popularity of multi-source multi-rater systems, sometimes referred to as 360-degree feedback systems. These usually involve a process whereby a focal manager is rated on various behavioural dimensions or competencies by one or more bosses, peers, subordinates and sometimes customers or patients. Originally these systems were mainly oriented towards the focal managers' development and took place in the context of management development or leadership courses. However, they have not been in use for very long, especially in the UK. As Mathews & Redman (1997) point out, surveys on both sides of the Atlantic in the mid 1980's showed about 10% of US companies using these techniques compared to none at all in the UK. By the early 1990s a few companies in the UK had adopted upward feedback and one or two – mainly US subsidiaries of US multi-nationals – were operating 360 processes (Redman and Snape, 1992). Since then 360-degree feedback systems have spread quickly across a whole range of public and private sector organisations in the UK. Though it got off to an earlier start in the US, there are indications of its wider use there also (Antonioni, 1996).

This widespread adoption of 360-degree feedback is based on these perceived benefits:

- It is inherently fairer and has allegedly greater accuracy in representing performance because it offers a more rounded assessment of the individual, not just the top down perspective of conventional appraisal;
- It is an empowering mechanism, in that it allows subordinates to exert some influence over the way they are managed; the same is true for peers, who can reflect back and perhaps alter the way a colleague performs as a member of a team;
- It enhances awareness of the organisations competency framework, because staff completing the questionnaire may (depending on how the questionnaire is presented) become familiar with the competencies and the behaviours associated with each one;

- It has powerful development and learning potential – if used sensitively and with the right kind of support mechanisms. The impact of this kind of feedback is, as anyone who has used it knows, quite strong and can motivate change in behaviour;
- It brings about a culture change in organisations, whereby individuals become more ready to seek, give and accept feedback in a constructive manner, and so enhance communication and openness; and
- It increases self-awareness, that is the extent to which an individual's self-assessment of performance is congruent with how colleagues perceive that performance.

This last point, self-awareness is quite fundamental to the aims and contributions of 360 systems. There is a general belief that increasing self-awareness will have a positive effect on performance. The extent to which self ratings are congruent with the assessment made of the individual by others has been taken as a measure of the degree to which individuals understand their own strengths and weaknesses. Evidence from various settings has demonstrated an association between self-awareness and managerial success and leadership effectiveness (Fletcher 1997a) Nasby (1989) found that individuals with high self-awareness are more able to incorporate comparisons of behaviour into their self-perception, and that self perceptions are both more reliable and valid. Conversely, people with low self-awareness are more likely to ignore or discount feedback about them, suffer career derailment and have negative attitudes towards work (Ashford, 1989).

So much for the good news but there are down sides to using 360 degree feedback – managers are often apprehensive about it initially, and so are those contributing the feedback, and it can take a lot of time and effort if done on a regular basis.

Overall, most of the research evidence is very supportive, but it does point up the fact that success is by not means guaranteed – much depends on the 360 instrument, the way the system is introduced and run, and numerous other factors. Indeed, sometimes 360 feedback can have exactly the opposite of the intended effects. This is not surprising as the same has been found with conventional performance appraisal (Fletcher, 1997b) and meta-analysis show that a significant proportion of feedback interventions in general either have no effect or even reduce performance (Kluger & DeNisi, 1996). Partly because it is easy to go wrong here, a working group consisting of the British Psychological Society, the CIPD, the DTI and some other organisations was set up to draw guidelines on Best Practice. The result of our efforts can be seen on the DTI website at

