Multiprofessional Faculty Development - Appraisal
What is appraisal?

The main purpose of appraisal is to give the appraisee the opportunity to reflect on their work and learning needs in order to improve their performance. This can be achieved through discussing their development and feedback on their job performance in a way that is constructive and motivational. It should result in an effective personal development plan. So lesson one is not to spend 95% of the time available purely reviewing past performance and lesson two is to involve the appraisee fully in the discussion so that they can get the maximum benefit from it.

Ideally appraisal should be:

- a piece of two-way rather than one-way communication
- a process rather than an event
- a tool for development as well as for assessing performance.

It is also important to be clear on a couple of things that appraisal is not. First, appraisal is not a disciplinary process or a disciplinary discussion. There are other, separate processes for addressing serious issues to do with conduct or capability, which should be followed and used appropriately. Second, it is not a discussion you save things up for. Whether containing praise or criticism, merits or mistakes, timely feedback is really the only sort of feedback that has value. So there should essentially be no surprises in the appraisal discussion.

In the case of UK doctors appraisal should now provide an opportunity to reflect on clinical, managerial and educational work across all roles for which the doctor holds a GMC licence to practice. One of the aims is to improve patient care and also to provide a platform to demonstrate that the doctor is up to date and fit to practise.

As part of this process the appraiser will need to say whether they agree or disagree with a list of statements that:

1. An appraisal has taken place that reflects the whole of the doctor's scope of work and addresses the principles and values set out in Good Medical Practice
2. Appropriate supporting information has been presented in accordance with the Good Medical Practice Framework for Appraisal and Revalidation and this reflects the nature and scope of the doctor's work
3. A review that demonstrates appropriate progress against last year's personal development plan has taken place
4. An agreement has been reached with the doctor about a new personal development plan and any associated actions for the coming year
The NHS appraisal scheme for doctors

The standardised NHS appraisal scheme has been in place since 2002, arising partly to address inconsistencies in earlier local, specialty and organisational schemes, partly to embed an element of performance review, following the Bristol and Shipman inquiries (Kennedy, 2001; Smith, 200105), and partly as a result of the increasing complexity of doctors working practices (Follet and Paulson-Ellis, 2001). The main elements of the scheme are similar for all doctors. The primary aim of the appraisal scheme is to identify personal and professional development and educational needs, with the ultimate aim of improving clinical performance and patient care. Doctors in training, from foundation year two onwards, will be revalidated through their existing regular reviews, the Annual Review of Competence Progression (ARCP) process or its equivalent, the Record of In-Training Assessment (RITA).

Appraisal is linked closely to revalidation and is based on the document Good Medical Practice (GMC 2012b), which describes the principles of good medical practice, and standards of competence, care and conduct expected of doctors in all aspects of their professional work. Appraisal documentation and activities are based on the four core domains of Good Medical Practice Framework (GMC 2012a), each of which is divided into three attributes.

**Domain 1**  
**Knowledge, skills and performance**  
Attribute 1: Maintain your professional performance  
Attribute 2: Apply knowledge and experience to practice  
Attribute 3: Ensure that all documentation (including clinical records) formally recording your work is clear, accurate and legible

**Domain 2**  
**Safety and Quality**  
Attribute 1: Contribute to and comply with systems to protect patients  
Attribute 2: Respond to risks to safety  
Attribute 3: Protect patients and colleagues from any risk posed by your health

**Domain 3**  
**Communication, Partnership and Teamwork**  
Attribute 1: Communicate effectively  
Attribute 2: Work constructively with colleagues and delegate effectively  
Attribute 3: Establish and maintain partnerships with patients

**Domain 4**  
**Maintaining Trust**  
Attribute 1: Show respect for patients  
Attribute 2: Treat patients and colleagues fairly and without discrimination  
Attribute 3: Act with honesty and integrity

Doctors are required to collect and discuss supporting information from a range of sources (patients, colleagues and their own reflections) to demonstrate their competence across these attributes. There are six types of supporting information required by the GMC (GMC 2012c):

1. Continuing professional development  
2. Quality improvement activity  
3. Significant events  
4. Feedback from colleagues  
5. Feedback from patients  
6. Review of complaints and compliments

The forms completed by the appraisee and the supporting information provided form the basis of the appraisal discussion.
Appraisal is one aspect of the overall clinical governance mechanism of the NHS. However, it is not the main mechanism through which poor performance is identified or addressed. Appraisal should be a positive and forward-looking process and should aim to identify aspects of performance that need development at an early stage and as part of an ongoing CPD process.

There are a number of electronic toolkits available for completing appraisal paperwork, sharing it between appraisee and appraiser online, and producing and managing a PDP. Organisations may request that doctors use a particular toolkit to facilitate the process of appraisal.
Some issues

There are some concerns in the UK that appraisal of doctors is becoming less developmental and more a process of performance management. If the aim of revalidation is quality improvement then appraisal needs to be a balance between promoting professional development and ensuring that the doctor is up to date and fit to practise in order to provide safe and effective patient care.

If the appraiser and appraisee know each other too well e.g. are friends in another context, if they usually work closely together or if there is a conflict of interest, personality clash or other difficulty between an appraiser and appraisee, then either party can request a change. The reasons for change should be treated confidentially if requested by either party.

Handy (1993) notes that trying to combine managerial demands, performance review (especially if linked to pay or reward assessments), giving feedback on performance, and helping to plan personal and job objectives in one appraisal scheme is not psychologically compatible. People are generally reluctant to admit to failure if this affects promotion or salary, and the relationship between the appraiser and appraisee may interfere with what should be an impartial and objective process. It is therefore stressed in the UK doctors context that appraisal is carried out by a colleague who is not the doctor's line manager. These tensions also highlight the importance for continuing ongoing performance review outside and apart from the appraisal process, so that issues are identified early and remedies and support are set in place. Establishing effective clinical governance procedures and audit, and developing organisational cultures and processes that promote openness and addressing of issues, all help to counteract the potential for dumping issues relating to poor performance into the appraisal scheme.

Other practical issues relating to appraisal include training for appraisers, providing time and funding for appraisal, and what to do if serious concerns are identified during the appraisal process. As noted above, issues concerning poor performance of UK doctors should be dealt with by local procedures for underperforming or incompetent doctors. There should be no major surprises during an appraisal. However, if an appraiser does identify exceptionally serious concerns that put patients at risk, the appraisal should be stopped and the concerns discussed with the appraisee. If concerns remain, then advice should be sought and in the UK doctors system this would be from the clinical governance lead, appraisal lead, medical director or responsible officer, so that procedures can be followed. If patients are not at immediate risk, the appraisal should highlight the doctor's strengths as well as weaknesses, and identify a new personal development and learning plan, action by the appraiser to assist this and a date for review. On some occasions, it may be identified that a doctor is inappropriately resourced, supported or developed to practise good medicine. In such cases, the appraiser should take action to support the doctor and protect his or her patients (Department of Health, 2007b). If there are known serious concerns about a doctor their responsible officer may insist that these are disclosed to their appraiser and that any specific learning needs are addressed in their personal development plan.

The appraiser and the doctor need to discuss the issue of confidentiality and to remember that the duty of patient care and safety is the highest factor.
The GMC role in validation and licensing

There have been recent developments in clarifying and confirming the role of the General Medical Council in revalidation, re-licensing and appraisal, partly in response to the government White Paper *Trust, Assurance and Safety - The Regulation of Health Professionals in the 21st Century* (Department of Health, 2007a). The White Paper set out a series of proposals for reform of medical regulation and gave a significant role to the GMC in setting standards for revalidation. The GMC sees its role as providing the core content of revalidation and for other organisations to embed these in the context of appraisal systems or assessment for recertification (GMC, 2008).
What are the benefits?

The benefits can be thought of under three headings:

1. Benefits to the appraisee
2. Benefits to the appraiser
3. Benefits to the organisation

As you will see, many of these intersect, potentially resulting in a dynamic combination of benefits.

1. Benefits to the appraisee
In the UK Appraisal for doctors is a forum to demonstrate that they continue to meet the principles and values of Good Medical Practice.