www.dti.gov.uk/mbp/360feedback

References

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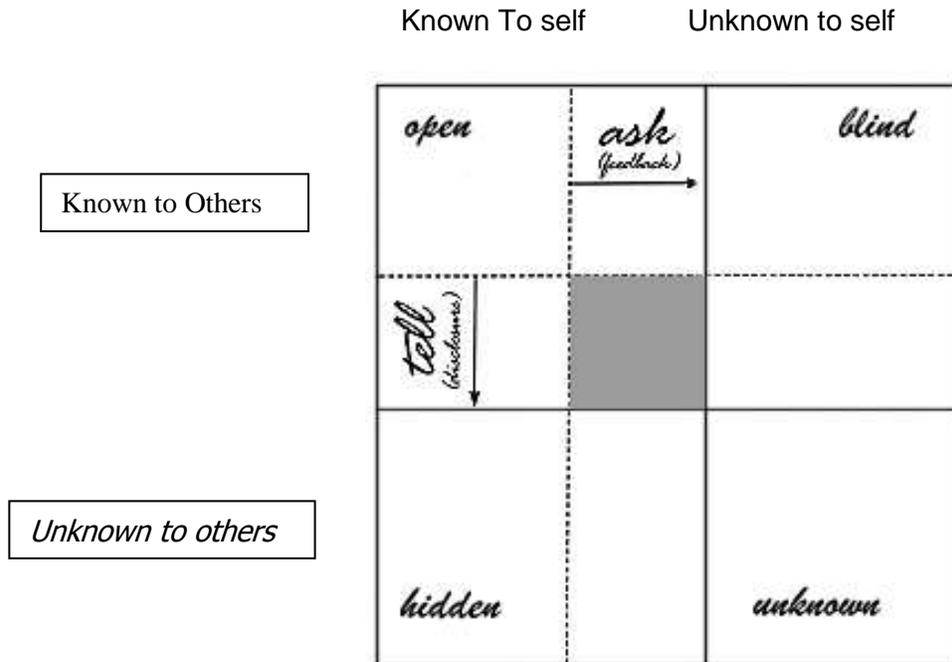
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8. The Johari Window Model

The Disclosure/Feedback model of awareness known as the Johari Window, named after Joseph Luft and Harry Ingham. It was first used in an information session at the Western Training Laboratory in Group Development in 1955.



The four panes of the window represent the following:

Open: The open area is that part of our conscious self - our attitudes, behaviour, motivation, values, way of life - of which we are aware and which is known to others. We move within this area with freedom. We are "open books".

Hidden: Our hidden area cannot be known to others unless we disclose it. There is that which we freely keep within ourselves, and that which we retain out of fear. The degree to which we share ourselves with others (disclosure) is the degree to which we can be known.

Blind: There are things about ourselves which we do not know, but that others can see more clearly; or things we imagine to be true of ourselves for a variety of reasons but that others do not see at all. When others say what they see (feedback), in a supportive, responsible way, and we are able to hear it; in that way we are able to test the reality of who we are and are able to grow.

Unknown: We are more rich and complex than that which we and others know, but from time to time something happens - is felt, read, heard, dreamed - something from our unconscious is revealed. Then we "know" what we have never "known" before.

It is through disclosure and feedback that our open pane is expanded and that we gain access to the potential within us represented by the unknown pane. Appraisal using 360-survey feedback provides an opportunity to disclose personal beliefs, values and attitudes and to receive feedback about how others see us.

SECTION III

APPENDICES

Appendix A

END OF PLACEMENT ASSESSMENT REPORT

This should be completed by the supervising Consultant. If you are unable to assess the doctor due to limited working knowledge, please refer this form to another clinical colleague to complete the relevant areas. Thank you for your valued contribution.

Name: _____ **GMC no:** _____

Grade and Specialty: _____

Hospital: _____

Period: _____ **Vacancy Number:** _____

Please rate your assessment of this doctor based on your observations. If your rating includes “Unsatisfactory”, “Unable to assess” or “Disagree, Strongly disagree” please provide details in the box below.

These ratings are to be benchmarked against a doctor of a substantive equivalent grade and specialty.

Did you encounter this Locum *personally*? **YES/NO (delete as appropriate)**

Please assess the doctor in each of the following areas by ticking one box along each line	Unsatisfactory	Less than satisfactory	Satisfactory	Better than satisfactory	Unable to assess
<i>Good clinical care</i>					
Ability to assess patients and make correct diagnoses					
Initiate appropriate investigations and management plans					
Practical skills including operative skills					
Record keeping					
<i>Maintaining good medical practice</i>					
Medical knowledge is up to date					
Practice accords with accepted guidelines					

Please assess the doctor in each of the following areas by ticking one box along each line	Unsatisfactory	Less than satisfactory	Satisfactory	Better than satisfactory	Unable to assess
<i>Working relationships with colleagues</i>					
Reliable and effective member of the clinical team					
Willingness to consult colleagues					
<i>Relationships with Patients</i>					
Ability to communicate with patients e.g. obtaining informed consent					
Rapport with patients					
<i>Teaching and training</i>					
Willingness to contribute to education of students and colleagues					