By reviewing development over the last year, appraisal is a chance to reflect on the highlights as well as thinking about things which the appraisee would like to have done differently. It is important to focus on strengths as these can motivate the further development and application of skills.

The perspective of an appraiser can be very useful in enhancing the quality of the appraisee's work, particularly when the appraiser is trained to give a good balance of support and challenge. An appraiser may be able to offer helpful insights into areas of practice where the appraisee has blind spots and development needs as well as being able to acknowledge their achievements.

In addition appraisal is an opportunity to have a non-judgmental discussion on any colleague feedback (360 or multi-source feedback) and, for doctors in the UK, to review patient feedback. In particular, the appraiser can help to put all of this into perspective within the context of other appraisees. (The GMC requires UK doctors to carry out and reflect on one multi-source questionnaire and one patient questionnaire in each five year revalidation cycle.)

Appraisal is sometimes used as a chance to discuss any concerns that have arisen over the past year. These may be concerns that the appraisee wants to raise about their own work, about relationships within the workplace or about the work of colleagues. Although it is better to raise any serious issues with the people concerned at the time that they arise, this is not always easy and sometimes appraisees wait to bring these up at their appraisal, particularly if they feel that they have an open and trusting relationship with their appraiser.
Appraisal is an opportunity for the appraisee to be actively involved in planning their future professional development. The conversation about work, reviewing strengths and weaknesses, discussing particular interests and reflecting on feedback from others, enables the appraisee, together with their appraiser, to construct the elements of a personal development plan. This will define some of the steps that the appraisee needs to take to ensure that they will be able to demonstrate how they keep up to date and are fit to practise.

2. Benefits to the appraiser
Carrying out appraisals is an opportunity for appraisers to learn from the conversations and examples brought by a range of appraisees. These may include doctors working in very different contexts and may challenge the appraiser's skills, both as a clinician and as an interviewer. Hearing about how colleagues manage a broad range of clinical, managerial and interpersonal issues may give the appraiser new ideas to take back to their own work setting. These benefits can be further developed within appraiser learning sets or peer groups.

3. Benefits to the organisation
Appraisal offers the opportunity for the organisation to support the development of appraisees and appraisers. It can learn from feedback and from reviewing processes for improving patient care. Taking a positive, formative approach to appraisal can help to promote the creation of a learning organisation where people feel motivated to develop and to support each other.
Preparation: appraisee reflective tasks

Much of the previous two sections has been to do with your preparation as the appraiser, and we will say a bit more on this shortly, but what about the other person concerned? How will you encourage and support the appraisee to prepare in a similar way for their appraisal discussion?

For UK doctors, it is very helpful for appraisees to become familiar with an online appraisal toolkit and to start collecting supporting information in line with the principles in Good Medical Practice well in advance of their appraisal. It is also useful for the appraisee to think about more generic issues, so other reflective activities might include:

- looking through the job description across all their roles
- reviewing their current work and personal development objectives and noting down how they feel they have performed against them
- considering how they have developed personally and professionally over the review period
- looking back at any formal training or development they have undertaken and how it has helped their job performance
- considering what their future objectives should be and any related development needs
- carrying out significant incident analyses or keeping a reflective journal or log.

Another framework for considering broad aspects of personal review is the following grid:

Reflecting on things they are proud of or have achieved, things they have found difficult, things that have helped and things that have hindered can be a helpful way for the appraisee to think about some of the ideas and observations they would like to bring to the discussion. Coming back to your own preparation, a question that is always worth asking shortly before any appraisal discussion is what am I trying to achieve? And this brings us back to the points made at the beginning of this module. An answer along the lines of helping, encouraging and supporting the appraisee to improve or further enhance their future job performance will help to set the mental scene very nicely.
Preparation: examples and evidence

What are examples? Examples are evidence. Evidence, that is, in the descriptive and illustrative sense, rather than the condemnatory. One of the biggest flaws that frequently arises when feedback is shared in any management situation is the absence of a clear and relevant example to make the feedback descriptive and meaningful. Consider the difference between the following observations.

- **Judgemental** You really need to get yourself organised, it's causing enormous problems for everyone in the team and impacting on patients
- **Descriptive** Keeping patient records up to date is crucial. We discussed a few weeks ago the difficulties Dr Andrews experienced with one of the paediatric consultations because you had mislaid two of the test results. What improvements have you been able to make on this?

Hopefully, the difference between these two approaches to the same piece of feedback is clear. The descriptive approach is not only more valid and useful, focusing as it does on an informative example drawn from recent work experience, it also creates a more objective and productive basis for discussion. This approach helps to take the emotion out of the feedback and enables the basis for constructive planning. The problem with judgemental feedback is that the job holder will tend to respond defensively to the judgement and this may well block consideration of the improvements you as the appraiser would like to see achieved.

The NHS scheme provides templates for collecting evidence, such as feedback from patients and colleagues, educational activities and significant incident analyses. Appraisees should start gathering evidence early, against the relevant sections in the preparatory forms. Much of this will already be available, and it is best to start getting it together gradually over a period of a few months. Appraisees should exchange ideas with others about getting the portfolio together and look at the online support sites for more ideas.

So, a key part of preparation for an appraiser, if they are in a position to know and comment more widely about the appraisees performance, is to think through examples to illustrate feedback objectively alongside the links to the pre-defined criteria and the evidence provided by the appraisee. This approach is greatly strengthened if there was a timely discussion, perhaps quite informal, about the example which you can refer back to. When considering and selecting examples, be conscious of anything that should be respected as confidential in terms of the involvement of other parties and do not stray off topic remember, the appraisal is appraisee-led.

See the How to give feedback and Supervision modules for more ideas around the issues concerned with professional and personal development.
Preparation: the physical environment

In terms of preparing the environment for an effective appraisal discussion there are two dimensions to consider, the physical and the interpersonal. We certainly need to consider carefully the physical environment to ensure it is conducive to a productive one-to-one, professional, work-based discussion. Getting the venue right for the appraisal will considerably increase your chances of success. Getting it wrong will hamper all of your other efforts. The following words and phrases capture the key goals for the ideal physical environment:

- private remember, being seen threatens privacy as much as being heard, so a discussion in an office with a glass divider may not be ideal
- quiet background noise will inhibit free-flowing discussion
- relaxed but not too relaxed
- neutral territory being in your office may reinforce for some people issues of status that can make them less likely to feel at ease to contribute. It is worth thinking about the most suitable location to hold the appraisal
- free from distractions divert your calls. Stopping to take, or worse still make, a telephone call during an appraisal discussion sends all of the wrong signals. Remember, this is a piece of time devoted to the appraisee and should be valued as such
- professional and comfortable can you come up with a better arrangement than sitting either side of a desk? This is an arrangement that can psychologically suggest opposition.
Preparation: information

Skilful appraisal doesn't happen in a vacuum. There are many elements that contribute to a successful appraisal discussion and most will benefit from preparation in advance. Let us look at five aspects of preparation:

- information
- examples and supporting documents
- the appraisee's reflective tasks
- the physical environment
- the interpersonal environment.

Information

To review something effectively it helps to be clear what you are reviewing it against. We have seen above that the content of UK doctors, appraisal is based around the headings in Good Medical Practice (GMC, 2011), which gives a framework to the appraisal and helps to provide information for revalidation. In addition, each individual works within one or more organisations. In some organisations performance reviews take place at the same time as appraisal, using the same evidence and process to achieve multiple goals.

See Assessing Educational Needs for examples and more descriptions of revalidation, CPD, significant incident analysis and personal development plans.

Appraisees should start gathering supporting information early, against the relevant sections in the preparatory forms. Much of this will already be available, and it is best to start getting it together gradually over a period of a few months. In the UK most of the electronic appraisal toolkits for doctors provide templates for collecting evidence, such as feedback from patients and colleagues, educational activities and significant incident analyses. Appraisees should exchange ideas with others about getting the portfolio together and look at the online support sites for more ideas (see list of resources at the end of the module).