Please state to what extent you agree with the following statements by ticking one box along each line	Strongly disagree	Disagree	Agree	Strongly agree	Unable to assess
I am confident in this doctor's ability to provide care for my patients					
I am confident that there are no clinical complaints about this doctor					
I am confident that this doctor is honest and trustworthy					
I am confident that this doctor respects patient confidentiality					
I am confident that this doctor does not have health problems that may put patients at risk					

I would consider re-employing this doctor in a similar post.....Yes/No

Please indicate the highest appropriate level at which you consider this doctor should work:

Grade _____ Specialty _____

Grade _____ Specialty _____

Please give reasons for "Unsatisfactory", "Unable to assess" or "Disagree, Strongly disagree" or if you wish to make additional comments:

Or write in confidence to the Clinical Director and Head of Clinical Governance, NHS Professionals, 26 Atlas Way, Sheffield S4 7QQ

This information will be shared with the Commercial Agency and the doctor concerned if appropriate

Signed _____ Position _____

Name _____ (in block capitals) Date _____

GMC no. _____

***Please return to: End of Placement Assessment Team, NHS Professionals
Distington House, 26 Atlas Way, Sheffield S4 7QQ.***

Tel: 0114 2231470

Fax 0114 2902623

Email Appraisal@nhsprofessionals.nhs.uk

August 2006

Appendix B

360^o Questionnaire for appraisal purposes (to be completed by Medical and/or Non Medical health professionals, except supervising consultant)

Name: _____ GMC no: _____

Grade and Specialty: _____

Hospital: _____

Period: _____

You have been chosen by the above doctor to provide your assessment of this doctor based on your observations. Your assessment will remain confidential and you will not be identified. You will be one among others asked to provide feedback; the collated feedback will be summarised for use during the doctor's appraisal. The doctor will never see any of the original assessments.

Please rate the doctor against another doctor in a post of equivalent grade and specialty.

Thank you for your valuable contribution.

Did you encounter this Locum *personally*? YES/NO (delete as appropriate)

Please assess the doctor in each of the following areas by ticking one box along each line	Unsatisfactory	Less than satisfactory	Satisfactory	Better than satisfactory	Unable to assess
<i>Good clinical care</i>					
Ability to assess patients and make correct diagnoses					
Initiate appropriate investigations and management plans					
Practical skills including operative skills					
Record keeping					
<i>Maintaining good medical practice</i>					
Medical knowledge is up to date					
Practice accords with accepted guidelines					

Please assess the doctor in each of the following areas by ticking one box along each line	Unsatisfactory	Less than satisfactory	Satisfactory	Better than satisfactory	Unable to assess
<i>Working relationships with colleagues</i>					
Reliable and effective member of the clinical team					
Willingness to consult colleagues					
<i>Relationships with Patients</i>					
Ability to communicate with patients e.g. obtaining informed consent					
Rapport with patients					
<i>Teaching and training</i>					
Willingness to contribute to education of students and colleagues					

Please state to what extent you agree with the following statements by ticking one box along each line	Strongly disagree	Disagree	Agree	Strongly agree	Unable to assess
I am confident in this doctor's ability to provide care for patients					
I am confident that there are no clinical complaints about this doctor					
I am confident that this doctor is honest and trustworthy					
I am confident that this doctor respects patient confidentiality					
I am confident that this doctor does not have health problems that may put patients at risk					

**Please return to: End of Placement Assessment Team, NHS Professionals
Distington House, 26 Atlas Way, Sheffield S4 7QQ.**

Tel: 0114 2231470

Fax 0114 2902623

Email Appraisal@nhsprofessionals.nhs.uk

APPRAISEE'S SELF ASSESSMENT

This should be completed **BEFORE** your appraisal and brought to your appraisal.
 This form is similar to that completed by the consultants you have worked with.
 You do not need to keep this form in your folder.