So, a key part of preparation for an appraiser is to think through examples to illustrate feedback objectively alongside the links to the pre-defined criteria and the information provided by the appraisee. When considering and selecting examples, be conscious of anything that should be respected as confidential in terms of the involvement of other parties and do not stray off topic remember, the appraisal is appraisee-led.

See the How To Give Feedback and Supervision modules for more ideas around the issues concerned with professional and personal development.
Preparation: the interpersonal climate

We also need to consider the environment we wish to create in terms of the interpersonal climate. Empathy and rapport are two key words to consider here. Rapport promotes co-operation, openness and trust, and enhances all aspects of communication. Establishing rapport will put people at ease and help to create a state of relaxed concentration. This is very conducive to achieving mutually beneficial outcomes, which is precisely our goal with appraisal.

There are a number of tips and ideas that are helpful for establishing rapport and some of these are listed below, but the biggest single factor is empathy. By empathy we mean being able to see a situation through the other person's eyes. This often requires hard work asking a careful sequence of questions to really establish the full picture, and listening actively and attentively to both the facts and the appraisee's feelings. Once they begin to appreciate your efforts to understand their perspective on a situation, they'll be far more receptive to your thoughts and feedback. The following are some further tips for putting the job holder at ease and establishing rapport.

- Begin the discussion with a friendly, non-threatening question that shows interest or concern to help put the appraisee at ease
- Show concern for their comfort by considering the layout of the room, having water available and taking a break if the discussion becomes lengthy or difficult
- Make sure that you talk about confidentiality and what either of you will do if you feel that this needs to be breached, including who any information might be shared with
- You may also want to talk about any note-taking during the appraisal and what you will do with the information that you note
- Use open questions to raise areas for discussion and allow the appraisee a full opportunity to describe, explain and explore
- Listen and show you are listening by giving paraphrased summaries to check your understanding of their comments
- Avoid evaluative, judgemental language in the way you present your feedback
- Smiling, nodding, and showing interest and that you are listening all help to maintain rapport

With an appraisal interview half the battle is to get the appraisee talking you should be aiming for something like a 70:30 ratio in terms of the talking that occurs (that's 70% them and 30% you). The environment, both physical and interpersonal, has an enormous influence on the degree to which the appraisee feels free to contribute.
Structuring and managing the discussion

An exploration of past performance is the natural way to progress to looking at future performance and the support and development that will be required. The problem, very often, is that we spend so long discussing past performance that there's very little time or energy left for planning future performance. Ironically, this virtually defeats the main purpose of appraisal.

A key point to consider here is whether it is necessary to discuss every aspect of the appraisee's performance in detail. If it is necessary, that's likely to take a considerable amount of time. Alternatively, you could agree with the appraisee an agenda of the main areas to cover. This would enable you to focus attention first on aspects of strong performance or significant improvement that you want to praise and encourage, and second on areas requiring development. Such an agenda would provide a structure for focused discussion.

Once you have a structure the next challenge is to manage the discussion so that you follow it effectively. It can be useful, therefore, to think of each element of your agenda as a separate communication cycle.

The discipline of this is to stay on track with the area being discussed until you've completed the cycle. So, having introduced it with a good open question, developed it by listening and asking a range of appropriate probing questions, consolidated it by adding your observations and feedback and agreeing elements of the personal development plan for future performance (defining professional or personal development objectives), you finally conclude the cycle by confirming a shared understanding of everything covered and agreed with a short summary. Then, having shut down that area of your agenda you can move on to the next. This is effective discussion management.

There are a couple of things to remain aware of when using this approach. First, if the appraisee provides an incongruent response or strays on to another area, it is important to bring the discussion back on track. A good
technique for this is called parking. This involves making a note of the point, so as to acknowledge it, while saying something like let's come back to that when we look at teamwork later. Second, it is important to remain flexible. So, if something important arises that is not on your agreed agenda, the right thing to do is to find an appropriate place for it, either by adding it to the list or combining it where it falls most logically.
The key role of self-assessment

Plans for improvement and development are always strengthened if there is individual ownership. One of the cornerstones of modern theories of human motivation is that people like to have a say in decisions that affect them. So, in terms of appraisal, anything the appraisee can observe, say or decide for themselves is going to have a stronger impact on them achieving positive change than if you say it for them. This is why appraisers should be looking to develop the ask-don’t-tell habit (Downey, 1999). In this way they can try to use questions to help the doctor to self-appraise. Compare the following evaluative statement with the question that follows it.

- You’ve got to be sharper and take a lot more care when taking patient histories. Mistakes or areas missed can really jeopardise the chances of an accurate diagnosis.

- Tell me about your use of patient histories as part of diagnosis?

If the appraisee responds by saying something like, well, that’s an area where I’ve run into a few difficulties, you can then ask, what sort of difficulties? followed by talk me through an example? Before you know it the doctor will be working towards solutions and proposing improvements that they’ve identified for themselves. And what more, they will probably be far better and more personally appropriate solutions than any you could suggest for them. You still have a role, of course, adding your own observations, where useful, and helping them to select and refine the improvement proposed, but this is much more a coaching role than that of a directive manager. As a coach your main role is to listen.

It is worth keeping in mind here the four ifs of self-evaluation:

1. If I see it for myself, I know it for myself
2. If I say it for myself, I understand it for myself
3. If I commit to it myself, I’ll change it for myself
4. If I improve it myself, I’ll go on learning for myself.
Skillful questioning and active listening

Skillful questioning is really the key to successful appraisal discussions. But what does skilful questioning look like? Well, the funnel technique gives us a useful visual reference for thinking about questioning skills.

At the mouth of the funnel we begin with an open question. This question is intended to give the appraisee the widest possible scope for responding. Sometimes it may be necessary to repeat or rephrase this question to give the appraisee more thinking time and further opportunities to raise information. Working down the narrowing body of the funnel we use a series of probing questions to draw out further specific information and help complete the picture. Closed questions then have their place to draw out, check or confirm specific pieces of information, or to get the appraisee to commit on a point more precisely. This then brings us to the bottom of the funnel where we clarify, using a short summary, what we have got out of the discussion, aiming to check our understanding of the main points. The question sequence might go something like this:

- Tell me how you went about? (open)
- How did you prepare? (open secondary)
- What was your starting point? (probe)
- So, what happened next? (probe)
- Who else was involved? (probe)
- And how did they respond? (probe)
- What were your thoughts at that stage? (probe)
- What were the main outcomes? (probe)
- So, that took a total of six weeks? (closed clarifying)
- Was it your idea or someone elses? (closed clarifying)
- And the patient made a full recovery? (closed clarifying)
- So, let me see if Ive followed you (checking summary)
Running along the side of the funnel, from top to bottom we have the word listen. There is, after all, no point asking a question if you don’t listen to the response. But for a whole host of reasons it can be very challenging to stay focused and really listen to someone, particularly in a more formal discussion such as an appraisal. For one thing, it can be tempting to think ahead to what your next question is going to be. Often the problem is that we don’t listen, instead we wait to speak. The solution to this takes the form of what is termed active listening and we can use the acronym **LISTEN** to gain some useful guidance on this.

Active listening is all about showing a response to what is being said. Eye contact, nodding, small facial expressions and the occasional echoing of words are all examples of active listening. And the more it looks like you’re listening, the more you will be listening. So, listening requires effort combined with a real and honest desire to understand.
Productive praise and constructive criticism

For praise to be productive and criticism to be constructive there are essentially two things required from the appraiser: first, the right mindset, and second, the right skills. So far as mindset is concerned, intention is everything. What is the intention behind the praise or criticism? Is the praise intended to support the motivational development of the appraisee and highlight skills and behaviours they can build on further? Is the criticism intended to provide an objective basis on which the appraisee can consider and plan improvements to their future performance? Too often the real intention behind praise is nothing more purposeful than routine encouragement, and in many situations praise is used to compensate for other negative comments. And all too often the intention behind criticism is blame. So, get the intention right and remember to think through what you are really trying to achieve in giving the praise or criticism. Is your praise productive and is your criticism constructive?