Name: _____ GMC no: _____

Please assess yourself in each of the following areas by ticking one box along each line	Unsatisfactory	Less than satisfactory	Satisfactory	Better than satisfactory	Unable to assess
<i>Good clinical care</i>					
Ability to assess patients and make correct diagnoses					
Initiate appropriate investigations and management plans					
Practical skills including operative skills					
Record keeping					
<i>Maintaining good medical practice</i>					
Medical knowledge is up to date					
Practice accords with accepted guidelines					
<i>Working relationships with colleagues</i>					
Reliable and effective member of the clinical team					
Willingness to consult colleagues					
<i>Relationships with Patients</i>					
Ability to communicate with patients e.g. obtaining informed consent					
Rapport with patients					

Please assess yourself in each of the following areas by ticking one box along each line	Unsatisfactory	Less than satisfactory	Satisfactory	Better than satisfactory	Unable to assess
<i>Teaching and training</i>					
Willingness to contribute to education of students and colleagues					

Please state to what extent you agree with the following statements by ticking one box along each line	Strongly disagree	Disagree	Agree	Strongly agree	Unable to assess
I am confident in my ability to provide care for my patients					
I am confident that there are no clinical complaints about me					
I am honest and trustworthy					
I respect patient confidentiality					
I do not have health problems that may put patients at risk					

17/08/2006

SUMMARY of ASSESSMENT and APPRAISAL DISCUSSION

Name.....GMC no.....

No. of Reports..... Date from..... to.....

Appraisal cycle.....

Good clinical care	Unsatisfactory	Less than satisfactory	Satisfactory	Better than satisfactory	Unable to assess
Ability to assess and make diagnoses					
Initiate investigations, management plans					
Practical skills					
Record keeping					

Discussion and agreed action:

Maintaining good medical practice	Unsatisfactory	Less than satisfactory	Satisfactory	Better than satisfactory	Unable to assess
Medical knowledge					
Practises within guidelines					

Discussion and agreed action:

Working relationships with colleagues	Unsatisfactory	Less than satisfactory	Satisfactory	Better than satisfactory	Unable to assess
Reliable & effective team member					
Willing to consult colleagues					

Discussion and agreed action:

<i>Relationships with patients</i>	Unsatisfactory	Less than satisfactory	Satisfactory	Better than satisfactory	Unable to assess
Communication skills					
Rapport with patients					

Discussion and agreed action:

<i>Teaching and training</i>	Unsatisfactory	Less than satisfactory	Satisfactory	Better than satisfactory	Unable to assess
Contributes to teaching of students and colleagues					

Discussion and agreed action:

<i>Assessors' responses to statements about you</i>	Strongly disagree	Disagree	Agree	Strongly agree	Unable to assess
Able to provide care					
No clinical complaints					
Honest and trustworthy					
Respects patient confidentiality					
No health problems					

Discussion and agreed action:

Agreed and signed by

Appraiser

Appraisee

Print name.....

Print Name.....

GMC no.....

Date

Date.....

This document must be filed in the appraisee's folder. A copy of this document must be returned to NHSP by the appraiser as evidence that appraisal has taken place.

**Please return to: End of Placement Assessment Team, NHS Professionals,
Distington House, 26 Atlas Way, Sheffield S4 7QQ. Tel: 0114
2231470**

Appendix E
FORM 4 PERSONAL DEVELOPMENT PLAN (PDP)

Objectives should be *specific, measurable, achievable, realistic, time constrained (SMART)*. Please indicate clearly the realistic time (months) within which these objectives could be met.

Were the previous year's objectives achieved? Yes / No
If no, give reasons.....
.....

Action to maintain skills, develop or acquire new skills:

Action to acquire new knowledge:

Action to change or improve existing practice:

Plans for continuing professional development:

Agreed and signed by

Appraisee.....

Appraiser.....

Name

Name.....

Date.....

Date.....

This document must be filed in the appraisee's folder. A copy of this document must be returned to NHSP by the appraiser as evidence that appraisal has taken place.

Please return to: End of Placement Assessment Team, NHS Professionals, Distington House, 26 Atlas Way, Sheffield S4 7QQ. Tel: 0114 2231470

Appendix F**APPRAISAL PREPARATION FORM**

This form is intended to assist in the preparation for appraisal and to structure the discussions. This form is confidential and remains the property of the appraisee. However, the decision whether the appraiser should have sight of this form prior to the appraisal interview, is to be taken between appraisee and appraiser. It is suggested that at least an hour is allowed for the appraisal meeting.

Your appraisal will consist of

1. Discussion about your jobs to include level and grade of clinical input
2. Clinical Practice. This will be a discussion based on the evidence collected in your folder for "Good Medical Practice" including 360-degree feedback.
3. Discussion about career progression and professional development

Name	GMC Number
Appraisal Period (year)	Appraisal Date
Speciality	Appraiser

A Your Jobs (DH Forms 1&2)**B Last Appraisal** (Report on progress from previous years' PDP)
To what extent were your objectives achieved?

C Your Practice

1. What has gone well and given you the greatest satisfaction over the last 12 months?
2. What difficulties have you encountered over the last 12 months and why?
3. What would you like to discuss with respect to your assessment summary?
4. What issues would you like to address over the next 12 months?
5. What help do you need to address any of these?

Discussion Points (Form 3)

6 What are the clinical standards (e.g. College Good Practice Guides, guidelines, evidence based practice) introduced within your clinical area over the past 12 months?

7 Which of the following areas have you been involved in over the past 12 months?

- Developing standards of pathways and protocols
- Clinical Governance programmes
- Education of medical, nursing and other staff
- Use of IT in developing service, education, teaching
- Service Research and development

Others.....

D CME/CPD

What opportunities have there been for you to undertake CPD (including CME)?
(Please list activity during last 12 months in your folder)

How was this funded?

What areas of CPD are of particular importance to you?

How do you envisage progressing the above (say over the next 2 years).

E Additional comments or issues you wish to raise at appraisal

Appendix G

CONFIDENTIAL

EVALUATION OF APPRAISAL

To be completed by appraisee

Name of appraiser.....Date.....

Name of appraisee (optional).....

My appraiser	Yes	No
1. Explained about confidentiality and the limits of appraisal		
2. Respected my views		
3. Made me feel comfortable		
4. Was too directional		
5. Helped me reflect on my practice		
6. Imposed his/her own opinions		
7. Was judgemental		
8. Made helpful suggestions		
9. Explained that the evidence in my folder was insufficient		
The previous year's PDP was discussed		
I completed my self assessment form		
360° feedback was discussed		
Differences between 360° feedback and my self assessment were discussed		
These differences formed the basis of my Personal Development Plan (PDP)		
My appraiser was helpful in assisting me in formulating my objectives for my PDP		
I had difficulty contacting my appraiser		
I would prefer a different appraiser next year		
The venue was satisfactory		
I need to be better prepared for my next appraisal		
Overall, it was a positive experience		

Comments and suggestions:

**Please return to: End of Placement Assessment Team, NHS Professionals,
Distington House, 26 Atlas Way, Sheffield S4 7QQ.
Tel: 0114 2231470
Fax 0114 2902623
Email Appraisal@nhsprofessionals.nhs.uk**

Appendix H**CONFIDENTIAL****EVALUATION OF APPRAISAL****To be completed by appraiser**

Name of appraiser.....Date.....GMC no.....

Name of appraisee..... GMC no.....

	YES	NO
The appraisee completed the self assessment		
360° feedback was discussed		
Differences between 360° feedback and self assessment were discussed		
These differences formed the basis of the PDP		
I assisted the appraisee in formulating his/her SMART objectives for the PDP		
The previous year's PDP was achieved		
The evidence in the folder was insufficient		
I had difficulty contacting my appraisee		

Comments:

Return of this Evaluation with copies of Forms 4 is required before payment can be made to the appraiser.

**Please return to: End of Placement Assessment Team, NHS Professionals,
 Distington House, 26 Atlas Way, Sheffield S4 7QQ.
 Tel: 0114 2231470
 Fax 0114 2902623
 Email Appraisal@nhsprofessionals.nhs.uk**

APPENDIX J “Good doctors, safer patients. Proposals to strengthen the system to assure and improve the performance of doctors and to protect the safety of patients.” July 2006

Recommendation 16

A clear, unambiguous set of standards should be created for generic medical practice, set jointly by the General Medical Council and the (Postgraduate) Medical Education and Training Board, in partnership with patient representatives and the public. These standards should be adopted by the General Medical Council and made widely available. They should incorporate the concept of professionalism and should be placed in the contracts of all doctors.