The following are some pointers on **productive praise**:

- Make it specific a general well done is meaningless
- Don’t praise everything it becomes devalued
- Add some depth to your praise with clear and detailed feedback using examples superficial praise can seem patronising
- Avoid adding conditions to your praise for example, using the praise as a lever to ask for or require something else
- Let each piece of praise stand on its own avoid mixing in a bit of criticism or using praise as a sweetener for some negative feedback
- Use clear, descriptive language to make it very clear what it is you are praising and why

The following are some pointers on **constructive criticism**:

- Try to use the self-assessment approach described above skillful questioning can help the appraisee to recognise mistakes and articulate criticisms for themselves and thereby learn from them
- Self-criticism will help the appraisee want to change this is constructive
- Make your criticism descriptive and objective by using clear examples and linking the performance to pre-defined criteria (e.g. areas of Good Medical Practice)
- Focus on the impact and consequences of the behaviour, the effect its having - be descriptive
- Lead the appraisee back over the incident or events in a neutral atmosphere
- Avoid imposing a solution. Try to use questions to draw the solution out of the appraisee this will help them to both learn and commit to the improvement
- Remember, the problem is the behaviour, not the person. So, aim to focus on criticising the behaviour.

See Guidelines on giving and receiving feedback in the Teachers toolkit and the How To Give Feedback module for further ideas and guidance on giving and receiving feedback.
Work and personal development objectives

As stated previously, appraisal is about helping the appraisee to succeed, and to perform well or better in the future. So it is vital that the appraisal discussion produces a personal development plan (PDP) for the appraisee to take forward into the next review period. The PDP should consist of a set of carefully tailored clinical, educational and personal development objectives.

There may be a mixture of work objectives focusing on the appraisees agreed and expected contribution to the teams goals over the coming period and personal development objectives based on areas of agreed improvement in job performance in clinical and non-clinical contexts. The word improvement can, unfortunately, suggest that objectives are purely about correcting poor performance. In fact, personal development objectives can be used to manage performance in a number of ways:

- remedy to address poor performance
- consolidation to maintain and push forward an acceptable level of performance
- growth/diversification to encourage and stretch individuals who exceed normal performance standards.

The general emphasis when setting objectives should certainly be on seeking improvements. However, continuous development is as much about maintaining standards as it is about more, better, faster, smarter. In this context, the term improvement should be viewed widely to incorporate the three development areas: remedy, consolidation and growth.

Much has been written about how to write good, effective objectives. The SMART or SMARTER acronym is well known and provides a valuable aide-mémoire for those with the challenge of composing them. Three of the letters are particularly key: the s for specific, the m for measurable and the a for agreed or achievable.

- Be specific: it is very important to be completely clear regarding the improvement area the objective is focused on ambiguity will make the objective very difficult to review at a later stage (e.g. at the next appraisal)
- Make it measurable: be clear about how the improvement will be reviewed and recognised at some future point how will we know its been achieved?
- Ensure its agreed (or at least accepted): working from an agreed basis for regarding the improvement as desirable is the best way of approaching the drafting of any objective. Check with the appraisee that it is something that they are likely to be able to achieve and break the process down into small steps.

It is up to the appraisee to ensure objectives are reviewed. Writing and agreeing objectives that are never referred to again is a supreme waste of effort. Ideally the appraisee should look at them and discuss them in a timely manner as events arise; amend and update them as circumstances change; and above all keep them alive and current as a useful and relevant tool helping to guide their performance. Remember, appraisal should be a process and not just an event.

See Setting Learning Objectives for more details on setting learning objectives and Assessing Educational Needs for more information around personal and professional development plans.
To sum up

This module has provided an introduction to the general principles underpinning successful appraisal for doctors. There is a wealth of information available to structure and support both appraisees and appraisers as they undertake appraisals and revalidation. Appraisal can be a valuable exercise and developmental opportunity to consider and reflect on performance and progress, and to plan future developments in a structured and supported way.

Congratulations

You have now reached the end of the module. Provided you have entered something into your log you can now print your certificate. To generate your certificate please go to my area and click on complete in the course status column. Please note, you will not be able to print your certificate unless you have entered something in your reflections area.