This will, for the first time, give a universal, operational definition of a ‘good doctor’. It will end the present perception that a doctor’s employer or contractor is concerned only with contractual matters such as deployment of clinical sessions and productivity, whilst the General Medical Council is concerned with standards of care. It will build upon the excellent work previously undertaken in the preparation of ‘Good medical practice’ by the General Medical Council. It will harmonise the approach to clinical governance, quality and safety of care, and give everyone – doctors, patients and employers – a clear understanding about what represents an acceptable standard of practice and conduct. Sharing this standard-setting role with the (Postgraduate) Medical Education and Training Board will reinforce the philosophy that high standards of practice are created by a strong system of education and training rather than being driven by the need to clarify what is necessary to avoid disciplinary sanction. It will also align strongly with the work of creating practice competencies to match specific medical roles.

Recommendation 17

A clear and unambiguous set of standards should be set for each area of specialist medical practice. This work should be undertaken by the medical Royal Colleges and specialist associations, with the input of patient representatives, led by the Academy of Medical Royal Colleges.

This will enable the specification of good practice to be extended from the generic into each specialist field of practice (including general practice) and provide the basis for a regular objective assessment of standards.

Recommendation 18

The process of NHS appraisal should be standardised and regularly audited, and should in the future make explicit judgements about performance against the generic standards, as contained within the doctor’s contract.

This will lend the appraisal process an increased degree of objectivity, tie it in more closely to the quality of care and the local service of which the doctor is part, and help to align properly NHS appraisal with medical regulation. It will ensure that appraisal is carried out to a consistent and rigorous standard across the country. As methodologies and the quality of data improve, much more information should be used in the appraisal process.

Recommendation 24

All doctors wishing to work in the United Kingdom should be registered with a healthcare organisation that has a General Medical Council affiliate. In addition, all agencies involved in the placement of locum doctors should be registered for this purpose with the Healthcare Commission and be subject to the standards operated by it.

This will enable the appropriate engagement of doctors who work in settings or roles other than mainstream NHS or private sector providers. The organisation NHS Professionals should also have a designated General Medical Council affiliate(s) and should engage with doctors involved solely in locum practice. The General Medical Council should determine, in conjunction with the Healthcare Commission, which organisations have the appropriate clinical governance framework in place to allow them to employ a General Medical Council affiliate. In addition, this recommendation will allow employers to have a number of set expectations of locum agencies.

Recommendation 25

At the conclusion of every locum appointment, the contracting organisation should be required to make a brief standardised return to the relevant General Medical Council affiliate, providing feedback on performance and any concerns.

This will help to ensure that the standard of practice of doctors who move frequently between employers and geographical areas is kept in view.

Recommendation 26

The process of revalidation will have two components: first, for all doctors, the renewal of a doctor's licence to practise and therefore their right to remain on the Medical Register ('re-licensure'); secondly, for those doctors on the specialist or GP registers, 're-certification' and the right to remain on these registers. The emphasis in both elements should be a positive affirmation of the doctor's entitlement to practise, not simply the apparent absence of concerns.

This will enable the General Medical Council to guarantee the ongoing fitness to practise of non-specialist doctors engaged in supervised posts, as well as those in independent practice. In addition, the General Medical Council will be able to assure the competencies of specialists.

Recommendation 28

The re-licensing process should be based on the revised system of NHS appraisal and any concerns known to the General Medical Council affiliate. Necessary information should be collated by the local General Medical Council affiliate and presented jointly as a confirmatory statement to a statutory clinical governance and patient safety committee by the chief executive officer of the healthcare organisation and the General Medical Council affiliate. The chairman of this committee should then submit a formal list of recommendations to the General Medical Council centrally.

The General Medical Council affiliate will be able to submit such a statement, which will note any recorded concerns only if: the doctor is either satisfactorily engaged in annual appraisal or is participating in a recognised 'run-through' training programme; the doctor has participated in an independent 360-degree feedback exercise in the workplace; and any issues concerning the doctor have been resolved to the satisfaction of the General Medical Council affiliate. Such issues may arise from complaints received, continuing professional development activities undertaken, medical litigation claims in progress or any other relevant monitoring data.

Glossary

CME	Continuing Medical Education
CMO	Chief Medical Officer
CPD	Continuing Professional Development
DH	Department of Health
EoPAR	End of Placement Assessment Report
GMC	General Medical Council
GP	General Practice
NHS	National Health Service
NHSP	NHS Professionals
NHS CGST	NHS Clinical Governance Support Team
PMETB	Postgraduate Medical Education and Training Board
SMART	Specific, Measurable, Achievable, Realistic, Time constrained