Please now take a moment to evaluate the course and enter your comments below.
Further Information

This module was originally written by Doug Parkin, Staff Development Manager, London School of Hygiene and Tropical Medicine, and Judy McKimm, Visiting Professor of Healthcare Education and Leadership, University of Bedfordshire. It was updated in September 2012 by Helen Halpern, GP Tutor and David Mendel, Associate Dean at the London Deanery. The module relates to areas 2, 3, 5 and 6 of the Professional Development Framework for Supervisors in the London Deanery.

Teachers toolkit

Guidelines for giving and receiving feedback

References


Useful links

Please note that many of the descriptors below are acknowledged as belonging to the NHS Appraisal for Doctors support group links webpage.

Department of Health Appraisal for Doctors
A key site for information on appraisal of all the main groups of doctors of the UK. You can download your appraisal forms from here.

There is a useful area on the DH website called Sharing best practice. This area provides lots of articles by practising doctors around common aspects of the appraisal process.

NHS Appraisals Toolkit
Provides a single portal for appraising and appraisee GPs, consultants and staff grade and associate specialist (SAS/NCCG) doctors in the NHS in England. It provides assistance to complete all the pre- and post-appraisal documentation and allows sharing of documents between appraiser and appraisee. This online resource brings together advice, guidance, best practice, practical tools and access to a community of peers in the appraisal domain.

NHS Appraisal for Doctors group

Appraisal skills
Interactive resources for trainers and trainees.

COPMeD Conference of Postgraduate Medical Deans of the United Kingdom
This site has details of the deaneries and key people within them. It is the main vehicle by which the deaneries network among themselves. COPMeD also acts as a focal point for contact between the postgraduate medical deans and other organisations, e.g. Medical Royal Colleges, GMC, BMA, MRC, AMRC and NHS Executive, as well as universities.

NHS Education for Scotland (NES) GP appraisal support site for GP appraisal
GP appraisal in Scotland is led by the educationalists, where they are working hard to make it a process that successfully resolves the appraisal/revalidation debate by making the preparatory evidence robust enough to support revalidation. This site gives information about the process and access to the required paperwork.

NHS Clinical Governance Support Team (CGST)
Information about the CGST, the team's programmes and activities, and lots of stories about how local teams are improving the NHS.

British Association of Medical Managers
An organisation to support doctors in managerial roles.

National Association of Primary Care Educators
The National Association of Primary Care Educators has a network of expert educationalists across the country and has a valuable role in mentoring, teaching and facilitating continued professional development for primary care educators around the UK.

BMJ Learning
Under the umbrella of the British Medical Journal, a free online service for GPs which tells you everything you need to know about appraisal. This practical, interactive and easy-to-use website will provide you with the tools to assess and fulfil your learning needs.
E-Guidelines site
Online version of the Guidelines publication. A useful learning resource to support PDP.
Course Glossary
Self-Assessment Activities

Select one or more of the activities below to develop your skills in managing the appraisal process. If you are registered on the site, you can write up your reflections in the reflections area. Click on the my area link at the top of the page to access your personal pages. Please note you must be logged in to do this.

Activity 1. Preparing for appraisal
Make yourself familiar with the range of online resources available for you and your appraisee so that you can advise your appraisee appropriately on preparing for appraisal. Take a look at the Useful resources section and identify between five and 10 tasks (prioritised, with references to the relevant links or resources) that your appraisee might carry out while preparing for the appraisal.

Activity 2. The appraisal interview
Prepare an outline structure for the appraisal interview, taking into account the documentation you have already seen, the needs of the appraisee in terms of current post and future plans and the time you have available. Pay particular attention to how you propose to structure the appraisal interview (with timings and suggested questions and prompts) and how you plan to engage the appraisee to identify elements of his or her performance.

Activity 3. Your own development and training needs
Thinking about your own experience of being appraised and being an appraiser and from the reading in this module, identify your own development and learning needs in this area and find out about training sessions available in your organisation. You could also ask a colleague to give you some honest and constructive feedback on different aspects, such as questioning techniques, interviewing skills, knowledge about the appraisal process and how you might improve your skills.

How might you use the learning from this and other modules as part of your own PDP and preparation for appraisal?